

# A MESSAGE TO CANADIANS

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In April 2001, the Prime Minister established the Commission on the Future of Health Care in Canada and gave me the privilege of serving as its sole Commissioner. My mandate was to review medicare, engage Canadians in a national dialogue on its future, and make recommendations to enhance the system's quality and sustainability. At the time, I promised Canadians that any recommendations I might eventually propose to strengthen this cherished program would be evidence-based and values-driven. I have kept my word.

My team and I have worked hard to assemble the best available evidence. We began by analyzing existing reports on medicare and by inviting submissions from interested Canadians and organizations. To clarify our understanding of key issues, we organized expert roundtable sessions and conducted site visits, both in Canada and abroad. Where we identified knowledge gaps or needed a fresh perspective, we commissioned independent experts to conduct original research. Finally, I met directly with Canada's foremost health policy experts to hear their views, challenge them and have them challenge me.

We also worked hard to engage Canadians in our consultations, because medicare ultimately belongs to them. We partnered with broadcasters, universities, business and advocacy groups, and the health policy community to raise awareness of the challenges confronting medicare. The contribution of the health research community to this effort has been invaluable. We also established formal liaison contacts with provincial governments to share information, and I spoke with the Premiers and heard from many health ministers. I also had the privilege of leading one of the most comprehensive, inclusive and successful consultative exercises our country has ever witnessed. Tens of thousands of Canadians participated, speaking passionately, eloquently and thoughtfully about how to preserve and enhance the system. We also sought advice from health experts and from Canadians in interpreting the results of our processes. I am proud that respect, transparency, objectivity and breadth of perspective have been hallmarks of this process.

These past 18 months have been among the most challenging and rewarding of my more than three decades in public life. Having examined the research, and having met with Canadians from sea-to-sea-to-sea, I am more confident than ever in the system's potential to meet the needs of Canadians, now and in the future. Canadians remain deeply attached to the core values at the heart of medicare and to a system that has served them extremely well. My assessment is that, while medicare is as sustainable as Canadians want it to be, we now need to take the next bold step of transforming it into a truly national, more comprehensive, responsive and accountable health care system. Making Canadians the healthiest people in the world must become the system's overriding objective. Strong leadership and the involvement of Canadians is key to preserving a system that is true to our values and sustainable.

## **Canadians Remain Attached to the Values at the Heart of the System**

In their discussions with me, Canadians have been clear that they still strongly support the core values on which our health care system is premised – equity, fairness and solidarity. These values are tied to their understanding of citizenship. Canadians consider equal and timely access to medically necessary health care services on the basis of need as a right of citizenship, not a privilege of status or wealth. Building from these values, Canadians have come to view their health care system as a national program, delivered locally but structured on intergovernmental collaboration and a mutual understanding of values. They want and expect their governments to work together to ensure that the policies and programs that define medicare remain true to these values.

## **Medicare Has Served Canadians Extremely Well**

I am pleased to report to Canadians that the often overheated rhetoric about medicare’s costs, effectiveness and viability does not stand up to scrutiny. Our health outcomes, with a few exceptions, are among the best in the world, and a strong majority of Canadians who use the system are highly satisfied with the quality and standard of care they receive. Medicare has consistently delivered affordable, timely, accessible and high quality care to the overwhelming majority of Canadians on the basis of need, not income. It has contributed to our international competitiveness, to the extraordinary standard of living we enjoy, and to the quality and productivity of our work force.

## **The System Is as Sustainable as We Want It to Be**

For years now, Canadians have been exposed to an increasingly fractious debate about medicare’s “sustainability.” They have been told that costs are escalating and that quality of services is declining. They have heard that insatiable public expectations, an aging population and the costs of new medical technologies and prescription drugs will inevitably overwhelm the system. They have been warned that health spending is crowding out other areas of public investment. Thus one of the fundamental questions my report must address is whether medicare is sustainable? My answer is that it is if we are prepared to act decisively.

Governments talk about sustainability in terms of “costs” and financial impacts. This discussion often has more to do with “who pays” than “how much” we pay. In listening to these debates, it is sometimes hard to realize that health spending in Canada is on par with most countries in the Western world, that it is substantially lower than in the United States, and that we devote a smaller portion of our Gross Domestic Product (GDP) to health care today than we did a decade ago.

More troubling is the notion that somehow our health care system is on “auto-pilot” and immune to change. I believe this is fundamentally inconsistent with the ingenuity and innovation that has for so long defined the Canadian way. It is baseless and false. Governments can make informed choices about how and where to invest; they are not powerless to change current spending trajectories. Better management practices, more agile and collaborative institutions and a stronger focus on prevention can generate significant savings. Technological advances can also help to improve health outcomes and enable a more effective deployment of scarce financial and

human resources. Indeed, our health care system is replete with examples of excellence in innovation, many of them world-class. The bigger issue is whether we have the right information and the courage we need to make the choices that support sustainability.

To be sure, the system needs more money. In the early 1990s, the federal share of funding for the system declined sharply. While recent years have seen a substantial federal reinvestment into health care, the federal government contributes less than it previously did, and less than it should. I am therefore recommending the establishment of a minimum threshold for federal funding, as well as a new funding arrangement that provides for greater stability and predictability – contingent on this replenishment supporting the transformative changes outlined in this report. Money must buy change, not more of the same.

But individual Canadians view sustainability from a very different vantage point. The key “sustainability” question for the average Canadian is, “Will medicare be there for me when I need it?” While it is very clear that a majority of Canadians support medicare in its current form, it is not perfect. Some people, particularly Aboriginal peoples and those in rural and remote parts of the country, cannot always access medical services where and when they need them. There are also inefficiencies and mismatches between supply and demand that have resulted in unacceptable times for some medical procedures. These problems must be tackled on a priority basis or they will eventually erode public confidence in medicare and with it, the consensus that it is worth keeping. I am therefore recommending new initiatives to improve timely access to care, to enhance the quality of care the system provides, a more co-ordinated approach to health human resources planning, and a special focus on the health needs of Aboriginal peoples.

We also need to renovate our concept of medicare and adapt it to today’s realities. In the early days, medicare could be summarized in two words: hospitals and doctors. That was fine for the time, but it is not sufficient for the 21<sup>st</sup> century. Despite the tremendous changes over the past 40 years, medicare still is largely organized around hospitals and doctors. Today, however, home care is an increasingly critical element of our health system, as day surgery has replaced the procedures that once took weeks of convalescence in hospital. Drugs, once a small portion of total health costs, are now escalating and among the highest costs in the system. The expense associated with some drug therapies or of providing extended home care for a seriously ill family member can be financially devastating. It can bankrupt a family. This is incompatible with the philosophy and values upon which medicare was built. It must be changed. I am therefore recommending that home care be recognized as a publicly insured service under medicare and that, as a priority, new funds be invested to establish a national platform for home care services. I am also recommending the creation of a national drug strategy, including a catastrophic drug insurance program to protect Canadian families.

I know these views will provoke a hot debate in Canada, particularly among those who advocate “less government” and less government money in health care. The problem with these arguments is that they are focused on the cost to governments, not Canadians. A more narrowly structured system of medicare might free up governments to spend tax dollars on other priorities, or simply on tax relief. But either way, individual Canadians would still be left to personally bear the costs of services that are not covered. To me, that is contrary to the spirit and intent of medicare. It is not the Canadian way.

## **Canadians Want and Need a Truly National Health Care System**

As I noted earlier, Canadians' attachment to medicare is based on their understanding of it as a right of citizenship. They connect with the values that define medicare, not the particular features of the system in place in their province or territory. Canadians expect the system to guarantee them relatively similar access to a common basket of medicare services of equal quality, regardless of where they live. They expect governments, providers and caregivers to work collaboratively to maintain a system with these attributes.

The fact that Canadians perceive health care as a national endeavour should not be construed as an invitation for federal intrusion into an area of primary provincial jurisdiction. Nor should it be interpreted to mean a "one-size-fits-all" approach to health care delivery. In a country as geographically, economically, regionally and culturally diverse as ours, this is neither realistic nor desirable. Medicare must be constantly renewed and continually refined, if it is to remain relevant and viable. A new common approach is needed to encourage, not constrain, innovation. If we allow medicare to become static, it will become brittle and eventually break.

Canadians realize that illness and injury know few boundaries; they afflict all of us. They understand that organizing health care solely along constitutional lines or provincial boundaries makes little practical sense. They recognize that sometimes by design, sometimes by financial necessity, and more often by default, provinces are increasingly willing to go it alone insofar as their respective health care "systems" are concerned. Today, we sit on the cusp. Left unchecked, this situation will inevitably produce 13 clearly separate health care systems, each with differing methods of payment, delivery and outcomes, coupled by an ever increasing volatile and debilitating debate surrounding our nation, its values and principles.

This is no way to renew a program of such immense personal and national importance and, for sure, it is no way to strengthen those foundations that unify us as a nation. It is time for governments, caregivers and Canadian citizens to embark together on the road to renewal. The reality is that Canadians embrace medicare as a public good, a national symbol and a defining aspect of their citizenship. I am therefore recommending a series of measures to modernize the legislative and institutional foundations of medicare that will better equip governments to move forward together to provide Canadians with the health care system they want.

## **Canadians Want and Need a More Comprehensive Health Care System**

We must transform our health care "system" from one in which a multitude of participants, working in silos, focus primarily on managing illness, to one in which they work collaboratively to deliver a seamless, integrated array of services to Canadians, from prevention and promotion to primary care, to hospital, community, mental health, home and end-of-life care.

Indeed, despite our common use of the term "our health care system," the relevance of this term is increasingly doubtful. A system where citizens in one part of the country pay out-of-pocket for "medically necessary" health services available "free" in others, or where the rules of the game as to who can provide care and under what circumstances vary by jurisdiction, can scarcely be called a "system."

There are many examples of the "disconnect." Elderly people who are discharged from hospital and cannot find or afford the home or community services they need. Women – one in

five – who are providing care to someone in the home an average of 28 hours per week, half of whom are working, many of whom have children, and almost all of whom are experiencing tremendous strain. Health professionals, who are increasingly stressed, while performing tasks ill suited to their abilities and training. Patients, who are forced to navigate a system that is a complex and unfriendly mystery, in order to find the right specialist, the nearest facility, and the best treatment. People who are forced to repeat lab tests, and to recount their medical histories time and time again. We need clear and decisive action to modernize the system and make it more durable and responsive. I am therefore recommending a series of measures to create a more comprehensive system whose component parts fit together more seamlessly.

### **Canadians Want and Need a More Accountable Health Care System**

Accountability must also be improved. Health care in this country is now a \$100 billion enterprise, one of our society's largest expenditures. Yet no level of government has done a very good job accounting for how effectively that money is spent. Canadians still do not know who to believe in the debate over which level of government is paying what share for health services.

Canadians are the shareholders of the public health care system. They own it and are the sole reason the health care system exists. Yet despite this, Canadians are often left out in the cold, expected to blindly accept assertion as fact and told to simply trust governments and providers to do the job. They deserve access to the facts. Canadians no longer accept being told things are or will get better; they want to see the proof. They have a right to know what is happening with wait lists; what is happening with health care budgets, hospital beds, doctors, and nurses, and whether the gaps in home and community care services are being closed; whether the number of diagnostic machines and tests is adequate; and whether treatment outcomes are improving.

Information is a key ingredient. We live in an age of laser surgery and are unlocking the mystery of the human gene, yet our approach to health information is mired in the past. We gather information on some health issues, but not on others. And much of the information we gather cannot be properly analyzed or shared. Indeed, we know far more about resources and the dollars being spent than we do about the return on those investments. Better information will facilitate evidence-based decision making. How can we hold health care managers accountable if what they are managing cannot be measured? If we are to build a better health system, we need a better information sharing system so that all governments and all providers can be held accountable to Canadians. I am therefore recommending a series of measures to improve transparency across the system, to make decision-making structures more inclusive, to accelerate the integration of health informatics, to provide for a secure electronic health record for Canadians that respects their right to privacy, and to give Canadians a greater say in shaping the system's future.

### **Making Canadians the Healthiest People in the World**

During our public hearings, many presentations focused on the need to improve our understanding of the determinants of health. I heard that the quality of the air we breathe, of the water we drink, and of the food we eat directly affects our health and our health care system. I learned that educated, employed and physically active Canadians are far more likely to be healthy than those who are not, and that spiritual, emotional and physical well-being are often inextricably linked. I also heard that lifestyle changes can markedly reduce the incidence and

severity of many major and debilitating diseases. Keeping people well, rather than treating them when they are sick, is common sense. And so it is equally common sense for our health care system to place a greater emphasis on preventing disease and on promoting healthy lifestyles. This is the best way to sustain our health care system over the longer term.

The health care system must be on the front lines of this effort. However, we must also invest in related areas of public life to create community mobilization, a sense of social inclusion and provide the infrastructure that enables healthier lifestyle choices. Investing in public housing, a clean environment and education are all part of the solution leading to a healthier Canada.

But we need more than rhetoric; we need action. I am therefore recommending a greater emphasis on prevention and wellness as part of an overall strategy to improve the delivery of primary care in Canada, the allocation of new moneys for research into the determinants of health, and that governments take the next steps for making Canadians the world's healthiest people.

### **A System Based on Canadian Values**

Early in my mandate, I challenged those advocating radical solutions for reforming health care – user fees, medical savings accounts, de-listing services, greater privatization, a parallel private system – to come forward with evidence that these approaches would improve and strengthen our health care system. *The evidence has not been forthcoming.* I have also carefully explored the experiences of other jurisdictions with co-payment models and with public-private partnerships, and have found these lacking. There is no evidence these solutions will deliver better or cheaper care, or improve access (except, perhaps, for those who can afford to pay for care out of their own pockets). More to the point, the principles on which these solutions rest cannot be reconciled with the values at the heart of medicare or with the tenets of the *Canada Health Act* that Canadians overwhelmingly support. It would be irresponsible of me to jeopardize what has been, and can remain, a world-class health care system and a proud national symbol by accepting anecdote as fact or on the dubious basis of making a “leap of faith.”

Some have described it as a perversion of Canadian values that they cannot use their money to purchase faster treatment from a private provider for their loved ones. I believe it is a far greater perversion of Canadian values to accept a system where money, rather than need, determines who gets access to care.

It has been suggested to me by some that if there is a growing tension between the principles of our health care system and what is happening on the ground, the answer is obvious. Dilute or ditch the principles. Scrap any notion of national standards and values. Forget about equal access. Let people buy their way openly to the front of the line. Make health care a business. Stop treating it as a public service, available equally to all. But the consensus view of Canadians on this is clear. No! Not now, not ever. Canadians view medicare as a moral enterprise, not a business venture.

Tossing overboard the principles and values that govern our health care system would be betraying a public trust. Canadians will not accept this, and without their consent, these “new” solutions are doomed to fail. Canadians want their health care system renovated; they do not want it demolished.

But we must also recognize that since the earliest days of medicare, public and private sector care providers (including fee-for-service doctors) have been part of our health care system. Our system was never organized according to a strict protocol; it evolved in accordance with the

existing capacity of public and private providers, changing notions of what constitute “core services,” and the wishes of Canadians.

One of the most difficult issues with which I have had to struggle is how much private participation within our universal, single-payer, publicly administered system is warranted or defensible. On the one hand, I am confronted by the fact that the private sector is already an important part of our “public” system. The notion of rolling back its participation is fraught with difficulty. On the other hand, I am acutely aware of the potential risks to the integrity and viability of our health care system that might result from an expanded role for private providers.

At a minimum, I believe governments must draw a clear line between direct health services (such as hospital and medical care) and ancillary ones (such as food preparation or maintenance services). The former should be delivered primarily through our public, not-for-profit system, while the latter could be the domain of private providers. The rapid growth of private MRI (magnetic resonance imaging) clinics, which permit people to purchase faster service and then use test results to “jump the queue” back into the public system for treatment, is a troubling case-in-point. So too is the current practice of some worker’s compensation agencies of contracting with private providers to deliver fast-track diagnostic services to potential claimants. I agree with those who view these situations as incompatible with the “equality of access” principle at the heart of medicare. Governments must invest sufficiently in the public system to make timely access to diagnostic services for all a reality and reduce the temptation to “game” the system. In order to clarify the situation in regard to diagnostic services, I am therefore recommending that diagnostic services be explicitly included under the definition of “insured health services” under a new *Canada Health Act*.

## Conclusion

Canada’s journey to nationhood has been a gradual, evolutionary process, a triumph of compassion, collaboration and accommodation, and the result of many steps, both simple and bold. This year we celebrate the 40<sup>th</sup> anniversary of medicare in Saskatchewan, a courageous initiative by visionary men and women that changed us as a nation and cemented our role as one of the world’s compassionate societies. The next big step for Canada may be more focused, but it will be no less bold. That next step is to build on this proud legacy and transform medicare into a system that is more responsive, comprehensive and accountable to all Canadians.

Getting there requires leadership. It requires us to change our attitudes on how we govern ourselves as a nation. It requires an adequate, stable and predictable commitment to funding and co-operation from governments. It requires health practitioners to challenge the traditional way they have worked in the system. It requires all of us to realize that our health and wellness is not simply a responsibility of the state but something we must work toward as individuals, families and communities, and as a nation. The national system I speak about is clearly within our grasp.

Medicare is a worthy national achievement, a defining aspect of our citizenship and an expression of social cohesion. Let’s unite to keep it so.



Roy J. Romanow, Q.C.  
Commissioner