

## Health Care Reform: Lessons from the Edge\*

Health care has been dubbed the “Pac Man” of public policy. It swallows everything in sight and its appetite is insatiable.

Health care budgets now comprise more than 40 percent of government expenditure in Alberta, Ontario, Manitoba, Nova Scotia and BC. Left untouched, health care spending may reach 70 to 80 percent of provincial budgets by 2030.

The continued growth in health spending is crowding out other government programs and compromising the ability of future generations to pay. Unfortunately, health-related costs are projected to go nowhere but up. Health care is an essential commodity not linked to economic cycles. There are few built-in caps on demand.

By 2036, nearly 25 percent of Canadians will be over 65. The costs of health care rise most rapidly at the end of life, though

some argue that the drain will slow down as the next generation of seniors is healthier than their parents.

New technologies have opened up treatment possibilities not formerly considered, let alone conceived. But these innovations come at a cost. While screening technologies may save money and heartache in the long run, their purchase price is high.

There are fears that the current health care trajectory is not sustainable. Countless proposals have put forward for how best to treat – and save – medicare. Some are viewed as positive while others are reviled.

The ‘good’ options involve the introduction of community-based health care teams. Nurse practitioners are assuming an increasingly important role in service provision. There should be more support for at-home care.

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Proposals considered negative include requiring some seniors to pay for medications. Certain insured health care services have been de-listed or rationed (e.g., eye exams in Ontario only once every two years). User fees were recently introduced in Québec's last Budget.

Many of these ideas meet with resistance from a public not prepared to accept new – or even old – remedies. Some reforms are considered an attack not only on our bodies but also on our Canadian souls.

So while there is consensus that health care needs reform, few governments are willing to take tough action. They want to avoid voter wrath, a dreaded epidemic now stalking politicians.

The answer to health care renewal may be found not just in good policy options, which clearly are crucial. The key to unlocking current stalemates may lie, equally importantly, in the process for reform. On this front, there are instructive lessons from an unlikely source – the recent poverty reduction and welfare reform effort in New Brunswick.

Welfare is the program everyone loves to hate. It is not surprising that governments often take pride in introducing belt-tightening measures.

New Brunswick knew that reducing poverty would involve improvements to and modernization of its employment services and income security system, including welfare. But the province did not want this important reform to become an exercise in welfare bashing. It was also concerned about potential backlash from voluntary

organizations and the far-too-many New Brunswickers living in poverty.

A decision was made early on that poverty reduction could not be the sole responsibility of government. The province set up a model for public engagement premised on the assumption that no one sector alone can achieve transformative societal goals. It took three significant steps on the road to reform.

The first step involved the creation of a 30-member roundtable to guide the overall initiative. The province invited two unusual suspects to co-chair this leadership table alongside government: a community organizer from the voluntary sector and a successful communications technology entrepreneur.

Second, a public dialogue process heard from 2,500 New Brunswickers. Conversations with bilingual animators were held in 16 communities across the province. Perspectives from these consultations and online surveys were consolidated into *A Choir of Voices* report. Members of the roundtable then helped craft practicable actions from the ideas presented in the consensus document.

The Premier himself convened the third phase of the public engagement initiative. Fifty participants at the Final Forum agreed on the essential elements of the poverty reduction plan. The province emerged with a coherent, actionable strategy for reducing poverty and reforming welfare.

New Brunswick can now proceed to implement tough choices because it did its homework. It encouraged the expression – and mutual exchange – of wide-ranging and

divergent views. It developed a consensus report that reflected these differences along with specific policy measures. It set up a deliberate process of shared responsibility for the design and implementation of challenging reforms.

Note to health care: Take note.

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