

A Healthy Population for a Stronger Economy

**The Canadian Medical Association's Presentation
to the Standing Committee on Finance's
pre-budget consultations**

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

Thank you for the opportunity to appear before this committee.

Over the past year, the Canadian Medical Association has engaged in a wide-ranging public consultation on health care and heard from thousands of Canadians about their concerns and experiences with the system.

This exercise was undertaken as part of the CMA's Health Care Transformation initiative, a roadmap for modernizing our country's health care system so that it puts patients first and provides Canadians with better value for money.

The CMA found there is a groundswell of support for change among other health care providers, stakeholders and countless Canadians who share our view that the best catalyst for transformation is the next accord on federal transfers to provinces for health care.

That said, while looking ahead to what we would like to see in the next health care accord, we have identified immediate opportunities for federal leadership in making achievable, positive changes to our health care system that would help Canadians be healthier and more secure and help ensure the prudent use of their health care dollars.

During our consultation, we heard repeated concerns that Canada's medicare system is a shadow of its former self. Once a world leader, Canada now lags behind comparable nations in providing high quality health care.

Improving the quality of health care services is key if Canada is ever going to have a high performing health system. Excellence in quality improvement in these areas will be a crucial step towards sustainability.

To date, six provinces have instituted health quality councils. Their mandates and their effectiveness in actually achieving lasting system wide improvements vary by province. What is missing, and urgently needed, is an integrated, Pan-Canadian approach to quality improvement in health care in Canada that can begin to chart a course that will ensure that Canadians ultimately have the best health and health care in the world. Canadians deserve no less and, with the resources at our disposal, there is no reason why this should not be achievable.

The CMA recommends that the Federal Government funds the establishment, and adequately resources the operations, of an arms length Canadian Health Quality Council with the mandate to be a catalyst for change, a spark for innovation and a facilitator to disseminate evidence based quality improvement initiatives so that they become embedded in the fabric of our health systems from coast to coast to coast.

Canadians are increasingly questioning whether they are getting value for the \$190 billion a year that go into our country's health care system... with good reason as international studies indicate they are not getting good value for money.

Defining, promoting and measuring quality care are not only essential to obtaining better health outcomes, they are crucial to building the accountability *to Canadians* that they deserve as consumers and funders of the system.

We also heard during our consultation that Canadians worry about inequities in access to care beyond the hospital and doctor services covered within medicare, particularly when it comes to the high cost of prescription drugs.

Last year, one in 10 Canadians either failed to fill a prescription or skipped a dose because they couldn't afford it.

Our second recommendation, therefore, is that governments establish a program of comprehensive prescription drug coverage to be administered through reimbursement of provincial/territorial and private prescription drug plans to ensure that all Canadians have access to medically necessary drug therapies.

This should be done in consultation with the life and health insurance industry and the public.

In the 21st century, no Canadian should be denied access to medically necessary prescription drugs because of an inability to pay for them.

Our third and final recommendation relates to our aging population and the concerns Canadians share about their ability to save for their future needs.

We recommend that the federal government study options that would not limit PRPPs to defined contribution pension plans. Target benefit plans should be permitted and encouraged as they allow risk to be pooled among the plan members, providing a more secure vehicle than defined contribution plans.

As well, the administrators of PRPPs should not be limited to financial institutions. Well-governed organizations that represent a particular membership should be able to sponsor and administer RPPs and PRPPs for their own members, including self-employed members.

The CMA appreciates that governments are moving ahead with the introduction of Pooled Registered Retirement Plans. However, we note that PRPPs represent only one piece of a more comprehensive saving structure.

We also continue to be concerned about the ability of Canadians to save for their long-term health care needs. They and their families suffer as a result, and so, too, does our health care system.

While not in this pre-budget brief, the CMA holds to recommendations we have made in previous years that the federal government study options to help Canadians pre-fund long-term care.

In closing, let me simply say that carrying out these recommendations would make a huge and positive impact, soon and over the long term, in the lives of literally millions of Canadians from every walk of life.

Thank you for your time. I would be happy to answer your questions.

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