Standing Committee on Finance 2023 Pre-budget consultation

Canadian Cardiovascular Society

Leadership. Knowledge. Community.

Recommendations

1. The federal government provide the Canadian Cardiovascular Society (CCS) with $700,000/year over 5 years ($3.5 million total) to ensure Canadian heart failure patients receive optimal care.
2. The federal government make policy and funding decisions that will mitigate the climate crisis and benefit cardiovascular health, including:
    a. Immediately implementing measures to meet Canada's 2030 greenhouse gas emissions reduction target (40-45% below 2005 levels) and increasing ambition in the near term.
    b. Ending public financing to oil and gas companies.
    c. Enacting "just transition" legislation and investing funds to help Canadian workers and communities succeed in a low-carbon economy.

Recommendation #1: The federal government provides the Canadian Cardiovascular Society (CCS) with $700,000/year over 5 years ($3.5 million total) to ensure Canadian heart failure patients receive optimal care.

Background

There has been an increase in the burden of heart disease and the cost to taxpayers in Canada. Before the COVID-19 pandemic, the economic burden was expected to reach $28.3 billion annually, including more than $2.8 billion (or 1% of GDP) related to heart failure (HF).[1,2,3] The pandemic has increased these costs as waitlists for non-elective cardiac procedures have grown, and patients awaiting postponed procedures have become more gravely ill.

This is particularly concerning for Canada's most vulnerable populations – those who are geographically, racially, and/or socially marginalized – who have higher rates of heart disease and experience worse outcomes.[4]

Heart disease is a leading cause of death and disability among Canadians,[5,6] and premature death for women.[7] In fact, HF is one of the top reasons for hospital admissions in Canada.[9] One in five HF patients return to hospital within 30 days, and this rate has not improved despite significant advances in management.[8, 10]

We also know there are significant HF care gaps. For those who are being treated, <70% are on recommended medications and <30% of Canadian patients are achieving target medication doses.[11, 12, 13, 14, 15] This puts patients at risk of hospitalization and results in expensive and unnecessary use of scarce health system resources

Our plan

The requested funds will support the following activities to ensure HF patients receive optimal care:

1. Improving knowledge and implementation of CCS/Canadian Heart Failure Society (CHFS) HF clinical practice guidelines and highlighting potential barriers to optimal care;
2. Improving public awareness of HF; and
3. Facilitating national comparative reporting on key indicators of the quality of HF care across Canada.

Recommendation #2: The federal government make spolicy and funding decisions that will mitigate the climate crisis and benefit cardiovascular health, including:

a. Immediately implementing measures to meet Canada's 2030 greenhouse gas emissions reduction target (40-45% below 2005 levels) and increase ambition in the near term.
b. Ending public financing to oil and gas companies.
c. Enacting "just transition" legislation and investing funds to help Canadian workers and communities succeed in a low-carbon economy.

There is an irrefutable link between the implications of climate change and the effect on the cardiovascular health due to extreme temperatures and poor air quality.[16] We know that more than 20%

of all cardiovascular disease deaths are caused by air pollution, and we expect these numbers will continue to rise without climate action.[17]

There is also an association between increased climate change-related heat exposure and an increase in cardiac events.[18]

For these reasons, the CCS recommends that the federal government make policy and funding decisions that will mitigate the climate crisis and benefit cardiovascular health. Specifically:

a. Fully implementing Canada's 2030 Emissions Reduction Plan and increasing ambition in the near term.

The CCS supports Canada's 2030 Emission Reduction Plan – reducing GHG emissions 40% below 2005 levels by 2005 and net-zero emissions by 2050. There is a high likelihood that global temperatures will surpass the lower target of the Paris Agreement – limiting global warming to 1.5°C.[19] At this level, we can expect the impact of climate change to be increasingly harmful for human health.

b. Ending public financing to oil and gas companies.

According to the International Institution for Sustainable Development (IISD), $1.91 billion was spent on fossil fuel subsidies in 2020 by the Canadian government and this may not capture everything based on insufficient data.[20] Eliminating subsidies was one of the Liberal Party's commitments in the 2021 federal election, we are supportive of this commitment and rapid implementation.

c. Enacting "just transition" legislation and investing funds to help Canadian workers and communities succeed in a low-carbon economy.

CCS recommends that funds be directed towards transitioning communities from economies that depend on fossil fuels to ones that depend on low/net-zero carbon. The Stockholm Environment Institute defines "just transition" broadly as the way in which equity issues associated with structural change are considered and properly managed (p. 6).[21]

Conclusion

The CCS is well-positioned to support improvements in both heart failure care and climate actions that will benefit the health of Canadians and the planet.

For more information, visit *www.ccs.ca*.

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Appendix A

Goal	Deliverables	Resources			Evaluation
				$/year	
1. Improve knowledge and implementation of CCS/CHFS guidelines and highlight potential barriers to optimal care	a. Tailor guidelines to primary care doctors, nurses, dietitians, pharmacists b. Support implementation of guidelines into practice c. Embed national guidelines and tools into electronic medical records (EMRs) d. Develop and maintain HF medication formularies, and highlight barriers to provinces/territories	- Project leadership (1 director, 2 managers, 2 coordinators, 1 evaluation specialist) - Knowledge translation expertise/tool development - Website and apps - Communications and marketing - Media relations - Graphic design - Translation - Medical writing and editing - Data analysis - Accreditation fees - Advertising - Miscellaneous	6.0 FTE 15 stakeholders	$350,000	- Assess awareness, knowledge, and confidence - Include, identify, and actively engage diverse stakeholders on guideline development panels - Complete environmental scan of tools in EMRs, and advocate for implementation of updated tools where needed - Complete and update HF medication formulary listings across provinces/territories - Define workplan and collaborators
2. Improve public awareness of HF	a. Declare HF awareness week in Canada b. Initiate social media campaign	- Project leadership (1 director, 2 managers, 2 coordinators) - Stakeholder outreach - Media - Graphic design	5.0 FTE 15 patient partners	$200,000	- Monitor website and social media metrics (e.g., impressions, engagement) - Media impressions - Establish relationships and contacts with key partners

	c. Reach out to underserved groups and populations e. Hold conversations with policymakers	- Translation - Printing			- Total number of meetings with policymakers
3. Facilitate national reporting on key HF indicators	a. Locate, aggregate, and analyze existing data b. Produce national report c. Establish recommendations and initiate efforts to improve care quality according to findings	- Volunteer expert working groups (~20 CCS members) - Project Leadership (Director) - Stakeholder/Partner Liaison (CIHI, Health Care Excellence Canada (HEC), Heart & Stroke, Federal/Provincial/Territorial governments, provincial cardiac care centres) - Access to national and provincial datasets - Methodological expertise - Data collection and analysis CCS Governance and fiduciary oversight (CEO, Board, CFO, Finance Officer)	3.0 FTE 15 stakeholders	$150,000	- Data is located, aggregated, and analyzed - Best practices and gaps in care are identified and inform improvements - Peer-reviewed journal article(s) is/are published
TOTAL				$700,000/ year	