

Find ways to fund home care, prescriptions, MDs say

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Canadian doctors want the federal government to find ways to fund home care, long-term care and expensive drug treatments for those who can't afford them or don't have extended health benefits insurance plans.

About 250 delegates to the annual meeting of the Canadian Medical Association, being held in Vancouver, passed numerous motions urging the government either to broaden the scope of the Canada Health Act or create new legislation -- a Canada Extended Health Services Act -- under which individuals would be covered for home care, long-term care and expensive drugs.

CMA president Dr. Colin McMillan, who will be succeeded Wednesday by Vancouver's Dr. Brian Day, said in an interview the policy directives are necessary because there is growing concern across Canada about gaps in the "continuum of care" and the inability of many to pay for home care, long-term care and expensive drugs, which he said are just as medically necessary as service from doctors and hospitals.

"Patients are getting pushed out of hospital more quickly now so the burden rests on families and volunteer caregivers when it comes to home care," McMillan said.

"When medicare was introduced decades ago, hospitals and physicians represented 60 per cent of total health expenditures, and now those areas account for 43 per cent while spending on prescription drugs has . . . doubled in the past 20 years," he said.

Day, an orthopedic surgeon who co-owns the private Cambie Surgery Centre, said 30 per cent of Canadians do not have access to private insurance for prescription drugs.

McMillan told a news conference: "I think we are one of the only countries with universal health insurance that does not have a national drug insurance program . . . so the Canada Health Act does need to be updated for the 21st century."

He said there is a huge but unknown number of people who have neither benefits nor enough money for prescription drugs, home care and long-term care.

Among numerous motions, the doctors urged:

- That governments explore tax credits or direct compensation for caregivers.
- That the federal government provide comprehensive coverage for prescription drugs and immunization for all children.
- That the federal government and the CMA review gaps, deficiencies and bottlenecks in health care.
- That the government consider creating a special insurance program to which individuals make compulsory contributions for their long-term health care needs.
- That the Canadian Institute for Health Information and Statistics Canada study the socio-economic profile of Canadians who have prescription drug expenses and the need for a catastrophic drug program.

- That governments create a common end-of-life care strategy to ensure all citizens have access to quality care.

- That the federal government study how to pay for expanded home and community health services.

McMillan said it is unclear whether the government would have to raise taxes to fund such things or if it should be done through private supplementary insurance programs.

Some doctors, he noted, are advocating something like Registered Retirement Savings Plans (RRSPs) to which people could contribute during their lifetimes and then use for purposes such as home care, long-term care and end-of-life or palliative care.

In a question and answer session with delegates, Health Minister Tony Clement said the federal government supports the Canada Health Act and refused to tip his hand on whether it might be changed.

"It's your job to create debate and elicit actions" Clement said, adding, that there is "lots of room for innovation within the existing Act."

Clement told a news conference the election of Day as president of the CMA is not going to result in the "privatization of medicare."

There already is plenty of private delivery of medical services in the health care system and "the two are not antithetical," he said.

He said as long as medically necessary care is publicly paid for, the provinces are free to deliver care "better, safer and faster" in either setting.

Although the CMA released a policy document last month that advocates supplementary private insurance for individuals who need to travel outside their regions, province or country if they can't get care in a timely fashion at home, McMillan reiterated that the CMA will never back away from the core principle that access to quality care should be based on medical need, not ability to pay.