



“What’s In, What’s Out?”

Stakeholders’ views about the boundaries of Medicare

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Research Unit

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Rationale for the project:

- Medicare is widely seen as the most popular Canadian social program.
- However, there is increasing questioning of its sustainability.
- To help clarify the debate, the M-THAC Research Unit and its partners conducted a survey
- Targeted at policy elites of key stakeholder groups from across Canada

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Why are the views of policy elites important?

- In Canada 70% of the funding for health care comes from the public sector
- Almost all delivery of services is from the private sector including health providers, home care, community-based services and hospitals

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Method – survey design

- Non-experimental, cross-sectional design.
- Purposive (non-probability) sample of policy elites from key stakeholders groups from across Canada.
- Self administered questionnaire distributed between January 2002 and April 2002.
- Available in both French and English.

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Questionnaire included:

- Determination of what should be “in or “out” of the publicly-funded system, by service type.
- Priority setting within publicly-funded system, by client type.
- Priority setting/trade-offs within publicly-funded system, by service type.
- General views on public and private.
- General views about the health care system.
- Demographic information.

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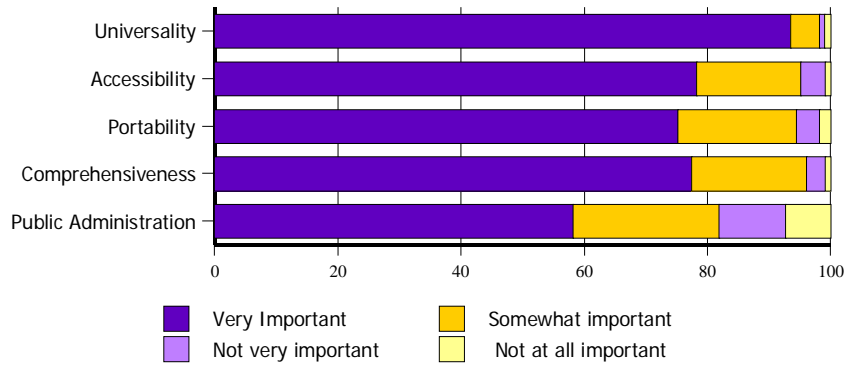


Respondents included 2,523 policy elites:

- Physicians (N=136)
- Nurses (N=188)
- Hospitals/Health authorities (N=478)
- Home care providers (N=150)
- Pharmacists (N=228)
- Small and large businesses (N=1343)

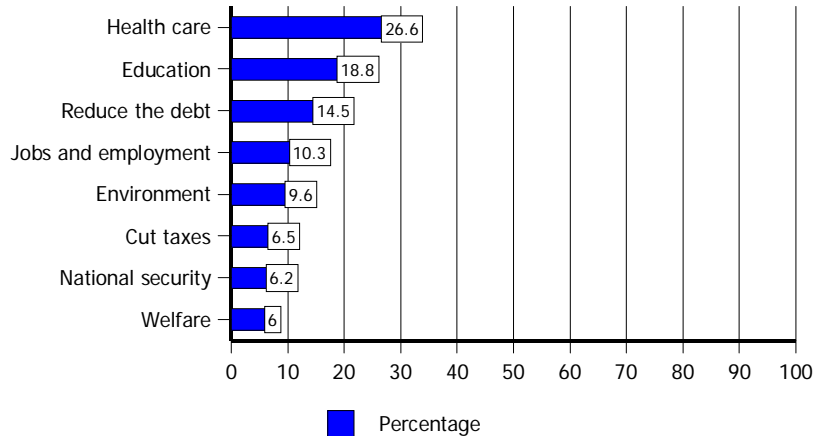
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Support for the 5 principles of the *Canada Health Act*:



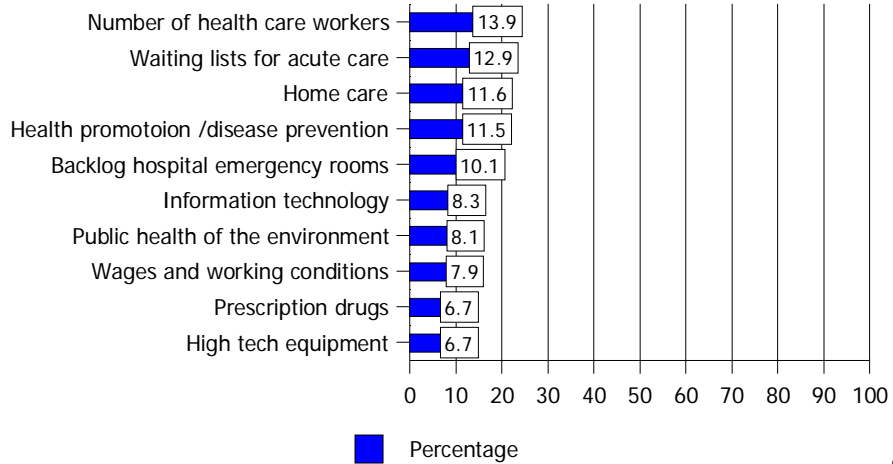
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Support for the allocation of new funds to health care:



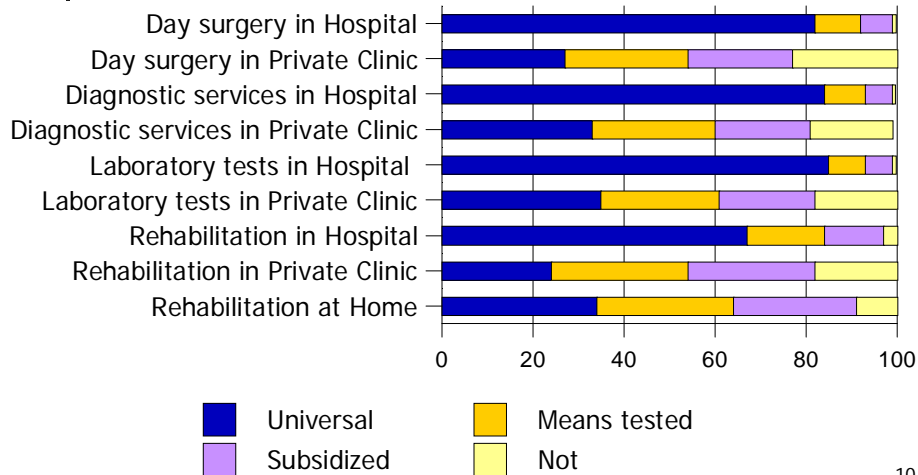
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No clear consensus on how to spend the money:



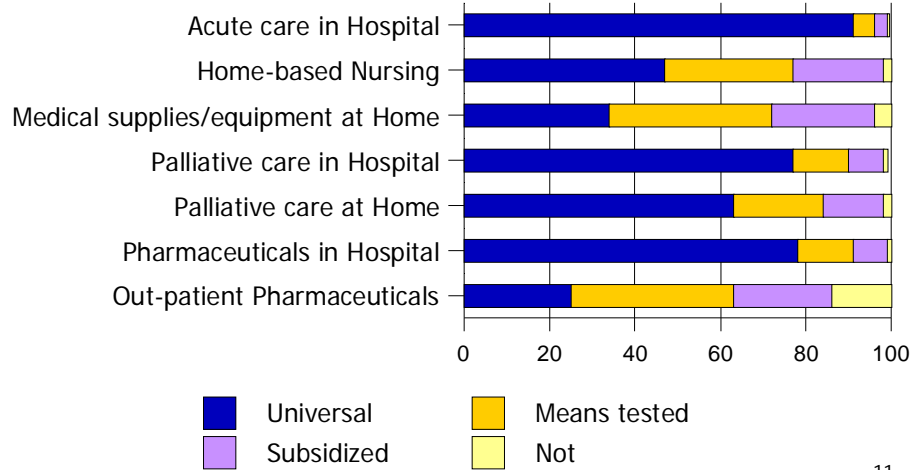
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Views on "insured hospital services" delivered at hospital and non-hospital sites:



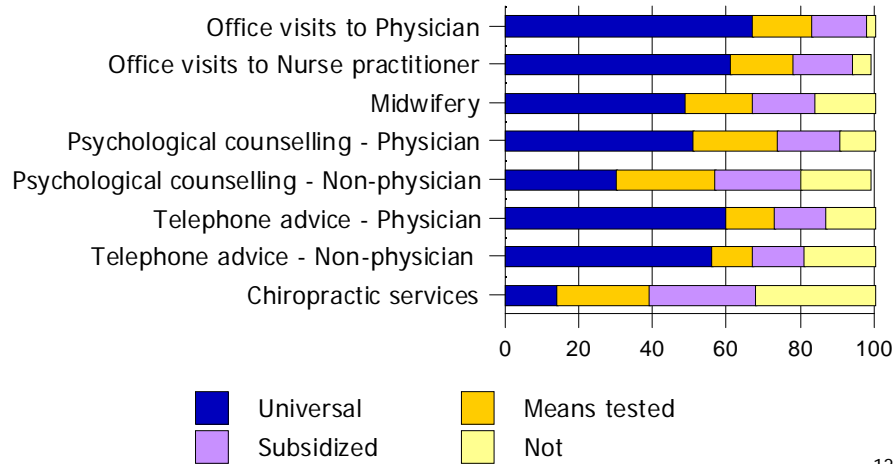
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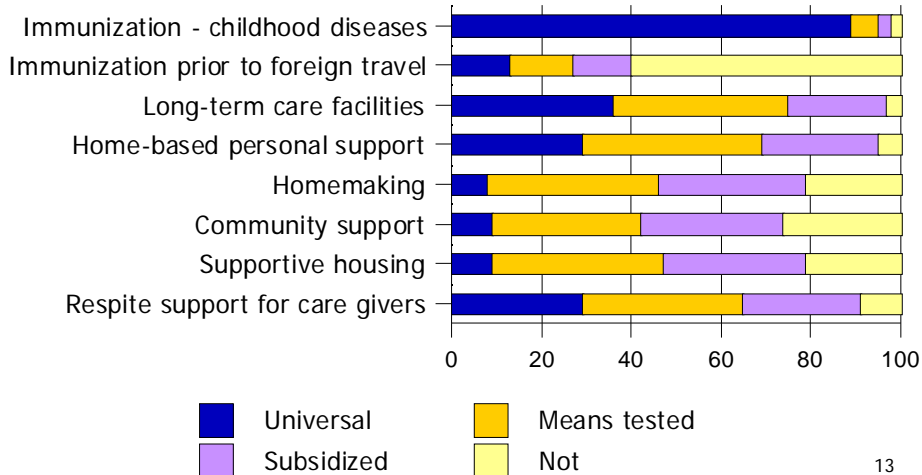
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Views on the funding of physician and non-physician providers:



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What about views in terms of a broader definition of health?



What can be concluded?

- Overwhelming support for “insured” hospitals services
- The site of care matters – strong agreement for publicly funding services delivered in hospitals
- Support drops dramatically for coverage of similar insured services delivered in private clinics and the home setting

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What can be concluded continued.....

- Views are mixed but the majority support publicly funding both physician and non-physician providers; with some support for user fees
- In terms of services that support a boarder definition of health - the majority would support some form of user fees or co-payment

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Restructuring and reform:

- Results demonstrated that the vision of many policy elites is still heavily linked to the current system of acute care delivery in hospitals by physicians
- This may undermine attempts to restructure the way care is delivered
- As a result, real change in the health care system could potentially prove problematic
- Even incremental change could prove contentious based on the views on funding insured hospital services and physician services regardless of the site or provider.

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Dissemination of results:

- 1 International conference
- 3 National conferences
- 2 Scientific days at the Faculty of Medicine, University of Toronto
- Submitted to the Romanow Commission
- Requested by the Prime Ministers' office
- 1 Publication (2 currently in progress)
- 2 working papers
- Some key findings were included in the 2005 CIHI publication, "Exploring the 70/30 Split."
- Radio interviews
- Press coverage
- M-THAC Research Unit – researchers and partners

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 Canadian Healthcare Association

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