Romanow Report Remains Unfulfilled Promise
The Winnipeg Free Press and Straightgood, December 9, 2003

By Dr. Gordon Guyatt

(**Winnipeg Free Press Headline:** Romanow's Health Warning)

(The article in the WFP was a slightly edited version of the one below.)

Roy Romanow has a new incarnation. The former Saskatchewan Premier and national Commissioner is becoming Canada's health care conscience.

It shouldn't have happened that way. When, just over a year ago, Romanow released his plan for rejuvenating Canadian health care he had already won high praise for the Commission's process. Intwenty-one days of well-publicized public meetings, and a dozen day-long focus groups, Romanow mobilized the ordinary Canadians who are usually assigned a spectator role in major political decisions.

The public response to Romanow's report demonstrated that he had listened well. His call for high-quality, publicly funded health care for all Canadians, delivered by not-for-profit providers, had broad appeal.

Romanow's recommendations were guided not only by Canadians' values, but by a sophisticated review of the relevant research concerning efficient, effective health care delivery. Romanow's practical, evidence-based recommendations drew both national and international attention. In September 2003, for instance, the report won Romanow a prestigious Pan-American Health Organization award.

Yet, a year later, governments have failed to fully implement a single one of Romanow's recommendations.
Both federal and provincial governments have let us down. The key to the Romanow report is more federal money directed to specific targets, with provincial accountability for how the money is spent. The February 2003 federal-provincial accord represented governments' first response to these suggestions. The accord delivered substantial new federal money to the provinces, though falling well short of Romanow's recommendations.

A substantial portion of the new money, $16 billion, is targeted to three

central Romanow goals: primary health care, home care and catastrophic drug coverage. But provisions to ensure that the provinces spend the funds as specified are virtually non-existent.

Another key Romanow recommendation, a strong Canada Health Council, might have provided the necessary monitoring mechanism. But an underfunded, unwieldy, politically dominated Council is all we are likely to get. As a result, it won't be up to the job.

Romanow himself has been far from silent as he has watched political leaders squander Canada's opportunity to rebuild public health care. Awarded an Atkinson Fellowship to continue his health care research and advocacy, Romanow has expressed increasing impatience.

"There is a ton of major work to do and there is a time for action right now and it's overdue," Romanow told delegates to a nursing conference last month. "I'm simply saying as a danger signal, a warning signal, for the governments: act now, please."

Romanow's 47 recommended actions include reform of primary care, innovation in electronic medical records, and initiatives in aboriginal health services. The most important recommendations, however, are creation of publicly funded, nationally co-ordinated programs for prescription drugs and home care. At the moment, one can't find even a hint of forward movement on these proposals.

Despite all these frustrations, a conclusion that Romanow's work has had little impact on the Canadian health scene would be a major error.

When, early in 2001, the Romanow Commission began its work, proposals to move away from public funding for physician and hospital services were gaining increasing attention. Health care costs are exploding, universal care is unaffordable, private funding is necessary, the affluent should be able to pay for superior care – so the logic went.

The Commission considered these arguments seriously but ultimately rejected them. While the value Canadians place on equal access to high quality health care played a role in that rejection, the strong, consistent evidence that public funding of health care is far more efficient proved even more important.

As it turns out, Canadian expenditure on health care as a proportion of gross domestic product has been more or less stable over the last decade – out-of-control health care costs is a myth. Canada's single payer system results in far lower administrative costs than the mixed public-private American funding approach. Canadians spend $307 per person per year, or 17% of health care costs on administration. U.S. citizens pay $1,059 each, or 31% of their health care dollars.

Furthermore, in the areas of public funding, physician and hospital services, Canada has held the line in spending. Areas of mixed funding, particularly prescription drugs, really do show exploding costs. The bottom line on efficiency of public funding is the relative costs of Canadian versus American health care: Canada still spends less than 10% of its GDP on health care, while the U.S. spends over 14%.

Romanow's report has meant that abandoning public funding for hospital and physician services is no longer a serious political option. Romanow's blueprint for a national health system based on federal-provincial co-operation and including expanded, publicly funded home care and pharmacare programs remains on the table.

As the flurry of publicity around his reports first anniversary has shown, Romanow remains on the public scene. The former Commissioner now represents the unfulfilled promise of a public health system that was once, and could once again be the world's best.