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## CPAC Interview with Roy Romanow

PETER VAN DUSEN (HOST): Well the man who laid the groundwork for the recent first ministers' accord on health care was back in Ottawa today and Canada's former health care commissioner was before the House of Commons Standing Committee on Health today raising concerns about a number of the initiatives being implemented for a health care system badly in need of repair. And Roy Romanow, as you can see, is with me now. Hello again Mr. Romanow.

ROY ROMANOW (FORMER HEALTH CARE COMMISSIONER): Hi Peter.

VAN DUSEN: Nice to have you.

ROMANOW: Nice to be here.

VAN DUSEN: Nice to have you come and see us again.

ROMANOW: Thank you.

VAN DUSEN: You say there's lots to commend in the new health care accord reached in February, but the amount of money being spent isn't one of them. What's the problem?

ROMANOW: I think the biggest problem is that the amount of money should reach a plateau of 25 per cent of the - this gets very complicated - but 25 per cent from Ottawa, of the insured services. Right now the insured services are hospitals and doctors, if the plan is expanded to include home care or, for example, advanced diagnostics. And the reason for the 25 per cent plateau, it's the historical level that the federal government has funded in health care. It provides five years of certainty and with it, removes the one big danger under the current system and that is, removes the danger of federal-provincial bickering on money next year or the year after that or the year after that.

VAN DUSEN: So you would ask that this threshold of 25 per cent be reached by the end of fiscal year 2006.

ROMANOW: Right.

VAN DUSEN: So with this, will it be achieved with this health accord?

ROMANOW: No.

VAN DUSEN: How short does it fall?

ROMANOW: Well, it depends of course on a very important debate but one which gets way too technical about old money and new money and the like. But either way, it does fall short. It's quite a considerable amount of cash. I mean, I pay really, a big tribute to the Prime Minister and the first ministers for the agreements here, certainly the federal government for poneying up the money. But it does fall short of the 25 per cent and more importantly from that, it doesn't provide sort of the long-term period for planning and stability. And I think that all the governments, provincial and federal, the caregivers, doctors and nurses and the public should know what the ground rules are. If you know what the ground rules are you have to live within your budget, reform the system in order to save the money, provide the effective health care and eliminate the spectacle that we've had over the last several years, always the fighting over money.

VAN DUSEN: Ok, so you're right. It is a complicated formula. You have to, you know, you figure tax points...

ROMANOW: Yes, that's right.

VAN DUSEN: Old money and new money that you talked about. But I guess what, what people watching want to know, who have to use the system and that's every Canadian at some point, they want to know, in terms of this lesser funding that's not, that Roy Romanow said the system needed, what should Canadians then expect will be the shortcomings of the system?

ROMANOW: I think the lesser amount of the money, the biggest danger respecting that is the return to wrangling and public wrangling which loses results and loss of confidence by Canadians, that governments and politicians can really manage the system. That is the biggest danger about the lack of money. The fact that there is a lot of money, the key there in terms of reform of the system, although not the 25 per cent, the key there is that the money which is advanced is advanced with sufficient standards or guidelines in order to affect transformative change, namely get primary health care, get catastrophic drug care, get home care, because that's the way health care is being delivered. Get accountability in there, a health council of Canada, tell the people where their money is going. They own the system, they pay for it and they use the system. Those can be accomplished on the current sums which are attached. But, if you fall short, then as the premiers promised at the end of their conference several weeks ago when they said, we'll be back, they're going to be back. Then it's just debilitating to the confidence of the entire system.

VAN DUSEN: Ok, let's go through it because this is sort of how you dealt with it at committee today. Let's go through some of the particular envelopes that you talked about. The health reform fund, a \$16 billion, five year fund to invest in primary health care, home care, catastrophic drug coverage, these things that Canadians are talking about as improvements to the system. What concerns you about how that money will be used? Have we heard enough about where it's going to go?

ROMANOW: That is the concern. We haven't heard enough. And concern's overstating it because really, I mean, it's only been two months since the accord's been arrived at and I know that Minister McLellan and the Prime Minister and the provincial governments are struggling to define the guidelines. That is the key though. In the absence of a specific and coherent game plan, namely money buying change - Canadians are fed up with more and more money and the

same problems exists - you need to have those kinds of standards to buy change. So, the concern that I have is get the coherent game plan in place, plus get a monitoring - monitoring's not the word - an accountability agency examining to make sure that once you get the transformative change, it's actually realized.

VAN DUSEN: Now on this issue of transformative change, still with this health reform fund, my reading of it is and I think it's yours too, is that it's back-loaded, a lot of this money.

ROMANOW: More back-loaded. Some front-ending (sic), there is some (inaudible) there.

VAN DUSEN: But most of, so I guess for Canadians desperate to see a quick change to the system, there's going to be some lag time.

ROMANOW: You put your finger right on it. I can't say anything other than that's the analysis that I have, the one that you've just....

VAN DUSEN: And so why does that worry you?

ROMANOW: Well because I think that the system has been under so much stress and strain and most importantly - well I shouldn't say most importantly - and maybe even most importantly in terms of the political, small 'p' political dimension of it is that if we have Canadians lose confidence in this system which has been very, very good, they'll be looking for other alternatives. The other alternatives really are not alternatives, in my judgement by the evidence and the analysis that I have, namely private for-profit delivery of health care. So, you need to address these reforms very quickly because if two years from now or three years from now the wait lists are not addressed, the primary health care system is not up and running, for example, and then the whole debate starts again about adequacy of money, why isn't there any change, I'm not so sure that Canadians are going to be up to the task of expressing their faith in a democratic process which they did with the health care commission for which the health care commission reflected in the recommendations (inaudible) two or three years from now. I don't want to sound too apocalyptic on it, but that's a danger.

VAN DUSEN: Well, people are always interested in hearing what you have to say about the timetable of these things. One of the other things, I think, they want to hear you talk about is, you were before the Health Committee today. But earlier this week the Industry Committee met and was supposed to take on this issue, as you recommended in your report, about overhauling patent medicine protection issues in this country. You know, the regulations that prevent cheaper generic drugs from coming to market more quickly.

ROMANOW: Yes.

VAN DUSEN: Those hearings have been put off. Perhaps before the summer. Some committee members are suggesting they've been put off deliberately so that the issue will not get dealt with at all. What do you make of that and does that worry you?

ROMANOW: I can't answer the first part of your question about what I make of it because I don't know enough about it and I'm not trying to dodge the question. I found out about this coming into Ottawa quite frankly and I'm trying to get some more information. But what do I make of it in the

sense of the, the result. I would simply describe it this way to you Peter. Over and over and over again, in 21 different sites of public hearings, three or four times a day, plus hundreds of other submissions, people were concerned about the price of pharmaceutical drugs, the ones which are patented. They now are higher than the doctors' component and just, not just, but below the hospital component. It used to be hospitals first, doctors second in terms of costs. Now it's hospitals and drugs and then doctors. And the future only indicates that that's going to creep up and creep up and creep up, the costs of drugs. So people are concerned about patent and it's a very complicated debate. And they'll argue that what some of the patent company, pharmaceutical companies who hold patents do is evergreen...

VAN DUSEN: Like slight changes to the process...is renewed.

ROMANOW: That's right and the patent is accepted. If you listen to the pharmaceutical companies, they say, well that's not the case. These are substantial improvements which are being made. I didn't have the time nor the expertise to be able to judge that. All that I'm saying is that Canadians know that pharmaceutical drug care is going to be increasingly critical and important and this issue has to be dealt with.

VAN DUSEN: Ok, so you think it's crucial that this parliamentary committee get down to that business of examining these regulations.

ROMANOW: Absolutely, because Canadians want answers. I'd like to have an answer to this. And it's a complicated debate. I mean, it can't be, we can make it political. I could make some pronouncement perhaps on a political operation or a political comment, but that's not the situation. We need to know, there's an argument why the 20 year patent and evergreening and the notice of compliance provisions exists. There's an argument on behalf of the pharmaceuticals in that regard. But equally there is an argument on the other side that they are delaying more, less expensive drugs. May make one word about generics?

VAN DUSEN: Sure?

ROMANOW: Generics generally are lower, but the reality is now that in Canada, if my memory serves me correctly, our generic drugs are, of all the OECD countries, number three highest and going up and up. So we should be taking a look at the generic ones as well.

VAN DUSEN: All right. Let's finish up in the time we have on this health council.

ROMANOW: Right.

VAN DUSEN: You spoke at the committee today as well.

ROMANOW: I think it's key.

VAN DUSEN: It's supposed to be up and running by May 5. I mean that's a month away from now. What are you hearing? I mean, have you been given any indication that it will be there and ready as the first ministers committed?

ROMANOW: No, I do not know. This is my first visit to Ottawa in weeks or months and so I just don't know. I just think that if we don't come up with a health council, it may not even be perfect, but it has to have men and women of integrity and people must have confidence in them. The mandate of the health council by the first ministers is the accord. I think it's a little bit too narrow, but that's fair enough too. I could live with that. There has to be a tangible, positive display by the governments of Canada that they have listened to the people who want a council to make sure that the money to health care is transparent, that it's accountable and that there is change being made. If that should fail, then I think all the hopes occasioned by the hearings, resulting in this recommendation, will be dashed. Again, I don't want to be apocalyptic. I'm not saying it's the end of the world. But I think it'll be a body blow to the democratic system and more importantly, or as importantly, a body blow to a potential improvement - not a potential - an actual improvement in the health care system.

VAN DUSEN: You don't want to be apocalyptic, but you seem to be saying that there are, there are grounds here and the potential for tremendous success, but based on each of these component parts being dealt with properly, there is the potential for failure as well.

ROMANOW: Very treacherous waters we will be soon entering into. And I'm convinced the governments want to solve this. It makes no sense politically (inaudible).

VAN DUSEN: So, I guess what I'm saying is, having lots of money, if you had even more money that's here, if there was all the money Roy Romanow recommended, but you didn't have a good health council, you didn't have an effective health council...

ROMANOW: No, doesn't work, doesn't work, doesn't work. It's a package. Health council to monitor and to explore and to inform Canadians, the appropriate funding levels, properly measured and predictable and the issue of the Canada Health Act amendments. If we're going to expand beyond hospitals and doctors, if we're going to put drugs in there, if we're going to put advanced diagnostics in there, if we're going to put home care in there, because that's exactly where it's going. And that is the most cheap way, it is the least expensive way and the most effective way for getting the best health outcomes, those are the three areas that are part and parcel and Canadians have got to see it. They've had tremendous input. They were consulted. We heard them. But more importantly, they participated in what ultimately were the recommendations. So I think it's part and parcel of the package. I'm not being too pessimistic yet. I'm saying the accord was a tremendous first step. Hats off to the Prime Minister and the premiers. Tremendous.

VAN DUSEN: Now follow through.

ROMANOW: More work to do. Follow through.

VAN DUSEN: Roy Romanow, it's always good to talk to you. Thanks for coming in.

ROMANOW: Thanks Peter.