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CANADA MUST ACCELERATE HEALTH CARE RENEWAL, SAYS HEALTH COUNCIL

OTTAWA, ON., January 27, 2005 – Canada’s health care system must speed up the pace of renewal or risk losing the progress that has already been achieved, the Health Council of Canada announced today in its first annual report to Canadians, Health Care Renewal in Canada: Accelerating Change.

The Council identified four key areas for improving and sustaining Canada’s health care system: strengthening health human resources planning; expanding the use of multidisciplinary teams in primary health care; employing information technology for patient health records and reducing health disparities, particularly in Aboriginal communities.

“Canada’s health care system is improving, but we must speed up the pace of change and transform the way we deliver care in this country so it reflects our needs now and in the future,” said Council Chair Michael Decter. “Otherwise, we risk jeopardizing the progress that has been achieved, and there is no guarantee the plans and directions enshrined in three health accords will be delivered.”

The Council’s advice includes a call to:

1. **Strengthen health human resources management to ensure an appropriate supply of health care professionals** – Canada requires a comprehensive strategy for its health care work force, to ensure we can meet the needs of our changing and aging population, to develop a team-based approach to primary care and to reduce wait times. The Council will sponsor a summit in Toronto in June 2005 that brings together a broad cross-section of stakeholders to encourage action on a national strategy that supports provinces and territories in addressing health human resources needs.

2. **Accelerate the development of multidisciplinary teams as the basis of primary health care reform** – Collaborative health care delivery – where doctors, nurses, nurse practitioners, technologists, dieticians and others work together -- is the basis of primary health care reform and crucial to providing better care and access to services. Regulatory barriers to developing multidisciplinary practices must be removed. Incentives including innovative funding models, integrating non-medical personnel, and innovative recruitment and retention strategies, are also needed.

3. **Immediately broaden the use of information technology** – Wiring the country is necessary for health care reform and timely health care delivery. Current plans call for a national electronic patient record – which would make a patient’s health information available instantly to health professionals -- by 2020, but Canada must implement the technology sooner. Expanding Telehealth technologies – which allow remote patients access to consultation – will allow patients to get the required care closer to home. Enhanced patient safety, wait list management and improved information sharing in team-based care settings will also result from the technology.

4. **Reduce health disparities** – Developing an Aboriginal health work force is essential to reducing health disparities in Aboriginal communities. Life expectancy is lower, while suicide, infant mortality and diabetes rates are all higher in Aboriginal communities.
Beyond health care, targeted, effective socio-economic investments in housing, skills training and other social programs will also reduce gaps in health status.

The Council also calls for a minimum national standard for drug plan coverage, developing an independent drug information resource for pharmacists, physicians and patients and implementing electronic drug prescribing.

“Governments have invested a lot of money in moving forward, but efforts to modernize our health care system are at risk if we do not act aggressively in these four areas,” said Decter. “If we act effectively, we can provide better access to service, we can reduce socio-economic health disparities, and ultimately the health of Canadians will be improved.”

Priority should be placed on better planning and co-ordination for our health care work force. “Without the proper planning, all other renewal efforts will flounder,” said Decter.

“It took a long time to build our health care system, and transformation will not occur overnight. But change is required and it must happen soon. We will work with governments, health care providers and Canadians to enhance accountability within the health care system and to push for accelerated change.”

The Council will engage Canadians on the directions for health care renewal, guided by the belief that all efforts and resources should be geared to achieving and maintaining sustainability, accessibility, affordability and quality. During 2005, the Council will produce background papers with additional evidence-based analysis of key areas in the report, such as primary health care, home care and pharmaceutical management. It will also report on the funds being spent on renewal and measure the benefits gained.

The Council, set up in 2003 by Canada’s First Ministers, independently monitors and reports progress on health care renewal and the health status of Canadians. It provides information to Canadians to encourage their participation in determining how best to achieve health care renewal and to get the best value out of the funding in place. The Council has 27 members including representatives of participating provinces, territories and the Government of Canada, with a broad range of experience from government, health care management, research and community life across Canada.

Copies of the report and additional materials are available at the Health Council of Canada’s website: [www.healthcouncilcanada.ca](http://www.healthcouncilcanada.ca).

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