Canada's Healthcare System Needs a Paradigm Shift to Meet Current and Future Medical Needs

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Canada's healthcare system was already under immense pressure before the COVID-19 pandemic. Hallway medicine, weeks-long wait times, overcrowded emergency departments, and exhausted healthcare professionals were the norm. The COVID-19 pandemic has only further exacerbated the problems in our healthcare system. The structure of today's healthcare system was first established in the 1960s[1] and operates in a treatment-focused manner, comprised mostly of doctors and hospitals.[2] Healthcare needs of the past were predominantly for the treatment of acute diseases and injuries. However, an increasingly aging population and the prevalence of chronic diseases, often associated with functional impairment or disability, are changing the types of health services requested. Reforming the structure of Canada's healthcare system is imperative to address the evolving needs of the population. What Canadians need the most is a reformed healthcare system that will improve access and provide the most cost-efficient and appropriate care for all, by investing in the distribution of healthcare services through primary care, virtual care, and long-term and home care.

Primary care networks (PCNs) provide holistic, patient-centered care in the community and place a greater focus on preventative interventions. The value of PCNs lies in their ability to provide easy, localized, timely, and continuous care to patients. Numerous studies consistently show a correlation between more or higher quality primary care and superior health outcomes including lower mortality rates of all causes,[3-5] whereas the lack of connected and coherent care was associated with a higher risk of mortality.[6,7] As PCNs operate at the community level, healthcare workers can provide regular care and foster a provider-patient relationship over time. Building strong relationships between patients and their physicians can improve the uptake of preventive care and enhance treatment adherence. Additionally, clinical settings such as hospitals are limited in their reach and capacity. PCNs can deliver health interventions in community settings and can reach people where they are located, which is especially important for patients living in rural and remote areas. By improving access to primary healthcare, patients will stay healthier, and as a result are less likely to require treatment in hospitals.

Virtual care was quickly adopted during the COVID-19 pandemic to curb the spread of the disease, but also has important implications beyond the pandemic. A recent study by the Canadian Institute for Health Information (CIHI) showed that underserved rural and remote communities benefit the most from virtual health services thanks to easier access to care provided by technology.[8] Additionally, preliminary data from Nova Scotia from March to December 2020 shows that patients who used virtual care the most were those with chronic issues or intermittent illnesses.8 Patients in rural or remote communities and those with chronic illnesses may find it difficult to travel to meet with their doctors; therefore, strengthening telemedicine is crucial for prevention, early detection, and early treatment. Patients will benefit from faster, proper, and regular care before more acute and expensive services are required.

Investing in healthcare programs such as long-term care (LTC), personal home care (PHC), community mental health, and other types of supportive housing is a long-term solution to relieving the pressure on hospitals. Even before the COVID-19 pandemic, many hospitals were operating over capacity.[9,10] When hospitals reach capacity, patients may be treated in unconventional areas such as hallways or meeting rooms of a hospitals, which is where term "hallway medicine" came about.[11] Hallway medicine is so prevalent because a high number of patients who occupy a hospital bed do not actually need hospital-level care. These patients, designated as alternate level of care (ALC) patients, can include elderly patients with dementia and younger patients with intellectual disabilities, all of whom are treated in hospitals while waiting for space to open in more appropriate settings such as LTC homes or supportive housing. In 2019, over 5,300 ALC patients waited in an acute or post-acute hospital bed in Ontario, occupying 17% of hospital beds.[12] The cost of treating an ALC patient in a hospital bed is approximately $700/day, compared to just $200/day for a LTC bed or $100/day for PHC.[13-16] Settings such as LTC, home and community care, supportive housing, and community mental health can provide more appropriate and personalized care for ALC patients at a lower cost. By investing in solutions outside of hospital walls, government spending will become more cost-effective. In addition, ALC patients can be transferred to more appropriate settings to receive more suitable care. Transitioning ALC patients out of hospitals will create more room to treat people who really need to be there or to accommodate a sudden increase in patients, as with the COVID-19 pandemic.

As the population continues to grow and age, demands for healthcare services are expected to rise. Canada's current healthcare system is not equipped to handle the pressures caused by the changing demographics. The efficient use and allocation of limited resources is critical to keep up with demands of the future population, or in the event of another pandemic. By expanding primary healthcare, patients can have easier, faster access to care, and receive higher quality and more personalized care for their conditions. Virtual care will improve access to everyone, especially to people in rural and remote areas. Investing in healthcare outside of hospitals will help ALC patients to move out of hospital beds and transition back into their communities, while also reducing the strain on hospitals, freeing up more beds, and reducing costs. Thus, the distribution of healthcare services through different types of facilities will allow us to allocate our limited resources more efficiently and to serve patients more effectively, which in turn will lighten the burden on hospitals. Remodeling our healthcare infrastructure will require a paradigm shift, from a hospital-centered model to a distributed care model. This will need coordination from all government levels, from federal to municipal, and cooperation from all health care organizations and professionals to implement these changes. Such a reform will pay off severalfold, providing Canadians with high quality, timely and personalized health care in a cost-efficient manner.

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