



Quality End-of-Life Care
Coalition of Canada
La Coalition pour des soins
de fin de vie de qualité du Canada

Submission to The Standing Committee on Finance's Pre-Budget Consultations in Advance of the 2023 Budget

Quality End-of-Life Care Coalition of Canada (QELCCC)

October 8, 2022



RECOMMENDATIONS

1. Prioritize improvements and increased investments in palliative care in Budget 2023 and the bilateral health funding agreements between the federal and provincial and territorial governments, including by outlining dedicated funding for palliative care and requirements to report publicly on the outcomes of such funding.
2. Invest \$7 million over three years to develop the required infrastructure for national standards, common data sets, and a pan-Canadian Atlas for palliative care.
3. Invest \$8.75 million over three years earmarked for palliative care research, including grief and bereavement.



INTRODUCTION

The [Quality End-of-Life Care Coalition of Canada \(QELCCC\)](#) is a group of [more than 30 national stakeholder organizations](#) dedicated to improving end-of-life care for all Canadians. The Coalition believes that all people in Canada have the right to equitable access to quality palliative care, which includes grief and bereavement support. To achieve this, there must be a well-funded, sustainable national strategy for palliative care. It is the mission of the QELCCC to work together in partnership to achieve this goal. The QELCCC welcomes the opportunity to submit this brief to the Standing Committee on Finance as part of their study for Budget 2023.

Palliative care improves the quality of life, provides comfort and dignity, and alleviates suffering for those living with a life-limiting illness. It also provides support for caregivers caring for individuals living with life-limiting illness. Palliative care services are critical as Canada's population continues to age and more people are living with chronic life-limiting illness.

Despite the increased need for palliative care services, —challenges with the availability and accessibility of palliative care services persist in Canada, and within provinces/territories and their respective (health) regions. Canada has one of the most expensive health care systems in the world, yet we lag our international counterparts in [quality end-of-life care](#). When looking at the money Canada spends on palliative care, it turns out we spend [significantly more](#) than other Organisation for Economic Co-operation and Development (OECD) countries with [poorer results](#). This is because our health system fails to provide palliative care to people in Canada, and when we do, the default approach is to provide palliative care in acute care settings, typically when all other care options have been exhausted. [Data from Ontario](#) shows that only one in five Ontarians receive palliative home care in their last year of life, only half receive palliative care in any setting, and nearly two in three hospitalizations in the last year of life have no palliative care component. The situation is comparable in other provinces and territories.

In 2018, the federal government released a national [Framework on Palliative Care in Canada](#), followed by an [Action Plan on Palliative Care](#) laying out aims to improve the quality of life for people living with life-limiting illness, families and caregivers, and to enhance access, quality of care and health systems' performance. The Action Plan complemented the financial supports to provinces and territories at the time under the [Common Statement of Principles on Shared Health Priorities](#). While the QELCCC recognizes and appreciates the work done and investments made by the federal government to date, the government has fallen short of the promises laid out in the Framework and Action Plan. More must be done immediately to achieve the goals outlined in the Framework and Action Plan and adapt to the changing population and other realities that require greater availability and accessibility of palliative care supports for people in Canada.

The federal government has an obligation to report back on its progress in implementing both its Framework and Action Plan on Palliative Care at the five-year mark - December 2023. We encourage the federal government to take further swift action to ensure everyone in Canada has access to the affordable, culturally safe, and high-quality palliative care they deserve.



DETAILED RECOMMENDATIONS

1. Prioritize improvements and increased investments in palliative care in Budget 2023 and the bilateral health funding agreements between the federal and provincial and territorial governments, including by outlining dedicated funding for palliative care and requirements to report publicly on the outcomes of such funding.

As federal, provincial, and territorial governments meet to discuss the future of Canada's health care system and negotiate federal funding towards health care, the QELCCC urges all levels of government to make improving palliative care a priority. Increases in funding are needed and should be clearly and transparently reflected in immediate investments that enhance the health care system.

Evidence from Canada, the United States, and the United Kingdom, shows palliative care can significantly reduce the health care costs of patients who are dying. A 2015 study in Ontario indicates that [healthcare costs for the last year of life are nearly \\$56,000 per person, amounting to a cost of \\$4.7 billion annually](#), which represents 10% of all government-funded health care. The provision of palliative care enables more efficient and appropriate use of finite health care resources by [reducing the costs of caring for people at the end of life](#). It can reduce hospital admissions, length of hospital stays, re-admissions, visits to intensive care units (ICUs), and inappropriate diagnostics or interventions, all of which negatively impact a patient's quality of life and cost the health system significantly more than providing palliative care. Palliative care also [improves patient care](#): it is associated with improved patient and caregiver satisfaction, better symptom control, and greater likelihood of the person dying in the setting of choice.

Research on the economics of the implementation of palliative care shows that compared to usual acute care, hospital-based palliative care could save the health care system approximately [\\$7,000-\\$8,000 per person](#). This figure does not include costs associated with grief and bereavement for caregivers which would only [add to the savings](#). A 2013 study in Ontario found that shifting the location of care from acute care to home care for just 10% of patients at end of life could save the health care system [\\$9 million annually](#).

It is time for the federal government to commit to and follow through on providing consistent, high-quality palliative care services for everyone across Canada. This can be done by prioritizing improvements and investments in palliative care in Budget 2023 and in upcoming negotiations on health priorities and transfers.

Common Statement of Principles on Shared Health Priorities

In 2016, the federal government introduced a 10-year funding transfer that would allocate approximately \$11 billion to provinces/territories for home and community care, including palliative care, and mental health and addictions care. Based on the Common Statement of Principles on Shared Health Priorities, this funding block is a bilateral agreement signed between each province/territory and the federal government and allocated on a



per capita basis. There are two agreements, each lasting five years, with the second agreement currently up for negotiations.

Of the \$11 billion transferred under these agreements, no amount was designated specifically for palliative care. It is therefore unclear how much was spent by each province/territory on palliative care or the improvements in services achieved with the allocated funding.

Canada Health Transfer

In recent years, the provinces and territories have emphasized their longstanding call for the federal government to increase the Canada Health Transfer so that the federal share of health care spending rises from an estimated 22% to 35% to support the long-term planning and sustainability of the health care system. The QELCCC supports the request for increased health spending but underscores the need for earmarked funding for palliative care to ensure money goes towards improving palliative care services. Increased funding for palliative care services must be accompanied by commitments from the provinces and territories to track and publicly share how the funding is spent and the outcomes stemming from such investments.

The QELCCC urges the federal government to prioritize improving palliative care, include dedicated palliative care funding in the next federal budget and new negotiated health agreements with the provinces/territories, and ensure that any future palliative care funding includes a commitment to gather data and report publicly on the funds' use and the outcomes achieved using such funding, as required by the [Action Plan](#).

2. Invest \$7 million over three years to develop the required infrastructure for national standards, common data sets, and a pan-Canadian Atlas for palliative care.

People across Canada deserve better than the current approach that systemically fails to provide sustainable, creative, and necessary options to ease pain, death, and dying. Achieving this will require the adoption of a common approach across the country, so that people in Canada receive the same level of care regardless of where they live. Establishing national standards, common data sets, and a pan-Canadian Atlas – a graphical representation and textual description of the current state of services – for palliative care will help define what constitutes quality palliative care in Canada, sensitize providers and people in Canada to palliative care services and when they should be offered, and provide a sightline into how palliative care is being delivered across the country, including possible gaps that need to be addressed. Funding for this initiative should be done in collaboration with Health Canada's efforts on the Health Data Strategy.

There is no single reporting source, data repository or mapping of the state of palliative care in Canada. Calls for improved data on palliative care service provision and the identification of gaps to move toward enhanced quality of life for people living with life-limiting illness are outlined in the [Framework](#). The QELCCC is recommending funding the creation of a Pan-Canadian Palliative Care Atlas to map the current state of palliative care service provision across different domains and elements. The Atlas will provide policymakers,



administrators, health care leaders, educators, and advocates with a baseline assessment to assist in the development and implementation of a set of national standards for palliative care across Canada, tracked by the collection of common data sets.

Increasing the capacity and preparedness of all provinces and territories, and the organizations and providers delivering care in their jurisdictions, to provide consistently high-quality palliative care services and track data on the accessibility and delivery of palliative care will help improve care for everyone in Canada facing life-limiting illnesses. To do this effectively, a coordinated pan-Canadian effort involving evidence-based tools, a platform to track data, and a pan-Canadian Atlas are needed. Australia's [Palliative Care Outcomes Collaboration](#) is an example that Canada can consider implementing. An initial investment of \$7 million will help with the implementation of the project over three years in a phased approach, building on existing evidence to date, including establishing a database to track data, as well as creating a process for providing information to program leads, provincial and federal funding bodies, and the public to inform care and priorities.

3. Invest \$8.75 million over three years earmarked for palliative care research, including grief and bereavement.

The QELCCC recommends that the federal government invests \$8.75 million of funding over three years earmarked for palliative care research, including grief and bereavement, through the Tri-Council.

Palliative care research is identified as a research gap in the [Framework](#) and [Action Plan](#) but has seen an unfortunate decline in funding by [public](#) and [charitable](#) funders alike. The 2021 investment into the work of the Pan-Canadian Palliative Care Collaborative (PCPCRC) is highly welcomed, but further commitment is needed, including to study the impact of the COVID-19 pandemic.

Additionally, the QELCCC recommends that \$750,000 be set aside for a specific call for seed/proof of concept funding at the \$50,000 level per year for fifteen applications over the three-year duration of the program (five per year) to enable for innovative ideas to be developed, tested, and prepared for application to larger funding opportunities, without matching funding.

Contact:

Bianca Carlone
Co-Chair, Advocacy
Committee, Quality End-of-Life
Care Coalition of Canada
bcarlone@healthcarecan.ca

Daniel Nowoselski
Co-Chair, Advocacy
Committee, Quality End-of-Life
Care Coalition of Canada
Daniel.Nowoselski@cancer.ca

Leah Salvage
Co-Chair, Advocacy
Committee, Quality End-of-Life
Care Coalition of Canada
ed@cspcp.ca