REPORT OF THE COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA
REPORT CARD

	RECOMMENDATIONS	STATUS	GRADE
RECOMMENDATION 1 Canadian Health Covenant Timeline: Early 2003	A new Canadian Health Covenant should be established as a common declaration of Canadians' and their governments' commitment to a universally accessible, publicly funded health care system. To this end, First Ministers should meet at the earliest opportunity to agree on this Covenant.	The First Ministers' Meeting was held and the Premiers squabbled with the Prime Minister before coming to with a weak funding package with no discussion about this proposed Covenant. In other words, there is still no 'renewed' commitment to a universally accessible and publicly funded health care. The next Prime Minister Paul Martin never came close to the topic during his first meeting with the 13 Premiers and terrotorial leaders.	**F**
RECOMMENDATION 2 Health Council of Canada Timeline: 2003/04	A Health Council of Canada should be established by the provincial, territorial and federal governments to facilitate co-operation and provide national leadership in achieving the best health outcomes in the world. The Health Council should be built on the existing infrastructure of the Canadian Institute for Health Information (CIHI) and the Canadian Coordinating Office for Health Technology Assessment (CCOHTA).	The proposed Health Council does not meet the standards suggested by Mr. Romanow. The paltry $10-million in funding would ensure that the Council, which is to monitor over $70 billion in public health care expenditures, will remain toothless and inefficient. The current proposal will simply create the illusion of a watchdog body.	**C-**
RECOMMENDATION 3 Health Council of Canada Timeline: 2003/04	On an initial basis, the Health Council of Canada should: • Establish common indicators and measure the performance of the health care system; • Establish benchmarks, collect information and report publicly on efforts to improve quality, access and outcomes in the health care system; • Coordinate existing activities in health technology assessment and conduct independent evaluations of technologies, including their impact on rural and remote delivery and the patterns of practice for various health care providers.	The role of a future Health Council of Canada as stated in Recommendation 4 does not, in any way, trample on provincial jurisdiction. However, the Premiers of Alberta, British Columbia and Quebec, are using just this argument to oppose its creation. Mr. Martin, like Mr. Chrétien before him, has been very weak in his rebuttal of this argument. The current Minister of Health, Anne McLellan, has shown that she does not possess the political will to follow this recommendation.	**C-**
RECOMMENDATION 4 Health Council of Canada Timeline: 2003-10	In the longer term, the Health Council of Canada should provide ongoing advice and coordination in transforming primary health care, developing national strategies for Canada's health workforce, and resolving disputes under a modernized Canada Health Act.	This long-term objective will be impossible to even consider with the current proposal.	**D**
RECOMMENDATION 5 Canada Health Act Timeline: 2003-04	The Canada Health Act should be modernized and strengthened by: • Confirming the principles of public administration, universality and accessibility, updating the principles of portability and comprehensiveness, and establishing a new principle of accountability; • Expanding insured health services beyond hospital and physician services to immediately include targeted home care services followed by prescription drugs in the longer term; • Clarifying coverage in terms of diagnostic services; • Including an effective dispute resolution process; • Establishing a dedicated health transfer directly connected to the principles and conditions of the Canada Health Act.	There is no known intention from the federal government at this time to modify the Canada Health Act.	**F**

Recommendation	Description	Status	Grade
RECOMMENDATION 6 Canada Health Transfer Timeline: 2003-04	To provide adequate funding, a new dedicated cash-only Canada Health Transfer should be established by the federal government. To provide long-term stability and predictability, the Transfer should include an escalator that is set in advance for five-year periods.	A dedicated Canada Health Transfer (CHT) will be a reality starting in the 2004-05 fiscal year. In the 1993 budget, the CHT is set to go from $23.75B in 2004-05 to $26.85B in 2007-08. However, these funds will only raise the federal contribution to 16% of health care expenditures, short of the recommended 25% level.	**B-**
RECOMMENDATION 7 Targeted Funding Timeline: Early 2003	On a short-term basis, the federal government should provide targeted funding for the next two years to establish: • a new Rural and Remote Access Fund • a new Diagnostic Services Fund • a Primary Health Care Transfer • a Home Care Transfer • a Catastrophic Drug Transfer	The 2003 Budget did provide for "targeted" funding, distributed as follows: • No Rural and Remote Access Fund • $1.5 B over three years for Diagnostc Services Fund • $16 B over five years for the Health Reform Fund, which combines tranfers for Primary Health Care, Home Care and Catastrophic Drug Coverage. However, these funds come with no strings attached so that "Governments will have the flexibility in determining the best ways to achieve these reform objectives, based on the particular needs of their residents and the status of reform in each jurisdiction."	**C+**
RECOMMENDATION 8 Electronic Health Record Timeline: 2003-10	A personal electronic health record for each Canadian that builds upon the work currently underway in provinces and territories.	See Recommendation 9.	**A**
RECOMMENDATION 9 Electronic Health Record Timeline: 2003-10	Canada Health Infoway should continue to take the lead on this initiative and be responsible for developing a pan-Canadian electronic health record framework built upon provincial systems, including ensuring the interoperability of current electronic health information systems and addressing issues such as security standards and harmonizing privacy policies.	Canada Health Infoway has been granted $600 M in the 2003 Budget "to accelerate the development of Electronic Health Records, common information technology standards across the country and the further development of telehealth applications." At this point, the development program has been laid out in the Electronic Health Record Solution Blueprint (EHRS).	**A**
RECOMMENDATION 10 Personal Health Record Timeline: 2003-10	Individual Canadians should have ownership over their personal health information, ready access to their personal health records, clear protection of the privacy of their health records, and better access to comprehensive and credible information about health, health care and the health system.	A project led by the Department of Health of the Government of Nova Scotia through the Canada Health Infoway aims to produce a privacy toolkit that will aid practitioners in the field as they implement EHR solutions.	**A-**
RECOMMENDATION 11 Personal Health Information Timeline: 2003-04	Amendments should be made to the Criminal Code of Canada to protect Canadians' privacy and to explicitly prevent the abuse or misuse of personal health information, with violations in this area considered a criminal offense.	Some movement has been observed in this direction provincially, notably in British Columbia with Bill 38. However, there is no indication that the federal government is moving towards an amendment to the Privacy Act.	**F**

RECOMMENDATION 12 Electronic Health Information Timeline: 2005-06	Canada Health Infoway should support health literacy by developing and maintaining an electronic health information base to link Canadians to health information that is properly researched, trustworthy and credible as well as support more widespread efforts to promote good health.	We don't know where this project is at at this point.	**N/A**
RECOMMENDATION 13 Health Council of Canada Timeline: 2003-04	The Health Council of Canada should take action to streamline technology assessment in Canada, increase the effectiveness, efficiency and scope of technology assessment, and enhance the use of this assessment in guiding decisions.	See Recommendation 2.	**C-**
RECOMMENDATION 14 Networking Timeline: None	Steps should be taken to bridge current knowledge gaps in applied policy areas, including rural and remote health, health human resources, health promotion, and pharmaceutical policy.	To our knowledge, no such steps have been undertaken.	**F**
RECOMMENDATION 15 Health Care Providers Timeline: 2003-04	A portion of the proposed Rural and Remote Access Fund, the Diagnostic Services Fund, the Primary Health Care Transfer, and the Home Care Transfer should be used to improve the supply and distribution of health care providers, encourage changes to their scopes and patterns of practice, and ensure that the best use is made of the mix of skills of different health care providers.	There is no Rural and Remote Access Fund. The Diagnostic Services Fund and Health Reform Fund come with no strings attached, meaning that provinces are free to spend these monies the way they want. The federal government has no way to enforce the use of federal transfers.	**D**
RECOMMENDATION 16 Health Council of Canada Timeline: 2003-04	The Health Council of Canada should systematically collect, analyze and regularly report on relevant and necessary information about the Canadian health workforce, including critical issues related to the recruitment, distribution, and remuneration of health care providers.	See Recommendation 2.	**C-**
RECOMMENDATION 17 Health Council of Canada Timeline: 2004-05	The Health Council of Canada should review existing education and training programs and provide recommendations to the provinces and territories on more integrated education programs for preparing health care providers, particularly for primary health care settings.	See Recommendation 2.	**C-**
RECOMMENDATION 18 Health Council of Canada Timeline: 2005-06	The Health Council of Canada should develop a comprehensive plan for addressing issues related to the supply, distribution, education and training, remuneration, skills and patterns of practice for Canada's health workforce.	See Recommendation 2.	**C-**
RECOMMENDATION 19 Primary Health Care Transfer Timeline: 2003-04	The proposed Primary Health Care Transfer should be used to "fast-track" primary health care implementation. Funding should be conditional on provinces and territories moving ahead with primary health care reflecting four essential building blocks – continuity of care, early detection and action, better information on needs and outcomes, and new and stronger incentives to achieve transformation.	Even though monies for home care have been targetted under the Health Reform Fund, there is no provision to include home care (as well as primary care and catastrophic drug coverage) under the Canada Health Act where it would be legislated. Lack of a legislative amendment to the CHA will leave funding for this important health care component vulnerable to the whims of any federal government.	**C**

RECOMMENDATION 20 National Summit on Primary Health Care Timeline: 2004-05	The Health Council of Canada should sponsor a National Summit on Primary Health Care within two years to mobilize concerted action across the country, assess early results, and identify actions that must be taken to remove obstacles to primary health care implementation.	The Health Council is still not on track (see recommendation 2) and there has been otherwise no mention of a National Summit on Primary Health Care.	**F**
RECOMMENDATION 21 National Summit on Primary Health Care Timeline: 2004-06	The Health Council of Canada should play a leadership role in following up on the outcomes of the Summit, measuring and tracking progress, sharing information and comparing Canada's results to leading countries around the world, and reporting to Canadians on the progress of implementing primary health care in Canada.	See Recommendation 20.	**F**
RECOMMENDATION 22 Prevention Timeline: None	Prevention of illness and injury, and promotion of good health should be strengthened with the initial objective of making Canada a world leader in reducing tobacco use and obesity.	No specific program has been announced in this regard.	**F**
RECOMMENDATION 23 Physical Activity Timeline: None	All governments should adopt and implement the strategy developed by the Federal, Provincial and Territorial Ministers Responsible for Sport, Recreation and Fitness to improve physical activity in Canada.	The 2003 Budget provided for $45 M over 5 years to increase participation in sport and other fitness activities The funding would be directed at the broadest possible level of participation to increase the exposure of children and youth to sport in the school setting and to encourage communities to increase individual and family-based sport participation.	**B**
RECOMMENDATION 24 National Immunization Strategy Timeline: 2005-06	A national immunization strategy should be developed to ensure that all children are immunized against serious illnesses and Canada is well prepared to address potential problems from new and emerging infectious diseases.	The 2003 Budget provides for $45 M over 5 years to assist in the pursuit of a national immunization strategy. There is no detail as of yet how and when such a strategy will be devised. Romanow suggested a National Drug Agency would supervise the strategy, but no plans have been drawn for its creation.	**B**
RECOMMENDATION 25 Diagnostic Services Fund Timeline: Early 2003	Provincial and territorial governments should use the new Diagnostic Services Fund to improve access to medically necessary diagnostic services.	Even though $1.5 B has been allocated to the Diagnostic Services Fund, there are no strings attached to these monies, which could lead to a repeat of the 2001 fiasco where such a fund was used for various other purposes. Also, without the Diagnostic Services Fund being protected within the to the CHA, funding for this important health care component will remain vulnerable and uncertain.	**D**

RECOMMENDATION 26 Waiting Lists Timeline: 2003-05	Provincial and territorial governments should take immediate action to manage wait lists more effectively by implementing centralized approaches, setting standardized criteria, and providing clear information to patients on how long they can expect to wait.	No action has been undertaken in this direction as of yet.	**F**
RECOMMENDATION 27 Quality Assessment Timeline: 2005-10	Working with the provinces and territories, the Health Council of Canada should establish a national framework for measuring and assessing the quality and safety of Canada's health care system, comparing the outcomes with other OECD countries, and reporting regularly to Canadians.	See Recommendation 2	**C-**
RECOMMENDATION 28 Minority Language Communities Timeline: None	Governments, regional health authorities, health care providers, hospitals and community organizations should work together to identify and respond to the needs of official language minority communities.	The 2003 budget provided $89 M over 5 years to implement a training and retention initiative for health professionals and a community networking initiative to improve access to services in both official languages in linguistic minority communities.	**B+**
RECOMMENDATION 29 Health Care Needs Timeline: None	Governments, regional health authorities, and health care providers should continue their efforts to develop programs and services that recognize the different health care needs of men and women, visible minorities, people with disabilities, and new Canadians.	The Accord does not contain any language to this effect.	**F**
RECOMMENDATION 30 Rural and Remote Access Fund Timeline: Early 2003	The Rural and Remote Access Fund should be used to attract and retain health care providers.	There is still no provision for a Rural and Remote Access Fund.	**F**
RECOMMENDATION 31 Rural and Remote Access Fund Timeline: 2003-05	A portion of the Rural and Remote Access Fund should be used to support innovative ways of expanding rural experiences for physicians, nurses and other health care providers as part of their education and training.	There is still no provision for a Rural and Remote Access Fund.	**F**
RECOMMENDATION 32 Telehealth Timeline: 2003-06	The Rural and Remote Access Fund should be used to support the expansion of telehealth approaches	Canada Health Infoway announced its intention to finalize its telehealth investment strategy in late 2003, but there is still no provision for a Rural and Remote Access Fund.	**N/A**
RECOMMENDATION 33 Rural and Remote Access Fund Timeline: 2003-05	The Rural and Remote Access Fund should be used to support innovative ways of delivering health care services to smaller communities and to improve the health of people in those communities.	There is still no provision for a Rural and Remote Access Fund.	**F**

RECOMMENDATION 34 Home Care Transfer Timeline: 2003-10	The proposed new Home Care Transfer should be used to support expansion of the Canada Health Act to include medically necessary home care services in the following areas: • Home mental health case management and intervention services should immediately be included in the scope of medically necessary services covered under the Canada Health Act. • Home care services for post-acute patients, including coverage for medication management and rehabilitation services, should be included under the Canada Health Act. • Palliative home care services to support people in their last six months of life should also be included under the Canada Health Act.	Even though monies for home care have been targetted under the Health Reform Fund, there is no provision to include it (as well as primary care and catastrophic drug coverage) under the Canada Health Act where it would be legislated. Lack of a legislative amendment to the CHA will leave funding for this important health care component vulnerable to the whims of any federal government.	**D**
RECOMMENDATION 35 Home Care Timeline: Early 2003	Human Resources Development Canada, in conjunction with Health Canada should be directed to develop proposals to provide direct support to informal caregivers to allow them to spend time away from work to provide necessary home care assistance at critical times.	We have heard of rumors that HRDC would be abolished to give way to a Department of Homeland Security which would surely not involve itself with health care.	**F**
RECOMMENDATION 36 Catastrophic Drug Transfer Timeline: 2005-06	The proposed new Catastrophic Drug Transfer should be used to reduce disparities in coverage across the country by covering a portion of the rapidly growing costs of provincial and territorial drug plans.	The 2003 Budget sets a deadline of 2005-06 to "take measures to ensure that Canadians, wherever they live, have reasonable access to catastrophic drug coverage."	**N/A**
RECOMMENDATION 37 National Drug Agency Timeline: 2004-05	A new National Drug Agency should be established to evaluate and approve new prescription drugs, provide ongoing evaluation of existing drugs, negotiate and contain drug prices, and provide comprehensive, objective and accurate information to health care providers and to the public.	The Commons Standing Committee on Health has just completed a series of public hearings of which the National Drug Agency issue was one of the studied items. No word yet as to when the report will be released.	**N/A**
RECOMMENDATION 38 National Drug Formulary Timeline: 2005-06	Working collaboratively with the provinces and territories, the National Drug Agency should create a national prescription drug formulary based on a transparent and accountable evaluation and priority-setting process.	The Commons Standing Committee on Health has just completed a series of public hearings of which the National Drug Formulary issue was one of the studied items. No word yet as to when the report will be released.	**N/A**
RECOMMENDATION 39 Medication Management Timeline: 2010	A new program on medication management should be established to assist Canadians with chronic and some life-threatening illnesses. The program should be integrated with primary health care approaches across the country.	The Commons Standing Committee on Health has just completed a series of public hearings of which the Medication Management issue was one of the studied items. No word yet as to when the report will be released.	**N/A**
RECOMMENDATION 40 National Drug Agency Timeline: 2003-04	The National Drug Agency should develop standards for the collection and dissemination of prescription drug data on drug utilization and outcomes.	The Commons Standing Committee on Health has just completed a series of public hearings of which the National Drug Agency issue was one of the studied items. No word yet as to when the report will be released.	**N/A**

RECOMMENDATION 41 Drug Patents Timeline: 2003-04	The federal government should immediately review the pharmaceutical industry practices related to patent protection, specifically, the practices of evergreening and the notice of compliance regulations. This review should ensure that there is an appropriate balance between the protection of intellectual property and the need to contain costs and provide Canadians with improved access to non-patented prescription drugs.	The Commons Standing Committee on Health has just completed a series of public hearings of which the Drug Patents issue was one of the studied items. No word yet as to when the report will be released.	**N/A**
RECOMMENDATION 42 Aboriginal Health Services Timeline: 2004-05	Current funding for Aboriginal health services provided by the federal, provincial and territorial governments and Aboriginal organizations should be pooled into single consolidated budgets in each province and territory to be used to integrate Aboriginal health care services, improve access, and provide adequate, stable and predictable funding.	The 2003 Budget provided for $1.3 B over 5 years to be dedicated to First Nations and Inuit health programs, including new investments for nursing and capital development on reserve. However, a joint federal/provincial/territorial strategy is not a part of this package as of yet. The different budgets are still separated.	**D**
RECOMMENDATION 43 Aboriginal Health Partnerships Timeline: 2003-10	The consolidated budgets should be used to fund new Aboriginal Health Partnerships that would be responsible for developing policies, providing services and improving the health of Aboriginal peoples. These partnerships could take many forms and should reflect the needs, characteristics and circumstances of the population served.	There is no consolidated budget and no Aboriginal Health Partnerships program in the plans.	**F**
RECOMMENDATION 44 International Trade Agreements Timeline: 2003-04	Federal and provincial governments should prevent potential challenges to Canada's health care system by: • Ensuring that any future reforms they implement are protected under the definition of "public services" included in international law or trade agreements to which Canada is party; • Reinforcing Canada's position that the right to regulate health care policy should not be subject to claims for compensation from foreign-based companies.	Canada and its Department of Foreign Affairs and International Trade, is showing no interest whatsoever in strengthening the protection of health care through NAFTA. The current trend toward the privatization of services in health care, at the support of provision level, is weakening the country's ability to protect health care as a public good and risks opening the door to businesses of the foreign private sector.	**F**
RECOMMENDATION 45 International Trade Agreements Timeline: 2004-20	The federal government should build alliances with other countries, especially with members of the World Trade Organization, to ensure that future international trade agreements, agreements on intellectual property, and labour standards make explicit allowance for both maintaining and expanding publicly insured, financed and delivered health care.	The federal government, via DFAIT, is actually working AGAINST other countries who wish to create or protect their public health care services. Canada is denying any request that health care be excluded from either the GATS or the FTAA, despite the fact it claims the Canadian health care system is protected under both agreements.	**F**
RECOMMENDATION 46 International Public Health Care Systems Timeline: 2004-20	The federal government should play a more active leadership role in international efforts to assist developing nations in strengthening their health care systems through foreign aid and development programs. Particular emphasis should be placed on training health care providers and on public health initiatives.	See Recommendation 45.	**F**
RECOMMENDATION 47 Health Care Professionals Timeline: 2003-04	Provincial, territorial and federal governments and health organizations should reduce their reliance on recruiting health care professionals from developing countries.	No program has been announced to reach this objective.	**F**