



Citizens' Dialogue on Health Care Yields Fascinating Results

Ottawa, June 26, 2002 – The Commission on the Future of Health Care in Canada today released the results of a *Citizens' Dialogue On the Future of Health Care in Canada*, one of the most intensive efforts yet to engage Canadians in the difficult decisions involved in reforming the country's health care system.

Last winter, the Commission entered into a partnership with Canadian Policy Research Networks (CPRN), an Ottawa-based think tank, and ViewPoint Learning, a research company based in Ottawa and California, to undertake a series of day-long dialogue group sessions with citizens. Facilitators used the "ChoiceWork" dialogue methodology developed by Viewpoint Learning Inc. For the first time ever in Canada, Viewpoint's innovative public dialogue methodology was used to challenge participants to educate themselves, confirm their values and assess the various trade-offs and "hard choices" in health care. The project will help the Commission gauge the core values Canadians' bring to the debate over health care.

Twelve dialogues took place across the country, each involving about 40 citizens, who were randomly selected to provide a representative cross-section of the Canadian population. Working with four scenarios under active discussion in Canada today, along with additional information and data, participants created a vision of the health care system they hoped to see in 10 years time. The four scenarios were:

- *More public investment* in doctors, nurses, and equipment, either through tax increases or by reallocating funds from other government programs;
- Shared *costs and responsibilities* (e.g. user fees or co-payments) to discourage overuse of services and increase government revenue;
- *Increase private choices* for patients via a restructuring of the health care system that includes private sector care providers; and,
- *Re-organization of service delivery* (e.g. teams of doctors, nurses and other professionals working together) to improve efficiency and cost-effectiveness.

"What happened next is what sets this process apart from most other forms of consultation," says Judith Maxwell, President of CPRN. "Citizens had to work through the difficult trade-offs and choices required to realize their vision. The result is not a wish-list, but a pragmatic roadmap consistent with their values."

"Canadians are extremely 'health literate' and have a sophisticated understanding of the trade-offs – personal, financial and political – necessary to ensure the health care system they want and expect," said Commissioner Roy Romanow, commenting on the dialogue results. "Canadians have clearly updated their fundamental values and they have signalled a willingness to deal with the hard issues in health care, including taking more responsibility themselves."

The "Citizens' Dialogue" report shows a remarkable similarity in the results across all 12 groups:

- Citizens want to preserve the core Medicare values of universal coverage, access based on need, and fairness.
- They see the benefit of a system of primary care co-ordinated by a team of medical professionals (doctors, nurses, pharmacists, and others), supported by a central information system. Such teams would also have time to focus on wellness and prevention.

- In addition, citizens agree to change their own behaviour – to sign up with these teams of professionals, see a nurse for routine care, etc., and to assume greater responsibility for a healthy life style.
- They also decide that the efficiency gains from an electronic health card, or “smart card”, outweigh privacy concerns.
- Citizens accept that additional funds are needed to sustain their preferred health care system. But they rule out greater private investment through a parallel private system believing it would drain resources from the public system.
- They are uncomfortable with the idea of charging user fees for basic services, fearing it might discourage the less well off from seeking needed care. But they are prepared to consider user fees for extra services, such as a second opinion.
- Citizens see the only recourse as public funding, not by redirecting resources, but from tax increases. However, they place strict conditions on any tax increase:
 - Better accountability from providers and governments as well as users
 - Greater transparency about where the money goes and its impact
 - Additional taxes must be earmarked for health care
- Citizens want proof of value for money and favour the creation of an “auditor general for health”.
- Citizens demand greater efficiency and co-operation within and among governments.

“What these Canadians have produced,” says Ms. Maxwell, “amounts to a revised health care contract – among citizens, and between citizens and the health care system – governments, managers and providers. They have added efficiency and accountability to their list of Medicare values.”

“These results are consistent with what Canadians have been telling me in person and via their submissions – they want ‘accountability’ to be a defining characteristic of their health care system. I have received that message loud and clear,” says Mr. Romanow. “Given the intensity of this dialogue process, I am impressed by the willingness of Canadians to challenge themselves and to engage on these tough issues so we can begin to build a new vision for the future of health care in Canada.”

The *Citizens’ Dialogue on the Future of Health Care in Canada* project is just one element of the Commission’s larger consultation and engagement strategy. The full report of the “Citizens’ Dialogue” is posted on the Commission Web site at www.healthcarecommission.ca.

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A media backgrounder is also at www.healthcarecommission.ca. Information about Canadian Policy Research Networks (CPRN) can be found at www.cprn.com

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