

CMA prescribes treatment for Canada's failing health system

BY MEAGAN FITZPATRICK, POSTMEDIA NEWS AUGUST 3, 2010



Canadians are not getting value for money in the health-care system and it needs to be "massively transformed," according to the group representing Canada's doctors.

Photograph by: Archive, Calgary Herald

OTTAWA — Canada's doctors issued their prescription Tuesday for an ailing health-care system they say needs to be "massively transformed."

According to the wide-ranging policy document from the Canadian Medical Association, the underlying principles of the Canada Health Act — which include universality and accessibility — are not being met and also need to be updated to match the realities of today's health-care system.

"Our system of publicly funded health care is founded on the promise that all Canadians will receive needed medical care when and where they need it. Far too often the promise falls short," Dr. Anne Doig, president of the CMA, said in a conference call with reporters. "Even with its shortcomings, the present system will not be able to meet future needs. We need a sustainable health-care system that actually meets the needs of patients. We need health-care transformation and we need it now."

The paper — "Health Care Transformation in Canada: Change that Works, Care that Lasts," doesn't stipulate how much it would cost to transform the health-care system, or where the funds should come from, but it is strong on making the system more fiscally efficient, and accountable.

Performance measurements should be in place, and regular public reporting on whether the system is meeting those effectiveness and efficiency targets should be done to ensure better value for money, the CMA recommends.

It also calls for more incentive programs, such as pay-for-performance initiatives where health-care providers are rewarded for achieving a set target.

Some regions already use these kinds of programs and Doig said they are a popular concept though must be done carefully so as not to compromise the quality of care being provided.

The CMA policy document, released in advance of the group's annual meeting later this month, describes a health-care system where the most vulnerable populations are least able to access and navigate the system and where there is uneven coverage of health services outside of the hospital setting.

Progress has been made on driving down wait times for certain surgeries, the CMA notes, but overall, accessibility of services is still a major problem because many Canadians don't have a family doctor and are waiting far too long for procedures once they have entered the system.

Doig, who is the spokeswoman for the group which represents more than 72,000 physicians, said "absolutely" wait time targets should reach beyond a handful of surgical procedures.

The Canada Health Act is meant to ensure that patients have access to medically necessary physician and hospital services but the CMA says health care is delivered on a continuum and an increasing amount of it is delivered outside of those settings. There are gaps in the continuum, according to the group, particularly in the lack of prescription drug coverage for those without private insurance or who are ineligible for public programs, inadequate mental health services and a lack of continuing care which includes long-term care facilities and home care.

The CMA report bluntly says that despite the millions of dollars that are spent on health-care every year, the system is under-performing in key areas such as timely access, and that it is "not delivering value for the money spent."

There is a misconception that the health-care system is a wholly public one, it goes on to note, but in reality the system is administered publicly and most services are delivered privately — doctors for example, are essentially independent contractors.

"This misconception of what constitutes public administration has inhibited the development of innovative models for publicly funded, privately delivered services," the report says. "New governance models should be considered to improve both system effectiveness and accountability."

But whether those governance models should represent more or less private involvement in health-care delivery, the CMA doesn't specifically say.

"The debate is really not about how much private we should have. The debate is . . . what do Canadians need and how do they want to pay for it?" Doig said. "It's not for the CMA, it's not for the doctors of Canada to decide how Canadians want to pay for their health care. Canadians need to decide what they want."

One of Doig's predecessors, Dr. Brian Day, who led the CMA from 2007 to 2008, wasn't shy in calling for more co-operation between the public and private sectors in delivering health care. Day, the owner of a private medical clinic in Vancouver, caused quite a stir during his presidency but the debate over more private health care in Canada has since waned.

Doig said Tuesday that Canadians need to engage themselves in a national dialogue about what they want the system to look like, but one thing is certain — the status quo cannot be sustained, especially with an aging population.

The CMA policy document makes numerous recommendations and they will be discussed in detail when the country's doctors gather for four days of meetings in Niagara Falls, Ont., in late August.

"We will do everything in our power to give Canadians the care they require in a system that serves their needs," Doig pledged.

Among the recommendations:

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- Creating a charter for patient-centred care;
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- Introducing more pay-for-performance incentive programs to improve the quality of care in hospitals;
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- Building more long-term care facilities;
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- Establishing an arm's-length body to monitor the funding of health-care programs; and
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- Speeding up the introduction of e-prescribing and other health information technology systems including electronic health records.

The doctor's group says to truly transform the health-care system "political courage and leadership" as well as flexibility from within the health-care professions is needed.

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