

## **BC Health Coalition Submission to the BC Select Standing Committee on Finance and Government Services**

**June 2020**

### **Introduction**

The BC Health Coalition appreciates the opportunity to make a submission to the Select Standing Committee on Finance and Government Services regarding the Budget 2021 Consultation. In this submission, we outline key recommendations that are intended to improve the health and well-being of all British Columbians by strengthening the health and social care services in our province.

The BC Health Coalition is a non-profit and non-partisan network of individuals and organizations with a shared passion for public health care. Our coalition community is comprised of over 800,000 people in B.C. We are young people, seniors, health care workers, faith communities, health policy experts, and people with disabilities. In sum, we work to continually improve the system we all rely on, and to uphold the values of caring and fairness that our system represents. We believe care should be there for everyone when we need it, regardless of our age, gender, income level, or the community we live in.

The COVID-19 pandemic has made evident the extent to which our individual health is dependent on the health of everyone in our community. Public healthcare is our best defense against this crisis and others like it. Now more than ever, we need a universal, public health care system that puts patients before profits, that prioritizes the health of everyone living in Canada and that honours and respects the principles of the Canada Health Act. We must renew our commitment to a system based on the shared belief that health care is a human right.

With this context in mind, the BC Health Coalition submits the three following priorities:

- Removing the profit motive from the seniors care system in B.C.
- Clearing the surgical backlog with public solutions
- Creating and supporting Community Health Centres

The BC Health Coalition also supports submissions by our members including the Rural Health Network, the Community Alliance of Racialized Ethnocultural Services for Equitable Health, REACH Community Health Centre, the Hospital Employees' Union, and the Health Sciences Association.

## **Removing the profit motive from the seniors care system in B.C.**

Over the past twenty years, funding and access to seniors' care has been reduced and rationed, while more publicly funded services are being delivered by for-profit companies, often in long term care facilities that combine publicly funded and private-pay beds. As a result, between 2008 and 2017, access to publicly subsidized units fell by 17 per cent. This has resulted in inferior care for seniors over many years, and now deadly consequences as a result of COVID-19.

The only way BC has been able to respond effectively to the pandemic in long-term care is by taking measures that public health care advocates have been calling for many years such as enhanced employment standards. BC has taken an important first step in putting public solutions first in long-term care and assisted living by requiring that most staff work at only one facility, be paid the unionized industry standard, and committing to full-time hours for workers required to work at a single site. This is an important first step but not enough. We need to remove the for-profit motive from the seniors' care system. According to the Seniors' Advocate report, "A Billion Reasons To Care", for-profit LTC facilities failed to deliver 207,000 hours of funded care while the not-for-profit sector provided 80,000 more hours of direct care than they were funded to deliver.

The BC Health Coalition recommends greater accountability towards residents, better employment standards, and public transparency in long-term care by:

- Ensuring that funding for direct care is spent on direct care by removing the financial incentive for operators to do anything other than provide as many care hours as possible with public money.
- Creating a capital plan that expands the capacity of public facilities through new builds, increasing available Long-Term Care beds and ending our reliance on the for-profit sector.
- Expanding and broadening the enhancements to employment standards that were implemented during the pandemic (the single site order, the wage increase to unionized standards and the guarantee of full time hours). Requiring all existing operators to be a part of a public sector master collective agreement, and banning exploitative sub-contracting practices.
- Establishing greater financial, policy, and licensing support for Family Councils in care facilities. Family Councils create lines of communication between all stakeholders, provide a forum for safe, productive discussion, and can act as an early warning system that can identify systemic issues before they become crises.

## Clearing the Surgical Backlog

In the last few months, the BC government had to make many hard choices to ensure that our hospitals and health care workers were safe and ready to deal with COVID-19. One of these difficult choices was to postpone non-urgent surgeries, leaving many people waiting longer to get the help they need and wondering when they will get their important surgery.

The most effective and efficient way to address the surgical backlog is through scaling up proven public solutions. This would help reduce wait times now and into the future by investing into the public health system. Now is the time to focus our efforts on public system improvements, expand staffing & equipment capacity in the public system, and to support the creation of team-based care models that are proven effective.

The BC Health Coalition recommends scaling up proven public system improvements including:

- Optimizing public hospital capacity before contracting out procedures to for-profit clinics;
- Scaling up the five hip and knee central intake and team-based rapid access clinics, announced in 2018;
- Increasing OR efficiencies like the Richmond Hip and Knee Reconstruction Project by improving the scheduling of surgeries and recovery beds;
- Streamlining waitlists by moving them from individual surgeons' offices to centralized health authority waitlists;
- Improving access to seniors' home and community care, which can reduce hospital use.

## Creating and Supporting Community Health Centres

Community Health Centres (CHCs) are community-governed, non-profit primary care organizations that provide integrated health care and social services with a focus on addressing the social determinants of health. CHCs are responsive to the patients/members they serve and provide a community of care where a broad team of health care practitioners and community outreach staff with lived experience work together to improve health outcomes.

There is growing body of evidence that CHCs do better than other models in providing preventative care, supporting people with chronic conditions, reducing reliance on hospital emergency services, and improving care and support for a broad range of vulnerable

populations<sup>1</sup>. Rural and racialized ethno-cultural communities, low-income seniors, single parents, at-risk youth, First Nations, and people living with mental health challenges all would benefit from Community Health Centres if they are appropriately implemented, funded, and community-governed.

COVID-19 has further demonstrated the need for comprehensive primary health care reform and exposed the vulnerability of the fee-for-service system. As individual doctors' offices cannot afford to safely stay open, Community Health Centres are meeting important health care needs including preventative, chronic, and social care needs. Now more than ever, it is clear that we need to provide family doctors with opportunities to work in comprehensive team-based primary care models — like Community Health Centres — where they can focus on practicing medicine, rather than running a business.

The government has committed to establishing one Community Health Centre and one First Nations Health Centre per year in each health authority beginning in 2019-20 for a total of 15 Community Health Centres and 15 First Nations Health Centres.

To ensure the success of this plan, the BC Health Coalition recommends:

- Implementing a funding model for both existing and new Community Health Centres that ensures funding for overhead that is separate from funding for positions;
- Establishing a partnership table with strong community representation to guide Community Health Centres development, policy and processes;
- Implementing a needs and readiness assessment for communities that want Community Health Centres;
- Ensuring flexibility and providing support to build community governance models for Community Health Centres that fit the needs of each community.

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<sup>1</sup> Longhurst, A. and Cohen, M. "The importance of community health centres in BC's primary care reforms". March 1, 2019: <https://www.policyalternatives.ca/chcs-in-bc>.