THE GLOBE AND MAIL PRESENTS A NATIONAL TOWN HALL SERIES

PUBLIC-PRIVATE HEALTH CARE
Can we find the right balance?
Canada’s health care system is in crisis. More than one in five people don’t have a regular family doctor or nurse practitioner. Emergency departments are overflowing, with some closing due to staff shortages. And it can take months, or even years, to get a referral to a specialist or receive non-urgent surgery.

The result is a public losing hope in the system, worrying about their ability to access health care in a timely manner, and providers burning out and leaving their professions.

In the face of these pressing challenges, some governments are turning to the private sector for help – prompting questions about the role, if any, of private funding and delivery of care in a public health system.

According to the Canadian Institute for Health Information (CIHI), 29 per cent of health care is currently privately funded. Most provinces and territories also deliver health care through a mix of public and private providers. But Medicare has always been at the core of the country’s national identity. Some fear further erosion of the public system.

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Dr. Kathleen Ross, President of the CMA
The Canadian Medical Association (CMA) and *The Globe and Mail* partnered on a series of national town halls from September 2023 to January 2024 to discuss the opportunities and risks related to the expansion of private providers in health care.

Four in-person and virtual events in **Toronto, Montreal, Vancouver** and **Halifax** brought together health care providers, community health leaders, patients, advocates, entrepreneurs and others in the health space.

The CMA’s goal was to facilitate difficult conversations and to help inform and update its current policy and advocacy work in the context of health care reform.

“We’re looking at developing policy that is reflective of what Canadians are expecting from their health care system,” said **Dr. Kathleen Ross**, president of the CMA, in a *Globe and Mail* article preceding the town halls. “We’re hoping that honesty and transparency in these discussions will lead to effective change.”
Open dialogue

Darrell Bricker, global CEO at Ipsos Public Affairs, noted at the Toronto town hall that the conversation about health care has changed. Speaking with Globe and Mail health reporter Carly Weeks, he said that previously, people were generally satisfied with Canada’s health care system – they were just worried about the future. “Now, they’re worried about the present situation as much as they’re worried about the future.” As a result, he said, there’s a new willingness to talk about the balance of public and private health care in Canada. Ipsos research shows that 52 per cent of Canadians favour increasing access to private health care.

Participants at the town halls approached discussions with open minds. Many spoke about innovative health care ideas that could include the private sector. But there was consensus that no one wants a system where some citizens might face enormous medical bills.

Here are key highlights and themes from the events:

Frustrating waits for patients, distress for doctors

Challenging experiences including long wait lists and the difficulty of navigating complex referral systems surfaced at all four town halls.

Tamara Taggart, a patient activist who spoke at the Vancouver session, expressed the frustrations she felt while waiting for breast-cancer care and trying to access resources for her disabled child. “It’s a mess from a patient’s view,” she said of the system. “It’s too admin-heavy and it doesn’t focus on what the patient needs.”

Claire Snyman talked about paying for an MRI out of pocket when the symptoms of her non-cancerous brain tumour became severe and the wait for imaging was too long. Had she not gotten the imaging, Snyman said she would have died. “It was important to have that choice; to be able to take the privilege that I had and get the MRI, and I’ll be eternally grateful for that.”

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Dr. Chris Hoag, Urologist and Past President of Consultant Specialists of BC
Health care providers are suffering too. Dr. Chris Hoag, urologist and past president of Consultant Specialists of BC, talked about the “moral distress” felt by health care workers who are not able to provide what patients need. “We know patients are waiting for treatment and we want to deliver it quickly. It’s distressing for surgeons not to be able to get patients into the operating room.”

Quebec: More moves to the private system?

Chaoulli vs. Quebec was a touchpoint at the Montreal town hall. It was a 2005 case where the Supreme Court of Canada found that the human rights of patients facing long wait times for medical procedures were being violated by Quebec laws prohibiting private medical insurance.

Marco Laverdière, Canada research chair on collaborative culture in health law and policy at the Université de Montréal, noted the ruling’s “psychological effect” on doctors in Quebec, leading some to drop out of the Medicare system and offer care outside the province’s insurance plan. Indeed, more than 600 doctors in Quebec do not participate in Medicare, compared with only a dozen in the rest of the country.

Participants in Montreal expressed concern about the impact if more doctors follow suit, depleting the public system. “People will not have access [to medical care because] there will be less people to give them care,” said Dr. Isabelle Leblanc, family physician and assistant professor at McGill University. “There will be burnout, and if conditions are more difficult, young doctors will be discouraged.”

Working environments matter to physicians

During a panel at the Montreal session, moderator Fanny Lévesque from La Presse asked physicians working in the private sector why they had made the leap. Dr. Daniel Lapointe, an anesthesiologist and the founder of a private operating facility called Opera MD, shared that working in the private health care sector offered more flexibility in his schedule. “The number of hours I’m spending with patients is not diminished, but I’m not doing weekends or nights,” he said.

Dr. Pascal-André Vendittoli, co-owner of the private Duval Orthopedic Clinic, said he moved to a private model because he couldn’t provide optimal care within the public system. He noted the difficulty of providing continuity of care in the public system because teams are so large and staff members change frequently. “People are ready to pay for an alternative because they will receive more personalized care and we [can] use new techniques that are not available in the public system,” he said. “The public system has no motivation to do better.”
The pros and cons of virtual care

Virtual care became common during the COVID-19 pandemic, leading to a boom in private companies offering telemedicine services. While the federal government announced plans last year to crack down on these services, many still see them as a vital part of modern, accessible health care.

Dr. Brett Belchetz, co-founder and CEO of virtual health care provider Maple, spoke at the Toronto town hall. He said he started the company (which charges for some services) because he “got tired of seeing people wait six to eight hours to see me in the emergency room for four minutes of my time.” He said thousands of doctors across Canada use the Maple application on top of their regular shifts when it’s convenient for them. “No one is dropping their shifts in their hospital or their clinic,” he said.

On the other side of the argument, health equity specialist and registered nurse Amie Archibald-Varley said this kind of service isn’t a substitute for standard care if people have to pay for it. “Virtual care is great, but it’s not the standard of care,” she said. “We can’t start working on a private system if we don’t start fixing the publicly funded system as well.”

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Amie Archibald-Varley, Health Equity Specialist and Registered Nurse
Audience feedback

Audience members were active and passionate participants in the town halls, asking questions and making comments, both in person and online.

At times, fears and frustration were expressed. One audience member lamented that conversations about health care are often politicized and geared toward re-election rather than long-term implementation. Another expressed fears of corporate influence entering the Canadian system, such as private equity taking over nursing homes.

Some online attendees posted their feedback on social media, with one saying: “We need changes for sure. Living in fear every day because the health care is so inaccessible.” Others disagreed with the need for any balance at all. One said: “There is no ‘right mix.’ If people want private health care, they can move somewhere else.”

Ideas and innovations to improve Canadian health care

While private-public health care can be a divisive topic, one point everyone can agree on is this: Canada needs solutions that will improve access to care and support health care workers. Participants in the town halls shared potential solutions and innovative tools and practices already in place to help ease the crisis.

Leveraging the expertise of nurse practitioners

With so many people lacking a family doctor, many in the town halls brought up the role nurse practitioners can play in increasing access to primary care. That could mean more nurse-practitioner-led clinics.

“We are not used to our full capability, and most of us are not working to the full extent of our licensure,” said Karen Clayton-Babb, chief nurse practitioner and clinic director with Belleville Nurse Practitioner-Led Clinic in Ontario.
Expanding the scope of pharmacies

Pam Kennedy, pharmacist and pharmacy owner at Bridgewater Guardian in Halifax, talked about Nova Scotia’s pharmacist walk-in clinics, which are joint public-private projects. These clinics, which are a first in Canada, go beyond the regular scope of a pharmacy to provide services such as assessment and testing for group A strep, chronic disease management, minor ailment assessments and public immunizations. Deeming the experiment a success, Kennedy said they are talking about expanding the scope of the clinics.

An Indigenous ‘sovereign’ solution

Chief William Morin, past Chief of Enoch Cree Nation, talked about the private surgical facility the Nation is building on its land with both government and private partners, noting that he doesn’t use the terms public or private. “I use the word sovereign,” he said. “It’s about taking control of our own destiny, but also realizing that we’re still Canadian, so we’re going to partner.”

Chief Morin talked about how the facility will provide much-needed access to surgical procedures for community members, as well as incorporating cultural practices and elders to help them feel safer and more comfortable.

Non-profits partnering with tech

A common refrain during the town halls was that non-profit organizations are some of the most innovative, nimble and effective forces in health care today, with the knowledge and expertise to reach marginalized populations. There were many examples of non-profits partnering with private companies, particularly around technology. For example, Raymond Macaraeg, primary health care nurse practitioner with Parkdale Queen West Community Health Centre in Toronto, talked about its partnership with Telus, which allows it to provide marginalized people with health care using a branded mobile clinic.

Sonia Kumar, founder of Hamilton-based Body Brave, a non-profit that provides support for people with eating disorders, said a partnership with a tech company put it “on the cutting edge.” The organization gained access to an online tool, and in return, it provided feedback about the tool, so both the business and the non-profit benefitted. Kumar noted it was important because, like many non-profits, Body Brave has no sustainable public funding.
Centralized wait lists for surgeries

A hurdle that came up frequently at all the sessions was surgical wait lists. Several participants suggested the need for a wait list that is centralized rather than local. At the Vancouver session, Dr. Jason Sutherland, director of the Centre for Health Services and Policy Research and a professor with the UBC School of Population and Public Health, suggested the sector also needs to rethink how these lists serve the people who need them most. “There is [currently] no prioritization associated with patient symptoms, anxiety or their gain in health,” he said. “There could be new policy initiatives to try to improve access to those who would benefit more or need surgery more quickly.”

Recruiting and educating more nurses

Adriane Gear, registered nurse and president of the BC Nurses Union, spoke of burnout and the challenges of a global nursing shortage. “We need to domestically educate more nurses and recruit aggressively, but ethically, from other [international] jurisdictions,” she said. Gear also pointed out that nurses are going to private agencies where they can be paid two or three times what they make in the public system. “The working conditions [in the public system] have gotten to a point where it’s very difficult. Nurses are being mandated to work overtime, they’re not able to get a day off to attend milestone celebrations with family, there’s the constant administrative tasks that fall to nurses,” Gear said. “If we can do better by the people who work in the system, I think they’ll stay, or come back [if they’ve left].”
What’s next?

It’s clear that better access to primary care physicians, shorter wait times and easier navigation of the health care system is a shared priority. The town hall series showed that many parties – from health care providers to non-profit organizations to patients – value the Canadian system.

It’s important that representatives from all parts of the health care system be at the table, and care must be taken to ensure equity-deserving groups are welcomed and included. While concerns remain around the potential erosion of Canada’s public system, continued conversations between public, private and non-profit entities are essential to come up with the innovative ideas that will improve and sustain health care in Canada going forward.

“...I am hopeful, because I think for the first time in a long time, we are in a position where we can comfortably have these uncomfortable discussions.”

Dr. Kathleen Ross, President of the CMA

Methodology:

To create this report, 11-plus hours of video recorded during the town halls in each city were reviewed, as were social media posts tagged #GlobeHealthSeries.