



## **THE FEDERAL ROLE IN THE FUTURE OF HEALTH & HEALTH CARE IN CANADA**

OTTAWA, January 12, 2012 – For Canada to rank among countries with the healthiest populations, we need a broadly shared vision of health and health care, sustained leadership by the federal government, as well as action and accountability on the parts of provincial and territorial governments, health care providers and the public.

This is the main conclusion of the report on the role of the federal government in health and health care that was commissioned by the Health Action Lobby (HEAL) – a coalition representing 34 national health organizations. HEAL is releasing the report in advance of this month’s meeting of the Council of the Federation at which Canada’s premiers will discuss the future of health and health care.

“This report is an important contribution to understanding the intersection of health policy issues and the potential role of the federal government” said Mr. Glenn Brimacombe, Co-Chair HEAL, and President & CEO of the Association of Canadian Academic Healthcare Organizations, “We welcome the report and HEAL looks forward to discussing its implications in the New Year”.

The HEAL report “*Functional Federalism and the Future of Medicare in Canada*”, authored by Mr. Bill Tholl and Mr. Guy Bujold, contains 15 key findings informed by a series of interviews with senior thought leaders in the health system, an on-line survey of members from HEAL and the Canadian Health Leadership Network, and a five-country international literature review (see Appendix A). It identifies a number of specific health policy issues which require effective federal and provincial and territorial government leadership. These include: chronic disease management, home care & long-term care, access and wait times, and mental health.

The report addresses a number of important overarching questions including, what is the appropriate role for the federal government as it relates to health in light of Canada’s decentralized health system? What is the best way to manage the interdependence and independence of Canada’s jurisdictions when it comes to reform of health care delivery? How accountabilities and authorities for health and health care renewal need to be aligned in the future?

“The future of health and health care is certainly one of, and many would say the most important public policy issue facing federal, provincial and territorial governments. This report is intended to advance the necessary thinking and discussions to address the health challenges we are facing as a nation, and to inform the design and implementation of policies and programs that best meet the evolving health and health care needs of Canadians”, said Dr. Karen Cohen Co-Chair HEAL, and CEO of the Canadian Psychological Association.

The full report is available at [www.healthactionlobby.ca](http://www.healthactionlobby.ca).

**For more information:**

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## APPENDIX A

### - SUMMARY OF KEY FINDINGS -

**Key Findings (1):** Canada is one of the most decentralized federations among industrialized nations and has a **highly decentralized** health care system. We found neither being highly centralized nor decentralized is a good predictor of how well health spending is controlled. Our informants, however, agreed on the need for federal and provincial shared leadership in the context of **functional federalism**.

**Key Findings (2):** There is a consensus among thought leaders on the need to **build on the spirit of the Social Union Framework Agreement**. They told us we need to build on progress in health since the accords, to be clear about future federal funding and to rebuild trust in federal/provincial/territorial decision-making processes, which are seen as ineffectual. Most do not understand what the government means by the term “open federalism.”

**Key Findings (3):** There are mixed reviews on the success of the accords; the goals and targets set out in them were ambitious. The opinion echoed by most is that we are more than half way toward achieving them and must continue to work **to deliver on the principles and priorities of the accords**. We also heard there is a need for a clearer vision based on increased collaboration and greater engagement of citizens and providers.

**Key Findings (4):** There was little or no support for simply ticking over the accords. The principles and priorities set out in them need to be retained, but given the policy environment and the serious health challenges facing Canada, negotiating a new accord is seen as an opportunity to **buy change**. There was considerable support for better results and improved performance, as recently called for by the Prime Minister.

**Key Findings (5):** Governments are unable or unwilling to **initiate a conversation** on central challenges facing Canada’s health system, such as the quality of care, access to services, what services should be covered and the private sector’s role in both financing and delivering quality health care. This discussion is best initiated by or through a broad-based coalition of health interests, such as Health Action Lobby.

**Key Findings (6):** There is growing concern about the increased **reliance on the courts** to resolve key health policy issues that should be dealt with, more appropriately, by Parliament and provincial legislatures.

**Key Findings (7):** Recent increases in health spending ratios prompted former Bank of Canada governor David Dodge to suggest we suffer from “chronic spending disease” (Dodge, 2011). We found virtual unanimity that the system could be financially sustainable provided there is the political will to make the tough decisions and crucial changes needed to attain sustainability. In other words, the **health system is as sustainable as we want it to be**. Interviewees split, however, on whether that political will exists.

**Key Findings (8):** Canadian health leaders said planning for increasing demands by **Canada’s seniors** for long-term home care and for the strain it will put on informal caregivers will require new thinking on the sources and uses of funding. That said, we were also told that **baby boomers won’t break the bank**.

**Key Findings (9):** **Leadership and a strong vision** for health, health care and reform by central governments seem to be **critical** in the success of comparator countries. Canada’s vision for the future needs to recognize there is more to health than health care and to improve health we must give more weight to the **determinants of health**.

**Key Findings (10):** Many are concerned that Medicare is frozen in time, with dysfunctional structures and processes. There is a need for a fundamental or “**transformational**” **shift** in how we do things.

**Key Findings (11):** There is general agreement around what Canada’s outstanding policy issues are, and what should be done to address them. We were told that **we need “leadership”** to overcome inaction spawned by short-term political thinking and reluctance to challenge the status quo.

**Key Findings (12):** The general public is growing more aware and concerned about issues of **quality and access**. Key informants stressed that Canada is lagging behind other countries in terms of health performance and that **appropriateness of care**, based on the available evidence, needs to be embedded in decision-making processes.

**Key Findings (13):** There is a consensus many key health issues can’t be solved by provinces working independently. There is a **need for more interprovincial and regional effort**, such as provinces getting together to do bulk purchasing of drugs, are increasing. But there are areas, such as drug approval, support for research and public health, where the provinces readily acknowledge the federal government’s role.

**Key Findings (14):** We found widespread acknowledgment of the **importance of federal support for the interagency health groups**, research, infrastructure, information and safety. Many called for an increase in support for the work of interagency groups and would like an independent review of how they could work more closely, especially on improving quality and access.

**Key Findings (15):** Very few key informants believe that we could or should see the federal government play an assertive leadership role. Other countries have been better at “doing what works” to address emerging and emergent health challenges. Canada can learn more from these experiences. **Functional federalism**, where jurisdictions agree to “do what works best for the health of Canadians”, represents a pragmatic approach for how the federal and provincial governments can work together to ensure a sustainable future for Medicare.