Collaborations in Care: Working Together to Give Canadians the Healthcare They Need and Deserve

COMMENTARY

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ABSTRACT

As the Canadian healthcare system struggles to keep pace with the demand, it is becoming increasingly urgent to find more solutions to ensure that Canadians receive the care they deserve and expect. The author shares perspectives on the value of privately delivered solutions in our publicly funded healthcare system. He draws on the notion of bringing together a mix of knowledge, expertise and talent to help reduce barriers and improve access to care. In addition to virtual care, he examines examples of mobile integrated health programs and partnerships that are working to deliver care to communities.

Introduction

Over the past few years, the COVID-19 pandemic has become a smoke test for our Canadian healthcare system, magnifying cracks and pain points that have been building over the years. As a result of these pressures, we hear stories daily about hospital overcrowding, health transfer delays, healthcare worker burnout and challenges in accessing primary care.

Discussion

As Falk (2022) suggests in his paper on virtual care in Canada as of the sixth wave of the COVID-19 pandemic, attempts are being made to find the right balance among different modalities of care in a modern health system to address many of the challenges at hand. In addition to ensuring that we are ready for things we cannot easily predict, such as the pandemic, which "overwhelmed
existing health system strategies and planning” (Falk 2022: 13), we also need to find ways to address pre-existing demands on our system.

That ability to shift focus and adapt to a changing reality is already happening today. Privately delivered solutions are in place across the country to reduce barriers and improve access to healthcare while remaining a “core part of our publicly funded health delivery system” (Falk 2022: 13). It is a historical reality, as noted in the *Toronto Star* (Cohen 2022), that “our health-care system has never been about public delivery – just universal accessibility” for those eligible for a provincial health plan (Ontario Health Insurance Plan [Ontario], Medical Services Insurance [Nova Scotia], Alberta Health Care Insurance Plan [Alberta], etc.).

Even before the pandemic, we have been steadily moving beyond diagnosing and treating patients in traditional “bricks-and-mortar” settings to virtual environments and/or community-based mobile clinics that allow patients to access a broad spectrum of services – from help with monitoring and managing a chronic disease to preventive care to counselling for a mental health concern and more.

The popularity of virtual care through the pandemic has highlighted an important truth: “[c]are is care” (Falk 2022: 13). A lot of the innovative solutions and virtual tools that were accelerated through the pandemic to help bridge systemic gaps in care and help people navigate and manage their overall health have come as a direct result of public and private sector collaborations.

Governments are drawing on the expertise of various healthcare organizations – many that are not for profit and have the same shared values and objectives as the health systems being served. The goal is to deliver scalable, sustainable solutions to quickly meet growing demand and to address such issues as high wait times, hallway medicine, backlogs in surgeries and diagnostics, strained resources, a lack of universal access and more. It is about ensuring that Canadians can get the healthcare we need, when and where we need it, based on value-based care principles.

Another key example is mobile integrated health (MIH) programs using patient-centred mobile resources in out-of-hospital environments. MIH programs, as I have previously discussed (Sande n.d.), are gaining momentum in communities across the country alongside virtual care, which surged in the early days of the pandemic with community lockdowns and restrictions (De et al. 2020). They can take many forms: assisting public health, delivering primary and preventive healthcare, remote patient monitoring, after-hours support, mobile clinics and supporting vulnerable populations – including seniors, those with complex medical needs and/or those in remote communities.

In Chatham-Kent, ON, the local MIH program has resulted in an 84% reduction in 911 calls and a 51% reduction in emergency department visits for targeted populations. A mobile health bus in Saskatoon is a collaboration between the Saskatoon Tribal Council and the provincial and federal governments that delivers dental services, community paramedicine and mental health support to seven First Nation communities. In PEI, a mobile mental health response service has been providing a community-focused response from a specialized healthcare team to Islanders experiencing a mental health crisis. Over a three-month period, results showed a 75% reduction in ambulance responses and a 98% reduction in police responses to mental health crises. Since May 2020, through Indigenous Services Canada, paramedics have been travelling to Canada’s northern, remote communities to work with other healthcare
professionals, including First Nations and Inuit Health Branch–employed nurses, to ensure that nursing stations and health centres continue to provide life-saving care to these communities.

Perhaps the best example of how MIH can quickly address urgent public health issues was seen during the height of the pandemic. Working alongside other health professionals, paramedics were engaged to conduct provincial border screening, mobile testing and COVID-19 vaccine administration at long-term care facilities and through mobile clinics, helping to keep communities safe at a critical time.

These successes, and others, would simply not be possible without team-based, integrated approaches to healthcare. This is particularly true in the face of increasingly complex healthcare challenges, when we need to find the best solutions and bring together a mix of knowledge, expertise and talent.

Just as importantly, they require a willingness to consider new ways to leverage the skills and expertise of all of our healthcare professionals – while considering expanded scopes of practice. Such collaboration can only improve the strength of our overall healthcare system as we unlock new knowledge, share unique perspectives and develop innovative solutions together.

Other publicly funded primary care services at work are helping to bring care to individuals who don’t have a family doctor or nurse practitioner. The focus is connecting people to the longitudinal healthcare they need with in-person, telephone or online appointments while they wait for a longer-term placement with a permanent family physician or nurse practitioner. It is also about providing a centralized health record that follows patients with each of their appointments, allowing for any follow-up that is needed.

**Conclusion**

It is disheartening, even worrisome, to see Canada’s healthcare system struggle to keep pace with demand. I truly believe it has the potential to be one of the best healthcare systems in the world and a source of pride for our country. As we forge ahead, patient-centred, collaborative service delivery must be our guidepost. By continuing the momentum enabled by MIH programs and virtual care, Canada can demonstrate its ability to be innovative in meeting the needs of its population in an equitable manner, ensuring that people receive appropriate care where and when it is needed.

**References**


