

U.S.–Style Health Care is Not for us
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By Walter Rosser

Ontarians support made–in–Canada reforms,with family physicians working in a group with other health professionals

Tony Clement was sworn in on Feb. 8 as Ontario's minister of health. He assumes the awesome responsibility for Ontario's most complex portfolio. Even a person of his energy and intelligence will have difficulty understanding a system that spends more than 40 per cent of the provincial budget and is the public's number one concern.

Just three days later, the Ontario College of Family Physicians released a survey showing that one in five Ontarians had difficulty finding a family physician in the past year. That's quite an introduction to the "minefield" of the health ministry.

The minister is reported to be interested in controlling health costs by privatizing the health system. The dreaded term "two–tier system" has crept into the media's language. A major problem with the overused "two tier" term is that it is not defined. From all accounts, the minister is too wise to try to develop parallel publicly and privately funded systems because of the major barriers that are present. Legally this step would violate the Canada Health Act. More important, poll after poll has found Canadians in every province are strongly opposed (up to 85 per cent) to the introduction of American–style health care. Too many Canadians have heard the horror stories emerging from their American cousins.

Soon after the Harris government was first elected in 1995, several large American health insurance companies were invited to assess the Ontario market to determine how they might participate. After several years of assessment, they departed without a plan. For a private health care system to be profitable, there must be a poor quality public system so that what is provided privately will attract those who can pay the insurance premiums. Our publicly funded system was found to be too good for them to be profitable.

The business case for privatizing health care is undercut by the American

experience. The U.S. spends more than 14 per cent of its Gross Domestic Product (GDP) on health care, while leaving 40 million to 50 million people completely uninsured and another 100 million underinsured because of limits on individual health care expenditures. Any American with a chronic disease like diabetes lives in fear of his or her insurance being cut, and becoming uninsurable. Contrary to popular belief, Americans insured in managed care organizations cannot choose their physicians or hospitals since the insurer directs where they can go and to what they are entitled.

Contrast this scenario with Canada spending just over 9 per cent of our Gross Domestic Product on health care, while insuring the entire population without stated limits on either the amount of care provided or choice as to where people get their care. The difference in cost is accounted for by the fact that 27 per cent of the cost of American health care is for profits and administration. Our one-payer system means that billings are streamlined for maximum efficiency, saving billions of health care dollars for Canadians each year.

Another major difference in the Canadian approach to health care is the strength of our primary care system. In the U.S., only 18 per cent of physicians are family doctors. Most people go to specialists who are not trained to look after the most common health problems. In Canada, half our physicians are family doctors who treat most health problems. An article last summer in the *Journal of the American Medical Association* by Barbara Starfield argued that inappropriate health care in the United States caused more than 200,000 deaths each year. Comparable findings were not present in Canada because of our strong family physician system.

We know that American-style health care is not for Ontario, but the Ontario College of Family Physicians found in a recent survey of the public that 68 per cent (up from 52 per cent in 1999) are dissatisfied with government efforts to improve the availability of physicians throughout the province. People are frustrated with the government for not taking action during the past year. Twenty per cent of the population experienced difficulty in finding a family physician in the past year, an alarming figure, suggesting the need for decisive action on the part of the Minister of Health.

In June, 1999, the Ontario College of Family Physicians proposed a

strategy to enhance the family practice system in Ontario. The general outline of this system was approved as part of the agreement between the Ontario Medical Association and the Ministry of Health in April, 2000. We still await action on what has been a widely accepted proposal. Ontarians and more than 80 per cent of family physicians support the idea of family physicians working in a group of eight to 10, with nurse practitioners and other health professionals. Each practice would look after people who chose their family physician to provide comprehensive care, which would include health advice 24 hours a day, seven days a week. If most emergency care was in your doctor's office, the cost and inconvenience of treating sore throats in an emergency room would be overcome.

Public access to a 24 hour telephone advice line where worries can be assessed and appropriate care determined is very attractive to everyone. If the proposed groups are going to function effectively, your medical record needs to be integrated with your physician's, the group's, the hospital's and specialist's. This step requires a computer system. Shifting the current system into the proposed model will require upfront investment; however, it is estimated that initial costs would be recovered in three to five years because of greater efficiency.

Our system is not broken but it needs made-in-Canada solutions. Lest we forget, our health system has already produced superior infant and adult mortality ratios. Saving lives is what really counts in the larger scheme of things. The family physicians of Ontario look forward to working with you, Mr. Clement, at your earliest opportunity to assure Ontarians of sustainable health care across the province.

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