GETTING IT RIGHT:
A values-based approach to a sustainable health system for Canada

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CMA Presentation to the Royal Commission on the Future of Health Care in Canada

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HENRY HADDAD, MD, FRCPC
PRESIDENT

(Revised)

ASSOCIATION MÉDICALE CANADIENNE
CANADIAN MEDICAL ASSOCIATION

A healthy population…a vibrant medical profession
Une population en santé…une profession médicale dynamique

ASSOCIATION MÉDICALE CANADIENNE

CANADIAN MEDICAL ASSOCIATION

The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, CMA's mission is to serve and unite the physicians of Canada and be the national advocate, in partnership with the people of Canada, for the highest standards of health and health care.

On behalf of its 52,000 members and the Canadian public, CMA performs a wide variety of functions, such as advocating health promotion and disease/accident prevention policies and strategies, advocating for access to quality health care, facilitating change within the medical profession, and providing leadership and guidance to physicians to help them influence, manage and adapt to changes in health care delivery.

The CMA is a voluntary professional organization representing the majority of Canada's physicians and comprising 12 provincial and territorial divisions and 43 affiliated medical organizations.

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A Vision for Canada's Health Care System

The goal of Canada's health system is to preserve, protect and improve the health and well-being of each Canadian. This will be achieved through timely access to services that not only keep people well or restore health, but also enhance their quality of life and add longevity. Health care is an investment in both economic and social terms, providing benefits of both individual and societal value.

The objective of publicly-funded health care is timely access to quality care through a defined set of core services which – as the principal building block of Canada's overall health care system – must be provided on a sustainable basis. These core services must be determined, and regularly reviewed, in an inclusive and transparent manner. This will result in clear choices as to which services will be fully publicly-funded, partially publicly-funded and fully privately-funded.

The special nature of care related to illness – the original focus of Medicare – must continue to be recognized. Core services must reflect the immediacy with which such care is required, the potential to place a financial burden on individuals and families, and the unpredictability as to when such care will be required by an individual.

Canadians must be able to choose who will provide their care, what the treatment(s) will be and where it will be provided. Every Canadian should have access to the physician of choice and, in particular, should be encouraged to select a primary care physician who provides continuity of care.

Physicians play key roles as agents and advocates for their own patients and for the public at large; and seek a health care system that respects the integrity and primacy of the patient-physician relationship. Payment and delivery mechanisms should be structured to foster and support these roles and to protect clinical and professional autonomy.

Evidence-based care with explicit standards and benchmarks (e.g., maximum, acceptable waiting times) is a prerequisite to achieving quality health care – a primary objective of the public system. Individuals should have the opportunity to purchase those health services that are not publicly-funded and where the public system does not meet agreed-upon standards.

Effective short- and long-term health care will be achieved through a collaborative model with involving public, providers and government. With this joint responsibility comes a corresponding requirement to be held collectively accountable for choices and directions chosen. Government, providers and the public are accountable to each other for all aspects of the effective provision and use of health services.

GETTING IT RIGHT
A values-based approach to a sustainable health system for Canada

Good morning and thank you Mr. Romanow for the opportunity to present the CMA's interim prescription for the pathway to a sustainable health system.

Let me begin by commending you for the exhaustive, and I am sure exhausting, consultative process that you have embarked upon. We have followed with interest your hearings to date and are confident that you are listening to those of us at the front lines. At the end of the day, it will be tough to imagine anyone saying that they did not get a fair hearing on the future of health and health care in this country.

You have heard from a number of our provincial Divisions and will be hearing from some of our larger affiliated societies. We do not intend to repeat their messages to you here today. You need to know, however, that we are working in an unprecedented way to ensure that the Canadian medical profession speaks with one voice. We commend to you the good advice contained in their presentations.

What I have to share with you today builds on this joint work and our preliminary submission to you entitled "Getting the Diagnosis Right". While we do not yet have a final recommended set of therapies—this will not be available to you until mid-June—what is clear is that the prognosis for the status quo is not good. Indeed, the CMA believes that the patient that we know today as Medicare will not survive in the longer term.

This interim brief sets out what we now believe are the crucial first steps that will take us in the right direction toward securing the national character of our health system for the next 50 years.

I begin by reaffirming a common chorus by now. Canadian physicians, from coast to coast, are worried. In fact, we've never been more worried. We are worried about the sustainability of the health care system. We are worried about the welfare of our patients. And, yes we are worried about our families, our professional careers and our profession.

Our system is truly at a crossroads. This crossroads is no less important to our future than what we faced in the mid 1960s when Canada and the United States chose substantially different pathways to the future. That choice was based on a report from another son of Saskatchewan—Justice Emmett Hall. And, in the final analysis, his long-term vision based on values has stood the test of time.

The CMA believes that the choices today must also be values-based. This is a time when our values as a society and as individuals are being tested and must come to the fore. Our collective values around being in this together can serve as beacons to help guide you through the shoals of cynicism, skepticism and parochialism.

The medical profession's basic values were clearly set out in our initial submission to you and I intend to build on them here today.

After over a decade of posturing and studying of our health care challenges, at both the provincial and federal levels, the CMA believes the time has come for national leadership. In fact, after a decade of decentralization and deconcentration, we are of the view that your commission is our last, best chance to get the balance right.

We don't have all the answers—nobody does and maybe nobody ever will. But as a medical educator of many years I can tell you that if we get the structures and processes right, then we stand a much better chance of getting the outcomes Canadians deserve. System sustainability will follow because flexibility, transparency and accountability will be built into the system.

GETTING IT RIGHT is, first and foremost, about dealing with the widespread feelings of uncertainty. Will the system be there for me when I need it? Will it be there for my children?

I know, Mr. Commissioner, that you know that this is a legacy issue—for you, for me as President of the CMA, for this federal government and for this country. Will Medicare be there for the next generation? The short answer is not without substantial changes in both the structures and processes that support it.

Where to begin? For starters, we must stop the blame game between and across governments. We must stop seeing health practitioners as the architects of the current system failings and begin to embrace doctors and other providers as agents of change, not objects of change. We must put the health of Canadians first. We must put Canada first!

So what's the first, and perhaps biggest step for us to take? We need a CANADIAN HEALTH CHARTER.

Such a Charter is long overdue in this country. It would reaffirm the basic social contract that is Medicare—namely we're all in the same lifeboat together. It would make it clear that the federal government does have a legitimate role in health and health care and it is in this together with the provinces and territories. It would also make it clear that physicians, pharmacists, nurses and the rest of the health team are in this together.

It would help reframe the national debate about health. We must stop the pitting of health against education for they pull in the same direction. We must stop pitting health against health care because we need both and we need to give priority to both. And, we must stop pitting health against economic growth for they not only can but must go hand-in-hand. Health is a basic investment good. Let's treat it as such.

These tradeoffs are the legacy of the 1990s and tyranny of deficits. Continuing to frame the health debate in this way—as many would have us do—is simply a recipe for getting it wrong, again! The pathway forward is not just working harder but working smarter.

The details of our proposed Canadian Health Charter are still being worked out within the profession and with others. At a minimum, however, it would also include a balanced set of rights and responsibilities for providers, yes, but also for patients and payers. It would reaffirm the first principles of what makes our system truly national—namely the principles of universality and portability.

So the pathway forward begins with a Charter.

GETTING IT RIGHT also means getting doctors and other health providers to the table, or should I say tables. Physicians individually and collectively feel dis-empowered and disengaged. They feel frustrated, marginalized, left out!

Whether it is the regional authority or corporation in New Brunswick or Alberta or Newfoundland that freezes physicians out of the regional boards, or whether it is the draconian legislative hammer just used by the BC government to renege on a fair and binding arbitration award, or whether it is the frustrating efforts to gain access to the black box of executive federalism, physicians and other providers have been systematically sidelined from participating in decisions about the future of health and health care.

It is a basic principle of justice that states that those who are affected directly by decisions ought to be present when such decisions are taken. Physicians, nurses and others bring much to the table. The grounds for exclusion are often not clear but tend to be a result of the misguided notion that self interest might prevail over the collective interest. In today's environment, with the rapid turnover in senior health officials, we believe the pendulum must swing to building a table where enlightened self-interest is promoted—or perhaps more functionally put—balanced bias over ignorance.

Whereas others are only in the health business for a short time, physicians and others in the system have their careers on the line. We have the most invested, the most to give and, next to our patients, the most to lose. Why is that we have the least say in decisions about the future of health and health care? Why is it we learn about decisions after the fact and then are expected to support them?

Canada has paid an enormous price for this policy of exclusion. Whether it pertains to the historical tragedy that is human health resources planning in this country or the current shell game in terms of reinvesting in medical technology, we need a more transparent and accountable process.

GETTING IT RIGHT means creating a Canadian table where patients, providers and payers debate and discuss long term policy directions. The exact mechanism is still being discussed, with various models being considered such as the National Roundtable on the Environment and the Economy, or a Strategic Health Counsel.

Such a roundtable would help depoliticize the FPT process and guard against lowest common denominator national policy making. Such a table would allow for Canada to join the ranks of most other industrialized countries who already have national health plans. It would hold all the players accountable via an annual report card on the health of the health care system. Such a table would help ensure that not only are medical decisions evidence based but that public policy makers would be held to the same standards. Such a roundtable might include or provide for a Canadian Health Commissioner, perhaps with direct reporting responsibilities to Parliament. An alternative model might have a "Surgeon General North", borrowing from the United States. These and other provisions are currently being studied and evaluated. The results of this study will be shared with you in June.

Finally, Mr. Commissioner, GETTING IT RIGHT means having a more predictable and broader planning environment. It is impossible to plan if one is working from one annual budget to the next. One of the biggest impediments to national planning has been the lack of stability in federal funding of health care. All the rhetoric aside, the reality is that the federal government unilaterally removed an estimated $11 billion between 1995 and September 2000 that would have gone to health care.

While reduced transfers to the provinces under the Canada Health and Social Transfers or CHST serves to help balance the books federally, it has had incalculable consequences for the health system. Public sector spending, both on per capita terms and relative to our GDP, still ranks well behind other OECD countries. To suggest otherwise to the Canadian public is simply to ignore reality. And, while the September 2000 First Ministers' Health Accord stops the haemorrhage, it does not address long-term sustainability.

It is time for the federal government to stand up and demonstrate true leadership. It must stop hiding behind fiscal and economic imperatives. As alluded to earlier, health and the economy not only can but must go hand-in-hand. So said the Secretary of State for International Financial Institutions, the Honourable John McCallum recently when he referred to health care as one of Canada's key areas of comparative advantage over the U.S. and other trading partners.

GETTING IT RIGHT therefore requires the federal government to be accountable to Canadians. The CHST needs to be specifically earmarked for health—the federal government can no longer claim to spend the same taxpayers dollar three times—once for health, again for post secondary education and again for social services. The money that was "put back" in Sept 2000 is only that which was originally allocated to health. This health specific transfer of cash to the provinces must once again be locked in (as it was between 1977 and 1982) for a minimum of five years and it must once again begin to grow in lock-step with our national income.

The federal government should immediately establish something like the Health Resources Fund of the 1960s ($500 million at that time)—on a one-time basis only—to deal with the wide-spread shortages in human health resources. Responsibility for ensuring that these amounts get to their intended destination would rest with the aforementioned, arms-length health agency or roundtable.

But stabilizing and growing federal cash support for the system won't be enough. No country in the world has found a way to publicly fund all medically required or desired care on a first dollar basis. The CMA is convinced that the time has come to revisit and revamp our federal tax system to make it more friendly toward the realities of health and health care. The current ad hoc approach to defining eligibility for medical expenses is outdated. Nobody can remember where the 3 percent of taxable earnings threshold came from. The hangover effects of the GST are an obstacle to moving care and services out of hospitals into a community setting. Engaging the corporate community via employer and employee-based supplementary health programs, as have many European countries, is long overdue in Canada.

Again, we do not have all the answers yet. We are not accountants or economists, but we are actively seeking out the views of the experts to make sure we have it right come June.

TO CONCLUDE, Mr. Commissioner...

We see your efforts to outreach to the community as laudable and very worthwhile. We see your efforts as our last, best chance to put the Canadian system back on a sustainable track.

It was, I believe Sir Isaac Newton who said "I can see so far because I stand on the shoulders of Giants". You have a great legacy to build on, Mr. Commissioner.

While we don't have all the answers—at least not yet—we think we have some pretty good building blocks and a lot of good will.

We are committed to not only helping get the diagnosis right, but once we have a shared view on the prescription, the CMA is ready to put all its efforts into making it work.

In our judgement, GETTING IT RIGHT involves taking three important first steps. The first is to reach consensus on Canadian Health Charter. Justice Hall recommended it and we should now heed his advice. Second, we need to have health providers at a Canadian table or roundtable to promote the ongoing dialogue and mutual accountabilities to help sustain the system. Third, we need the federal government to step up to the plate and reassert national leadership, through a combination of cash transfers, tax support measures and regulatory reforms.

We are at a critical crossroads. One path builds on the best of Canadian communitarian values and builds in the Canadian art of compromise. The other path takes us into uncharted waters for Canada but troubled waters for other countries. The CMA comes down on the side of Canadian values and on the side of a made-in-Canada resolution to the sustainability challenge.

Mr. Commissioner, I want to thank you for your attention. Godspeed with your important work.