

HSS1101D: Determinants of Health

Health Care in Canada, the Canada Health Act, and the Regulated Health Professions Act

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***NOTE:** Original lecture developed by Prof Thy Dinh.
Current lecture modified++ by Prof Sonia Gulati.
Information is taken from sources as indicated at
the bottom of or within the slides.

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Topics to be Covered

- Health Care System as a Determinant of Health and Canadian Health Care System Characteristics
- Regulated Health Professions Act, 1991 & Regulated Health Professions and Colleges
- Health Interventions – Policies, Regulations, Laws



Canadian Health Care System

- The federal government, ten provinces, and three territories have key roles to play in the health care system in Canada.
 - federal government provides funding through cash & tax transfers to the provinces and territories to help pay for health care services, but the delivery of services is a provincial/territorial responsibility
- More of a provincial/territorial responsibility →
 - 13 unique programs financed through tax revenues and federal government transfers
- Federal government is directly (financially) responsible for specific populations (e.g., First nations and Inuit; Canadian Forces and RCMP)

The Canadian Health Act (CHA), 1984

“To protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers.”

Five Pillars

- Comprehensiveness
- Universality
- Accessibility
- Portability
- Public Administration



<http://www.hc-sc.gc.ca/hcs-sss/medi-assur/cha-lcs/index-eng.php>

<http://www.parl.gc.ca/Content/LOP/ResearchPublications/944-e.htm>



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The Canadian Health Act (CHA), 1984

Comprehensiveness

- Health care insurance plan of a province must insure all services that are medically necessary.
- The criterion of comprehensiveness refers to a minimum basket of services because the Act neither mentions the quantity of services to be provided nor gives a detailed list of what services will be insured; provincial governments can define these.
- The range of insured services may vary among provinces and from one year to the next.

The Canadian Health Act (CHA), 1984

Universality

- Demands that all residents in the province have access to public health care insurance and insured services on uniform terms and conditions.
- Initially, the concept of universality focused on two specific objectives.
 - (1) to make insured services available to everyone everywhere
 - (2) to pool the risks among those insured; the more people the plan covered, the more the risk sharing would be cost-effective

The Canadian Health Act (CHA), 1984

Accessibility

- Insured persons must have reasonable and uniform access to insured health services, free of financial or other barriers.
- No one may be discriminated against on the basis of such factors as income, age, and health status.

The Canadian Health Act (CHA), 1984

Portability

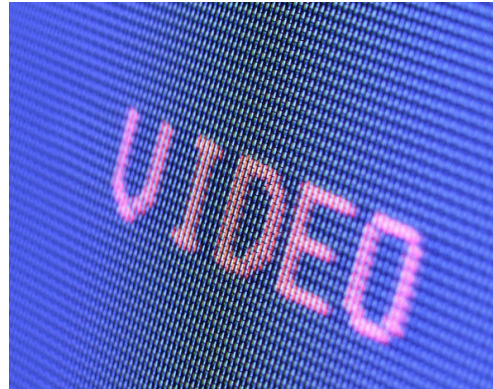
- Requires provinces to cover insured health services provided to their residents while they are temporarily absent from their province of residence or from Canada.
- For insured health services provided in another province, payment is made at the rate negotiated by the governments of the two provinces.
- For out-of-Canada services, the Act states that the amount paid will be at least equivalent to the amount the province of residence would have paid for similar services rendered in that province. <http://www.health.gov.on.ca/en/public/programs/ohip/outofcountry/travellers.aspx>

The Canadian Health Act (CHA), 1984

Public Administration

- Each provincial health care insurance plan must be administered on a non-profit basis by a public authority.
- Prevents provinces and territories from using federal money to subsidize health coverage by private insurance companies.
- Concept of “single payer” to describe the concept of administration of health care insurance by one public authority.

Video: Health Care System



- **Shifting Gears on Healthcare (9:17)**

http://www.youtube.com/watch?v=-cliZcP_SVw

Provincial/Territorial Roles in Health

- Administration and delivery of health services
- Guided by the *Canada Health Act*
- Fiscal (\$) transfers from the federal government
- **Basic services (coverage) include:**
 - Primary care (from physicians and other health care professionals)
 - Care in hospitals (majority of expenditures)
 - Some supplementary health benefits not covered by CHA (depends on the province/territory)

Ontario Ministry of Health & Long-term Care

- Oversees the high-level management of the health care and public health systems of Ontario
- Deals with the legislation, policies, and regulations that affect health of residents of Ontario
- Provides funds to hospitals and other community level programs
- For example, runs the Assistive Devices Program (ADP) to help people who have long-term physical disabilities get needed equipment and supplies.

<http://www.health.gov.on.ca/english/public/pub/adp/about.html>

http://www.health.gov.on.ca/english/public/program/adp/adp_mn.html

Ontario Community Health Services

Includes:

- Community Care Access Centres
- Community Health Centres
- General Hospitals
- Seniors' Care: Home, Community and Residential Care Services for Seniors
- Ontario Health Insurance Offices (OHIP)
- Psychiatric Hospitals
- Public Health Laboratories
- Public Health Units
- Service Ontario Kiosks (efficient health card issuing)

Ontario Health Insurance Plan (OHIP)

- Guided by the *Health Insurance Act, R.S.O. 1990*
- **Financing:**
 - Employers pay an Employer Health Tax (EHT)
<http://www.rev.gov.on.ca/en/tax/eht/>
 - A Fair Share Health Care Levy (FSHCL) is part of the surtax on Ontario income tax
<http://www.fin.gov.on.ca/en/budget/ontariobudgets/1996/a-tax.html>
 - Physicians are not allowed to engage in extra billing
- **Eligibility:**
 - Be a Canadian citizen or have immigration status
 - Make your permanent and principal home in Ontario
 - Be physically present in Ontario 153 days in any 12-month period.

- **Coverage:**
 - Medically necessary services from physicians (some coverage for podiatrists)
 - Some dental surgeries in hospital, eye exams (restricted)
 - Transportation costs for medical care (Northern Travel Grant)
- **Portability:**
 - Most health benefits covered across Canada
 - Ontario Ministry of Health and Long-Term Care billed directly for hospital and physician services
 - Care in Quebec is on reimbursement basis
 - Some limited funding for care outside of Canada



The Ontario Drug Benefit Program (ODB)

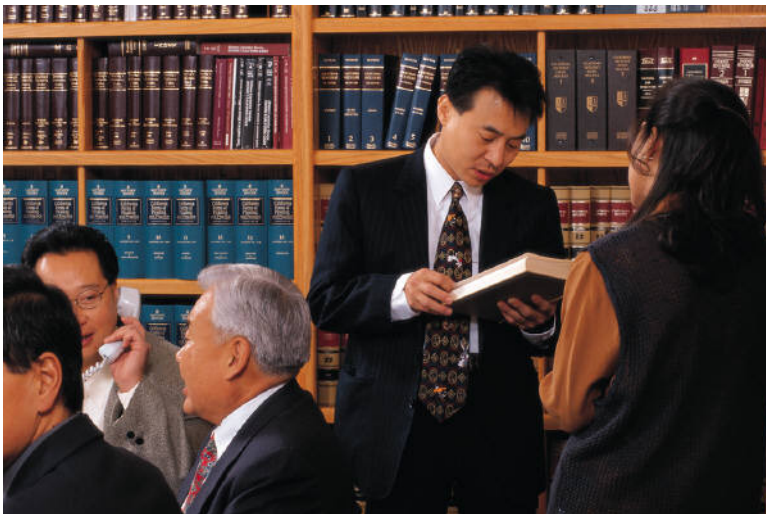
- Covers the cost (partial or full) of some medications for the following persons:
 - people 65 years of age and older
 - residents of long-term care homes
 - residents of Homes for Special Care
 - people receiving professional services under the Home Care program
 - Trillium Drug Program registrants



What are some pros and cons of our current health care system?



What is the difference between regulated and unregulated “health professions”?



Regulated Health Professions Act, 1991

- ***RHPA, 1991***, created governing bodies, called **colleges**, to regulate the activities of professional service providers in 23 disciplines in the province of Ontario.
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm
http://www.health.gov.on.ca/english/public/program/pro/procol_dt.html
- Each college, directed by a council of professional members and members of the public, has a mandate to establish:
 - entry to practice standards; preferred practice guidelines; code of ethics; quality assurance program; sexual abuse prevention program; professional misconduct regulations; and continuing competence measurements

****... all in the public interest.***

<http://www.caslpo.com/AboutTheProfessions/Whyuseregulatedhealthprofessional/tabid/78/Default.aspx>



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If the college's primary aim is to protect the public interest, who 'protects' the health professional?



Health Care Professions: Regulation (Ontario)

Colleges Legislated under the *Regulated Health Professions Act, 1991*

1. College of Audiologists and Speech-Language Pathologists of Ontario
2. College of Chiropractors of Ontario
3. College of Chiropractors of Ontario
4. College of Dental Hygienists of Ontario
5. Royal College of Dental Surgeons of Ontario
6. College of Dental Technologists of Ontario
7. College of Denturists of Ontario
8. College of Dietitians of Ontario
9. College of Massage Therapists of Ontario
10. College of Medical Laboratory Technologists of Ontario
11. College of Medical Radiation Technologists
12. College of Midwives of Ontario
13. College of Nurses of Ontario
14. College of Occupational Therapists of Ontario
15. College of Opticians of Ontario
16. College of Optometrists of Ontario
17. Ontario College of Pharmacists
18. College of Physicians and Surgeons of Ontario
19. College of Physiotherapists of Ontario
20. College of Psychologists of Ontario
21. College of Respiratory Therapists of Ontario

http://www.health.gov.on.ca/english/public/program/pro/procol_dt.html



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Transitional Councils Legislated under the *Regulated Health Professions Act, 1991*

22. Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Legislated under the *Drugless Practitioners Act*

23. Board of Directors of Drugless Therapy - Naturopathy

Refer to FHRCO – *the Federation of Health Regulatory Colleges of Ontario*

- Transitional Council of the College of Homeopaths of Ontario
- Transitional Council of the College of Kinesiologists of Ontario
- Transitional Council of the College of Naturopaths of Ontario
- Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
- Transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario

<http://www.regulatedhealthprofessions.on.ca/WHOWEARE/default.asp>

http://www.health.gov.on.ca/english/public/program/pro/procol_dt.html

Which profession that we often talk about within the health care setting is missing...?



... Social Work

- Social workers are regulated by the *Social Work & Social Service Work Act, 1998* under the *Ministry of Community and Social Services*.
 - *Social Work & Social Service Work Act, 1998* became law on August 15, 2000.
- Act requires that anyone who calls themselves a social worker must belong to the Ontario College of Social Workers and Social Service Workers (OCSWSSW). Initials RSW (Registered Social Worker) appear after name.
- Social work is a profession concerned with helping individuals, families, groups and communities to enhance their individual and collective well-being. It aims to help people develop their skills and their ability to use their own resources and those of the community to resolve problems.
- Social service workers administer and implement a variety of social assistance programs and community services, and assist clients to deal with personal and social problems.

<http://www.oasw.org/en/publicsite/aboutworkers/howswregulated.asp>
<http://www.ocswssw.org/en/about.htm>



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Regulated Health Professions

- Ontario's 23 self-regulated health professions have governing bodies called **colleges** that set the standards for skills, knowledge and behavior for their members.
- Ontario laws administered by the *Ministry of Health and Long-Term Care* set the legal framework for regulated health professions, but the colleges are independent of the ministry. Each college is directed by a council of professional members and members of the public.
- The colleges can help you find a health professional. You may also complain to the college about the treatment received or the behavior of one of their members. Colleges must investigate all complaints.

Transitional Councils

- Transitional Council (TC) acts as the board of directors for a particular college. Working with the Registrar and staff, the TC helps to create the policies and procedures that will govern the College's operations once it is proclaimed.
- **Example:** Upon proclamation by the Government of Ontario, College of Kinesiologists of Ontario will be established with the legislated authority to regulate the kinesiology profession in Ontario. Under the provisions of the *RHPA, 1991* and *Kinesiology Act, 2007* the College will be mandated to protect the public interest and improve the profession.
 - In 2009, the Government of Ontario appointed a TC to develop the regulatory framework which will enable the future College to govern Kinesiologists in the interests of the public.
 - For the College of Kinesiologists, the TC is made up of 13 public appointees appointed by the Lieutenant Governor of Ontario. These appointees are designated either public or professional members. Professional members come from the field of kinesiology, public members come from a variety of backgrounds. All members of the TC uphold the mandate of the College. After the College is proclaimed as an independent, self-regulatory body, it will continue to be governed by a Council. The Council of the College will then be made up of appointed members and members elected from the membership of the College.

Colleges: Aims and Function

- In Canada, 'colleges' are organizations established by the provincial government to oversee the practice of health professionals in a given province.
- The College is a self-governing body that is responsible for protecting and serving the public interest by regulating practice and setting standards for practice.
- Colleges issue 'certificates of registration' to allow individuals to practice in a given professional discipline.
- They register, regulate and support the ongoing competency of health professionals.



- Some duties of the college may include:
 - having programs in place to see that health professionals practice safely and effectively
 - monitoring and maintaining standards of practice through peer assessment, remediation, and/or continuing education activities
 - investigating complaints about health professionals on behalf of the public
 - conducting discipline hearings when health professionals may have committed an act of professional misconduct or incompetence

Example: Some important functions of *The College of Physicians and Surgeons of Ontario* include:

- Registration
- Quality Assurance
- Education
- Patient Relations Programs
- Investigations
- Disciplines
- Government Programs Management

Difference between Associations and Colleges

- Professional associations provide a "voice" for the profession they represent. This voice reflects the values, interests and concerns of the profession. Professional associations serve many functions.
- All major professions have professional associations. In Ontario, the role of professional associations is separate and distinct from the role of the professional regulatory bodies.
- **Examples of Associations:**
 - Canadian Medical Association
<http://www.cma.ca/>
 - Canadian Association of Occupational Therapists
<http://www.coto.org/about/default.asp>
 - Canadian Chiropractic Association
<http://www.chiropracticcanada.ca/en-us/home.aspx>

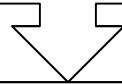
Example of Registering with a College...

E.g., *Registering with The College of Occupational Therapists of Ontario*

Graduated with appropriate health profession degree (e.g., MScOT)

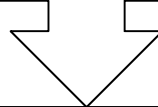


Register for & pass the National Certification Exam (administered by the Canadian Association of Occupational Therapists - CAOT)



Purchase appropriate Professional Liability Insurance (e.g., one option is to become a member of and purchase it through CAOT)

**CAOT Membership & Liability Insurance must be purchased annually.*



Submit application to register with the appropriate provincial regulatory body (e.g., College of Occupational Therapists of Ontario - COTO)

**COTO Registration must be renewed annually.*

<http://www.coto.org/about/default.asp>



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Some quality assurance and competency enhancement activities implemented by College of Occupational Therapists of Ontario:

- Prescribed Regulatory Education Program (PREP) Modules** - self-directed learning modules to ensure occupational therapists are up-to-date on the key issues and practices of the profession.
- Self-Assessment Tool** - process to promote self-reflection on Essential Competencies of practice. Is completed every two years or when a change in practice setting occurs.
- Professional Development Plan** - plan to document own learning goals, activities and results of the learning. Is completed annually.
- Professional Portfolio** - helps occupational therapists reflect upon their practice and demonstrate participation in continuing competency and professional development activities.

Health Interventions

- **Policy:**

- A course or principle of action adopted or proposed by a government, party, business, or individual.
- The written or unwritten aims, objectives, targets, strategy, tactics, and plans that guide the actions of a government or an organization.
- Policies have three interconnected and ideally continually evolving stages: development, implementation, and evaluation.

Health Interventions

- **Regulation:**

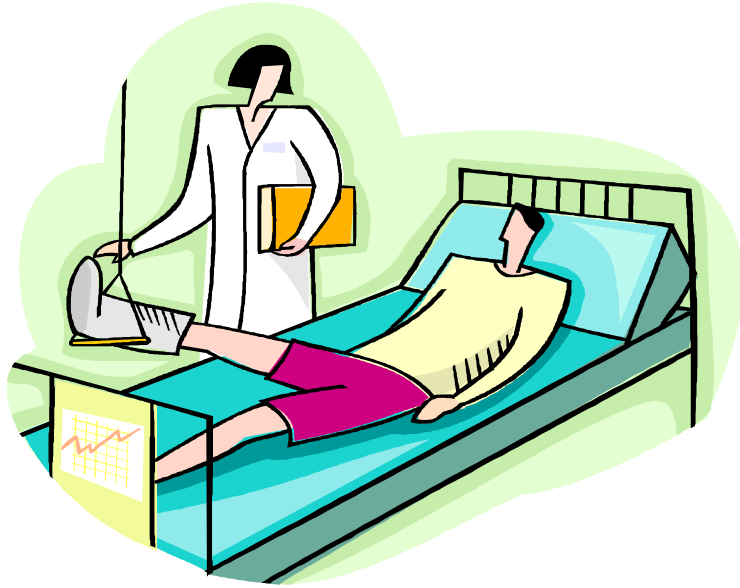
- A written set of rules and procedures governing the conduct of individuals or groups, such as members of the public in relation to a social institution or a service.
- Usually, regulations provide details intended to implement a more general law.

Health Interventions

- **Public Health Laws:**

- Based on statutes that have been enacted in many nations to protect the health of the public
- Case law based on decision rendered by courts in cases in which lawyers have successfully argued e.g. damages incurred by working with asbestos, drinking contaminated water, etc.
- Environmental health protection relies heavily on legal actions

Is the current health care system sustainable?



Bayne L., Sustainability in Public Health Care: What Does it Mean? July 2008. Prepared for the Health Council of Canada



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