

October 31, 2003

The Honourable Jean Chretien
Prime Minister of Canada
Langevin Block,
80 Wellington Street
Ottawa, Ontario
K1A 0A2

Dear Mr. Chretien:

The Alberta Association on Gerontology is a voluntary group who are interested in the issues and concerns of older people. The members of our organization have been studying the report, "Building on Values", which was published by the Commission on the Future of Health Care in Canada. This is a good report which has captured the concerns and interests of the Canadian public.

We have been concerned that with all of the other pressures that have been emerging lately, the government response in carrying out the recommendations of this report may become less urgent. We believe that health care remains a constant and important concern of Canadians and hope that the federal government will diligently pursue the goals set in the report in a timely manner.

While in general we are in agreement with the recommendations of the report, we would like to make a few suggestions for your consideration. Our report is attached.

Sincerely,

Corinne Schalm, President
Alberta Association on Gerontology

cc. The Honourable Anne McLellan
Minister of Health

OBSERVATIONS OF THE ALBERTA ASSOCIATION ON GERONTOLOGY ON THE REPORT OF THE COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA

CHAPTER 2

- **Establishing a new Canadian Health Covenant.** Canadians need to have a clear commitment that the government is aware of the values and expectations they have toward the health care system. It should be clearly stated so that everyone understands that the principles upon which the health care system is based are: a universal system, equal access to health care for all Canadians, a collective responsibility to provide health care to all citizens, a good quality of health care should be available to all, and there should be timely access to health care. Canadians have a responsibility to make efforts to maintain their health. Our present health care system should be encouraged to put more emphasis on prevention of illness and injury. The system should be operated effectively and efficiently and the system should be transparent and accountable to the public.
- **Establishing a Health Council.** We are pleased to see that you have proceeded with establishing a Health Council, even in the face of some resistance. It is a very important part of developing accountability to the people of Canada. We believe that a Health Council should be composed of government staff and clinicians as well as representatives from the public, and that the Council should provide common indicators and benchmark reports for the entire health care system, not just for how new money going into the system is spent. The Canadian Institute of Health Information is a valuable resource, but the Health Council should have a wider scope in that it should be concerned not just with the programs already existing, but in looking forward to what might be needed, and even target certain areas where special funding might be allocated in order to improve the system in an area of high priority. We hope that you will consider these suggestions in deciding the membership of the Council, and in setting up their responsibilities.
- **Modernizing the Canada Health Act.** This is a good idea as there have been so many changes in health care that the Canada Health Act is no longer entirely relevant. We need to keep the five original principles but add a new principle of accountability. Home care is an essential part of the health care system and should be a required service under the Act.

CHAPTER 4

There is discussion around the need for a change in how health care services are delivered. Certainly a new approach to primary health care is needed. The development of collaborative teams and networking among related health care professions needs to be encouraged and reinforced throughout the system.

CHAPTER 5

We embrace the recommendations that we need to “integrate prevention and promotion initiatives as a central focus of primary health care...” We need also to promote the importance of the family practitioner in ensuring that health care is provided in the most effective and efficient manner.

CHAPTER 6

We concur with the recommendation that we need to develop a strategy for coordinating the management of wait lists. We also believe that coordinated wait list management should apply not only to diagnostic and surgical procedure, but to other services such as long term care facilities, hospice care and palliative care.

CHAPTER 8

- **Expanded home care program.** We were pleased to see that the Commission recognizes home care as an essential service. We would like to see funding from the federal government to improve the scope of the home care program; however, we feel that the home care services discussed in the report focus on short-term services such as those needed when people are released from acute care facilities. This excludes the majority of potential recipients among the older population. Long term home care services are important to help seniors maintain themselves independently in the community. Home care should be considered an integral part of primary care.
- **Home care for mental health patients.** We were pleased to see some recognition of the needs for home care services for mental health patients. However, the advisability of including dementia in the mental health program for home care should be carefully evaluated. The needs of those who are mentally disturbed and those who have dementia are quite different, and it would be important to determine whether both groups could be accommodated under one special home care program.
- **Support for informal caregivers.** There is no doubt that support for informal caregivers is important. For those who are unable to work because of their commitments to the needs of the person requiring care, some type of financial remuneration is desirable, and this might be handled effectively through the Employment Insurance Act. However, this issue should be studied more carefully as there are informal caregivers who are not working, and therefore cannot benefit from a program that is handled through the Employment Insurance Act. Caregivers who are not employed have many needs that are not being met at this time. The needs of these people should not be overlooked.

CHAPTER 9

- **Catastrophic Drug Transfer.** There are some very good suggestions here for controlling the spiraling costs of prescription drugs. The development of a “Catastrophic Drug Transfer” program is commendable in that it will ensure needed prescription drugs are available across Canada. However, there needs to be careful consideration in establishing the parameters of such a program. We need to ensure that the cost of drugs to those with low fixed incomes does not exceed what they can afford to spend. Seniors who have low incomes may fail to get prescriptions filled if the drugs are too costly, and will thereby be increasing their health risks.
- **National Formulary for prescription drugs.** A new national formulary for prescription drugs is a good suggestion which should ensure the availability of needed drugs across Canada. Missing from the report is a recommendation to change patent laws. This is one of the factors which enables drug manufacturers to maintain the high costs of prescription drugs.

CHAPTER 11

This is an interesting discussion regarding “Health Care and Globalization”. We certainly support all efforts to protect Canada’s health care system from international law and trade agreements. The effects on the health care system of worldwide market links and multinational companies and information technology is certain to affect Canada, including the health care system. The federal government should be ever diligent in ensuring that the health care system is protected, but at the same time we must be open to changes that will be helpful. The suggestion that we should work cooperatively to strengthen the health care system in developing countries is also important. Disease is only a plane ride away in this age of geographic mobility.

While we need to spend considerable effort to increase health care education in Canada, we need also to make more effort to use the expertise of immigrants to Canada. We need to develop programs that will help immigrants with health care training to qualify for similar work in Canada.

