

Full speed ahead for CMA's transformation train

Delegates to the Canadian Medical Association annual meeting gave the association the green light to develop the “transformation initiative” and then begin persuading politicians and the general public to adopt a more market-driven health care system.

Delegates at the meeting in Saskatoon, Saskatchewan ratified several core controversial resolutions that underpin the initiative, then directed the CMA to flesh out the details, get final approval from the board of directors this fall, and launch a campaign to build public and political support.

Although delegates must still address several resolutions related to the transformation agenda, CMA President Dr. Robert Ouellet interpreted yesterday’s developments as a turning point for Canada’s doctors as they’ve now endorsed a health care system based on “internal market forces” and featuring “more of a role for the private sector.”

With 85% of delegates (192 in favour, 31 opposed and 3 abstentions) supporting a resolution that essentially calls for more competition within the publicly funded health care system and the adoption of activity-based funding of hospitals, Ouellet said it is clear the vast majority of Canadian doctors stand squarely behind transformation.

Yet, debate at the meeting suggests that the community is actually more polarized than the vote suggested, as many physicians distinguish between “reform” and “transformation” of the system, says Dr. Robert Woollard, vice-chair of Canadian Doctors for Medicare, whose 2000 members advocate strengthening and improving the publicly funded system.

The initiative remains “vague and fuzzy,” while the community isn’t entirely enamoured with the CMA’s direction and hasn’t entirely agreed on the nature of changes that should be made to the health care system, said Woollard, a family physician and professor of family medicine at the University of British Columbia in Vancouver.

The CMA should not interpret the vote “as some sort of mandate,” Woollard added, noting that promoters of transformation have not demonstrated that the system is in such disrepair that change must be immediate.

There’s a need to first provide “some evidence” that such measures would actually be beneficial or determine whether they would have a detrimental impact on equity and access to health care, Woollard said. “The devil is going to be in the details. ... Are we

going to move forward thoughtfully or are we going to try everything and see what works? That's not an approach. It's a panic response."

Canadian Doctors for Medicare Chair Dr. Danielle Martin fears delegates may have given CMA "carte blanche" to develop the initiative however it likes. "We [doctors] want to see improvement. We want to see innovation. But we don't want the baby thrown out with the bath water. Yet, here we are talking about transformation and none of us will see the document again before our membership dues are used over the next year to implement it."

No one has any real understanding of what the initiative might eventually contain, added Martin, a family physician in Toronto, Ontario. "In the end, the delegates essentially made a decision virtually unencumbered by any evidence at all."

But Ouellet, who spearheaded the transformation initiative, said Canada's doctors are fully aware of what it means to move to a market-driven system and they stand squarely behind that evolution. "It's not a flavour of the month project. The implementation will take some time, but we're committed to doing this. I think there's a will, everywhere, maybe not 100%, but [doctors] really want change."

The initiative is predicated on "five goals" for a systemic overhaul of the system: "Building a culture of patient-centred care; Incentives for enhancing access and improving quality of care [including activity-based hospital funding and pay-for-performance compensation for physicians]; Enhancing patient access across the continuum of care [including national pharmacare, long-term and home care programs]; Helping providers help patients [electronic record keeping and training more doctors]; and, Building accountability/responsibility at all levels."

In his earlier valedictory address to the convention, Ouellet told delegates that funding models based on services provided have been proven effective in Europe. "The patient becomes a source of revenue rather than an expense. This approach encourages a totally different dynamic because the patient is now a customer to whom the best service possible must be offered."

"We need to face the truth and realize that universal health care is not a fundamental value unique to Canada," he added. "We need to stop deceiving ourselves into believing that we have the best health care system in the world."

Activity-based funding

In earlier debate on the critical competition resolution, delegates appeared sympathetic to the arguments of a motion sponsored by Dr. Eric Wasylenko, an Alberta delegate and chair of the CMA Committee on Health Policy & Economics, to that effect that activity-based hospital funding and other forms of competition would promote efficiencies. "Competition is a fundamental motivator for people," Wasylenko said, adding that

doctors are capable of applying the brakes. “Physicians are well positioned to define the parameters of competition.”

Detractors argued that such a regime will encourage an environment in which patients are little more than “commodities.” Others noted that Great Britain’s introduction of competitive measures was counterproductive.

The evidence favours a collaborative approach, argued former CMA president Dr. Hugh Scully. Competition in Britain led to “fragmentation” within the system.

Britain discovered that the approach ultimately “pits doctors against doctors and hospitals against hospitals,” added Ontario delegate Dr. Irfan Dhalla.

But CMA’s Past-President Dr. Brian Day argued that the British reforms reduced wait times. Other delegates, such as Dr. Larry Early, urged experimentation. “I don’t see why we should shut the door when we heard the evidence is so muddled,” he said.

Delegates adopted several other transformation-related resolutions, including one calling on the CMA to flesh out “pay for performance and quality measures in family medicine.” CMA delegates resume debate on elements of the initiative today.

Other business

Delegates also addressed several motions unrelated to transformation, including one requiring the CMA to urge all health care providers to get their annual influenza vaccinations. Another motion called on governments to define tobacco dependence as a chronic disease and thereafter cover treatment costs, while still another committed CMA to joining the Canadian Lung Association in campaigning against allowing pets on airplanes.

The CMA will also be obliged to “work with national Aboriginal organizations and governments to set specific goals for Aboriginal and First Nations health over a generation and monitor and publish the collective progress annually.”

— Wayne Kondro, *CMAJ*

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