

# A COMMON STATEMENT OF PRINCIPLES ON SHARED HEALTH PRIORITIES

---

By endorsing this Common Statement of Principles on Shared Health Priorities, federal, provincial, and territorial (FPT) governments\* commit to work together to ensure health care systems continue to respond to the needs of Canadians.

This Common Statement of Principles will inform the development of bilateral agreements between the federal government and provinces and territories (PTs).

## OBJECTIVES

This Common Statement of Principles focuses on two priority areas (home and community care, and mental health and addictions) where federal funding will be provided to PTs in response to increased demands.

FPT Health Ministers agree to common objectives in each of these areas and to undertaking specific activities, based on their unique circumstances, which advance these common objectives. The federal government will work with the provinces and territories to ensure bilateral agreements reflect their unique circumstances, including considerations for northern and remote delivery models, data capacity limitations and infrastructure requirements.

## PRINCIPLES TO GUIDE ACTION

All elements of the Statement of Principles will be interpreted in full respect of each government's jurisdiction, guided by the following principles:

- A. **Collaboration:** FPT Health Ministers agree to work together to achieve the objectives set out in this Statement of Principles.
- B. **Innovation:** FPT Health Ministers agree to continue the development and evaluation of innovations which deliver better outcomes for Canadians, and to share successes and lessons learned with a view to further stimulating improvement across health systems.
- C. **Accountability:** FPT Health Ministers agree to measure progress on the collective and jurisdiction-specific goals under this Statement of Principles, and to report to Canadians.

FPT Health Ministers agree to review progress on the objectives and commitments within this Statement of Principles annually.

## IMPROVING ACCESS TO MENTAL HEALTH AND ADDICTIONS SERVICES

All governments recognize that mental illness and addictions are serious issues for Canadians. Evidence suggests that mental health concerns often begin in childhood and adolescence, and that early diagnosis and intervention is vital to effective treatment and recovery.

FPT Health Ministers agree on the importance of promoting mental wellness, and of addressing gaps in mental health and addiction services and recovery, including for children and youth. Over the next ten years, FPT Health Ministers will work together to improve access to evidence-supported mental health and addiction services and supports for



Canadians and their families by pursuing one or more of the following actions:

- Expanding access to community-based mental health and addiction services for children and youth (age 10–25), recognizing the effectiveness of early interventions to treat mild to moderate mental health disorders;
- Spreading evidence-based models of community mental health care and culturally-appropriate interventions that are integrated with primary health services; and
- Expanding availability of integrated community-based mental health and addiction services for people with complex health needs.

To support provinces and territories to improve access to mental health and addiction services through such initiatives, the federal government will provide the provinces and territories with \$5.0 billion over ten years starting with \$100 million in 2017/18.

## **IMPROVING ACCESS TO HOME AND COMMUNITY CARE**

As Canada's population ages and chronic disease rates increase, Canadians need access to more health care services outside the traditional settings such as physicians' offices and hospitals. Across Canada, all jurisdictions are putting in place new approaches to enhance access to vital health care and support services at home and in the community, and reduce reliance on more expensive hospital infrastructure.

Over the next ten years, FPT Health Ministers will work together to improve access to appropriate services and supports in home and community, including palliative and end-of-life care, by pursuing one or more of the following actions:

- Spreading and scaling evidence-based models of home and community care that are more integrated and connected with primary health care;
- Enhancing access to palliative and end of life care at home or in hospices;
- Increasing support for caregivers; and
- Enhancing home care infrastructure, such as digital connectivity, remote monitoring technology and facilities for community-based service delivery.

To assist with improving access to appropriate home and community care, the federal government will provide PT governments with \$6.0 billion over 10 years, starting with \$200 million in 2017/18.

## **PERFORMANCE MEASUREMENT**

FPT Health Ministers agree that the collection and public reporting of outcomes is key to enabling Canadians to assess progress on health system priorities. With this in mind, and as an integral element of our shared commitment, FPT Health Ministers agree to work collectively and with the Canadian Institute of Health Information (CIHI) to develop a focused set of common indicators to measure pan-Canadian progress on the agreed priorities of mental health and addictions, and home and community care, to be reported on annually to Canadians. This will involve working with stakeholders and experts, through CIHI, to develop common indicators and sharing of the relevant data by each

jurisdiction to permit CIHI to produce annual public reports. This approach will recognize and seek to address differences in access to data and health information infrastructure.

In addition, PT Health Ministers agree that the bilateral agreements with each jurisdiction will specify the more detailed terms for reporting on jurisdiction-specific activities supported by the new federal funding.

To support addressing data gaps and support improved decision-making, the federal government is committing to \$53.0 million over 5 years, starting in 2017–18, with \$15 million ongoing to CIHI, which will provide a progress report by March 2018 and report annually thereafter.

## INDIGENOUS HEALTH

Recognizing the significant disparities in Indigenous health outcomes compared to the Canadian population, the federal, provincial and territorial governments are committed to working with First Nations, Inuit and Métis to improve access to health services and health outcomes of Indigenous peoples and discuss progress. At the national level, the federal government is committed to working

with national First Nations, Inuit and Métis leadership in response to their identified health priorities (developed through the First Nations Health Transformation Agenda, an Inuit -Specific Approach to the Canadian Health Accord and the Métis National Health Shared Agenda). At the regional level, federal, provincial and territorial Health Ministers commit to meaningfully engage and to working together with regional Indigenous organizations and governments.

FPT Health Ministers commit to approaching health decisions in their respective jurisdictions through a lens that promotes respect and reconciliation with Indigenous peoples.

## ONGOING COLLABORATION

In addition to the shared priorities identified within this document, FPT Ministers of Health will continue to work on areas of mutual interest, specifically supporting health innovation and improving the affordability, accessibility and appropriate use of prescription drugs, including taking steps toward harmonization of drug plan formularies. FPT Health Ministers will discuss these issues at their next meeting in Fall 2017.

\* Recognizing the Government of Québec's desire to exercise its own responsibilities within the health field and to fully assume the planning, organizing and managing of health services, including mental health and addiction services and home and community care, the Government of Canada and the Government of Québec agreed on March 10, 2017 to an asymmetrical arrangement distinct from this Statement of Principles and based on the asymmetrical agreement of September 2004. The Government of Québec will continue to report to Quebecers on the use of all health funding and will continue to collaborate with other FPT governments by sharing information and best practices.

