CPRN RCRPP

Key and Current Health Policy Issues in Canada

Lisa Maslove

Researcher, Canadian Policy Research Networks

H E A L T H N E T W O R K

Some (very) recent history

- Since 2000:
  - 2 national and 5 provincial reports on reforming health care system
  - 3 federal-provincial accords (2000, 2003, 2004)
- September 2004 First Ministers Meeting:
  - Additional $18 billion over 6 yrs
  - Most part of the Canada Health Transfer
  - Establishment of medically acceptable wait times
  - Agreement by provinces to report to their citizens progress in meeting targets

Where else can we look for key issues?

- Listening for Direction II: A National consultation with decision-makers and researchers
- Research – funding agencies and peer-reviewed output
- Media reports, political platforms, stakeholder positions

➢ Different answers from different sources but there is considerable consensus on several broad policy issues

Common themes for health reform (Fooks and Lewis, CPRN, 2002)

- Population health/illness prevention
- Financing the health care system
- Primary care reform
- Regionalization of service delivery
- Pharmaceutical policy (costs and access)
- Health human resources (planning)
- Measuring quality (and information systems)
- Governance and accountability mechanisms
- Home care

“Core” Health Policy Issues

- The policy issues are interconnected
- Highlight 3 core issues:
  - Health Human Resources
  - “Privatization” and what is meant by it
  - Waiting

Health Human Resources

- Human resources: the key health care input
- HHR encompasses a huge cluster of issues.
- Workforce vs workplace (Dault, Lomas, Barer 2004)
- Workforce issues include:
  - Predicting future number and mix of professionals
  - New credential requirements
  - Inter-professional training and working
  - Regulation of scopes of practice and entry to practice

Health Human Resources

- Workplace issues include:
  - Quality of worklife (workload, safety)
  - Inter-professional collaboration (supportive structures)
  - Leadership and professional development
  - Work-life balance (younger providers)

Health Human Resources

- What is the issue?
  - Aligning HHR with health services and reforms thereof
  - Aligning health services with population health needs
- Proposals
  - Planning that is coordinated nationally, across professional lines, across government departments
  - Planning that is based on population health needs

Health Human Resources

- What has been done (at the provincial level)
  - Increase in educational seats (especially in nursing)
  - Recruitment and retention bonuses and programs for under-serviced areas
  - FMM 2004: commitment to involve health care providers in these reforms
  - Increasing research and advocacy linking HHR and quality, outcomes, patient safety

“Privatization”

- Term is used frequently, but to mean different things.
- Confusion:
  - **Financing** and **delivery** are the two basic functions of a health care system
  - Private delivery can be **for-profit** or **not-for-profit**
- Issue: Will increased private involvement improve our health care system?

Financing

- Current split is about 30% private, 70% public
- Common argument is that to improve health care we need to tap more private sources
- Reform ideas:
  - User fees (distributional implications)
  - Privately financed parallel tier (resource implications)
- Little movement on these proposals

Financing: Reverse Arguments

- For services outside “medically necessary hospital and physician services” there is a significant component of private financing.
- De-insurance as we make greater use of drugs, home care, long-term care, diagnostics
- Much discussion about expanding publicly financed coverage of these areas.
- What has been done (FMM 2004):
  - Agreement to cover short-term home care by 2006
  - Develop options for catastrophic drug coverage

Delivery

- Private delivery is the current Canadian norm
  - Hospitals (not-for-profit private organizations)
  - Physicians (most are for-profit “small businesses”)
  - Laboratory, long-term care (growing presence of for-profit corporations)
- Proposals to increase role of for-profit companies:
  - Contracting out of “hotel” services (laundry, food)
  - Contracting out of surgical services
  - Financing major construction (P3s)

Delivery

- In short, most “privatization” proposals involve a shift from non-profit to for-profit
  - More choice/freedom
  - Competition
- (US) Evidence suggests for-profit health care is associated with poorer outcomes
- What has been done:
  - For-profit delivery continues in pockets (e.g., home care, MRIs, some surgeries)
  - Large scale shift is unlikely

Waiting

- An output issue rather than a “core” issue
- It is Canadians’ main concern
- Issue: more organized, consistent approaches to measuring and managing wait times
- Activity on many fronts:
  - FMM 2004: Agreement to continue reporting indicators
  - Many “local” initiatives to better measure and manage

Implementing Change

- Very easy to identify areas for change
- Much work on identifying improvements (reform ideas)
- Often very difficult to implement these changes

Why is implementation difficult?

- Complexity
- Diversity of opinion on how to proceed
- Health care is labour-intensive – change affects people's jobs and incomes
- Change is especially difficult in a stretched system

Why is implementation difficult?

- Accountability
  - Responsibilities to implement change are shared, often unclear
- Evidence for decision-making
  - Lots of research activity in the areas we know are important
  - Lack of administrative data
  - Producing the evidence that decision-makers need to act on remains a challenge

CPRN RCRPP

For additional information:

http://www.cprn.org

e-mail: health@cprn.org

Join our weekly news service:

http://e-network.ca

H E A L T H N E T W O R K