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Accountability lacking under health accord

Canada still lacks a “clear vision” to support accountability, quality and innovation in the health care system, a Parliamentary review of the 2004 intergovernmental health accord has been told.

“We have to learn from our mistakes. An understanding of what has worked and what hasn't since 2004 is critical to ensuring the next accord brings about necessary change to the system,” Canadian Medical Association (CMA) president Dr. John Haggie Wednesday told the Standing Senate Committee on Social Affairs, Science and Technology, which is conducting a mandatory review of the 2004 intergovernmental health accord.

The sustainability of future agreements for health transformation will hinge on the creation of a pan-Canadian accountability framework and quality council, in addition to a targeted fund to support health care innovation, Haggie said. The 2004 accord lacked “clear terms of reference on accountability for overseeing its provisions,” and as a consequence, there has been “little progress in developing common performance indicators [as] set out in previous accords.”

The creation of a national accountability framework within a 2014 intergovernmental health accord would hold the system more responsible for delivering patient-centred care and ensuring that value is being “derived from the money being spent,” Haggie said. “There is ample evidence that quality care is cost effective care.”

Haggie also urged a systemic focus on quality improvement. He noted that under the accord, six provinces have instituted health quality councils, but “their mandates and effectiveness in actually achieving lasting system-wide improvements vary. ... What's missing and fervently needed is an integrated, pan-Canadian approach to quality improvement in health care than can begin to chart a course to ensure Canadians ultimately have the best health and best health care in the world.”

To that end, the federal government must “fund the establishment and resource the operations of an arms-length Canadian health quality council” that would act as a “catalyst for change, a spark for innovation” and a facilitator of evidence-based quality improvement initiatives across all jurisdictions.

Haggie also argued that the system has not adequately supported systemic innovations in the health care system. Canada “needs to shift away from compliance models with negative consequences that have little evidence to support their sustainability.”

Others argued that the accord hasn't resolved certain national needs, including a national pharmaceutical strategy. “This hasn't addressed much, especially in the area of developing a common national formulary for all prescription medications,” or a nationwide approach to pricing and purchasing, argued Dr. Fiona McGregor, president of the Canadian Psychiatric Association.

McGregor added it was equally “unacceptable” that there's no reporting of wait times for psychiatric services under the current accord. “Bring psychiatric conditions and

other mental health services to the forefront of your wait times strategy,” she urged. “This is especially urgent for children and youth because we know that early, timely access to mental health services can make the difference between rapid recovery and a return to daily living and lifelong chronic illness.”

There’s also a need for more reform of primary health care delivery, argued Dr. Robert Boulay, president of the College of Family Physicians of Canada. Legislators must ensure that a 2014 accord provides Canadians with access to “their own family physicians and access to nurses and other health professionals working in teams,” he said. Multidisciplinary primary care teams currently exist in Ontario, Alberta and Quebec, but clearly “much remains to be done” to meet the 2004 goal of providing 24/7 access to such teams nationwide, he said.

Parliamentary review of progress achieved under the 2004 10-Year Plan to Strengthen Health Care is required every three years. The House of Commons Standing Committee on Health reviewed the accord in 2008, and recommended a series of new reporting requirements, including one that “the federal government comply with the requirement of reporting on its progress on all components of the 10-Year Plan; that it fulfill this requirement by the end of the 2008-09 fiscal year; and that it encourage all jurisdictions to provide the required public reports within the specific 10-Year Plan deadlines”

(<http://www2.parl.gc.ca/content/hoc/Committee/392/HESA/Reports/RP3577300/hesarp06/hesarp06-e.pdf>.)

Prime Minister Stephen Harper gave the unelected Senate the authority to conduct the second mandatory review last March. Testimony to date has included a call from Health Council of Canada Chair Dr. Jack Kitts for better measures to gauge the results of investments made under the accord

(www.parl.gc.ca/Content/SEN/Committee/403/soci/22evb-e.htm?Language=E&Parl=40&Ses=3&comm_id=47). “We are not measuring for results nearly as much as we should be,” Kitts told the committee, adding that Canada has also failed to achieve objectives regarding access to primary care and access to electronic health records, and has been entirely remiss in its promise to create a national pharmaceutical strategy. “Governments need to focus on health human resources planning, expanding and integrating home care, improved public reporting, and a continued focus on quality across the entire system.”

John Wright, Canadian Institute for Health Information president and CEO told the same session that since the health accord was signed, “the overall outlay on physicians has increased dramatically. While drugs were one of the fastest growing areas and expenditures, physicians now are.” — Lauren Vogel, *CMAJ*

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