# Week 4: Fiscal capacity and sustainability

* All premiers agreed that the federal gov. Should assume 35% of provincial healthcare costs through CHT
  + Immediate injection of $28 Billion
* **Medically necessary** services are publicly funded and delivered by private or not-for-profit businesses
  + Physicians
    1. Private, for profit—unless salaried
  + Hospitals
    1. Primarily private, not-for-profit orgs
    2. Daily services within hospitals are done by private, for profit, businesses
* Levels of Health Care Funding
  + Funded by federal, provincial, territorial, and municipal governments
    1. personal & corporate taxes, workers’ compensation boards
  + Most of the money is spent on hospitals, doctor wages, and drugs
* **Federal Health Transfer Payments**
  + **Canadian Health Transfer**
    1. Guaranteed not to fall below 3% of GDP
    2. Must be used on healthcare
  + **Canada Social Transfer**
    1. Tax and cash points for social programs, child care, and early childhood development, learning programs, and postsecondary education
  + **Territorial Formula Financing**
    1. More money for territorial govs since everything costs more
  + **Equalization Payments**
    1. Richer provinces pay for poorer provinces
* **Health Accords** (Negotiating Funds)
  + 2000: First Ministers Meeting
    1. Assess costs
  + 2003: Renewal (FMM):
    1. Universal health care under CHA
    2. Standards of care
    3. 24/7 access
  + 2004: FMM
    1. Follow up on 2003 agreements
    2. $41B over 10-year period
  + 2005: Annual Conference — health ministers
    1. Better control over pharmaceuticals
  + 2006: Kelowna Accord
    1. Aboriginal health
    2. Wasn’t signed
  + 2007: Mental Health Accord
    1. Creation of mental health commission
  + 2014: new Canada Health Transfer
  + 2016-17: feds pay 6% annually
    1. Spent $6B on indigenous, armed forces, inmates, and refugee’s health care
  + After 2017:
    1. Until 2024, health transfer funds would be tied to the rate of GDP, not to fall below 3%
  + 2016: Hoping the new Trudeau government would renegotiate
* Provincial and Territorial costs
  + Albetra pays the most , BC is second
* Total health expenditure per capita:
  + Territories spend the most
* **In 2017, canada spent $242B on healthcare—11% of GDP**
  + Expected to reach $331B in 2022
* Indirect Healthcare costs—ways to reduce
  + Disease prevention, health promotion, early diagnosis, prompt intervention

## Social determinants of health

* + Socio-economic status
  + Level of education (type of employment)
  + Job satisfaction
  + Living conditions
  + Geography
  + Work/life balance
  + Social connection
* Canadian Medical Association (Dutton, Forest, Keenbone, & Zqicker, 2018)
  + Supports spending less on direct health and more on social programs to address inequities of SDH
  + Treat the root cause of illness
* **Problems facing hospitals:**
  + Cuts to services
  + Reductions in hospital beds
  + Closures or merging of hospitals
  + Rationalization of services
  + Insufficient and demoralized staff
  + Long wait lists for surgery, related tests, and admissions
* Hospitals are expected to end the fiscal year with a balanced budget
* Types of care facilities (all publicly funded in part or in whole):
  + General and acute care
  + Nursing homes
  + Chronic care
  + Rehabilitation
  + Psychiatric

## Funding Models

* + **Block or global funding**
    1. Annual lump sum
    2. Determined by previous year
  + **Health-based allocation**
    1. Expected expenses
       - Demographics
       - History
  + **Line-by-line funding**
    1. Itemized costs for services and equipment
  + **Quality-based procedures**
    1. Number of patients treated
    2. Efficiency and best practices
  + **Patient-based funding**
    1. Incentives for hospitals to reach certain goals
  + **Service-based funding (case-mix)**
    1. Types of cases and volume of patients
  + **Activity-based funding**
    1. Number of types of services provided
    2. Goal is to reduce wait times
  + **Population-based funding**
    1. capitated
    2. age , gender, socioeconomic status, etc
* How efficiently a facility operates determines if it gets extra money
* Steps for hospitals to request funding
  + Complete the budget
  + Assess financial needs
  + Prepare documentation
  + Negotiate with Ministry of Health
  + Track expenses of all departments and services
  + Report back on it’s end of year financial status
  + Look for ways to reduce costs in order to be approved for funding
    1. Reduce services and staff, close beds, reduce operating time, etc
* Factors of costs
  + rural are 10% more expensive
  + Teaching are 18% more expensive
  + Hospitals with rehab centers are 3% *less* expensive
  + Cost of wages related to cost of living in region
  + Regional health systems have lower administrative costs
* Costs in hospital care
  + Average hospital stay in BC cost $6000
  + Nursing and inpatient services are highest at 19.2%
  + Staff salaries cost 71%
* **Canada does not have a national drug plan**
* Pros and cons of merging
  + Reduction of duplicated services
  + Higher efficiency
  + Lower admin costs
* **In the next 20 years, the population of 75 & older is expected to double from 2.6 million to 5.2 million**
* Continuing Care options
  + Home care
  + Residential care
  + Private residential facilities
    1. Up to $200,000 per year

# Week 5: Practitioners and workplace settings

* Regulation of Health Care Professions
  + Regulatory College
    1. On behalf of the public
  + Professional Association
    1. On behalf of nursing to influence policy
  + Union
    1. On behalf of nurses to secure salary and conditions
* Controlled acts
  + Giving an injection
  + Setting or casting a fracture
  + Passing a nasogastric tube
  + Prescribing a medication
* Categories of visit fees
  + Minor assessment
  + Intermediate assessment
  + Full assessment - physical examination
* The supply of health information management professionals declined by -18.8% in 2020
* Types of nurses
  + Registered nurses RN
    1. Bachelor degree in nursing
    2. Most complex
  + Advanced Practice Nurse
    1. Nurse Practitioners NP
       - Prescribing medications
    2. Clinical Nurse Specialists
       - Master’s degree
  + Licensed Practical Nurses LPN
    1. 2 year diploma
* Pharmacists
  + Dispense medication in response to prescriptions
  + Bachelor’s degree in pharmacy
* Canadian Armed Forces Mental Health Continuum
  + Green
  + Yellow
  + Orange
  + Red
* Health Information Management
  + Certified Health Information Management CHIM
  + 4 domains of practice
    1. Data quality
    2. Electronic Health Information Management e-HIM
    3. Privacy
    4. HIM standards
  + Research and statistics
  + Risk management
  + **Canadian Health Information Management Association CHIMA certification usually required**
  + 2023: Federal Health Transfer
    1. Justin Trudeau
       - $196B over next 10 years
       - $25B for family doctors, mental health, surgical, and health data systems

# Week 7: Health, The Individual, and Health Promotion

* **WHO Definition of health:**
  + 1948: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity
  + 1986: The ability to identify and realize aspirations, to satisfy needs, change or cope with the environment. Health is a positive concept emphasizing social and personal resources, as well as physical capabilities.
* **Dimensions of wellness**
  + Spiritual
  + Emotional
  + Occupational
  + Environmental
  + Social
  + Intellectual
  + Physical
* Emotional Intelligence (EI)
  + The ability to perceive, interpret, demonstrate, control, and use emotions to communicate with and relate to other effectively and constructively
* Indigenous models of health include health of the community

# Week 8: The Law in Health Care and PIPEDA

* Government cannot disclose physical or mental health information without your consent
* **Personal Information and Protection of Electronic Documents Act PIPEDA**
* Virtual Care Platforms (VCPs)
  + Privately owned, for profit, apps that offers virtual healthcare services directly through patients
  + Consent process to gain access to health data was describes as problematic

## 10 Fair Information Principles of PIPEDA

* + Accountability
    1. Org must appoint someone to be accountable for compliance
  + Identify purposes
  + Consent
  + Information must be limited
  + Limiting use
    1. Only retained during original purpose
    2. Only used for original purpose
  + Accuracy
  + Safeguards
  + Openness
    1. Information about privacy policies must be readily available
  + Individual access
  + Challenging compliance

# Week 9: Ethics

* Medically Assistance in Dying (MAID)
  + 2014
  + Has been revised many times throughout the year
  + Discussions for MAID for mental illness being discussed in 2024
* **Criteria for MAID:**
  + Grievous and irremediable medical condition
  + Advanced state of decline that cannot be reversed
  + Unbearable physical or medical suffering that cannot be relieved
  + Resident or waiting for residency
  + Eligible for health services funded by gov of canada
  + At least 18 years old and able to make decisions about one’s health
  + Voluntary request for MAID—not a result of external pressure
  + Informed consent to receive MAID after being informed of other means available to relieve suffering (palliative care)
* Pharmacist must dispense the drugs directly to the prescribing doctor
  + Doctor must return any unused drugs to the pharmacy
* Self administered is an option
* Doctor must remain with the person until death is confirmed (cannot be delegated)

# Week 10: Indigenous Health

* Indigenous (aboriginal) People: 3 groups
  + First Nations
  + Metis
  + Inuit
* First Nations: 2 groups
  + Status
    1. Legal members of an existing First Nations band
    2. About 565,000 people
    3. Status card
       - Tax exemption for those on reserves
       - Living off-reserve have the same rights and responsibilities as other canadians
    4. Through ancestry, not through blood
    5. Must marry another status person for children to inherit
  + Non-Status
    1. About 130,000 people
    2. Self identify as First Nations but cannot claim status
    3. Ancestors voluntarily giving up status
    4. Females lose status by marrying non-first nations
    5. Lack of documentation
    6. Do not have the right to reside on First Nations reserves
    7. Gov. has no bearing on their participation in aboriginal culture and society
  + Status vs. Non-Status
    1. The existence of status and the right of Canadian governments to decide who is aboriginal and who is not is very contentious
    2. Many are reclaiming their heritage and identify even without the benefits of status
* Inuit
  + Canada’s High Arctic
  + Majority of people in Nunavut, Northwest Territories, northern Quebec, and northern Labrador
  + Collectively referred to as: Inuit Nunangat
* Metis
  + About 400,000 people
  + Marriage between aboriginal women and fur traders and explorers
  + Hybrid culture evolved from mixed ancestry combining First Nations and Europeans
* More than half (55.5%) of all First Nations people lived in Western Canada
* Ontario has the largest population (251,000)

## Truth and Reconciliation

* + To reveal to Canadians the complex truth about the history and the ongoing legacy of church-run residential schools and guide in reconciling between indigenous and non-indigenous communities
  + Commission Requirements
    1. Acknowledge the current state of aboriginal health due to gov. policies
    2. Measurable goals to close gaps in health outcomes
    3. Recognize distinct health needs of indigenous peoples
    4. Fund aboriginal healing centers
    5. Value aboriginal healing practices
    6. Increase aboriginal professionals
    7. Require medical students to take a course in aboriginal health
* OCAP—Ownership Control Access and Posession of first nation data

# Week 10: Lessons from COVID-19

* Early detection of diseases is best
* Outbreak: within a specific region
* Epidemic: interchangeable with outbreak
* Pandemic: sustained world-wide transmission
* Identified problem areas:
  + Lack of surge capacity in healthcare system
  + Timely access to testing and results
  + Absence of protocols for information sharing among levels of government
  + Uncertainties about data ownership
  + Inadequate capacity for epidemiologic investigation of the outbreak
  + Lack of coordinated business processes for outbreak management and emergency response
  + Inadequacies in infection control and disease surveillance
  + Weak links between public health and personal health systems
* COVID-19 underscored inequities in health shaped by social determinants of health
* 2020: 800,000 global deaths
* By 2023: 7,000,000 global deaths
* 92% of hospitalized individuals already had at least one underlying health condition
* 80% of all deaths were associated with Long Term Care LTC
* Impacted indigenous populations severely due to higher risk factors of chronic illnesses due to social determinants of health
* 70% increase of depression, anxiety, loneliness, and suicidal ideation among youth 15-24 years of age
  + “Profound disruptions to your people at a crucial period of psychosocial development”
* Increase of 14% in alcohol consumption during pandemic
  + 6.5% in cannabis
  + 3.3% in tobacco
* 2018: Prior to pandemic, alberta saw a 13% decrease in opioid overdose deaths
  + COVID-19 pandemic set back this progress and increased deaths
* Misinformation was a massive problem.
* Due to vaccines and infection-acquired immunity, levels of immunity are approaching a steady-state

# Week 12: Review

* What are the most pressing issues in healthcare today—in your opinion?
  + Wait times
  + Funding
  + Prescription regulation & pharmaceutical companies
  + Canada Social Transfer
  + Sleep deprivation for hospital staff
* 4 steps
  + Discuss key areas of health
  + Reflect on health care models
    1. Medical model
    2. Holistic model
  + What the future needs are (15 - 20 years)
  + Write a proposal