

## Maz boldly goes where others have already gone

There was cross-Canada interest before the mid-January release of a report from the Don Mazankowski-led Premier's Advisory Council on Health in Alberta, but the document turned out to be less a radical right turn and more a boxed set of old health-reform favourites.

Mazankowski reported in the fall that "the council has continually been challenged to 'be bold' in our recommendations and I think our report will live up to the challenge." His final document, which faced relatively little criticism, appears to have done just that.

"There is no reason why we can't open up the system, seize new opportunities and take advantage of new approaches," it says. "But to do that we need to be prepared to debate the real

pros and cons and not just rehash the rhetoric of old arguments."

Its 44 proposals include developing smart cards to track health care use, introducing medical savings accounts and delisting services. On Jan. 22, Premier Ralph Klein accepted all the recommendations, which he said will be implemented within 3 to 5 years.

"We believe our recommendations are consistent with the spirit and intent of the Canada Health Act," states the report. "If actions are not taken to make changes in critical areas and sustain the health system, it is highly likely that pressures will mount to look for new options outside the limitations of the act."

When details of some council recommendations were leaked last fall, critics

accused Mazankowski of downloading costs to patients by delisting services and raising premiums (currently \$408 per year for individuals living in Alberta and \$816 for families). Mazankowski, a former deputy prime minister, refused to respond to the leaks.

Roy Romanow, who is preparing his own national report on health care, told *CMAJ* he reserved judgement pending the implementation of recommendations, but he did question the report's underlying thesis.

"My preliminary reading tends to be that the report is premised on a fundamental assumption that publicly funded health care — at least in Alberta — is no longer sustainable. I don't share that assumption." — *Steven Wharry, CMAJ*

## PULSE

### Proportion of private sector spending declining

After years of steady increases in the proportion of private sector health care spending in Canada, the pendulum finally appears to be swinging the other way. The Canadian Institute for Health Information says public sector spending

is expected to increase from 70.2% of total expenditures in 1997 to 72.6% in 2001, with the proportion of private spending expected to decrease from 29.8% to 27.4%.

Health care spending in Canada

grew by an average annual rate of more than 5% between 1998 and 2001, with the institute estimating that total expenditures surpassed \$100 billion last year. Growth between 1998 and 2001 is projected to surpass any other 4-year period during the past 27 years.

The proportion of all health spending that is attributable to drugs continues to grow faster than any other category. Drug expenditures have increased by an average of 10% per year for the past 2 decades. Physician expenditures, as a proportion of total spending, have declined gradually from 15.4% in 1991 to 13.6% in 1999 and to an estimated 13.5% in 2000 and 2001.

Following a few years of negative growth between 1993 and 1996, per capita expenditures (adjusted for inflation) increased by 4.2% in 1998 and 5.1% in 1999. Increases of approximately 4% are expected when final data for 2000 and 2001 are compiled.

The proportion of the gross domestic product devoted to health care has hovered around 9% for the last 5 years. It was 9.2% in 1999 and is projected to be 9.1% in 2000 and 9.4% in 2001. — *Lynda Buske, lynda.buske@cma.ca*

