CONTRIBUTORS OPINION

We need to revolutionize how we organize health care in Canada

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By **Adalsteinn Brown and Kevin Smith Contributors**

Canada made a promise of health care for all in the 1960s. Medicare remains a good promise, but we need to change how we make good on it, to match our changing times.

Canada's population is both increasing, living longer, and growing more sick. Science is rapidly advancing new treatments at a rate challenging funders to keep pace. Despite dramatically growing rates of chronic disease, we continue to get better at keeping people alive, even when they have a serious disease such as diabetes or heart failure.

New technologies mean we can support people with more advanced disease. Arti cial intelligence and other new approaches have the potential to fundamentally transform the way care is provided and personalized.

At the same time, we cannot train and retain enough doctors to meet the growing health needs of Canadians. Our hospitals are struggling with long wait times and nursing and other clinician shortages. Every year, we have more people who need more care.

Perhaps most importantly, people are ready for change. A 2024 Leger survey found that 70 per cent of Canadians worry about their ability to receive good quality medical attention.

We need to revolutionize how we organize health care in this country.

We continue to run the system like we did in the 1960s, with separate budgets for hospitals, doctors, drugs, home care, labs, and other providers. That makes it di cult to shift money to support the most e cient ways of delivering care.

The political compromises that were necessary to ensure support for a universal health care system in 1966 are not those that will drive a high performing approach to care in 2024 and beyond.

We need to embrace the deployment of nurse practitioners, physician assistants, pharmacists and others who can increase access to care, in the face of a shortage of doctors and evidence that other professionals can improve access and outcomes of care.

We need to put the patient at the centre of the system.

Professor Michael Porter, of Harvard University's Business School, complained about the fragmented U.S. system that leaves individual doctors, hospitals — really any provider — free to pursue their own goals.

"The lack of clarity about goals has led to divergent approaches, gaming of the system, and slow progress in performance improvement," he noted in the New England Journal of Medicine in 2010.

He could have been writing about Canada.

Porter argued that "achieving high value for patients must become the overarching goal of health care delivery, with value de ned as the health outcomes per dollar spent."

Our government should focus less on who they are paying, and more on what they want to buy. If the most important thing for patients is better access to care, then the government should focus on bonuses for hospitals and clinicians that reduce wait times.

This would facilitate innovations in care delivery across the system, and allow for more investment in integrated care programs that span the full continuum. Funding could focus on all-in coverage for the kind of care Canadians need today — including drugs, home care and virtual innovations.

Although Canadians like to criticize U.S. health policy, several leading U.S. health systems are focusing more on the "what," with the result that cost growth is bending downwards, while quality and access are improving.

There are signs that this thinking is spreading in Canada. Hospitals in Ontario are demanding the opportunity to innovate and collaborate much more closely with community providers, so people can stay healthier at home and avoid coming to the hospital.

When we strip away our concerns about the "who" or the "how" in health policy, we start to create a much stronger foundation for both innovation and sustainability in our health system. There is no time to waste.

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