INVESTING IN HEALTH AND HOME CARE

Our publicly-funded universal health care system is a source of pride for Canadians. It provides economic security for the middle class and those working hard to join it. It is also an economic advantage: physically and mentally healthy people work better, are more productive, and contribute to our economy. They live healthier, happier lives.

Every Canadian deserves access to timely, publicly-funded, quality, universal health care – regardless of background, physical need, where they live, or how much they make. Simply put, our health care system is a pillar of Canadian citizenship.

Yet, it has been more than a decade since a Canadian Prime Minister sat down with provincial and territorial Premiers to strengthen health care, so that it can meet current needs and so we can ensure its sustainability into the future.

We need a conversation that goes beyond simply mirroring commitments made in previous decades. We need a federal government committed to innovation, collaboration, and partnering with provinces and territories to achieve a modern, efficient, equitable system of universal health care. We need a partner who understands that our population is aging. We need a partner who understands that to get Canadians the health care they need, we require a serious and substantial response from the federal government.

This starts with a new federal commitment to expanding, investing in, and prioritizing home care.

Other countries with successful, universal health systems have made the necessary shift from physician- and hospital-based care to an integrated, primary-care system that incorporates community, home, and long-term care. Home care must become an even more important part of our own health care system. We know that many Canadians would choose to receive care at home. A patient-centered approach adapts to Canadians’ lifestyles and needs – enabling them to have independence and dignity. We also know that this helps reduce cost burdens within our health care system, allowing additional resources to be brought to bear to improve quality.

More than two million Canadians currently receive help or care at home because of a long-term health condition, a disability, or problems related to aging. The number of people receiving or wanting home care will only increase with our aging population. Many provinces have also already adopted their own strategies to delivering home care support services to Canadians. But now, after a decade of inaction from Stephen Harper, federal leadership is required.

We need real change now.
A new Liberal government will re-engage on Canadian health care and negotiate a new Health Accord with provinces and territories, including a long-term agreement on funding.

As an immediate commitment, we will invest $3 billion over the next four years to prioritize additional and improved home care services for all Canadians. Our commitment is nothing less than ensuring an integrated primary care system in Canada that is multidisciplinary, patient-centered, and committed to managing chronic disease within community, home, and long-term care settings. We will work with the provinces and territories to ensure all Canadians have access to high-quality in-home caregivers, financial supports for family care, and, when necessary, palliative care. As already announced, as part of a Liberal government’s commitment to a new, ten-year investment of nearly $20 billion in social infrastructure, we will prioritize significant, new investment in affordable housing and seniors’ facilities – including long-term care facilities. We will also expand access to the Employment Insurance Compassionate Care Benefit, so that it is available for more than only end-of-life care.

A Liberal government’s additional priorities for a new Health Accord will include:

- **Improving access and reducing the cost of prescription medications.** We will improve access to necessary prescription medications. We will join provincial and territorial governments to negotiate better prices for prescription medications and to buy them in bulk – reducing the cost governments pay to purchase drugs. We will support and disseminate research and best practices to reduce unnecessary over-prescribing of medications, particularly for the elderly, who often take multiple medications. We will prioritize decreasing the number of harmful, adverse drug reactions by improving reporting, and ensuring more research and follow-up on reported adverse effects. We will continue to ensure timely approvals for new medicines, many of which not only improve patient health, but reduce overall health care costs as well. We will consult with industry and review the rules used by the Patented Medicine Prices Review Board to ensure value for the money governments and individual Canadians spend on brand name drugs.

- **Pan-Canadian collaboration on health innovation.** We will work with provinces and territories to overcome obstacles to innovation in health care delivery and to disseminate and scale up successful new practices, such as ways to use genomics in precision medicine. This includes supporting initiatives that help health care providers collaborate, across Canada, to ensure the most appropriate and effective treatments and practices for their patients. By using the best available evidence, governments can increasingly work together to support front-line health providers as they deliver high-quality and effective care to Canadians.

- **Increasing the availability of high-quality mental health services** for Canadians. This includes implementing an integrated approach to ensure access to acute services, tertiary care referrals, housing, primary care, and community and multidisciplinary team management. We will establish a pan-Canadian Expert Advisory Council on Mental Health, particularly to advise on the implementation of the Mental Health Commission of Canada’s recommendations. We will create new centres of excellence that will specialize in mental health, Post-Traumatic Stress Disorder, and related issues for both veterans and first responders.