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Globe and Mail (June 5, 2008)  
**HEALTH COUNCIL REPORT**  
Editorial: Better when strings are attached

Five years ago, the first ministers jubilantly declared that they had saved the health-care system. There would be easy access and quality care for all, along with \$36-billion over five years from Ottawa. A year later, the former federal Liberal government sweetened that pot, adding another \$41-billion over 10 years while raising health-care transfers by 6 per cent a year.

In a report released yesterday, the Health Council of Canada concludes that those deals led to very little reform. The provinces took the money, and spent it. And the feds foolishly kept no leverage to make sure it was well spent.

Did these measures lead to better access or to quality care on a broad basis? "In short, the answer is no," the report says. "The glass with which we toast this fifth anniversary is at best half full." It's a brutal 44-page diagnosis from a council that, ironically, was created with that 2003 deal in order to track governments' progress in fixing the system.

The list of broken vows is long. The deal stipulated that there would be catastrophic drug coverage by the end of 2006, protecting Canadians from financial hardship. That is in limbo today. There would be short-term, publicly funded home care. That has been set at two weeks of coverage, which doesn't help many people. Provinces have made uneven and far from comprehensive progress in primary care delivery, and still do not work together to meet work-force challenges.

There's more. Provinces are "not on track" to meet the goal of ensuring that 50 per cent of Canadians have electronic health records by 2010. (Denmark has put almost everyone

online.) There are still long waits for care in many areas. (The United Kingdom has solved this problem for many services.) Most provinces do not even clearly account for how the federal money is being spent.

The report's bottom line is that Ottawa has funded the purchase of better equipment, and prodded some provinces into better managing some wait lists.

But if some Canadians have better access to services, drugs, home care and primary care, it's a matter of being lucky enough to live in the right places, because governments are not working together on those challenges. Some advisory committees have even been disbanded.

What are the lessons? Next time, the federal government should better define its goals, attach strings to its funding and encourage governments to collaborate. Otherwise, as the council tartly notes, taxpayers could end up funding the status quo, instead of reform. This wisdom comes five years too late.

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Globe and Mail (June 4, 2008)  
Health coverage still falls short, report finds  
By Gloria Galloway

OTTAWA — Canadians still lack uniform access to medical essentials such as catastrophic drug coverage and primary care five years after the signing of a federal-provincial health-care accord to address those types of problems.

A report to be released today by the Health Council of Canada, the body created to track the progress of the accord, finds that key pledges in the document the first ministers signed on Feb. 5, 2003, have not been honoured.

"We characterize this as being a glass half full, half empty," Don Juzwishin, the Health Council's executive director, said yesterday in a telephone interview. "There are successes that are remarkable across the country - but they are pockets of success."

Five years ago, then-prime minister Jean Chrétien and the provincial and territorial premiers hammered out a plan to shorten waiting times for medical care and increase the number of family doctors. There was also consensus that there should be universal access to prescription drugs and home care. The deal came with an injection of \$36-billion in federal funds over five years - and a second accord in 2004 offered an additional \$41-billion over 10 years.

The Health Council report finds that some of the promises of those deals have been realized, including major purchases of medical equipment and improvements in the management of waiting lists.

But progress has been much slower in other areas and less collaborative than the accord envisioned, says the report. One problem area "is the catastrophic drug coverage and safe appropriate prescribing," Mr. Juzwishin said.

"The (2003) accord has promised that all Canadians, by the end of 2006, would have reasonable access to protection from financial hardship from the cost of pharmaceuticals. That hasn't happened. The National Pharmaceutical Strategy is very, very silent and so those issues that surround the prescription-drugs issue continue in limbo."

The accord also promised that all Canadians would have access to short-term, publicly financed home care. Many jurisdictions now offer two weeks of coverage, "but this is not adequate for what many people need," says the Council.

The report found progress in aboriginal health care is far from what the first ministers envisioned, the nationwide progress on the provision of primary care has been uneven, and the health-care work force has "serious mismatches" between the supply and demand.

In addition, the goal of having electronic health records for half of all Canadians by 2010 is going to be difficult, if not impossible, to reach. The records would make patients' health histories easily accessible by different doctors in different jurisdictions, promoting safety and more efficient care.

Federal Health Minister Tony Clement said yesterday that his government has made some systemic changes since the 2004 accord to address these problems. For instance, another \$400-million has been invested in the electronic health record "and we attached those to some improvements we wanted to see in wait times," Mr. Clement said.

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Ottawa Citizen (June 4, 2008)

2003 pledges to fix health systems still unmet: report

By Arielle Godbout

Five years after Canada's provinces and territories signed on to a long-term overhaul of their health care systems, governments are lagging behind in their promises to improve access to primary and home care and to protect individuals from financial hardship resulting from drug costs, says a report from the Health Council of Canada.

The report, to be released today, evaluates progress made since the governments signed the Accord on Health Care Renewal in 2003, injecting \$36 billion of federal money into the health system. A followup agreement in 2004 created a 10-year plan and provided an additional \$41 billion and a six-per-cent annual funding increase.

The council, whose mandate is to assess progress in improving the quality, effectiveness and sustainability of the health care system, also highlights aboriginal health and electronic health records as areas that require significant improvements.

"We've got a systemic, wide series of issues that have to be dealt with in a comprehensive way," said Donald Juzwishin, the council's chief executive officer.

He said there was a "scattering of achievements" in different jurisdictions, but better co-ordination between provinces and territories was needed to create effective national standards.

In the case of catastrophic drug coverage -- protecting individuals from financial hardship related to the cost of prescription drugs -- the governments had a chance to co-operate when they promised to create a national drug strategy in 2004. That promise is still unfulfilled, Mr. Juzwishin said.

The report also notes that any progress made toward aboriginal health had happened on a smaller scale than was expected from the 2003 accord.

"We know that there's still a 10-year difference between the life expectancy of Aboriginal Peoples and the rest of Canadians, and we find that to be unacceptable," Mr. Juzwishin said.

The report does cite several successes, such as major purchases of medical equipment and technology, and improved wait times in some jurisdictions.

Access to health information has also increased, and some Canadians have greater access to publicly-insured prescription drugs. This shows that progress can be made in other areas as well, Mr. Juzwishin said. "The commitment over the next five years should be to accelerate the enthusiasm for making those changes, rather than ... sitting back on our laurels."

Mr. Juzwishin says there is some concern the funding from the 2003 and 2004 agreements is propping up the old system instead of going toward changes.

"That is new money that's coming into the system, and what we would like to be able to see is health care renewal and reform undertaken that comprehensively delivers care in a new way," he said. "Maintaining the status quo is not enough."

The report calls on territorial and provincial governments to renew the pledges made in the 2003 accord and continue to promote reform.

"It has got to be systemic kinds of changes and the governments are showing evidence of being able to do that, but there's more work to be done," Mr. Juzwishin said.