



The Citizens' Dialogue: Future of Health Care in Canada

Health Canada

Judith Maxwell and Cathy Fooks

President, Canadian Policy Research
Networks

May 6, 2002

Outline

- Dialogue Methodology
- The Starting Point
- The Citizens' Logic
 - Their Tradeoffs & Choices
- Core Values
- The Project's "Value Add"

Dialogue methodology

- 12 groups of 40 citizens across Canada
 - randomly recruited
 - day-long session
- Pre-questionnaire/Opening statements
- Define desired future
 - Facts, figures, scenarios
- Difficult choices, trade-offs
- Post-questionnaire/Closing statements

Workbook briefing

- Three issues and four scenarios
- The issues are:
 - Rising costs
 - Growing intensity of use
 - Declining satisfaction
 - Adequacy of coverage
- Citizens bring much information and many more issues

Four scenarios

- *More public investment* in doctors, nurses and equipment, financed by reallocation of spending or higher taxes
- *Sharing the costs* through user co-payments, with an annual cap and a subsidy for people with low income
- *More private choice* through a parallel private system
- *Reorganize service delivery* by creating multi-disciplinary primary care teams

Where citizens begin

- No overwhelming support for change
- Only scenario received favourably is *reorganize service delivery (56%)*
- Less than 50% are open to *more public investment*
- Less than 50% would support *user fees*.
- 50% are opposed to *parallel private system*; 34% support

Where citizens end up

- Reject the status quo, and vote in favour:
- Reorganize service delivery 79%
- More public investment 61%
- Share the costs 50%
- Increase private choice 39%
- Even more important, they create a logic model which combines elements of three scenarios

The citizens' logic

- Define a preferred system
 - coverage is universal
 - access is based on need
 - care is integrated, multi-disciplinary, convenient, promotes wellness
 - primary care teams
- Demand efficiency gains
 - especially primary care reform
- Require strong accountability
- Then, pay higher taxes
 - co-payments might have a limited role

Their trade-offs -- for efficiency

- Clinics instead of emergency rooms
- Nurses first, instead of doctors
- Invest own time on prevention
- Rostering (sign on for at least a year)
- Second opinions (will pay, if necessary)
- Smart Cards
- Telephone hotlines/video hook-ups
- Travel for specialized care

Their demands -- accountability

- Individual responsibility --reduce misuse, adapt ways of using the system, pay taxes, invest in own health
- Providers --multi-disciplinary approach
- Drug companies --research track record, restrain pressures on doctors
- Industries that threaten health --fines
- Administrators --performance tracking
- Governments --clarify roles, transparency, action/planning, de-politicize

Their choice -- taxes

- Very strongly conditional
- Reject private payment
 - no benefit to the public system
- Some qualified support for user fees
 - second opinions, home care
- Reallocation -- *perhaps*
 - but not education or social services
- Taxes
 - prefer earmarked taxes so they can follow the money

Their core values

- Universality
- Equity ...access based on need
- Solidarity ...we care for each other
- Fairness ...we contribute based on means
- Quality ...timely and responsive care
- Wellness ...prevention is key
- Efficiency ...management/behaviour
- Accountability ...everyone/transparency
- New definitions of personal and collective responsibilities

The project's "value add"

- Citizens support significant reform -- driven by integration of care
- Accept tradeoffs for efficiency
- Make links between values and policy
- Redefine "freedom of choice"
- Refine "quality" -- access/responsiveness
- *Very* conditional support for tax increases
- Open the door on user fees...perhaps
- Enthuse about citizen engagement
- Commit to a wellness agenda

The outcome

- Given the chance to work together for a day, citizens make a fusion of three scenarios, in which they set aside some of their wish list and come to terms with the financing challenge
- Unlike the National Forum on Health exercise, they do make difficult choices / tradeoffs
 - This methodology pushes them further, and
 - The experience of the past five years puts a harder edge on their value set



For additional information:

<http://www.cprn.org>

e-mail: corporate@cprn.org

Join our weekly news service:

e-network

(see web site for details)