

## System under siege

The stresses facing the existing system was the theme of the inaugural address by the CMA's new president, Saskatoon urologist Peter Barrett (*CMAJ* 2000;13[3]:325). He warned that Canada's health care system is "under siege and in danger of coming apart if we don't take significant action now." Barrett lamented the widespread "passive privatization" taking place in Canada. He emphasized the need to act on crucial issues, such as ensuring stable funding and an adequate physician workforce, and determining which medical services are essential.

The Ontario-based Medical Reform Group, which acknowledges that it has "seldom" sent congratulatory messages to leaders of any medical organization, announced its "enthusiasm" for Barrett's address in a press release. Its members strongly support publicly funded health care. "It seems that we may now have a CMA president who will call not only for more money, but also for ensuring a system that benefits



**New CMA President Peter Barrett laments passive privatization**

all Canadians by ensuring equitable access to care," stated Dr. Gordon Guyatt, the group's spokesperson.

## CMA plans sustainability

The CMA set a blueprint for sustaining Canada's health care system by passing 16 resolutions calling for everything from cash transfers to a national dialogue among physicians, government, the public and others to decide what services will and will not be covered under medicare.

Scully urged governments to stop bickering and develop a long-term agenda for health care, but some physicians viewed a motion calling for governments to "rise above political differences" as unrealistic. "It ain't going to happen," said Dr. Ian Warrack of Vanier, Ont.

The approved resolutions related to sustainability and included a call for health-specific federal cash transfers to the provinces and territories. To prevent any further erosion of federal funding, the CMA wants an escalator mechanism to increase funding according to factors such as the aging population and improved technology. — *Barbara Sibbald, CMAJ*

## CMPA fees for Ontario doctors up 13.6%, decreases in rest of country

Ontario physicians are taking money out of their share of the Canadian Medical Protective Association legal settlement reserves to prevent huge fee increases. This means the aggregate CMPA fees of Ontario doctors will rise by only 13.6% in 2001, instead of an anticipated 50%. "They are mortgaging their own future, in effect," Secretary Treasurer John Gray said during the CMPA's annual meeting in Saskatoon on Aug. 16.

Problems arose this year after the CMPA decided to move from a national to regional method of setting its rates because the size of legal settlements differ greatly across the country. Most notably, awards are much higher in Ontario and much lower in Quebec. The CMPA now pays about \$46 million more to provide malpractice protection for Ontario doctors every year than it earns in fees (\$131 million vs. \$85 million).

The Ontario government, which pays

more than 70% of Ontario doctors' CMPA costs because of its fee agreement with the Ontario Medical Association, and the OMA were threatening to form a separate protective association. Instead, they signed a 3-year deal with the CMPA in mid-July (*CMAJ* 2000;163[4]:433).

Under the new plan, the CMPA fees of Ontario doctors will rise by an average 13.6% in 2001; meanwhile, fees for Quebec doctors will drop by 50.3% and physicians in the rest of the country will see a decrease of 8.8%. Ontario doctors are likely to face similar increases in 2002 and 2003 as well.

But Dr. Peter Fraser, who presented the fee levels for 2001, warned that further increases may be in the offing. "If there are poor investment returns, the fees could increase dramatically."

To prevent this, the CMPA has recently introduced cost-containment measures that include computerized case

management and a case review committee, more education sessions for doctors and tort-reform efforts. In particular, it has embarked on reform in 3 areas: legislating structured settlements, eliminating the right of governments to recover the cost of health care made necessary by a physician's negligence and streamlining the defence process through alternate dispute resolution and other mechanisms.

Despite presenting an overhead of a slow-moving glacier, Dr. Michael Lawrence, who heads the CMPA's tort and court-reform efforts, said he hopes for "real progress by 2001."

The CMPA also simplified its initial plan to divide the country into 5 regions for rating purposes. There are now 3 regions: Ontario, Quebec and the rest of the country. Each region's finances are separate, with each share of reserves depending on each region's share of potential liability. — *Barbara Sibbald, CMAJ*