

■ FORUMSPACE

Healthcare Transformation

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In collaboration with the McMaster Health Forum Student Subcommittee, The Meducator is pleased to introduce ForumSpace, a column which aims to educate readers on current issues in health sciences, particularly health policy, as to engage students and promote active discussion. The Student Subcommittee oversees student-led activities designed to offer opportunities to explore issues of interest to McMaster students and the public, in line with a key mandate of the McMaster Health Forum—to nurture the leaders of tomorrow by exposing them to the leading thinkers and doers of today. This inaugural paper in the ForumSpace follows the event 'Ill-Informed: The Future of Universal Healthcare in Canada', held earlier this year, which inspired a small group of students to think further about these issues. Among them is the author of this article, Adrian Tsang, who is also a member of the Student Subcommittee. The aim of this article is to present some of those opinions and how they could contribute to the transformation of Canada's healthcare system. The views expressed in this article are the views of the author and should not be taken to represent the views of the McMaster Health Forum.

With three years left before the expiration of the First Minister's Accord on health, the political stage is set for another chapter to be written in Canada's healthcare system. At the federal level, the Conservative party of Canada hold a majority, while the New Democratic Party, which originated from the political philosophy of Tommy Douglas, take on the role of official opposition for the first time in Canadian history. All of this is happening against a backdrop of what the CMA believes is a public healthcare system that is in the decline.¹ Five million Canadians do not have a family physician, unreasonable wait-times in emergency departments are a norm, mental health services lag behind demand and there is a gap in social services for patients who cannot afford their prescription medication or find a long-term care bed.² Spearheaded by then president of the CMA, Dr. Jeffery Turnbull the National Dialogue on Healthcare set out to gather the opinions of Canadians on the looming need for healthcare transformation.

Under the Canada Health Act 1981, our single-payer universal healthcare system is charged with providing care that is universal, accessible, portable, comprehensive and publicly administered which currently only apply to hospital and physician care. The future of Canada's healthcare system may very well extend beyond these and there is a need clarify a vision for the future towards a Medicare system that is more effective and comprehensive. Undoubtedly, students and young Canadians also hold a large stake in Canada's most cherished social program. It is this generation that will be providers and patients of the system in the coming decades, and will largely bare the cost of providing healthcare to the country's aging population. The aim of this article is to present the opinions of young Canadians and how those values should contribute to the transformation of Canada's healthcare system.

Patient-centered Care

The patient should always be at the focus of any healthcare system. People do not become patients out of choice but often seek or are even sometimes unable to seek care at the most vulnerable

times in their lives. With rising rates of patient dissatisfaction, it is no longer "good enough" to simply direct patients but it is more important to empower them as equally important participants in their own care healthcare. The move towards a patient-centred approach to care begins with adopting a charter for patient-centred care and in the education of the future of Canada's healthcare providers.³ Shared decision-making, interdisciplinary care and self management strategies are vital components of a patient-centred model.

1. Shared Decision Making

A person's own health is often their greatest concern. Thus it is only reasonable that patients should work alongside physicians in making informed decisions about their own care. The improvement in the rapport between patient and provider can increase rates of treatment adherence and increase likelihood of patients modifying lifestyle risk factors such as smoking and obesity which greatly contribute to the chronic disease burden.³

2. Interdisciplinary Care

Often care of patient can extend beyond the role of the physician. The implementation of interdisciplinary teams is a step forward in helping patients receive the specific care and complete care they require without logistical barriers.³

3. Self-Management Strategies

When the CMA asked Canadians "What do you think Canadians' responsibilities are, now and in the future, in regard to their health?", a vast majority acknowledged that citizens have a personal responsibility to look after the health of themselves and their families.⁴ Information needs to be disseminated to Canadians about their health and the risk of chronic disease. Patients should be empowered not told by providers how to improve their health. At the same time it is important for providers to identify barriers patients may face to healthy lifestyle which may be socioeconomic, education, language and/or cultural related.

HEALTH PROMOTION AND PREVENTION

Follow the money. In Ontario, the 768 million dollar budget of the ministry of health promotion is minuscule in comparison to the 47 billion dollar budget of the Ministry of Health and Long Term Care^{5,6}. Why is so much money being spent on curing and treating disease instead of finding ways to prevent it? Programs such as “Smoke-Free Ontario” and “EatRight Ontario” which aim to address the lifestyle risk factors that contribute to the growing burden of chronic disease are often put aside.⁵ Patients often encounter the healthcare system when it is too late to prevent the disease and more expensive to treat it.

When Tommy Douglas first envisioned Canada’s healthcare system there were two parts to Medicare. The first focused on providing care but the second stage focused on prevention and health promotion to ensure the systems sustainability. Cost-effectiveness aside, a system that focuses on treatment and neglects health promotion fails patients because it is unable to prevent disease and the emotional or psychological stress associated with it. People have the responsibility to maintain their health, but it is the providers that have the responsibility to educate, facilitate and assist their patient’s goals.

FILLING THE GAPS IN UNIVERSAL HEALTHCARE

Today a visit to a doctor’s office is covered by medicare, but the drugs they prescribe are not. Canada has very limited social programs in this respect and only Quebec has mandated that every citizen must have prescription drug insurance. Even then the majority of citizens who are not senior or from low income families must seek private insurance or coverage from their employer. Across Canada, there is an assortment of public and private plans and varying drug policies which are costly, inefficient and keep potentially life-saving drugs inaccessible to patients merely because of the region in which they reside. In recent years, growth in spending on pharmaceuticals has surpassed that in hospital and

physician expenses. As a result, Canadians pay the highest prices for drugs and have some of the worst drug coverage amongst OECD countries. A national pharmacare program not only improves the healthcare of the twenty-four percent of Canadians have no drug coverage, but its monopsony design also improves the cost-effectiveness of our health care system.

By the year 2025, 23% of Canada’s population will be over the age of 65. This subset of the population is projected to be the main consumer of healthcare resources in the years to come.¹ In 2002, the Romanow report recommended that homecare be considered a necessary part of an appropriate and integrated health care system.⁷ Home care is a cornerstone of a comprehensive, appropriate health care system for seniors and individuals requiring long term care. With maintaining a high quality of life and appropriateness of care in mind, there is little dispute that individuals prefer to be in familiar surroundings during times of illness.

CONCLUSION

Looking forward “value for money” will be the maxim for patients, providers and policy-makers alike as the Canadian Healthcare system adapts to changing pressures and demand. Research has shown that certain initiatives result in improve outcomes and a reduction in wasted health resources. There is an ongoing need to increase evidence-based practice through not only increased research but also swift and effective implementation of these proven strategies. The healthcare relationship between patient and provider is often multifaceted and can include numerous factors such as level of education, ability to understand and speak the primary language of delivery, geographical residence and the ability to seek healthcare services and subsequent follow-up treatment and medications. Many of these factors need to be taken into account when developing policy at the federal, provincial and professional level. The responsibility to implement new policies and continue to ensure that Canada’s healthcare system remains one of the best in the world falls not only on our political leaders and healthcare-providers but most importantly on patients and the citizens of Canada. ■

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