MRG Newsletter

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VOLUME 7, NUMBER 6 OCTOBER-NOVEMBER 1987

General Meeting Report

Cover sheet for the outlines of panellists remarks

The steering committee decided that it was an opportune time to look at strategy for reform of the health care system for the semi-annual meeting this fall. The main reason for this decision had been the release of the Evans Task Force, Toward a Shared Direction for Health in Ontario. In fact, it is even more opportune than when the panel was first conceived. On September 29, Premier Peterson announced that Murray Elston would be replaced as Minister of Health by Elinor Caplan and two days later the Premier announced that the deputy minister, Dr. Alan Dyer would be replaced by Dr. Martin Barkin. Ms. Caplan had been Minister responsible for management board of cabinet prior to her forced resignation on alleged conflict of interest charges in 1986. Dr. Barkin is a urologist who has been chief executive officer of Sunnybrook Hospital.

I found it quite interesting that Ms. Caplan chose to refer to the Evans report in her first public statements after being made health minister. Almost every other report on the Ontario health care system in the past 15 years has been dead and buried two weeks after its release. There are signs that the Peterson government is serious about some kind of reform agenda for the health care system. However, it is not clear yet what the agenda will be and, perhaps more importantly, what the strategy will be for the implementation of any agenda.

You will find in this special mailing outlines of the remarks of myself and one of the other panel members, Ted Ball. Ted was policy advisor to Larry Grossman when he was the minister of health and is now a private consultant. The other panel member is Maureen Quigley who was the executive director of the Evans panel and is now, also, a private consultant. Maureen plans to address the report of the task force and feels that her remarks are summarized by the executive summary of the panel's report. The executive summary was published in the last newsletter. You are encouraged to get a copy of the Evans report by contacting the ministry of health's communications branch or at the Ontario government bookstore, Grosvenor and Bay Streets.

See you on October 24 at Community Centre 55, 97 Main Street in the beaches. Coffee and registration is at 9:00, the meeting starts at 9:30. Lots of interesting items in the morning - reports from the AIDS working group, a discussion of the abortion situation, and more. The panel will start at 1:30 in the afternoon after lunch.

Michael M. Rachlis

October 5, 1987

Summary of remarks to panel discussion

There are major problems with our health care system. The two most important may be summarized as:

1. Hospitals and doctors are relatively unimportant for our health status. However, by and large, the public and politicians have been convinced that without hospitals and doctors we would be dying like draught-stricken Africans. Because of this mass delusion we have given the illness-treatment sector a disproportionate share of our social policy resources. As a result, in 1986-87, Ontario spent approximately $1.5 billion to fight poverty (income maintenance program through the Ministry of Community and Social Services), 0.34 billion for the whole Ministry of Housing, token amounts on women's hostels and programs to prevent violence against women, and, depending upon how one reads the documents, between 8.5 and 9.0 billion on health care institutions and doctors.

2. Our illness-treatment system is very inefficient. In Ontario we use 1200 hospital bed-days per 1000 population while most American health maintenance organizations use 400. Using assumptions which were generous to Manitoba, a recent study by that Province's Ministry of Health and Prof. Robert Evans of UBC showed that Manitoba used 60% more hospital beds than the Group Health Cooperative of Puget Sound. Group Health is an HMO in the Seattle area which serves approximately 300,000 people and is run as a members' cooperative. Canada has 9.5% of its elderly in institutions as opposed to 6.0% in Australia, 5.3% in the U.S., and 5.0% in Great Britain. The Ontario Drug Benefit Plan pays millions of dollars every year for drugs that have no therapeutic use. A new laboratory diagnostic test which should be used for research purposes only will cost tens of millions per year by the 1990's. Most hospitals in the City of Toronto with labour wards have one electronic fetal monitoring unit per labour bed despite a randomized, controlled trial which showed no benefits and possible harm associated with routine monitoring. Virtually no Ontario hospitals have drug utilization review programs despite the evidence that drug company detail persons are the most influential source of physicians' information on new drugs. And so it goes...

However, despite the above, it is not an easy matter for a government to make the needed reforms, even if it has 95 seats and the political will. Doctors and hospitals will respond to threats to their budgets with mass media extortion. Reporters like nothing better than a story about a patient who died (supposedly) because he waited too long for elective surgery. How do you think hospitals got nearly $1 billion in new money in 1986 while women die, imprisoned in battering relationships, unable to leave because of inadequate income maintenance and social housing programs.

Therefore, with the establishment capable of wielding nuclear weapons and with consumers, women's groups, anti-poverty groups, the disabled, etcetera, carrying only sticks and stones, a government must have a well-delineated strategy to make meaningful reform. Government must embark upon a long-term, community development process to educate people about the determinants of health and the appropriate role for hospitals and doctors within overall social policy. In many ways, this means stripping away the misinformation and allowing people to use their common sense. It is, after all, common sense that poverty kills, that a hospital bed is no answer to inadequate housing, and that OHIP-covered plastic surgery is an inappropriate response to the problem of wife abuse.

The Evans Task Force has suggested a Premier's council on health to facilitate the development of a strategic plan for health for this province. It is necessary to establish such a plan. However, it is not clear who would implement the plan. Also, the council as articulated in the report appears to be "top-heavy". It incorporates the existing power-structure of the Ontario health care system and does not directly address the necessity of a broad-based community development strategy before embarking upon any basic reforms. If the first mandate of the council were community development and there were a clear implementation plan for any strategic plan it developed, then the Premier's council could serve a useful purpose.

Michael M. Rachlis

A PREMIER'S COUNCIL ON HEALTH: IS IT A BENEFIT TO REFORM OR WILL IT BE AN IMPOEDIMENT TO CHANGE?

By Ted Ball

The existing inappropriately structured and institutionally oriented health care system will inevitably financially crush the people of Ontario unless major systemic reforms are introduced early in the tenure of the new government.

The initial steps towards shifting the system have already been taken with the government's election pledges of a $100 million health innovation fund for community-based services and health promotion; the $71 million expansion of home care services for the elderly; and, a doubling of community-based mental health care programs.

But where should the government go from here?

Currently the newly elected majority government is focusing almost exclusively on the Report of the Health Review Panel. This report simply restates some of what the leaders in the health care system reform movement have been saying for over a decade.

The problem with the Evan's Report is that it looks to the future through a rear view mirror and presents an organizationally naive concept of a Premier's Council as the "ultimate" solution to reforming the system.

The danger here is that the urgent reforms which must be implemented now will be subject to a veto by the vested interest groups that will inevitably dominate such a Council.

There is no question that health care reform must be brokered through some form of consultation process with provider groups.

The reality is that the government is <u>not</u> the health care system. The "system" is in fact composed of thousands of health care providers, hundreds of institutions, and, millions of health care consumers and taxpayers.

Real change can only be brought about by genuinely fostering an understanding for why change is essential and by creating an environment in which change can occur incrementally and in partnership with providers Government of course, as the funder and regulator of the system -- has the ultimate responsibility for establishing economic incentives to shift the system in the most appropriate directions.

But "shifting the system" means that some of the key provider groups -- particulary doctors and hospitals -- will be subject to a plethora of changes that they may perceive as a "threat" to their own self-interests.

If a Premier's Council on Health does emerge as an "elite group" that institutionalizes vested interest opposition to reform, then it will be counter-productive to the ultimate direction that the government must take.

On the other hand, if a Premier's Council is to simply be a vehicle through which the system can achieve greater co-ordination between the various ministries that impact on health then it may indeed have a useful role.

The key issues here are timing, managerial authority, and political responsibility.

With annual growth rates in the provincial health budget running at 12% and with a projected 55% growth in the number of elderly persons, the cost our existing health care system could soon outstrip our ability to generate the wealth necessary to pay for the system.

Reform therefore is urgent.

Depending on the ultimate mandate of the proposed Premier's Council, it will either be an impediment to change or a helpful co-ordinating body.

Hopefully -- if it is created -- it will be the former.

TED BALL is the President of Health Concepts Consultants and is a former senior policy advisor and chief of staff to the Ministry of Health under Larry Grossman.