On December 19, 2011, federal Finance Minister, the Honourable James Flaherty, perhaps in keeping with the second definition above, unexpectedly announced that the current Canada Health and Social Transfer accord, which expires in 2014, will be replaced by a 10-year federal funding commitment for health transfer payments—the Canada Health Transfer. The formula for the money that will be received annually by each jurisdiction from 2014 to 2024 has now been established. It is important to note that there will be “no strings attached”—ie, no specific health or health care service targets that must be met by the provinces and territories.

Many are viewing this bold proclamation positively, as it provides clarity and certainty about the Canada Health Transfer through 2024 and eliminates the probability that the next 2 to 3 years would have been dominated by federal-provincial-territorial bickering about how much money the federal government would transfer once the current accord expired. They are pleased that the new commitment includes annual 6% increases through 2017 and growth each year thereafter equal to the increase in the nominal gross domestic product (with a floor set at 3%), recognizing both the need for annual increases and the limits our economy will likely be able to bear. While some provincial and territorial governments would prefer 6% growth every year through 2024, they are happy that they will not have to be accountable to the federal government for how they spend the money.

If, however, you count yourself among those Canadians who believe that equal access to medically needed, publicly funded health care no matter where you reside in Canada is a highly valued defining attribute of our nation—one that should be reinforced and protected by our federal government—or if you thought there should not be another health care funding agreement without meaningful accountability for how the provinces and territories will spend their money, then you might be more than a tad concerned about this announcement. In addition, a sense of disappointment might modestly describe the feelings of those who think time should have been allowed for parliamentary debate and public input related to this important issue. You can probably include many federal Members of Parliament, provincial and territorial governments, thousands of citizens, and almost every health care organization, including our College, in this latter group. Just as we were all revving our engines in anticipation of presenting our cases to the federal government—our College appealing for renewal of the current accord with continuation of the 6% funding escalator through 2024 and the addition of enhanced accountability to ensure that each jurisdiction would spend its funds on clearly defined target areas—Mr Flaherty pulled the rug out from under us with his announcement. While this was without doubt a politically astute maneuver, it eliminated the chance for what we hoped would be constructive input not only from those whose day-to-day work is in the health care sector but also from the people of Canada whose lives will be directly affected by this critical government decision. On the other hand, the finality of the government’s edict will now enable all of us to redirect our time, energy, and limited resources away from elements of this decision that we know will never be altered and toward priorities that must still be addressed.

What this means for our College is that we will focus our advocacy efforts on the vital pieces missing from the latest federal government commitment: the need for national leadership to guarantee equity of access for every person in Canada to medically necessary health care services (including both primary and more highly specialized care, preventive services, public health priorities, and care of newborns and children, those with chronic diseases, those with physical and mental disabilities, and those needing palliative and end-of-life care); and accountability of every province and territory to ensure the timely provision of quality services in each of these clinical areas and to share best practices across jurisdictions. To achieve this, we support the Principles to Guide Health Care Transformation in Canada developed by the Canadian Medical Association and the Canadian Nurses Association and have presented our College’s vision for the future of family practice in Canada, the Patient’s Medical Home. Together, these initiatives offer opportunities to achieve a sustainable health care system that includes timely access to comprehensive, cost-effective, patient-centred primary care provided for each Canadian by his or her personal family physician working together with nurses and the other essential members of the health care team.

References