House of Commons
Chambre des communes
Canada

House of Commons Standing Committee on Finance – Pre-budget Consultations 2013

This brief is submitted by:

(•) **an organization** **Organization name:** Canadian Hospice Palliative Care Association

or

( ) **an individual** **Name:** _____

Topic: Health

*Recommendation 1: Please provide a short summary of your recommendation.

Develop a National Advance Care Planning strategy to encourage Canadians to discuss and plan for end-of-life care. An Advance Care Plan (ACP) is a written document that describes wishes at the end of life, in the event that a person cannot speak for themselves. It is also the conversations that individuals have with family, friends and health professionals to talk about their end-of-life care wishes. Moreover, ACP is a process of reflection and communication — a time for people to reflect on their values and wishes and to let others know of their future health and personal care preferences.

Expected cost or savings: From the pull-down menus, please indicate the expected cost or savings of your recommendation to the federal government and the period of time to which the expected cost or savings is related.

$1 million-4.9 million

3 years

Federal funding: Please provide a precise indication of how the federal government could fund your recommendation. For example, indicate what federal spending should be reallocated, what federal tax measure(s) should be introduced, eliminated or changed, etc.

We propose that the federal government fund a National Advance Care Planning Campaign. Campaign funding would include national advertising, national dissemination of advance care planning materials, and the coordination and recognition of a National Advance Care Planning Day on April 16th of each year. The proposed campaign will provide health organizations, private sector corporations, and provincial governments the opportunity to raise public awareness of the benefits of ACP and encourage Canadians to start talking about their end-of-life care wishes with loved ones.

Intended beneficiaries: Please indicate the groups of individuals, the sector(s) and/or the regions that would benefit by implementation of your recommendation.

A National Advance Care Planning campaign would help raise awareness for key end of life issues at all levels. It would encourage Canadians to appropriately prepare for end-of-life care while engaging employers in both the private and public sectors. Furthermore, the campaign will engage partners and community healthcare organizations at the provincial/territorial and municipal levels, providing them with the tools and education to encourage individuals to plan ahead.

General impacts: Depending on the nature of your recommendation, please indicate how the standard of living of Canadians would be improved, jobs would be created, people would be trained, etc.

An increase in ACP will impact all Canadians, as health care outcomes are improved, families are less strained, and individuals die in the setting of their choice. Increased ACP will also lessen the strain on the health care system, as family members wishes will be better known, decreasing panic and emergency trips into acute care, and reducing overall healthcare costs. Healthcare professionals would also be better equipped and educated to initiate conversations with patients and families.

Topic: Health

Recommendation 2: Please provide a short summary of your recommendation.

Moving policy into action: Phase 2 pilot implementation of The Way Forward integration framework. Original funding for this initiative ends in January 2015, and would benefit from piloting implementation of models with early adopters to inform broader adoption and adaptation of the action steps identified in the framework. We have created a resources repository to house these tools in order to accelerate uptake and reduce unnecessary duplication. The repository requires active management and maintenance, and also focused efforts to transfer the knowledge available across Canada.

Expected cost or savings: From the pull-down menus, please indicate the expected cost or savings of your recommendation to the federal government and the period of time to which the expected cost or savings is related.

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3 years

Federal funding: Please provide a precise indication of how the federal government could fund your recommendation. For example, indicate what federal spending should be reallocated, what federal tax measure(s) should be introduced, eliminated or changed, etc.

Additional funding for The Way Forward would enable the CHPCA under the guidance of the Quality End-of-life Care Coalition of Canada to continue to manage, maintain and broaden outreach and uptake of tools, materials and resources on the online repository. We also will begin the implementation process in rural and remote communities and also with a focus on First Nations, Inuit and Metis peoples. This would also include a full knowledge translation strategy to ensure effective dissemination and uptake of resources.

Intended beneficiaries: Please indicate the groups of individuals, the sector(s) and/or the regions that would benefit by implementation of your recommendation.

As the Canadian population ages, the demand for quality hospice palliative care will continue to increase. Canadians residing in rural and remote communities will be the primary beneficiaries of this funding. Other beneficiaries will include First Nations, Inuit and Metis communities. Based on leadership from the federal government in funding this repository and early implementation, the CHPCA anticipates that the provincial and territorial governments will follow in supporting similar models. The repository will be available to all Canadian healthcare professionals.

General impacts: Depending on the nature of your recommendation, please indicate how the standard of living of Canadians would be improved, jobs would be created, people would be trained, etc.

Implementation in rural and remote settings will encourage provincial governments to adopt the Framework and also budget for implementation. While there are tools and materials to support implementation locally, there is significant duplication of efforts and resources (both human and financial) that could be reduced through the adoption and adaptation of elements in the National Framework. Supporting implementation of a palliative approach as described in the National Framework will mean Canadians and their families are better supported at the end of life.

Topic: Health

Recommendation 3: Please provide a short summary of your recommendation.

Provide more support for family caregivers. We urge the federal government to create a comprehensive set of caregiver programs that bundles a variety of financial and other supports for caregivers that they can access, according to their needs (that better reflect the variety of realities for caregivers). A priority identified by several leaders in government, including Alice Wong, Minister of State for Seniors.

Expected cost or savings: From the pull-down menus, please indicate the expected cost or savings of your recommendation to the federal government and the period of time to which the expected cost or savings is related.

$1 million-4.9 million

3 years

Federal funding: Please provide a precise indication of how the federal government could fund your recommendation. For example, indicate what federal spending should be reallocated, what federal tax measure(s) should be introduced, eliminated or changed, etc.

We propose that a national repository of caregiving tools, frequently asked questions, forums and resources be created. This repository would be administered by the CHPCA in partnership with various stakeholder groups. There would also be a national campaign and knowledge translation strategy to ensure active uptake. We also propose a revised Compassionate Care Benefit that would: Eliminate the two-week waiting period to receive the benefit, increase the benefit to 75% of workers' earnings, increase the benefit period to 35 weeks and build more flexibility into the program.

Intended beneficiaries: Please indicate the groups of individuals, the sector(s) and/or the regions that would benefit by implementation of your recommendation.

A national repository of caregiver resources would benefit all Canadians, as most people will care for a loved one at some point. There has already been considerable research identifying caregiver knowledge needs when caring for someone at the end of life. These include psychological support, general information, help with personal, nursing and medical care of the patient, respite, domestic and financial help. An expanded compassionate care benefit program would improve the health and well-being of caregivers, not only positively affecting them, but also their employers.

General impacts: Depending on the nature of your recommendation, please indicate how the standard of living of Canadians would be improved, jobs would be created, people would be trained, etc.

The repository will ensure that caregivers have access to many different resources, forums and support groups; helping with the overall health of all caregivers. Healthier caregivers will mean that less caregivers will suffer from burnout and require medical attention themselves, reducing overall healthcare costs. As Canadians access the healthcare system from many different entry points, this repository will serve as a central system to which all caregivers can be referred. An expanded compassionate care benefit would help with the financial challenge of leaving work to care for a loved one.

Please use this page if you wish to provide more explanation about your recommendation(s).

Rec.1: In addition to this national awareness campaign, key partners and stakeholders will be encouraged to host local events, distribute information kits, and disseminate information to the wider community. Some promotional tools already developed include, ACP workbooks, wallet cards, bookmarks, brochures, cancer planning tools for professionals and the general public, FAQ's, terminology definitions and media release templates. This national campaign would position the federal government as a leader on planning for end-of-life issues. In a recent poll, it was discovered that 86% of Canadians have not heard of advance care planning, and that less than half had a discussion with a family member or friend about acceptable healthcare treatments if they were ill and unable to communicate. Research also indicates that patients who have end-of-life conversations with their doctors and family members are much more likely to be satisfied with their care, will require fewer aggressive interventions at the end of life, place less of a strain on caregivers and are more likely to take advantage of hospice resources or die at home. A 2008 study found that the absence of ACP, in all its forms, was associated with worse patients' ratings of quality of life in the terminal phase of the illness and worse ratings of satisfaction by the family during the terminal illness or in the months that follow death.

Rec. 2: In 2012, the federal government announced a one-time funding of $3 million to help support the development of new community-integrated palliative care models across Canada. From 2012-2015, the initiative will focus on working with various stakeholders including provincial/territorial governments, health care authorities, providers and other healthcare organizations to develop a practical and implementable framework that will integrate hospice palliative care across all settings of care. The framework will also focus on appropriate and culturally-relevant models for First Nations, Inuit and Métis peoples. The initiative ends in January 2015, and would benefit from piloting implementation of models with early adopters to inform broader adoption and adaptation of the action steps identified in the framework. The initiative is just past the halfway point and has identified several important legacy opportunities to advance policy and practice change, as well as continuing to leverage and share resources to adapt and adopt the National Framework for Community-Integrated Hospice Palliative Care across settings and sectors, to address the needs of Canadians who are aging or living with life-limiting illnesses.

Rec. 3.There is also a large body of research into the adverse effects of caregiving, such as anxiety, depression, stress, strain, fatigue and mortality. Materials on the above subjects would be provided in the repository. More informed caregivers would also be less likely to panic over normal symptoms related to death, and reduce acute care visits.

*Please note that at least one recommendation must be provided