

BULLETIN

## Medicare: It's worth saving

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**In the past month,** I have been fortunate to spend some time with Dr. Michael Rachlis, a health policy analyst who has done extensive research on the state of Canada's public health care system.

Dr. Rachlis's work generates a great deal of thought and comes at a time when Canadians are embroiled in an intense debate over how we can best protect our public health care system for the future.

First, some recent context: A year ago, the Supreme Court of Canada ruled in the Chaoulli case that the Quebec government could not prevent people from paying for private insurance for health care procedures covered under Medicare. The decision was seen as a devastating blow to Medicare and private health proponents were quick to demand greater access to the health care market."

Unfortunately, some of Medicare's defenders concurred with the conclusion that Medicare had been dealt a fatal blow. In other words, the sky was indeed falling.

But time passed. The sky is still where it belongs and the support for Canada's most cherished social program is still strong, although there is evidence that the discussion and debate has moved to another level. As the hype of Chaoulli fades, we are beginning to see signs of a more rational discourse, as opposed to polarized rhetoric.

As Dr. Rachlis told convention delegates: "Medicare was the right road to take. Costs are not out of control, but neither is the system drastically under-funded. The real problem with Medicare is it was designed for another time."

Dr. Rachlis emphasized that by reorganizing services within the public health care system, we can address many of the issues that concern Canadians most, including wait times. Rather than looking to the private sector as the panacea, we only need to look to the public sector to find examples of where real innovation is taking place.

For example, Capital Health Edmonton has been able to reduce the waiting time for their diabetes education program from eight months to two weeks by reorganizing the patient flow patterns.

In Toronto, wait times for cancer diagnosis were reduced from 128 days to 31 days after referral patterns were reviewed and reorganized.

A review of appropriate early referrals in an Alberta orthopedics project decreased waiting times from 82 weeks to 11 weeks. The wait time spans the initial GP visit to surgery.

In other words, the fault is not in the kind of system we have, but how the system is organized.

In all of these examples, the key to success was a willingness to look at the way the work is organized and how the work is done. Most successful models use a broad range of health providers, providing a full range of interventions and services: the “right health provider at the right time. In many examples, physicians were not the gatekeeper and recognition of the value of prevention and diagnostic interventions were obvious features.

There will always be those who argue that medicare has become outdated or that the private sector can do it better. Of course, in most cases, it is those who will profit most from medicare's demise who are first to point out its shortcomings. However, there is growing evidence that Canadians desire to protect, build and modernize our public health system is not misplaced or naïve.

I believe that health science professionals have a crucial role to play in supporting a reorganization of the system. That is something we are advocating on almost a daily basis “ on a small, specialized scale at individual workplaces, to a much broader policy-based level at the national Canadian Health Professionals Secretariat.

As Dr. Rachlis told convention delegates, we didn't get to where we are overnight, and we can't change the system at the snap of our fingers, but we can take practical steps to make real, positive change without giving up the fair and equitable principle of universal medicare. 

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