

Health Care: one tier? Two tier? Three tier?

It is that time in our life cycle when political candidates are busy trying to attract voter support. And in each federal and provincial election in the last 50 years or more, health care has often been a major factor.

Candidates know that health care is a sacred trust to be tampered with at the peril of those seeking election. Promises to add more get you points, promises to deal with reality cause loss of points.

Candidates also know that there is, particularly in New Brunswick, a great deal of discontent with healthcare services coming from people in their 50's and early 60's who want a carefree retirement only to find that a spouse had Dementia. Or an aging parent in crisis and caught in the web of unclear regulation and competing government departments.

Much of the angst comes from the tens of thousands of New Brunswickers who do not have access to efficient and relevant primary care services. That would be ten percent of the New Brunswick population! The 70,000 persons with no access to efficient primary care express downright anger!

Angst also comes from workers within the system who feel, in some cases, under-valued. Many of these workers express frustration that systems they know to be weak cannot get not fixed nor can they voice concerns.

There is an expectation that the federal government should pour in more money or the provincial government should fix what is wrong, always with money. The repeated calls for more doctors and nurses are a very expensive band-aid solution!

In that context, candidates come to the door to engage us in conversation. The reporters interview them, and then perhaps there is a scrum or an all candidates forum. A candidate proffers an idea, a strategy, something that has not yet been done.

One might say, for instance, let's open the operating rooms during those many hours each week that they are not used; and let's allow those who can afford to pay a premium to do so in order to get their procedure quicker. The candidate, in making a suggestion, may simply be floating an idea of something that might be examined if the public is desperate for service. The candidate may be innocently trying to portray him or herself as an open-minded thinker, willing to explore new ideas.

The opponent seizes that and reminds the media and public that the very suggestion is abandoning single tier health care and moving to a two tier system! In virtually every election in the last 20 years, any serious debate about health care has been shut down by media and candidates running to the mindless idea of single versus two tier systems, as if that were Holy Grail.

Ken McGeorge, BS,DHA,CHE is a career health care executive and now consulting, based in Fredericton, NB, Canada. Please visit www.KenMcGeorge.com to learn more.

The Canada Health Act does, indeed, include 5 foundational principles of which universality is one: The **principle** of universality of the **Canada Health Act** requires that all residents of a province or territory be entitled, on uniform terms and conditions, to the publicly funded **health** services covered by provincial/territorial plans.

So the question comes to what are the publicly funded health services? Previous commentaries dealt with the definition of Medical Necessity as part of the Canada Health Act. Much of what some consider health care is not covered under the definition of medical necessity.

Consequently, Canada has had, since the inception of Hospital Insurance and the Medicare System, a multi-tiered system. In addition to the long list of important but non-life saving things that have been introduced to the system of funding, there is a huge list of things seen by many as equally important to members of the public that are not funded by Medicare.

Drugs, for instance, have not been covered unless you are an inpatient in hospital. Many important clinic interventions and services have never been included yet are vital to some in the population such as psychology services, audiology services, cosmetic surgery, and fertility clinic services.

Hearing aids and implants require heavy patient participation in financing, yet are essential to daily functioning.

There are many prosthetic and orthotic devices that are essential to daily living of people with physical challenges which are not covered by the plan. Vision correction devices have not been covered unless, of course, you have a prescription lens implanted to replace a cataract.

In long term care, the wealthy can and do hire nurses and care attendants to provide home care. Middle income people seem able to pay their way at nursing home and get billed the full amount (less the universal government subsidy). There are two tiers right away in nursing homes.

Then with other levels of long term care, there have been multiple levels depending on ability to pay. All of that stems from the fact that long term care was not part of the Canada Health Act and is financed entirely differently from the health system.

The financing of wheelchairs and the many available mobility devices along with home adaptation for handicapped and disabled is a strange mixture of private pay, insurance, and, with low income people, government. Yet these devices are essential for successful living each day.

So then to our question of the political debate, it is really disingenuous to cut off an intelligent exploration of options by simply going to the Two Tier argument. We have a multi-tiered system now and we cannot afford that which the health system currently includes. So we must at least have the courage to explore options without shutting them down with simplistic, emotional rhetoric.

The system is broken, people! Failure to explore options will bankrupt us and continue mediocrity.

Ken McGeorge, BS,DHA,CHE

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Veteran senior health services executive, leader in health innovation, consultant, columnist for the Telegraph Journal.

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