

**CONSUMERS'  
ASSOCIATION  
OF CANADA**



**Submission to the  
Commission on the  
Future of Health Care in  
Canada**

**November 1, 2001**

**267 O'Connor Street, Suite 404  
Ottawa, Ontario  
K2P 1V3**

**Phone: (613) 238-2533  
Fax: (613) 563-2254**

**E-mail: *info@consumer.ca*  
Web site: *www.consumer.ca***

## TABLE OF CONTENTS

<b>Introduction</b>	<b>3</b>
<b>Priorities</b>	<b>3</b>
<b>Sustainability</b>	<b>6</b>
<b>Canada Health Act</b>	<b>8</b>
<b>Conclusion</b>	<b>8</b>

## **Consumer Views on the Future of the Canadian Health Care System**

### **Introduction**

The Consumers' Association of Canada (CAC) is pleased to have the opportunity to contribute consumers' concerns and ideas concerning the future of our valued Medicare system for consideration in the Commission's deliberations.

Consumers' Association of Canada is a 54 year old independent, not-for-profit, volunteer based organization with a National office in Ottawa and provincial/Territorial Branches. Our mandate is to inform and educate consumers on market place issues, to advocate for consumers with government and industry, and to work with government and industry to solve market place problems in beneficial ways.

CAC focuses its work in the areas of health, food, trade, standards, financial services, communication services and other market place issues as they emerge.

All CAC policies on specific issues are framed within a set of general consumer-oriented principles. Eight such principles govern consumer associations belonging to the worldwide federation of consumer groups, Consumers International. Among these principles are the right to choice, safety, information and a healthy environment.

The attached *CAC Policy Statement on Consumers and Health Care* is based on these principles.

For more than a decade, delegates at the Annual General Meetings of the Association have identified health care as a priority consumer issue to be addressed by the Association in the coming year. Each year the issue presents a more critical challenge.

### **Priorities**

In 2001, the Consumers' Association of Canada members give the highest priority for action to the inclusion of Homecare and Pharmacare within the parameters of the Canada Health Act. The shift, in all the provinces, of necessary treatment and care from the insured hospital setting to the uninsured community setting has placed a heavy (often overwhelming) financial burden on the individual and his family at a time of great vulnerability due to lost income of the patient and/or the family caregiver at the stressful time of coping with the illness.

It is recognized that in many instances, Homecare is the preferred or feasible option only because of the availability of drug treatment that can be administered outside a hospital. This dependence of the Homecare option on the accessibility of drugs demonstrates the urgent need for a Pharmacare program to be put in place concurrently, in order for Homecare to provide the required level of health care at the time needed. One successful aspect of the British health care system has been the provision of both Homecare and Pharmacare within the public health care system.

Certainly, the introduction of publicly insured Homecare and Pharmacare programs would have cost implications for the provincial health care systems but over time could prove cost efficient by expediting the movement of patients through the expensive hospital system, thereby reducing waiting lists and pressure for expansion of high cost facilities and making a major contribution to the sustainability of our valued public system.

Including these services under provincial Medicare plans would also reduce the overall costs of these products and services to consumers by enabling public plans to obtain the benefits of wholesale pricing and reduced administration costs, instead of leaving consumers dependent on paid-out-of-pocket or on multiple private and employer benefit plans. This is a significant, frequently overlooked benefit of universality and the payer of first resort.

From a consumer point of view, the major flaw in the governments' initiatives in closing hospitals and beds over the past decades has been the failure to have an adequate Homecare program in place prior to undertaking the downsizing. Costly bottlenecks and waiting lists have been the consequences. It is important to note that "an adequate Homecare program" includes a support system for the informal caregivers and fair remuneration for the staff.

Consumers are enthusiastic supporters of the continuum-of-care model for a health care system. They express concern at the fragmentation of the current health care system that leads to extra testing, extra costs, frequent conflicting diagnosis and directions for treatment, and unnecessary stressors for the consumer. This fragmentation of care supports a hierarchy of health care providers, which does not recognize the whole person. It also does not support individuals obtaining enough information from providers to enable them to participate in making decisions regarding the best diagnostic or treatment approach given their unique circumstances (i.e. drugs versus surgery versus physiotherapy versus watchful waiting) or to understand conflicting recommendations.

More integration of the services of health care providers during an episode of illness or injury, increased professional and consumer access to reliable information regarding diagnostic and treatment protocols in various settings, and improved communication of relevant personal records and information between direct providers of care are strongly supported by consumers.

One of the unanticipated consequences of restructuring of the health delivery systems in the provinces has been the loss of informal communication among practitioners in the hospital setting. Consumers with complex medical needs that are difficult to diagnose and treat, used to be admitted to hospitals for compressed testing, assessment by a range of medical and allied professionals, and stabilization. Now, accomplishing the same goals can take months or even years while the individual moves through multiple community settings and appointments

Broader implementation of the community health centre concept could reduce the needs and the costs to the system and to the patients, for replication of files, tests, histories, and provide more timely diagnosis and treatment. The ambulatory care diagnostic centre of the non-profit Mayo clinic in the U.S., which provides a compressed assessment by a team of specialists over a short period is one model that should be more fully explored.

Another area of prime concern to consumers is the lack of professional human resources to staff the system adequately. The decrease in support of training for some health professionals and the reduction of positions within the system for skilled professionals (registered nurses, physiotherapists, recreational therapists) during the '90's have resulted in the current severe shortage of the necessary personnel to provide the care that consumers require. These reductions have also resulted in expensive overtime costs for the remaining personnel and overtired workers prone to making mistakes. In addition, the shortage of skilled professionals in the public system is due to many of these professionals leaving the system to take the opportunities for more lucrative income by providing their services directly to third party payers outside Medicare, in particular, rehabilitation professionals.

The thousands of Canadian consumers who do not have access to a primary care physician or community health clinic to provide continuity of care are not heartened that this situation has been so slow to be recognized and addressed.

Clearly, primary care reform is urgently needed. Success in shifting treatment and care from hospitals to the community and to the home depends on structural changes that would provide 24 hour/7 day professional consultation services to consumers regardless of where their illness or injury occurs. The increasing variation in where consumers go for care depending on where their care is paid (Medicare, Workers Compensation, Auto Insurance, or Employer Disability Plan) is adding to the problems of continuity of care and timeliness of service. Such multiple delivery systems appear administratively inefficient and extremely frustrating for patients and their families.

Delivery of primary care by Community Health Clinics and Health Services Organizations are meeting these needs of consumers in some communities by providing easy access to the services of other more appropriate health professionals as well as physicians. Community Health Clinics that provide 24-hour consultation services can also relieve pressures on the more costly hospital emergency rooms. However, lack of timely access to needed health services and waiting lists continue to be experienced universally.

Consumers appreciate the federal role in health protection and expect it to have adequate resources and expertise to meet its responsibility to provide thorough, expert assessment of the safety of both drugs and medical devices before they come on the market and also to monitor their safety record while they are in use. Consumers also expect a strong role for the federal government in the development of standards and support the use of consistent standards for all aspects of health care service delivery; service delivery should not differ across the country nor should the standards to ensure a healthy environment and safe drinking water.

## **Sustainability**

In consideration of the prevalent proposals that growth of the private sector in funding and provision in the system and that a privately funded system parallel to Medicare be fostered, consumers look to the example of such a situation in Britain and see the deep erosion of the public system capacity and waiting lists that are far longer than those in Canada. Another example of the deleterious impact on consumers of alternate private payment for a publicly provided service is presented in CAC Alberta's Canary Report *The Consumer Experience with Cataract Surgery and Private Clinics in Alberta: Canada's Canary in the Mine Shaft (January 2000)*, which documents the longer waiting lists for cataract treatment provided under the public system in cities where alternate private public payment systems were available from the same physicians.

Consumers are still looking for convincing evidence from qualified researchers that privately funded and provided health care is either less costly than the public system or of higher quality.

User fees at point of use are again being proposed as part of the financing solution for sustainability of the system, in spite of the repeated studies that have documented the negative impact on the economically vulnerable seniors and low-income earners in limiting their use of necessary health services. As yet, CAC has found no convincing evidence of the merits of user fees to consider changing its long-standing position that rejects user fees in the Medicare system.

There are other suggestions that mechanisms are needed to make the individual aware of the cost of their care to Medicare, which are consistent with the proposals of the CAC in the early '70's that consumers receive statements of expenditures on their behalf by Medicare. Such a procedure would also allow the individual to monitor that he/she had

received the services that were billed to Medicare, thus providing one measure of accountability for charged items. The prohibitive cost of implementation of such a procedure and the hospital systems inability to assign individual costs were reasons given then in rejecting the proposal. They may still be valid objections even in the present computerized systems, the administrative costs remain high in relation to the benefits.

Various options for reducing drug costs have been proposed namely:

- a national drug formulary
- required use of least cost therapeutically equivalent effective drugs
- maintaining current prohibition of direct-to-consumer advertising of prescription drugs are all strongly consistent with CAC policies.

Further suggestions from consumers to reduce the increasing cost of drugs and the annual growth of the pharmaceutical sector in total health expenditures health include:

- assessment of the cost effectiveness as a component of the approval process of the new drug
- funding and operating a national medication incident reporting and prevention program
- expedite the approval process for lower priced, bio-equivalent generic drugs to enter the market
- removal of the patent clause that delays the entry of generic drugs to the market if there is litigation underway
- stronger monitoring of advertising of over-the-counter drugs.

Consumers do consider improved management within the system can have a positive impact on consumers' care as demonstrated in the reduced waiting lists for cardiac care after the Cardiac Registry was introduced in Ontario. Focus on improved management could also contribute significantly to sustainability of the public system.

## **Canada Health Act**

Consumers continue to strongly support the principles contained in the Canada Health Act and are convinced Canadians deserve a publicly funded and administered health care system that provides needed, quality care at the time of need without consideration of ability to pay. Consumers would like to see the political will to apply rigid consequences to those who do not follow the principles.

There is also support for a stronger role for the federal government in setting national standards (measurable and accountable), allocating resources (for comprehensiveness and equity), and monitoring accountability to report back to the taxpayer/consumer. As long as the provinces deliver the services, they need to be pressured to deliver the services consistently across the country and ensure accessibility to all Canadians and be accountable for the performance of their responsibilities.

Consumers have advanced the proposal that a national Health Ombudsman be appointed to perform the monitoring task and provide a yearly report to the public on the status of the health care system (based on the comprehensiveness of plan coverage and access to quality care, administration costs, actual care costs, timeliness of access and consumer satisfaction) and on the health of Canadians.

## **Conclusion**

Consumers hope that the report of *The Commission on the Future of Health Care in Canada* will set the framework for implementation of the Consumers' Association of Canada's shared vision of publicly funded, integrated, accountable and sustainable health care system that governments will endorse.