

Commission on the
Future of Health Care
in Canada



Commission sur
l'avenir des soins de santé
au Canada

Romanow Report Proposes Sweeping Changes to Medicare

OTTAWA, November 28, 2002 - Roy Romanow, head of the Commission on the Future of Health Care in Canada, has recommended sweeping changes to ensure the long-term sustainability of Canada's health care system. The proposed changes were outlined in the Commission's Final Report, *Building on Values: The Future of Health Care in Canada*, which was tabled in the House of Commons earlier today.

"Early in my mandate, I made two firm commitments to Canadians" said Commissioner Romanow. "The first commitment was that all of my recommendations would be based on an objective and rigorous assessment of all of the available evidence. The second commitment was that my final recommendations would faithfully reflect the values Canadians want expressed in the policies and programs that define their health care system have kept my word," he stressed.

The Commission on the Future of Health Care in Canada was established by the Prime Minister in April 2001. Its mandate was to engage Canadians in a national dialogue on the future of health care and to make recommendations to preserve the long-term sustainability of Canada's universally accessible, publicly funded health care system.

Over the past 18 months, the Commission has completed a rigorous research program and exhaustive consultations, involving tens of thousands of Canadians - health experts and ordinary citizens, Health Ministers and Premiers, researchers and health care workers. The Commission has set a new standard for transparency by releasing, in advance of its final report, all of the submissions it has received, the research it has commissioned, and summaries from all of the consultative activities in which it has been engaged.

The Commission's final report comprises 47 detailed, costed recommendations that include implementation time frames. "My recommendations are premised on three overarching themes. **First**, that we require strong leadership and improved governance to keep Medicare a national asset. **Second**, that we need to make the system more responsive and efficient as well as more accountable to Canadians. And **third**, that we need to make strategic investments over the short-term to address priority concerns, as well as over the long-term to place the system on a more sustainable footing." Commissioner Romanow explained.

Report highlights include:

- Renewing the foundations of the health care system by establishing a **Canadian Health Covenant** to express Canadians' collective vision for health care and updating the *Canada Health Act*.

- Fostering collaboration among governments, providers and citizens through a new **Health Council of Canada**.
- Achieving the goal of adequate, stable and predictable funding by:
 - Setting a federal cash funding floor of 25% of the cost of insured health services under the *Canada Health Act* by 2005/2006. Under this scenario, federal funding for health care would be \$6.5 billion above currently forecast levels.
 - Establishing a dedicated, cash-only, multi-year (5-year) Canada Health Transfer that includes a built-in escalator provision.
 - Creating five new targeted funds to address immediate renewal priorities until the minimum federal funding threshold is attained in 2005/2006:
 - **A Rural and Remote Access Fund (\$1.5B total over 2 years):** to improve timely access to care in rural and remote areas
 - **A Diagnostic Services Fund (\$1.5B total over 2 years):** to improve wait times for diagnostic services
 - **A Primary Health Care Transfer (\$2.5B total over 2 years):** to support efforts to remove obstacles to renewing primary care delivery
 - **A Home Care Transfer (\$2B total over 2 years):** to provide a foundation for an eventual national homecare strategy
 - **A Catastrophic Drug Transfer (\$1B beginning in FY 2004/5):** to protect Canadians in instances where they require expensive drug therapies to remain healthy

These new funds amount to additional federal funding above current forecasts of approximately **\$3.5 billion in 2003-/04**, **\$5 billion in 2004/05**, and, once the 25% funding floor is achieved, **\$6.5 billion in 2005/2006**.

- Making the system more comprehensive by **integrating priority home care services** (home mental health case management and intervention services; post-acute home care, and palliative home care) within the *Canada Health Act*, as well as improving prescription drug coverage.
- Improving timely access to quality care for all Canadians through special initiatives to **improve waitlist management**, by removing obstacles to **primary care reform**, and by **increasing the supply of advanced diagnostic services** and of **health care providers** across Canada.

- Encouraging a **national personal electronic health record system** and protecting the security and privacy of Canadians' personal health information through **amendments to the *Criminal Code of Canada***.

The Commission's report also addresses, among others, such diverse issues as: Aboriginal health care, culturally sensitive access, the impact of globalization, and, applied research.

The Final Report of the Commission on the Future of Health Care, *Building on Values: The Future of Health Care in Canada*, and related media backgrounders, can be viewed on the Commission's web site at <http://finalreport.healthcarecommission.ca> Local libraries will also be provided with copies of the report.