Session I: Health Care Reform

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France asked me to say a few words at the beginning on the state of health reform in Canada. Fortunately, it's something that I spend a good deal of my time thinking about as Chair of the Health Council of Canada. I think if I'd had more time to think about this, I would have a better title than "Health Reform in the Shadow of an Election." Maybe "Health Reform in the Aftermath of a Royal Commission, Senate Committee and Supreme Court Decision" might capture it better.

There are a lot of things happening. But there are three clusters of activity that are related and worth spending a little time thinking about. One is, it seems reasonably clear to me that health ministers will roll out some set of benchmarks for wait times, before the middle of December. And that contest is worth watching because it brings together some of the essential strands of Canadian health policy.

As you'll recall, this started as a political commitment by Prime Minister Martin in the 2004 election campaign. The evidence that wait times needed to be addressed came largely from public opinion research, which said that the Canadian public were most dissatisfied by waiting. And they saw waiting as a sentinel issue for the performance of the health system. You could fill this room with experts who will give you very long and erudite explanations of why there is waiting in every health system and what it might mean or not mean. But this public opinion had great political salience. Wait time reduction next featured in the September 2004 agreement among First Ministers, creating an obligation for them to move forward.

The CIHR yesterday put out a number of commissioned papers that various people across the country have done on what is the body of evidence for wait times and their effects. The picture that emerges is that there is in some cases very good empirical evidence. Professor McKillop, who has done remarkable work at this university on cancer wait times, has produced a body of evidence that withstood the test of a Quebec class-action court case and is good, solid evidence, I think, in every sense.

In some other areas, what you have is essentially professional judgment, the judgment of practitioners and clinicians, that accounts for a certain level of evidence. That is, they believe having observed it, that if you wait longer than x period of time, your outcome is worse. You also have the tug of war with the federal government that, having nailed its colours to the mast and put up $41 billion over ten years, of which $5.5 billion is specifically dedicated for wait times. The Agreement devotes only 13 percent of those funds towards wait-time reduction. Overlooked is that 86 percent of the money is *not* for wait-time reduction.

So you have the public opinion strand, the political strand as well as evidence and clinical judgment, and all of the usual suspects have waded into this issue. The Canadian Medical Association led the creation of the Wait-Times Alliance; the various research institutes have also come in. I think, for those in the room given to studying things, there's a wonderful case study here, over a period of time, of how the issue emerged and how it will eventually play out. And there are some very articulate critics who say that focusing on five areas will retard the ability of the system to deal with other areas. There are also others who would argue that it was an essential decision to demonstrate to the public that the system could become more responsive in order to maintain taxpayers' solidarity in the face of the many challenges.

A second important thing that is happening is that Alberta and Quebec seem well on the way to rolling out some private insurance options for their publics as part of a solution to what they perceive as an inability of the public sector to continue to afford to pay for health services within the current tax base. I would say, having looked at this issue in some other countries such as Australia, that the great dilemma will be whether, in fact, there are many people who want to purchase private insurance beyond those who are pretty close to needing care. That is, if only people who are on a waiting list for hip surgery want to buy insurance, the pool is going to be a pretty small pool, and the premiums are going to be very expensive. I think the Supreme Court, having opened the door in a legal sense on this issue, will make it intriguing to see whether people can actually construct options that are viable in this field.

I think this represents probably the first real challenge to essentially public health care in Canada in a couple of decades. What's interesting about this is, I believe if it were Alberta alone on this issue, that Premier Klein would, as he has done many times in his career, look over the brink and decide that it just isn't timely and step back. I think with Quebec also moving in parallel, it changes the dynamic. Obviously, the Government of Canada feel much more empowered pursuing the Government of Alberta in a confrontational way. They have been unwilling, on the health issue, really to confront the Government of Quebec anytime I can remember. You can, I think, look the other way on *Canada Health Act* enforcement only for so long in one jurisdiction.

The third interesting point is that, although Senator Kirby and the rest of his Senate Committee were granted intervenor status in the Supreme Court, not as a Senate Committee but as individuals knowledgeable about health, and although the Supreme Court did not accept their advocacy of care guarantees as a remedy, it seems likely that one or more of the federal parties in the next election will roll out care guarantees as part of an election platform. So I think we will move from the wait-times issue in the political sphere to a debate about whether some form of care guarantee is practical, desirable, and a winning ticket with Canadians at the ballot box. So that will be tested in, I believe, the political sphere rather than not having to be fair, succeeded in garnering much appetite at the level of the Court – or at the level of individual provincial governments, who remain, I think, for the most part, fairly skeptical about a care guarantee and more than skeptical about a care guarantee that emanates from the national capital.

There are also other things happening, as there always are in health care. There's the spectre of an Asian flu pandemic, which is certainly keeping public health people more motivated than they might otherwise be. Timing is uncertain, and scale is uncertain, if one takes estimates from prominent public health experts that seem to range from a million to several hundred million potential casualties. I would judge a range that wide as saying we really don't know the course of this pandemic and won't until it's upon us.

But in health policy terms, I think the three most interesting things are really how the wait-times issue plays out, how the private insurance inside a largely public system plays out, and whether the care guarantee ends up gaining some political traction in an election.