# The Best Way to Predict the Future is to Invent It!

By Dianne Kelderman

If there is one public policy issue on the minds of Canadians today, it is health care. It is an issue provincially and federally each and every time an election rolls around, and when polled, Canadians rank it as one of their highest priority areas.

The debate has revolved around public versus private care, and protecting the public system at all costs. There is little debate on the known fact that the World Health Organization ranks Canada's health care system as thirtieth in the world. Is that the kind of system we want to protect (i.e., not change) at all costs?

There is another critically important option to the health care debate that needs consideration: the community as the owner and deliverer of care. In light of the rhetoric, turf protection, and fear-mongering that has become characteristic of the health care debate, I am energized by the opportunity that community-owned solutions present to us.

Canada is a nation built on innovation, risk-taking, and people designing their own solutions to personal and societal problems. I am thrilled to see this kind of thinking spill over into the health care milieu. I believe that communities have ideas and models that work. I believe that the people know best. I believe that people want to be engaged and are willing to look outside the proverbial "box" for their solutions and alternatives for delivery and ownership of care. I believe there is greater understanding and acceptance among Canadians that "government doesn't have all the answers" – and cannot bear all the responsibilities.

## What we know to be true

Health care costs are projected to grow at double-digit rates in the foreseeable future. If we continue at the current rate of expenditure growth we will be bankrupt. Driving this escalation in costs are an aging population and increased patient demand for new services, technologies, and drugs.

The Global Aging Initiative anticipates that the proportion of the population that is "elderly" will rise from the current level of 15% (up from historical norms of 2%-3%) to 25-30% by 2030. Not only are people living longer, but they are also demanding ever more expensive diagnostics (magnetic resonance imaging, or MRI, for example) and treatments.

As a consequence,more and more health care dollars are going to long-term illnesses and chronic care. Chronic health concerns account for about 75% of all health care costs in North America. This figure is expected to rise nearly a third to 97.5% within the next decade as the balance of the babyboomer cohort enters retirement. The number of Canadian taxpayers supporting each retired pensioner will fall from 3.6 in 1995 to 1.6 by 2030. Spending on pension and health care as a percent of GDP will rise from 12.6% to 22.5% in the same period.

Not only is the age of babyboomers driving up the demand for more expensive services, patients' expectations are changing. Patients increasingly want and expect health care to reflect the other areas of consumerism in their life. Research groups have identified that what today's patients want is two things, fundamentally.

**More convenient access to health care information & services**
According to PriceWaterhouse Cooper's *HealthCast 2010* survey,[1] if patients could communicate with physicians or be monitored through the internet, more than 20% of in-office visits could be eliminated. Respondents felt that more that 30% of physician's time would be spent using web-based tools by 2010.

Broadband internet access to consumers continues to grow. E-health use of the internet is growing twice as fast as general on-line use.[2] Government of Canada statistics from 2003 indicates that as a nation Canadians are comfortable with the internet, with 64% of households having at least one member who used the internet regularly and 65% of regular users have high-speed internet access.

A review of 400 articles, randomized trials, and observational studies of self-management support interventions by the Center for Advancement of Health revealed substantial evidence that programs providing counselling, education, information feedback, and other supports to patients with common chronic conditions are associated with improved health outcomes.

In its report on Global Chronic Diseases, the World Health Organization also cites evidence to the effect that the costs of implementing greater self-management are now less than the costs associated with *not* implementing it, so substantially can self-management improve health outcomes.

**A more active role in their health care decisions**

We are moving away from the hierarchical idea that upholds "professionals as authorities," and wish instead to manage our own care. The combination of information technology with patient demographics is inevitably shifting us towards a more self-managed health care system in which the physician is a coach and partner. As noted in the PriceWaterhouse Coopers survey, "providers and health insurers have to be aware of this shift, as tomorrow's consumers may be adversarial, fickle and decidedly impatient."

While determined to make more decisions about their own treatments, these "impatient patients" are spending an increasing percentage of their discretionary income on health. Consumers are willing to pay for uninsured healthcare solutions. Examples are Medic Alert and the Lifeline. Lifeline was founded in Boston, Mass., in March of 1974 and today has in excess of 450,000 subscribers. Annual revenues in 2004 were $153 million Canadian or $340 annually per installed subscriber. Their services are distributed to consumers through wholesalers like Northwood Manor in Halifax.

Despite increasing public demand for shorter treatment wait times, governments continue to face budgetary constraints and are limited in their ability to respond. This problem will get worse as medical and wellness programs prolong average life spans, as the average age of the population increases, and as medical costs grow. Simply put, as the Institute for Research on Public Policy reported in 2004, the current Canadian health care system is not sustainable in the near term.[3]

## What do we need to do now?

First and foremost we need to raise the bar on the health care debate, and engage more people in it. Sustaining solutions will not be found if the only participants are health care professionals, or public servants, or those who have a vested interest in keeping the status quo. Change will only come when "the people" demand it.

We have a long and proud history of community ownership and (social) entrepreneurism in Canada. The co-operative movement as one example, has stood strong and proud as a provider of community services, and is a model that is built on people first, profit second. It is built on a philosophy that we *ca*n meet our own collective needs, and no one can take better care of us than we can ourselves.

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A century or so ago, the idea that people could control their own money and own their own financial institutions was considered ludicrous. Today, community-owned finance institutions, known as credit unions, are a leading finance institution in Canada, second only to the Royal Bank.

A century ago it was also said that we couldn't own, manage, control, produce, and sell our own natural resources (agriculture, forestry, fisheries). We needed a middleman to do that for us. Such community-owned business ventures as the Scotsburn Dairy Group, Scotian Gold, and Northumberland Dairies are some of the biggest players in Canada today.

I am not suggesting that the delivery of health care services is the same as the delivery financial services or the running of a natural resource business. However, I am asserting that the principles of community ownership, control, governance, and engagement do apply to the health care debate and future delivery considerations.

The time has never been better for an active community campaign in this regard.

We have a right and a responsibility to be part of the debate and to ensure that the interests of our community – our people – are at the forefront. If we want a health care system in the future, we better start paying attention today.

Every co-operative, every community-owned organization, volunteer organization, development agency, and health care group should be stepping up to the plate and engaging in these important discussions in their community. What can they do?

- Get to know the issues in health care intimately. Research what we do or have done or considered across the country, and look at models from other countries.
- Connect with others across Canada who have undertaken projects in community health care. (There are 100 community-owned health care ventures across the country.)
- Organize community meetings, discussions, forums, and debates so that collectively people can decide what kind of health care they want, who delivers it, owns it, and pays for it. Otherwise, we will be left to accept what is imposed from outside.
- Invite speakers with a variety of perspectives to come to your community for a roundtable discussion.

**A Worldwide Portrait of Health Care Co-operatives**

As this edition of **Making Waves** goes to press, a vast study is in process to paint a portrait of health care co-operatives around the world. Conceived and co-ordinated by Jean-Pierre Girard, it has the support of the Executive Council of the International Health Co-operative Organisation (www.ica.coop/ihco/index.html) and is financed by several Canadian co-operative organizations, including Caisse Desjardins and The Co-operators. The research is a collaborative effort of the *Institut de recherche et d'enseignement pour les coopératives et les mutuelles de l'Université de Sherbrooke* (IRECUS) and has three regional partners:

- Asia-Pacific: The Health Co-operative Association of the Japanese Consumer Co-operative Union (HCA-JCCU)
- Europe: The Espriu Foundation
- Latin America: The UNIMED confederation of medical co-operatives

Results should become available late 2007 through to early 2008. From South Africa to Sweden, from Japan to Sri Lanka, from Brazil to Canada, this report will enable us to understand how the co-operative model represents internationally an authentic Third Way in the organization of health care services. ■

- Develop a community plan for a health care pilot project.
- Develop an advocacy plan to secure public and political buy-in and support for your community plan.
- Start a campaign to write letters to members of legislative assemblies and members of Parliament.
- Make presentations to bring on-side other community organizations (like Chambers of Commerce, local charities and congregations, municipalities).

What should the provincial, territorial, and federal governments do?

- Begin a dialogue/consultation process – facilitated by people who are *not* in government employ – with communities to determine their ideas, needs, and interests in the future of health care.
- Engage with community organizations and *non-governmental* leaders to explore the community-based, citizen-centered delivery of some health care services.
- Create a culture in their respective health departments that values innovation and demonstrates an openness to change.
- Employ independent researchers to determine which kinds of service could be delivered better (more efficiently, at less expense, and with higher quality outcomes) by agencies for whom government is one client, not *the* client.
- Fund and be a partner in community-based pilot projects in health services across Canada.
- Purchase services from the aforementioned pilots rather than seeing them as "competitors" to state monopoly in health care service provision.
- Provide a tax credit for community investment in local health care ventures.
- Establish a deductible for all middle and upper-income Canadians for their use of health care services, to create a pool of resources upon which low-income Canadians can draw to meet the fees and dues associated with membership in a health co-operative.
- Allow Canadians to build a tax-deductible medical savings account for the future, just as they do registered retirement savings plans.
- Allow consultations with medical professionals by telephone or e-mail , including on-line prescription renewals, to be covered under provincial medical insurance.
- Change, augment, and/or enhance existing public policies to allow for community delivery of appropriate health care services.

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## Predict the Future

Over the past decade there have been countless reviews and reports on what should be done to reform the health care system. The prescriptions for action range from major changes in how health care is organized and delivered to variations on the status quo. There have been plans and promises, commitments and compromises. But the reality is Canadians continue to wait too long for many essential services, rising health care costs threaten the sustainability of the health care system, and there are serious concerns about looming shortages of health care professionals.

Unfortunately, debates and discussions on how to reform the health system have been fractious and highly charged. Too often, the focus has been on strongly-held opposing views and fears that any substantial changes will undermine Medicare or the principles of the Canada Health Act.

These fears are unfounded. The delivery of health care services by community-controlled organizations is and will remain consistent with the principles of the Canada Health Act. What's more, due to its consistency with the evolution of thinking about the health care system, community-controlled delivery of health care will renew Medicare.

What evolution in thinking is that? The shift from treating disease to preventing disease and promoting health and wellness. The insistence of the Canadian public for greater accountability on the part of the health system not just for costs, but for the very high level of outcomes that we now expect. The expectation that care will be rapid, excellent, and tailored to individual needs, including the individual's need to manage much of that care by her/himself. The demand for innovative delivery models that reflect the tremendous powers of information storage, analysis, and dissemination that new technology puts literally at the fingertips of patients and health professionals. The commitment that Canadians should be guaranteed ready access to quality health care regardless of their income.

Community-controlled and patient-centric care is a viable option for health care delivery reform. It is a way to

- inject more money into Canada's health care system without raising taxes.
- improve the quality, speed, efficiency, and convenience of contacts with medical professionals, face-to-face and by means of computer and internet technology.
- encourage more specialization and collaboration among various types of medical professional, like primary health care nurses working under a physician's supervision.

Finally, a community-controlled delivery model would strengthen the role of government as a leader and as a regulator, and would remove from it much of the burden of health administration and management that it cannot and does not do well.

Sustaining change happens at the community level. Patient power is a good place to start. As the computer scientist Alan Kay once said to a group of executives who were worried about the future, "Look, the best way to predict the future is to invent it." So true.

## References


[1] David Chin, *Healthcast 2010 – Smaller World, Bigger Expectations* (PriceWaterhouse Coopers, 2001).

[2] Deloitte Consulting and Deloitte & Touche, *The emergence of the e-health consumer* (New York: Deloitte Touche, 1999).

[3] Janice MacKinnon, "The Arithmetic of Health Care," *Policy Matters*, Vol. 5, No. 3 (Ottawa: Institute for Research on Public Policy, July 2004.)



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