



“At a Glance”

Synopsis of CCIH Proceedings

Session XI - November 18 and 19, 2002, Montreal

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.

Gathering information and engaging in reflection:

Topic consideration – The global context for Canada’s healthcare system

What’s happening out there?

The CCIH was interested in considering how Canada’s healthcare system fits into the global picture in terms of healthcare. The premise – by looking beyond our borders, we can potentially learn much about what else may be possible, and (comparatively) what may be working (or not) in our own approach to healthcare.

Expert resource: **Imran Qureshi of Watson-Wyatt Worldwide**

- Mr. Qureshi presented his thoughts on the global context for Canada’s healthcare system.

In its ensuing discussion, Council considered several issues, including: the public-private continuum; funding and cost pressures; lifestyle, health and costs; retirees; injured workers and public healthcare; comparison to other systems; employer/employee issues; access; insurers; a patient bill of rights; home care vs. income support.

What’s happening here? – The state of healthcare in Canada in 2002

Council then considered the current state of the Canadian healthcare landscape.

Expert resource: **Jennifer Zelmer of the Canadian Institute for Health Information (CIHI)**

- Ms. Zelmer presented the CIHI annual review of the state of the nation’s healthcare system, “Health Care in Canada in 2002”.

Expert resource: **Tricia Benn of Ipsos-Reid**

- Ms. Benn provided a summary of recent public opinion research on healthcare.

Taking action:

Strategies to achieve influence:

Given its mandate to “influence and catalyze change”, CCIH wanted to receive input on how to exert influence most effectively, especially in light of impending Romanow report release.

Expert resource: Herb Metcalfe of the Capital Hill Group

- Mr. Metcalfe advised Council members on strategies to influence the federal health agenda. Ensuing Council discussion considered issues and options for responding to the Romanow report.

Ultimately, Council agreed that ‘accountability’ would be the focus of their response, and they identified a response implementation strategy. An ‘Accountability Framework’ was also developed, as follows:

“Medicare is a privilege and with privilege comes accountability” (CCIH member Jacques L’Espérance)

Healthcare Stakeholder	Accountability
Individual citizen	<ul style="list-style-type: none">• To remain as healthy as possible• To make rational, informed choices about using the healthcare system
Federal Government	<ul style="list-style-type: none">• Ensure consistency in application of Canada Health Act• Stable, long-term, transparent funding• Equity in the system for residents of all provinces and territories• Adherence to national standards• Operating principles/values against which to measure provinces
Provinces	<ul style="list-style-type: none">• Operation of healthcare system• Quality• Stable, long-term, transparent funding• Equity in application of resources for all residents• Planning: Human resource allocation, institutions, population health• Innovation and research
Providers	<ul style="list-style-type: none">• Patients• Payers• Evidence-based, cost-effective healthcare• Access• Public interest (e.g. labour disruptions)• Re-think corporate boundaries, scope of practice
Employers	<ul style="list-style-type: none">• Healthy workplaces: safe, clean, respectful, low stress• Adequate health benefits, assistance to employees to support health and prevent disease• Not to create ill health: reduce harm
Employees	<ul style="list-style-type: none">• To remain as healthy as possible• To make rational, informed choices about using the healthcare system• Healthy relationships with supervisors and co-workers
Institutions (e.g. hospitals, regional health authorities and universities)	<ul style="list-style-type: none">• Same accountability as employers• Community• Innovation and research• Delivery of cost effective, evidence-based care• Social responsibility• Effective resource use

Status/review of ongoing action initiatives:

Workplace Health paper

Having just completed its own paper on workplace health, CCIH was interested in considering supporting/complementary information on this topic.

Expert resource: **Geri McKeown of Wellness Matters** (a National Quality Institute-associated company)

- Ms. McKeown provided an overview of the NQI approach used to help organizations meet healthy workplace criteria. Ms. McKeown referenced her “Four step guide for building the business case for workplace Health”, available through NQI.

Council also considered the distribution strategy for its own paper on workplace health.

Romanow Commission submission

CCIH made a submission to the Romanow Commission in early November. CCIH councilor Durhane Wong-Reiger provided an overview of both the Romanow and Kirby Commission processes, and speculated about the recommendations in the Romanow report to be released November 28. Councilors reflected on the opportunities for CCIH in this process, in light of the CCIH mission and vision statements.