

PATIENT-CENTRED CARE MAKES FOR GOOD PUBLIC POLICY

Ted Ball

June 15th, 2011

I believe that the next provincial election will be fought over healthcare reform – despite the fact that our politicians desperately want to avoid the issue.

Look what's happening: the Liberals hammered Opposition Leader Tim Hudak and claimed that, if he were elected, he would “cut healthcare spending”. In the media spins that followed, we were told that a Hudak government would cut \$3 billion from our healthcare system.

Late last month, Mr. Hudak responded with a high-profile public commitment to in fact increase healthcare spending by another \$6.1 billion – despite the evidence that at least 30% of current spending on the healthcare system is wasted. So the candidate who wants to “fight waste in government”, now promises to actually increase spending in the one part of the public sector that has the greatest inefficiencies and waste. Welcome to the world of healthcare politics!

These are not rational issues. Healthcare is deeply emotional. At this point in the election cycle, our politicians are simply going to play it “as safe as possible”. We saw this same political dynamic at play in the recent federal election – where each of the party leaders solemnly pledged that they would increase federal transfer payments for healthcare by 6% -- even if our economy only grows by 2% or 3%.

Does that make any sense from a public policy perspective? No. It's about politics – which is why our health system is in such deep trouble. It is always about “wedge politics”, “political advantage” and “negative spin”. It is never about “best practices”, “evidence-based decision-making”, or “what is in the public/patient interest”?

In addition to these dynamics, powerful vested interest groups call the shots in this very traditional, rules-based, command and control system. Indeed, self-interests and politics drive decision-making throughout our health services system. While the public holds a belief that they “own” our health system, the fact is that our healthcare services delivery system has never been designed to reflect their interests.

We have a provider-centred system, rather than a patient/client-focused system.

It requires true *stewardship* to deal openly and honestly with major health policy issues in an environment that is driven by power elites and skilled vested interest groups. However,

politicians who are engaged in election campaigns never seem quite capable of being in true stewardship to the public interest at the same time as they are “playing politics”.

They say that they have to get elected first. So it’s politics first, then, after the election, its good public policy.

As a former Chief-of-Staff to Cabinet Ministers in the Bill Davis era, I think I have some genuine empathy for the difficult dilemmas that our politicians and their political strategists face on complex issues like these. Indeed, former Prime Minister Kim Campbell had a point when she said that “elections were no time for serious debates about sensitive public policy issues”.

My guess is that Mr. Hudak’s advisors believe that by exploding the Liberal myth that “a Tory Government would slash healthcare programs”, they have killed-off healthcare as a potential election issue. I don’t think so. I think he has made healthcare the issue -- because that is what Ontarians are worried about.

The healthcare debate is just now starting to heat up: we have had report after report demanding change in the delivery system. We’ve had the ***Brian Mulroney & Michael Kirby Statement*** published in the *Globe & Mail* just before Christmas. In their view, Canadians need to have a frank discussion about the future of the Canadian Medicare system. They called it “an adult conversation about healthcare”. They suggest we need to find innovative ways of raising private money for our health system.

Using almost the exact same language as Mulroney/Kirby, the recent ***David Dodge Report*** (published by the C.D. Howe Institute), written by the former federal Deputy Minister of Health, and former Governor of the Bank of Canada, says that it is “now time for an adult conversation about the sustainability of our healthcare system”. It is almost like the same brain has guided these two reports.

Corporate Canada and the banks are also now jumping into the emerging debate about the future of our healthcare system through the recently formed ***Canadian Alliance for Sustainable Healthcare*** -- sponsored by the Conference Board of Canada. Ann Golden, CEO of the Conference Board says, “we must change the way we think about healthcare.” That sounds to me like the status quo is going to change.

So why are our provincial politicians promising that they will maintain the status quo if they are elected? Aren’t they in fact going to make “big changes” to the healthcare system over the next four years? And if they are, why won’t they tell us about them?

As part of their last budget, the McGuinty Government appointed economist Don Drummond to provide the incoming provincial government with a report on our financial circumstances within weeks after the election. ***The Drummond Report*** is expected to present the new government with practical economic advise -- along with recommendations for dealing with the financial tsunami that the province has to deal with after the election.

Solutions to the government's financial realities are expected to be rolled out in the provincial budget in the Spring of 2012 – within five or six months after the election. Since the political wisdom is that governments ought to “get-the-tough-stuff-done-up-front” in the beginning of their mandate, most observers know that there has to be big changes in healthcare over the next two years. It makes sense. I believe the public gets that. Their concern is about “what the future system will be like.”

So, the political strategists who are hoping that healthcare will simply go away as an election issue, are going to be disappointed. The public isn't interested in bidding wars -- with their money -- over which party will spend more on healthcare. This election – whether they like it or not – will be about which party people trust to reinvent and redesign our healthcare delivery system.

Eighty-eight percent of us say “health” is our number one public policy concern, according to a recent Gandalf Poll. We want to know what the three political party leaders would do to “fix” the health system. But whenever we ask them that, they seem to end up talking about “structures”. Politicians love tinkering with structures.

While “*devolution of power*” from Queen's Park certainly failed under the Liberals, the governance question is: will the next government replace the LHINs with another devolved structure that is designed to work – or, will they re-entrench centralized bureaucratic control from Queen's Park? Mr. Hudak's message is that the “LHINs are an example of Liberal failure”. He is right, but I don't think the public knows who Lyn is! And they don't care.

Government structures and complex formulas do not interest voters. They want to talk about their “experience” with the healthcare system. Everyone has a personal experience – a story – about their interaction with the system. The election will provide people with an opportunity to tell “stories” about our healthcare delivery system. And it will provide the opportunity for our politicians to tell us: “*what they are going to do to actually fix the existing system?*”

What was encouraging about the release of the Tories' election platform last month, was their commitment to introduce what they say will be “a series of patient-centred reforms that make the patient the focus of our healthcare system.” Good stuff!

In *Changebook*, the Progressive Conservative Election Platform, the Tories set out to differentiate themselves on healthcare policy from the Liberals and NDP. They say “care in Ontario is structured around forms, processes, long lines, and bureaucracy – when it should be built from the patient out.” If they are serious about this policy commitment, it could lead to a fundamental transformation of the healthcare delivery system – going further than the McGuinty Government's *Excellent Care Of All Act*, which was a wonderful step in the right direction.

Hudak has also set the pace with his pledge to “give home care users more dignity, more flexibility, and more say in determining where they acquire these services.” But voters will want to know more about Mr. Hudak’s \$ 6 billion spending plan for healthcare. They will want to know how the Tories’ spending plan will actually change the existing system.

We will also want to know about the health system transformation plans for Mr. McGuinty and Ms Horwath. How would they improve the system?

At this point in the electoral cycle, none of our political party leaders want to tell us any details about what they would do to modernize healthcare over the next three to five years. Who can blame them? Why would they want to take on the various interest groups in the health system? But will they be able to avoid telling us their plans? I don’t think so – the people won’t let them.

So, let the healthcare election debate begin! How can the healthcare service delivery system be improved?

While each our political leaders will do their level best to avoid explaining their future action plans on how they will reform the healthcare system, I believe that in this election, Ontarians are actually going to hold the party leaders’ feet to the healthcare fire. While traditional political wisdom would suggest that it is politically risky for the party leaders to actually say anything of substance, on healthcare issues, the fact is, the issue isn’t going away. People want to know: **what will our healthcare system be like in four years?**

Given the polls, and the fact that front-runner Tim Hudak has begun to reveal his strongly patient-centred health policies, the others must surely now respond. My best guess at the election “*Ballot Question*” for October 6th that will emerge over the next 15 weeks is:

“Whose vision, values & managerial capabilities do you trust to lead and manage the modernization of our healthcare system.”

Acknowledgement:

These comments were part of an address delivered by Ted Ball, on June 15th, at the Waterloo-Wellington CCAC’s Annual General Meeting.