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The Strategic Counsel

**A Report to
Health Canada**

**Canadians' View on the First Minister's
Meeting on Health Care**

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I. Introduction, Objectives and Research Design



Introduction, Objectives and Research Design

A. Introduction

Gregg, Kelly, Sullivan & Woolstencroft: *The Strategic Counsel* is pleased to present a report on qualitative research to Health Canada.

The purpose of the qualitative research was to explore Canadians' views on the First Ministers' Meeting on the future of Canada's health care system. This FMM was being convened after the Government of Canada had made a series of health care commitments in the general election held in June, 2004. Following the general election, the Council of the Federation issued a proposal for reforming the health care system which featured the Government of Canada assuming jurisdictional and financial responsibility for a national pharmacare program.

In this environment, the Government of Canada needed to gain a better understanding of how Canadians were responding to these new developments on the health care landscape and in preparation for the First Minister's Meeting to be held September 13th-15th, 2004.

The following outlines the research objectives and design used to explore Canadians' views.

B. Research Objectives

The research objectives were:

- #1 • To explore the roles and responsibilities of the two orders of government as it relates to health care program;
- #2 • To gauge reactions to federal and provincial proposals for improving Canada's health care system;
- #3 • To explore public's attitudes toward accountability, conditioning funding, and the need for new funding;
- #4 • To identify the most effective communication messages for the Government of Canada at the First Ministers' Meeting; and
- #5 • To explore the levels of public interest in the First Ministers' Meeting.



Introduction, Objectives, and Research Design

C. Research Design

To address these research objectives, fourteen (14) focus groups were conducted among the Adult General Population, over the age of 18.

Two groups were undertaken in each of the following seven (7) centres across Canada:

- Toronto
- Montreal
- Calgary
- Vancouver
- Halifax
- Brandon
- Sudbury

All groups were conducted in English, except the ones in Montreal. All groups were undertaken in professional focus group facilities except in Brandon where two groups were conducted in a hotel conference room.

All groups were conducted between August 23rd and September 1st, 2004. In total, about 112 respondents participated in the 14 groups.

Participants were recruited based on the following criteria:

- 18 years and older;
- Must not work in the public opinion, market research, health care, advertising, and news media industries;
- Pay at least some attention to current affairs;
- Feel somewhat comfortable in expressing opinions in front of other people;
- Obtain a good mix of age and gender; and
- At least some high school education.

opinion leaders?



Introduction, Objectives, and Research Design

The focus group discussion guide focused on the following issues:

1. **Canadians' Views of the State of the Health Care System** (#2)
 - Recent experiences or interactions with the health care system and level of satisfaction;
 - Strengths and weaknesses of the Canadian health care system;
 - Perceptions of health care system as better, worse, or about the same as several years ago;
 - Critical issues facing the health care system; and
 - Biggest fears in terms of how Canada's health care system may be evolving.
2. **Government Roles and Responsibilities** (#1)
 - Most responsible for the state of the health care system;
 - Most responsible for improving the system;
 - Perceptions of the roles of the provincial and federal governments; and
 - Perceptions toward conditional funding and imposition of penalties if governments contravene agreements.
3. **Perceptions toward Two Proposals for Health Care Reform** #3
 - Awareness of recent proposals;
 - Most active in bringing forward options;
 - Awareness of Romanow Commission/Council of the Federation/2004 Health Accord/Upcoming FMM;
 - Perceptions toward federal and provincial proposals for reforming health care;
 - Proposal most likely to address real issues facing the health care system, ensure that system will be sustainable, to be most cost-effective;
 - Criteria for selecting best health care proposal;
 - Perceptions about policy planks which should have higher/lower priorities; and
 - Lower/higher priority toward pharmacare.
4. **Testing Communications Messages** (#4)
 - Identification of the most/least effective message; and
 - Importance of key messages.



Introduction, Objectives, and Research Design

5. Canadian Views' on Upcoming FMM #5

- Awareness of FMM;
- Expectations about FMM – deal versus no deal;
- Televised versus non-televised – more or less difficult to reach an agreement; and
- Blueprint for a Health Care Accord.

The moderators' guide in both English and French are provided in the appendix.

All English-speaking groups were moderated by Tim Woolstencroft, Managing Partner of *The Strategic Counsel*, while French-speaking groups were moderated by Roni Simco, Senior French-speaking Moderator.



II. Canadians' Views of Canadian Health Care System



Canadians' Views of Canadian Health Care System

A. Experiences with health care system were both positive and negative

To open up the discussion, participants were asked to describe any recent experiences or interactions with the health care system and their level of satisfaction.

Across the seven markets, participants reported a mix of good and bad experiences. Negative experiences tended to be more pronounced in Calgary and Toronto, while positive interactions were more inclined to be mentioned in Halifax, Brandon, and Montreal.

Positive experiences were largely a function of quick and easy access to medical practitioners who were able to address specific medical needs in a relatively short time. In addition, there was a strong feeling that their medical needs were being addressed by a competent medical professional, either a family doctor or specialist.

By contrast, negative experiences were primarily due to having to wait for a long time to have a medical procedure undertaken or just not being able to access a doctor or specialist. Participants talked about having to wait for extended periods of time in emergency at hospitals. Some made reference to relatives having to be in a bed in a hallway of a hospital because there was no other place to put them.

A number of participants talked about their inability to find a family doctor. This tended to be more pronounced in smaller communities such as Brandon, Sudbury, and Halifax than in other centres. In these communities, a lot of concern was expressed about access to hospitals. Participants in both centres noted that they needed to go to Winnipeg and Toronto respectively for more specialized medical procedures.

In the context of the debate on a national pharmacare program, there was virtually no spontaneous mention or discussion about the high cost of drug prescriptions. At best, this issue was raised once or twice across 14 groups involving about 112 participants. In fact, there was a lot more discussion about abuse of prescription drugs and the practice of doctors prescribing them unnecessarily.

Most participants acknowledged that the issue is really about access to medical professionals, not the ability or competences of medical practitioners. Indeed, it was widely believed that these practitioners provide highly professional medical care.



Canadians' Views of Canadian Health Care System

B. Impressions of the Health Care System were Much Worse than Experiences

Despite these mixed experiences with the health care system, impressions were much worse than experiences. Even those participants who had a positive experience thought that the health care system is deteriorating. These worsening impressions were widespread and evident in all seven markets. ✓

In fact, when asked whether the health care system is better, worse, or about the same as a few years ago, most participants thought that the health care system is getting worse. There were widespread impressions that the health care system is deteriorating. ✓

When asked to be specific about these worsening impressions, participants pointed to the following issues:

- Increased waiting times;
- Inadequate number of medical professionals;
- Lack of family physicians;
- Too much red tape and bureaucracy/"too many chiefs";
- Delisting of medical services;
- Increased privatization;
- Increased use of user fees;
- Lack of time spent with patients;
- Cuts in hospital services in smaller communities (Brandon, Sudbury, and Halifax); and
- The high acquisition costs of new medical equipment.

There were few individuals who thought that the system was neither getting better nor worse. They saw the system as remaining the same and by and large had no experience in dealing with it.

There were also few participants who thought that the health care system is getting better. Those who felt that the system is getting better pointed to improved technology as the reason. They linked this to better information and better access to state of the art diagnostic equipment. In Calgary, some noted that the Alberta financial system is better and it is thought that this was being translated into a better health care system.



Canadians' Views of Canadian Health Care System

✓ Some of the more self-aware participants acknowledged that these negative impressions were being formed by what they read in newspapers and hear/see on the television. A few individuals even pointed to the recent general election and the focus of the Martin government on fixing waiting times as the source for this increased concern.

Underlying the public's concerns was a feeling that there has been a lack of accountability for health care in the governments.

C. Fears and Concerns about the Future of the Canadian Health Care System

There was considerable concern and fear about the future of the Canadian health care system. When pressed, the concern was palpable among participants across the groups in the seven markets. These fears were rooted in a series of considerations.

✓ *fear privatization* There was a pronounced anxiety that the health care system is "*going the way of the States.*" This phrase was used frequently in the groups. This sentiment reflected a deep concern that the Canadian public health care system would increasingly be subsumed by privatization with more user fees and less access for those who cannot afford to pay.

Access would become uneven across the country, with a good health care system in "have" provinces while the quality of health care in the "have not" provinces would experience a significant decline.

✓ In some sense, it was evident that the public is increasingly conditioned to expect that the Canadian health care system is due for a major overhaul. A number of participants noted that Alberta is leading the way in the Americanization of the Canadian health care system.

Moreover, Canadians have a practical outlook about the health care system. There was a pronounced understanding that the baby boom generation is getting older and their medical needs and costs would be increasing at a fast rate. It was believed that this cohort will place intense pressures on the system.

There was also some sense that the federal government had made cuts in its financial contributions to the health care system. Those aware of this tended to believe that these cuts have been harmful to the health care system.

At a deeper level there was fear that the health care system "*may not be there, when it is needed*" given the escalating pressures on the system. More to the point, there was a fear that they would not be able to afford to pay for their health care if the current trends continued. This sentiment was consistently and frequently identified as a predominant concern.



Canadians' Views of Canadian Health Care System

Underlying these fears was the perception that Canada's system of health care is an essential element of the Canadian identity. Seeing the system in decline is almost tantamount to losing an important part of Canada's social fabric. It is important to note that this feeling was much less evident in Quebec where identity and culture are deeply rooted in the French language and culture, and not a government-financed program. ✓

D. Summary and Implications

The Canadian public is concerned about the state of the Canadian health care system. The concern is widespread and in many ways palpable. However, these fears are based more on impressions than actual experiences.

This environment of elevated concern about Canada's health care system means that the public is receptive to a "fix the current problems before launching a new service such as pharmacare" message.

However, it also means that the public believes that more money is probably not sufficient as a solution to the current challenges facing the health care system. The public would welcome a larger overhaul of the health care system to ensure its long-term sustainability.



III. Perceptions toward Roles and Responsibilities of Governments



Perceptions toward Roles and Responsibilities of Governments

A. Most Responsible for the State of the Canadian Health Care System

When asked spontaneously, no one party or agency was clearly blamed for the deteriorating health care system. In many cases, participants were not sure who to blame for the problems in the health care system.

Individuals were blamed for showing no constraint in demanding medical services when these services were not really required or needed. There was a perception that the public's expectations for the system exceed its ability to meet them.

Medical practitioners were also perceived to share a proportion of the blame.

Some participants felt that administrators of the medical system were responsible for the problems in the system. There was a perception that too many hospitals have been built and, in many cases, new hospitals have been built to be grand architectural structures.

The federal and provincial governments also received a significant proportion of the blame. There was a sense that these governments were letting the system down through wasteful spending and not allocating the appropriate resources to priority areas.

B. Roles and Responsibilities of Governments

Clearly, participants believed that the two orders of government have differing roles and responsibilities as they relate to the health care system.

There was broad consensus that provinces are mainly responsible for the management of health care. Participants believed that provincial governments were responsible for allocating funds to address the different needs of health care. They felt that the provinces were responsible for day-to-day management of the health care system.

Interestingly, a few participants in Calgary and Vancouver believed that their respective province's role in health care was based on the constitution. One even cited Section 92 of the British North American Act. Further, a few participants in these centres felt that the federal government should not have any involvement in the health care system.

Given this, the provinces were viewed as having extensive responsibility for managing health care in Canada. This view was expressed most strongly and consistently by French-speaking participants involved in the Montreal groups, but was evident in varying degrees across all markets.



Perceptions toward Roles and Responsibilities of Governments

In all English-speaking markets (including Calgary/Vancouver), many participants believed that the Federal government plays an important if not essential role in health care.

Ottawa's role in health care was widely defined to be:

- Providing funds to the provinces;
- Setting broad national standards; and
- Ensuring that all Canadians have access to good health care.

This definition of Ottawa's role was consistently expressed across all groups except those in Montreal.

Moreover, there was an understanding that the federal government would impose strict or specific standards on health care. There was some belief that the provinces and the federal government would need to come to some agreement regarding the substance of these standards.

Even though there was a belief that Ottawa's role is more general, it was believed that the government needs to play the role of "watchdog" to monitor and oversee Canada's health care system. There reflected understanding that the system is under stress and there may be some pressures on provinces to make health care less universally accessible. Not surprisingly, this view was not supported by most Montreal participants who preferred that Ottawa have no involvement in health care.

Some deeper exploration was undertaken about the federal government's role in health care. Participants were asked what would happen to the health care system if the federal government had no involvement.

Participants responded immediately by saying that Canada's health care system would evolve into 13 systems with the imposition of user fees and extensive privatization. As well, there was a strong feeling that access to health care would become uneven with the richer provinces delivering better health care than the less-wealthy provinces.

The legitimacy of Ottawa's role in health care is grounded (at least among English-speaking Canadians) in the following perceptions:

- Universal health care is a national initiative (an essential ingredient in the Canadian identity);
- It has a "*legal*" mandate – there is "legislation" or the "National Health Act";
- A public belief and concern that the system would quickly deteriorate – 13 systems, pay for service, fragmented or balkanized health care system – if Ottawa was not involved in the health care system; and,
- Ottawa is a more senior order of government (this was conveyed more in Brandon, Ontario and Halifax than in other centres) – "*the Parliament of Canada*" had greater legitimacy, status, meaning, and stature.



Perceptions toward Roles and Responsibilities of Governments

This is not to say that participants believe Ottawa's role and responsibilities are more important than the provinces with respect to health care. In fact, there was a widespread understanding that the provinces are the managers of the health care system and thus, have a great deal of legitimacy when they speak on health care issues.

This learning indicates that there is a broad constituency in the country who believe that Ottawa needs to play an assertive, but not dominant role, to ensure that the existing health care system is sustainable for the longer term.

It bears repeating: most Montreal participants perceived that Ottawa has a more limited role – providing untied funds – in health care. Only a minority of Montreal participants felt that Ottawa should take a more assertive approach than just providing unconditional money to the provinces.

C. Perceptions toward Conditional Funding

Participants' attitudes toward conditional funding were more complex and somewhat contradictory.

Most participants accepted the notion that when Ottawa provides money to the provinces, it is reasonable and expected that the federal government would and should impose conditions on how these funds can be spent. To most participants, this was a reasonable expectation given that the federal government has a responsibility to ensure that its monies are being spent in a cost-efficient and effective manner. A few participants compared conditional funding to a bank providing a mortgage or loan to a customer: it imposes conditions on the provision of the money.

Interestingly, the amount of the federal transfers to the provinces did not have much impact (for the most part) on whether people thought that Ottawa should impose conditions. Ottawa's contributions to health care funding could be as little as 1%, but many respondents felt that Ottawa had a right to impose conditions. Everyone agreed with this perspective. Those participants who felt that health care should be a provincial matter or knew that Ottawa had cut its transfers to health care would be less likely to be tolerant of the idea that Ottawa could impose conditions if its contribution levels were less than 25%.

More sophisticated/knowledgeable participants understood that conditional funding was the only way that Ottawa could impose national standards on health care.

There were few participants in English-Canada centres who felt that federal funds should be untied or unconditional.



Perceptions toward Roles and Responsibilities of Governments

Participants accepted the concept that there would be conditions on federal transfers to provinces and that if the province breached these conditions Ottawa had the right to impose “consequences”.

However, there was a great deal of discomfort with the idea of imposing financial penalties on a provincial government which violated federal conditions. These participants feared that if the federal government imposed financial penalties, the people of this jurisdiction would be negatively affected.

In fact, when a province is not abiding by the conditions or standards, participants felt that the federal government should use moral suasion, negotiations, and publicity as the initial tactics to persuade a province to adhere to the conditions. Even if these levers failed to work, participants were reluctant to have the federal government impose financial penalties, although they accepted the idea that there would be a need for “consequences” if a province consistently violated federal conditions.

Throughout the groups in English Canada, there was a minority of participants who consistently took a different view. They believed that financial penalties were reasonable and required if the federal conditions were to have any meaning or significance. They thought that the provincial government, not the people, would be affected by these financial penalties.

Despite the discomfort with financial penalties and attendant fears about the negative impact, there was broad support for a ‘graduated’ implementation of penalties. It was felt that this would give the provincial government an opportunity to change its practices without harming health care.

D. Perceptions toward Accountability

✓ The issue of accountability was frequently and vigorously identified as a key issue in all focus groups, including those in Montreal.

This increased public focus on accountability clearly reflects the tenor of our times when governments are under greater scrutiny to ensure that they are spending taxpayers’ money wisely and prudently. Several participants mentioned the sponsorship scandal as one of the factors explaining why accountability has become a key concern.

However, this increased desire for greater accountability also reflects the widely held perception that there has been a lot of wasted spending in health care.



Perceptions toward Roles and Responsibilities of Governments

There was a considerable amount of discussion about accountability, primarily focusing on a provincial versus national system. Most participants opted for a national system that would involve both federal and provincial governments. There was strong recognition that there would be much to be gained from having comparable information. This would lead to greater sharing of best practices, and enhanced efficiencies and better care.

A few participants talked about an independent third party agency being responsible for accountability.

It is important to note that a few participants advocated for a provincial system. Again, their views were grounded in the perspective that the health care is a provincial responsibility. Not surprisingly, given findings reported earlier, Montreal participants were the most vigorous in advocating this approach. Nevertheless, there was some appreciation among Montreal participants that the Quebec system would benefit from information sharing and the pursuit of “best” practices and innovation in delivery methods.

E. Summary and Implications

Learning from this round of qualitative research reveals a general understanding of the respective responsibilities of the orders of government with respect to the health care system: at a high level provinces are responsible for managing the health care, while the federal government is responsible for setting national standards and providing some of the funds to finance Canada’s health care system. In this context, the provinces are viewed as having greater expertise and competence on health care issues. It must be understood that people see the health care system as somewhat byzantine and confusing.

Notwithstanding the belief that provinces are primarily responsible for health care, there is a broad constituency for an active and assertive role for the federal government in the health care policy area. This desire reflects a suspicion that if the provinces were left alone to manage health care, Canada’s universal health system would become balkanized, with privatization, user fees, and unequal access becoming the norms.

In fact, it was evident that this constituency would be disappointed if the federal government did not play an assertive and active role. This is not to say that the public expects Ottawa to become involved in health care management. They do however, expect the federal government to protect the fundamental values of Canada’s universal health care system.



IV. Perceptions of Two Health Care Reform Proposals



Perceptions of Two Health Care Reform Proposals

A. Awareness of Recent Health Care Initiatives

While it was evident that public's concerns regarding health care are heightened, the public remains relatively unengaged by the political/governmental debates about the future of Canada's health care system.

There was virtually no awareness of the 2003 Health Care Accord. No one could recall whether the First Ministers had met to talk about health care funding and reforming the system. In fact, there was no awareness that Ottawa had injected "new money" into the health care system as a result of this Accord. Even the most knowledgeable participants on public affairs indicated no awareness of these financial injections.

There was some awareness of the Romanow commission. Interestingly, some people remembered this commission involved public consultations.

Even though there was considerable media coverage of the Premiers' Conference during the summer, there was limited awareness of the Premiers' discussions and their initiative with regard to National Pharmacare and the forthcoming FMM. Some of the more knowledgeable participants were more aware of the provincial initiative and First Ministers' Meeting. But generally, most participants were not aware of the forthcoming First Ministers' Meeting.

However, as the qualitative research was conducted over six nights during a two-week period, awareness of the National Pharmacare and the forthcoming FMM seemed to be higher during the second week of focus groups (conducted in Brandon, Halifax, and Sudbury) than the first week. This seemed to correlate with the greater media attention the FMM was receiving during this week.

Participants were not aware of the newly-established Council of the Federation.

B. Reactions to Federal and Provincial Proposals

At a high level, the federal proposal (see Appendix B for a description of the federal and provincial proposals) received a slightly more positive reaction than the provincial proposal.

In a nutshell, many participants felt that the federal proposal would be more cost-effective and sustainable in the long-term. Moreover, there was a feeling that the federal proposal was more focused on addressing the real issues facing the health care system, such as healthier living strategies, expansion of homecare, and reduced waiting times. But the strongest indication that the federal proposal was really focused on the long-term was the inclusion of a reference to a "10-year strategy". The perception of longevity elicited a strong positive response and was viewed to be a distinct advantage over the provincial proposal.



Perceptions of Two Health Care Reform Proposals

In contrast, there was a feeling that the provincial proposal was more about putting more money into the system as opposed to a long-term strategy to fix the system. It was also felt to be more expensive and thus, less sustainable.

Based on a brief review, many participants thought that the federal proposal was actually sponsored by the provinces.

Many felt that the proposals were similar in content. Nevertheless, it was almost universally believed that the federal government and provinces would differ over three key issues:

- New money or increase funding;
- National versus provincial accountability; and
- Alternative drug proposals—national pharmacare versus catastrophic.

C. Perceptions toward National Pharmacare

The concept of a national pharmacare program was clearly new to participants and many had not thought about this idea before they had entered the focus group and thus, there was some reticence in expressing their views about this program.

As noted earlier, only one or two participants had spontaneously identified the issue of drug costs as a problem for the health care system.

✓ On balance, a national pharmacare initiative was found to be appealing, but not necessarily needed at this time.

Its central attractiveness was its universality – it was felt to benefit everyone with no exceptions. And in this way, its “universality” was viewed as more consistent with the “inherent” values associated with the Canadian health care system.

Many participants recognized that this proposal was less appealing because many have some form of coverage at work and thus, many did not feel they needed a national pharmacare program. But some wondered about those who do not have any coverage through an employer-sponsored program.

However, when participants were told that 88% of Canadians had some form of drug coverage through work, many wondered about the remaining 12% and thought that it would be unfair to “*leave them blowing in the wind*”.

A national pharmacare program did elicit some negative concerns.



Perceptions of Two Health Care Reform Proposals

First, as noted earlier, it was felt to be a costly initiative which might make the medicare system less sustainable in the long-term. Most participants were generally unaware that drug costs are growing quickly. However, participants also tended to dismiss the possibility that this program might be too expensive. If the problem is legitimate and requires a remedy, there was widespread belief that there is enough money in the system and “*if there was the will, we could find the way.*”

Second, participants consistently raised the issue that this program would increase the availability of prescription drugs and this would lead to significant abuse in the prescribing of these drugs.

In contrast, the catastrophic proposal had more limited public appeal because it was not seen as universal in that it would render many “ineligible”. Some participants acknowledged that this program would provide urgent help for people facing large prescription drug bills. This clearly reflected a more rational evaluation of the proposed program. However, its benefits were sufficiently narrow to a specific group that it did not generate a lot of emotional appeal.

Interestingly, there was also a feeling that the pharmacare program could create opportunities for pharmaceutical companies to abuse. That is, they would charge high prices given that taxpayers were now paying for prescription drugs.

D. Launching a National Pharmacare Program or Fixing Current Problems in the Health Care System

Participants were asked to choose between either allocating money to launch a national pharmacare program or allocating money to fix current problems in the system.

Participants were very practical in responding to this question: they unequivocally responded by saying that resources should be focused on fixing existing problems, not allocating funds to a new program. Once existing problems have been addressed, it would be reasonable and important to consider implementing a national pharmacare program.

It is not surprising that participants believed that it is more important to allocate funds to fixing current problems. As noted above, the public has come to understand that the system is facing some significant challenges and threats. Thus, these issues need to be remedied before taking on new obligations and commitments.



Perceptions of Two Health Care Reform Proposals

E. More Innovation versus New Money

Participants were also asked to choose between introducing more innovation into confronting the health care system or injecting more money into the system in order to fix issues and problems confronting the current health care system.

As noted earlier in this report, there was widespread acceptance that there is significant waste in the health care system and inappropriate resource allocation. For most participants, it was not necessary to inject new funds into the system.

However, a more compelling message is more innovation. In the context of this discussion, more innovation would mean the establishment of “best practices” that would enable more efficient delivery of services. In this manner, a feeling exists that these “best practices” have not been fully implemented.

Moreover, there was a widespread perception that state of the art technology has not been used sufficiently to lower the costs of health care delivery.

As was stated earlier in this report, some participants were aware that the federal government has made cuts in its funding of the health care system. These individuals were much more inclined to believe that the system needed injections of new money to address the problems confronting it.

F. Summary and Implications

Even though the public places high importance on the health care system, they remain relatively disengaged about the twists and turns in Canada’s health care saga. Moreover, their impressions about the system can be easily impacted by the actions and rhetoric of governments.

Clearly, there are a number of elements in the proposals that the public finds attractive: home care/community care, healthy living strategies, health human resources, a 10-year plan for funding, and accountability.

While a national pharmacare program has its appeal, there is relatively no demand for this program given that many have drug coverage at work. Nonetheless, it is more appealing than a catastrophic drug plan. If given the choice, the public would much prefer funds be allocated to fixing problems, not launching a new program such as pharmacare.

The issue of funding is an interesting one from the public’s perspective. Insofar as the public believes that there is wasteful and inappropriate spending in health care, there is no significant demand for injecting new money in the system. Indeed, innovation and the implementation of “best practices” may generate greater improvements in the delivery of health care than would simply infusing new cash into the system.



V. Identifying the “Most Compelling Communications Messages” for the FMM



Identifying the “Most Compelling Communications Messages” for the FMM

A. Most Compelling Communications Messaging

Participants were asked to rate the effectiveness of 11 messages.

✓ Given the public’s concerns about the future viability of the health care system, it is not surprising that participants preferred messages that addressed these concerns: “*financial sustainability*” and “*long-term, stable, predictable health care funding*”.

✓ Similarly, “*protecting the fundamental values of medicare*” was also an effective message because it suggests that access to health care would remain universal.

✓ The “*accountability*” message was viewed as important because of the widespread feeling that there is significant wasteful spending in the system.

In general, these messages were more effective because they dealt with ensuring that the health care system would be there when people need it. Moreover, there tended to be minimal confusion about what was meant by these types of messages.

In contrast, the less effective messages were generally less well understood, particularly references to the “*Canada Health Act*” and “*Five-in-Five*”. While participants were generally unaware of the “*five principles of the Canada Health Act*”, it did help to legitimize Ottawa’s right to be involved in health care. While some liked the focus on reducing waiting times, some thought that five years is too long to wait for a reduction.

“*Affordability*” is a relatively good message, but tended to mean that access to low income people would be assured.

While “*paying fair share of health care costs*” conveys a sense of equality and fairness, participants rarely identified this as a message that is effective to the health care system. This may reflect the fact that it is a message that pertains to transfers between governments, and not a message that benefits people.

✓ The least compelling messages were to “*funding with no strings attached*” and “*flexible funding that will allow the parties to invest in priority areas as they see fit.*” Again, these messages are more about the governmental institutions, as opposed to a reform package that deals with the health care system benefiting people.



Identifying the “Most Compelling Communications Messages” for the FMM

Key Messages	Meaning in the context of Health Care	Effectiveness
TOP TIER OF KEY MESSAGES		
Financial Sustainability	Long-term...feasible... fixed funding...knowing how much money you have to spend	High
Long-term, stable, predictable health care funding	This was viewed as interchangeable with financial sustainability	High
Protecting the fundamentals of medicare	Universal access...Equal for all Canadians...Consistent health care...accessible health care...ensuring coverage never decreases	High: This was widely understood to mean Canada's health care system
Accountability	Leadership...a system to control/allocate...maintaining a standard...standards, consequences	High
SECOND TIER OF KEY MESSAGES		
Affordability	All people can afford health care...low income families...poverty	Medium
Upholding the 5 principles of the Canada Health Act	Many did not understand what the 5 principles of the CHA stood for, but it does suggest legal obligations which legitimizes federal involvement in health care	Medium
The “Five-in-five” approach to health care service intended to reduce waiting times over 5 years in 5 key areas	Too long to wait to reduce waiting times...good national objective	Low to Medium
Publicly funded	More taxes...More money from the public...equal coverage...service fees	Low to Medium
Fixing health care for a generation	Short time horizon...just for the baby boom generation...short-term vision...long-term goals...essential objective	Low to Medium
Paying fair share of health care costs	Reasonable split of funding...making it work equality...equalization...equal pay	Low to Medium
BOTTOM TIER OF KEY MESSAGES		
Flexile funding that will allow the parties to invest in priority areas as they see fit	2-tier...each province does what it wants...provinces determine where the money is spent...provincial escape hatch	Low
Funding with no strings attached	No accountability...this is viewed as a provincial message...let the provinces decide the priorities...provinces not wanting to follow rates or guidelines...Alberta	Low: this was not viewed as a credible message



Identifying the “Most Compelling Communications Messages” for the FMM

B. Potential Provincial Messaging versus Potential Federal Messaging

Near the end of the focus group evaluation of key communications messages, we were asked to test potential Provincial and Federal messages:

Potential Provincial Messaging	Potential Federal Messaging
<p style="text-align: center;">Message “N”</p> <ul style="list-style-type: none"> • Every Canadian deserves the best drugs possible to get better and stay healthy. Right now, that is not the case. • If the federal government were to fund a single national drug plan - for all Canadians -- we'd save money. • Provincial governments could then redirect the money we spend now, into important reforms and innovations to reduce wait times for diagnosis and treatment, and to hire more doctors and nurses. • The federal government has the money to make this a reality. • What are they waiting for? 	<p style="text-align: center;">Message “G”</p> <ul style="list-style-type: none"> • None of the recent in-depth, expert studies and Royal Commission reports recommended Canada move now with a national drug plan - due to its cost and complexity. • They recommended governments focus on improving the system we have now through innovation to make it sustainable for now and the future • Before implementing expensive new programs, we want to get the ones we have now right. • The focus must be on reducing wait times for diagnosis and treatment and hiring more doctors and nurses. • This is how to ensure the sustainability of Canada's universal health care system - today and for tomorrow.

✓ On balance, the proposed federal message would more likely resonate with the public because it focuses on “fixing current problems” such as waiting times, doctors and nurses. While the reference to an “expert panel” provided some legitimacy and substance, it did not have any emotional appeal. Its strength was focusing on the key problems facing the health care system and sustainability of the system for the long term.

In contrast, the provincial’s strongest message can be found in the opening paragraph because it touches on the issue of universality. The rest of the message tended to be less effective because it started to touch on the funding issue which is something the public has a hard time comprehending.



Identifying the “Most Compelling Communications Messages” for the FMM

C. Overall Landscape of Key Health Messages – Federal and Provincial

Across the 14 groups, it was evident that certain words or messages are more emotionally compelling and more effective in attracting public support for a potential list of reforms to the health care system. In the same vein, there are words or messages that were less emotionally compelling and less effective.

As shown in the following schematic, the most emotionally compelling/ effective messages tended to be aligned with the federal government’s position on health care reform. These messages tended to be more about benefits to people. That is, the words/messages that were most compelling/effective reflect the public’s chief concerns about the health care system:

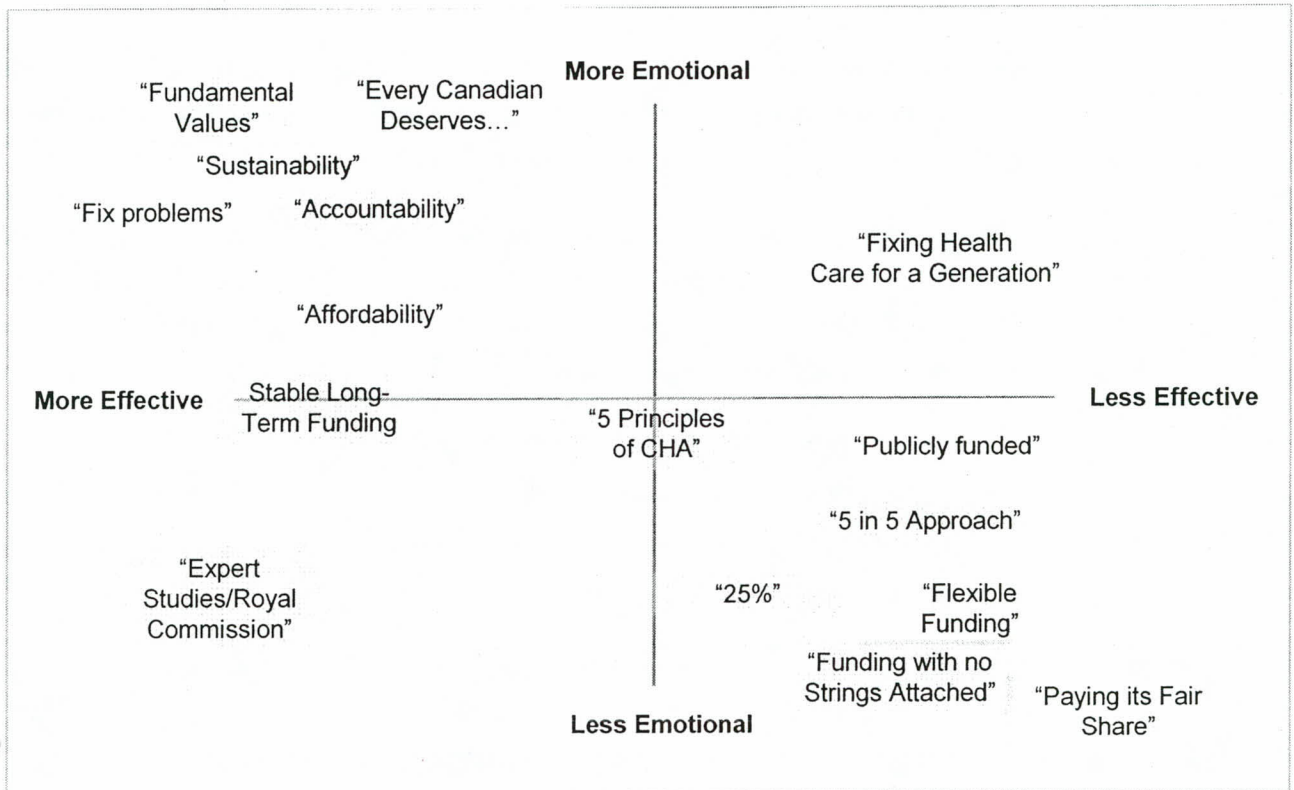
- Ensuring the longevity of the current health care system
- Remediating the current problems facing the system
- Increased accountability to ensure that public funds are spent wisely and efficiently
- Protecting universality of access to health care

There was one potential provincial message that was compelling: “*Every Canadian deserves the best drugs possible to get better and stay healthy*”. Again, this underscores the primary strength of a national pharmacare program: the perception that its benefits would be available to everyone.

There were a variety of messages that were largely less compelling and effective. These messages tended to focus on the institutional in nature. That is, these messages were about intergovernmental transfers, and not about benefits to people. In this context, it is not surprising that participants failed to find these messages particularly appealing.



Identifying the “Most Compelling Communications Messages” for the FMM



**This schematic was based on evaluating participants' expressed opinions, reactions, and body language. It does not reflect any quantitative analysis.*

D. Summary and Implications

Clearly, this research suggests that there are key messages that can be used to bolster the federal case for reforming the health care system.

- ✓ At the heart of the federal case is conveying the message that changes need to be directed to fixing current problems in the health care system, thereby ensuring that the system will be sustainable for the long-term.
- ✓ Clearly, a message about a stable, predictable long-term funding plan for 10 years is a particularly strong message. In this context, projecting the fundamental values of medicare is a critical message for the federal case.



Identifying the “Most Compelling Communications Messages” for the FMM

The strongest argument against a national pharmacare initiative relates to the perception that the public would prefer resources to be allocated to fixing existing problems, not launching a new health care initiative.

Moreover, there is a broad constituency in the country who believe that greater innovation (as opposed to injections of new money) can lead to a significant improvement in the health care system.

Nonetheless, there is clearly another group who believe that the system requires new money before improvements can be made.



VI. Impressions of the First Ministers' Meeting on Health



Impressions of the First Ministers' Meeting on Health

A. Public Expectations for Agreement at FMM on Health Care

As noted earlier, there was very limited awareness that the First Ministers were meeting in September, 2004. But this was starting to change near the end of the groups (Halifax, Brandon and Sudbury) as participants seemed to have higher awareness about this forthcoming meeting. This increased awareness appeared to coincide with greater media coverage.

Most participants had very low expectations for a quick or definitive agreement, even though the federal election had recently been fought on the issue and the Prime Minister had made a campaign promise to fix the system for a generation. These low expectations reflect their impressions that governments continuously quarrel over issues and never seem to come to a definitive solution.

Moreover, participants also had a practical perspective about these high level governmental meetings: the problems and challenges facing the health care system are complex, requiring long time frames for finding and agreeing to solutions and remedies.

Participants found it more reasonable to believe that it will take a series of meetings to reach an agreement that would ensure that the health care system will be there in the long run.

These low expectations did not vary by centre, including Montreal.

It is important to note that these low expectations did not reflect a public perception that resolving the problems in the health care system is unimportant. It was widely believed that the new federal government is putting a high priority on fixing the problems facing health care.

B. Perceptions of a Televised FMM on Health Care

Participants were asked to project the impact of the television coverage of the FMM on health care: Would the televised coverage make it easier or more difficult to come to an agreement on health care?

Given their low engagement with the debate over the future of the health care system, most participants were not aware that the FMM was going to be televised. Many had yet to think about watching the television coverage.

Nevertheless, it was understood that a televised meeting would provide a greater transparency and, therefore, might influence what First Ministers would say and do at the meeting. Some felt that the televised format would force politicians to be more reasonable.



Impressions of the First Ministers' Meeting on Health

However, it was more commonly believed that a televised meeting would make it more difficult for the First Ministers to reach an agreement. Television coverage would cause more political posturing and grandstanding and it would be harder for politicians to compromise.

C. "Blueprint for Health Care Reform"

At the end of the groups, participants were asked to identify their top priorities for reforms that should be included if the First Ministers were able to fashion an agreement.

Participants identified the following which should be included in a "blueprint for health care reform" (not listed in order of importance). The highest priorities were initiatives that would ensure sustainability, but also directly benefited people.

- Long-term, stable funding for health care;
 - Injections of new funds (raised frequently, not all the time)
- 10-year strategy;
- Homecare and community care;
- Implementation of Healthy Living Strategy;
- Health Human Resources; and
- National/provincial accountability mechanisms.

Clearly, a number of participants believed that the "blueprint" needed to include injections of new money into the system given that the federal government had made cutbacks in the mid-1990s. Again, this view tended to be held among those participants who were aware of these cutbacks.

Only a few participants included a national pharmacare program in their "blueprint for health care reform". Virtually no one included the catastrophic drug program in their "blueprint".

Again, it is important to note that at no time (even in Alberta or British Columbia) did participants include either federal contributions being raised to 25% or unconditional funding. It is worth repeating that these priorities are higher on the agendas of provincial governments, than they are on the agendas of Canadians.



Impressions of the First Ministers' Meeting on Health

D. Summary and Implications

The general public's expectations are low and remain relatively unengaged, even though there is a strong desire to see governments come to an agreement on health care reforms. Three weeks prior to the First Ministers Meeting there was little awareness that a key meeting was about to be convened. This started to change as media coverage began to intensify.

The public would like to see home care, stable funding, healthier lifestyles strategies, health human resources strategies, and accountability mechanisms in a blueprint for reform. Some wanted to see injections of new money into the system, while many felt that innovation would be sufficient.

* This research underscores that while the general public has general preferences for reforming health care, their opinions and attitudes can be greatly shaped and influenced by the dynamics of the issue and the players who are involved in the negotiations.



VII. Conclusions and Recommended Approach



Conclusions and Recommended Approach

A. The Funding Issue

✓ There is an opportunity to be less defensive about Ottawa's role in the health care system. While there is a vague recollection that the federal government reduced its commitment, this is offset by a sense (bolstered by the recent election) that Ottawa now views health care as its top priority.

✓ More importantly, there is also a widespread perception that funding by itself will not create a better system and that in fact there already may be enough money in the system. There are widespread perceptions that there is wasteful and inefficient spending. Therefore, there is a strong public desire for more accountability in terms of how existing tax dollars are being used for health care.

✓ In short, the federal government is on strong ground in claiming that it is time to move beyond mere questions of funding – what level of government is providing what money – to focus on outcomes and demanding better results.

This posture must be adopted in the context that Ottawa is seeking to ensure the sustainability of health care system.

B. The Role of the Federal Government

✓ Outside Quebec, there is virtual unanimity that the federal government's role goes beyond funding. There is a broad constituency that perceives Ottawa as the one government that can ensure that the Canadian health care system is sustainable in the long term and that all Canadians – in every region (except Quebec residents) – have access to a consistent, quality health care system.

✓ It is the guarantor of much valued national standards. Outside Quebec, Ottawa is widely seen as the main protector of the fundamental values of medicare.

✓ Associating with these values is the most effective defense against the more limiting claims surrounding funding. Indeed, the preferred federal posture can be expressed as a question: “Without the Government of Canada, who will ensure that these values and a nation-wide system are sustained?”



Conclusions and Recommended Approach

C. Managing the National Pharmacare Program

A national pharmacare program is associated with the same principles (universality, fairness, etc.) as medicare and consequently has potential appeal across Canada. Its appeal is somewhat diluted by the fact that a high proportion of Canadians have some sort of coverage through their work. However, it has a lot more appeal than the more narrowly focused catastrophic program.

Outright opposition to the concept (or the positioning of a straight trade-off of a catastrophic plan instead of a national one) should therefore probably be avoided. Rather, by embracing the idea of pharmacare and rejecting its implementation on the basis of timing and current feasibility, the federal government could be seen as committing to implement "Phase 1" of the provincial plan: Phase 1 would comprise the catastrophic drug initiative.

The most effective rationale for not moving forward with a national pharmacare plan at this time is because the larger priority is to fix the existing programs. Not only is this a credible claim unto itself, but when made, positions the provincial plan as "impractical and unrealistic".

D. Managing Expectations for the First Minister's Meeting

There was virtually no *public expectation* that September's FMM will end in a finite agreement or lead to a wholesale improvement in the quality of the health care system. Participants' expectations were much more practical in thinking that effective improvement will be incremental. They felt that a fundamental overhaul of the health care system can not just happen at one meeting.

In fact, because of their understanding of the complexity (and importance) of the health care system, the public expects that it will take a series of meetings before *real change* can be effected.

Clearly, Ottawa needs to position the FMM as part of an ongoing process involving several meetings, not just one meeting.



Conclusions and Recommended Approach

E. Level of Public Engagement

While Canadians hold strong views on the health care system, there is very little evidence that they are engaged with the details of the current debate.

The provincial messages are by and large not well-understood and have little traction among the general public.

The federal government should not expect that the general public will be tuning into the FMM with well-defined loyalties or fixed positions on the issues being discussed, other than wanting the health care system to be sustainable, accessible, and affordable in the long-term.

F. Overall Summary

In summary, the qualitative research suggests the following approach to managing the health care debate during the First Ministers' Meeting:

Overall Posture:	Assertive in advocating for and protecting the national medicare system
Key Messages:	Focus on fixing current problems –waiting times, staffing shortages Focus on fundamental values and ensuring sustainability Provide stable, long-term funding (i.e. 10 years) Ensure accountability
Substantive Policy Initiatives:	National/provincial accountability Home care/community care Healthy Living Strategy Health Human Resources 10-year strategy to increase funding



VIII. Appendix



Appendix – English Moderator’s Guide

Moderator’s Guide - English Canadians’ Outlook on Health Reform – Pre-FMM Final

1. Introduction (5 minutes)

- Briefly explain purpose of the groups:
 - To discuss a variety of issues related to their views on health care and reform of the health care system
- Focus group format and ground rules:
 - Groups are being audio-taped in order to review discussions and report back to the client
 - All comments are confidential. No necessity to introduce yourself using last name. We will conduct this conversation on a first name basis only
 - Observers, representing the client group, are monitoring the discussion behind one-way glass
 - Interested in your opinions and views only. There are no right or wrong answers in these kinds of discussion. Please feel free to agree or disagree with others.
 - We want to hear from everyone. Important to be frank and honest even if you feel your opinion diverges from other participants’ views. Also important, that you let me know if you change your mind on an issue as a result of the discussion or new information throughout the course of the discussion
 - As moderator, my role is to guide the discussion, check that we are staying within the allotted time and ensure everyone has an opportunity to speak. I may cut conversation off from time to time in order to make sure we finish within the two-hour timeframe. I may also intervene if there is more than one person speaking at a time as this will affect the quality of the tapes. Finally, if I haven’t heard from any one of you in a while, I may go to you specifically and seek your opinion
 - Depending on our timing, we may take a short break at about the half-way point
- Participant introductions:
 - Identify by first name only
 - Tell a little about yourself
 - For example, marital status, number of children
 - Also would be useful to know to what extent you have had some experience with the health care system either directly or indirectly. Please tell about your most recent experience, without necessarily going into a lot of detail ... specifically whether you found that particular experience satisfactory or unsatisfactory and why?

Instructions

(1) ab →

(1a)

1b



Appendix – English Moderator’s Guide

2. Views on the State of the Health Care System (10 minutes)

- MODERATOR’S NOTE: SECTIONS 2 AND 3 TO BE USED AS DISCUSSION WARM-UP – NO MORE THAN 15 MINUTES TOTAL

- Overall, how would you rate the state of health care in Canada? Would you say it is getting better, worse or staying about the same? 2a 2b

- LIST ON FLIP CHART: In your view, what are the really critical issues facing our health care system? What is/are the real problem(s) that should be dealt with most immediately? 3a

Probe for:

- 3c i. Inadequate funding 3b
 1. Who is mostly responsible? How should it be addressed? Is it your view that with increased funding alone, the system can be fixed? 3d 3e 3f

- 3g ii. Waiting times for hospitals/diagnostics/treatment

- 3h iii. Shortages of health care professionals

- 3i iv. High cost of drugs/drug coverage (general)

- 3j v. Disease versus preventive-orientation

- MODERATOR’S SECOND PROBE FOLLOWING IDENTIFICATION OF MOST CRITICAL ISSUES. IF THESE COME OUT IN EARLY DISCUSSION, SKIP TO NEXT QUESTION.) What’s your biggest fear in terms of how Canada’s health care system is or may be evolving? Probe for: 4a

- 4c i. General deterioration (in terms of access and quality)

- 4d ii. Balkanization of health care system across Canada/variable levels of care and quality

- 4e iii. Intrusion of private sector/Two tier system

- 4f iv. Broader implementation of user fees

- 4g v. Decreasing levels of health care coverage (removal of additional items from provincial health care coverage)

- And, how optimistic are you that the system can be improved? What (or who) is the single biggest stumbling block to improving the system? 5a 5b



Appendix – English Moderator’s Guide

3. Roles and Responsibilities (5 minutes)

- 6 bab • For those who said earlier that they believe the system is deteriorating, who do you blame most for this? Who is mostly responsible for the current state of the health care system? — 6b
- 6 7a → f • And, who is mostly responsible for improving the system? Is it mostly ...
 - 7b i. Federal government
 - 7c ii. Provincial/territorial governments
 - 7d iii. Health care professionals
 - 7e iv. Individuals
 - 7f v. All equally
- 7 8a → g • How do you view the roles of the federal government and the provinces/territories within the health care system? Who should have responsibility for what? Probe for:
 - 8c i. Setting and maintaining standards of access and quality care — 8b
 - 8d ii. Measuring the performance of health care in each of the provinces/territories
 - 8e iii. Ensuring accountability in terms of how dollars are spent (NOTE TO MODERATOR: PROBE FOR VIEWS ON ACCEPTABLE PENALTIES WHERE PARTIES HAVE CONTRAVENED AGREEMENTS (E.G. WITHHOLDING MONEY))
 - 8f iv. Administration of the system
 - 8g v. Funding system (NOTE TO MODERATOR: EXPLORE VIEWS AS TO WHETHER FUNDS SHOULD BE CONDITIONAL (E.G. SPENT IN CERTAIN AREAS ONLY) OR SHOULD BE DISCRETIONARY)

4. Proposed Health Care Reforms (20 minutes)

- 3 9a → e • How closely have you been following the discussions and debate on health care and health care reform? Where are you getting most of your information from? Probe for:
 - 9c ○ Media (which media outlets/programs?)
 - 9d ○ Federal/provincial/territorial governments (PROBE FOR: specific spokespeople such as Minister of Health, Premiers, etc.)
 - 9e ○ Other organizations
- 5 10a → e • Who, in your view, has been most active in bringing forward options for consideration and discussion in terms of reforming the system? Probe for awareness of:
 - 10b ○ Federal government
 - Romanow Commission
 - 2003 Health Accord
 - 10c ○ Council of the Federation
 - 11d ○ Specific provincial governments/premiers
 - 10e ○ Other organizations such as the CMA, think tanks, etc.



Appendix – English Moderator’s Guide

11. a • TOP OF MIND AWARENESS OF PROPOSALS: ^{11a} What kinds of things have they proposed? USE FLIP CHART TO LIST REFORMS.

11b • MODERATOR’S NOTE: MODERATOR TO DISTRIBUTE SUMMARY OF FEDERAL AND PROVINCIAL/TERRITORIAL PROPOSALS (ATTACHED). INTENTION OF THIS SECTION IS NOT TO DISCUSS PROPOSALS IN DETAIL. RATHER, TO PROVIDE ALL PARTICIPANTS WITH A COMMON BASE OF INFORMATION AND AN OVERALL SENSE OF THE DIRECTION OF FEDERAL AND PROVINCIAL/TERRITORIAL PROPOSALS. IF ASKED, MODERATOR TO STRESS THAT THESE PROPOSALS HAVE BEEN PUT FORWARD FOR FURTHER DISCUSSION. NO AGREEMENT HAS BEEN REACHED. Take a moment to review this document summarizing the proposals for health care reform that have been put forward by the provincial/territorial governments and by the federal government. Once you’ve finished reviewing them, we’ll talk about your reaction.

12a → b • When you consider these two sets of proposals, how different or similar do they look to you? In what ways are they different/similar? Probe: ^{12a} ^{12b}

12c → For example, what is your reaction to the National Pharmacare versus Catastrophic Drug Coverage proposals? Are either/both realistic and doable? ^{12d}

13 • What do you expect to be the biggest point of difference or “sticking point” between the two levels of government, based on the proposals that you see here?

5 14a → e • If you were sitting on a committee to review these sets of proposals, what are the criteria against which you would determine whether the specific proposal has merit? Specifically, what are the issues/areas that you want to make sure these proposals address? Probe for: ^{14a} ^{14b}

14c Sustainability/cost

14d Does/does not address real issues facing health care (e.g. of waiting times)

14e Will/will not lead to immediate improvements

• (NOTE TO MODERATOR: THE ABOVE LINE OF QUESTIONING IS ALSO AN ATTEMPT TO DRAW OUT WHAT PARTICIPANTS VIEW AS THE CRITERIA FOR SUCCESS OR A DEMONSTRATION THAT THE SYSTEM IS SHOWING SIGNS OF IMPROVEMENT)

2 15a → g • On balance, when you look at these two lists, which set of proposals appears to address the real issues in terms of improving Canada’s health care system? Explain/elaborate. ^{15a} ^{15b}

o Generally, which of the specific proposals have greater/lesser merit? Which would you identify as higher/lower priorities? Why? ^{15c} ^{15d} ^{15e}

o Should pharmacare be a higher or lower priority? Why? ^{15f} ^{15g}



Appendix – English Moderator’s Guide

5. Testing Communications Messages/Themes (60 minutes)

- I want to get your reaction to some of the words and terms that are used when governments and politicians talk about health care and health care reform. First, I’d like each of you to complete this quick paper exercise on your own. Then, we’ll open up the discussion and talk about your reactions as a group. In the exercise you are asked to think about each of these words or phrases in three parts:

Instruction exercise

- o First, indicate briefly what the term means to you
- o Then, indicate who you think is most likely to be talking about this issue or using this term (e.g. the provincial/territorial governments or the federal government)
- o Finally, indicate whether you think this is an important or not so important issue to be discussing in the context of health care reform.
- o INSTRUCTION TO PARTICIPANTS: IT IS NOT NECESSARY TO SPEND A LOT OF TIME ON EACH WORD/PHRASE/THEME. I SIMPLY WANT TO GET YOU QUICK REACTION AND THEN DISCUSS AS A GROUP.

- Review responses/reaction to exercise within group format.

- 16 o What does “word/phrase/theme” mean to you?
- 17ab o Who is most likely to be found referring to this or using this term? Why? *-17a -17b*
- 3 18a → c o How important is it to ensure that this word/phrase/theme is part of the discussion about health care reform? And, in general, do you view this as a positive or negative dimension or point of discussion in terms of health care reform? Why do you say that? *-18a -18b -18c*

- Now, I would like to raise a couple of specific points with you, highlighting some of the main points of difference between the federal and provincial positions on health care reform:

- 3 19a → c o On the issue of accountability: The provinces’ position is that each province should be accountable to the citizens of that province, not necessarily to each other across the provinces. The federal government has said that accountability is what will drive real reform and that federal government investments in health care should be attached to results so that Canadians can see how their tax dollars are being spent. What do you see as the principal difference between these two positions? On balance, which of the two positions do you favor? Elaborate. *-19a -19b -19c*



Appendix – English Moderator’s Guide

7

20a → g

- On the issue of Pharmacare/Catastrophic Drug Coverage: You’ve seen the proposals to expand drug coverage for Canadians. On the one hand, the provinces have suggested that the federal government should take on responsibility for a National Pharmacare program which would provide broad prescription drug coverage for citizens. The provinces say this would free up monies that could be put towards reducing waiting times and improving access. The federal government has offered to implement a Catastrophic Drug Coverage plan that would ensure that no Canadian family faces financial ruin as a result of prescription drug expenses. Their view is that the federal government’s role is to ensure a sustainable and accessible health care system for many generations to come and that focusing exclusively on a National Pharmacare program won’t address some of the real issues such as reduced waiting time, availability of medical professionals, and expansion of homecare. How do you react to these two proposals? On balance, which of the two positions do you favor? Elaborate.

- Do we need a national pharmacare program? What if you were aware that 88% of Canadians had drug care coverage through their employee, do we still need a national pharmacare program?
- Is it too expensive? - 20f
- If it means redirecting funds that would be used to address other areas such as waiting times, diagnostics, etc., is it worth it to you? - 20g

21ab

- On the issue of funding: The provinces have maintained that the federal government is simply not paying its fair share of health care costs. They believe that the federal government contribution should be raised to 25% and sustained at that level. The federal government agrees in principle with the 25% share of costs but also believes that any funding arrangement should be stable and predictable and that funds should be tied to results and maintenance of the principles of the Canada Health Act. On balance, which of the two positions do you favor? Elaborate. - 21b

- Given what you know now and have heard about the federal and provincial/territorial proposals for reform as well as your own hopes and vision for the health care system, let’s try to craft a statement that we would like to hear either or both of the provinces/territories and the federal government saying on health care. Let’s assume the two parties meet, discuss the issue and come out with a joint statement. We’ll do this as a group. Feel free to use some of the words/phrases from the last exercise or others. Let’s try to build this step by step starting with ...

- 22○ What do we want to say about the kind of health care system we want?
- 23○ Specifically what kind of features or aspects of the health care system do we want to emphasize?
- 24○ Now, let’s try to string them together into a couple of sentences ... (for example, we could complete this sentence)
 - “Governments are committed to a health care system that is ...”
 - “Governments should work together to build a health care system for ...”

message construction



Appendix – English Moderator’s Guide

6. Views on Upcoming FMM (20 minutes)

- 25ab • (IF NOT RAISED IN EARLIER DISCUSSION) Are there any plans that you are aware of for further meetings on health care between the provinces/territories and the federal government? If so, when? 25a

- 3 26a → c • In fact there is a First Ministers’ Meeting on Health Care planned for mid-September. What are your expectations of this meeting? What do you hope the outcome will be? What do you expect the outcome will be? 25b

- 4 27a → d • IF, “MORE OF THE SAME/LITTLE PROGRESS:” How do you break out of this cycle? 26a 26b 26c
 - What would be the one thing/outcome that would make this FMM different from others? 27a
 - What would you need to see/hear to know that the meeting had been successful in your view? 27b
 - What would you want to hear from the Premiers/Prime Minister coming out of this meeting? 27c

- 8 28a → h • Are you expecting some kind of a deal between the federal government, provinces and territories, including a funding commitment OR is it acceptable to come away from the meeting with a “blueprint” for action and an agreement to continue discussions and to work together toward solutions? If “deal”, generally, what kinds of things should the deal address? Probe for: 27d

28a ○ Guaranteed levels of funding 28b

28b ○ Insurance of:

- Accountability for funds
- Maintenance of national standards

28c ○ Reduction of waiting times

28d ○ Greater access to health care professionals

28e ○ Pharmacare

28f ○ Homecare

- 3 29a → c • A decision has been made to run the First Ministers’ Meeting in an open, televised format. Do you think that it will be easier or more difficult to come to an agreement? 29a

Probe for:

- Increased transparency 29b
- Limits political posturing/gamesmanship 29c

- 30 • How likely would you be to watch any or all of the proceedings?



Appendix – English Moderator’s Guide

7. Wrap up (if time allows)

- We’ve been talking all evening about health care reforms and funding. Of course, spending on health care may require that governments reduce or limit their funding commitments in other areas.

31 - ○ First, do you think that the health care system can be improved without necessarily adversely impacting funding on other areas?

32a → d ○ If improvements to health care require that funds be redirected from other areas, what should those areas be? Probe for: 32a

- 32b ■ Environment
- 32c ■ Infrastructure/communities
- 32d ■ Defense (etc.)

THANK YOU FOR YOUR PARTICIPATION THIS EVENING.

REMIND 6:00 P.M. GROUP THAT NEXT GROUP IS COMING IN TO DISCUSS. PLEASE DO NOT DISCUSS TOPICS AS YOU ARE LEAVING IN ORDER NOT TO BIAS NEXT GROUP.



Appendix – English Moderator’s Guide

Exercise #1

	In a few words, what do you associate with this term/phrase? Briefly describe what this term/phrase means to you in the context of health care and health care reform?	Please circle which party you have heard most often referring to this term/phrase in the context of discussions about health care reform?			Please indicate how important you feel it is to be discussing this issue in the context of health care reform? (1 is “not important at all”, 5 is “very important”)				
		Federal govt.	Prov. or Terr. govts.	Both equally	1	2	3	4	5
Financial sustainability		Federal govt.	Prov. or Terr. govts.	Both equally	1	2	3	4	5
Publicly funded		Federal govt.	Prov. or Terr. govts.	Both equally	1	2	3	4	5
Ensuring accountability		Federal govt.	Prov. or Terr. govts.	Both equally	1	2	3	4	5
Paying fair share of health care costs		Federal govt.	Prov. or Terr. govts.	Both equally	1	2	3	4	5
Protecting the fundamental values of medicare		Federal govt.	Prov. or Terr. govts.	Both equally	1	2	3	4	5
Long term, stable and predictable health care funding		Federal govt.	Prov. or Terr. govts.	Both equally	1	2	3	4	5
Upholding the 5 principles of the Canada Health Act		Federal govt.	Prov. or Terr. govts.	Both equally	1	2	3	4	5
Fixing health care for a generation		Federal govt.	Prov. or Terr. govts.	Both equally	1	2	3	4	5
Affordability		Federal govt.	Prov. or Terr. govts.	Both equally	1	2	3	4	5
Funding with no strings attached		Federal govt.	Prov. or Terr. govts.	Both equally	1	2	3	4	5
Flexible funding that will allow the parties to invest in priority areas as they see fit		Federal govt.	Prov. or Terr. govts.	Both equally	1	2	3	4	5
The “Five-in-five” approach to health care service intended to reduce waiting times over 5 years, in 5 key areas.		Federal govt.	Prov. or Terr. govts.	Both equally	1	2	3	4	5



Appendix – English Moderator’s Guide

SUMMARY OF PROPOSALS TO REFORM HEALTH CARE SYSTEM

Proposal Q	Proposal K
<ul style="list-style-type: none"> • National Pharmacare Program funded and administered (except in Quebec) by the federal government, ensuring a basic level of drug coverage for Canadians and including a National Vaccination Program • Federal government to address the unique health care challenges of Aboriginal peoples • Federal government to reimburse medical travel costs for residents of the three territories and Labrador • Maintain federal funding levels at 25% of total health care spending by the provinces/territories • Implementation of a Healthy Living Strategy to focus on illness prevention and wellness • Sharing best practices and innovations in health care • Setting immediate provincial priorities as follows: <ul style="list-style-type: none"> - Reducing waiting times - Improving access by expanding community-based care including primary health care, home care and mental health - Investing in health technologies such as medical diagnostics - Ensuring an appropriate supply and distribution of human resources in the health care system - Ensuring access to safe, high quality prescription drugs - Introducing new information technologies • Accountability of provincial health care systems. Each province/territory to report back to its own citizens on a regular basis, but not necessarily to be shared across jurisdictions. 	<ul style="list-style-type: none"> • Catastrophic drug coverage such that the federal government would pay for the cost of drugs above an agreed upon threshold (e.g. 3% of household income or \$5000 annual) • Expansion of homecare and community care programs to free up the pressure on hospitals • Development of a national homecare strategy • Reducing waiting times through: <ul style="list-style-type: none"> - increased financial support to provinces specifically to deal with waitlist backlogs - increasing supply of health professionals - expanding 24/7 access to community health clinics - expanding funding to diagnostic services and other medical equipment • Implementation of a National Strategy for keeping people healthier with investments in health protection and promotion • A Health Human Resources Strategy to address the shortage of health professionals, including: <ul style="list-style-type: none"> - review of immigration policies to attract more qualified health professionals - supporting foreign trained health professionals in obtaining their Canadian accreditation - working with doctors and nurses associations to expand the number of nurse practitioners and quasi-health professionals in order to relive the pressure on doctors • A 10-year strategy to increase funding to the provinces so that provinces would have greater funding stability • An accountability mechanism that would ensure Canadians, no matter where they live, can see how tax dollars are being invested in the health care system.



Appendix – French Moderator’s Guide

Guide du modérateur ou de la modératrice Perspectives des Canadiens sur la réforme du système de soins de santé avant la Réunion des premiers ministres final

1. Introduction (5 minutes)

- Expliquez brièvement l’objectif de ces groupes de discussion :
 - Discuter d’un éventail d’aspects ayant trait à vos points de vue sur les soins de santé et la réforme du système de soins de santé

- Format des groupes de discussion et règles de base :
 - Les discussions des groupes sont enregistrées sur bande sonore afin de pouvoir les réécouter pour rédiger un rapport destiné au client
 - Tous les commentaires sont confidentiels. Inutile de préciser votre nom de famille. La conversation se déroulera en n’utilisant que des prénoms.
 - Des observateurs représentant le client suivent la discussion derrière la glace sans tain.
 - Seuls votre opinion et vos commentaires nous intéressent. Il n’y a pas de bonne ou de mauvaise réponse dans ce genre de discussion. Sentez-vous libre d’être en accord ou en désaccord avec les autres participants.
 - Nous voulons entendre le point de vue de tous les participants. Il est important d’être franc et honnête même si vous sentez que votre opinion diffère de celle des autres participants. Il est également important de m’aviser si vous changez d’avis sur un sujet au cours de la séance suite à la discussion ou à l’apport de nouveaux éléments.
 - En tant que modérateur (modératrice), mon rôle est de vous guider tout au long de la discussion, de veiller à ce que nous respections le temps alloué et de donner la chance à tous les participants de s’exprimer. De temps à autre, il est possible que j’interrompe une conversation pour m’assurer que nous finirons dans le délai de deux heures accordé. Il est également possible que j’intervienne si plus d’une personne parlent en même temps, ce qui nuirait à la qualité des bandes. Finalement, si l’un ou l’une d’entre vous ne parle pas pendant un bon bout de temps, je pourrais m’adresser directement à vous pour avoir votre opinion
 - Selon le déroulement de la séance, nous pourrions prendre une petite pause à mi-parcours.

- Présentation des participants:
 - Ne donnez que votre prénom
 - Parlez-nous un peu de vous
 - Par exemple, état matrimonial, nombre d’enfants, etc,
 - Il serait également intéressant de savoir dans quelle mesure vous avez été en contact avec le système de soins de santé, que ce soit directement ou indirectement. Parlez-nous de votre plus récente expérience, sans nécessairement donner tous les détails. Mentionnez surtout si vous avez été satisfait ou non de cette expérience, et pourquoi.



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2. La perception de l’état du système de santé [10 MINUTES]

- *REMARQUE À L’INTENTION DU MODÉRATEUR : LES SECTIONS 2 ET 3 DOIVENT SERVIR D’ÉCHAUFFEMENT À LA DISCUSSION - PAS PLUS DE 15 MINUTES AU TOTAL*
- Dans l’ensemble, que pensez-vous de l’état du système de soins de santé au Canada? Diriez-vous qu’il s’améliore, qu’il empire, ou qu’il n’a pas changé?
- *LISTE SUR CHEVALET*: D’après vous, quels sont les enjeux les plus importants auxquels est confronté notre système de soins de santé? Quels sont les vrais problèmes qui doivent être résolus le plus rapidement possible?

Questions supplémentaires :

- i. Financement inadéquat
 1. À qui incombe surtout cette responsabilité? Comment devrions-nous y faire face? Selon vous, est-ce que l’injection de fonds supplémentaires, sans autre mesure, redresserait le système?
 - ii. Délais d’attentes pour les hôpitaux / le diagnostic / le traitement
 - iii. Pénurie de professionnels dans le domaine de la santé
 - iv. Coût élevé des médicaments et des assurances médicaments (dans l’ensemble)
 - v. Approche palliative plutôt que préventive (traitement des maladies et non prévention)
- *DEUXIÈME QUESTION APRÈS L’IDENTIFICATION DES ENJEUX CRUCIAUX. SI CES RÉPONSES SURGISSENT TÔT DANS LA DISCUSSION, PASSEZ À LA PROCHAINE QUESTION.* Qu’est-ce que vous craignez le plus quand vous pensez à l’état du système de soins de santé au Canada ou à ce qu’il pourrait devenir?

Questions supplémentaires :

- i. Une détérioration générale (au niveau de l’accès et de la qualité)
 - ii. L’éclatement du système de soins de santé à travers le Canada/ Niveaux et qualité des soins variables d’un endroit à l’autre
 - iii. L’invasion du secteur privé – un système à deux vitesses
 - iv. L’imposition plus généralisée de tickets modérateurs
 - v. Une protection moindre en matière de soins de santé (suppression d’autres éléments du régime provincial)
- À quel point restez-vous optimiste que le système puisse être amélioré? Quel est, ou qui est, la plus grosse pierre d’achoppement pour l’amélioration du système?



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3. Les rôles et les responsabilités 5 minutes

- Pour ceux d’entre vous qui ont affirmé plus tôt qu’ils croient que le système se détériore, à qui le reprochez-vous? Qui est le grand responsable de l’état actuel du système de soins de santé?
- Et à qui incombe la responsabilité de l’améliorer? Est-ce surtout la responsabilité:
 - i. Du gouvernement fédéral
 - ii. Des gouvernements provinciaux et territoriaux
 - iii. Des professionnels de la santé
 - iv. Des particuliers
 - v. De tout le monde à part égale
- Comment envisagez-vous le rôle du gouvernement fédéral et des provinces et territoires en ce qui a trait au système de soins de santé? Comment les responsabilités devraient-elles être partagées?

Questions supplémentaires :

- i. Établissement et maintien des normes d’accès et de qualité des soins
- ii. Mesure du rendement du système de soins de santé dans chacune des provinces et territoires
- iii. Reddition de comptes sur la façon dont l’argent est dépensé (*INSISTEZ SUR LES PÉNALITÉS ACCEPTABLES SI LES PARTIES ENFREIGNENT LES ENTENTES, P.EX. RETENIR DES FONDS*)
- iv. Administration du système
- v. Financement du système (*APPROFONDISSEZ SI LES FONDS DEVRAIENT ÊTRE CONDITIONNELS, P.EX. DESTINÉS À DES DOMAINES PRÉCIS, OU DISCRÉTIONNAIRES*)

4. Les réformes proposées [20 minutes]

- À quel point avez-vous suivi les discussions et les débats sur les soins de santé et les réformes envisagées? D’où viennent la plupart de vos informations? Questions supplémentaires :
 - Les médias (quels postes, quelles émissions)
 - Les gouvernements fédéral, provinciaux ou territoriaux (*INTERROGEZ : porte-parole précis, tel que le ministre de Santé, les premiers ministres, etc.*)
 - D’autres organismes
- Qui, d’après vous, s’est avéré le plus efficace pour proposer des options à envisager et lancer la discussion pour réformer le système?

VERIFIEZ SI LES PARTICIPANTS CONNAISSENT :

- Le gouvernement fédéral
 - La commission Romanow
 - L’accord sur la santé de 2004
- Le Conseil de la fédération
- Des gouvernements (ou premiers ministres) provinciaux
- D’autres organismes, tel que l’AMC (l’Assoc. médicale can.), ou des groupes de réflexion



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- PRINCIPALES PROPOSITIONS CONNUES: Quelles sortes de propositions ont-ils formulées?
UTILISEZ LE CHEVALET POUR ÉNUMÉRER LES RÉFORMES
- *DISTRIBUER LA FEUILLE « SOMMAIRE DES PROPOSITIONS DE RÉFORME DU SYSTÈME DE SOINS DE SANTÉ » JOINTE. LE BUT DE CETTE SECTION N’EST PAS DE DISCUTER DES PROPOSITIONS EN DÉTAIL, MAIS PLUTÔT DE S’ASSURER QUE TOUS LES PARTICIPANTS SONT AU FAIT DES MÊMES DONNÉES ET QU’ILS ONT UNE IDÉE DE L’ORIENTATION DES PROPOSITIONS DES GOUVERNEMENTS FÉDÉRAL ET PROVINCIAUX/TERRITORIAUX. AU BESOIN, VOUS POUVEZ PRÉCISER QUE CES PROPOSITIONS SONT SUJETTES À D’AUTRES DISCUSSIONS ET QU’AUCUN ACCORD N’A ENCORE ÉTÉ CONCLU.*

Prenez quelques minutes pour lire ce document qui est un sommaire des suggestions de réforme du système de soins de santé émises par les gouvernements fédéral, provinciaux et territoriaux. Nous en parlerons par la suite.

- Quand vous regardez ces deux séries de propositions, y trouvez-vous des différences et des ressemblances? En quoi sont-elles différentes ou semblables?
Questions supplémentaires :
 - Par exemple, que pensez-vous du régime national d’assurance médicaments en comparaison au régime de protection pour les médicaments onéreux? Est-ce que l’une ou l’autre de ces propositions est réaliste et faisable, ou les deux ?
- À partir de ces propositions, selon vous, quel sera le principal point de divergence ou de friction entre les deux paliers de gouvernement?
- Si vous siégiez au comité qui examine ces propositions, quels seraient les critères que vous utiliseriez pour déterminer le bien-fondé de chacune de ces propositions? Plus précisément, à quels domaines ou problèmes ces propositions devraient-elles absolument s’attaquer?
Questions supplémentaires :
 - Pérennisation (durabilité) / coût
 - S’attaque ou non aux vrais problèmes auxquels est confronté le système de soins de santé (p. ex: les délais d’attente)
 - Entraînera ou non des améliorations immédiates



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(CETTE SÉRIE DE QUESTIONS VISE AUSSI À CONNAÎTRE CE QUE LES PARTICIPANTS PERÇOIVENT COMME DES CRITÈRES DE SUCCÈS OU UNE DÉMONSTRATION QUE LE SYSTÈME PRÉSENTE DES SIGNES D'AMÉLIORATION)

- Dans l'ensemble, lorsque vous regardez ces deux listes, laquelle semble aborder les vrais enjeux ayant trait à l'amélioration du système de soins de santé au Canada ?

Expliquer, élaborer

- Dans l'ensemble, quelles propositions précises ont le plus ou le moins de bien-fondé ? Lesquelles classeriez-vous comme prioritaires ou non? Pourquoi ?
- Est-ce que le régime national d'assurance médicaments devrait être une priorité, ou non ? Pourquoi ?

5. Mise à l'essai des messages et des thèmes [60 minutes]

- J'aimerais connaître vos réactions face à certains mots et expressions employés par les gouvernements et les politiciens lorsqu'ils parlent des soins de santé et de la réforme du système de santé. Tout d'abord, je vous demanderais à chacun/e de remplir cette feuille, individuellement. Ensuite, nous en parlerons en groupe. Pour cet exercice, nous vous demandons de songer à chacun de ces mots ou phrases à trois niveaux:
 - Premièrement, décrivez en quelques mots ce que ce mot ou cette expression signifie pour vous
 - Deuxièmement, indiquez qui – soit les gouvernements provinciaux/territoriaux ou le gouvernement fédéral – serait le plus porté à utiliser ce mot ou à parler de ce sujet
 - Finalement, indiquez si vous jugez cette question importante ou non à aborder dans le cadre de la réforme du système de soins de santé
 - *DIRECTIVES AUX PARTICIPANTS : JE NE DESIRE QUE VOS RÉACTIONS SPONTANÉES POUR POUVOIR EN DISCUTER EN GROUPE. IL N'EST PAS NÉCESSAIRE DE S'ATTARDER À CHAQUE MOT ET À CHAQUE EXPRESSION.*
- Passez les réponses/réactions à l'exercice en revue avec le groupe:
 - Que signifie « _____ » pour vous?
 - Quel palier de gouvernement serait le plus susceptible d'utiliser ce mot ou cette expression? Pourquoi?
 - À quel point est-il important que cette question soit abordée dans le cadre de la réforme du système de soins de santé? Et, en général, considérez-vous cette question comme un point de discussion positif ou négatif dans le cadre de la réforme du système de soins de santé? Pourquoi affirmez-vous cela?



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- J’aimerais maintenant attirer votre attention sur certains points précis et souligner certaines des principales différences entre les positions fédérale et provinciales quant à la réforme du système de santé
 - *La question de la reddition de comptes*

Les provinces veulent que chacune d’entre elles ait l’obligation de rendre compte à ses citoyens, mais pas nécessairement à ceux des autres provinces. De son côté, le gouvernement fédéral soutient que c’est la responsabilisation qui va entraîner la vraie réforme, et que les investissements dans la santé venant du fédéral doivent être liés aux résultats pour que les Canadiens puissent voir comment leur argent est dépensé. D’après vous, quelle est la différence principale entre ces deux positions? En bout de ligne, laquelle de ces deux positions préférez-vous? Expliquez.
 - *La question du régime national d’assurance médicaments et du régime de protection pour les médicaments onéreux*

Vous avez vu la proposition d’étendre le régime d’assurance médicaments à tous les Canadiens. D’une part, les provinces ont suggéré que le gouvernement fédéral prenne en charge ce régime national qui offrirait une protection de base pour les médicaments aux citoyens. Les provinces affirment que ce régime libérera des fonds qui pourraient être investis pour réduire les délais d’attente et améliorer l’accès aux soins. Le gouvernement fédéral a proposé de mettre en œuvre un régime de protection pour les médicaments onéreux qui garantirait qu’aucune famille canadienne ne soit ruinée en raison du coût des médicaments d’ordonnance. La position du gouvernement fédéral est qu’il doit garantir un système de soins de santé durable et accessible pour les générations à venir et que le fait de mettre uniquement l’accent sur un régime national d’assurance médicaments ne résoudra pas certains des véritables problèmes comme la réduction des délais d’attente, la disponibilité de professionnels de la santé et le développement des soins à domicile. Comment réagissez-vous à ces deux positions ? En bout de ligne, laquelle de ces deux positions préférez-vous? Expliquez.

 - Avons-nous besoin d’un régime d’assurance médicaments à l’échelle nationale ? Et si je vous disais que 88 % des Canadiens ont une protection pour les médicaments par le biais de leur employeur, avons-nous tout de même besoin d’un régime d’assurance médicaments à l’échelle nationale ?
 - Coûterait-il trop cher?
 - Si ça signifiait de réorienter des fonds qui devaient servir à réduire les listes d’attente, à accélérer les diagnostics, etc., est-ce que cela vaudrait tout de même le coup selon vous ?



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○ *La question du financement:*

Les provinces prétendent que le gouvernement fédéral ne contribue tout simplement pas sa juste part des coûts des soins de santé. Elles croient que le fédéral doit augmenter sa contribution à 25 %, et la maintenir à ce niveau. En principe, le gouvernement fédéral est d’accord avec cette contribution de 25 %, mais croit aussi que toute entente de financement devrait être stable et prévisible et que les fonds doivent être liés à une obligation de résultats et de maintien des principes de la Loi canadienne sur la Santé. En bout de ligne, laquelle de ces deux positions préférez-vous? Expliquez.

- Maintenant, en tenant compte de ce que vous savez et avez entendu au sujet des propositions des gouvernements fédéral et des provinces et territoires en ce qui a trait à la réforme, ainsi que de vos espoirs et de votre vision de celle-ci, essayons de rédiger un énoncé que nous aimerions que le gouvernement fédéral ou les provinces et territoires reprenne au sujet des soins de santé. Disons que les deux parties se rencontrent, discutent de la question et en viennent à un énoncé commun. Nous ferons cet exercice en groupe. Vous pouvez utiliser des mots ou des expressions du dernier exercice, ou d’autres. Allons-y étape par étape...

- Comment voulons-nous définir la sorte de système de soins de santé que nous désirons?
- Plus précisément, quels aspects ou quelles caractéristiques du système voulons-nous préconiser?
- Essayons maintenant d’organiser ces idées et de composer une ou deux phrases. Par exemple, nous pourrions compléter la phrase...
 - « Les gouvernements s’engagent à créer un système de soins de santé qui est... »
 - « Les gouvernements doivent travailler ensemble à bâtir un système des soins de santé pour ... »

6. Points de vue sur la prochaine Réunion des premiers ministres [20 minutes]

- [Si pas déjà mentionné plus tôt] Savez-vous s’il y a des réunions prévues entre le gouvernement fédéral et les provinces et territoires pour discuter des soins de santé? Si oui, quand?
- En effet, il devrait y avoir une réunion des premiers ministres pour discuter des soins de santé à la mi-septembre. Quelles sont vos attentes face à cette réunion? Quel résultat espérez-vous? Et à quel résultat vous attendez-vous?
- [SI « PAS DE CHANGEMENT », OU « PEU DE PROGRÈS »] Comment briser ce cycle ?
 - Quel serait le résultat qui rendrait cette réunion différente des réunions précédentes?
 - Pour être convaincu que la réunion a été une réussite, qu’est-ce que vous auriez besoin d’entendre et de voir?
 - Qu’est-ce que vous aimeriez que les premiers ministres nous disent en sortant de la réunion?



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- Vous attendez-vous à une entente entre le fédéral et les provinces et territoires, y compris un plan de financement, OU serait-il acceptable, à l’issue de la réunion, de n’avoir qu’un avant-projet et un engagement de poursuivre la discussion et de travailler à trouver des solutions? S’il y avait « entente », dans l’ensemble, quels aspects devrait-elle couvrir?

Questions supplémentaires :

- Niveaux de financement garantis
 - Garantie de :
 - Reddition de comptes pour ce qui concerne les dépenses
 - Maintien des normes nationales
 - Réduction des délais d’attente
 - Meilleur accès aux professionnels de la santé
 - Assurance médicaments
 - Soins à domicile
-
- Il a été décidé qu’une Réunion des premiers ministres se tiendra dans un format télévisuel ouvert. Croyez-vous que ce cadre facilitera ou rendra plus difficile la conclusion d’une entente ?

Questions supplémentaires :

- Plus de transparence
 - Restreint les manipulations et les tactiques de diversion
-
- À quel point est-il probable que vous regardiez les débats ?

7. Conclusion [si le temps le permet]

- Nous avons passé la soirée à discuter de réformes du système de soins de santé et de financement. Évidemment, pour investir dans la santé, les gouvernements devront peut-être réduire leurs dépenses dans d’autres domaines.
 - Tout d’abord, croyez-vous que l’on peut améliorer le système de soins de santé sans nécessairement que cela ait des répercussions négatives dans d’autres domaines?
 - S’il s’avérait nécessaire de piger dans d’autres secteurs afin d’apporter des améliorations au secteur de la santé, dans quels domaines devrait-on aller chercher des fonds?

Questions supplémentaires :

- L’environnement
- Les infrastructures / les communautés
- La défense (etc.)

**MERCI DE VOTRE PARTICIPATION
RAPPELEZ AU GROUPE DE 18 H QU’UN AUTRE GROUPE SUIT ET DE NE PAS DISCUTER DES
SUJETS ABORDÉS EN QUITTANT LA SALLE AFIN DE NE PAS
INFLUER SUR CES PERSONNES.**



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SOMMAIRE DES PROPOSITIONS DE RÉFORME DU SYSTÈME DE SOINS DE SANTÉ

Proposition Q	Proposition K
<ul style="list-style-type: none">• Mise en œuvre d'un régime national d'assurance médicaments (pour toutes les provinces, à l'exception du Québec) financé et administré par le gouvernement fédéral qui offrirait aux Canadiens une protection de base pour les médicaments et comprendrait un programme national de vaccination• Que gouvernement fédéral relève les défis uniques que posent les soins de santé aux peuples autochtones• Que le gouvernement fédéral rembourse le coût des voyages pour soins médicaux des résidents des trois territoires et du Labrador• Que le niveau de financement fédéral des soins de santé des provinces / territoires soit maintenu à 25 % du total de leurs dépenses en la matière• Mise en œuvre d'une stratégie de mode de vie sain qui met l'accent sur la prévention des maladies et le bien-être• Partage des meilleures pratiques et des innovations en soins de santé• Que les priorités immédiates des provinces soient établies comme suit:<ul style="list-style-type: none">- Réduire les temps d'attente- Améliorer l'accès en étendant les programmes de soins communautaires, y compris les soins de santé primaires, les soins à domicile et les soins de santé mentale- Investir en technologies de la santé, p.ex. dans les diagnostics médicaux- Garantir une dotation adéquate en personnel et une répartition appropriée des ressources humaines au sein du système de santé- Garantir l'accès à des médicaments sur ordonnance de haute qualité et sécuritaires- Mettre en œuvre de nouvelles technologies de l'information• Responsabilisation des systèmes de soins de santé provinciaux. Chaque province/territoire aura l'obligation de rendre compte à ses citoyens régulièrement, mais ne devra pas nécessairement partager ses résultats avec les autres juridictions.	<ul style="list-style-type: none">• Mise en place d'un régime de protection pour les médicaments onéreux en vertu duquel le gouvernement fédéral défrayerait le coût des médicaments excédant un seuil établi (p.ex. 3 % du revenu du ménage ou 5 000 \$ par année)• Développement des programmes de soins à domicile et communautaires afin d'alléger le fardeau des hôpitaux• Mise sur pied d'une stratégie nationale de soins à domicile• Réduction des temps d'attente grâce :<ul style="list-style-type: none">- à un soutien financier accru aux provinces pour gérer les listes d'attente en retard- à l'augmentation du nombre de professionnels de la santé- au prolongement des heures d'ouverture des cliniques de santé communautaires (24 heures par jour, 7 jours par semaine)- au financement des services de diagnostic et d'autres équipements médicaux• Mise en œuvre d'une stratégie nationale pour garder les gens en santé; investissement dans la protection et la promotion de la santé• Mise en œuvre d'une stratégie de ressources humaines en matière de santé pour faire face à la pénurie de professionnels de la santé, y compris :<ul style="list-style-type: none">- la révision des politiques d'immigration afin d'attirer plus de professionnels de la santé qualifiés- le soutien des professionnels de la santé formés à l'étranger pour l'obtention de leur reconnaissance professionnelle au Canada- la collaboration avec les associations de médecins et d'infirmiers pour augmenter le nombre d'infirmiers et d'infirmières praticien-nes et de quasi-professionnels de la santé afin d'alléger le fardeau des médecins• Stratégie décennale pour augmenter le financement des provinces afin qu'elles atteignent une meilleure stabilité financière• Mécanisme de responsabilisation qui permettrait aux Canadiens, peu importe où ils résident, de constater que leurs impôts sont investis dans le système de soins de santé



Appendix – French Moderator’s Guide

Exercice 1

	En quelques mots, qu'est-ce que vous associez à ces énoncés? Décrivez brièvement ce que cet énoncé signifie pour vous dans le contexte des soins de santé et de la réforme du système des soins de santé?	Veuillez encercler l'organisme que vous avez entendu le plus souvent mentionner ce sujet dans le cadre de discussions au sujet de la réforme de soins de la santé?			Veuillez indiquer à quel point il est important, selon vous, de discuter de ce point dans le cadre de la réforme du système de soins de santé? (1 signifie « Pas du tout important » et 5, « Très important »)				
		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5
Pérennisation financière		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5
Financé par les fonds publics		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5
Assurer la reddition de comptes		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5
Contribuer la juste part des coûts des soins de santé		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5
Protéger les valeurs fondamentales du régime public d'assurance-maladie		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5
Financement stable, prévisible et à long terme des soins de santé		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5
Confirmer les cinq principes de la Loi canadienne sur la santé		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5
Un redressement pour une génération des soins de santé		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5



Appendix – French Moderator’s Guide

Exercice 1 (cont'd)

	En quelques mots, qu'est-ce que vous associez à ces énoncés? Décrivez brièvement ce que cet énoncé signifie pour vous dans le contexte des soins de santé et de la réforme du système des soins de santé?	Veuillez encercler l'organisme que vous avez entendu le plus souvent mentionner ce sujet dans le cadre de discussions au sujet de la réforme de soins de la santé?			Veuillez indiquer à quel point il est important, selon vous, de discuter de ce point dans le cadre de la réforme du système de soins de santé? (1 signifie « Pas du tout important » et 5, « Très important »)				
		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5
Viabilité financière		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5
Financement sans contraintes		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5
Financement souple qui permettra aux parties d'investir dans les domaines qu'elles jugent prioritaires		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5
Le Plan « Cinq en cinq » visant à réduire les temps d'attente en cinq ans, dans cinq domaines importants		Gouv. fédéral	Gouv. prov. ou territorial	Les 2 également	1	2	3	4	5