



Accountability and health care funding

<https://policybase.cma.ca/en/permalink/policy654>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1995-Aug-16
Topics: Health systems, system funding and performance
Resolution: GC95-17

That the governments in Canada ensure that all funding for health care be transparent and accountable.



Canadian priorities for medical care funding

<https://policybase.cma.ca/en/permalink/policy648>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1995-Aug-16
Topics: Health systems, system funding and performance
Resolution: GC95-10

That Canadians have a right and responsibility to debate, establish priorities and make choices for medical care funding.



Funding health care system research, education and management

<https://policybase.cma.ca/en/permalink/policy527>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1995-Aug-16
Topics: Health systems, system funding and performance
Resolution: GC95-23

That funding for medical and health care research, education, administration and management of the health care system be adequate and separate from those monies intended for clinical services.



Health care funding and quality health care services

<https://policybase.cma.ca/en/permalink/policy652>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1995-Aug-16

Topics: Health systems, system funding and performance

Resolution: GC95-14

That public funding must be sufficient to provide high-quality core, hospital and medical services for all Canadians.



Health care system management education and research

<https://policybase.cma.ca/en/permalink/policy526>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1995-Aug-16

Topics: Health human resources

Health systems, system funding and performance

Resolution: GC95-22

That the education of physicians in health care system management must be fostered and research in the management of health care systems must be increased.



Limited public funds for medical care

<https://policybase.cma.ca/en/permalink/policy655>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1995-Aug-16

Topics: Health systems, system funding and performance

Resolution: GC95-18

That the Canadian public, physicians and governments must face the reality that there are and will be limitations on the availability of publicly funded medical care based on the availability of the public purse to finance medical care.



National consensus on future financing of the Canadian health care system

<https://policybase.cma.ca/en/permalink/policy624>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1993-Aug-25

Topics: Health systems, system funding and performance

Resolution: GC93-24

That the Canadian Medical Association take a strong leadership role in the development of a national consensus on future financing of the Canadian health care system.



Physicians and the management of medical services

<https://policybase.cma.ca/en/permalink/policy657>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1995-Aug-16

Topics: Ethics and medical professionalism
Health systems, system funding and performance

Resolution: GC95-20

That physicians must continue to play a leadership role in managing quality and utilization of medical services.



Principles for consensus on health system financing

<https://policybase.cma.ca/en/permalink/policy626>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1993-Aug-25
Topics: Health systems, system funding and performance
Resolution: GC93-26

That the Canadian Medical Association endorse the following primary principles as the basis for developing a new consensus on health system financing: a) Accessibility: Reasonable access to high quality, core health facilities and medical services independent of financial or other barriers, b) Choice: Wherever practicable, Canadian consumers and health care providers should have reasonable choice as to health care setting, mode of delivery (type and location of practice) and method of health care financing, c) Sustainability: The system organization and method of financing the system needs to ensure that core health insurance benefits are commensurate with collective or individual ability to pay through insurance or otherwise, d) Uniformity of core health insurance benefits: The requirement that all bona fide residents of Canada be entitled to reasonably comparable levels of core health insurance benefits, e) Universal coverage: The requirement that all bona fide residents of Canada be entitled to publicly financed core health insurance benefits according to uniform terms and conditions, where core benefits are defined in terms of the most recent evidence available on clinical efficacy and cost effectiveness.



Regional health structures

<https://policybase.cma.ca/en/permalink/policy656>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1995-Aug-16
Topics: Health systems, system funding and performance
Resolution: GC95-19

That peer-mandated physicians must have statutory, effective input into the development and operation of regional health structures.