

Intelligence MEMOS



From: Duncan G. Sinclair, David Walker, Chris Simpson and Don Drummond
To: The Hon. Patty Hajdu, Minister of Health
Date: December 23, 2019
Re: **ASSESSING OTTAWA'S NEW HEALTH MANDATE**

Your mandate letter from the Prime Minister last week lays out many worthwhile goals to improve healthcare by family doctors, primary health care teams, mental health services, home care and palliative care and pharmacare.

It also identifies the need to address certain public health risks such as opioids, vaping and poor nutrition. You will no doubt run into stiff resistance from provinces and territories as these matters are in their constitutional jurisdiction. They will undoubtedly protest that while the federal government seeks a partnership in shaping healthcare, it has allowed its once equal partnership in funding to shrink to a one-quarter contribution that will decline further if the current cap on the growth rate of Canada Health Transfer payments is not lifted.

The mandate letter begs two principal questions. First, if the federal government is going to stir up controversy with the provinces and territories, why not make it really worthwhile by striving for more fundamental and substantial reform? In brief, shifting the focus from patients to people, helping the latter do everything they can to prevent their becoming the former. Second, to focus on improving Canadians' health, why not identify and put your emphasis on issues squarely in the federal jurisdiction, such as the socio-economic determinants of health?

If you succeed in delivering on the objectives of the mandate letter, there will be greater effectiveness in addressing people's illnesses, injuries and disabilities. Some healthcare interventions will be avoided through curbing some threats to public health. But the overall approach to the health of Canadians will remain wedded to the priority of the 'repair shop,' patching people up once something has gone wrong. Instead, the focus could be squarely on the promotion of health, helping people be as healthy as they can be throughout the whole of their lives.

A starting point for promoting health should be the recognition missing in your mandate letter that health outcomes are largely determined by socio-economic conditions. Addressing poverty and other deleterious conditions in certain populations would be the greatest contribution your government could make to better health of Canadians. This is especially true for communities like those of Indigenous Peoples, an objective set out in the mandate letter for the Minister of Indigenous Services Canada, but missing in yours. In recognition of the health dimension, you could play a vital role in federal, provincial and territorial efforts to improve socio-economic conditions.

Shifting the focus to health would also mean extending your deliberations with provinces and territories to encompass the way healthcare providers are compensated and incentivized. In large part, their treatment of illnesses is rewarded, as opposed their facilitation of better health outcomes to start with.

There is much within its jurisdiction that the federal government could do to promote and maintain the population's good health. For starters, it could develop and implement better measures of health and well-being. Most existing measures are of health failures as opposed to health outcomes and well-being itself. With better measures, objectives and accountability could be established and monitored.

An aging population with multiple, chronic conditions will need seamless co-ordination among several points of care. Existing technology could consolidate every person's health and care record in a single file under the control of the person to whom it applies and permit sharing of that record with every involved institution, team or other provider.

As Minister of Health, you should also facilitate the fast-growing use of digital health technologies to enhance health promotion. Wearable health monitoring devices, virtual visits, broadband communications means with remote communities, and artificial intelligence algorithms are but a few examples.

In brief, in your new portfolio, you can and should go well beyond the objectives set out in your mandate letter. You should shift the entire focus from healthcare to the promotion of health. Collaboration will be needed with your federal cabinet colleagues. And a tremendous amount of co-operation will be required with the provinces and territories, co-operation that is referenced in your mandate letter absent the promise of fundamental reform.

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