Role of the Health Council of Canada

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On February 1, 2007, the Health Council of Canada presented its 3rd Annual Report, Health Care Renewal in Canada: Measuring Up? (available from: www.healthcouncilcanada.ca). Established in 2003 as part of the First Ministers’ Accord on Health Care Renewal, the Council’s mandate is to monitor and report to the people of Canada on the progress of health care renewal. Following the 2003 and 2004 federal government infusion of almost $80 billion in extra funds to address a range of health system priorities, the big questions are: where is this money going and is there evidence of a more responsive and improved health care system that has resulted in a better served and healthier population?

Although the Council tried hard to make its report meaningful, it mostly did not succeed. Reasons for this failure are clear. Quite simply, the data needed to produce a meaningful report were not available. In many areas supposed to be monitored, information systems were inadequate, or as in many primary care settings, nonexistent. As well, there was no agreement among the various jurisdictions across Canada about the indicators to be used, a problem exacerbated by provincial and Territorial governments’ unwillingness to share and compare outcomes, and in some cases, even to report publicly.

The result is that we cannot be sure when and where progress is being made, as it certainly is in some areas, or where there is no progress, or even worsening situations for certain patient populations and their caregivers.

The federal-provincial-Territorial agreements signed by the Premiers and Prime Ministers of the day were of course set-ups for the current unsatisfactory situation. As has happened repeatedly, the provinces demanded and enthusiastically accepted money from the federal government so that they could do a better job of delivering health care to those in their respective jurisdictions. As is also consistently the case, provincial and Territorial leaders would not agree to have any “strings” attached to this money.

As a result, Canadians have been left with the next-to-impossible tasks of finding out where the money has gone and how to compare the situation in their part of the country with what is being experienced by the others with whom they share this land.

All these questions address the health goals defined for our nation and are part of the Health Council’s monitoring and reporting responsibilities. To its credit, the Council’s report offered the best information it could given the lack of accountability on the part of governments. The Annual Report expressed disillusionment with the lack of government commitment to the initiative. In its media release, the Council noted with dismay that the federal-provincial-Territorial committee set up to ensure and oversee governments’ accountability had actually been disbanded.

If governments in each Canadian jurisdiction do not adopt common indicators, report publicly each year, share reports openly across boundaries, and ensure that all health care settings have e-health systems to provide better data, the whole purpose of having a Health Council, as recommended in both the Romanow and Kirby reports, is defeated.

Canadians deserve better. We don’t know whether the billions of dollars set aside for specific health care objectives are being directed at their targets or whether we are wasting even more money on a process meant to keep us apprised of what is happening. If governments are too insecure to be open, honest, and accountable, it’s time we questioned the value of having a Health Council at all.