



KEY ISSUES IN HEALTH:

A Provincial Vision of the Future
Canadian Health System

**COMMISSION ON THE FUTURE
OF HEALTH CARE IN CANADA**

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MISSION

As a federation of health boards, the NLHBA is dedicated to working collaboratively with the province's publicly-funded health system through dynamic leadership in advocacy, the creation and exchange of ideas, and development of consistent policies, standards, and guidelines.

DEFINITION OF "HEALTH"

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

World Health Organization

1. Introduction

The Newfoundland and Labrador Health Boards Association (NLHBA) welcomes the opportunity to contribute to the Commission on the Future of Health Care in Canada's discussions. The Newfoundland and Labrador Health Boards Association is the federation of regional health boards that serve Newfoundlanders and Labradorians across the province. Through our membership, the NLHBA represents the regional Institutional Health Boards, the regional Integrated Health Boards, the regional Health and Community Services Boards, the St. John's Nursing Home Board and the Newfoundland Cancer Treatment & Research Foundation. These Boards are governed by voluntary trustees, who are appointed by the Minister of Health and Community Services and serve in the public interest.

In Newfoundland and Labrador, the Minister of the Department of Health and Community Services (DOHCS) has just completed a series of regional Health Forums that were held across the province of Newfoundland and Labrador with participation from invited stakeholders in each region, followed by a provincial Health Forum. The Health Forums were intended to provide opportunities for meaningful discussions on the questions identified in the document developed by the Government as a resource for the consultations. The recommendations from the Health Forums will feed into the planning process that is under way for the provincial health system. The goal for the process is to develop a strategic plan for the health system, dovetailing with and complementing the provincial Strategic Social Plan (SSP).

Health Boards are ready to take an active role in working towards solutions. We believe that the focus on wellness and needs-based population health principles in the Health Forums in our province is reflected across the country. The time has come to move from rhetoric to action and we look to the Federal Government for leadership. The Romanow Commission at the national level, and many inquiries at the provincial level, such as the Health Forums in this province, are engaging the public, providers and Government in a

review and decision-making process for the sustainability of the health system. This is our opportunity to engage all stakeholders in this important process.

2. Provincial Support of the Publicly-funded Canadian Health System and the values of the Canada Health Act: comprehensiveness, universality, portability, accessibility, public administration

Polling shows that the population in this province strongly supports the public health system and does not support the introduction of further privatization initiatives such as user fees. The federal government is urged to take the lead in promoting and supporting those values, and increasing its share of health costs to legitimize its leadership role. Discussions on further privatizing health services should ensure that universal access to needed health services is protected and the delivery of any privatized health services should be within standards set by the publicly-funded system.

2.1 Values: Support for Public Health System

The values of the Canadian public health system as defined in the *Canada Health Act* are widely supported in the province of Newfoundland and Labrador and are seen as key in terms of the “social safety net” and social equity. Public policy that compromises the public aspect of the health system is therefore not supported in this province. This is reflected on the national scene: the Health Care in Canada Survey 2001 found that Canadians do not support paying for health services at the point at which care is delivered, and do not support requiring patients to contribute a portion of the costs of the care and services they use based on income, although there was support for an additional public insurance program, funded by premiums, to cover what is not included in the current government-funded health system. In this province, the NLHBA polling has found that six out of ten Newfoundlanders and Labradorians are either strongly or generally opposed to the introduction of small user fees. In addition, close to two-thirds of residents of the province strongly or generally oppose legislation that would require people to pay for their own medical costs if they become ill or develop a disease as a result of lifestyle choices. Where there are user fees in this province, such as for

ambulance use, the cost incurred by recovery of fees owed often exceeds the recovered financial amounts.

Over the past five years, as the health system has been changing to address fast rising costs, there has been a national public debate about our health system. Although the debate originally unfolded around a comparison of Canada's health system to that of the United States, it is becoming clear that there is no convincing case to be made for adopting the high-cost U.S. health system. In spite of the strong U.S. economy, it has poor health outcomes compared with other OECD countries, 44 million people have no health insurance and a further 30 million are underinsured (Universal Health Insurance Policy Summary). Canadians have also taken note of the financial toll on people: the majority of personal bankruptcies in the U.S.A. are related to medical problems (Jacoby, 2000). The majority of those forced into bankruptcy by medical bills had some kind of medical insurance. Most recently, one of the greatest anxieties for people who lost their breadwinners in the September 11, 2001 tragedy was how to pay the health bills in the absence of health insurance.

2.1.1 Managing Change: jurisdiction and funding

Bringing new approaches to the Canadian health system has always been fraught with difficulty because of the constitutional structure of the Canadian state. The *Canada Health Act* (CHA) governs the overall policy and framework of the public health system in the country and the federal government provides funding that it deems to be appropriate. The provinces have the constitutional authority to administer the health system and have to add further funding to support health programs and services in each province. Since the CHA covers only medical and hospital services, other health programs and services are the responsibility of the provinces, including the early intervention and health promotion services that are now recognized as crucial in reducing the need for acute care services.

Conflict is inevitable as provinces look for more funding for their health programs and services, and the federal government attempts to maintain its role of overseeing the national public health system in the interests of the Canadian population.

(a) CHST

Efforts to keep up the federal profile in the Canadian health system have been hampered by the decision in the early 1990s to change the funding for the social sector from a model where funding was targeted towards a particular sector (health, education etc.) to the current global model, the Canada Health and Social Transfer, where all health and social funding is handled as a single amalgamated whole. It has made it extremely difficult, if not impossible, for the federal government to identify what funding is actually going to the health system. Current estimates of the federal cash share of health costs vary from 11% to 14% of the total, with by far the lion's share having been downloaded to the provincial governments, resulting in inequities in the health system from province to province according to individual provincial economies.

(i) Tax Points

Relationships among provinces have been strained because the Federal Government gives a portion of the health funding as tax points. From the Federal Government's point of view, this is a cost-effective method of distributing funds where no actual dollars need to change hands. Provinces with growing economies and large tax bases strongly support this method of calculation, as it gives them a larger share of the pie. The federal government has attributed an average value to the tax points which cannot be supported as meaningful, since the value of a tax point varies widely from province to province according to the health of the provincial economy. In 1999/2000, for example, the value of a tax point was calculated by Finance Canada to be \$16 in Newfoundland and Labrador and \$31 in Ontario. Fewer federal health dollars therefore go to Newfoundland and Labrador using this allocation method than to Ontario.

(ii) Per Capita Calculation

The allocation formula for CHST funds is now based on a per capita calculation. This has driven the provinces even further apart. For those provinces with a

shrinking population (generally the same provinces that have a smaller tax base) this has resulted in less funding for health services. Unfortunately, health services have to be offered in every province however small the population. The large land mass of a province such as Newfoundland and Labrador has an extra impact, in that providing health services to the shrinking population is much more costly than it would be if the same number of people were clustered in an urban centre.

(b) Equalization

Equalization in principle is a federal program intended to ensure that reasonably comparable services could be provided across the country at reasonably comparable levels of taxation. These provisions for equalization and regional disparities appear as Part III of *Schedule B, Constitution Act 1982*:

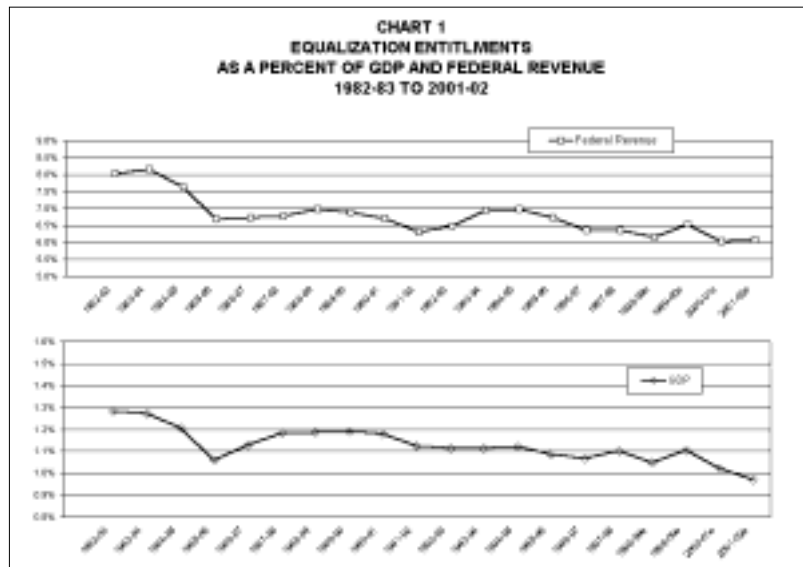
36. (1) Without altering the legislative authority of Parliament or of the provincial legislatures, or the rights of any of them with respect to the exercise of their legislative authority, Parliament and the legislatures, together with the government of Canada and the provincial governments, are committed to

- (a) promoting equal opportunities for the well-being of Canadians;
- (b) furthering the economic development to reduce disparity in opportunities; and
- (c) providing essential public services of reasonable quality to all Canadians.

(2) Parliament and the government of Canada are committed to the principle of making equalization payments to ensure that provincial governments have sufficient revenues to provide reasonably comparable levels of public services at reasonably comparable levels of taxation

A recent report by APEC points out that the equalization program has been an essential component of Canada's federal-provincial transfer mechanisms for over 40 years and until recently was widely supported as an essential mechanism to distribute the benefits of growth across the country and a building tool for all Canadians to access improved health and education services. Some provinces persist in describing this particular transfer from the Federal Government as a system where wealthier provinces pay in to equalization and poorer provinces draw out. In reality, it is a

constitutionally-mandated federal program funded by the general revenue collected from every taxpayer in the country, like all federal programs, to ensure that Canada functions in the best interests of its people as a country, not as a collection of loosely-connected sub-nations with very different economic bases. Currently the more vulnerable provinces are concerned that the overall decline in federal transfers since 1995 is gradually downgrading the ability of these provinces to deliver essential services (See Chart 1). This needs to be revisited by the Federal Government so that the program can resume its intended role in our country as laid out in our Constitution.



Public participation, federally and provincially, is essential in formulating values and principles for the health system that will be supported by all Canadians and ensure that funds for our health system are an investment in the future. The crucial question remains “How to ensure that essential services are funded for equitable participation in the system?” The Canadian public are already paying for some health services that they want – the key is to make sure that services that are needed are equitably available to all.

2.1.2 Sustainability: strategic planning for health funding

Spending on health in this country is not out of control and there is room for further investment in this sector. Canadian spending on health is one of the lowest amongst OECD countries, ranking 21st among the 27 OECD countries in public spending on

health. As a percentage of the GDP, Canada's health spending ranks only 9th among OECD countries and represents a smaller percentage of the Canadian GDP than it did ten years ago. It is significant in this regard that both federal and provincial governments, in showcasing their contributions to health costs, tend to speak of spending in current dollars without taking inflation or the increase in GDP into account. This gives the impression that health expenditures are rapidly expanding. The reality is that in constant dollars, the average annual increase in total (public+private) per capita health spending has averaged only 1.5% from 1992 – 2000, and the recent increases in public funding projected for 1997-2000 in constant dollar per capita terms (ranging from 1.9% to 5.4%) should be seen in the context of the decreases in public funding from 1993 – 1996 (-1.2% to -2.0%).

(a) Strategic Directions for health funding

The first step that should be taken for appropriately funding a sustainable and effective health system is to institute a strategic framework for the identification and allocation of targeted health funds by the federal government to the provinces. The development of a strategic health plan at the federal level, accompanied by a strategic funding formula with open and defensible population health principles for allocation of funds, will significantly enhance the planning and administration of health funding. NLHBA believes that the adoption of clear and open strategic funding criteria by the federal government based on population health principles will clarify the allocation process, enhance partnerships and ensure that funding is allocated according to priority strategic goals for the future health system. Reallocating funds within the health system itself should include reviewing all the current services currently included under the umbrella of "health" whether under the CHA or provincial jurisdiction in order to determine whether they should be included under the CHA or be pursued by other means, such as partnerships.

(b) Management of Change: Strategic Planning and the preservation of values

This strategic framework will go a long way towards discouraging *ad hoc*, stop-and-start decisions in this area and resolving the ongoing discussions in the health system on the way that funding is allocated and whether the process is fair and equitable. A certain amount of reallocation will necessarily take place according to the principles

of the strategic plan, and the targeting of priority areas with funding will help the health system to fulfill its potential.

Health Boards agree that user fees are not a good idea as they penalize the most vulnerable members of our population, the working poor, children and the elderly, and lead to a two-tiered health system. Public funding of the health system is widely supported in this province. However, a comprehensive review and evaluation of the health system should include identification of core services to be provided, together with an analysis of the appropriate mix of public and private services that the health system can sustain.

(c) Cooperation with partners

An education campaign should be undertaken to clarify for the public what is offered by the health system, so that public expectations are not allowed to grow unchecked by the realities of the health system. Challenges of rising drug costs must be met with co-operative inter-provincial structures to manage and control costs and the NLHBA welcomes the recent beginning of that process for the Atlantic provinces. Teams of providers working together in an integrated fashion offer a new model for primary health services for which federal funding is available. We have the tools and need to refine and apply them to renew our publicly funded health system.

3. Sustainability: The Canadian Public Health System is not broken.

Newfoundland and Labrador is well advanced in implementing a new Model for the Health System

The NLHBA are proud of the province's innovative population health based model for the health system, the implications of which are still working their way through the system. The NLHBA recommends that the Strategic Health Plan implement a public awareness component, either as part of each direction, or as a separate strategy. It is vital for the public to be educated on the principles on which the health system is based and on what realistically to expect from the health system.

3.1 Values: The Determinants of Health

The principles of the current model for the health system in this province are solidly based on contemporary population health thinking, evidence and research about what makes individuals and their society healthy. These principles are widely supported by health managers, researchers and professionals in this province, nationally and internationally. The vision articulated in the provincial Strategic Social Plan, adopted in 1998, of “a healthy, educated, distinctive, self-reliant and prosperous people living in vibrant, supportive communities within sustainable regions” relies on the same population health principles, and brings a high level strategic direction to public policy in this province. Canada-wide support for basing health systems on population health principles is reflected in health reports from national organizations such as the Canadian Institute for Health Information and the Canadian Public Health Association. The Canadian Institutes of Health Research, the Canadian Health Services Research Foundation and the Centre for Applied Health Research also have broadened their mandate, allocating funding for health research according to broader population health principles as well as pure medical research.

We now need to recognize that principles alone are not enough; funding is required at the delivery level for services according to population health principles. So far the agreement on the importance of population health principles has remained at the level of principles, while the actual funding continues to be largely directed towards hospitals and associated medical health professionals.

3.2 Managing Change in Newfoundland and Labrador

Since the early 1990s Canadian health systems have been grappling with issues of change. In this province, extensive consultations continued throughout the ‘90s and the health system has undergone very significant advances and reforms. The overarching framework of the Strategic Social Plan was launched in 1998 to coordinate change in all social sectors, with accountability mechanisms reaching down into individual communities with the development of the online Social Audits to be completed in 2003. It was recognized that we need to drill down into communities even within St. John’s in

order to ensure that city-wide or regional statistics do not cloak negative findings at individual community level.

All provinces generally are still engaged in various stages of health review and reform and have embarked on change with a particular focus for each individual province. There are some themes, such as regionalization, accountability methods and the need for primary care reform, that have appeared in almost all provinces while others are adopted by only a single province or a minority of provinces. Although many of the recommendations in the recent New Brunswick document, *Health Renewal*, for example, have already been implemented or considered in this province, they have proposed a Charter of Rights and Responsibilities and a report card format that is quite different from anything in Newfoundland and Labrador.

3.2.1 Current Model for the Health System in Newfoundland and Labrador

- In 1994, the restructuring of the health system began with the appointment of regional health boards to operate the health services in each region of the province.
- In 1997, DOHCS and NLHBA jointly worked on the articulation of a new model for the health system, basing their discussions on the broadened definition of health developed by the World Health Organization and the growing understanding of the role of non-medical factors in the overall health of a population.
- Based on population health principles, key determinants of health were recognized to include lifestyle, socio-economic factors such as employment and family issues, physical environment, biology and genetic heritage.
- The document that was produced, *Framework for a Redesigned Health System in Newfoundland and Labrador (1997)*, laid the foundations for a healthy public policy and guiding principles for the regional development of health services that would more effectively address the health needs of the population, using three levels of health services, primary, secondary and tertiary.
- In 1998, in keeping with the general principles of the Strategic Social Plan, the mandates of the four Community Health Boards were significantly broadened and they became the regional Health and Community Services Boards. The Health and Community Services Boards were mandated to deliver programs and services in

continuing care, mental health, addictions, health promotion, disease control and epidemiology, child, youth and family services, community corrections and youth diversion programs, and adult services. Over the following three years, these programs and services have been devolving to the four Health and Community Services Boards and the two Integrated Boards.

- Integrating services from the former Community Health Boards with the Child Welfare, Community Corrections, and Family and Adult Rehabilitative Services from the Department of Human Resources and Employment was intended to provide a continuum of services in the community based on principles of early intervention, prevention and interdisciplinary teamwork and offering a coordinated, single entry access to services.

The six institutional Health Boards and the two Integrated Health Boards have been streamlining their approach to acute care, in an ongoing adjustment to the changes in the health system resulting in new ways of delivering services, expansion of programs and addition of new programs

3.2.2 Current Model: managing change

The fact that there is a satisfactory model for the health system in this province that is well-supported in principle does not, of course, mean that the NLHBA feels that there is no room for improvement. There is plenty of room for improvements to enable the model to fulfill its potential and ensure that the system will achieve the anticipated results. There are gaps to be filled and obstacles to be removed, some due to policies and practices remaining from the previous medical model, some arising from unforeseen outcomes of reform. Political resolve, support and appropriately focussed funding are needed from both the federal and the provincial government to uphold and facilitate the principles of the public health system, recognize the great strides that have been made to bring the health system into the 21st century and to show leadership for making decisions in order to deliver the best health services possible with available funding.

In Newfoundland and Labrador, there has not been time for the changes inherent in the current model to be thoroughly implemented throughout the health system. There has

certainly not been time over the past five years of constant change to assess and evaluate the effectiveness of this model. The most recent stage in the restructuring of the health system, the integration of services, began only three years ago and is still ongoing. A wide range of innovative health services and programs are under way, in the pilot stage or still at the planning stage. Newfoundland health reform has resulted in principle in a move from the traditional focus on hospitals, since we now have a broader understanding of the role of other determinants of health. The publicly funded health system in this province is therefore much broader than hospitals and offers a broad continuum of services. The creation of regional Health Boards was intended to foster regional public participation and community-based health decisions, regional programs and services.

There is not enough public awareness of these changes and new perspectives. Both levels of government should attend to the necessary public education campaigns to ensure that expectations are based on valid evidence, population principles and the realities of the health system.

3.2.3 Sustainability: needs for development

Funding projections that link population needs to budgeting are needed to support services and programs and to continue to administer the health system according to the principles of the Strategic Social Plan. As noted above, additional funding is needed to implement the change to prevention and early intervention principles, since the need for crisis intervention at one end of the continuum is not met by establishing programs and services in prevention and early intervention at the other end of the continuum. It takes a generation for the benefits of the current health system model, based on population health principles, to work its way through the system. Until then, both crisis intervention and early intervention and prevention will need to be in place. Over the past five years, the institutional health boards have faced increasing, more acute population needs, and increasing costs and more demands on their funding from every aspect of their operations. The demographic shift will generate an increasing need for more long-term care options. The utilization of funds should be reviewed with a focus on gaining efficiencies and evaluated according to the model and the goals of a strategic health plan, both at the federal level and at the provincial level, to be developed by the planning

process. The review of the primary health sector will be a crucial element for consideration in this regard.

Decisions on what the Canadian health system should cover and how it should be managed provincially need to be made by governments in the context of overall strategic plans for the country and for each province.

4. Support for Strategic Planning

The NLHBA recommends that Health Canada develop a strategic health plan for Canada based on the Romanow consultations and supporting the principles of the Canada Health Act. In this province the NLHBA supports strategic planning as an essential component of an effective provincial health system.

4.1 Strategic Health Plan for Canada

The NLHBA is on record over the past few years as arguing for a strategic health plan for our province. It is equally important to have a strategic health plan at the national level that lays out the role of the federal government in the Canadian Health System to use for long-term planning, monitoring and evaluation. A strategic plan will guide the system and lead to a culture of continuous improvement in which all participants know where they are going and are able to measure their progress towards their goals. It is not possible to make the best decisions on the distribution and usage of health resources, human, capital or financial, without basing them on an agreed-upon strategic plan. Clear strategic directions are essential to address the key questions identified by the Romanow Commission: Values; Sustainability; Managing Change and Co-operative Mechanisms.

4.1.1 Values: Wellness Focus

The NLHBA supports a wellness focus as a key element of a strategic health plan for the future:

(a) Funding requirements

Wellness and health promotion initiatives are not cost-free and it is imperative to focus on these elements in funding allocation and goals for the system. Currently

most of the funding in Canada's health systems goes to medical-based services run by institutional boards, hospitals and physician services.

(b) Wellness focus: education and communication

In addition to the funding, there is a perception and understanding problem. Most of the attention is paid to the medical model and most of the attention from the media also goes to the medical model. We have not done a good job of publicizing the population health model and the benefits of a focus on early intervention and prevention. Outside the health system there is little understanding that over the past six years a major shift in focus has occurred. A wellness focus requires a change in mindset in all corners of the health system towards early intervention and prevention. In a very real sense many of the problems in the health system today are communication problems and should be addressed as such.

(c) Wellness Focus and partnerships

In this province, the Newfoundland and Labrador Strategic Social Plan has taken the lead in identifying strategic directions through a partnership model for enhancing the wellness of the population and improving social and economic wellbeing. To address poverty or obesity, for example, requires partnerships of a number of many different government sectors in provincial governments, not just Departments of Health. A wellness focus requires a comprehensive public strategy to help people understand the issues involved and take responsibility for their own lifestyle.

4.1.2 Standards

In this planning context the development of standards for health services is welcome. The discussion on Primary Health Care/Services, for example, must develop clear goals, standards and guidelines at provincial level, not just principles, in order for any new framework to function effectively. The NLHBA emphasises again the need for such consistently applied goals, standards and guidelines to be developed throughout the health system. The movement towards Primary Health Reform is a positive and potentially effective initiative towards a health system that addresses current population needs.

4.1.3 Cost-Drivers and Cooperation

The August 2000 Final Report of the Provincial and Territorial Ministers of Health, *Understanding Canada's Health Care Costs*, has identified the cost-drivers and cost-accelerators that are always present in the prevention and treatment of disease. There is a clear role for the Federal Government to address this, and other potential cost-drivers such as gene patents, at the national and international level to make decisions that control these costs. Without strategically addressing matters largely under federal control, these costs will continue to increase.

The institutional side of the system has important issues to be addressed. Discussions will include such items as rationalizing waiting lists (one model for this is the *Western Canada Waiting List Project*), tighter use of acute care beds which will entail the development of more, and more varied, options for long term care, more options for home care, resolution of the drug needs of patients on early discharge from hospital and so on. However, the NLHBA believes that the best approach is to look at the health system as a whole and reallocate resources so that, for example, reliably accessible home care can ensure the care and safety of patients recently discharged from hospital or prevent hospitalization in the first place. Addressing an aspect of the health system separately does not improve the smooth functioning of the continuum of care and leads to dysfunctional decision-making, since anything that happens in one part of an integrated health system affects the rest of the system.

5. Evidence-based Decision Making and Change

No decisions on change should be made without good evidence that the proposed change will improve the health system.

This key national issue is also particularly important for Newfoundland and Labrador since our health system has been continuously involved in reform over the past seven years. Health systems have been faulted in the past for not basing decisions on reliable evidence, and there is a national consensus that health services and accountability are greatly improved by evidence-based decision making.

The Romanow Commission and provincial consultations such as this province's Health Forums have provided an excellent opportunity for stakeholders to gather at various locations for fruitful discussions. The next step should be to undertake the appropriate investigations to ensure that any recommended change would offer demonstrated improvements, using available human, physical and financial resources more effectively.

Taking into account the operational challenges due to ongoing change, no further changes should be attempted unless the recommendations for action:

- firstly, are supported by reliable evidence generated by a thorough evaluation of the system, and
- secondly, support the goals of the strategic health plans.

We need to take the time to undertake a systematic evaluation of the health system from the perspective of effectiveness, efficiency and meeting the needs, not just to count how much money is being spent and where. How is the health system doing? In this province in the past little or no comparative data was gathered on the effectiveness of the current model in this province as compared with the former way of running the health system. Currently, Dr. Doreen Neville's research on the impacts of regionalization in the health system will provide valuable evidence on the efficacy of regionalization and the Social Audit will provide community-level evidence of changes in health determinants. At the federal level, the CIHI has produced valuable comparative data but few federal decisions have been based on that data. A thorough evaluation must take place in order to fulfill the accountability needs of the health system and effectively act upon the reliable data that has been generated, provincially and nationally. To improve the system, solid evidence is required on how well the current system is working in order to identify areas for improvement and craft evidence-based solutions.

5.1 Human Resources Planning: Evidence-Based Decision Making

As an example of evidence-based decision making at the provincial level, Newfoundland and Labrador has embarked on an important planning initiative through the Health Human Resources Planning Group, jointly managed by the NLHBA and DOHCS, to gather reliable data on which to base decisions for human resources. To date efforts have

been focused on three primary groups in the health system, dealing with recruitment and retention of nurses, physicians and allied health professionals, and have produced valuable data on which to base future planning.

6. CONCLUSION

The NLHBA welcomes the open discussions on the status of the health system in this country, and looks forward to leadership from the Federal Government in planning, evidence-based decisions for the health system and the definition of clear goals, standards and benchmarks that will guide the health system in future and clarify for the public what to expect from the health system in Canada.

With our current knowledge of the determinants of health, it is important that planning should include a broad range of health professionals, managers and researchers and should partner with others, such as educators and economic development professionals, in order to maximize the potential health of our population. We need an innovative and strategic approach based on evidence of the Canadian population's needs as a society and we look to the Federal Government for leadership for the health system of the future.

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