

REKINDLING REFORM

HEALTH CARE RENEWAL IN CANADA, 2003-2008

SUMMARY

JUNE 2008



“AN ACTION PLAN FOR REFORM”

FROM THE 2003 *FIRST MINISTERS' ACCORD ON HEALTH CARE RENEWAL*

“Canadians want a sustainable health care system that provides timely access to quality health services. They recognize that reform is essential, and they support new public investments targeted to achieve this goal.

“This Accord sets out an action plan for reform that reflects a renewed commitment by governments to work in partnership with each other, with providers, and with Canadians in shaping the future of our public health care system... First Ministers believe that the initiatives set out in this Accord will result in real and lasting change. The ultimate purpose of this Accord is to ensure that Canadians:

- › have access to a health care provider 24 hours a day, 7 days a week;
- › have timely access to diagnostic procedures and treatments;
- › do not have to repeat their health histories or undergo the same tests for every provider they see;
- › have access to quality home and community care services;
- › have access to the drugs they need without undue financial hardship;
- › [are] able to access quality care no matter where they live; and
- › see their health care system as efficient, responsive and adapting to their changing needs, and those of their families and communities now, and in the future.”



The 2003 *First Ministers' Accord on Health Care Renewal* had laudable, much-needed, and ambitious goals. Timely and equitable access, a higher quality of care, a healthier population, a solid future for the public health care system, and more accountability for where the money goes and what it achieves – these were the broad objectives of the agreement created by the premiers and prime minister on February 5, 2003.

At the same time, they established the Health Council of Canada to track the country's journey toward the goals of the 2003 accord and report each year to the public. In this report, we look back at the social, fiscal, and political landscapes that shaped the accord, and we assess governments' progress over the past five years in meeting their commitments on health care renewal.

Toasting progress with a glass half full

To build the “real and lasting change” that the 2003 accord promised, First Ministers packed their toolboxes with a lot of money and pledges to collaborate on reforming health care. The provinces and territories would have access to \$36 billion over five years, with another \$41 billion added the following year (in *A 10-Year Plan to Strengthen Health Care*) to run to 2014.

With a portion of this money tied, at least on paper, to specific objectives – shorter wait times and better access to primary health care, among others – the accord represented an attempt at a new wave of stimulating change in health care through intergovernmental financing.

It also represented the first pan-Canadian consensus to extend universal coverage of services (namely, prescription drugs and home care) beyond those described in the *Canada Health Act* and the federal laws preceding it, which have governed public funding for health care since 1957.

Has the 2003 accord had the broad national impact that government leaders intended? In short, the answer is no. The glass with which we toast this fifth anniversary is at best half full.

Much to celebrate, though key pledges not honoured

Undoubtedly, the accord has been a catalyst for change in some areas. Major purchases of medical equipment and information technology have boosted the number of services delivered, some jurisdictions have improved the way they manage waiting lists, and most provide wait time information for some procedures on public websites. As a result, many patients now know approximately when their cataract surgery or hip or knee replacement is likely to occur, and in many cases they undergo their surgery with less waiting than they might have five years ago. Increasingly, those time frames now fall within established guidelines for medically acceptable waits.

Most Canadians have better access to health information and advice through telephone help lines. Some Canadians have better access to publicly insured prescription drugs, to primary health care teams, and to a range of health care services at home or in their communities. And slowly but surely, the health care system is adopting information technology that will help ensure the delivery of safer and more efficient care, by professionals who will be better informed.

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But in other respects, progress on the accord is not cause for celebration. Some commitments are not being honoured, or at least not to the degree that they could – and should – have been by now. We are particularly concerned about the following nine areas, where action has been slower, less comprehensive, and less collaborative than the accord envisioned:

Catastrophic drug coverage and safe, appropriate prescribing. The accord promised that all Canadians would, by the end of 2006, have reasonable access to protection from financial hardship from the cost of needed drugs. This has not happened. The National Pharmaceuticals Strategy, which was promised in 2004 to address this and other issues related to prescription medicines, is in limbo.

Home care. The accord promised that all governments would provide short-term publicly funded home care. The result is two weeks of coverage, but this is not adequate for what many people need. Clear disparities continue in the availability and cost of home care across the country.

Aboriginal health. Any progress to date has occurred on a much smaller scale than envisioned by the 2003 accord and the *Blueprint on Aboriginal Health* agreed to by First Ministers and national Aboriginal leaders in 2005. The scope of preventable health problems in many Aboriginal communities continues to be of substantial concern across the country.

Primary health care. Some Canadians are well served by interprofessional teams delivering primary health care, but nationwide progress is uneven and, too often, care is not coordinated, comprehensive, or available when patients need it.

The health care workforce. Despite many positive changes, we still have serious mismatches between need and supply in Canada's health care workforce. The pan-Canadian collaboration envisioned in the accord to plan for needed health care providers has not resulted in coordinated planning.

Electronic health records and information technology.

Governments agreed to place priority on implementing electronic health records, to strengthen the safety and quality of health care. We are not on track to meet the goal of 50% of Canadians having an electronic health record by 2010. Governments must find ways to accelerate the adoption of these essential tools for health care renewal. Public support for these investments is strong.

Reporting on progress. Comparable indicators to measure changes in health and health care were agreed to as promised, but most of the indicators do not cover the areas identified as priorities for reform. Furthermore, most governments are not using them to inform Canadians about the impact of reforms.

Accountability. Information about how governments spend targeted funds is not easily accessible or, in some cases, not available at all.

Wait times. Some excellent initiatives have improved the wait times for targeted services, but long waits continue to frustrate health care providers and the public.

Canadians pay the price for these shortcomings every day. They pay through missed opportunities to receive appropriate health care and missed opportunities for better health or quality of life. The out-of-pocket costs for some needed medicines and health care services create inequities and hardships. And because they pay through taxes, Canadians have a right to expect better value and greater accountability for what their health care dollars buy.

We need to rekindle the idea of a cooperative and inclusive pan-Canadian vision of health and health care, and put new mechanisms in place to make this vision a reality.

A marriage of convenience, but it's time to renew vows

Why has progress on so many of the commitments been disappointing? We see several reasons.

First, some of the key elements in the accord – primary health care teams and wait times, for example – were not well defined. We cannot know whether we are reaching our goals if we don't know more clearly what we set out to achieve, and we don't have information to track progress.

Second, much of the funding came with no real strings attached. Governments face no specific consequences if they don't achieve the changes set out in the accord. This may be one reason that the state of health care reform in Canada today is largely a patchwork of pilot projects, not a model of system-wide change.

Third, the reality that health care in Canada involves not one but at least 14 separate systems presents challenges to ensuring that Canadians benefit from reforms no matter where they live. Nonetheless, the accord envisioned that governments would collaborate to solve common problems. Unfortunately, some tri-level advisory committees (federal, provincial, and territorial governments) that met to share information and implement collaborative agendas have dissolved. While respecting the rights and responsibilities of the provinces and territories to deliver care, we need to rekindle the idea of a cooperative and inclusive pan-Canadian vision of health and health care, and put new mechanisms in place to make this vision a reality.

Finally, we are concerned that governments' commitment to the spirit of the accord may be waning. Governments change. But the spirit and intent of these important commitments must be upheld long after the people who signed them have moved on. The funding for health care renewal continues to flow, along with an annual 6% increase that exceeds the current rate of inflation. That money should be buying the reforms promised in 2003, not just more of the status quo.

The practical marriage between money and the desire for health care renewal held considerable promise five years ago. Governments should either explain what has changed in the interim or signal their re-commitment to a clear set of reforms. We encourage governments to renew their vows – to one another and to Canadians.

Now that the honeymoon is over

Today's headlines echo those of five years ago: overcrowded emergency departments, hard-to-find family doctors, fears of unsustainable growth in health care costs, and advocacy for more private-for-profit options for health care. We know the system is not working as well as it could, but the Health Council of Canada remains confident that it is possible to achieve a higher-performing health care system with current public investments.

Looking ahead to the next five years under Canada's *10-Year Plan to Strengthen Health Care*, the Health Council urges governments to renew their pan-Canadian commitment to system-wide change. They can do this by recognizing the enormous social and economic benefits that result from a healthy population, by building on Canadians' strongly held values in support of public health care, and by strengthening the capacity of the public system to deliver timely, high-quality care. Armed with these tenets and bolstered by Canada's tremendous resources and skills, governments can succeed in bringing the nationwide vision to life.

Rekindling Reform: Health Care Renewal in Canada, 2003–2008. For the full report, visit our Online Library at www.healthcouncilcanada.ca.

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