



Coalition des
professionnels de la santé





Recommendations

The EHPC recommends the federal government take the following immediate steps:

- **Recommendation 1:** We call upon the federal government to address rural health inequity and the health human resources crisis by investing in retention and recruitment strategies for all healthcare practitioners.
- **Recommendation 2:** We call upon the federal government to ensure the collection of pan-Canadian data about the healthcare sector and its workforce continues and includes both the public and private sectors.
- **Recommendation 3:** We call upon the federal government to introduce a sliding-scale tax credit for eligible small, medium, and large employers who provide adequate coverage for extended health care benefits for their employees.
- **Recommendation 4:** We call upon the federal government to establish a Primary Health Care Transition Fund to improve access to interdisciplinary community-based primary care that includes the services provided by extended healthcare professionals.

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Introduction

The EHPC membership consists of organizations that represent regulated health professions that make up Canada's healthcare landscape. We comprise over 100,000 of Canada's regulated healthcare professionals, and we speak with a singular voice to ensure that health services provided in the public and private sectors are fully recognized by stakeholders and decision-makers and are accessible to the Canadian public.

Recommendation 1: That the federal government address rural health inequities and the deepening health human resources crisis by investing in retention and recruitment strategies for all healthcare practitioners across the public and private sectors.

Roughly one-third of healthcare in Canada is delivered outside of the publicly funded health care system in privately funded settings, of which many are effectively small businesses (such as audiologists, chiropractors, dentists, dental hygienists, denturists, dietitians, occupational therapists, optometrists, pharmacists, physiotherapists, psychologists, social workers, and speech-language pathologists). In order to begin to address the issues of Canada's healthcare human resources crisis, we must look at solutions that focus on both public and privately funded health care providers. As part of Budget 2024, the EHPC recommends the federal government accelerate investments alongside the provinces through the following initiatives, which represent near-term opportunities to incentivize practice in rural and remote communities:

Broadening eligibility to the list of regulated professionals through the Canada Student Loan Forgiveness program.

The federal ministerial mandate letters included a commitment to expand the list of professions eligible for the Canada Student Loan Forgiveness program. We urge the government to move forward with this commitment to include all regulated healthcare professionals, including Audiologists, Chiropractors, Dental Hygienists, Dentists, Denturists, Dietitians, Occupational Therapists, Optometrists, Pharmacists, Physiotherapists, Psychologists, Speech-Language Pathologists, and Registered Social Workers. This will ensure that a community's need for the full spectrum of health and social service providers can be addressed. Expanding access to this broader set of professionals would support the government's stated commitment to better serve rural communities. Interdisciplinary care teams are especially important to the successful management and prevention of people's chronic and recurrent health conditions, as well as to the physical, mental, and social care needs experienced in the wake of the COVID-19 global pandemic.

Direct funding to the provinces and territories to establish ongoing support services for professionals practicing in rural and remote areas.

The 20 percent of Canadians living in rural and remote areas have long struggled to access timely and consistent care given the challenges associated with the retention and recruitment of health professionals, which often go beyond financial incentives. Often healthcare professionals struggle with burnout due to higher caseloads and workloads, a lack of professional support systems, and the demand on them to provide a wider skill set due to a lack of specialists. These issues affect not only physicians and nurses but health professionals across the spectrum. We recommend the federal government fund initiatives with the provinces and territories to help support health professionals practicing in rural and remote areas.



Recommendation 2: That the federal government ensure the ongoing collection of pan-Canadian health sector workforce data across the public and private sectors.

The Canadian Institute for Health Information (CIHI) should continue to enhance its annual health workforce data collection in Canada. Improved collection and analysis of healthcare workforce data is vital for the planning and coordination of health labour market functions such as training, management, recruitment, and retention. The EHPC commends the government for its investment in the commitment to establish a Centre of Excellence on Health Workforce Data and Planning. We are encouraged that the Centre of Excellence will include data from a broad range of healthcare professionals, especially professions whose services are not covered by Medicare and about whom much less is known. The current information collected by CIHI only focuses on the number of health professionals per capita and does not capture more granular data that is needed to support planning, recruitment, and retention at the local level. We ask that the Centre of Excellence capture data on:

- The number of professionals per capita working in rural or remote settings
- The number and location of practice settings, such as within a hospital or private practice,
- The number of professionals leaving their professions and the reasons for leaving, such as remuneration and/or caseloads, etc.
- The average age of healthcare professionals and the average age of retirement
- The average wait list/times to access care by profession

These detailed data set across the entire health system would better support the provinces and territories in identifying the gaps in care, and the appropriate and sustainable solutions to address them.

Recommendation 3: That the federal government introduce a sliding-scale tax credit for eligible small, medium, and large employers who provide adequate coverage for extended health care benefits for their employees.

It is well known that many employers do not provide adequate coverage to their employees for a range of health care benefits (e.g., psychological, physiotherapy, and chiropractic services, to name a few). For example:

- The median and average annual employer coverage for mental health counselling is \$750 and \$2,006, well below the recommended range of \$3,500–\$4,000 for a dose of evidence-based care. 61% of employers have an annual maximum coverage for mental health counselling of \$1,000. ²
- A speech therapist encounters a client who has had a stroke and is experiencing speech, language, and swallowing problems after being discharged from the hospital. An evidence-based assessment and treatment plan for this type of patient is likely to involve weekly visits that may span months and incur costs of between \$1440.00 and \$1920.00 based on an hourly rate of \$120/hr and between \$2280.00 and \$3040.00 at \$190.00/hr.
- The cost of an average set of hearing aids in Canada is \$400.00. Hearing aids typically need to be replaced every 3–5 years and require the support of a registered audiologist.



While some governments have been moving to either consider or improve and expand public coverage for some health services, like dental care and mental health, they are not moving quickly enough to address the fact that many Canadians continue to pay out-of-pocket or go without care all together.

In this space, where members of EHPC provide health care services that are funded through the public and private sectors, there is an opportunity to ensure that federal tax policy more effectively supports health policy by incentivizing employers to do more.

In addition to improving employee retention and recruitment, improving health benefits can improve the health status and productivity of their workforce and ensure they return to work in a timely manner.

Based on the most recent available data, it is our understanding that small and medium-sized employers have limited health benefits coverage compared to larger employers. ³ Recognizing these differences, EHPC recommends that the federal government introduce a sliding-scale tax credit that would play a larger role in assisting small and medium businesses than large employers.

Recommendation 4: That the federal government establish a Primary Health Care Transition Fund to improve access to interdisciplinary community-based team based care primary care, that includes the services provided by extended healthcare professionals.

While health care systems across the country continue to face a series of daunting challenges and unrelenting pressures, one area that must be addressed and is a prerequisite to having a high-performing health system⁵ is properly resourcing our primary health care delivery systems on a sustainable basis. By leveraging the available expertise, experience, and scope of practice of Canada's extended health professionals, access to improved and more informed interdisciplinary community-based primary care delivery systems would provide timely care in full-service environments.

Having a well-resourced and fully integrated primary health care delivery system is essential to managing the overall health of Canadians and its relationship to:

- The increasing amount of chronic disease and complexity of care presented
- Referrals to and care from our acute care system and specialist care
- The care of an aging population at home and in long-term care/residential facilities
- Ensuring access to mental health and physical health programs and services

In the past, most primary health care models often meant a solo or group of family physicians supported by a nurse; however, we know there is a need for a wider array of health care expertise that can practice in a team-based environment to its full scope of practice in providing timely care to a myriad of health care issues.⁶



While some provinces have recognized this reality and are moving in this direction (e.g., Quebec [CLSCs], Ontario [Family Health Teams], and Alberta [Primary Care Networks]), we know much more needs to be done in terms of scaling up new, innovative, and co-developed primary health care delivery models across the country. Depending on their structure, such models could include Audiologists, Chiropractors, Dental Hygienists, Dentists, Denturists, Dietitians, Occupational Therapists, Optometrists, Pharmacists, Physiotherapists, Psychologists, Speech-Language Pathologists, and Registered Social Workers.

By doing so, the system would expand capacity to treat those in need when they need it, as opposed to growing wait times in a world where close to 5 million Canadians have no family physician. It would also serve to redirect care to more appropriate settings instead of placing a growing burden on hospitals and their emergency departments. Understanding the time that it takes to train a family physician, more must be done now with the current resource of regulated healthcare professionals who are ready and trained to provide timely expert primary care.

In the past, others have called on the federal government to establish a Primary Health Care Transition Fund.⁷ In addition to supporting this call, EHPC would recommend continued support for [Team Primary Care](#) so they can continue to train health care practitioners in team-based comprehensive primary care.

Sources

¹ Canadian Institute for Health Information “Who is Paying for These Services”

<https://www.cihi.ca/en/who-is-paying-for-these-services>

² Canadian Psychological Association. *Employees, Employers and the Evidence – The Case for Expanding Coverage for Psychological Services in Canada*. May 2023.

³ Among those employers citing finances as a reason for not increasing coverage, there was more than a sixfold difference between small to medium sized organizations than large. Mental Health Commission of Canada/ Canadian Psychological Association. *Extended Mental Health Benefits in Canadian Workplaces: Employee and Employer Perspectives*. Pages 7-9. June 2022.

⁴ Small employers have 5-99 employees; medium sized employers have 100-499 employees; and large employers have 500+ employees.

⁵ World Health Organization. *Declaration Alma-Ata*. 1978, which sets out a definition of primary care with an emphasis on multi-disciplinary provider teams.

⁶ In *Creating a High Performing Healthcare System for Ontario: Evidence Supporting Strategic Changes in Ontario* (GR Baker, R Axler, 2015) it states: “...researchers have shown that improved access to primary healthcare delivered by inter-professional teams can improve patient health and patient experiences.” Page 13.

⁷ *Primary Health Care Transition Fund*, valued at \$1.2 billion. Canadian Medical Association, the College of Family Physicians of Canada, Canadian Association of Social Workers, and the Canadian Nurses Association.