



CANADA 2020

The Canada We Want in 2020

Securing our Health System
for the Future

SECURING OUR HEALTH SYSTEM FOR THE FUTURE



About Canada 2020

- Canada 2020 is a non-partisan, progressive centre working to create an environment of social and economic prosperity for Canada and all Canadians
- Our primary focus is on the role of the federal government



The Canada We Want in 2020

- Launches a debate about the role of the federal government in Canada
- Intended to engage a wide range of interested parties
- Oriented towards policy influence



What are we doing?

- Five inter-related challenges
 - Increasing innovation and productivity
 - Rising to meet the Asia challenge
 - Squaring the carbon circle
 - Reducing income disparities and polarization
 - Securing our health system for the future
- Three stages to the project
 - Initial publication (15 authors): November 2011
 - Panels and discussion: January – May 2012
 - Synthesis process and document: Fall 2012



Canadian Health System

- Healthcare is largely a provincial responsibility
- Federal govt. plays a key role in funding and research
 - also responsible for aboriginal and military healthcare
- Health spending accounts for 11.4% of GDP (2009), almost 2% higher than the OECD average
- Provinces spend an average of 40% of their GDP on health (range 33%-45%)
- Approximately 70% of healthcare costs in Canada are publicly-funded
 - Low for an OECD country (22nd in OECD)
 - No national pharmacare program



Canadian Health System

- Health outcome indicators are generally on par with OECD counterparts
- But fewer physicians and less equipment (e.g. MRI/CT) than OECD average
- Canadian physicians' salaries the third highest in OECD
- OECD estimates that we could readily identify efficiency savings worth 2.5% GDP



New healthcare 'deal'

- In December 2011 Minister Flaherty announced a surprise new funding 'deal' for the provinces
 - Healthcare debate significantly curtailed
- 6% annual increases to continue until 2017
- After that transfers to be pegged to GDP with a guaranteed base of 3%
- Funding to be allocated strictly on a *per capita* basis. No allowances for regional variations in health status/age of population.
- No strings attached to the transfers



Key Questions

- How will provinces respond to the `new deal`?
- What will be the impact on the system, and users of the system, of federal withdrawal?
 - Will this stimulate greater provincial activism/innovation?
 - Will it further weaken the Canada Health Act?
 - Are there some issues that require federal leadership (e.g. securing consistent care across the country)?
- Is this an acknowledgement by the federal government of its inability to `buy change` at provincial level?
- What are the implications of the deal for future healthcare funding and new sources of revenue?



Section Authors

- **Dr. Philippe Couillard**
 - SECOR Group
 - Former Québec Minister of Health and Social Services
- **Francesca Grosso** (health policy adviser and specialist) and **Michael Decter** (former Ontario Deputy Minister of Health)
- **Mark Stabile**
 - Founding Director of School of Public Policy and Governance at the University of Toronto



Authors: Philippe Couillard

- Our healthcare system has not evolved to meet current needs (chronic vs. acute care, aging)
 - Poor value for money
- Argues for a focus on better health outcomes
 - Current focus is on inputs: need to move to patient-centred systems, patient-evaluated outcomes
 - Encourage innovation
- Federal government should play a leadership role but must act in an incremental, collaborative way



Philipp Couillard proposes

- Establish *Institute for Innovation in Healthcare*
- Involve physicians in managing the system
- Create competition where population density allows
 - Public funding of privately-delivered services is entirely compatible with Canada Health Act
- Open up discussion about ways of bringing more money into the system
 - User fees are not the solution



Authors: Grosso and Decter

- Call for dynamic and substantive federal leadership on health
- Focus on the need for medical decision-making to be evidence-driven
 - Need to ensure that we have appropriate data collection systems and institutions in place
- Look for ways of improving accountability
- Identify the need to stabilize human resources in the health system



Grosso and Decter propose

- Employ a limited set of consistent health indicators across provinces
- Place much more emphasis on patient safety
- Dismantle current aboriginal healthcare system and bring decisions closer to users
- Encourage mobility of healthcare practitioners
 - Lack of pension portability stops providers moving out of acute and into community care settings
 - Allow physicians to belong to defined benefit pension plans



Authors: Mark Stabile

- Focuses on financing: how to raise more money for the healthcare system
 - All western countries are facing the same healthcare cost escalation
 - General taxation makes economic sense but is not feasible politically
 - User fees and partial privatization are not the solution
- Also need to improve systems for deciding what should be publicly funded



Mark Stabile proposes

- Identify new public revenue model for healthcare financing
 - Social insurance premiums specifically linked to health are the best solution
 - Win support by expanding pharmacare when premiums are introduced
- Establish a national evaluative body
 - Draw on provincial expertise
 - Ensure decisions are evidence-based
 - Will help make care more consistent across Canada



What you can do

- Our goal in this project is to increase debate
- We actively encourage feedback on our work
 - Submit comments or opinion pieces through our website www.canada2020.ca
 - Contact us directly info@canada2020.ca
- Use our materials to host your own events and discussions

Thank you for your interest

