Ontario Health Coalition

ANALYSIS

February 11, 2003

A reading of the new "Health Accord" reached last week at the First Ministers' meetings leads to more questions than answers. However, some of the agreement is fairly clear. This is a preliminary analysis highlighting some key issues based on the accord and on others' analyses. I will send out more information as it becomes available.

Unfortunately, the bottom line is that this accord will not protect the future of Medicare in Canada. It is very weak on accountability, standards and targeting. It does nothing to prevent for-profit corporations from taking over the health system. It does not substantially improve inequities in access except indirectly through some improvements in funding if the funding is used as prescribed. However, there is no enforcement of funding priorities and outcomes.

The link to the accord is below the analysis.

Natalie

Funding

The exact funding that will be available is unclear. Confusion appears to be caused by double-counting of previous accord commitments.

A 5 year Health Reform Fund will be created targeting 3 priorities: primary health care, catastrophic drug coverage, and homecare.

A Diagnostic/Medical Equipment Fund will be established with some reporting provisions.

Romanow recommended $15 billion in new cash funding over 3 years, $28 billion over 5 years. The "Accord" promises $13.4 billion over 3 years, $26.8 billion over 5 years.

Reportedly, the new funding brings the federal share up to 16%. Our demand is for the federal cash transfer to be immediately increased to 25%.

There will be a dedicated health transfer by March 31, 2004 with a built-in escalator to ensure predictable annual federal increases in the health transfer.

Accountability

Although the funding has been targeted to priority areas, there is nothing in this deal that would prevent the mis-spending of targeted monies as happened with the 2001 diagnostic equipment fund.

A National Health Council is to be established in the next 3 months. Its make-up is unclear. It appears that they will try to develop some indicators but will report through the Premiers making real accountability very unlikely. Consistency in reporting and data collection is not clear here. Quebec will have its own council that will work with the national council.

The Health Council is troubling and warrants a closer look. What it means for our demand of enforcement of the principles of the Canada Health Act is unclear. Its composition is potentially extremely troublesome as demonstrated by the short-lived rumour that Don Mazankowski might chair the Council. (This was apparently floated by the Prime Minister but rejected). A Health Council dominated by the privateer provinces and including for-profit industry representatives might be more of a threat to Medicare than anything else.

Extension & Modernization of Medicare

A target has been set for 50% enrollment in primary care teams within 8 years. This is not enforceable under the report.

Coverage for post-acute or sub-acute (post-hospital) homecare is targeted. This covers people who were formerly in hospital prior to hospital bed cuts and is not really an extension of Medicare. The "frail elderly" and those with disabilities are not assured improved coverage with this provision.

Coverage for catastrophic drugs is targeted. There is no provision to control drug costs, improve independent information on pharmaceuticals or review the patent legislation.

Protection of the new homecare and pharmacare from trade deals has been flagged. However, there is nothing in the accord that promises protection of public health care from trade deals.

There is no plan to bring homecare, pharmacare or diagnostics under the Canada Health Act or its principles.

Accessibility

There is no Rural and Remote Access Fund as recommended by Romanow.

There is no cultural diversity or language barrier removal in the accord.

There is no attention to virtually all inequities in access to health services.

There is some recognition of the downloading of care responsibilities onto women and unpaid caregivers through a provision for the creation of a compassionate care benefit through EI and job protection through the labour code for those who temporarily leave work to care for a gravely ill or dying relative.

Aboriginal Health

The Territorial Ministers walked out of the meetings and did not sign onto the accord as it did not contain sufficient funding for rural and remote access issues.

The language pertaining to First Nations', Metis' and Aboriginal health and control over health services is woefully inadequate.

Privatization & Profit-Taking

There is nothing in the accord that will stem the flow of money from public taxes to profit-seeking health care corporations.

The increases in funding without protections against the for-profit health industry may serve to simply strengthen and enrich the industry rather than improving health care.

Link to:

Health Accord 2003 - Health Canada

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