Policy Statement

BCMA
BRITISH COLUMBIA MEDICAL ASSOCIATION

The Canada Health Act

Last Updated: July 2011

BCMA Position

With respect to the Canada Health Act, it is the position of the BCMA that:

- *The principle of **accessibility** needs to be strengthened through a commitment to treating patients within established wait time benchmarks for all major diagnostic, therapeutic, and surgical services, as well as treatment in emergency departments.*
- *The principle of **comprehensiveness** needs to be expanded to reflect the "core services" of today: medical, hospital, pharmaceuticals, home care, long-term care, and inpatient rehabilitative services.*
- *The principle of **sustainability** must be added. Sustainability requires meeting clear and public standards for health human resources, infrastructure (including technology), clinical outcomes, and fiscal capacity*

Regarding services insured under the Medicare program, the provincial government should abandon attempts to define explicitly the terms "medical necessity" or "medically required." Instead, the BCMA calls for a pragmatic determination of insured services based on economic and political, but not clinical, rationales.

Background

Over the past couple of decades, the health care system has undergone a significant transformation. Amidst this new environment, the BC health care system is facing pressure from changing demographics, increased incidence of chronic disease, insufficient capacity and infrastructure, and health human resource challenges.

At its core, the *Canada Health Act* (CHA) (1984) is a set of principles based on a funding agreement between the federal government and the provinces. These principles are: accessibility, comprehensiveness, universality, portability, and public administration.[i]

Analysis

The BCMA maintains that the CHA principles must be modernized to remain meaningful in today's health care environment. In particular, the first two principles of accessibility and comprehensiveness must be strengthened, while a sixth principle of sustainability must be added.

Accessibility. The CHA stipulates that Canadians must have "reasonable access" to insured hospital and physician services. However, it makes no reference to how long "reasonable" is. It is important that clear allowable wait time benchmarks for all scheduled surgical and diagnostic procedures from time of referral through provision of service are implemented. Meaningful wait time benchmarks must be based on medical outcome evidence and professional opinion. Reducing wait times will require a set of enhanced management tools such as central registries, clinical guidelines, best practices, information technology, financial incentives, overcapacity protocols, and clinical prioritization tools. The BCMA supports the continued development and implementation of central registries in BC.

Establishing evidence-based wait time benchmarks will require the BC government to set up a safety valve to address situations where the benchmarks are not met. This safety valve provision would guarantee the required care wherever it is available if the designated service is not provided to patients in the originally referred location and within the benchmark time period.

Comprehensiveness. The principle of comprehensiveness addresses the range of services that are insured under Medicare. These services are usually referred to as "medically necessary" hospital services, physician services and surgical dental services provided to insured persons. The term "medically necessary" is grounded,

but does not specifically appear, in the language of the CHA and the British Columbia Medicare Protection Act.[i,ii] To paraphrase the Acts, both consider any "medically necessary" hospital, physician and surgical-dental services provided to insured persons as "insured services." By inference, therefore, the services that Medicare covers are medically necessary. However, these Acts provide no specific guidelines or further suggestions as to exactly which services are "medically necessary." Moreover, this interpretation is very limited as more and more services have migrated out of the hospital setting and into community-based and at-home care.

A more appropriate characterization of the hospital, physician, and surgical dental services provided to insured persons and paid for under the public health care system is "core services." If Medicare is to continue to meet the needs of British Columbians, these core services must be expanded to include medical, hospital, pharmaceutical, home care, long-term care, and inpatient rehabilitative services. British Columbians must have reasonable access to these core services under uniform terms and conditions.

Several national reviews on health care have called for similar expansions to the scope of services covered under Medicare. The 2002 report of the Standing Senate Committee on Social Affairs, Science and Technology, chaired by Senator Michael Kirby (the Kirby Report) recommended that a permanent committee made up of citizens, ethicists, health care providers and scientists should be established to review and make recommendations on the set of services that should be covered under public health care insurance. Senator Kirby proposed that Medicare coverage be expanded to include catastrophic prescription drugs, post-hospital home care, and some palliative care in the home through the enactment of new legislation. The 2002 report of the Commission on the Future of Health Care in Canada (the Romanow Report) recommended that the CHA be amended to allow for public coverage of diagnostic services and priority home care services.

As health care spending continues to increase and put greater pressure on the publicly-funded health care system, British Columbians, as well as other Canadians, must be prepared to review the concept of full government funding as patient cost-sharing is an acceptable part of the provision of many important health-related products and services. However, the application of cost-sharing arrangements must be done with appropriate care and sensitivity. They must be applied in a fair and equitable manner that takes into consideration those at a financial disadvantage so that access is not impeded.

Sustainability. The sustainability of our health system is of fundamental importance and the BCMA recommends adding "sustainability" as the sixth principle of the CHA. Fiscal sustainability is a critical component of the equation, but not the only component. Operational sustainability is equally important, in terms of human resources, as well as infrastructure and technology. The health system must also be sustainable in terms of the quality of care and outcomes provided with it. Achieving sustainability in BC will require a balance of human resources, clinical outcomes, fiscal capacity, and infrastructure.

References

[i] Department of Justice. *Canada Health Act.* Retrieved January 22, 2010, from http://laws.justice.gc.ca/en/ShowFullDoc/cs/C-6///en.

[ii] Government of British Columbia. *Medicare Protection Act.* Retrieved February 8, 2010, from http://www.bclaws.ca/Recon/document/freeside/--%20M%20--/Medicare%20Protection%20Act%20%20RSBC%201996%20%20c.%20286/00_96286_01.xml

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