

Securing the Future of Medicare: A Call to Care

Speaking notes for

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1. Introduction

Good evening everyone. Thank you Mike (McBane) for your kind introduction

My friends, it's truly an honour and a pleasure to join you this evening. Let me begin by thanking the Canadian Health Coalition and the many other sponsoring organizations for inviting me to spend time with you this evening.

Let me also congratulate you for the tremendously important role you've played in working to secure the future of Medicare in Canada and in engaging Canadians in this effort through your "Call to Care".

Your work today is more vital than ever, because the words in the "Call to Care" written a decade ago are as truthful as ever. If I may quote directly from your statement:

"What stands between Medicare and its destruction are the peoples of Canada. Future generations are depending on your vigilance."

2. The New Health Care Accord

Tonight's gathering is especially timely since it was just this past Thursday and Friday that the federal government and the provinces started discussing changes to the 2004 Health Accord.

I don't think it's overstating the case to say that the results of these discussions will shape the future of health care in Canada, once the current accord expires in 2014.

As we look at the state of the contemporary debate in Canada, it's clear that there are two visions – two fundamentally competing visions – that seek to shape the next stage of health care.

One view, based on the premise that health care is a commodity, believes that markets should determine who gets care, when and how.

Now there are many fancy new names for giving expression to this view that may sound reasonable or even innocuous, but don't be fooled: the end game is the always the same. To withdraw public funding for Medicare and shift costs onto individuals.

The other vision – and let me be clear from the outset, one that I adhere to – believes that health care is a “public good”, grounded on the Canadian values of fairness, equity, compassion and collective action.

As I said in my final report as Commissioner on the Future of Health Care in Canada, Canadians view Medicare as a moral enterprise not a business venture. We see it as a right of citizenship, not a privilege of status or wealth.

If anything, that point of view is even stronger today than it was when I released my report. I note that in a poll released last week by Nanos Research, support for public health care had risen to a record-high 94 percent.

I thought that the accompanying comments by company president Nik Nanos were particularly telling. He said, and I quote:

“There are two issues at play here. “First, health care continues to be a top issue of national concern for Canadians. The second point is that right across the board, regardless of political affiliation or other demographics, support for public solutions in health care has increased over the past three years.”

3. Canada’s Shared Destiny

Tonight, I want to focus on the current environment for Canada’s health care debate. I will present to you what I see as the challenges and opportunities for fundamental reform so that we can move beyond rhetoric to secure what is – arguably – Canada’s most treasured social program.

And to place the debate over Medicare in its full context – to come to terms with the importance of the task which is ahead of us – I would like to also put Canada’s values on the table.

Because, I see the choice that we as Canadians make about Medicare as one which is fundamentally intertwined with our nation’s values and its future.

Everyday, Canada faces new challenges that ask questions about what kind of people we are and what kind of future we wish to shape.

Today, we are wrestling with renewing and securing the future of Medicare. But we could, just as easily, be discussing the integrity of our environment, our role in

Afghanistan and the world at large, or our domestic choices with respect to other social and economic policies.

There is something that these debates all have in common. They all return to a fundamental question, namely, what are the shared values that underpin our society and how can we make decisions and follow through with actions to build a more progressive and united nation?

In confronting these important questions, we should never act as if we are starting from scratch. In fact, the exact opposite is true.

Every nation has a narrative.

Canada's history offers a strong and rich legacy of success that has forged our nation. It is this legacy of a "shared destiny" that is key to understanding our young but dynamic history. And it is this same legacy of "shared destiny" that, I would argue, remains the roadmap to our future, at home, and abroad.

For those like me, who came of age in our Prairie communities, or know our history, the notion of "shared destiny" was key to our existence. The harsh, often snow-blown conditions, droughts, distance and isolation, and small population, forced us together, like poplar trees huddled on a windswept plain.

And so it is with other regions in Canada, where geography and demographics may vary, but where we all learned to see survival and progress as a test of our ongoing ability to organize collectively and to remain united around shared values.

Through the years, as we lived together, worked together and built together, this notion of "shared destiny" was transformed into the foundation of a nation.

Generation after generation of Canadians have seized on the cornerstone idea that our future and our society is frequently best shaped through community action. That the sum of Canada is often greater than its remarkably diverse parts.

John Whyte, in making the Saskatchewan government's argument to the Supreme Court of Canada in the post-1995 Quebec Secession reference case, best summed up this notion of "shared destiny" when he said:

"A nation is built when the communities that comprise it make commitments to it, when they forgo choices and opportunities on behalf of a nation...when the

communities that comprise it make compromises, when they offer each other guarantees, when they make transfers, and perhaps most pointedly, when they receive from others the benefits of national solidarity. The threads of a thousand acts of accommodation are the fabric of a nation....”

This, then, is our nation’s narrative and it resides in our collective DNA.

4. *Some Recent Challenges*

In recent years, however, the soil has been tilled for the sprouting of views at odds with this narrative. Today, we feel a palpable momentum toward individualism, decentralization, and privatization.

Indeed, under the guise of “individual accountability”, all sorts of dubious and unfair policies are being inflicted on Canadians...

Policies that deliberately, often maliciously, ignore the difference between equality and equity.

Policies that pretend there is a level playing field in Canada in terms of access to opportunity, and that those who are disadvantaged, or whose lives have taken a bad turn, are solely responsible for their fate.

As though living on the margins, or suffering from poor health, mental illness or addiction is somehow a conscious lifestyle choice.

A meanness of spirit that advocates punishment over rehabilitation, that imposes mandatory sentencing without taking account of context, that somehow finds the money to buy defibrillators for hockey arenas, but drags its feet about providing potable water to First Nations communities.

All of these are described as the “new ways” to deal with today’s world. But, in truth, they represent an abandonment of our accomplishments and a parting of the ways with the belief in our collective capacity to meet our future challenges.

Medicare, which is the product of this history, is also now caught up in this so-called “new thinking”.

And just like with today's other major issues, how we choose to inform our way forward, and the set of values that we draw upon to shape our progress, will ultimately become an expression of who we are as a nation.

That is why the debate over Medicare is not just about effectiveness and efficiency. It is not simply about the irrefutable evidence showing that our single-payer, public system delivers excellent outcomes, which it does. The Medicare debate is not even just about basic Canadian values like equity and fairness for all citizens.

Yes, it is about all these things. But it is also about much more.

For, Medicare holds such a central role in our narrative of "shared destiny", that how we deal with our social programs may determine the future progress of our nation – or whether, in fact, we do make progress.

5. *The Road to Progress*

So, keeping this view of history in mind, what is the road to progress on Medicare?

The good news is that there are solutions at hand, ready to be seized by our policy makers, just as soon as they gather the political will to act.

Allow me simply to outline five enduring lessons that I believe remain central to the Canadian debate about health care reform.

1. *The universal single-payer advantage*

My first point is that a universal, single-payer, public insurance model is both less costly and produces better population health outcomes than multi-payer systems like they have in the U.S. This has been proven time and time again by study after study.

Let me illustrate using the example of pharmaceuticals, which for most Canadians are outside of the public insurance system. Since 1990, the cost of prescription drugs, as a percentage of total health expenditures, has increased from 8% to about 15%. Canada's private spending on prescription drugs now outpaces that of most other OECD countries.

Our task is clear, if not without difficulties. We must lay the groundwork now for including catastrophic drug costs, at least, and bringing aspects of homecare, long-

term care, and access to advanced diagnostic services – the areas of fastest rising costs – under the umbrella of public funding.

Otherwise, costs will continue to escalate – without restraint and with relentless abandonment of those in need.

2. Keeping the focus on total costs

My second point is that our focus on controlling health care costs should be on *total* costs. We must avoid shuffling expenditures between the public and private sectors of the health care system.

Until the mid-90s, some provincial governments, including my own in Saskatchewan, were successful in restraining the growth of public health-care costs. We rationalized our services and improved efficiencies, while trying to preserve access to quality services. Our fiscal position obligated us to do this.

It turned out, however, that we pushed some of these costs out of our own provincial budgets, and onto the personal budgets of the residents. It was, in other words, a *false economy*.

Because, in the end, the total bill for health care is paid by all citizens, whether through their taxes, their premiums on insurance policies, or out of their own pockets, through direct payment.

And back to my first point—every indicator points to the fact that public health system delivers better outcomes at a lower costs. Dollar for dollar, you get a bigger bang for the buck through Medicare than you do through private spending.

3. Tackling wait times

Which brings me to my third point: wait times. We must improve timely access to quality services.

While the vast majority of Canadians who have used the system find it highly satisfactory, there continues to be a significant proportion who are waiting an unacceptably long time for care. Just last week, the OECD released a survey of 11 countries showing Canada as having the longest wait times for care.

Moreover, our policy responses, concentrating on only five areas of care, seem misplaced. They are incomplete and reverberate negatively on other needs. We need a more comprehensive strategy.

After all, we are not fighting to preserve a 1960's health care system, we are fighting to build a modern and sustainable health care system that meets today's needs.

Here are a couple of things we could do. We could invest more in advanced diagnostic services and efficient information systems. We could also increase the supply of skilled health care providers to alleviate unnecessary blockages and provide the impetus for a more integrated approach to health care delivery, which remains one of our biggest impediments to reform.

There is still much to do to make the current system more efficient and sustainable.

4. Addressing the determinants of health

Fourth, we have to pay more attention to preventing illness and disease, especially chronic disease, which arguably, is the greatest health challenge of the 21st century.

The *Canada Health Act*, which sets out the principles of Medicare, states that the primary objective of Canadian health care policy "*is to protect, promote and restore the physical and mental wellbeing of residents of Canada*". Yet, we continue in this country to focus on restoring wellbeing, while largely ignoring promoting and protecting.

You understand as well as I that there are several important pathways to achieving a healthier nation, and a quality health-care system is part of the answer. But even more important is tackling the fundamental social, economic and environmental factors that shape our wellbeing.

Over the past several years, I've been working with a group of exceptionally dedicated and talented national and international experts on the important task of creating a Canadian Index of Wellbeing, the CIW.

To date, we've released reports on each of eight categories that shape our wellbeing. A little over a month ago we released the first CIW composite index, tracking 64 wellbeing indicators over a 15-year period.

Our goal is to redefine wellbeing as the presence of the highest possible quality of life in its full breadth of expression; to track where we're making progress in this country and where we're falling behind; and to identify policy changes that will ensure that Canadian enjoys the best possible wellbeing.

Because improving our wellbeing- especially for our growing population of seniors, is one of the key ingredients for maintaining a viable health care system into the future. We need to start paying as much attention to the demand side of our health care system, as we have to the supply side- and the CIW is one of the tools for doing this.

5. Transformative change

Which brings me to my final lesson, namely, that governments must show the will and leadership to achieve what is truly *transformative change*.

How so? Modernizing and transforming the health care system involves the evolution of primary care – people's first point of contact with the health-care system. We must tackle the continuing "silos" mentality, which separates general practitioners from other professionals, and a broad range of frontline illness, wellness, and diagnostic health services essential to preventing or mitigating downstream acute and institutional care.

Simply stated, we need to break down traditional barriers among health care providers and reform the local delivery of health care through more efficient and effective integration.

One approach would to adopt a national strategy for expanding Community Health Centres across the country, with new federal dollars targeted specifically for that purpose.

Another, is to finally implement a national homecare strategy – one that will relieve pressure on our hospitals and allow more Canadians to be treated at home, rather than in expensive hospital beds.

6. The Road to Progress

My friends, health care in Canada is a work continuously in progress. The system as we know it today is by no means a done deal.

The Honourable Monique Bégin, author of the Canada Health Act, often reminds me that the true guardians of Medicare – this most cherished expression of what it means to be Canadians – are the people of Canada.

Today, an overwhelming majority of Canadians believe in a vision of Medicare that is rooted in our narrative as a nation – a vision that sees health care as a “public good” and a right of Canadian citizenship.

But there are others, with a different vision – one that sees health care as a commodity. One that believes that markets should determine who gets care, when and how.

That’s why, now more than ever, we need to engage and mobilize Canadians in the fight to secure and expand Medicare.

Now, more than ever we need to reaffirm the original vision of a truly comprehensive public health-care system that provides a continuum of services and includes a universal program of home care, long-term care and pharmacare.

Now more than ever we need to embrace comprehensive policy solutions that tackle root causes instead of surface symptoms; that bring about systemic changes instead of quick fixes; that promote long-term benefits, instead of short-lived gains.

Now, more than ever, we need to root ourselves and our work in the values that have shaped this great country: fairness, diversity, equity, inclusion, health, safety, economic security, democracy and sustainability.

Now, more than ever, is the time to recapture the moral and political strength to see ourselves in our own place, in our own time, informed by our own values, and within our own actual narrative, as an independent nation, worthy of the respect of a world that needs an even better Canada.

In doing so, we shall once again put our nation’s policies on track and resume the task of building an even greater Canada.

Let us dare to have that vision. And let us dare to make it come true – for ourselves and for future generations that are depending on us.

Thank you very much.