

Moving Forward on Health Care Reform

FOREWORD

Health care is repeatedly the top concern of Canadians for a good reason. Our universal health care system is the only health care system we have. It is the system all Canadians depend on. I know it is the only health care system to which my family has access.

When it comes to health care, I have some fairly straightforward guiding principles. The first is that all Canadians should have reasonable access to timely, quality health care services regardless of ability to pay. The second is that health care is a provincial jurisdiction, and that means the federal government has to work with, not dictate to, the provinces when it comes to health care.

These guiding principles led me, as Leader of the Opposition, to support the Health Accord signed between the provinces and Jean Chretien last year. I supported that Accord because it reflected a number of my own priorities.

- It restored funding for core health care services that Paul Martin had cut;
- It provided flexibility to provinces in the areas of primary care reform, home care and catastrophic drug coverage;
- It created a dedicated Health Transfer from Ottawa to the Provinces;
- It allowed for flexibility of delivery options within the public health care system without compromising the principle of quality service regardless of ability to pay; and
- Most importantly, because addressing health care is not just a matter of spending more money, the Accord provided an accountability framework that would allow Canadians to hold provincial and federal governments accountable for the pledges made in the Health Accord.

This health care plan reviews the commitments made in the Health Accord. It also puts forward a few additional ideas in the areas of natural health products and an emphasis on sport and recreation.

I am committed, the Conservative Party is committed, and the provinces are committed to universal public health insurance. That is why we must ensure that governments live up to their commitments made in the Health Accord.

Stephen Harper
Conservative Party of Canada Leadership Candidate

BACKGROUND

In February 2003 provincial premiers and the federal government signed a Health Accord outlining a new agenda for Canadian health care reform. Additional details and a spending plan was provided in the 2003 federal budget. The federal government pledged \$34.8 billion in additional health spending over five years, the vast majority in the form of transfers to the provinces for core health services, medical equipment purchases and new programs. As part of that transfer, a new, \$16 billion federal Health Reform Fund was directed towards funding three priority areas: primary care reform, home care and catastrophic drug coverage. The federal government also laid out plans for direct federal spending in several areas, including First Nations and Inuit health, research and innovation, pharmaceuticals management and patient safety. The Accord also included a pledge to establish a national Health Council to monitor the implementation of the agreement.

Stephen Harper pledged to hold the federal and provincial governments accountable for the commitments made in the Health Accord. In contrast, Paul Martin has expressed reservations about the Health Accord, and has a history of making deep cuts to health care, which should cause Canadians to question his intentions to keep the commitments made in that Accord.

In that spirit, this note reviews the Accord's key provisions and implementation timelines, with a view to calling for action on deadlines missed and the establishment of additional deadlines or the moving up of planned targets. It also contains proposals on Natural Health Products and an increased focus on sport and fitness.

REPORTING TO CANADIANS ON CHANGE

The most critical section in the Health Accord commits governments to report to Canadians on the overall performance of the health care system and on the implementation of the Accord. Two items of note are considered here: 1) commitment to establish common performance indicators; and, 2) commitment to establish a Health Council. It is in this area that the Martin Liberals have failed most miserably.

A Harper government would make accountability to the Health Accord its top priority in health care.

Performance Indicators

An annex on Performance Indicators is appended to the Health Accord. The annex directs Health Ministers to develop new performance indicators to assess the performance of the health care system under four broad headings: timely access, quality, sustainability and health status and wellness. This work was to be completed by September 2003, following review by experts and stakeholders.

This deadline has not been met. Canadians deserve to know when these common performance indicators will be available and when reports on these indicators will be forthcoming. Common health indicators will help in assessing and comparing the performance of the health care system from coast to coast to coast. Quality, reliable and comparable data are key to assessing health system performance.

Stephen Harper would develop performance indicators within three months of taking office.

Health Council

First Ministers agree to establish a Health Council to monitor and make annual reports on the implementation of the Accord, particularly its accountability and transparency provisions. Health Ministers will establish the Council within three months.

This deadline was not met, and the Health Council announced on December 9, 2003 is not a truly national Health Council. A truly national Health Council would include the participation of all the provinces.

Stephen Harper will reform the Health Council so that it has the support and participation of all provinces. He will immediately undertake negotiations to bring Quebec and Alberta fully into the Health Council.

HEALTH REFORM FUND

The federal government is providing \$16 billion over five years for three programs – primary health care, home care and catastrophic drug coverage.

Primary Health Care

First Ministers agree to the goal of ensuring that at least 50% of their residents have access to an appropriate health care provider, 24 hours a day, 7 days a week, as soon as possible and that this target be fully met within 8 years.

Primary health care reform is the responsibility of the provinces, and a number of provinces have made movements in the right direction.

Stephen Harper will report to Canadians through the Health Council on progress towards primary health care reform.

Home Care

First Ministers agree to provide first dollar coverage for a basket of services for short-term acute home care, including acute community mental health and end-of-life care. First Ministers direct Health Ministers to determine by September 30, 2003, the minimum services to be provided. Access to these services will be based on assessed need, and by 2006 the provinces agree to provide coverage for these minimum services.

This deadline has not been met. Paul Martin and the provincial governments have failed to meet their September 30 commitment to provide the list of minimum services. This is unacceptable. Canadians must know what these minimum services are as soon as possible. As to implementation of these minimum services, that is the responsibility of the provinces.

Stephen Harper will provide Canadians with a list of common home care services within three months of taking office.

Stephen Harper will report to Canadians through the Health Council on progress towards implementing this common basket of services.

Catastrophic Drug Coverage

First Ministers will take measures by April 2006, to ensure that Canadians, wherever they live, have reasonable access to catastrophic drug coverage. It will be up to the provinces to determine what constitutes “reasonable access.”

Prescription drugs play an important role in enhancing the health of Canadians. Pharmaceuticals are an increasingly important component of our health care system. Access to prescription drugs is a major concern for seniors and those without employer-sponsored health plans.

In November 2003, Health Minister McLellan admitted that he work on catastrophic drug coverage “at this point, has not begun.”

The Martin government has not even begun this work. Minister McLellan’s comments raise questions about the Liberals commitment to catastrophic drug coverage. Canadians need to know that progress is being made on these commitments.

Stephen Harper will ask provinces for a progress report within three months of taking office, on how provinces are moving towards meeting their commitments for catastrophic drug coverage.

ELECTRONIC HEALTH RECORDS

Budget 2003 provided \$600 million to Canada Health Infoway to accelerate the development of electronic health records and other health infotechnologies (eg. telehealth). These funds build on \$500 million for Canada Health Infoway announced in the September 2000 Health Accord.

In the last three years, the federal government has committed \$1.1 billion on health information technologies through Canada Health Infoway. This represents a considerable investment. The task of developing electronic health records is a complex, but necessary one, if our health care system is going to be more effective and efficient.

Canada Health Infoway is a partnership of the federal and provincial governments, incorporated in 2001. The provinces are the lead players in developing and implementing electronic health records, receiving leveraged funds from Infoway for this purpose. Infoway's 2003/04 business plan envisions having the basic elements of interoperable electronic health records (ie. compatible between provinces) in place in half the country within the next six years.

In October 2003, the government of Alberta announced the launch of the country's first province-wide electronic health record. The government plans to have all health regions, one-third of doctor's offices and half of all pharmacies using the system by spring 2004, and all hospitals and most doctors logged on by 2005. The program will cost \$59 million, including \$15 million from Canada Health Infoway.

Other provinces, including Saskatchewan, have electronic health record programs underway. The National Health Service in England recently announced that every patient in that country would have an electronic patient record by 2010.

Six years is still a long way's off and the goal only includes half the country. Given the amount of money already spent, Stephen Harper believes that this target should be more aggressive.

Stephen Harper will accelerate the timetable for electronic health records so that all Canadians have electronic health records within four years.

FIRST NATIONS AND INUIT HEALTH

Governments will work together to address the gap in health status between Aboriginal and non-Aboriginal Canadians through better integration of health services. First Ministers direct Health Ministers to consult with Aboriginal peoples on the development of a comparable Aboriginal Health Reporting Framework.

The Accord includes no deadline for First Ministers to consult with Aboriginal peoples on the development of the proposed Aboriginal Health Reporting Framework. Canadians, particularly, Aboriginal Canadians, need to know what work if any, is taking place on this front.

Budget 2003 pledged \$1.3 billion over 5 years for First Nations and Inuit Health, including \$32 million for a national, on-reserve immunization strategy.

The health status of aboriginal Canadians remains a disgrace, in spite of years of Liberal Red Book and Throne Speech promises to improve matters. Aboriginal health is one of the few areas in health care where the federal government has sole jurisdiction. The federal government must get serious about improving aboriginal health outcomes.

Stephen Harper will develop an Aboriginal Health Reporting Framework within one year of taking office.

Stephen Harper will investigate better integrating aboriginal health care with provincial health care plans to minimize overlap and duplication.

PHARMACEUTICALS MANAGEMENT

Budget 2003 provided \$190 million over five years “to improve the timeliness of Health Canada’s regulatory processes with respect to human drugs, in order to create a better climate for research in pharmaceuticals while preserving the principle that safety is of paramount concern.”

Drug review and approval times are significantly longer in Canada than in the U.S. A study published last fall in the Annals of Pharmacology found that drug approval times in Canada are longer than in the U.S. for all drug categories and for all review types (priority and standard). In 2001, average drug approval times were 704 days in Canada, compared with 393 in the U.S. Pharmaceutical companies and health commentators have frequently criticized Health Canada for comparatively poor performance in drug approval times.

Longer review times result in Canadians waiting longer for the benefits of new and improved drugs, and a diminished competitive climate for Canadian pharmaceutical investments. We can and must do better. Performance targets for drug approvals must be set and kept.

Stephen Harper will bring Canada’s average drug approval times into line with American average approval times within two years.

Stephen Harper will clear the backlog of drug submissions that has accumulated over the last 4-6 years within 12 months.

Stephen Harper will reallocate funds within the department (eliminating spending that overlaps with provincial spending) to Health Canada’s Health Products and Food Branch in order to meet these objectives.

NATURAL HEALTH PRODUCTS

Canadians voluntarily spend \$1.6 billion on natural health products to promote personal health. Yet Health Canada continues to remove effective Natural Health Products from the marketplace and shut down research into Natural Health Products because they are regulated under drug-style rather than food-style regulatory regime.

Natural Health Products would benefit from moving towards a more “food-style” regulatory regime as outlined in Dr. James Lunney’s Private Members Bill C-420. This would make regulating Natural Health Products more in line with the safety record and non-patentable nature of these products. Regulation will be required to ensure Good Manufacturing Practises, inspections, product testing and quality assessment of health claims that will afford Canadians both the assurances and the access they have been seeking.

Stephen Harper will pass Dr. James Lunney’s Bill C-420 in order to regulate Natural Health Products as “food-style” rather than “drug-style” products.

Stephen Harper will increase federal research into Natural Health Products.

SPORT AND FITNESS

Stephen Harper believes that physical activity is an important cornerstone of health promotion. With the 2010 Olympics coming to Vancouver/Whistler, Canada also has a unique opportunity to showcase our top-notch amateur sport athletes to the world. Government has a role to play in encouraging amateur sports, including getting young Canadians involved in physical activity at the local level.

The federal government current funds amateur sport through, among other things, the Canadian Olympic Association, through funding of coaching and through direct funding of athletes. Commitment to the importance of sport and physical activity for all Canadians has wide-ranging benefits (health care costs, social, economic and cultural benefits). However, the private sector must also be encouraged to financially support sporting activities and events.

The close association between physical activity and health means that we should tie our funding of physical activity to federal funding for health care. If we committed funding to our Canadian Olympic Association, coaching and the payment of athletes at one percent of current health care funding, that would approximately double our current funding.

In addition, programs like Participaction have had good public support in the past, and contributed to increased physical activity in our schools through the Awards of Excellence programs.

Stephen Harper will commit one percent of federal health funding to the funding of physical activity. This will include broader funding of activities for school age children like the Awards of Excellence programs.

Stephen Harper would investigate the use of tax incentives to encourage the private sector to support amateur, local and youth sporting activities.