

“At a Glance”
Synopsis of CCIH Proceedings
Session XVI, April 19 and 20, 2006, Toronto

CCIH Mission: The Canadian Council on Integrated Healthcare is dedicated to helping Canadians understand emerging healthcare issues.

CCIH Vision: Our vision is for an integrated healthcare system that balances quality, access and cost, and creates better health for Canadians.

Taking action:

Focus topic: Payers’ Forum

Council spent a considerable part of this session working on planning details around its upcoming Payers’ Forum (scheduled for November 2, 2006).

Using CCIH backgrounder paper (“Let’s Get Engaged: Getting Public Policy Makers and Employers Together On Healthcare”) as launching pad, the hope is that the forum will allow two groups that do not traditionally ‘engage’ to do so, with CCIH serving as neutral host.

Gathering information:

Topic for consideration – Comparing healthcare funding in Canada to other jurisdictions

To provide itself with background in preparation for the upcoming Payers’ Forum, Council reviewed a variety of resource documents on this topic, including:

- Challenging Health Care System Sustainability: Understanding Health System Performance of Leading Countries (Conference Board of Canada, 2004)
- OECD Health Working Papers: Private Health Insurance in France, Private Health Insurance in Australia, Private Health Insurance in Ireland
- Papers housed on these sites:
http://europa.eu.int/comm/employment_social/social_protection/missoc_info_en.htm#03/2002 (European Commission, Health Care in Europe, Ireland, MISSOC-INFO 03/2002)
http://europa.eu.int/comm/employment_social/missoc/2002/03/ireland_en.pdf (European Commission - Health Care in Europe, Ireland)
<http://www.oecd.org/dataoecd/34/56/33698043.pdf> (Private Health Insurance in OECD Countries: The Benefits and Costs for Individuals and Health Systems)
<http://www.oecd.org/dataoecd/24/32/5162353.pdf> (Tackling Excessive Waiting Times for Elective Surgery).
<http://www.oecd.org/dataoecd/31/10/17256025.pdf> (Explaining Waiting Times Variations for Elective Surgery across OECD Countries)

After a wide-ranging discussion of some of the details and insights gained from these materials, Council considered and discussed the question: **Are there some good things that could come from a parallel private system that would make the present system better? What would be the benefits that would accrue?**

Engaging in reflection:

Thinktank exercise - What are we trying to fix? An overarching look at the healthcare system and integration

Using the expert resources on Council (with idea of each member being a 'keynote speaker'), the group brainstormed on this topic. Some of the things identified as needing repair within our healthcare system included the following:

- need to address concerns of **seniors** – accessibility; retirement; notion of integrating childcare and senior services together (makes a more healthy environment); portability of benefits and pensions
- **national plans vs. private plans (offloading)** – possibility private plans may unload onto general public and public outcry will ensue (or vs. versa)
- **evolution of system** – from one where docs were entrepreneurs (early 50s) to medicaid; still – no one uniform system across country
- **level of managerial acumen low** – resources needed to run this inefficient system are huge; system requires excellent leadership and management, and all this is critical for sustainability
- **scope of practice issues** – groups trying to push for more turf – but there is no underpinning philosophy – not patient focused; not integrated; various professions really need to integrate so right people are doing right thing
- more balance between **prevention** and **acute care**; and importance of **shared data** to this effort – so there can be information sharing between public and private sectors (**can't blend public and private effectively unless we can measure**)
- **chronic disease management** – and possibilities for integration on this front between government and workplace
- importance of having supports that contribute to greater levels of **self-responsibility** (supporting folks who are doing the right thing); notion of personal accountability - **role of consumer/patient**
- **needs vs. wants** – what can we realistically afford to fund?
- 'health care' not really an apt term; 'sick care' more accurate
- **unhealthy health care professionals**
- **lack of understanding of health care system** (having an expectation of something that doesn't exist)
- **physical activity and nutrition**
- **quality in healthcare** – how little we know about it; need to figure out from a clinical and management/practical perspective; then invest in systems that could measure quality and allow for improvement (possible through on-the-ground efforts in terms of better management etc.)
- **accountability** – system doesn't always support it; divide between who is giving money and who is providing services (raises question as to whether healthcare should be nationally run; or, if provinces have the money they run it)
- **leadership** – needed at all levels (leadership at national level needs to talk about the issues that are most pressing; need to 'up the level of debate')
- focus on **wellness** – go back to what health departments were originally set up to do – looking at issues like standards, immunization, addiction (**public health issues**) – evolution of department of health to department of **health and environment**
- **chronic state care** – cost of care for folks who are chronically ill and/or challenged
- **lack of competition** – as a contributor to poor management etc.
- challenge of **geography**

Overall: need to fix challenges that threaten sustainability; CCIH looking at solutions from an integrated perspective to allow for such sustainability

Where might CCIH focus? What are most pressing issues for Canadians in terms of our hope for a strong, integrated health care system?

Among the issues discussed by Council were the following: Health human resources, Asian flu pandemic (or other systemic crises); mental health as pandemic, adverse events studies, employer disability costs, access, navigation, and leadership.

As a final step in its reflective activities for the session, councilors participated in a small group activity focused on designing a new Canadian healthcare system. In de-briefing segment afterward, Council as whole contemplated elements from the breakout groups' work that could be tinkered with to start making changes to the current system. Some ideas floated included:

- collaborative team approach (with gate keeper?)
- expand scope of practice
- prioritizing for early access to care (employee vs. non-employee)
- means tested user pay graduated system
- standardized coverage (regardless of payer)
- how much should be common nationally (vs. provincially) – what should be standardized (for example, public health?)
- patient choice (this would create some form of competition)
- complementary private system – employer as funder, not administrator
- clarification of 'health tax' as just such
- when payer sets price – maybe can have economies of scale