

Sep. 17, 2004. 01:00 AM

Health hopes get a boost

Most experts cautiously optimistic about agreement

But some observers worry about provinces' accountability

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STAFF REPORTERS

Health-care providers and pundits are applauding the medicare deal while trying to figure out who will get what.

The deal, announced early yesterday, will see \$18 billion over six years flowing to the provinces with an annual increase of 6 per cent, or the "escalator clause," that'll last until 2015.

Former Saskatchewan premier Roy Romanow, who headed a landmark royal commission on reforming Canada's health system, called the accord a "very positive" step toward reforming the system. "No longer is money a barrier," he said.

Ottawa has "exceeded" the so-called Romanow gap in some ways by putting more money into the escalator clause — 6 per cent versus his recommendation of a \$16 billion, five-year reform fund, he added.

But Romanow said the deal doesn't quite deliver the national standards of care that he advocated in his report. "It's a weaker way to proceed ... but it is an improvement. They're not there, but they have a vehicle for getting there."

But it'll be quite some time before the health-care providers actually get to see the money, said Jeffrey Lozon, president and chief executive officer at St. Michael's Hospital in Toronto.

"These deals, which are crafted between the federal and provincial governments, take months, if not years, to actually find their way down to the direct care level," he said yesterday.

Dr. Albert Schumacher, president of the Canadian Medical Association, said there are a number of good things that have come out of the deal. "They have all signed it," he said from his office in Windsor, Ont. "And there is accountability built in with the money."

A major agreement coming out of the health summit is a National Wait Times Strategy where the provinces will strive to meet "benchmark" wait times in five key areas: cataract surgery, cancer care, cardiac treatment, joint replacement and diagnostic tests such as MRIs.

For the first time, the provinces are going to have measured benchmarks, Schumacher said. "The document talks about, in five places, working with the providers, not the armchair experts, to establish these things," he added.

Benchmarks will be extremely important for health-care providers to see, for example, how long the cancer surgery wait time is in Prince Edward Island compared to that in Saskatchewan, Schumacher said. But benchmarks or wait time targets only become effective when there are consequences for not meeting them, said Brian Golden, the Sandra Rotman chair in health sector strategy at the Rotman School of Management at the University of Toronto.

"Benchmarks need accountability," Golden said. "If there is no accountability, the provinces can take the money and run."

Michael Decter, a health policy analyst who heads the newly formed Canada Health Council, said that fundamentally, reform hinges on how determined people are to implement it. This time around, the premiers seemed to have "more ownership with the deal," he said. The major pitfall he sees coming out of the deal is elevated expectations.

"If people feel this'll make all wait lists go away tomorrow morning, they are going to be disappointed," Decter said from the council's offices in Toronto. And if health provider groups think the \$18 billion could mean pay raises, that is a problem, he added. "There are still tough choices. It isn't all sweetness and light now. It's a good deal but it'll take tough minded implementation, and not everyone is going to be happy," he said.

Schumacher added the lack of a human resource strategy — how to find the people needed to provide the care such as doctors, specialists and nurses — is a big oversight. "The capacity shortage is equivalent to 2 1/2 medical schools just for doctors," he said. "We are barely maintaining our own."

The Canadian Labour Congress called the 6 per cent increase or escalator clause that will see yearly funding levels rise predictably in the future a true "breakthrough."



JONATHAN HAYWARD FOR THE TORONTO STAR
Prime Minister Paul Martin, centre, poses with seven of Canada's premiers, from left, Pat Binns of Prince Edward Island, Gary Doer of Manitoba, John Hamm of Nova Scotia, Dalton McGuinty of Ontario, Jean Charest of Quebec, Bernard Lord of New Brunswick and Gordon Campbell of British Columbia, at the close of the first ministers conference. The group inked an \$18 billion health-care deal.

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"This is incredibly important for the provinces. It allows for long-term planning," said Cindy Wiggins, a senior CLC researcher.

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