

SPPH 542 Canadian Health Care Policy

This course is about Canadian health care policy and forces that shape it. By the end of the term, you should be able to describe the main features of the Canadian health care system and the key issues underpinning current health policy debates in Canada.

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Evaluation

- 10% = Group-lead seminar
- 20% = Briefing notes written in assigned sub-groups (4 notes worth 5% each)
- 5% = Term paper briefing note
- 25% = Midterm exam
- 40% = Term paper

All assignments must be submitted electronically, either as Microsoft Word files or rich text files.

Group-lead seminars

Assigned groups of students will be responsible for selecting class readings and leading the learning activities for a portion of five seminars during the term. These classes will be structured as follows:

- First half (~1 hour): instructor will lead session on the week's policy theory content.
- Second half (~ 1hr): student groups will lead session on the week's health care policy issue.

Focus of sessions: The aim of the group-led sessions will be to inform the class and evaluate progress on policy reforms related to the subject area. Groups are encouraged to meet with the instructor a few weeks in advance to discuss possible readings and learning activities that might be used in their session.

Readings must be approved at least one week in advance of the group-led session.

Briefing notes

Ability to write clearly and concisely is one of the most important skills in careers related to policy and management. There are few better tests of this skill than the briefing note, which is a concise document prepared to keep senior decision makers (e.g., a Minister of Health) informed about policy issues.

A template for briefing notes will be provided.

Term paper briefing note

To help move term papers along, you will write a briefing note on the topic that you plan to write your final paper. This will likely be an “information note” (highlighting the key policy issues, options and stakeholders) because you will not be finished your policy analysis at the stage of writing the briefing note. You will receive feedback on your term paper briefing note quickly so that you know whether you are on track with a suitable term paper topic.

Exam

An in-class exam will consist of multiple choice and short essay questions about the Canadian health care system, basic policy theory, and selected health care policy issues.

Term paper

Exhibiting your understanding of a policy issue through a concise research paper is the primary metric of excellence for this course. A grading rubric is provided for your reference.

Length: 2,000 words (including notes and tables but excluding your reference list).

Electronic submission: Send your essay in a single **MS Word document**. Put your full name on the first page of your paper; put your last name in the filename (e.g. “Morgan-542essay.docx”).

Essay confirmation: The instructor or TA will confirm receipt of your essay via email. If you do not receive a confirmation email by the deadline hour, re-send your essay!

Deadlines, word limits, and plagiarism

- **Deadlines:** Five (5) percentage points will be deducted per day (or portion thereof) beyond assignment deadline.
- **Word limits:** Because it is not fair to students who complete assignments within word limits, excess material will not be read.
- **Do not plagiarize.** Repercussions for plagiarism extend beyond this course. Please review UBC’s academic regulations including the definition of “Academic Misconduct.”

Schedule of topics

| Date | Topic / assignment |
|----------------|---|
| Sept 4 | Introduction to the course + Intro to policy analysis |
| Sept 11 | Equity & Health care systems / health care financing |
| Sept 18 | History of Canadian "Medicare" (part 1) |
| Sept 25 | History of Canadian "Medicare" (part 2) + intro to briefing notes |
| Oct 2 | Institutions & Primary care reform Briefing notes due from all student sub-groups |
| Oct 9 | Ideas & Prescription drug benefit policy Briefing notes due from all student sub-groups |
| Oct 16 | Group 1: Efficiency & Wait times Briefing notes due from assigned student sub-groups |
| Oct 23 | Group 2: Welfare & Home care Briefing notes due from assigned student sub-groups |
| Oct 30 | Group 3: Liberty & e-health Briefing notes due from assigned student sub-groups |
| Nov 6 | Group 4: Interests & Health human resources Briefing notes due from assigned student sub-groups |
| Nov 13 | Group 5: Instruments & Mental health policy Briefing notes due from assigned student sub-groups |
| Nov 20 | Chaoulli Decision & Exam prep <u>Term paper briefing note due at beginning of class</u> |
| Nov 27 | <u>Midterm EXAM</u> + tips and Q&A on final term papers |
| Dec 4 | No classes. Term paper due at <u>Noon</u> |

Weekly readings

Intro to course and to policy analysis

Required readings

- Canadian Health Services Research Foundation (CHSRF) Mythbuster: “Canada Has a Communist-Style Healthcare System”
 - http://www.chsrf.ca/Migrated/PDF/myth18_e.pdf
- Stone, D. A. (2012). “Chapter 1: The Market and the Polis.” Policy paradox: the art of political decision making (3rd Edition). New York, W.W. Norton
- Pal, L. A. (2013). “Chapter 1: Policy Analysis.” Beyond Policy Analysis: Public Issue Management in Turbulent Times. 5th Edition. Scarborough, Ont., Nelson Thomson Learning

About the readings

The CHSRF reading is a discussion starter for this class. Provocative yet informative.

The introductory policy analysis chapters give you broad definitions of policy analysis and policy processes. Pal gives us definitions for “public policy” and “policy analysis” that are helpful for considering how one engages in disciplined analysis of policies and the factors that shape them.

Stone provides a model of the political society in which policy occurs: a ‘polis’ or a city-state of ancient Greece. She critiques the “market model” of economic organization, arguing that the real world is more like a “polis” than a “market.” In health care, there is little doubt about that.

As these are introductory texts on the first day of class, I’m hoping students will come prepared to discuss the material - - and that they will refer back to these texts later in the term when working on various assignments.

Equity & Health care systems / health care financing

Required readings

- Stone, D. A. (2012). "Chapter 2: Equity." Policy paradox: the art of political decision making (3rd Edition). New York, W.W. Norton
- Picard, Andre (2013) "The Path to Health Care Reform: Policy and Politics" The 2012 CIBC Scholar-in-Residence Lecture. Ottawa: Conference Board of Canada. (**read chapter 7**, pp 83-91)
 - <http://www.conferenceboard.ca/e-library/abstract.aspx?did=5863>
- Mossialos, E, and A. Dixon (2002) "Funding Health Care: An Introduction." In, Funding Health Care: Options for Europe. Edited by Mossialos, E.; Dixon, A.; Figueras, J.; et al. Open University
 - <http://books.mcgraw-hill.co.uk/openup/chapters/0335209246.pdf>

For reference

- Thomson, S., R. Osborn, D. Squires, and M. Jun (2012) "International Profiles of Health Care Systems, 2012" The Commonwealth Fund: New York.
 - <http://www.commonwealthfund.org/Publications/Fund-Reports/2012/Nov/International-Profiles-of-Health-Care-Systems-2012.aspx>

About the readings

The Stone chapter on equity is among the most popular readings in the course. The lessons learned about various definitions of equity are critical to understanding most policy debates.

Though I'm putting the cart before the horse (as you'll read section 1 of Picard's manuscript later), this short chapter is a lay audience friendly summary of the major models of health care system: Beveridge, Bismark, national health insurance, and out-of-pocket (or "market" health care).

The Mossialos and Dixon paper is a good summary of different methods of raising funds for health care systems. 'How we pay' for health care is a primary determinant of the equity (and efficiency) of our health care system.

The reference report from the Commonwealth Fund is a quick summary of health systems around the world. It is a reference report, meant to be skimmed or referred to in the search for information about specific health care systems.

History of Canadian “medicare” (readings for parts 1 and 2)

Required readings

- Picard, Andre (2013) “The Path to Health Care Reform: Policy and Politics” The 2012 CIBC Scholar-in-Residence Lecture. Ottawa: Conference Board of Canada. (read section 1, pp 18-79)
 - <http://www.conferenceboard.ca/e-library/abstract.aspx?did=5863>
- Lazar, H., K. Banting, R. Boadway, D. Cameron, and F. St-Hilaire. (2004) “Federal-Provincial Relations and Health Care: Reconstructing the Partnership” from Money, Politics and Health Care: Reconstructing the Federal-Provincial Partnership, Lazar, H. and F. St-Hilaire (eds) McGill-Queen's University Press. [Read pages 251 to 266]

For reference only

- Website: “Canada’s Health Care System” Ottawa, Health Canada.
 - <http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/2011-hcs-sss/index-eng.php>
- Madore, Odette (2005) “The Canada Health Act: Overview and Options” Current Issue Review. Ottawa, Parliamentary Information and Research Service
 - <http://www.parl.gc.ca/Content/LOP/ResearchPublications/944-e.pdf>
- Bégin M. Revisiting the Canada Health Act (1984): What Are the Impediments to Change? Ottawa: Institute for Research on Public Policy; 2002 February 20.

About the readings

Picard’s book is a highly accessible summary of the history of the Canadian health care system. (It ought to be accessible given that he’s perhaps Canada’s most prominent health care journalist!)

Lazar and colleagues describe in more academic detail the jurisdictional divide created by our constitution and the evolution of the health care system by way of federal cost-sharing—a case of the federal government exercising its spending power. In their discussion about the ways in which the federal government currently plays (and might otherwise play) a role in Canadian health care, they discuss a few things that should be fodder for class discussion: (1) the equity and efficiency implications of different levels of government involvement in health insurance; (2) pros and cons of different degrees to which the health care system might be a “national” program, and (3) the instruments that the federal government might use (given the limitations of our jurisdictional divide in Canada).

The overview website from Health Canada provides a pretty decent review of how our health care system is structured and how it has evolved.

Finally, the Canada Health Act (CHA) is the core of the Canadian ‘medicare’ system; thus, it is rather important that students of health care policy understand what it is.

Institutions & Primary Care Reform

Required readings

- Hutchison, B., J. Abelson, et al. (2001). “Primary care in Canada: so much innovation, so little change.” *Health Affairs (Millwood)* 20(3): 116-31.
 - <http://content.healthaffairs.org/content/20/3/116.long>
- [Relevant section of] Health Council of Canada. (2013). “Progress Report 2013: Health care renewal in Canada” Toronto: Health Council.
 - http://www.healthcouncilcanada.ca/rpt_det.php?id=481

About the readings

Primary care reform is a perennial hot-topic in Canadian health care policy (and in health services and policy research). In addition to the important health care content, an important policy-analytic lesson from this class is that institutional legacies matter in a way that is analogous to how biological structures matter in natural evolution. The article by Hutchison and colleagues hits both marks. They review key issues in primary health care and provide insights about the institutional barriers to (and facilitators of) primary care reform in Canada.

The Health Council of Canada report provides updates on the state of primary care in Canada and is a useful source of examples of primary care innovations in the provinces.

Ideas & Prescription drug benefit policy

Required readings

- Morgan, S. G., J. R. Daw, et al. (2013). Rethinking Pharmacare in Canada. C.D. Howe Institute Commentary, Toronto: C.D. Howe Institute.
 - <http://www.cdhowe.org/rethinking-pharmacare-in-canada/22009>

Optional readings

- Health Council of Canada. (2009). A Status Report on The National Pharmaceuticals Strategy: A Prescription Unfilled. Toronto: Health Council. www.healthcouncilcanada.ca
- Daw, J. R., S. G. Morgan, et al. (2014). "Framing incremental expansions to public health insurance systems: the case of Canadian pharmacare." *J Health Polit Policy Law* 39(2): 295-330
 - <http://jhppl.dukejournals.org/content/39/2/295.full.pdf>

About the readings

All developed countries with universal healthcare systems provide universal coverage for prescription drugs – except Canada. Instead, Canadian provinces allocate limited public subsidies for prescriptions drugs, leaving the majority of costs to be financed out-of-pocket and through private insurance. In the CD Howe report reviews three of the main approaches to provincial pharmacare policy – exemplified by British Columbia, Ontario, and Quebec – and compare them with policies in other countries. It finds that Canadian models for prescription drug financing have major shortcomings.

The Health Council of Canada report contains a sobering assessment of the National Pharmaceuticals Strategy: Canada's federal, provincial territorial governments' attempt to coordinate a broad spectrum of pharmaceutical policies starting in 2004. That initiative failed, though some lessons might be learned from it. (Canadians might hope a renewed and improved initiative of this kind could be started again sometime soon.)

Finally, the paper by Daw and colleagues illustrates an academic study of how ideas (found in general press) shape policy debates and vice versa. It's meant to be skimmed if interested and read in further depth by students who might look at "framing" and "agenda setting" issues in their term papers.

Efficiency & Wait times in Canada

- Stone, D. A. (2012). "Chapter 3: Efficiency." Policy paradox: the art of political decision making (3rd Edition). New York, W.W. Norton
- ***Other readings to be selected by the group leading this seminar.***

Welfare & Home care in Canada

- Stone, D. A. (2012). "Chapter 4: Welfare." Policy paradox: the art of political decision making (3rd Edition). New York, W.W. Norton
- ***Other readings to be selected by the group leading this seminar.***

Liberty & e-health

- Stone, D. A. (2012). "Chapter 5: Liberty." Policy paradox: the art of political decision making (3rd Edition). New York, W.W. Norton
- ***Other readings to be selected by the group leading this seminar.***

Interests & Health human resources in Canada

- Stone, D. A. (2012). "Chapter 10: Interests." Policy paradox: the art of political decision making (3rd Edition). New York, W.W. Norton
- ***Other readings to be selected by the group leading this seminar.***

Instruments & Mental health policy in Canada

- Pal, L. A. (2001). "Chapter 4: Policy Instruments and Design." Beyond Policy Analysis: Public Issue Management in Turbulent Times. 2nd Second Ed. Scarborough, Ont., Nelson Thomson Learning
- ***Other readings to be selected by the group leading this seminar.***

The Chaoulli decision

Required readings

- Tiedemann, M. (2005) "Health Care at the Supreme Court of Canada – II: Chaoulli v. Quebec (Attorney General)", Parliamentary Information and Research Service, Ottawa, 5 October 2005.

Optional readings

- Flood, C. M. and T. Sullivan (2005). "Supreme disagreement: The highest court affirms an empty right." CMAJ 173(2): 142-143.
- Lewis, S. (2005). "Medicare's Fate: Are We Fiddlers or Firefighters?" Law & Governance.

About the readings

Tiedemann describes the 2005 Chaoulli case, which remains an important case for health care policy Canada. It illustrates only how courts weigh rights and freedoms in assessing government policies – and how courts may, occasionally, play fast and loose with evidence. But it illustrates how certain provincial laws enacted in efforts to build health care systems compliant with the Canada Health Act may not ultimately be needed if the public system is high-functioning (hence, Flood's notion of protecting an empty right). On the requirement of a high-functioning public health care system, Lewis' article is punchy and well worth a read.

(This almost all comes full circle insofar as it may get you wondering whether the national health insurance model is best for Canada - - or whether a Beveridge-style system is required to ensure high performance in the system. Some, including those challenging laws in BC and Alberta today, even think we need more of a market model to address the problems in the system today!)

Grading rubric for term papers

A rubric is a set of assessment criteria that specify the observable qualities of a task that are associated with various levels of achievement. This rubric is a guide by which I assess essays. Percentages beside headings indicate weights for grading.

In addition to following the instructions provided for term papers, an exemplary paper would have the following qualities:

Argument & Analysis 45%

- Thesis is clear, well-reasoned, and offers *original insight* into a significant policy issue.
- Salient aspects of the policy are made clear.
- Positions, interests, and rationales of important stakeholders are examined.
- Conclusions are clear and convincing.

Evidence & References 35%

- Relevant theory is invoked in a judicious and accurate manner.
- Major thesis is supported by appropriate evidence.
- Sub-arguments are supported with specific examples or appropriate data.
- Competing arguments are represented fairly.

Organization & Style 20%

- Organization enhances essay content and ideas.
- Language is efficient, engaging, and convincing.
- Quotations, figures, and data are integrated seamlessly.

Course Grading Scheme

A Level (80% to 100%)

A+ is from 90% to 100%: It is reserved for **exceptional work that greatly exceeds course expectations**. In addition, achievement must satisfy all the conditions below.

A is from 85% to 89%: A mark of this order suggests a **very high level of performance on all criteria used for evaluation**. Contributions deserving an A are distinguished in virtually every aspect. They show that the individual (or group) significantly shows initiative, creativity, insight, and probing analysis where appropriate. Further, the achievement must show careful attention to course requirements as established by the instructor.

A- is from 80% to 84%: It is awarded for **generally high quality of performance**, no problems of any significance, and fulfillment of all course requirements.

B Level (68% to 79%)

This category of achievement is typified by **adequate but unexceptional performance** when the criteria of assessment are considered. It is distinguished from A level work by one or more problems such as the following:

- one or more significant errors in understanding,
- superficial representation or analysis of key concepts,
- absence of any special initiatives, or
- lack of coherent organization or explanation of ideas.

The level of B work is judged in accordance with the severity of the difficulties demonstrated. B+ is from 76% to 79%, B is from 72% to 75%, and B- is from 68% to 71%

C Level (55% to 67%)

Although a C+, C, or C- grade may be given in a graduate course, the Faculty of Graduate Studies considers 68% as a minimum passing grade for doctoral graduate students.

Template for briefing notes

PREPARED FOR: [Insert the name and title of official that the note is for: e.g., Minister of Health.]

TITLE: [Use a concise, informative title of no more than 5 words.]

PURPOSE: [One sentence beginning with “To...”.]

The purpose statement should be short and it should clearly state what the note does: e.g., “to update the Minister on pay-for-performance contract options for primary care doctors.”

BACKGROUND:

Provide a brief, factual, and objective outline of the issue.

Include important information about current status on the issue, historical elements that are critically important, the major participants and stakeholders, and relevant laws/policies that must be considered.

This section should contain about 3 or 4 main points.

Make one main point per paragraph, and NEVER use more than 3 sentences in a paragraph.

This section should be no more than $\frac{3}{4}$ of a page.

DISCUSSION:

Provide arguments about the implications of the issue from the perspective of government. [Remember, you are writing a briefing note as a civil servant, not as a university student.]

If the issue may require policy actions, identify who would be affected by them, the likely implications will be for government programs, and possible precedents that might be set.

If possible, include budget implications (e.g., “this screening policy would increase the genetic testing budget by approximately \$90-million per year”).

This section is where knowledge and insight about policy institutions, interests, and ideas will be critical. You are not drawing a policy conclusion, but you are providing insight into what aspects of this issue are most important.

Make one main point per paragraph, and NEVER use more than 3 sentences in a paragraph.

This section should be no more than $\frac{3}{4}$ of a page.

ADVICE:

Begin this section with one of three subheadings: (1) Summary, (2) Next steps, or (3) Suggested response.

Use “Summary” as your subheading if the note is truly just a briefing on an important issue, without any required action or response. In which case, write out the one main “take home message” that follows logically from your discussion above.

Use “Next steps” as your subheading if the note is an update on a course of action or analysis by ministry staff. In this case, state the plan of action for your staff: e.g., specify the next steps in a policy development process.

Use “Suggested response” as your subheading if the note is to advise the reader (your boss) on a response to the information contained in the note. In this case, state what you suggest response might be: e.g., state who the minister should meet with in regards to the issue.

Make one main point per paragraph, and NEVER use more than 3 sentences in a paragraph.

This section should be no more than ½ of a page.

Drafter: [By putting your name(s) here, you are being accountable for the information provided above]

Date: [Always date policy documents.]

[Formatting notes: Briefing notes should be no more than 2 pages. Margins must be 1-inch all around. Fonts must be a minimum of 11 points.]