



POLICY *Brief*

LOOKING FORWARD TO THE PAST: LESSONS FOR THE FUTURE OF MEDICARE

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POLICY BRIEF: CONTEXT

- More than 60 years after Medicare established in Saskatchewan, Canada's public health care system is struggling
- Long list of challenges:
 - Patients have difficulty finding a family physician
 - Doctors are burning out, leaving family practice, not being replaced
 - They want to focus on patient care, not the business of health
 - Surveys show 20 per cent of doctors want out of family practice
 - Surgical wait times are unacceptable
 - Emergency rooms are overcrowded
- Canada's health care spending above the OECD average

POLICY BRIEF: CONSIDERATIONS

- Many skeptical that more money into the system is the answer
- Reform of delivery long identified as the next challenge for Medicare
- Fee-for-service model for primary care built on doctor-owned businesses
- Doctors paid on number of patient visits for billable services
- Result is quantity, not quality of care, becomes the incentive
- There are isolated examples of community/cooperative clinics
 - Dating back to the Medicare crisis/doctors' strike of 1962
 - Integrated approach - physicians, physiotherapists, nurses, dieticians
 - Doctors paid on salary basis, not fee-for-service
 - As co-operatives, patients given a voice in their health care
 - Improved health outcomes, lower cost

FOR DISCUSSION

1. Why haven't community-based cooperative clinics flourished in Canada?
2. Are there barriers and built-in system biases to overcome?
3. Is the decline of cooperative business models generally a factor?
4. What would it take for the cooperative clinic model to become common?
5. Given public concern over health care access, are attitudes changing?
6. How can public faith in the cooperative health care model be enhanced?
7. What should be the role of policymakers?