

A Rock in a hard place

Charlotte Gray

In brief

FEDERAL MINISTER OF HEALTH ALLAN ROCK appears committed to improved funding for the health care system, but this may be a hard sell in cabinet. He outlined his views during the CMA's recent annual meeting in Whitehorse.

En bref

LE MINISTRE FÉDÉRAL DE LA SANTÉ, ALLAN ROCK, semble déterminé à rehausser le financement du système de santé, mais il risque d'avoir du mal à persuader ses collègues du Cabinet. Il a exposé son point de vue aux délégués de l'AMC dans le cadre de la récente assemblée annuelle à Whitehorse.

Federal ministers of health must feel like Daniel entering the lions' den as they rise to address doctors at the CMA's annual meeting. It is one of the medical profession's few opportunities to present, collectively and publicly, its concerns about the health care system to a major financial provider. In an era of budget cuts ministers get defensive, and with good reason. However cordial the welcome, distrust clouds the atmosphere. Whatever Ottawa promises, it's not enough. These days, the distrust is almost palpable. As the CMA's newly elected president, Dr. Allon Reddoch, puts it: "Physician morale is really bad across the country. . . . People are making decisions that affect the treating doctor, but they aren't involving the doctor in those decisions."

And the pressure on the federal minister is intensified by the way that the media now regard the CMA. In the words of the *Ottawa Citizen*, it is the "country's most powerful health care lobby group." Television cameras now surround debaters at the annual meeting, giving many provincial delegates a rare opportunity to grab their 15 minutes of fame.

Many of the delegates who arrived in the Yukon in September for the CMA's 131st annual meeting already had a grudge against Ottawa. The CMA has spent much of the past year collecting information about reduced access to services across Canada, and it prepared the minister 5 binders of data about lengthy waiting lists and other horror stories. But the previous week a federal report on waiting lists that had been completed in June had been released — just by happenstance, of course — and it suggested that doctors may be inflating the length of waiting lists for surgery by as much as 30%. The timing was designed to pre-empt the CMA's arguments and soothe Canadians' fears that the health care system is in trouble.

Although many physicians were sceptical as Rock took the podium in Whitehorse, he is personally disarming: he speaks with candour and respect for the profession, and there was substance to his speech. He insisted that health care continues to be a Liberal preoccupation. He thanked the CMA for its work on questions of access and quality care. He committed \$2.2 million from Ottawa's Health Transition Fund for a pilot project on waiting lists in the 4 Western provinces, which was developed in part by the CMA and 3 of its provincial divisions. It should produce reliable data and comparable indicators to help administrators allocate resources. He also implied that the next budget will be the CMA's hoped-for "health care budget."



Features

Chroniques

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Allan Rock faces media scrum after addressing CMA meeting

“The prime minister and the government have made it clear that when federal expenditures can prudently be increased, health is very much our priority,” Rock said.

The CMA’s president-elect, Toronto cardiac surgeon Hugh Scully, was impressed: “He acknowledged our input, and he responded to our questions and concerns.”

Dissenting doctors

But Rock did hear some angry voices from the floor. Surgeon Iain Cleator of British Columbia strenuously objected to “just another study.” Newfoundland’s Dr. Harry Edstrom said that the minister’s soothing rhetoric reminded him of the speeches he heard in the run-up to the collapse of the cod-fishing industry. “The experts were saying there wasn’t really a problem . . . right up until [the minister] closed the fishery.” And Rock could not fail to have heard the message, in Scully’s view, that the CMA wanted to see restoration of money to the whole health care system, not just to physicians. “This is a systemic issue, not a physician-income issue,” Scully remarked. Behind the scenes, seasoned observers began to speculate on the size of the health care dividend they could expect in February 1999: \$1 billion? \$1.5 billion?

There’s an adage that it is not your enemies you have to worry about in politics, it’s your friends. Only days after Rock spoke in Whitehorse, the prime minister made a major speech to the Canadian Chamber of Commerce in Saint John, NB, and warned Canadians not to expect multibillion-dollar income-tax cuts or health care initiatives any time soon. “Whatever the surplus may be this year, we are not planning any new, large expenditures beyond what has already been budgeted,” Jean Chrétien said. Recent turmoil in world financial markets has persuaded most analysts that Canada can anticipate only a modest budget surplus — maybe \$5 billion — this year. Shortly after Rock’s speech, it started becoming clear that

debt reduction and reduced taxes, not new spending, probably lie on the financial horizon.

Chrétien’s speech made it sound as if the health minister is likely to be outmanoeuvred at the cabinet table by hard-nosed fiscal conservatives. Only noisy public demand will put flesh on Rock’s lofty Liberal promise that health care is a major priority.

“A” for good intentions

But funding was not the only issue in Rock’s speech. As his predecessors have done, he insisted that dollars alone will not solve the complex problems confronting health care. He focused on an idea that Monique Bégin, a former Liberal health minister, has been floating for years: a report card for the health care system.

“There is a profound lack of information — objective information — upon which Canadians can themselves judge the health of their health care system, and on which providers and managers can make rational decisions,” said Rock. “Canadians do not want to simply be told things will be fine. They want to see it for themselves. And when they ask for information . . . they should get a real report card.”

Rock envisages a single information system that would track indicators such as levels of client satisfaction, utilization and readmission rates, average lengths of stay, health outcomes and quality assurance.

This initiative has immediate appeal for those who think about Canadian health care in macro terms. In Scully’s words, “There is an important role for Ottawa to play in the collection of good information, and the minister is committed to it.” An editorial in *The Globe and Mail* noted approvingly that “report cards are key to medical accountability” and that an industry that spends nearly \$50 billion of tax revenue annually should be able to demonstrate what we get for our money. “Some members of the medical profession see performance report cards on medicare as fiddling while the system burns, but more likely they will promote a reasoned debate on where scarce dollars can be best directed within the system to achieve the best results. This proposal merits top marks.”

It was significant that, while Rock chose to talk at length about Ottawa’s interest in improving the data upon which health care management decisions are based, he did not mention the 2 health care promises in the 1997 Liberal election platform: pharmacare and community care. Liberal MPs liked both promises because they showcased Ottawa’s role in medicare, while few Liberal foot soldiers are interested in Ottawa’s role in gathering information and data-driven decision-making. Information technology simply has no street-level appeal for Canadians who simply want to feel that their health is in good hands.



Promises succumb to reality

But commitment to the 1997 election promises has evaporated in the face of stalwart provincial opposition and the hard reality surrounding implementation costs. Ottawa is currently facing a united front from all 10 provinces, which are determined to limit Ottawa's power to institute new spending programs. "We want a new framework," said Ontario Intergovernmental Affairs Minister Dianne Cunningham.

Rock's speech to the CMA signalled that Ottawa may back off those 1997 promises and try to define its role in the system at a different level altogether. Health bureaucrats within the federal department want to see a coherent approach to collecting data nationwide as Ottawa's contribution to a sustainable health care system. But it will not earn many credits on Parliament Hill.

The new CMA president has his own ideas of what the association's priorities should be during his term. Allon Reddoch is acutely aware of the needs of rural physicians, and would like to see more medical students and specialists exposed to the realities of rural practice. Some of the

big-city specialists he telephones from his Yukon office for advice on a patient's head injury have no idea what it is like to practise without a CT scanner, he notes.

The strongest message out of the Whitehorse meeting is that physicians want to be part of any discussions on health care policy. The CMA is certainly not the only health care lobby group in Canada. Indeed, given the prime minister's recent speech, one has to wonder if groups like the Canadian Chamber of Commerce now have as much impact on the future of health care spending as Canada's health care groups.

However, the CMA's reach in both geographical and medical terms remains unequalled. This year, the president is from the 44-member Yukon Medical Association, and describes himself as "an old-fashioned GP who makes house calls and delivers babies."

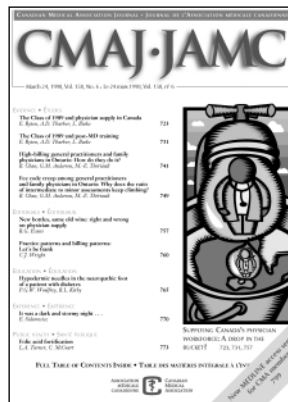
In 1999, during the annual meeting in Ottawa, he will be succeeded by Dr. Hugh Scully from the 18 000-member Ontario Medical Association. He is a Harvard-trained cardiac surgeon based at one of Canada's most prestigious institutions — the Toronto Hospital. Between them and the CMA's other 45 000 members, they have the country covered. ?



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