Roy Romanow: The Man Behind the Commission

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As November draws to an end, all eyes are on Roy Romanow. As Head of the Commission on the Future of Health Care in Canada, Romanow is set to release the Commission's Final Report later this month. Like Senator Michael Kirby’s Final Report before it, Romanow’s report is expected to contain specific recommendations on how Canada’s health care system can be improved without compromising the fundamental values upon which the system was founded.

A lifelong social democrat and Premier of Saskatchewan from 1991 – 2001, Romanow is a veteran politician with a solid background in health policy. He is strongly committed to the principles of Canadian Medicare and is a vocal supporter of the current single-payer system. For these reasons, most observers expect Romanow’s Final Report to advocate the expansion of the public system in the name of increasing efficiency. The following is a brief overview of Romanow’s stated opinions in several key issue areas.

System Structure

In his interim report, Romanow identified four philosophies of how best to address the challenges confronting Medicare:

- **More public investment**, paid for by raising taxes or diverting resources from other programs
- **More user-pay**, by charging fees as an incentive to deter abuse
- **Increase private choice**, either for-profit or non-profit
- **Reorganize**, and completely overhaul the delivery system

For the past several months, Romanow has explored the viability of these options with the Canadian public. In his final report, Romanow will summarize the benefits and disadvantage of each approach, where (if at all) consensus exists, and what Canadians’ values mean in terms of feasible policy options. Of the four philosophies presented, he is likely to advocate more public investment and more efficient and effective service delivery, with little reliance on user fees or on increased for-profit private choice.

Accountability

Over the course of his extensive public consultations, Romanow heard time and again of the dire need for improved governance and enhanced public accountability. The Commissioner believes that providing a high degree of accountability will be critical to the future success of the health care system. As such, the Final Report is expected to make several key recommendations to improve transparency and increase public input into how the system is managed. Romanow gave a hint as to what these recommendations might entail at a recent speech in St. John’s, Newfoundland and Labrador:

My report will thus contain a number of specific recommendations to improve transparency and accountability across the Canadian health system. It will call for annual reports about how the system is performing, and will propose new funding arrangements.
that will provide for stable and predictable funding and make it absolutely clear what each level of government is paying for health care.¹

According to Romanow, the annual reports he proposes would clearly delineate budget information, the status of waiting lists across the country, the number of diagnostic machines available, the number of hospital beds, doctors and nurses, where gaps are being closed and services being strengthened, and where the system is falling behind. Romanow hopes that providing such information to the Canadian public would enhance their confidence in the public health care system.

**Primary Care**

Romanow believes it essential to link primary health care to public health. He argues that health centres can help alleviate clogged emergency rooms through more effective integration with primary care providers and improved management of chronic illnesses. Enhanced primary care services could therefore increase patient satisfaction while systematically reducing costs.

Romanow’s vision of primary care would have a broad range of health professionals working together so that patients receive the right care, at the right time, from the right professional. He foresees the creation of a comprehensive primary health care system that is available 24 hours a day, 7 days a week, with providers who have long-standing and trusting relationships with patients. Under his plan, patients would benefit not only from doctors and nurses, but also from other health professionals, such as dietitians, social workers and pharmacists. Moreover, Romanow has urged a restructuring of how these health professionals are paid so as to provide more time for primary health care organizations to enhance their relationships with patients, their families and their communities.

**Health Care Spending**

In the long run, Romanow believes that a single-payer system is more cost-effective than a multi-payer, or free-market, system. In fact, Romanow favours expanding the scope of services covered by Medicare to reduce the overall cost of health services:

> I think the universal, single-payer system should actually be expanded beyond the basket of services offered in hospitals or by doctors…True, expanding the scope of medicare coverage would demand some additional public investment in the near-term. But in the long-term, it would ensure a more rational, cost-effective and sustainable use of all health care services. And it is the long-term we must always keep firmly in mind.²

In addition to maintaining or even expanding the single-payer model, Romanow has gone on record about other challenges to the existing funding scheme. The Commissioner has criticized the current system wherein health care spending is subject to economic fluctuations and the whims of politicians.

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¹ Notes for Remarks by Roy Romanow, Commissioner Commission on the Future of Health Care in Canada at the John Kenneth Galbraith Lecture in Public Policy Memorial University of Newfoundland, October 23, 2002.

Alternatively, Romanow envisions a stable, adequate and predictable funding system that allows for long-term planning, and reverses the damage that years of “stop-go” funding has inflicted.

**Expanded Coverage**

On numerous occasions, Romanow has expressed his dissatisfaction with the vast discrepancies in coverage between provinces in areas such as home care, palliative care and pharmacare. He has pledged to consider whether Medicare can afford to expand coverage to include these essential services, and whether such a move would free resources in other areas, such as hospitals.

In his speech *Reflections on Public Healthcare* in Oxford, England, Romanow articulated the need to remove the disincentives which are now built in to our system that encourage patients to seek care in hospitals, where all services are covered under Medicare, instead of taking advantage of less expensive home care services. Romanow will likely report on what incentives could be implemented, aside from full home care coverage, to convince more people to receive care at home. For example, he has considered options to allow people to draw down their personal registered retirement savings programs without penalty if they want to use these funds to supplement publicly funded home care services. He has also played with the idea of registered health savings accounts, which could be used to enable patients to purchase medical services not presently covered by public and private health insurance, or to supplement existing services like home care.

**Final Observations**

As much as Romanow has sought to be open-minded to new policy initiatives\(^3\), he clearly entered this debate with strong views that do not seem to have been deterred. Although Romanow prefers not to reveal the details of his report before its official release later this month, he has done little to disguise his personal views on how health care should be managed. A self-proclaimed proponent of what Europeans call the “social solidarity” approach to health care, Romanow is sure to espouse universal access to quality health care for all Canadians - regardless of their personal or financial circumstances - as a fundamental right of citizenship. Such a vision necessarily closes certain policy options to debate (such as the introduction of user fees, two tier care or a greater role for the private sector) and gives important insight into the type of policies Romanow will favour in his Final Report.

The release of Romanow’s Final Report will have a tremendous impact on the context of health care debates across the country. The report will certainly frame the discussions at the First Minister’s meeting, scheduled for early 2003. At such a crucial turning point for health policy in this country, breaking news in this field will be closely monitored and current information and analysis will be provided as events unfold.

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\(^3\) In his speech *Reflections on Public Health Care*, Romanow stated, “My overall approach is to be as open-minded as possible to all perspectives and points of view. The only option not on the table is the status quo.” (Oxford, England, November 26, 2001).