

Election winner needs to lead health-system innovation, panellists agree

BY VIRGINIA ST-DENIS

Which party would be the most supportive of health care for seniors? That question drew laughter from the 140 people attending the *Hill Times* Platform 2015 Health event at the Delta Ottawa on Sept. 10.

At the midway point of the 78-day election campaign, few health issues had received attention in the news, acknowledged *Embassy* managing editor Carl Meyer in his opening comments as moderator of the event.

Most on the four-person panel agreed that each party had spoken a bit about health issues. The Conservatives had talked about dementia and palliative care before dropping the writ, the Liberals and NDP have mentioned the aging population and the Green Party had released its full platform the day before the event.

“There are a lot of well-meaning people who are trying to form policy in these parties,” said Dr. Chris Simpson, the Canadian Medical Association’s (CMA) past president. “Intellectually, I think everybody knows we need to do something. What we need is leadership to really say ‘Let’s go forward.’”

However, one panellist was of a different opinion. “If the current administration gets re-elected with a majority, I think we’ve got a lot of work to do,” said Douglas Angus, a health economist at the University of Ottawa’s Telfer school of management.

Most of the panel also could not provide a definitive answer to the question of which health-care issue should be addressed first. A few discussed bringing all of the stakeholders together — including funders, care providers and the public — to discuss the multiple priorities and the need for leadership to focus the vision and the direction of change.

SENIORS CARE

The CMA and the College of Family Physicians of Canada (CFPC) have each asked the main political parties to support a national seniors strategy and/or national home care standard. About 14 per cent of the Canadian population is 65 and older; this group is expected to represent 30 per cent of the population by 2036.

“As Canadians age, more prefer to be cared for in their own home. In addition to containing costs, [living at home] is about maintaining independence, dignity and quality of life. Yet home care options across our country vary greatly and there are serious gaps in access,” said Dr. Francine Lemire, CFPC executive director and CEO. “A national home care strategy would set national standards, avoid the patchwork approach and improve the quality of care.”

A heavily funded acute care system cannot meet seniors’ needs, Angus said, which include pharmacare, home care, long-term care and income security.

Simpson said spending smarter is one solution. “We simply can’t continue to warehouse seniors in hospital beds at a cost of \$1,000 a day when they should be receiving long-term care and home care — at a fraction of the cost and of a higher quality...nor can we expect an army of informal caregivers to perform 1.5 billion hours of unpaid work looking after their loved ones.” About 8.1 million Canadians are informal caregivers, Simpson said. Those hours take them away from their jobs, resulting in \$1.3 billion a year of lost productivity. With the baby boomers retiring, that cost is expected to skyrocket.

TRANSFER PAYMENTS

While the provincial and territorial governments are responsible for delivering Canada’s \$200-billion health-care system, federal health transfer payments are a requirement of the *Canada Health Act*. Payments, made on a per capita basis, no longer take into account that people are living longer with more chronic disease. That change is expected to result in a \$36-billion reduction in transfers by 2025. The CMA, CFPC and Health Action Lobby (HEAL) have recommended that the federal government increase payments, from covering less than 23 per cent of health-care costs currently to covering 25 per cent.

However, it is not a matter of needing more funding, Angus said, as many countries spend less per capita for better universal health care. He said it is also not a matter of needing to better understand the challenges ahead.

“My god, we have a cottage industry in this country of royal commissions, special studies,” Angus said. “It’s not that we need to study this issue again and again. What we do need to do is implement some of the recommendations that have been already made..Western European countries also [conduct studies], but lo and behold, what they did is they actually *implemented* some of the recommendations. So they are moving ahead and they are learning from their implementation mistakes along the way, but at least they are making progress.”

Implementation also includes setting measurable indicators and monitoring progress to ensure the system is meeting the population’s needs, he said.

All sides and all stakeholders need to work collaboratively. “We seemed to have evolved into a kind of ideological warfare that pits the right against the left. I think this is really unfortunate because it’s distracting us from what really needs to happen,” Angus said. “I think that both sides — the right and the left — would agree on one thing, at least at this point [in time]: the status quo is less and less viable.”

LEADERSHIP

“An effective and innovative health system requires leadership and it requires vision. The federal government can and should assume that role for the health of all

Canadians,” said Karen Cohen, HEAL co-chair and Canadian Psychological Association CEO. The federal government should work with the provincial and territorial governments to build long-term-care infrastructure so Canadians have places to age, she added. It should also deliver tax policies and programs so Canadian can afford the long-term care that they need.

“We need visionary leaders from both the left and the right,” Angus said. “Let’s exclude the radical right and the radical left and let’s get some of the great minds from both sides of the equation. Perhaps...the federal government [could] facilitate that type of discussion about where the two sides can come together to develop a vision for this country that will take us for the next 15, 20, 25 years down the road in much the same way that happened when we first developed universal health insurance.”

He also suggested that if the federal government does not return to being a partner in the discussion, a moderate think-tank, like the Conference Board of Canada, could facilitate the discussion, focus the vision, identify the direction, set standards and monitor progress against measurable targets. Alternatively, the provinces and territories would need to provide a collaborative governance leadership that will then help develop a pan-Canadian health system. ■

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Embassy managing editor Carl Meyer (centre) moderated the Hill Times Platform 2015 Health panel discussion, which highlighted the need for federal leadership, better seniors care and changes to health transfer payments. Panellists were (from left) Karen Cohen, Canadian Psychological Association; Dr. Chris Simpson, Canadian Medical Association; Dr. Francine Lemire, College of Family Physicians of Canada; and Douglas Angus, University of Ottawa’s Telfer school of management.