

THE CANADIAN COUNCIL ON INTEGRATED HEALTHCARE



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PRESENTS:

**“LET’S GET ENGAGED”:  
GETTING CANADA’S PUBLIC POLICY MAKERS AND EMPLOYERS  
TOGETHER ON HEALTHCARE**

*A preface paper to a National Payers’ Forum in Fall 2006*

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## EXECUTIVE SUMMARY

**“An effective healthcare system can be achieved only if there is integration of public policy, private interests and roles, accountability, function, and sustainable funding. A defined, structured and effective public-private interface is necessary but missing.”**

*[November 2001 submission by CCIH to the Commission on the Future of Health Care in Canada<sup>1</sup>]*

Canadian healthcare is facing great challenge and continuous change: demographic, economic, and political pressures abound and the system as we know it is under intense scrutiny from all sides.

Both public and private payers are struggling to rationalize and explain their current roles in financing healthcare – what services, for whom, at what time, at what cost, with what objectives? Funding demands well in excess of the general inflation rate have caused both payer groups to consider how and where to invest in the future...and where to reduce their obligations. Acting separately, their actions often endanger the timely access of Canadians to necessary health services. This lack of coordination must be addressed.

The Canadian Council on Integrated Healthcare (CCIH) is an independent, non-aligned think tank whose mandate is “to influence and catalyze change... [and to] help eliminate traditional silos and build bridges between sectors in the healthcare system.” Since 1997, our diverse membership has encouraged dialogue that is designed to assist Canadians understand emerging health issues.

In 2001, the CCIH took the position that dialogue was also needed between various ‘bigger’ players in the Canadian healthcare landscape, and in our submission to the Commission on the Future of Health Care in Canada we made the recommendation for a National Funders’ Forum to explore the current and desired framework for the funding of health services. Our 2002 discussion paper on workplace health also suggested that a “Payers’ Forum” would be beneficial.<sup>2</sup>

We then began to consider the social role/responsibility employers have in the wider healthcare system. After much deliberation and discussion, including hosting an ‘employer round table’ on this issue in May 2005, we concluded that Canada needs increased interface and engagement between employers and public policy makers.<sup>3</sup> The resulting synergy from such exchange could at last bring order to what has so far been an accidental division of funding. Consequently, the CCIH will host a National Payers’ Forum in Fall 2006.

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<sup>1</sup> May be viewed at [www.ccih.ca](http://www.ccih.ca).

<sup>2</sup> CCIH – discussion paper on ‘Workplace Health’, October 2002. Available at [www.ccih.ca](http://www.ccih.ca).

<sup>3</sup> For the purpose of this paper and the proposed Payers’ Forum, ‘employers’ refers to individual workplaces, as well as organizations representing groups of employers (for example, various chambers of commerce, which represent an important employer ‘voice’, and employee trustee plans, since they manage employee benefit plans much as employers do); ‘policy makers’ refers to public policy analysts and decision makers (senior bureaucrats) at both the federal and provincial/territorial level. We also fully acknowledge that employers constitute only one segment of the private end of the healthcare spectrum (which also includes, for example, consumers and private insurers). However, given employers’ very significant financial contribution (discussed in the first section of this paper), and their day-to-day role in affecting their employees’ lives (through workplace health), they are the starting point on which the CCIH has chosen to focus to encourage increased public-private interface and collaboration.

***What a National Payers' Forum will do:*** The forum objectives are: 1) To explore potential synergies created by public sector and employer engagement in healthcare policy; and 2) To make recommendations for improved collaboration.

This one-day event will provide a unique opportunity for constructive and solutions-oriented dialogue between government and employers. During a morning keynote presentation and panel discussions, invitees will consider broad questions about their relationships and respective roles in relation to healthcare financing and policy-making. Importantly, in the afternoon they will participate in a hands-on demonstration case for why such dialogue is needed sooner rather than later. Breakout sessions will focus on specific, urgent issues within healthcare that could benefit in a very meaningful way from greater public/private integration of thought and effort, such as access to pharmaceuticals and different provincial healthcare models (for reasons of timeliness, specific issues will be identified for participants in the weeks preceding the forum). A summative panel will reflect on the day's work. A subsequent reporting document on forum outcomes (in the form of recommendations and issues for future focus/action) will be produced by the CCIH shortly following the forum for broad dissemination.

***What this current paper seeks to do:*** This background paper to the Payers' Forum is not a research paper, nor a comprehensive review of public and private payers within the Canadian healthcare system. This paper is also not about "two-tier healthcare", and not about parallel private healthcare delivery.

This paper *is* about a national approach to identifying the roles, responsibilities, objectives and motivations for financing health services in Canada. It makes the argument that employers have a real stake in ensuring they become regular attendees at the policy-making table so their voices can be heard and their knowledge can contribute to a healthier future for Canada's economy and its people. The paper explains how such interaction is critical for governments as well, so they can benefit from access to (and potentially influence the use of) the tens of billions spent by employers on the health needs of workers and their families. Governments cannot afford to take on these expensive liabilities, but they could find themselves in such a position if large numbers of employers decide to reduce or eliminate their health plans because they no longer feel they have any control over costs or influence over national healthcare objectives.

Our goal is to generate ideas, reflections, and even disagreement. This paper is designed to move readers toward action – that is, either attendance as an invitee, or interest in the results of the upcoming National Payers' Forum. Through the forum, dialogue about public/private collaboration can move from 'on paper' to 'in person', which is a crucial first step toward the greater engagement we are encouraging. In the view of the CCIH, such engagement is essential if we are to move toward assuring a more integrated, planned, and rational funding strategy for Canada's healthcare system.

## Part A

### Time for Change:

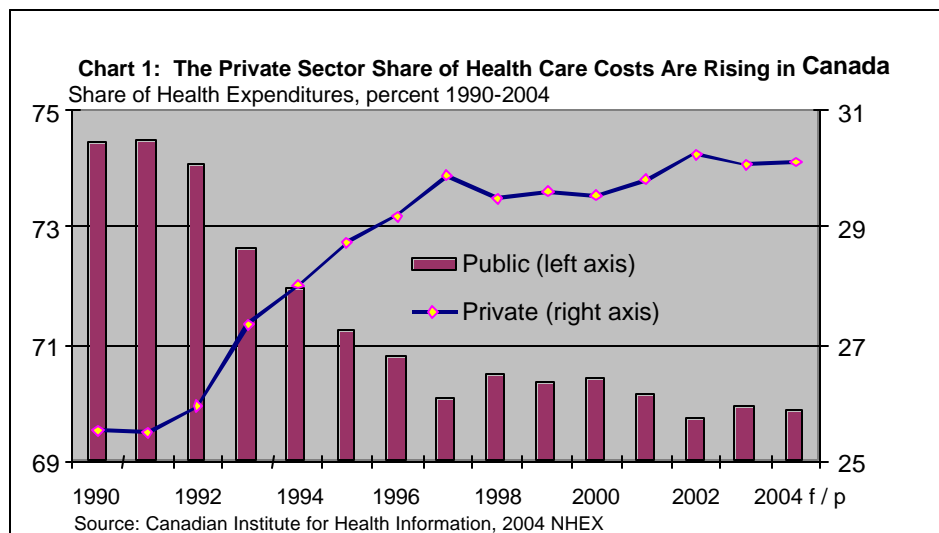
#### Why there is a need for greater engagement between employers and public policy makers

***i. What is the role that employers have traditionally played in the healthcare system and healthcare policy-making?***

Employers make a significant financial contribution:

Employers are only one participant in the healthcare system, but through corporate income taxes and other earmarked tax contributions, Workers' Compensation, and employer sponsored health benefit programs, their financial input to that system is significant. In fact, the \$20 billion spent annually on health benefit programs<sup>4</sup> plays a crucial role in the financing of healthcare services and, importantly, adds tremendously to the peace of mind of over 20 million Canadian employees and family members.<sup>5</sup>

The latest data from the Canadian Institute for Health Information (CIHI) shows that private expenditures on healthcare (by all private payers, including out of pocket payment by consumers) jumped from 25% of total healthcare expenditures in 1990 to just over 30% by 1997, a level held since then. (See Chart 1)



Moreover, the private sector's share of health expenditures grew at twice the rate it did over the previous 15 years.

<sup>4</sup> Sharratt, A. "Sending out an SOS", *Benefits Canada*, April 2005.

<sup>5</sup> 2005 sanofi-aventis Healthcare Survey.

But employers have played a relatively minimal role...:

The private sector has been relatively passive in shaping the evolution of Canada's healthcare system, despite its growing contributions to healthcare expenditures. The question of what role employers *should* have, especially in light of their substantial share of healthcare costs (see Table 1), has been recognized as an issue for some time now. In 1998, the Conference Board of Canada produced a detailed paper titled "From Payer to Player: The Employer's Role in the Canadian Health Care System".<sup>6</sup> That paper described the results of a forum of employers, pharmaceutical companies, and various stakeholders in the healthcare system; the ultimate conclusion drawn at the forum was "that it is of strategic importance for organizations to... become involved in public policy discussions around health care."<sup>7</sup>

**Table 1: Major Uses of Private Health Funding**

Type of Expenditure	Private Cost (\$B, 2004)	Private Share (% , 2002)
1. Workers' Compensation <sup>8</sup>	7.6 (2003, est.)	100%
2. Short and Long-term disability <sup>9</sup>	3.4 (insurance premiums)	unknown
3. All drugs <sup>10</sup>	13.27	61%
4. Prescription drugs	9.47	53%
5. Dental care	8.84	95%
6. Optometrists, Opticians	2.84	92%
7. Physiotherapy, Chiropractic, Massage Therapy, Psychology	1.73	76%

Four years later (in 2002), in our own paper on 'Workplace Health', the CCIH observed that there had been little movement forward since the Conference Board's earlier call to action.

In 2005, while employers are becoming somewhat more vocal (see Section C below), the private sector does not yet have any significant role in public policy decision-making about healthcare.

<sup>6</sup> Conference Board of Canada – discussion paper 246-98, November 1998.

<sup>7</sup> From the paper's Executive Summary. According to the Summary, the forum arose from the observation that: "The private share of health care financing is increasing, and questions remain as to the future of the system and the role of employers in it. The issue is critical for the competitiveness of Canadian business."

<sup>8</sup> For Workers' Compensation, figure is 2003 total premium revenue for all WCB organizations in Canada. Source: [http://www.awcbc.org/english/board\\_pdfs/Key\\_2003.pdf](http://www.awcbc.org/english/board_pdfs/Key_2003.pdf).

<sup>9</sup> STD / LTD: Total private insurance value of these benefits. Source: Benefits Canada, April 2005.

<sup>10</sup> All other figures (categories 3 to 7) from CIHI NHEX 2004.

## **ii. Why is now the time for employers and governments to work together on healthcare financing and policy-making?**

The CCIH is of the view that a higher level of engagement between employers and public policy makers has now become even more critical than when the Conference Board recommended such an approach back in 1998. “Engagement” in this context means having input, involvement, and influence in the development and shaping of Canada’s healthcare landscape. Some of the pressing imperatives for this greater engagement include:

- **Demographic pressures:** Predicted skills deficits, high upcoming levels of retirement and the provision of healthcare for those (longer-living) retirees, and an aging population overall (and implications for growing unfunded liabilities faced by many employers) are only some of the demographic issues with which Canada must contend.<sup>11</sup> Ensuring that our healthcare system is able to cope with such demographic change requires the contribution and expertise of many players.
- **Global competitiveness:** While Canada’s healthcare system has sometimes been a drawing card for international business<sup>12</sup>, the harsh reality is that an under-performing healthcare system can also increase employer-sponsored health benefit costs and influence companies *not* to invest in Canada.<sup>13</sup> Furthermore, a system that has difficulties with issues such as wait times (whether in relation to services or access to specialists) can also have very profound and negative repercussions for existing Canadian employers: prolonged absenteeism due to prolonged waiting can be incredibly costly on a number of levels, including a company’s ability to compete internationally.
- **Economic cycles and pressures:** During low points of business cycles both governments and employers have more difficulty allocating scarce resources. As the Canadian economy struggled through recession in the 1990s, per capita provincial government spending on healthcare fell along with government revenues. At the same time many corporate health plans, also susceptible to economic cycles (and their impact on corporate profits), were tightened. In almost every case (both public and private) the cuts to healthcare were uncoordinated and key stakeholders did not convene to discuss where and why cuts would be made. And, importantly, healthcare expenditures did not simply evaporate – instead, individual Canadians funded them out-of-pocket. For example, from 1992 to 1997 (the peak and valley of the last full economic cycle) the share of prescription medicines paid by consumers jumped from 20% to 25%, a cost transfer of \$427 million.<sup>14</sup> Overall, during the decade from 1992 to 2002, household spending on prescription drugs jumped more than 70%.<sup>15</sup>

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<sup>11</sup> The issue of an aging population is one of the topics that is the focus of the Conference Board of Canada’s recent publication “Performance and Potential 2005-06”, its annual report card on Canada (released October 18, 2005). This year’s report (the third in a four-part series that aims to set out a national prosperity agenda) looks at Canada’s global status in terms of productivity and sustainability.

Source: <http://www.conferenceboard.ca/P&P%20Key%20Findings%202005.pdf>

<sup>12</sup> The Canadian healthcare system was cited as one reason for the recent (June 2005) decision by auto manufacturer Toyota to locate a second plant in Ontario instead of in the U.S.

<sup>13</sup> In the Conference Board of Canada report “Performance and Potential 2005-06” (referenced above), Canada’s overall health ranking (on a global scale) has dropped two places (down to 10 from last year’s position at number 8). The report describes how Canada’s productivity growth has stagnated, and suggests: “Canada’s relative size and status in the global economy is slipping. With an aging population and our economic growth potential slowing, Canada will find it hard to avoid falling farther in the global rankings.”

<sup>14</sup> CIHI, 2005. Drug Expenditure in Canada, 1985-2004.

<sup>15</sup> “Out of pocket spending on prescription drugs”, *Perspectives on Labour and Income*, Vol. 6, no. 9, September 2005.

- Uncertainty around the funding and future of Canadian healthcare: The model for healthcare funding is clearly in flux (seen, for example, in the June 2005 Supreme Court of Canada ruling in *Chaoulli and Zeliotis vs. Quebec*), and there is great impetus to act *now* to ensure the sustainability of Canada's system.
- Declining public confidence: Despite a 45% spending increase in healthcare from 1999-2004, polls and surveys show Canadians are not confident in their healthcare system; one survey of 1,500 benefit plan members showed Canadians who thought the system would worsen over the next two years outnumbered those who thought it would improve by a 2:1 margin (47%: 22%).<sup>16</sup> Polls show a gap between political pronouncements of loyalty to the Canada Health Act and the much more practical considerations of Canadians who, increasingly, will not wait to access necessary health services.<sup>17</sup> Politicians are grappling with the "democratic deficit": there may be no better place to start improving confidence than with Canada's most cherished institution – healthcare.

It is the view of the CCIH that a more proactive, strategic, and collaborative approach to the future of Canadian healthcare is essential, and greater engagement by employers is one critical component of this approach.

***ii. Voices for change: What employers themselves are saying about being more engaged in deliberations about the future of Canadian healthcare***

Employers have traditionally not had a strong voice in the healthcare debate. However, it is apparent that there is momentum for change and some employers are expressing an increased desire to be part of the discussion on healthcare. They are seeking recognition as stakeholders in the policy debate. Witness, for example, these observations from two chambers of commerce at different ends of the country:

- The Ontario Chamber of Commerce 2005 Health Care survey found that "the business community feels the current system is unsustainable, and wants the private sector to work with the government to create new solutions."<sup>18</sup>
- In June 2004, Murray Sigler, President & CEO of the Calgary Chamber of Commerce stated: "The voice of business has been excluded from the debate on health care reform." David Swanson, Chair of the Chamber, agreed and added: "For too long the debate has been restricted to health care delivery. Maintaining the status quo is detrimental to our global competitiveness."<sup>19</sup>

In a corresponding background paper, the Calgary Chamber expressed the view that: "It is essential that government, private industry and the health care community collaborate to build a healthcare system that offers a competitive advantage, is fiscally sustainable and builds and supports a healthy population." The Chamber provided a series of recommendations to this end.<sup>20</sup>

<sup>16</sup> Op cit: The sanofi-aventis Healthcare Survey - 2005.

<sup>17</sup> As frequently discussed in the media (for example, Lisa Priest's article titled "Policy Opens Door for Hip Operations in U.S", *The Globe and Mail*, October 3, 2005).

<sup>18</sup> Ontario Chamber of Commerce, Media Release -- "Healthcare's Status Quo Not Working: Private Sector Must be Part of the Solution" -- July 19, 2005. The survey found that over 80 per cent of respondents (Chamber members) believe the current healthcare system is inadequate.

<sup>19</sup> Calgary Chamber of Commerce, Media Release -- "Chamber Makes Business Case for Health Care Reform" -- June 11, 2004.

<sup>20</sup> Calgary Chamber of Commerce, Background paper -- "Health Care Reform and the Canadian Competitive Advantage" -- June 11, 2004.

The CCIH heard directly from employers at a Round Table forum held in Montreal in May 2005. While the sample was small (five individuals representing five different employers from across Canada were present<sup>21</sup>), we think the insights and observations offered reflect a much wider base. Those present were asked various questions about ‘employer engagement in the Canadian healthcare system’. The following is only a small sampling of what was relayed back to us:

On the first topic of **employee health and wellness**, all present agreed with a tenet put forth by the CCIH in its previous paper: that there is strong ‘business case’ for a healthier workplace. One employer representative stated simply: “Workplace health is critical for productivity.”

The Round Table participants next considered the relationship between **workforce health and economic competitiveness** – that is, what are the benefits of the healthcare system to employers and the value they place on those benefits? Responses were varied:

- One representative said that Canada is known for its healthcare system and this is an advantage for international recruitment of workers; however, there was discussion about the growing *perception* by employers that provinces are offloading service coverage and that pressure is being placed on employers to provide more of those services.
- There was agreement the healthcare system is changing; one attendee suggested that now is the time for collaboration in seeking a new approach.
- One employer representative was of the view that our healthcare system is of little advantage; he said his company is having a hard time attracting employees because of a shortage of doctors in their region, and it has resorted to contracting directly with doctors to provide services to employees.

Overall, the attendees at the Round Table opined that most employers do not look *globally* at the issue of Canadians’ healthcare, but rather more introspectively at the health of their own employees and their dependants; in other words, employers’ motivation in thinking about employee health is usually from a position of rising costs, reduced productivity, a shrinking pool of skilled and motivated labour, and the effect all of these have on their success as an organization.

Here are some participant thoughts on **the role and interest (or lack thereof) of Canadian employers in shaping public policy in the health sector**:

- *“The role of the employer [in Canada’s healthcare deliberations] is probably the most nebulous part of the question.”*
- *“Employers are often most interested in cost issues, and competition can be so fierce it’s hard to see public health policy as a priority... but [corporate] sustainability could be a focal point that would rally employers to the healthcare table.”*
- *“It needs to be clear what area of healthcare employers should be at the table for.”*

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<sup>21</sup> Employer participants were: Caroline Brereton (Trillium Health Centre, Ontario), Martine Caplette (QIT-Fer et Titane, Quebec), Mike Lee (Moosehead Breweries, New Brunswick), Elaine Noel-Bentley (Petro-Canada, Alberta), and Rod Nolan (Neil & Gunter Ltd., New Brunswick).

In terms of **how increased engagement could happen**, the employer representatives observed:

- *“It is very important that employers are involved in discussions about the future of Canadian healthcare, but they need to do this as an organized group.”*
- One attendee suggested greater engagement could be achieved through “industry sector” groups, though she also pointed out, *“There are corporate groups that have been active, many at the provincial level, however, there doesn’t seem to be great receptivity and they’re not seen as key players and it’s hard to know who to talk to.”*
- *“We need to bring a creative lens to the problem, where innovation can effect change; this would not be driven by policy but by provider groups, which in turn are driven by the community/consumers.”*

Round Table participants also discussed the fact that only one half of the Canadian population is in the labour force; they further emphasized that wellness should not only be a priority for employers and governments, but that it must begin ‘at home’ with the individual. In closing, they all agreed that the long-term sustainability of Canada’s health system is a worry. One attendee suggested that improving outcomes should be the focus (including a shift from treatment of disease to preventive health). Another expressed concern that if the current system is *not* sustainable it will come back to the employer to fund -- with the further possibility that employers (particularly small ones) might be forced to shift such responsibilities right back to the public purse through vehicles such as Ontario’s Trillium drug plan (exactly the kind of ‘round and round’ that can happen when there is no collaborative planning in place).

### ***The bottom line***

The employer representatives we consulted certainly are engaged and interested in the healthcare system. They are also troubled by what could transpire in terms of the future of Canadian healthcare, and they want to play a larger role in determining that future. Significantly, they are of the view that one major hurdle that must be overcome is that there must be greater receptivity and acknowledgment from healthcare policy makers towards employers as key stakeholders. The CCIH is of the view that a National Payers’ Forum would allow employers and public policy makers the opportunity for full and frank dialogue.

## **Part B**

### **Engagement Takes Work: The challenges to getting together, and why it's worth the effort**

We have made the argument that it is essential for employers to both engage and be made welcome in the healthcare policy debate. Being ready to talk takes effort, however, including developing an awareness of the possible challenges and barriers to such engagement.

In our view, there are at least four major issues to overcome on route to a more integrated strategy for healthcare policy-making and financing:

**Lack of understanding:** There is, overall, mutual apprehension and lack of understanding about the respective roles, resources, and agendas of private and public sector payers. There appears as well to be an overwhelming failure to engage the general public in the "meat" of health service planning, delivery and measurement. Collectively, and with some justification, the system knowledge of most Canadians is usually superficial, and our opinions and perceptions are quite fluid – they can be swayed by the latest crisis and too easily manipulated by media, politicians and other "elites" in the system. Further, the large number of interest groups creates a political climate that invites division and ensures endless consultation and analysis, making it even more difficult to solve complex, multi-faceted and interdependent public policy problems.

**Inertia:** At the system level, a cautious "do-no-harm" guiding mentality exists that is appropriate for healthcare delivery to individual patients, but conspires against effective system leadership. This is best described in a revealing story told by Tony Clement, Ontario's former Minister of Health and Long-Term Care. In a recent panel discussion<sup>22</sup>, he identified "eight circles of hell"; these are the major political/bureaucratic hurdles or structural filters a good idea has to work through before being implemented:

1. The Health Minister
2. The Premier
3. The governing party's campaign team
4. The Minister of Finance
5. The Cabinet
6. The Caucus (to check against local issues)
7. The bureaucracy (to vet implementation)
8. Other stakeholders (physicians, hospitals, nurses, etc.)

Inertia is further perpetuated by the sheer size and degree of fragmentation of the health system. With over \$130 billion in spending, about 800,000 employees and contractors<sup>23</sup>, public and private spending envelopes (each further segmented), and a combination of federal, provincial, regional, and local planning and delivery...it is no wonder that change is not easy to accomplish.

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<sup>22</sup> Meeting report available at: [www.chmonline.ca/news/article](http://www.chmonline.ca/news/article).

<sup>23</sup> CIHI, 2004. Health Personnel Trends in Canada.

**Different agendas:** The small and large ‘p’ politicization of healthcare services and the many interests involved (only some of which have just been mentioned above) often inspire endless negotiation and can conspire against progress.

**Lack of mutual objectives:** Unfortunately, there appears to be a lack of common, manageable goals and objectives, and inadequate trust in the relationships among payer and provider groups. Part of this is attributable to a failure to invest in management/system knowledge – an investment that could help to set clear objectives, encourage transparency, and implement the necessary technology to measure progress, which is pivotal for accountability.

### ***Why hasn’t Canada overcome these challenges yet?***

As discussed by the employers who attended the CCIH Round Table, in a changing and complex environment there is too little appetite for innovation. We would add that there is also too little willingness to experiment with management and care processes (the clinical sciences could offer a better model in this regard, and certainly employers have much to contribute in terms of management expertise). Even though many good ideas have been developed about how to improve Canada’s health system, we as a nation have not moved easily from ideas to implementation. With lives and livelihoods depending on it, with undocumented processes and progress, and largely unknown outcomes, this gives new meaning to the term “unsustainable”.

### ***Why is it so important for employers and governments to work together to manage the future evolution of Canada’s healthcare system?***

A recent article published by Chatham House Economists quotes Nobel laureate Theodore Schultz (1979), who argued that “population quality was the ‘decisive factor’ of production” and emphasized the merits of investing in education and health while identifying the main channels through which health could boost economic activity and growth.<sup>24</sup>

Given the Conference Board’s recent report on Canada’s lagging productivity, it is obvious that both employers and the country as a whole have a lot at stake if our “population quality” (read: health) is not regarded as both a corporate and national priority. A more stable, collaborative approach to healthcare policy-making and financing could preempt some of the uncoordinated cuts to healthcare services we described in Part A of this paper. And developing a strategic plan to improve the health and productivity of Canada’s workforce means higher profitability for companies, which in turn means higher tax revenue, smaller increases in healthcare expenditures, a healthier population, and greater opportunity to fund change: clearly a win-win situation for all concerned.

But we recognize that government cannot (and should not be expected to) accomplish this alone and stakeholder involvement is critical. Specifically, we believe it is essential for employers to become regular attendees at the policy-making table so their voices can be heard and their knowledge can contribute to a healthier future for Canada’s economy and its people.

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<sup>24</sup> “Health Expenditure: an ‘investment’ rather than a cost?”  
Source: [www.chathamhouse.org.uk/index.php?id=189&pid=245](http://www.chathamhouse.org.uk/index.php?id=189&pid=245).

**Part C**  
**Time to Talk:**  
**Looking forward to a National Payers' Forum**

**“Canada’s healthcare system is an integral part of our national identity.... The private sector believes...our task now will be to lead and champion the debate necessary to start the process of repairing our system so that it can be sustained and even improved.”**

*Len Crispin, President and CEO, Ontario Chamber of Commerce (July 2005)<sup>25</sup>*

**“In this 21<sup>st</sup> Century, Canadians need structured collaboration to transform our health system into a well-managed, evidence-based and research-driven enterprise that acknowledges the biological, genetic, social, economic and environmental determinants of health.”**

*The Honourable Ujjal Dosanjh at the National Health Policy Summit, (April 19, 2005)<sup>26</sup>*

There is a growing call by employers to become more involved in the Canadian healthcare debate. For governments, there is a crucial need for continued access to and influence over the tens of billions spent by employers on the health needs of workers and their families. *How* to enable this is, of course, the question.

To this end, the CCIH plans to convene a forum of public payers and employers in Fall 2006 that will begin to build relationships and trust, identify shared goals, and specify one or more clear objectives in relation to selected health care issues.

In our view, such a forum is an essential first step, now overdue, in working toward a planned, integrated, and rational funding strategy for Canada’s healthcare system. By getting together and having the chance to talk and listen in a meaningful way -- enacting the collaboration that Minister Dosanjh advocated above -- the two groups can realize a new synergy not possible if they remain unconnected. More specifically, we believe a Payers’ Forum can address some of the challenges identified earlier in this paper.

***Objectives for the National Payers’ Forum***

The forum objectives are:

- 1) To explore potential synergies created by public sector and employer engagement in health care policy;
- 2) To make recommendations for improved collaboration.

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<sup>25</sup> Ontario Chamber of Commerce, Media Release (July 19, 2005).

<sup>26</sup> From speech titled "Renewing and Revitalizing Health Care in Canada: Let Us Wait no More", Health Canada: [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca).

## ***Expectations for the National Payers' Forum***

The CCIH believes that employer and government invitees who attend the forum have much to both offer and gain, for example:

**Lessening mutual apprehension:** At the very least, the National Payers' Forum would create the opportunity for relationship building and good will for those in attendance. No forum has previously existed for this purpose. There would be opportunity to clarify current roles and objectives, as well as a chance to establish a more rational and collaborative future.

Further, the private sector has valuable information about how the healthcare system (and changes to it) affects Canadians in a very real way: at the forum, employers can share their perspective so policy makers can hear real-life consequences of the health policies they make. Employers can also express their ideas about how current policies impact on health in the workplace, or what new policy directions could contribute to this end. In this regard, the forum will serve as an enabler for constructive, solutions-oriented dialogue, where both sides can benefit from one another's insight and experience.

On a more practical level, the relationships forged could lead to other opportunities for exchange further down the road: for example, through two-way organizational secondments, where the expertise of both sides could be shared. The forum would set the stage for employers to be recognized as significant contributors to the healthcare policy debate.

### ***Questions for the forum to consider:***

- What are the roles and resources of the public payer within the Canadian healthcare system? What are the roles and resources of employers as payers within the Canadian healthcare system?
- How does current public healthcare policy impact on Canadian employers and their employees, particularly in terms of productivity and competitiveness? What new policy directions need to take place to improve the status quo?

**Countering inertia:** As former Ontario Health Minister Clement noted, sometimes government must wrestle with its own weight when seeking to move ideas into action; this may be an area where a business perspective could help: private sector expertise regarding management strategy and system change is considerable and could offer valuable insight within a healthcare framework. On a very practical level, for example, the management of information and data -- a priority area for the public sector -- is something with which the private sector has extensive experience.

The forum, therefore, would be an ideal venue for raising awareness of the need for greater collaboration between policy makers and employers and identifying key actions or sectors for such collaboration (such as public education on chronic disease, or research agendas).

### ***Question for the forum to consider:***

- What are some key action areas or sectors where employers and the public sector could partner to positively impact on the Canadian healthcare system?

**Clarifying goals and objectives, and agreeing on agendas:** Goal-setting is clearly not only an issue for the government, but also for employers. The forum would provide the opportunity for an initial review of potential areas where public and private payer goals and objectives could coalesce and key funding agendas could be aligned.

***Questions for the forum to consider:***

- What goals and objectives do the public sector and employers share in terms of the future of both Canada's healthcare system and its impact on the nation's overall prosperity and future?
- Moving forward: What actionable steps can these two groups take together to begin working on the achievement of these goals and objectives?

**The forum as a demonstration case for dialogue:** After considering some of the questions above during the morning segment of the forum, invitees will move on to a hands-on 'workshop' session in the afternoon, where the focus will be on specific, pressing issue areas within healthcare. The opportunity to bring policy makers and employers together for dialogue about these topics is sure to yield interesting results.

***Final thoughts:***

It is important to point out here that the forum would be a first step in engagement. The role of the CCIH would not be to direct participants toward a policy prescription or specific outcomes, but rather to serve as a neutral catalyst and provide a positive context and environment where initial dialogue can take place. The anticipation would be that subsequent exchanges and initiatives would ensue, with the ultimate goal of including employers permanently at the healthcare policy-making table.

In closing, we encourage you to stay posted about the forum by accessing our website at: [www.ccih.ca](http://www.ccih.ca). Most importantly, we encourage you to continue thinking closely about the issues raised in this paper. The CCIH welcomes input, feedback, and comments at any time. Please contact:

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### **More about the CCIH**

The Mission of the Canadian Council on Integrated Healthcare (CCIH) is to educate Canadians on emerging healthcare issues, with a vision of an integrated system.

The CCIH is a unique, multi-stakeholder professional forum with members from across Canada working to encourage constructive and inclusive dialogue on challenging health-related issues. It is an independent, non-aligned body, founded in 1997. Membership includes key opinion leaders from the private health sector, labour, consumer, and health professions.

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For more information on the CCIH, please see: [www.ccih.ca](http://www.ccih.ca).