



MEDIA RELEASE: Attention Assignment Editors and Health Reporters

Canadians expected change, but Health Council of Canada says many hopes for health care renewal are not yet realized

Toronto June 4, 2008 – Despite the nationwide commitment to build real and lasting change and the infusion of billions of dollars brought about by the 2003 *Accord on Health Care Renewal*, progress falls short of what could, and should, have been achieved by this time, says the Health Council of Canada's latest report to Canadians, *Rekindling Reform: Health Care Renewal in Canada, 2003 to 2008*.

"In 2003, governments promised change and a more collaborative approach to health care, but the Health Council is concerned that five years later, governments' commitment to the spirit of the agreement may be waning," said Dr. Jeanne Besner, Chair of the Health Council of Canada. "As we reflect on the speed and direction of health care renewal, we find the glass is at best half full."

With five years remaining under Canada's *10-Year Plan to Strengthen Health Care*, the follow-up federal/provincial/territorial agreement of 2004, Dr. Besner says the Health Council is urging governments to strengthen the capacity of the public system to deliver timely, high-quality care.

Undoubtedly, the 2003 accord has been a catalyst for change in some areas:

- Major purchases of medical equipment and information technology have boosted the number of services delivered.
- Some jurisdictions have improved the way they manage waiting lists, and most provide wait time information for some procedures on public websites.
- Most Canadians have better access to health information and advice through telephone help lines.
- Some Canadians have better access to publicly insured prescription drugs, to primary health care teams, and to a range of health care services at home or in their communities.

But in other respects, progress on the accord is not cause for celebration. The Health Council of Canada is particularly concerned about the following areas, where action has been slower, less comprehensive and less collaborative than the accord originally envisioned:

- **Catastrophic drug coverage and safe, appropriate prescribing.** The accord promised that all Canadians would, by the end of 2006, have reasonable access to protection from financial hardship from the cost of needed drugs. This has not happened. The National Pharmaceuticals Strategy, which was promised in 2004 to address this and other issues related to prescription medicines, is in limbo.
- **Home care.** The accord promised that all governments would provide short-term publicly funded home care. The result is two weeks of coverage, but this is not adequate for what many people need. Clear disparities continue in the availability and cost of home care across the country.
- **Aboriginal health.** Any progress to date has occurred on a much smaller scale than envisioned by the 2003 accord, and by the *Blueprint on Aboriginal Health* agreed to by First Ministers and national Aboriginal leaders in 2005. The scope of preventable health

problems in many Aboriginal communities continues to be of substantial concern across the country.

- **Primary health care.** Some Canadians are well served by interprofessional teams delivering primary health care, but nationwide progress is uneven and, too often, care is not coordinated, comprehensive, or available when patients need it.
- **Electronic health records and information technology.** Governments agreed to place priority on implementing electronic health records, to strengthen the safety and quality of health care. We are not on track to meet the goal of 50% of Canadians having an electronic health record by 2010. Governments must find ways to accelerate the adoption of these essential tools for health care renewal. Public support for these investments is strong.

“Canadians pay the price for these shortcomings every day. They pay through missed opportunities to receive appropriate health care and missed opportunities for better health or quality of life,” said Dr. Don Juzwishin, Chief Executive Officer of the Health Council of Canada.

“The practical marriage between money and the desire for health care renewal held considerable promise five years ago,” added Dr. Besner. “Governments promised to eliminate inequities and ensure all Canadians have equal access to the same services, such as primary health care, home care and prescription drugs, regardless of where they lived in the country. Governments must renew their commitment to nationwide change.”

To read *Rekindling Reform: Health Care Renewal in Canada, 2003 – 2008* and background materials, visit www.healthcouncilcanada.ca.

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Background

The Health Council of Canada, created by the 2003 *First Ministers' Accord on Health Care Renewal* is mandated to monitor and report on the progress of health care renewal in Canada. Councillors were appointed by the participating provinces, territories and the Government of Canada and have expertise and broad experience in community care, Aboriginal health, nursing, health education and administration, finance, medicine and pharmacy.

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