A HEALTH CARE SYSTEM OF A Associate Professor John Church has argued against increased health-care user fees.

Fraser Institute places public health care under microscope

Experts discuss think-tank's annual report, which recommends major changes to the current health-care system, such as the addition of user fees

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Managing Editor

Health care in Canada is financially unsustainable as provincial governments spending on the public service is rising up progressively larger amounts of money, according to a report released by the Fraser Institute earlier this month. Paying More, Getting Less: Measuring the Inefficiency of Public Health Insurance in Canada, the institute's third annual report, outlines a claim that Alberta is expected to spend 50 per cent of all revenues on health care by 2017.

"Public health expenditures are growing faster than average or total revenues available to each of the provinces," said Rint J. Skinner, author of the report. "What that means is that public health expenditures are consuming more and more share of the money that's available in each of the provinces, which leaves less money available for other things like education and social welfare and transportation, infrastructure and so on."

John Church, associate professor at the Centre for Health Promotion Studies at the University of Alberta, said that Albertans are expecting a certain level of health care, but they want it cheaper as well for other things that cannot support the system.

"Increasing taxes has become increasingly unpopular," Church said. "If we want to continue to sustain the level of services that we're providing, then one of the options in that we're going to have to pay more taxes. You only get what you're willing to pay for, whether it's public or private."

Skinner explained that Manitoba and Saskatchewan are the most urgent cases, projected to consume half of all revenues as early as 2016, and that six out of ten provinces will spend 100 per cent of all revenue on health care by 2050 if reforms don't take place.

"It's nothing unanswerable," said Ryan Lee, associate professor at MacEwan's School of Business at the University of Calgary. "This is a win-win situation. Canadians need to understand that it can't stay this way and be feasible."

The report suggested some solutions to the growing cost, including a proposed instrument user fees, which many patients would have to pay a $35-10 fee in order to see a doctor.

"If there's no price at the point of service, the patient has no incentive to be responsible about the kind of health care they demand, substituting low-cost things that are just as effective for high-cost thing and just have to use them in order to use them," Skinner said.

"Right now we have a system where there's no cost to me except for my time to go see a practitioner. And there are people in this world who have nothing but time."

RYAN LEE,
UOF ASSOCIATE PROFESSOR

Lee, an expert in risk management and insurance, agreed with the instrument user fees, which would give people the incentive to take more responsibility for their own health, and reduce patients going to the doctor for common cold.

"Right now we have a system with no gate except for my time to go see a practitioner. And there are people in this world who have nothing but time," Lee said.

But Church argued that people in the lower socio-economic brackets were likely to be more directly affected by user fees than other patients, creating an unfair system.

"I think that the evidence to date is that user fees can act as a deterrent to service utilization, and they can be a particular deterrent for those people who have the lowest resources—poor people," Church said.

The Alberta Medical Association estimates that the province is currently short about 1600 doctors, but Church argued that physicians should only deal with the more complex health problems, leaving other health-care providers to screen patients.

"I'm not convinced that we have as much of a shortage of physicians as some people say," Church said.

"Delivery of care should change so that physicians would only see a narrower range of patients."

Church said using a team approach to delivery in the primary care setting can free up more physicians as more practitioners take on a greater role, thus reducing pressure on the public system.

He suggested a more preventative approach to care, which would in turn reduce costs.

"The focus is still on treating people after they've gotten sick and what is missed in all this is if we could start addressing the issues that lead to people getting sick, then ultimately we're going to decrease demand on the health-care system," Church said.

Church pointed to the link between chronic disease and obesity, which ultimately causes higher healthcare costs.

"We have a wide generation of kids now that are seen as being, on average, overweight, compared to other generations," Church said. "If we really want to deal with this, we need to be paying serious attention to this side of the equation."

But Skinner suggested that by increasing private care options, the burden on the public system would be alleviated. He pointed to medical contracts with private surgical facilities in Calgary, which do a set number of procedures around joint replacement and eye surgery.

"We know there's a MIH out there for private care, and we have," said Lee, referring to the Canada Diagnostics Centre, which provides advanced diagnostic testing for the NHIF team.

"But if they're dealing with a Flowers' injury every single minute of the day that the machine could be run, why shouldn't it be opened the ability for someone who's willing to pay for that?"

"On the surface it seems that we're catering to the rich, but the issue really becomes what it does to the system after the fact," Lee said, arguing that, ultimately, it would reduce pressure on the public system.

Skinner said private health-care falls in line with the Supreme Court's June 2005 ruling in the Chaouilli case, which struck down Quebec's ban on private health insurance.

"What we're talking about is breaking up the public monopoly, and ultimately the government have a monopoly over the payment of hospital and physician services, but allowing people to seek private payment if they want to and that would include, of course, allowing people to buy private insurance to cover those things," Skinner said.

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