Phyllis Freeman, JD

Editor's note: To provide our readers with a greater sense of the Canadian environment that spawned Lamarche's eloquent analysis, Phyllis Freeman, JD, the editor of the joint Academia Nacional de Medicina–Institute of Medicine conference proceedings, has summarized three additional Canadian presentations.

Afterword

The Canadian participants in the meeting described in greater detail changes to the health care delivery system.

Ronald H. Wensel, Regional Medical Director, Clinical Research and Outcomes, Capital Health Authority, Edmonton, Alberta, explained three ways Canada challenges the conventional wisdom that no country can maintain a universal health care system of affordable and easily accessible high quality care: *(a)* by managing the health workforce (especially physicians); *(b)* by instituting utilization caps; and *(c)* by restructuring the delivery system.

Human resources absorb 70 percent of health care budgets in Canada. Bonnie Hoyt-Hallett, Executive Director for Planning and Evaluation in the Department of Health and Community Services of the Province of New Brunswick, who served on a Canadian committee charged with determining how to manage physician resources, reported on new Federal policies meant to *(a)* achieve a 50:50 ratio of general practitioners to specialists; *(b)* maintain (or reduce) the ratio of one physician to every 611 Canadians; *(c)* reduce the size of the entry class to Canadian medical schools by 10 percent; *(d)* reduce postgraduate training positions by 10 percent; *(e)* reduce the recruitment of visa trainee graduates of foreign medical schools into Canada for postgraduate training; and, *(f)* guide by outcomes research, development of national clinical guidelines to serve as a basis for resource and payment decisions about ambulatory and institutional medical services.

Most provinces have already instituted the utilization caps Wensel talked about to contain total health care expenditures; a few have rolled back previous caps to reduce spending further. By merging boards of acute care hospitals, long term care institutions, and home care and community facilities into regional organizations called Integrated Health Care Delivery Systems, at least five provinces have gone further. The integrated systems are responsible for the health status of a defined population, including enhancement of health and prevention and promotion of wellness. Wensel also noted that the Canadian Medical Research Council, based on a new strategic plan, will increase funding for health services research to about 50 percent of total grants.

As technology plays a leading role in escalating pressures on health budgets, Peter Macklem, Scientific Director of the Respiratory Health Network of Centres of Excellence located at the Montreal Chest Institute, explained how the Federal Government intends to boost the Canadian economy at the macroeconomic level by translating university based research into valuable products using the new Networks of Centres of Excellence program.

The networks' principal goal is enhancement of the economy, but for several, reducing medical care costs is a secondary purpose. Ten networks already address telecommunications, microelectronics, high performance concrete, pulp and paper, robotics and intelligent systems, genetic diseases, bacterial diseases, protein engineering, neurosciences, and respiratory health. Five more slated to open in 1995 encompass health evaluation, the environment, learning technologies, competitiveness and sustainable development, materials, and computer sciences.

As Lamarche proposed, reductions in health care spending would enable greater investments in other systems (such as food production and distribution, education, environmental protection, housing, and a social safety net to diminish the effects of economic disparities). Canada has directed a significant portion of this investment toward translating medical research into technologies capable of *(a)* decreasing health care costs, *(b)* introducing newer but cheaper diagnostic and therapeutic methods, and *(c)* improving the quality of life.

Macklem argues that by creating jobs and wealth along with technology improvements, the medical system can contribute to rather than detract from the other determinants of health (nutrition, housing, education, enironmental quality, and economic disparities both within the country and vis a vis other nations).

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