Measures to Address Health System Challenges

Review of Canadian, Provincial and Territorial 2022 Budgets

September 2022
Canadian health care system is under strain

- Canada’s health care system is facing increased pressure due to the COVID-19 pandemic. The workforce is experiencing burnout conditions leading to staffing shortages across the health care system, particularly in emergency services.
- Moreover, the COVID-19 pandemic led to a backlog of procedures, increasing the possibility of patients showing up with more advanced disease conditions.
- These challenges add to a system already under stress. Looking forward, no easy solution emerges as Canada’s rapidly aging population continues to increase demand for care given the fact that the highest health care costs are incurred in the oldest age cohorts.

Funding and reform measures are being introduced to alleviate the pressure

- In the short term, additional funding is the practical solution to deal with the current health system challenges given the length of time required to implement system overhauls. While we are seeing provinces increase health care spending faster than their overall budget expenditures, the average increase in spending is less than the rate of inflation.
- Our analysis shows that provinces are reacting to the need to improve health care services by targeting funding toward some of the most pressing challenges. Indeed, the top health care issues are very similar across the provinces.
- Reducing backlogs in surgical and mental health care as well as the need to invest in recruiting and retaining professionals are three of the top five funding measures where provinces and the federal government align.
- Another clear provincial priority is seniors and long-term care, showing that the provinces are mindful of their rapidly aging populations.

The current health care system crisis demonstrates the need for reform, innovation and adequate funding

- Given the magnitude of the current crisis and the fact that COVID-19 continues to strain the system, both the federal and provincial governments need to be prepared to take further actions if necessary to ensure short-term system sustainability.
- As we look at the longer term, the issue becomes more complex. An analysis of Canada’s health care performance shows that while spending is high, access and timeliness of care lags our OECD peers. This suggests that the issue cannot be solved by funding alone. Instead, reform, innovation and adequate funding are all necessary to ensure long-term sustainability of the health care system.
- Our budget analysis showed that some provinces are undertaking measures to improve access to care and pursue innovation but a fulsome view of how we define a successful and sustainable system is needed to ensure that reform measures are being targeted to achieve the desired outcomes.
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1. Introduction
The health care system is expected to face challenges as Canada’s population ages.

Background

Canada’s health care system is facing increased pressure due to the COVID-19 pandemic which has led to a huge backlog of procedures. The health workforce is experiencing burnout conditions leading to staffing shortages.1 Job vacancies among health-care practitioners have increased by nearly 92% in the September to December 2021 period compared to the same period pre-pandemic. More recently, emergency rooms across the country, particularly in rural areas, have experienced closures due to nursing and doctor shortages. Missed diagnoses due to delayed care are adding additional challenges to the system that will last for years – almost one in three Canadians report delays in seeking care during the COVID-19 pandemic which may lead to late-stage diagnoses in certain patients.2,3

These challenges add to a system already under stress. Notably, Canada’s rapidly aging population continues to increase demand for care given that the highest health care costs are incurred in the oldest age cohorts.

Together these factors are significant. Policy makers must contend with the immediate challenges amplified by the pandemic, but also the longer term structural challenges related to our aging population. Addressing these challenges requires the provincial/territorial (PT) and federal governments to work together on a multi-pronged action plan that includes a mix of funding, health innovations and reforms.

Health expenses are the largest budget item for provinces and territories. While health funding is primarily the responsibility of the provinces, they do receive federal funding. The Canada Health Transfer (CHT) is the federal government’s primary way of funding provincial health expenses but accounts for less than 25% of the PT health budget. Provincial and territorial governments face significant demand pressures for health services, which is placing increased demand for supplemental funding from the federal government.

In order to ensure a sustainable health care system for current and future generations, these challenges must be addressed.

Objectives

In this context, the Canadian Medical Association (CMA) asked Deloitte to review the 2022 federal and PT budgets to highlight funding and reform measures related to health and long-term care, including community-based services such as home care. Additionally, this study seeks to produce three CHT scenarios that incorporate the most recent spending, nominal GDP and demographic projections to determine how much future health care funding needs will be met through the CHT.

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2. Budget Analysis
Health continues to be a priority in the 2022 PT budgets

Analyzing the most recent PT budgets reveals that health care is expected to grow faster than overall spending and that there are three key priority health topics where the provinces are mostly aligned. It shows that many PTs are aligned when it comes to the most pressing areas in health care.

- We defined a reform measure as a measure that led a change of the current state of the health care system.
- Then, we categorized the measures identified based on if it was a funding or a reform measure and on the area of health care it is targeting.1
- We examined the 2022-2023 budgets from the federal government, the 10 provinces and the 3 territories to identify the measures related to health.
- Then, we categorized the measures identified based on if it was a funding or a reform measure and on the area of health care it is targeting.1
- We compared the PT and federal measures and identified alignment and differences both across provinces and territories, and between PTs and the federal government.
- We highlight all the health-related measures contained in the budgets and then provide a breakdown specific to funding measures and those specific to reform measures.
- Based on our analysis, we highlight the impact that budget measures could have on innovation and health equity.

1. Mental Health Care is a key priority for all provinces and the federal government which dedicated significant funding to improve access to mental health care, including the deployment of new facilities and staff. The federal government and some provinces also deployed programs for addiction supports.

2. Increasing system capacity is a key priority for many provinces and the federal government. The federal government and many provinces will invest in the recruitment of health care professionals, with a focus on increasing the workforce in remote and underserved communities. In addition, some provinces will invest in building and repairing health care infrastructure. For some provinces, this initiative is targeted at emergency medical services.

3. Many provinces made seniors’ care and continuing care a key priority for the coming year, including the deployment of new infrastructure and additional funding for home-support services. Many provinces are aiming to ensure that seniors and people with disabilities can receive the right level of services at home.
Health measures in the various budget measures cover 26 distinct focus areas

This table ranks the measures based on the number of PTs that have made commitments in the area. The shading represents the importance of the measure within the region based on the size of the funding or reform measures undertaken by the PTs. As demonstrated, there is a high degree of alignment on priority initiatives across the PTs.

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1. A detailed description of measures by province is provided in the Appendix A.
## Top Health Care Funding Measures in the 2022 Budgets

Provinces and territories align on the need to improve access to mental health care, the need to recruit health care professionals, improving seniors’ care, investing in health facilities and reducing the surgical backlogs generated by the pandemic.

### Mental Health Care

- **Building on existing investments**, Ontario plans to invest another $204M in 2022-23 to continue to improve access to mental health services.
- **New Brunswick plans a $12.1M investment** in 2022-23 to provide prevention, treatment, and rehabilitation in dedicated units and centres across the province.
- **Newfoundland and Labrador plans a $30M investment** in 2022-23, including $16.3M for the ongoing construction of an adult mental health facility in St. John’s and a six-bed unit in Happy Valley-Goose Bay.
- **Yukon is investing $25M on mental wellness supports and substance-use programs.**
- **This aligns with the federal health measures as $104M in 2022-23 (equal to 15% of the $705 million spent for health outside of the CHT) is dedicated to support mental health and wellbeing.**

### Recruiting of Professionals / Improving professionals working conditions

- **Quebec plans a $604M investment** (in 2022-23) to improve working conditions and increase full-time hospital staff, including salary increases and retention bonuses.
- **BC plans a $231M investment** over the next three years to recruit, raise wages and benefits and improve working conditions overall.
- **PEI is planning to allocate $8.7M of its 2022-23 budget to add specialist physicians** across the province and a $1.4M investment to recruit health care workers.
- **Newfoundland and Labrador, Nova Scotia, Ontario and Manitoba plan to increase the number of seats in nursing and other medical programs.**

### Seniors’ Care and Continuing Care

- **Quebec plans to invest $2.6B over the next five years on seniors’ care**, including opening the first seniors’ and alternative homes1 and enhancing home-support services.
- **Nova Scotia will invest $1.28 billion** for continuing care, including a $29.1M investment dedicated to seniors’ continuing care.
- **Saskatchewan’s 2022-23 budget** allocates $17M for seniors’ home care services, flu vaccines, and continuing care services.
- **PEI’s 2022-23 budget allocates $1.2M for home care services.**

### Improving Health Facilities

- **In the 2022-23 Quebec Infrastructure Plan, 20% of the investment ($22.8B) is allocated to health and social services infrastructure.**
- **Alberta’s Capital Plan 2022 includes $2.2B** for health facilities, including a $1.8B investment to add capacity to one of the busiest hospitals in the province.
- **BC’s Capital Plan 2022 includes $2.8B for health facilities**, including a $1.6B capital spending over the next three years to support timely surgeries and diagnostic imaging.  
- **Alberta’s 2022 budget includes a $110M investment to reduce surgical and diagnostic backlogs.**
- **Saskatchewan will invest $21.6M to address the surgical waitlist, expecting a return to pre-COVID wait time levels by the end of March 2025.**
- **NS plans a $19.6M investment to address the backlogs caused by the COVID-19 pandemic.**
- **Alberta developed the Alberta Surgical Initiative and the Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) Access Initiative with the commitment to reduce wait times for surgery and CT and MRI diagnostic testing.**
- **The Federal Government will provide a $2B top-up to the CHT to help address these backlogs.**

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1. Senior and alternative homes are living environments for seniors with diminishing autonomy and adults with disabilities and are designed to bring a feeling more reminiscent of a home rather than an institution.

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Emergency services, access to medication, modernization of the health care system and virtual care are also key priorities across the provinces.

**Emergency Services**
- **BC** plans an investment of $148M to continue to implement the provincial emergency services action plan that aims to increase the number of paramedics and dispatchers available to reduce call wait times and emergency response times.
- **Alberta's** 2022 budget includes a $64M investment to strengthen emergency medical services capacity and has funded a committee to provide immediate and long-term recommendations to inform a new provincial emergency services plan.
- **Newfoundland and Labrador** plans a $20M investment to reduce the pressures experienced by emergency services staff. It includes a $10M investment for the re-design and expansion of the current emergency room and the recruitment of extra resources.
- **Quebec** will invest $34M over the next five years to reduce the time patients wait for admission or consultation in emergency departments and hospitals.

**Access to medication**
- **Alberta's** 2022 budget includes a $2B boost to its Drugs and Supplemental Health Benefits. With $674M budgeted in 2022-23 (over one third of the investment), the Seniors Drug Benefits program is the largest component of this program.
- **Nova Scotia** plans an investment of $10.4M for medication and the pharmacare programs for seniors, family and community services. In addition, $3.6M will be invested for cancer medication.
- **PEI** plans to add $2.6M in 2022-23 for a total of $4.1M to provide free shingles vaccines to Islanders 65 years and older.

**Modernization of the health care system**
- **Quebec** made the modernization of the health care system one of its priorities for the next five years investing $788.9M. This investment aims to improve the accessibility of health and social services as well as the efficiency and performance of the facilities. It includes the shift towards cloud computing to protect data from cyberattacks and thefts. This investment also includes the automatization of administrative and clinical operations and the development of new applications for health care institutions such as a centralized management system for arrivals, departures and transfers.
- **NB** invested $38M in its provincial health plan, which includes the creation of digital access to personal health information.

**Virtual Care**
- To improve access to primary care, **Nova Scotia** will invest $14.5M to expand access to virtual care for needs that can be met by family physicians and to expand virtual care for other kinds of care. In addition, $5 will invest $3.4M to expand mental health virtual care and to enhance virtual care services at emergency departments.
- Part of Quebec's $788.9M funding to modernize its health care system aims to ensure the sustainability of telemedicine practices.
- New Brunswick's health plan includes an expansion of virtual care to other health service providers.

**Other**
- **Youth Care**: Quebec will invest $272.1M over the next five years to enhance local services for youth in difficulty.
- **Dental Care**: PEI's 2022 budget will allocate an additional $1.5M to continue offering free dental care to lower income Islanders (defined as at or below Market Basket Measure), and to provide coverage to 8,000 additional low-income Islanders.
- This aligns with the federal government which is providing $5.3B over five years for dental care.
- **Public Health**: BC allocated funding to support the BC Centre for Disease Control (BCCDC) to produce real-time data, modelling, and epidemiological analysis for health surveillance, detection and treatment.
- The federal government also plans an investment of $436.2M over five years to prepare the public health system for any crisis it may face through surveillance and risk assessments.
While there is not broad-based alignment across provinces on reform measures, several provinces aim to reorganize the health care system, to improve the working conditions of professionals and to improve seniors’ care.

- **Québec** plans to integrate services to meet patient needs and to move towards local management of health and social services throughout Quebec.
- **NL** will launch the One Province Health Authority that aims to ensure cooperation and to provide consistency across the province.
- Implementing its provincial health plan, **Manitoba** aims to increase the transparency of health organizations by requiring them to report their performance to the provincial government.
- **NB** will re-organize its community health services into care networks, consisting of both in-person and virtual care.
- **NWT** will implement the medical travel and primary health care reform, aiming to improve the territorial health and social services delivery system and ensure the continuity, quality and affordability of health services.
- **Ontario** plans to make permanent PSW and DSW wage enhancements which began during the pandemic. To enhance recruitment, Ontario proposes to reduce barriers to registration and recognition by health regulatory colleges for foreign-credentialled health care workers to allow them to begin practicing in Ontario.
- To improve management, **Quebec** is planning to take actions related to decentralization of scheduling, an increase of the number of hours in the normal work week, improved leave of absence provisions and reclassification of some employees.
- **Alberta** is reforming physicians’ compensation by balancing payments for virtual and in-person options.
- **Saskatchewan** will establish a new independent agency dedicated to recruiting and retaining health care workers.
- **In Manitoba**, a new department is specifically dedicated to seniors and long-term care and is tasked with implementing the senior strategy and action plan to increase and improve the level of service for seniors.
- **Québec** adopted an action plan in October 2021 for informal and family caregivers in order to develop respite services and enhance the services offered to informal and family caregivers. In addition, Québec launched an action plan on housing and long-term care and plans to harmonize the rules covering long-term care homes in order to ensure optimal medication for patients.
- **PEI** plans to modernize long-term care inspections and allocated $0.1M for this purpose.

### Other
- **Health Data**: Québec plans to establish standards for the protection of health and social services information and provide data access to improve the quality of services and better understand needs. **Ontario** plans to improve the sharing of health data between the province’s unified clinical viewer and between the long-term care and acute care sectors.
- **Mental Health Services**: **Manitoba** plans to implement a set of initiatives to improve the system and increase access to mental health and community wellness services. It includes an increased capacity for mental health and addiction services throughout the province. **Nunavut** will implement the Mental Health Act. The new Act was adopted in June 2021 and aims to provide mental health and addiction program services.
- **Health Promotion**: A new interdepartmental action plan in **Québec** will be launched for health prevention policy. **NL** will create a Physical Activity Credit up to $2,000 per family to help access sport and recreational activities.
- **Access to medication**: **NB** plans two drug programs for the payment of approved drugs and to provide coverage to all uninsured residents of the province.
- **Medical education**: **NL** plans to create an integrated health faculty that will consolidate medicine, nursing, pharmacy and others in order to provide cross-functional knowledge and support.
3. Spotlights – Health equity and health innovation
Health equity is affected by non-medical social factors and several provinces are taking measures to reduce health inequities

Health inequity refers to unequal access to health care considered as “unjust and modifiable,” caused by social and environmental factors. Measures in the 2022 budgets are addressing unequal access to care through four main channels.

Addressing Social Determinants of Health

By addressing social determinants of health or deploying health promotion initiatives across the territory, provinces aim to enhance health equity.

- In 2015, NL defined a framework for health care integrating the social determinants of health into the new models for primary health care. The 2022-23 budget continues to address social determinants and includes a measure to improve housing stability, a new Alcohol Action Plan and a Life Promotion Suicide Prevention Action Plan.
- Quebec’s 2022-23 budget includes an investment towards the government’s 2021-2025 interdepartmental health prevention policy and the deployment of prevention and public health initiatives to reduce health social inequalities. These include increasing access to healthy food and facilities to encourage people to adopt and maintain a physically active lifestyle. Similarly, NL will create a Physical Activity Credit to improve access to sport and recreational activities.
- Yukon will open a new Bilingual Health Centre in Whitehorse to improve care for Yukon’s francophone population.

Better Serving Racialized Communities

Some communities do not have the same access and level of health services. Some provinces are deploying initiatives to enhance health equity across Canada regardless of the community.

- BC will continue to work in partnership with the First Nations Health Authority to create 15 First Nations Primary Care Centres throughout the province.
- NS will continue to provide health and primary medical services for refugees and to expand the Nova Scotia Brotherhood Initiative which increases access to health care in the Black community.
- NWT will invest in Indigenous wellness and patient advocate services to improve the patient experience for Indigenous peoples.
- Nova Scotia plans to collect and analyze race-based data to address inequities in health care.

Serving Rural and Remote Areas

Canadians living in rural parts of Canada do not have the same access to health services given the low level of services in remote and rural areas. Many provinces and the federal government will take measures to recruit and retain professionals in rural and remote areas of the country.

- The federal government will increase and extend to other professions the existing student loan forgiveness program to doctors and nurses who work in remote and underserved communities.
- Alberta, Saskatchewan, Manitoba and NWT will invest in recruiting and retaining physicians and specialist physicians as well as in new facilities in rural and remote areas of the province/territory.
- Ontario will invest in two programs to increase employment in remote communities: one program for nursing graduates to receive full tuition reimbursement in exchange for committing to practice for two years in an underserved community and the new Learn and Stay Grant for postsecondary students to work in underserved communities in the region where they studied in exchange for tuition, books, and other direct educational cost funding.

Providing affordable services

Low-income Canadians are less likely to afford prescription medications and are less likely to get diagnosed early. To enhance health equity across income brackets, some provinces deployed benefit programs for uninsured residents.

- Likewise, Alberta will invest in drugs and supplemental benefits, with a focus on seniors.
- PEI will offer free dental care to Islanders at or below the Market Basket Measure, and coverage to 8,000 additional low-income Islanders.
- Yukon will provide dental coverage for uninsured Yukoners.
- PEI will provide free shingles vaccines to Islanders 65 years and older.
- NWT’s health care reform involves funding new positions in primary health care aimed to ensure health services are offered at an affordable cost.
Health Innovations are Changes that Lead to Improved Health Outcomes and Patient Experiences

Several provinces and territories have announced measures designed to pursue health innovation in their jurisdiction.

Promoting virtual care

Virtual care provides a significant opportunity for health innovation, as it has the potential to improve health outcomes by increasing accessibility to care and improving patient experiences by facilitating access to care from patients’ homes.

• **NS and NB** will improve the availability of virtual care for family physician needs and expand virtual care for other kinds of care. NS’s virtual care expansion includes mental health care and emergency departments.

• **Quebec** aims to ensure the sustainability of telemedicine practices. To this end, Quebec adopted a bill for a more fluid management of health data, including the establishment of standards for the protection of health and social services information to protect citizens’ data from cyberattacks and theft.

Implementing novel health care models

Improving cooperation between physicians and practitioners allows for a reduction in service duplication, an improvement in the delivery of preventive services and better patient monitoring.

• **Prince Edward Island** is implementing a novel health care model, “medical homes and neighborhoods”. This model follows a team-based approach to primary health care, with “homes” and “neighborhoods” consisting of teams of both specialized and general health care workers. PEI believes the team-based approach will improve efficiency in the health care system, create a more collaborative working environment for health care professionals, and improve patient experiences.

Streamlining access to specialists

Electronic referrals of patients from a family doctor to a specialist or between specialists help to reduce diagnostic wait times and improve patients’ experience.

• **New Brunswick** has announced a pilot project to access orthopedic specialists by streamlining the referral system: primary care physicians will be able to electronically refer patients to specialists, who can then choose an available specialist in their zone or wait for a specific surgeon. The pilot will be extended to other specialties in 2023-24.

Improving access to data

Proper use of patient data may help to improve quality of care and services and to better understand the needs of patients.

• Provinces such as **Quebec, Nova Scotia, British Columbia, and Ontario** have announced measures to improve the availability and utility of patient health and epidemiological data.

1. Health innovation is defined as, “any development, simple or complex, that lead to improvements in health outcomes and patient experiences” (IBM. [Accessed 2022]. What is Healthcare Innovation and Why is it Important? https://www.ibm.com/topics/healthcare-innovation#text=Healthcare%20innovation%20can%20be%20as%20simple%20as%20improving%20outcomes%20and%20patient%20experiences%20or%20as%20complex%20as%20creating%20new%20technologies%20or%20processes.).
4. Health Funding and CHT Analysis
Funding health care in Canada

In this section, we look at how health care is funded and then examine three scenarios related to the Canada Health Transfer.

• Funding for health care can be a contentious topic in Canada. It is nevertheless an important one to discuss as policymakers look to address current and future challenges in the system.
• The health care that Canadians receive when they go to their family doctor or other care providers is a provincial responsibility. The total cost of running the health care system in each province is recorded as a line-item in the provincial budget. Our publicly funded universal health care system is expensive, representing the largest program expenditure in every single province. Despite health care being a provincial jurisdiction, the federal government does play a role in funding the system.
• The largest source of federal funding for health care comes in the form of the Canada Health Transfer. The CHT was introduced in 2004 to replace the Canada Health and Social Transfer (CHST) which was in place from 1996 to 2003 before being split into separate health and social services funding. Even before the CHST was introduced, the federal government played a role in providing funding to the provinces for health care dating back to the late 1950s when it began to incentivize provinces to begin offering universal coverage for some health care services.
• The splitting of the CHST was part of the 2003 Accord on Health Care Renewal which was an agreement among first ministers to implement structural change to ensure system sustainability and quality and access to care. As part of the accord, provinces agreed to work together on a shared set of targeted reforms covering areas such as home care, drugs and diagnostic services.
• In addition to the CHT, we have seen several niche or one-off supplemental health funding initiatives from the federal government in recent years.
  • The 2017 federal budget included $11 billion over 10 years for the provinces for mental health and home care to be negotiated on a province-by-province basis.
  • The 2018 federal budget included $231 million over five years to address the opioids crisis of which $150 million was earmarked for the provinces directly.
  • Various funding initiatives during the pandemic such as the Safe Restart Agreement, funding for personal protective equipment and funds for long-term care safety.
• While the supplementary health funding initiatives can play a role in moving specific initiatives forward or providing a much-needed injection of cash into the system, the CHT is the primary source of sustainable and relatively predictable federal funding for health care services.
• Given its important role in helping ensure Canadians receive the health care they need, we study three different CHT scenarios. In all cases, we look to shed light on how the CHT relates to total expected PT health expenditures over the next 12 years.
Ensuring adequate funding is a long-standing issue in the health care sector

Given the long-term challenges facing the health care system, we examine three CHT funding scenarios to assess how much of PT health spending will be funded by the CHT.

The development of the PT health expenditures forecast can be summarized in four steps:

1. **Spending growth by health care type:** Data from CIHI is used to determine future growth in per-person health care spending by health care type (e.g., hospitals, drugs) and demographic characteristics (i.e., age and gender);

2. **Demographic forecasts:** Age-gender population forecasts are derived from Statistics Canada’s demographic projection model, which tracks individuals over their lifetime to account for natural population change (i.e., births and deaths) and migratory changes (i.e., international migration);

3. **Demographic-driven health spending growth:** Age-gender population growth rates are used to develop per person spending forecasts for each health spending type;

4. **Inflation adjustments:** The per-person spending forecasts are adjusted for inflation resulting in a health care spending forecast that accounts for inflation, aging, population growth, and non-demographic health spending growth (e.g., spending on new treatments).

Each CHT scenario is applied to a baseline forecast of health care spending between 2022 and 2035 that accounts for changes in inflation, population growth, and aging.

The forecast of PT health care expenditures is used to determine what share of funding the CHT covers over the forecast period in the following scenarios:

- **Scenario 1 – Status Quo:** Under the current CHT escalator, the federal transfer increases by a three-year moving average of nominal GDP, or a minimum of 3%. Scenario 1 estimates the 12-year forecast for the CHT under the current escalator and compares it to forecasted growth in PT health care spending.

- **Scenario 2 – CHT at 35% of PT Spending:** In a 2021 report, the provincial and territorial finance ministers called for an increase in the CHT to account for 35% of PT health care spending during the next decade. Scenario 2 estimates the change in the size of the CHT under the current escalator compared to the size of the CHT if it accounts for 35% of forecasted PT health expenditures.

- **Scenario 3 – Annual Growth & Base Adjustment:** Under the current escalator, the CHT is expected to increase by roughly 4% per year over the next decade, while health care spending is expected to increase by over 5% per year. Between 2005 and 2017, the CHT grew at a 6% annual rate, which was more closely aligned to growth in health care spending. Scenario 3 estimates the impact on the CHT if it were to grow by 6% per year. In addition, scenario 3 incorporates two base spending adjustments. The first adjustment is to add the $4 billion one-time top-up to the CHT that was included in the 2021 federal budget to the base. The second base adjustment increases the CHT by the forecasted increase in unmet home care needs. This second base adjustment is consistent with the need for funding for long-term and seniors’ care identified in the analysis of the PT budgets. The impact of the aging Canadian population is captured in our baseline health expenditures but there is a portion of home care demand that is currently unmet, meaning that it doesn’t get factored into current utilization numbers or our forecast. As the provinces collectively work together to ensure seniors receive the care they deserve, addressing unmet care needs will be a part of the solution.
Our analysis starts by forecasting health care spending needs

Demand for health care in Canada is expected to grow faster than provincial and territorial government revenues over the next 12 years, accounting for the impact of inflation, population growth, and population aging.

- PT health care spending amounted to $207.5 billion\(^1\) in 2021/22, representing a 3.7% increase from the prior fiscal year and 41% of PT total program spending.\(^1\)

- Health care spending is expected to increase over the next decade given Canada’s aging population, new health care treatments and innovation, and population growth. Moreover, health spending growth is expected to outpace PT government revenue growth.

- Between 2023/24 and 2035/36, health care spending is forecasted to grow at an average annual rate of 5.2% to reach roughly $409 billion. During this period, PT government revenues are expected to grow at an average annual rate of approximately 3.3%, well below spending requirements (Figure 2).

- Between 2023/24 and 2035/36, growth in PT health care spending can be attributed to the following drivers:
  - Population growth accounts for roughly 1.1% of growth;
  - Canada’s aging population accounts for 1.0% of growth;
  - Inflation accounts for 2.5%; and
  - Other factors, including more expensive or new treatments and other innovations, which together account for 0.6% of growth.

1. Unless otherwise stated, the figures presented in this section are in nominal dollars.
2. Data for 2019/20 is the latest data available; 2020/21 data is preliminary. Total program spending includes spending on health, social services, education, and other programs. It excludes interest payments and capital asset transfers.
Scenario 1: The Canada Health Transfer under the Status Quo

If the federal government continues to increase the CHT under the current escalator, federal health transfers will account for approximately 19% of provincial and territorial health care spending in 2035/36.

- Under the current CHT escalator, federal health transfers are expected to increase at an average annual rate of 4.0% between 2023/24 and 2035/36 reaching roughly $77.6 billion in 2035.

- However, health care spending growth is forecasted to outpace the real increase in federal health transfers during the next decade, resulting in a lower CHT share of PT health spending.

- By 2035/36, the CHT is forecasted to account for approximately 19.0% of PT health spending, down from 21.7% in 2021/22 and 22.9% in 2020/21.

- The federal government does have some room to support increased health expenditures. We expect their current deficit will continue to decline over the next decade reaching a small surplus in 2034. In addition, the federal government’s net debt-to-GDP ratio is expected to decrease from roughly 49% in 2021/22 to 32% in 2035/36.

Figure 3: Canada Health Transfer Under Current Escalator
(Nominal $ Millions – Left Axis, Percent of PT Health Spending – Right Axis)

Source: Deloitte forecast 2022/23 onwards; Public Accounts Historical Data to 2021/22.
Scenario 2: The Canada Health Transfer at 35% of Provincial & Territorial Health Care Spending

To account for 35% of provincial and territorial health care spending, the federal government would need to commit to an average annual increase of $45 billion in the Canada Health Transfer between 2023/24 and 2035/36.

- Considering the expected rise in health care spending compared to that of PT government revenues, the Provincial and Territorial Finance Ministers have called for an increase in the CHT to have it reach 35% of health care spending.\(^1\)

- To accomplish this, the federal government would need to increase planned 2023/24 spending by roughly 75% compared to the previous year, amounting to a nearly $34-billion increase compared to 2022/23.

- With the CHT accounting for 35% of PT health care spending, federal health transfers would be expected to increase at an average annual rate of 5% between 2023/24 and 2035/36, compared to 4% under the current CHT escalator (Scenario 1).

- On average, the CHT will be approximately $45 billion greater each year between 2023/24 and 2035/36 if it accounts for 35% of PT health care spending.\(^2\) Over the thirteen years, the federal government will spend roughly $588 billion more than under the current escalator.

- In this scenario, without offsetting reductions in spending or tax increases, the federal government’s debt-to-GDP ratio would increase from roughly 46% in 2023/24 to approximately 52% in 2035/36.

\(^2\) PT health care spending remains unchanged from Scenario 1.

Source: Deloitte forecast 2022/23 onwards; Public Accounts Historical Data to 2021/22
Scenario 3: The Canada Health Transfer at 6% Growth and Increased Base Spending

If the CHT were to increase at the previous rate of 6% per year on top of a $4-billion annual increase in base spending and funding to cover unmet home care needs, the federal government would need to commit an additional average of $14 billion to the CHT each year between 2023/24 and 2035/36.

- Three adjustments are made to the CHT in this scenario: increasing the annual growth rate to 6%, increasing funding to account for unmet home care needs, and increasing base funding by $4 billion per year.
  - **Growth Rate Increase:** This scenario returns the CHT growth rate to its historical 6% escalator.
  - **Accounting for Unmet Home Care Needs:** Scenario 3 includes the estimated increase in the CHT if it were to account for the cost of providing care to the 7.7%\(^1\) of home care demand that is currently served exclusively by informal care not captured by provincial health spending figures. This may underestimate the level of unmet home care demand as many individuals receive some home care but not enough to meet their care needs.
  - **Base Spending Increase:** Scenario 3 increases the CHT by $4 billion each year to account for ongoing pandemic related challenges. There is a historical precedent for a base adjustment, as the federal government made a base adjustment in 2005.

If the CHT were to increase at an average annual rate of 6% and fund unmet home care needs on top of the $4 billion per year increase to base spending, it would need to increase by an additional $14 billion per year on average between 2023/24 and 2035/36 above the status quo.

- In this scenario, the federal share of health care spending would increase from 21.3% in 2022/23 to 26.3% in 2035/2036.

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1. CMA and Deloitte. “Canada’s Elder Care Crisis: Addressing the Doubling Demand”. March 2021

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Measures to Address Health System Challenges – Review of Canadian, Provincial and Territorial 2022 Budgets
Scenario 3: Provincial and Territorial Impact

Additional CHT spending in the provinces and territories ranges from $5.6 billion in Ontario to $40 million in additional spending for the territories each year between 2023/24 and 2035/36.

- To assess the impact of the Scenario 3 CHT increase on provinces and territories, CHT spending was allocated on a per capita basis taking account of forecasted population growth across provinces and territories.
  - Between 2023/24 and 2035/36, PEI is projected to have the strongest population growth thanks to a large increase in immigration, averaging roughly 1.5% each year. Population growth in the rest of eastern Canada, including Quebec, is expected to be the lowest across the country averaging just 0.6% per year. Ontario, Western Canada and the territories are expected to see population growth of an average of 1.3% per year.
  - Between 2022/23 and 2035/36 it is estimated that the federal government would spend an additional $5.6 billion each year in CHT funding to Ontario, the largest province, and an extra $41 million each year in the territories (Figure 6).
  - In total, Ontario is estimated to receive $73 billion in additional CHT funding between 2022/23 and 2035/36 and the territories would receive an additional $527 million (Figure 7).

**Figure 6: Average Annual Additional CHT Spending in Scenario 3 Compared to the Status Quo 2023/24 to 2035/36**
(Nominal $ Millions)

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**Figure 7: Total Additional CHT Spending in Scenario 3 Compared to the Status Quo 2023/24 to 2035/36**
(Nominal $ Millions)

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Source: Deloitte forecast. All figures rounded.
Canada Health Transfer Scenario Analysis Summary

In the two scenarios that look at changes to the CHT, the federal government would spend either an additional $14 billion or $45 billion a year above the status quo spending over the 2023/24 to 2035/36 timeframe.

- On average the federal government will spend $45 billion a year above the status quo in scenario 2 and $14 billion a year more in scenario 3. By 2035/36, the CHT is expected to be $66 billion higher in scenario 2 and $30 billion higher in scenario 3.

- In the second scenario the federal government’s net debt-to-GDP ratio increases during the forecast period. However, in the more realistic scenario 3, the debt-to-GDP ratio continues to decline. In fact, in scenario 3, the federal net debt ratio declines from 49% in 2021 to 40% in 2035/36 compared to 35% in scenario 1.

- Not surprising, the PT fiscal situation improves significantly in both scenario 2 and 3. However, in scenario 3 the PT debt to GDP is expected to continue to rise. This shows how challenging it will be to continue to fund health care as it has been done in the past. Slower economic growth and an aging population will require provinces to look for efficiencies. In scenario 3, the provincial net debt-to-GDP ratio rises to 40% in 2035/36 up from 29% today. However, this is significantly better than scenario 1 where the debt rises to 45% in 2035/36.

- From our analysis, we know that health care spending will need to increase at a faster pace than provincial revenues to keep pace with demand. Recent analysis by the Parliamentary Budget Office shows that both the federal and collective provincial finances have improved. They expect both to be sustainable over the very long term. However, while on average provinces have sustainable finances, that is being driven by only four provinces while the remainder do not have sustainable financial futures. Further, the PBO analysis shows that the federal government has the capacity to increase its spending by 1.8% of GDP compared to the collective provinces, which can afford to increase spending by just 0.1% of GDP.1

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1. Office of the Parliamentary Budget Officer, “Fiscal Sustainability Report 2022” Ottawa, Canada, July 28, 2022

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Figure 8: Canada Health Transfer Scenario under Alternative Policy Scenarios (Nominal $ Millions)

Source: Deloitte forecast 2022/23 onwards; Public Accounts Historical Data to 2021/22
5. Conclusion
Canada’s health care system is under strain. Funding and reform measures are being introduced to alleviate the pressure.

Our budget analysis showed a commonality of the challenges across the provinces, which partially align with the Federal government priorities.

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<th>Backlogs of procedures</th>
<th>Staff burnout</th>
<th>Possibility of patients to present with more advanced disease conditions</th>
<th>Understaffed emergency rooms</th>
<th>Cost of providing services to a rapidly aging population</th>
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<tr>
<td>• Reduction of the surgical backlogs is one of the top 5 funding measures where provinces align.</td>
<td>• Provinces and territories align on the need to invest in recruiting and retaining professionals. Some provinces and the federal government are focusing on the recruitment and retention of workers in remote and rural areas. Indeed, the federal government will increase and extend to other professions the loan forgiveness for doctors and nurses in rural and remote communities.</td>
<td>• The possibility of patients presenting with more advanced disease conditions is due to a lack of on-time diagnosis as the pandemic severely reduced access to front-line care options and patients worried about going to the emergency room during the peak of the crisis.</td>
<td>• Reducing the pressures experienced by emergency services staff is one of the top health care areas where province align.</td>
<td>• Seniors’ care and continuing care are key priorities for the provinces who are investing in senior’s services and medication.</td>
<td></td>
</tr>
<tr>
<td>• The Federal Government plans to provide a $2B top-up to the CHT to address these backlogs.</td>
<td>• In addition, some provinces will provide funding for wage enhancements.</td>
<td>• Patients with more advanced diseases will require more care.</td>
<td>• Some provinces plan to provide funding to increase the capacity of emergency services, both in terms of staff and infrastructure.</td>
<td>• Manitoba launched a new department specifically dedicated to seniors and long-term care with the task to implement the senior strategy.</td>
<td></td>
</tr>
<tr>
<td>• BC, Manitoba, Saskatchewan and Nova Scotia plan significant investments to address the backlog.</td>
<td>• Alberta developed a plan to manage costs, reduce the growing demand and reduce wait times of diagnosis imaging.</td>
<td>• Recruitment of professionals, if successful, will help and is a key priority for most of the provinces.</td>
<td>• However, the recent crisis in emergency services demonstrates that more action is needed now.</td>
<td>• Out of the top three funding measures, this is the only initiative where the federal government has not directly committed funding, over and above the general CHT.</td>
<td></td>
</tr>
<tr>
<td>• Mental health care is also affected by a backlog to access services. Mental health care is a top funding measures where provinces and the federal government align.</td>
<td>• Mental health care is affected by a backlog to access services. Mental health care is a top funding measures where provinces and the federal government align.</td>
<td>• The facilitation of virtual care undertaken by provinces has the potential to improve patient care going forward by reducing some of the barriers to accessing care through traditional channels.</td>
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</table>
To assess the adequacy of the funding and reform measures, we need to understand how Canada’s health care system performs

The latest OECD data\(^1\) shows that Canada’s health care spending as a share of GDP is one of the highest in the developed world. However, Canada’s availability and timeliness of care is below the OECD average.

- In 2020, Canada spent 12.9% of its GDP on health care, compared to an OECD average of 9.7%, ranking 2\(^{nd}\) behind the United States out of the 38 countries studied. In terms of health spending per capita (in US$ purchasing power parities), Canada’s spending is the 7\(^{th}\) highest out of the 38 countries studied.\(^2\)
- Moreover, Canada had the 4\(^{th}\) largest increase in health care expenditures per capita between 2019 and 2020 behind Czech Republic, Hungary and Estonia.

### Availability of care
- In 2020 on a per 1,000 population basis, Canada had fewer physicians, psychiatric care beds, curative beds and long-term care beds than the OECD average. Canada had slightly more nurses than the OECD average (10.06 against 9.6 nurses per 1,000 population).
- Canada ranked 4\(^{th}\) last in the number of physicians per 1,000 people, and 3\(^{rd}\) last in acute care beds.
- In 2019 (the latest available data), Canada also ranks far below the OECD average on the number of MRIs, CT scanners, PET scanners and mammographs, but above the OECD average on gamma cameras.

### Timeliness of care

The 2016 Commonwealth Fund International Health Policy Survey\(^3\) shows that out of 11 countries, Canada has the lowest ability to get a same-day or next-day appointment, has the highest share of patients who needed to wait 2 months or more for a specialist appointment and the highest share of patients who needed to wait 4 months or more for elective surgery. We scored 10 out of 11 on the ability to find after-hours care.

### Outcomes

Canada has a better performance than the OECD average on cancer survival rates over the period 2010-2014, and on obstetric trauma in 2019.

Based on the 2020 data, Canadians have higher average life expectancy. However, our rate of infant mortality is high across the 37 OECD study countries.

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1. OECD, Health Care Statistics. Detailed references are provided in Appendix B.
2. Out of the 38 countries studied, Canada’s spending (in US$ purchasing power parities) is the 7\(^{th}\) highest, making Canada’s level of spending well above the OECD average.
3. Detailed reference are provided in Appendix B. Questions include the likelihood to get a same- or next-day appointment, the likelihood to find after-hours care, the waiting time for specialists and the waiting time for elective surgery.
Are budget measures sufficient to adequately address Canada’s health care challenges

The crisis in Canada’s health care system has been front page news throughout the summer of 2022. However, pressures have been building for years and in the most recent round of provincial and federal budgets, we have seen new funding and reform measures announced.

Solutions for a More Sustainable Future

- **The Canadian health care system is in crisis** and measures need to be undertaken to ensure the sustainability of the system.
- **In the short term, additional funding is the practical solution** given the length of time to implement system overhauls. However, while health care funding is increasing by more than overall budget expenditures, it is set to increase by less than the rate of inflation and is being spread over a host of measures.
  - Our analysis showed that provinces are reacting to the need to improve health care services by targeting funding toward the most pressing challenges.
  - However, given the magnitude of the current crisis and the fact that COVID-19 continues to strain the system, both the federal and provincial governments need to be prepared to take further actions if necessary to ensure system sustainability.
- **In the longer term, reform, innovation and adequate funding** are the keys to ensure sustainability of the health care system.
  - As we look to the future of our health care system, it is important to acknowledge that despite relatively high levels of funding, the availability and timeliness of care lags our OECD peers. This suggests that simply providing more funding will not solve all of the challenges facing the system.
  - Our budget analysis showed that some provinces are undertaking measures to improve access to care and pursue innovation.
  - As we look to implement long-term solutions to improve our health care system, it will be important to approach reforms in a systematic way. That means choosing and defining what specific outcomes we would like to see from our care system and considering alternative approaches to determine the best way to achieve those outcomes.
- Even with an eye to reforming some aspects of health care delivery, funding is likely to continue being a point of debate going forward. However, reforms and system innovations could result in more cost-effective service delivery, helping to ease the current funding strain.
  - To shed light on issues around funding, our analysis looked at the demand for health care in the future, taking account of our aging population, and looked at three different scenarios for the CHT.
  - In the first scenario, we grew CHT based on the formula currently in place. This work showed that demand will outpace growth in the CHT, leading to a steady decline in the share of PT health costs covered by the CHT beginning in 2026-27.
  - In the second scenario, we calculated how much the CHT would need to be raised to cover 35% of PT health spending and found that in fiscal 2023-24, the CHT would need to increase by 75% to meet 35% of funding needs. That is equal to a $34 billion boost to the CHT.
  - In our final scenario, we brought together a number of assumptions. First, we included the $4 billion annual base adjustment to cover continuing pandemic costs. We then assumed that the annual CHT escalator returned to 6%. Finally, given that our analysis showed that seniors’ care is a provincial priority, we included the cost of moving some seniors’ home care that is currently provided in the informal system into the health care system. In this scenario, average CHT funding would need to increase by about $14 billion per year and would cover almost one-quarter of PT health care costs by the end of our forecast.
6. Appendices
Appendix A – Federal and PT 2022-23 Budgets Summary
2022 Federal Budget – Health Care Measures

On top of the CHT, the federal government will invest $705 million in 2022-2023 to strengthen public health care, support mental health and prepare the health system for any future crisis it may face.

#1: Strengthening the Health System

- The government plans to invest $5.4 billion over 5 years including an investment of $313 million in 2022-2023.
- Most of the funding is dedicated to dental care, with $5.3 billion invested over 5 years representing 43% of the health funding in 2022-23.
- The existing student loan forgiveness program for doctors and nurses who work in remote and underserved communities provided by the federal government will be increased and extended to other professions. It aims to promote an equal access to health services by increasing the presence of doctors and nurses in rural and remote communities as well as other types of medical professionals. It represents $26 million over 5 years, and $7 million ongoing to increase the maximum amount of forgivable Canada Student Loans by 50%.
- The federal government plans to spend $30 million over three years starting in 2022-23 on the Centre for Aging and Brain Health Innovation at the Public Health Agency of Canada.
- The federal government also plans to provide $20 million over five years starting in 2022-23 for researching the long-term impacts of COVID-19 and $20 million over five years starting in 2022-23 for improving Canada’s dementia and brain health research.
- The Canada Health Transfer plans to provide $45.2 billion to provinces and territories, an increase of 4.8% over 2021-22.
- In addition, the federal government will provide a $2 billion one-time top-up to the CHT to address the pressures faced by the provinces and territories, including backlogs in surgeries and procedures.

#2: Supporting Mental Health and Well-Being

- The federal government plans to invest $140 million over two years starting in 2022-23 to support the Wellness Together Canada Portal, launched by Health Canada in April 2020.
- $100 million will be provided over three years starting in 2022-23 for the Substance Use and Addiction Program.
- In addition, the federal government will provide $3.7 million over four years starting in 2022-23 for the design and implementation of a Mental Health Fund for Black federal public servants.

#3: Investing in Public Health

- The federal government plans to invest to prepare the public health system for any crisis it may face.
- It includes an investment of $436.2 million over five years starting in 2022-23 to the Public Health Agency of Canada to strengthen key surveillance and risks assessment capacities within the Agency as well as an investment of $50 million in 2022-23 to the Public Health Agency of Canada to support the operations of the National Emergency Strategic Stockpile.
- In addition, the federal government plans to invest $25 million over two years starting in 2022-23 for Women and Gender Equality Canada to pilot a menstrual equity fund for Canadians in need as well as to aid Canadians who want to become parents.
- Most of these investments will be counterbalanced by the excise duty on vaping products, expected to raise $654 million over 5 years, and $69 million in 2022-23.
On average, the provincial spending for health care represents 37% of the provincial 2022 budgets and increased by 4.5% since last year. The territories’ spending for health care represents an average of 26% of the territorial budgets and has been decreasing from last year, due to lower COVID-19 needs.

### Provincial and Territorial 2022 Budgets – Health Care Spending

<table>
<thead>
<tr>
<th>Province/Territory</th>
<th>Health Spending in 2022-23 (in millions)</th>
<th>Share of the health care spending in the PT 2022 budgets</th>
<th>Change from 2021-22 health care spending (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>23,314</td>
<td>33%</td>
<td>4.2%</td>
</tr>
<tr>
<td>British Columbia</td>
<td>27,685</td>
<td>39%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Manitoba</td>
<td>7,140</td>
<td>36%</td>
<td>1.7%</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>3,268</td>
<td>29%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Newfoundland and Labrador</td>
<td>3,446</td>
<td>42%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>5,471</td>
<td>41%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Ontario</td>
<td>75,165</td>
<td>38%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>911</td>
<td>34%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Quebec</td>
<td>54,247</td>
<td>42%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>6,824</td>
<td>39%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Northwest Territories</td>
<td>595</td>
<td>29%</td>
<td>-1.1%</td>
</tr>
<tr>
<td>Nunavut</td>
<td>472</td>
<td>22%</td>
<td>-11.4%</td>
</tr>
<tr>
<td>Yukon</td>
<td>510</td>
<td>26%</td>
<td>-1.5%</td>
</tr>
</tbody>
</table>
Alberta plans to invest a total of $23 billion in its health system in 2022/23.

**Key Figures**

- **Roughly $900 million will be added** to Health’s operating budget in 2022-23 to improve health outcomes of Albertans, bringing the estimated 2022-23 total health budget to $23 billion. It represents an increase of 4.2% from the 2021-22 budget.
- At $23 billion, health expenditures will represent 33% of Alberta’s total budget.

**Funding Measures**

### #1: Community Care, Continuing Care, and Home Care Program Funding

- Alberta’s Budget 2022 allocates nearly **$3.7 billion** for community care, continuing care and home care programs—an **increase of $219 million**, or 6.3%, from 2021-22.
- This sum will allow 1,515 new continuing care beds (including long term care, designated supportive living and mental health beds, and mental health and adult day program spaces) to open in 2022-23, and additional funding will support Albertans to remain healthy, connected, and in their own homes for as long as possible.
- **Budget 2022** also helps fulfill Alberta’s commitment to provide **$20 million over four years** to improve palliative care and caregiver support.

### #2: Drugs and supplemental benefits

- The province has invested roughly **$2 billion** (an increase of 5.7%) for drugs and supplemental benefits in the 2022-23 Budget.
- The Seniors Drug Benefits program is the largest component of this suite of programs, with $674 million budgeted in 2022-23, supporting over 700,000 seniors in Alberta.

### #3: Mental health and addiction funding

- Alberta is allocating roughly **$20 million in new funding** for mental health and addiction supports to ensure Albertans have access to high quality mental health care and supports, as Alberta responds to an increase in mental health and addiction issues.
- The $20 million in **Budget 2022** is in addition to the $140 million over four years previously committed for mental health and addiction services. This sum intends to support a recovery-oriented system of care that will offer a coordinated network of community-based services and supports that is person-centered.
- A focus on community-based services that considers the needs of the individual has potential to increase the accessibility of mental health and addiction services for those in need, supporting **health equity**.

### #4: Improving Health Care Capacity

- To support Albertans’ access to care, the province is allocating **$2.2 billion** for health facilities, including $1.8 billion for the Red Deer Regional Hospital Centre Redevelopment project, to add health care capacity.
- Other health Capital Plan projects include those for the Calgary Cancer Centre, The Brain Centre Neurosciences Intensive Care Unit, and the Alberta Surgical Initiative Capital Program.
Alberta (cont’d)
Alberta plans to invest a total of $23 billion in its health system in 2022/23.

Funding Measures (cont’d)

#5: Strengthening Emergency Medical Services (EMS) capacity
- Budget 2022 includes $64 million in additional funding to strengthen EMS capacity by providing funds for new ambulances and crews. The Province has also launched an EMS advisory committee to provide immediate and long-term recommendations to inform a new provincial EMS service plan.

#6: Funding Alberta Health Services (AHS), Alberta Surgical Initiative (ASI) and Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) Access Initiative:
- Budget 2022 will increase the operating budget of AHS by roughly $476 million (3.3%) for a total of $15.1 billion in funding, excluding COVID-19 costs. This includes funding to support strategic priorities such as the Alberta Surgical Initiative and the CT and MRI Access Initiative, intended to reduce wait times and improve outcomes for Albertans.
- The Alberta Surgical Initiative, a strategic priority of the AHS, aims to fulfill Alberta’s commitment to reduce wait times and improve health care outcomes for Albertans. ASI is a plan to ensure that by 2023, all Albertans receive scheduled surgeries within clinically appropriate timelines.
- The CT and MRI Access Initiative through the AHS intends to reduce wait times for CT and MRI scans and increase patients’ access to diagnostic testing.

#7: Attracting physicians to rural and remote areas
- The Province plans to spend $90 million per year to attract new family physicians to rural and remote communities and retain their presence in those communities.
- A key, newly announced program contributing to these efforts is the Rural Education Supplement and Integrated Doctor Experience (RESIDE) program, which will provide $6 million to 60 new family physicians in total, over the next three years, to attract them to practice in 15 identified rural or remote communities of need.
- Efforts to attract and retain physicians in rural and remote communities help to increase access to care for those communities, supporting health equity.

#8: Physician Compensation
- Alberta is reforming the way in which it compensates physician time, balancing payments for virtual and in-person options to allow physicians to choose the best mode of care delivery without having to consider compensation.
British Columbia
BC has allocated health funding of $27 billion in its 2022/23 budget.

Key Figures
- British Columbia (BC) plans to increase its budget for health funding to $27 billion in 2022/23, an increase of $1.4 billion (5.4%) from 2021/22.
- Health spending represents 39% of BC’s total budget for 2022/23.
- $3.2 billion of additional health spending is planned over the next three years, comprised of $2.9 billion to increase accessibility and quality of health and mental health services and $299 million for other health-related costs.

Funding Measures

#1: Capital Spending on Health Infrastructure
- The province is allocating funding of roughly **$8.6 billion** over the next three years for capital spending on health infrastructure, with $2.6 billion planned for 2022/23.
- Key investments include a new $2.2 billion St. Paul’s Hospital site in Vancouver to expand capacity, a net-new $1.6 billion integrated hospital and cancer centre in Surrey to meet the needs of its aging population, and $1.2 billion for the Phase 2 Royal Columbian Hospital Redevelopment Project to expand capacity.

#2: Timely Surgeries and Diagnostic Imaging
- The province’s 2022/23 budget provides **$303 million** in funding over the next three years to continue to support timely surgeries and diagnostic imaging.
- Like many provinces, BC experienced exacerbated wait times partially attributed to the COVID-19 pandemic. It continues to invest in reducing wait times and completing postponed surgeries.

#3: Recruiting and Retaining Workers in the Health Authorities
- BC’s **Budget 2022** provides **$231 million** over the next three years to recruit and retain thousands of service and support service workers as direct employees of the health authorities. This follows 20 years of contracting this work out to private companies.
- This sum aims to improve the province’s ability to recruit workers, raise wages and benefits, ameliorate working conditions, and offer job security and stability for over 2,900 workers.

#4: Funding for Urgent and Primary Care
- BC’s **Budget 2022** provides **$102 million over three years** to continue to advance the province’s Primary Care Strategy.
- This sum includes $57 million to increase the number of Urgent and Primary Care Centres throughout the province, and $45 million to implement primary care networks and bring additional traditional wellness providers closer to Indigenous communities.
- These initiatives aim to improve urgent and primary care access for both Indigenous and non-Indigenous communities, and specifically to provide teams of care providers for Indigenous communities that support both western and Indigenous health and wellness practices.
BC has allocated health funding of $27 billion in its 2022/23 budget.

Funding Measures (cont’d)

#5: Implementation of the BC Emergency Health Services Action Plan
- Budget 2022 allocated $148 million over the fiscal plan period to continue implementation of the BC Emergency Health Services Action Plan.
- The Plan aims to reduce call wait times and emergency response times by increasing the number of paramedics and dispatchers available to respond to emergencies.

#6: Investing in Mental Health and Responding to the Overdose Crisis
- BC’s 2022/23 budget allocates $10 million over three years to the Ministry of Mental Health and Addictions for staffing to continue to advance the expansion of services including support services for complex care housing.
- Complex care housing provides for the needs of people with overlapping mental-health challenges, substance-use disorders, trauma, and acquired brain injuries.
- This program will provide an enhanced level of integrated health and social supports to serve those in need, where they live.

#7: Supporting the BC Centre for Disease Control
- BC also allocates funding to support the BC Centre for Disease Control (BC CDC) to produce real-time data, modelling, and epidemiological analysis; support decision making to manage the pandemic; provide educational materials to the public; and maintain enhanced lab testing throughout the province.

Reform Measures

#1: Ensuring Access to Health Care for Rural, Remote, and Indigenous Communities
- Budget 2022 provides plans for increasing access to critical health care for rural, remote, and Indigenous communities. Its actions include funding to improve medical transportation options, increasing access to virtual care, and increased mental health supports for both Indigenous and non-Indigenous communities.
Manitoba

The province plans to invest $7.1 billion in strengthening health care to address the challenges revealed by the COVID-19 pandemic.

Key Figures
- Manitoba’s budget for 2022-23 invests $7.1 billion in health care, the most significant health care investment in the history of the province and an increase of $119 million (1.7%) from the previous health care investment in the province. $6.7M is dedicated to health, $399M to mental health and community wellness and $54M to Seniors and Long-Term Care.
- It represents 36% of the total of 2022-2023 provincial budget expenditures, or 38% of the total program expenses.

Funding Measures

#1: Reducing the diagnostic and surgical backlog
- Budget 2022 plans an investment of $110 million to reduce the challenge of surgical and diagnostic backlogs brought about by the pandemic.
- A dedicated Task Force has been launched in order to improve the capacity of the existing system to deliver activity, to increase the provincial capacity and to develop innovative solutions.

#2: Investing in medical facilities
- Manitoba will invest $812 million in building, expanding and renovating health care facilities across the province. It aims to improve the access to health care services for all Manitobans.

#3: Increasing nursing enrollment in institutions
- Manitoba plans to invest over $11 million and partner with post-secondary institutions to increase nursing enrollment by creating 400 new seats.

Reform Measures

#1: Introduction of Accountability Agreements
- As part of the implementation of the improvements to the Regional Health Authorities Act, the Accountability agreements will require service organizations (the five regional health authorities, CancerCare Manitoba and Shared Health) to report their performance to the government.

#2: Improving seniors’ and long-term care
- A new department is specifically dedicated to seniors and long-term care and is in charge of implementing the senior strategy and action plan to increase and improve the level of service for seniors.
- A budget of $54 million is allocated to this ministry in the 2022-2023 budget.

#3: Implementing an action plan for Mental Health and Community Wellness
- The government plans to implement a set of initiatives to improve the system and increase access to mental health and community wellness services.
- The priorities for the first year of implementation of this five-year program include an increase in capacity for mental health and addiction services throughout the province, an improvement of access to and coordination of the mental health and addictions system, and a decrease of wait times for services.
- $23.7 million will be dedicated to support mental health and addictions programs and services across the province. These programs aim to promote mental health and supports, support children and youth with complex needs and to provide mental health, addictions and trauma support.

How Manitoba plans to enhance health equity
As part of the $812 million capital investment for the building and improvement of medical facilities, $115 million will be allocated for infrastructure in Northern Manitoba.
New Brunswick

The province plans to spend $3.3 billion on health care with a goal to rebuild the health care system, enhance community care and expand mental health crisis care response services.

Key Figures

- New Brunswick plans to invest $3.3 billion in health care for 2022-23. That’s a 6.3% increase in spending, the largest increase since 2008-2009.
- It represents 29% of the total provincial budget spending in 2022-2023.

Funding Measures

#1: The provincial health plan - Stabilizing Health Care: An Urgent Call to Action
- The province is dedicating $38 million to the provincial health plan released last November to facilitate access to primary health care, to improve the access to surgery and reduce wait times for surgery, to create digital access to health information and improve collaboration throughout the health system, to improve access to addiction and mental health services and to improve seniors’ access to health and social services.
#2: Investing in Mental Health Services
- The province plans to invest $175M for mental health services. The 2022 budget dedicates $12.1 million to corporate and health services for addiction and mental health program services, in addition to a $163 million commitment to a Part III entity to provide mental health and addiction services in the province through prevention, treatment and rehabilitation in dedicated units and centres.

Reform Measures

#1: New Brunswick Prescription Drug Program
- The province is providing $184 million in funding to cover the payment of approved drugs for seniors, nursing home residents, children-in-care, residents with specified medical conditions and individuals identified by the Department of Social Development.
#2: New Brunswick Drug Plan
- In addition to the Drug Program, the province will invest $56 million to launch an insurance plan to provide coverage to all uninsured residents of New Brunswick. It aims to ensure affordable access to prescription drugs.
#3: Reorganization of the community health services
- By implementing the provincial health plan, NB will reorganize community health services into care networks, consisting of both in-person and virtual care.
- This plan also includes the launch of an integrated e-consultation system for physicians provincewide.

How New Brunswick plans to enhance health equity

The province plans an investment of $11 million for policy development, planning and program support for community health services delivered in the province. In addition, $33 million will be invested in a Part III entity responsible for the delivery of community health services, bringing the funding to community health to $44 million.
Newfoundland and Labrador

The province plans to spend $3.4 billion on health care including improvements to the health care system, with a focus on addiction and mental health, continuing care and recruitment of health care professionals.

**Key Figures**
- Newfoundland and Labrador plans to spend $3.4 billion on health care in 2022-23, which represents 42% of the total 2022-2023 provincial budget. It reflects an increase of 3.6% since 2021-22

**Funding Measures**

**#1: Improving access to primary health care**
- Pursuing measures introduced in fall 2021, the province will invest $14 million to improve access to primary health care.
- That includes a $6 million investment to expand collaborative team clinics across the province and a $4 million investment to support two new collaborative team clinics in St. John’s.
- Also, two pilot projects will be developed to attract more new medical graduates to family practice.

**#2: Investing in Mental Health**
- NL plans to invest over $30 million to improve access to mental health and counselling services.
- More than half of this investment will be dedicated to the ongoing construction of an adult mental health and addiction facility in St. John’s as well as a unit in Happy Valley-Goose Bay.
- This investment also includes the development of community treatment teams and e-mental health options.

**#3: Improving Emergency Services**
- NL’s Budget 2022 includes a $20 million investment to reduce the pressures experienced by emergency services staff.
- $10 million will be allocated to the redesign and expansion of the current emergency room at the Health Sciences Centre in St. John’s and NL plans to recruit extra resources.

**#4: Increasing the workforce**
- $3 million to increase the number of seats in the provincial nursing program by 25%.

**#5: Investing in infrastructure**
- Budget 2022 commits $154M for health care infrastructure including the construction of the new west coast hospital and replacing equipment at the existing facilities.

**Reform Measures**

**#1: Integration of the regional health authorities across the province**
- The launching of the One Province Health Authority aims to ensure cooperation and to provide consistency across the province.

**#2: Creation of a single Health Faculty**
- NL plans to create cross-functional knowledge and support by integrating schools of medicine, nursing, pharmacy and others.

**#3: Improving ambulance services**
- NL plans to integrate the air and road ambulance system.

**#4: Promotion of physical activity**
- The province will create a Physical Activity Credit up to $2,000 per family to help access sport and recreational activities.

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**How Newfoundland and Labrador plans to enhance health equity**

Following the recommendations of the Health Accord NL, the province will spend $146.8 million to address the impact of social factors on health. It includes improving housing stability ($140 million), a new Alcohol Action Plan ($2.5 million), a Life Promotion Suicide Prevention Action Plan ($2.5 million) and prevention/promotion to reduce tobacco and vaping use ($1.8 million).
Nova Scotia

The province plans to spend $5.5 billion on health care with an aim to reimagine the health care system by improving access and addressing the social determinants of health.

Key Figures
- Nova Scotia’ budget for 2022-23 includes $5.5 billion in health care spending, an increase of $231.3 million (4.4%) from last year. It includes a $4.3 billion investment for health and wellness and a $1.2 billion investment for seniors’ and long-term care.
- This represents 41% of the total provincial budget spending in 2022-2023 (or 44% of the departmental expenses).

Funding Measures

#1: Improving Continuing Care and Senior Care
- Nova Scotia plans to spend $1.2 billion for seniors and continuing care, which represents an increase of $145.5 million from last year.
- NS plans to improve working conditions of continuing care staff by providing wage increases and supporting recruitment, retention and training efforts.
- NS aims to establish a standard of at least 4.1 hours per day of one-on-one care per long-term care resident.
- $29.1 million will be spent on the Seniors Care Grant, helping seniors to stay in their homes longer.

#2: Investing in Mental Health
- NS will invest $268.6 million for addictions and mental health, an increase of $20.6 million from last year.
- This includes a $3.4 million investment to expand virtual mental health care, a $1 million investment to open a new day hospital at the existing health sciences centre as well as recruiting clinical assistants and psychology residents.

#3: Improving access to primary health care
- $14.5 million will be allocated to improve access to virtual care.
- NS will invest $17.5M to improve access to surgery through expansion of operating room hours and adding beds, $2.1M to address the backlogs due to COVID-19, as well as $9M on cardiac and renal programs ($6.3M) and for Gastroenterology/Urology tests ($2.7M)

#4: Recruiting new Health Care Professionals
- $2 million will be dedicated to recruiting health professionals across the province.
- NS will invest $3.2 million to add 200 nursing seats at universities across the province as well as $1.2 million in continued support for 16 additional medical school seats added in 2019 at one university in the province.
- In addition, $6.1 million will be invested to increase Public Health capacity, including hiring more public health professionals.

#5: Improving Medication
- $10.4 million will be allocated for medication and the pharmacare programs for seniors, family and Community Services.
- $3.6 million will be invested in cancer medications.

#6: Investing in medical facilities
- $122.6 million will be invested to build, repair and renew hospitals and other medical facilities.

How Nova Scotia plans to enhance health equity
Invest $6.7 million so that some patients can receive the CAR T-cell Therapy within the province (previously, patients had to travel to Boston or Toronto for treatment).
NS will provide an additional $0.7 million to provide health and primary medical services to refugees as well as an additional $0.7 million to expand the Nova Scotia Brotherhood Initiative, which increases access to health care in the Black community. The 2022 budget will also invest $150k to collect and analyze race-based data with the aim to address inequities in health care.
Ontario
Ontario will increase its health funding budget to $75.2 billion in 2022/23.

Key Figures
• Ontario plans to increase its budget for health funding to $75.2 billion in 2022/23 reflecting a $4.1 billion increase (or 5.8%) from the 2021/22 budget.
• It includes an investment of $6.8 billion for long-term care.
• The health spending of $75.2 billion represents 38% of Ontario's total budget for 2022/23 and 41% of program expenditures.

Funding Measures

#1: Expanding Hospital Capacity
• Ontario is investing over $40 billion over the next 10 years in hospital infrastructure to create more capacity and address long-standing bed shortages.
• The province is investing an additional $3.3 billion in 2022/23 to provide funding for the continuation of over 3,000 acute and post-acute beds, hundreds of new adult, pediatric, and neonatal critical care beds, surgical and diagnostic imaging recovery, human resources support, and high-quality care support.

#2: Expanding the Health Sector Workforce
• Ontario’s 2022/23 Budget invests $230 million to enhance health care capacity including critical care in hospitals. This includes the deployment and hiring of more health care students, nurses, and medical residents.
• The province is also investing $49 million over three years to develop new programs to train, recruit, and retain critical care workers.

#3: Investing in Mental Health
• Ontario is allocating an additional $204 million to build on investments to date in supporting mental health in the community.

#4: Expanding Medical Education
• The province is investing $42.5 million over two years beginning in 2023–24 to expand undergraduate and postgraduate medical education and training.
• This expansion will result in an increase of 160 undergraduate seats and 295 postgraduate positions over the next five years. Expanding medical education will result in more doctors serving in Ontario and better access to and quality of care.

#5: Modernizing Clinical Education for Nurses
• The province is investing $124.2 million over three years starting in 2022–23 to modernize clinical education for nurses.
• This sum will enable publicly assisted colleges and universities to expand laboratory capacity supports and hands-on learning for students.
Ontario (cont’d)
Ontario will increase its health funding budget to $72.2 billion in 2022/23.

Reform Measures

#1: Recruit and Retain Health Care Workers in Underserved Communities

- Ontario plans to invest **$142 million** starting in 2022-23 to recruit and retain health care workers in underserved communities.
- Roughly **$81 million** of these funds will be allocated to the Community Commitment Program for Nurses providing up to 1,500 nursing graduates each year with a full tuition reimbursement in exchange for committing to practice for two years in an underserved community.
- The province is investing an additional **$764 million** over two years to provide nurses with a lump sum retention incentive of up to $5,000 per person.

#2: Permanently Enhancing the Wages of Personal Support Workers

- The province plans to invest roughly **$2.8 billion** over the next three years to make the current temporary wage enhancement which began during the pandemic (for personal support workers and direct support workers) permanent.
- The permanent wage enhancement will help to support the long-term recovery from the pandemic and to build a stronger and more resilient health care system.

#3: Retention of Graduates in Underserved Communities

- The province’s 2022 Budget allocates **$62 million** to the new Learn and Stay Grant, launching in spring 2023.
- The Learn and Stay Grant will allow up to 2,500 eligible postsecondary students in priority programs (such as nursing) to work in underserved communities in the region where they studied after graduation.
- The Grant will provide upfront funding for tuition, books, and other direct educational costs.

#4: Reducing Barriers for Foreign-Credentialled Health Workers

- Ontario’s 2022 Budget proposes changes to make it easier and quicker for foreign-credentialled health care workers to begin practicing in Ontario by reducing barriers to registration and recognition by health regulatory colleges.
- The proposed changes would prohibit regulatory colleges from requiring Canadian work experience as a qualification for registration, subject to any exceptions provided for in accompanying regulations.
- The amendments would also require regulatory colleges to process potential applicants in a timely manner to enable health care workers to begin work as soon as possible.

#5: Improving the Sharing of Health Data

- The 2022 Budget plans to improve the sharing of health data between the province’s unified clinical viewer and between the long-term care and acute care sectors.
- This reform will streamline re-admissions, share information with families, and ensure patients get the highest possible quality of care. It will also improve information sharing between health care providers.
Prince Edward Island

PEI’s 2022/23 budget allocates $910.7 million in health funding in the province.

Key Figures
- Prince Edward Island plans to increase its health funding to $910.7 million in its 2022/23 budget, equal to a $26.4 million (or 3%) increase from the 2021/22 forecast.
- That represents 34% of PEI’s total budgetary expenditures in 2022/23, and 38% of the total program expenditure.

Funding Measures

#1: Investing in Physicians
- The province’s Budget 2022 allocates $8.7 million to add physicians across numerous specialties and related supports. It aims to increase the number and fields of specialist physicians within its hospitals.
- This sum will also fund a patient record review as part of the conversion to electronic medical records.

#2: Free Shingles Vaccines
- PEI is adding $2.6 million in additional funding, for a new total of $4.1 million, to provide free shingles vaccines to Islanders 65 years and older in pharmacies across the province.

#3: Health Recruitment and Registered Nurse (RN) Stabilization Strategy
- PEI’s 2022/23 budget allocates $1.4 million for the recruitment of health care workers to meet urgent needs and fill short term vacancies.
- The funds additionally will support a centrally managed float pool of RNs to be assigned based on urgent need and fill short-term vacancies to reduce bed closures and mitigate impacts on patient care.

#4: Provincial Dental Care Program
- The province is allocating another $1.5 million to continue offering free dental care to low-income residents (measured as those that are at or below Market Basket Measure), providing coverage to 8,000 additional low-income Islanders.

#5: Provincial Home Care Services for Seniors
- PEI’s 2022/23 Budget allocates $1.2 million in funding for COACH, Care at Home, Home Based Restorative Care & Urgent Home-Based Respite to ensure seniors can receive the right level of care in the appropriate location, and to offer respite to support caregivers.

#6: Investing in Mental Health
- PEI is investing $600,000 in its Strongest Families Program to build on a foundational principle for Mental Health and Addictions Redevelopment.
- The Programs support children and youth aged 3-17 years, their families, as well as adult programs for those 18 and older.

#7: Investing in Home Care
- PEI’s 2022/23 budget allocates $280,000 as an increased investment into the province’s Home Care program, to allow nurse practitioner services and supports to be delivered to unaffiliated patients who receive home care services.
- This investment will support individuals to remain at home safely, and to return home as soon as possible from the hospital.

Reform Measures

#1: Medical Homes and Neighborhoods – A New Primary Care Strategy
- The province is investing $2.7 million, part of an annualized investment of $10.4 million over three years, to continue to add physicians, nurse practitioners, registered nurses, licensed practical nurses, dieticians, and social workers to work collaboratively and meet patient needs.

#2: Modernizing Long Term Care Inspections
- The province is allocating $100,000 to modernize LTC inspections.
The province plans to invest $54.2 billion to restore the health care system after two years of the health crisis and to enhance health care and services for the public.

Key Figures
- Quebec plans to invest $54.2 billion for health in 2022/23, an increase of 6.3% over the 2021-22 budget (excluding the COVID-19 support and recovery measures).
- It represents 42% of the total spending in Quebec for 2022-2023.

Funding Measures

#1: Improving work management and working conditions of staff
- The government plans to invest $3.4 billion over the next five years to improve work management and working conditions of health care professionals, including $604 million over 2022-2023.
- Almost 60% of this investment will be allocated to improve working conditions for health and social services network staff. It aims to ease the decentralization of scheduling, to end the imposition of overtime, to increase full-time hospital staff through salary increases and retention bonuses and to improve work-family balance of staff.
- The remaining 40% will be allocated to increasing the number of administrative agents (22%), improving pre-hospital emergency services (11%) and increasing the number of hospital technicians and pharmacists (8%).

#2: Improving health and social services infrastructure
- The pandemic showed the need to improve and modernize existing infrastructure. As a result, $22.8 billion of the 2022-2032 Quebec Infrastructure Plan will be dedicated to health and social services infrastructure.

#3: Strengthening care and services for seniors
- The government aims to continue to improve accessibility and quality of care and services provided to seniors, people in difficulty and youth by investing $3.7 billion over the next five years. Over 70% ($2.6 billion) of this investment will be dedicated to strengthening care and services for seniors.
- Of this, $1.5 billion is allocated to the opening of seniors’ and alternative living homes and $785 million will be allocated to reinforce home-support services for seniors and people with disabilities.

#4: Improving services for vulnerable persons.
- $508.5 million will be provided to offer services for youth and people in vulnerable situations. 54% of this investment will be dedicated to address the Special Commission on the Rights of the Child and Youth Protection’s report recommendations for local youth services.
- The remaining 46% will be allocated to strengthen mental health initiatives implemented since the public health emergency was declared.

#5: Improving the accessibility and quality of health and social services
- $545.9 million will be invested to improve the accessibility and quality of the services.
- $235.9 million in funding for health promotion and to reduce health social inequalities including increased access to healthy food and facilities to contribute to a physically active lifestyle.
- A $183.3 million investment will aim to improve the access to frontline medical services by training more medical students, encouraging the use of other frontline health and social services professionals and continuing to deploy services for those without a family physician.
- The government will invest to increase the fluidity in emergency departments and hospitals and to deploy long COVID-19 clinics.

How Quebec plans to enhance health equity
As part of the funding to improve and create health services infrastructure, Quebec plans to build, redevelop and upgrade local community service centres and rehabilitation centres. Quebec plans to spend $188 million as part of the 2021-2025 government’s health prevention policy.
Quebec (cont’d)

The province plans to invest $54.2 billion to restore the health care system after two years of the health crisis and to enhance health care and services for the public.

Reform Measures

#1: Modernizing the health care system
- As part of the government’s digital transformation strategy, $788.9 million will be invested to improve the accessibility of health and social services as well as the efficiency and performance of the facilities.
- It includes the shift towards cloud computing to protect data from cyberattacks and theft. This would also improve the access to telemedicine.
- This investment also includes the automatization of administrative and clinical operations and the development of new applications for health care institutions such as a centralized management system for arrivals, departures and transfers.

#2: Decentralization and new management of the health care facilities network
- The government plans to change the current system by integrating the services to meet the needs of the patients and to move towards a local management of health and social services throughout Quebec.

#3: Reorganization of work
- In addition to the funding measures to improve working conditions, Quebec is planning to undertake actions related to decentralization of scheduling, an increase in the number of hours in the normal work week (from 35 hours to 37.5 hours per week), improvement of leave of absence provisions and reclassification of some employees.

#4: Management of health data
- As part of the government’s digital transformation strategy, Quebec plans major changes in the management of health data through the establishment of standard for the protection of health and social services information and providing data access to improve the quality of services and better understand needs.

#5: Action plan for informal and family caregivers
- The Quebec government adopted an action plan in October 2021 for informal and family caregivers in order to expand the offered services, to improve the collection and sharing of information and to create the Observatoire quebecois de la proche aide to stimulate research in the area. This plan also aims to foster recognition and improve the living conditions of informal and family caregivers.

#6: Action plan for residential and long-term care
- Quebec announced an action plan on housing and long-term care and services in April 2021 covering long-term care homes (CHSLDs), intermediate resources, family-type resources, seniors’ homes and alternative homes. $2.9B will be allocated to this plan that will run through 2026.

#7: Improvement of CHSLDs
- Quebec plans to harmonize the rules applicable to CHSLDs through the conversion of private facilities into funded facilities as well as ensuring optimal medication use of seniors in CHSLDs.
- The government also plans to ensure optimal medication through innovative approaches (process to improve medication and to personalize pharmaceutical treatment).

#8: Health Promotion
- A new interdepartmental action plan will be launched for health prevention policy.

#9: Medically assisted reproduction program
- As coverage has been expanded to the medically assisted procreation services program in November 2021, the government adds $72.4 million over five years to enhance the program.
Saskatchewan's budget 2022/23 outlines health funding of $6.8 billion.

Key Figures
- Saskatchewan plans to increase its budget for health funding to $6.8 billion in 2022/23 reflecting a $288 million increase (or 4.4%) from the 2021/22 budget.
- The health spending of $6.8 billion represents 39% of Saskatchewan's total budget for 2022/23.
- Funding for health in Saskatchewan primarily includes the Ministry of Health, the Saskatchewan Health Authority, eHealth, the Saskatchewan Cancer Agency, and 3sHealth.

Funding Measures

#1: Mental Health and Addictions Programs and Services
- Saskatchewan is allocating $470 million towards mental health and addictions programs and services—7% of total health care spending.
- This increase will fund initiatives providing effective counselling and treatments, and it will introduce further proactive prevention measures.
- New targeted investments include $2.1 million to add addiction spaces in high-need areas in treatment centres across the province.

#2: Addressing the Surgical Wait List
- The province is allocating funding of roughly $21.6 million to a three-year plan to address the surgical waitlist, and to fund thousands of additional surgeries in 2022/23. The goal is to deliver on the largest volume of surgical procedures in Saskatchewan’s history.
- Saskatchewan targets a return to pre-COVID wait time levels by the end of March 2025.

#3: Supporting Seniors
- Approximately $17 million in Saskatchewan’s 2022/23 Budget supports the abilities of the province’s seniors to live safely and comfortably.
- The amount comprises $4.8 million for home care services, $4.1 million to provide high-dose influenza vaccines to adults 65 and older, $1.6 million to operate the Meadow Lake Northwest Community Lodge, and $6.5 million for an additional 117 continuing care aide positions.
- The new continuing care aides represent the second year of a three-year, $18.4 million commitment by Saskatchewan’s government to expand continuing care aide positions by 300 to work in long-term care and in existing expanded home care services, including in rural and remote areas.

#4: Increasing Capacity
- The province is allocating $12.5 million in new funding for 11 additional intensive care unit (ICU) beds across the province and $3 million for 10 high acuity beds at the Regina General Hospital.
- This will increase capacity for both intensive and high acuity care, adding flexibility and easing demand on intensive care units.
Saskatchewan (cont’d)
Saskatchewan’s budget 2022/23 outlines health funding of $6.8 billion.

Funding Measures (cont’d)

#5: Funding for Emergency Medical Services
- Saskatchewan’s 2022/23 Budget includes a $10.8 million increase in Emergency Medical Services to improve vital services in rural and remote areas.
- These funds will support new paramedic positions for ambulance services, Community Para-medicine, and will enhance the Medical First Responder Program.

#6: Funding for CT and MRI Scans
- Saskatchewan’s 2022/23 Budget allocates $4.9 million to provide CT and MRI scans to residents, for which wait times greatly increased during the pandemic.
- This will allow thousands more patients access to critical diagnostic imaging services.

#7: Recruitment Funding
- The province’s 2022/23 budget includes a $1.5 million increase to support recruitment initiatives to assist with filling critical and hard-to-fill positions.
- This initiative includes the development of a settlement and relocation incentive program to recruit health care workers to Saskatchewan from the Philippines. The province’s goal is to recruit 300 health sector employees from the Philippines over the next two years.
- Saskatchewan is also committing $3.5 million in the Budget for physician recruitment and retention initiatives, particularly for family physicians to work in rural areas of the province.

#8: Cancer Agency
- Other funding measures in Saskatchewan’s budget include $15.8 million to the Saskatchewan Cancer Agency.

Reform Measures

#1: Establishing a New Agency Dedicated to Recruitment and Retention
- Saskatchewan’s 2022/23 budget will establish a new and independent agency dedicated to recruiting and retaining health care workers.
- The agency will also be tasked with supporting and investing in health care workers and building a more robust workforce overall.
Northwest Territories

The Northwest Territories’ 2022/23 budget allocates $595 million for health, representing 28.9% of the territory’s expenditures and a decrease of 1% from last year.

**Funding Measures**

#1: Recruitment of professionals
- NWT plans an investment of $23 million in additional resources in order to reduce pressures in the health care system.
- NWT has the objective to increase the number of professionals by at least 20%.
- The budget will provide $1.33 million to recruit additional physician specialists to improve the access to and the diversity of services throughout the territory.
- Additionally, $1 million is committed to support the implementation of new midwife positions in Hay River, Fort Smith and Yellowknife.

#2: Mental Health
- $1.7 million will be allocated for external organizations to hire counsellors and continue to support activities to meet the community needs in mental health and addiction services.
- In addition, $2.9 million will be allocated to the Northern Wellness Agreement for community-based health programs, and $1.4 million will be allocated for Indigenous wellness and patient advocates.

#3: Seniors’ care
- $0.6 million will be dedicated to answer the increased demand for the senior citizen supplementary benefit.
- $0.8 million will be allocated for various home and community care services for seniors.

#4: Maintaining and improving access throughout the territory
- NWT will invest $1.03 million to support territorial cancer care programs.

**Reform Measures**

#1: Medical Travel and Health Care Reform
- NWT plans to use $7.1 million in federal funding under the Territorial Health Investment Fund to implement medical travel and primary health care reform.
- This reform aims to improve the territorial health and social services delivery system and to ensure continuity, quality and affordable cost of health services.
Nunavut

Nunavut’s 2022/23 budget allocates $472 million for health and social resources, 23.5% of its total budget and a decrease of 11% from last year.

Funding Measures

#1: Home Care

- Nunavut’s 2022/23 budget allocates $3.7 million to add spaces at the territory’s group, supported living, and alternative family care homes.

#2: Hiring New Workers and Expanding the Health Information Unit

- The territory’s budget allocates $2.5 million to hire 19 new registration clerks ($1.3 million) and expand the Health Information Unit ($1.2 million).

#3: Hiring New Medical Travel Clerks

- Nunavut is allocating $2.1 million to hire 31 new Medical Travel Clerks to improve service for medical travel clients.

#4: Mental Health and Substance Use

- $4.7 million will be allocated to the Nunavut Suicide Prevention Strategy, and $4.2 million for addiction and trauma treatment.
- $1.4 million will be dedicated to the Alcohol and Drug Treatment Program.

Reform Measures

#1: Mental Health

- Nunavut plans to spend $1.5 million to support the implementation of the Mental Health Act. The new Act was adopted in June 2021 and aims to provide mental health and addiction program services as well as creating an independent Mental Health Review Board to help individuals who wish to appeal a doctor’s decision.
Yukon

Yukon’s 2022/23 budget prioritizes health and safety. The territory will spend $510 million for health and social services, a decrease of 1.5% from last year.

Funding Measures

#1: Mental Wellness and Substance Use Services
- A total of $79.6 million in Yukon’s 2022 budget is allocated to social supports, mental wellness supports and substance-use programs.
  - Yukon will invest more than $5.5 million to support the government’s response to the Substance Use Health Emergency.
  - It includes a $1.1 million investment to enhance a supervised consumption site and a $0.85 million investment to expand the safer supply program to rural communities.
  - $1.8 million will be invested to support additional mental health and social services across the territory.
  - $10.8 million will be invested for the completion of a new short stay psychiatric unit at the Whitehorse General Hospital.

#2: Continuing care
- A total of $86.5 million will be allocated for home care, community care and to ensure the quality and safety of the services provided.

#3: Dental Coverage
- Yukon will invest $1.8 million to begin providing dental coverage for uninsured Yukoners.

Reform Measures

#1: Modernization of the information system
- More than $3.3 million will be invested in the ongoing implementation of a modernized information system that aims to give health care providers and patients improved access to health care records and information.

How Yukon plans to enhance health equity
- Yukon will allocate $13 million to the health centre in Old Crow, a remote community of the territory, to ensure the quality of health services in the most remote community.
- A $2.6 million investment will be allocated to launch a new Bilingual Health Centre in Whitehorse.
Appendix B - References
References

2022-23 Federal Budget and associated documents

2022-23 Provincial and Territorial Budgets and associated documents


References


Office of the Parliamentary Budget Officer, “Fiscal Sustainability Report 2022” Ottawa, Canada, July 28, 2022 af2336e3e33f177db17e07f924f79858bc02357a5d58b1c77a55af3d0598d8 [pbo-dpb.ca]

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