Governance

Probably nothing so potently represents Canada to Canadians as medicare: it ensures treatment for us when we’re sick, it is our amulet against becoming a clone of the United States, and our most powerful icon of social justice. But our intense loyalty to the concept, which people from across the country described to Roy Romanow as he gathered material for his Royal Commission on the Future of Health Care in Canada, is at odds with what he calls “the corrosive and divisive debates” between the federal government and the provinces and territories whenever they broach the topic.

That has to stop, Romanow says, and he offers a series of steps for building a solid foundation for a national system driven by the common wants and needs of citizens and providers, rather than one repeatedly stalled by political infighting, mutual distrust and lack of respect.

Romanow’s first recommendation is a call for a Canadian health covenant, “a common declaration of Canadians’ and their governments’ commitment to a universally accessible, publicly funded health care system.” The covenant would be a shared affirmation of the values Canadians want to shape their health system and would serve as the guiding force in reforming and modernizing health care and restoring Canadians’ confidence in it.

Romanow calls for first ministers to draw up the covenant, clearly stating the objectives of the health care system, as well as responsibilities and entitlements for the public, health care providers and governments and serve as a common foundation for collaboration among them.

Romanow’s second recommendation is to call for the creation of the health council of Canada. This national advisory board, he suggests, would be the centre for public and stakeholder input into the health system. He suggests a board that mixes public and provider representatives, federal representatives and regional appointees chosen by provinces, or by consensus among groups of less populous provinces and territories. Ideally, it would take the political wrangling out of health care, substituting analysis, assessment and public input to streamline intergovernmental work.
Romanow recommends a staged mandate for the health council, beginning with the collection and analysis of data on the performance of the health care system, which would be the basis for setting benchmarks, measuring and doing public reports on access to, and the success of, the health care system. Assessing technology would also be part of this early stage. The health council would be based on a merger of the Canadian Institute for Health Information and the Canadian Coordinating Office for Health Technology Assessment; its operating costs initially would not exceed their combined budgets. Longer term goals for the council would include developing a national health human resources strategy and coordinating primary health care reform.

One of the other important functions of the health council would be to make annual reports to the public to comply with Romanow's recommendation that the Canada Health Act be expanded to include a sixth principle, that of accountability. This new principle would recognize that as the owners, funders and users of the health care system, Canadians have a right to know how the system is being managed, where the money goes and whether the system is improving the health of Canadians. He also calls for creation of a dispute-resolution system for disagreements under the Act.

Romanow also recommends expanding insured health services covered by the Act beyond hospital and physician services, to include selected home care services in the short term, with some prescription drug coverage and diagnostic services to follow. While most of the Act's principles would remain essentially unchanged, Romanow does call for comprehensiveness to be revisited and updated periodically to reflect developments in health services.

For years, intergovernmental wrangling has hinged on health funding and Romanow is aware new ideas cannot be put into effect without more money. However, he also believes that new money must be tied to specific goals if real change to the system is to happen. He says it's time for the federal government to increase its share of health spending — but says it should be done through a dedicated, stable, cash-only transfer, which would equal 25 per cent of what the provinces spend on health, with a provision for adjustment depending on economic growth.

Romanow, who at one point in the report observes that plans that try to do everything sometimes get in the way of anything being accomplished, proposes only limited versions of such hoped-for expansions to the public system as pharmacare and homecare. He recommends special transfer funds (which would be rolled into the regular transfer after two years) for five key priorities: rural and remote access, diagnostic services, primary health care, home care and coverage for “catastrophic” (that is, very expensive) prescription drugs. Some portion of those transfers would go to training more health care providers, or retraining providers to work in a system suited to the 21st Century.