The Strategic Counsel

Health Care: Views on Current State and Options for Reform

Highlights from Focus Groups

November 22, 2002

Health Canada
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Methodology

- Focus groups designed to explore:
  - Views on current state of health care
  - Broad and specific options for reform
  - Federal and provincial roles and responsibilities
  - Awareness of and expectations around the release of the report from the Royal Commission on the Future of Health Care
  - Funding options
  - Credibility of various spokespersons
- Focus groups conducted as follows:
  - The Strategic Counsel - 2 in each of Toronto, Edmonton, Halifax and Montreal (French)
  - Environics – 2 in each of Thunder Bay, Kelowna and Trois Rivieres (French)
  - Mix of ages (slight skew to Boomers), education, income

Assessment of Health Care

- Consensus that health care has worsened and system in peril
  - Longer waiting times in emergency
  - Longer waiting times for procedures/diagnostic tests
  - Shortage of physicians/nurses
  - Shortage of hospital beds
  - Deteriorating conditions and technology in hospitals/institutions
- Due to:
  - Declining funding
  - Current conditions driving nurses/doctors South
- Perceived variations in coverage and quality of health care across the country
- Concern, especially in Halifax, that approaches to health care reform may differ across the provinces and in Quebec that they should
- Nevertheless, system still viewed as better than U.S. and other Western countries

Fundamental Values

- Despite decline in quality, Canadians still value:
  - Universality of coverage
  - System doesn't discriminate and it's "free"
  - Access based on need rather than income (although some receptivity to freeing up public space through private services, especially in Alberta)
- Fears about changes to health care linked to:
  - Two-tier: those who are covered/those who are not
  - Inability to access/pay for needed treatment
  - Sense that system will no longer reflect values of Canadians
- Other than universality and accessibility, principles of the Canada Health Act are not well known, but public expresses them indirectly through descriptions of what is most valued/most feared

Identified Areas for Improvement

- Increase access to physicians and health care practitioners through community-based clinics
- More integrated approach to health/wellness
- Focus on a system of prevention rather than treatment of illness and disease
- Better/more training of physicians and nurses
- Reconsider compensation structure for physicians/better pay for nurses
- Improve access in rural and remote areas
- Force Canadian-trained physicians to practice in Canada
  - Place conditions on subsidies to medical students requiring them to practice in certain locations in Canada or forfeit/pay back grants
- Increase licensing of foreign-trained physicians/practitioners

Perceptions of The Federal Government

- Federal Government seen to be absent on the file
  - No recognition of recent Budget initiatives
- Desire for Federal Government to act as:
  - Enforcer of national standards in health care
  - Guardian of principles embedded in Canada Health Act
    - Otherwise, fear that inequitable, patchwork system of health care will result; and
    - Federal Government seen to be better able to enforce principles while provinces are immersed on the front lines, making day-to-day trade-offs on health care expenditures
    - Advocate and promoter of illness prevention (although not in Quebec)
- BUT, authority of federal government has declined with perceived decline in funding
  - $0.14 is resonating with public
  - At the same time, although funding formula not clearly understood, public recognizes health care dollars, whether federal or provincial, all come from their pockets

Reaction to Royal Commission

- Surprisingly low awareness of Commission activities
- Romanow himself not widely known
  - But seen as credible, neutral investigator
- But process, once explained, viewed as comprehensive, worthwhile and credible
- Low expectations that government will act on findings
  - Health care too politicized
  - Concern that jurisdictional conflicts will mire process
- Sense that government should come forward with immediate commitment to the process and a plan within 30 to 60 days
- Some desire for continued consultation with the public as government moves forward with plan of action

Funding for Health Care Reforms

- No appetite for tax increases
- No desire to deficit finance, although some question why more of the surplus is not being allocated to health care
- Real concern that waste and abuse in the health care system is rampant
- Moreover, that waste and abuse across the system should be checked
  - i.e. flip-flop on cigarette taxes and GST loopholes
- This is a start, although not seen to adequately address the issue
- Debate around reorienting priorities more problematic
- Desire for greater accountability in the use of health care dollars by the provinces
  - Support for an independent, apolitical agency to audit expenditures

Conclusions

- Health care seen as fundamental to sense of Canadianism
- No public acceptance of diminution to the system
- Opportunity for the Federal Government to stake out non-partisan, emotional and nationalistic territory on health care issue
- Problem seen as national in scope, therefore requiring a national solution
- Federal Government viewed as lead consensus-maker, standard-bearer and keeper of Canadian values

Conclusions

- But authority to govern and maintain the moral high ground is linked to $
- At the same time, provinces not trusted to maintain core values and uphold sanctity of health care
- No value to be gained in engaging on issue of federal/provincial share
  - Public not interested in nor knowledgeable of cash transfers, tax points, transfer payments
  - Only serves to exacerbate skepticism, frustration and sense of politicization of health care
  - Ultimately, belief that the system is theirs not the government's
- $ must be anted up, although values trump
  - Key to federal-provincial consensus is focus on maintaining values of the CHA

Conclusions

- No one option singled out as panacea for improving health care
- That being said, key interest is in reform to primary care
  - Primary care concept now well understood in all locations, especially Toronto which is more hospital-centric in focus
  - Family physician seen as heart of primary care model
- Some openness to expanding coverage to areas such as homecare in order to relieve pressure on hospitals and chronic care facilities
- Beyond that, resistance to expanded coverage of "non-medically necessary" services
  - Focus on making the existing system work

Conclusions

- Position Romanow as:
  - "a brand new start," "a new beginning"
  - "the most significant undertaking on health care since the CHA was enacted"
  - "the only Royal Commission this government has introduced"
- Leverage credibility of Romanow personally and the thoroughness of the Commission's work
- Commit to:
  - a process
  - Coming back with an action plan within a short period of time – 30 to 60 days
- Recognition that this is not a quick fix, rather a long-term problem with long-term solutions
- Expectation that some improvements can be made in short term, others, such as addressing HR issue, require longer timeframe to affect change

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  - #2 – Broad and specific options for reform
  - #3 – Federal and provincial roles and responsibilities
  - #4 – Awareness of and expectations around the release of the report from the Royal Commission on the Future of Health Care
  - #5 – Funding options
  - #6 – Credibility of various spokespersons
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