

SPPH 381D Canadian Health Care Policy

Course overview and objectives

This course is about the structure and history of the Canadian health care system. By the end of the term, students will be able to do the following:

- describe the main features of the Canadian health care system and distinguish it from systems in comparable high-income countries;
- identify key factors that shaped the evolution of the Canadian health care system over the post-war era; and
- critically analyse policy debates concerning three of the major components of health care in Canada: acute hospital care, primary medical care, and “pharmacare.”

Logistics

Time: Tuesdays and Thursdays, 9am to 10:30am

Location:

- Tuesdays: MacMillan (2357 Main Mall), room 160.
- Thursdays: Orchard Commons (6363 Agronomy Road), room 1001.

Instructor: Steve Morgan, Professor, School of Population and Public Health

Instructor’s bio: For over 20 years, Dr. Morgan has studied policies to promote universal access to appropriately prescribed, affordably priced, and equitably financed medications in Canada and abroad. He has published over 140 peer-reviewed papers, including three winners of the Canadian Institutes of Health Research “Article of the Year Award” for health services research and the only health economics essay ever to win the Bruce Squires Award, the top research award from the Canadian Medical Association Journal. In addition, Dr. Morgan has provided policy advice and expert testimony to governments in Canada and abroad, and has twice represented Canada on high-level committees of the World Health Organization.

- Available by email at steve.morgan@ubc.ca, by phone at 604-822-7012, or in person on request.

Evaluation

Grading for this course will include the following elements, with assigned weights in the overall mark.

Online quizzes (total for all quizzes)	20%
Midterm exam	30% or 0% (see below)
Short essay	20%
Final exam	30% or 60% (see below)

The course grading scheme provided in this syllabus describes how each element used in student evaluation will be graded. This course will not be graded on a curve.

Schedule of topics

Date	Topic	Notes
4-Sep	No class – Imagine UBC / Orientation Day	
6-Sep	Introduction to the course	
11-Sep 13-Sep	Public Policy – introduction to logical and political analysis	Quiz due by 9am
18-Sep 20-Sep	Welfare & The right to health	Quiz due by 9am
25-Sep 27-Sep	History of Canadian "Medicare" – Early history and first two stages	Quiz due by 9am
2-Oct 4-Oct	History of Canadian "Medicare" – Canada Health Act to present	Quiz due by 9am
9-Oct	[Time held to catch up on materials covered to this point]	
11-Oct	Midterm exam preparation	
16-Oct	Midterm (in class on Tuesday)	Midterm in class
18-Oct	Exam debrief (Thursday)	
23-Oct 25-Oct	Equity & Health care financing	Quiz due by 9am
30-Oct 1-Nov	Institutions & Primary care reform	Quiz due by 9am
6-Nov	Efficiency & Wait times	Quiz due by 9am
8-Nov	<i>Writing tips for short essays (topics assigned on this date)</i>	
13-Nov	Classes this week are canceled – makeup sessions TBD	
15-Nov	Short essays due on Thursday at Noon	Essay due at Noon
20-Nov 22-Nov	Interests & Pharmacare	Quiz due by 9am
27-Nov	[Time held to catch up on materials covered to this point]	
29-Nov	Final exam prep	
Exam period	Final exam date TBD	Final exam

Assignments and Evaluation Details

Online Quizzes

Throughout the term, students will complete mini quizzes online prior to class. They will involve multiple-choice questions and should take about 10 minutes to complete, provided you have done the assigned readings for the week.

Midterm and Final Exams

There will be one in-class midterm exam and one final exam for this course.

- These will be “closed book” exams.
- The exams will include short-answer and multiple-choice questions.
- The exams will cover materials from the lectures and required readings.
- The final exam is an evaluation of cumulative knowledge in the sense that will include some questions on materials covered prior to the midterm.
- The midterm exam may be considered a “practice exam” in sense that students who achieve a higher grade on the midterm exam than they do on the final exam will have the midterm count toward their final grade, whereas students who achieve a lower grade on the midterm exam than they do on the final exam will not have the midterm count toward their final grade.

Short essay

You will write a short essay in the style of an opinion piece for a major newspaper (700 words). The topics to be written on will be assigned to the class one week before the due date. This short essay must be submitted online, and must not exceed the word limits assigned on the Canvas system.

Deadlines, word limits, and plagiarism

- **Electronic submission:** All assignments must be submitted online, using the Canvas system
- **Deadlines:** Five (5) percentage points will be deducted from the grade you earn on a late assignment for each day (or portion thereof) that the assignment is late.
- **Do not plagiarize.** Repercussions for plagiarism are serious and extend beyond this course. Please review UBC’s academic regulations including the definition of “Academic Misconduct.”

Course Grading Scheme

90% to 100%

This range of grades is for **exceptional work that greatly exceeds course expectations**. Work earning marks at this level must be essentially flawless according to all criteria used for assignment evaluation.

80% to 89%

This range of grades is for work demonstrating a **high level of performance on all criteria used for evaluation**. Contributions deserving a grade in this range are not merely good: they are distinguished in most if not all aspects of evaluation. They show that the individual (or group) clearly demonstrates initiative, creativity, insight, and probing analysis where appropriate. Further, the work must show careful attention to course requirements as established by the instructor.

68% to 79%

This range of grades is for **acceptable performance on criteria used for evaluation**, no problems of major significance, and fulfillment of all course requirements. Work graded in this range may have one or more problems such as the following: one or more errors in understanding; superficial representation or analysis of key concepts; absence of any special initiatives; or lack of coherent organization or explanation of ideas.

55% to 67%

This range of grades is for **unexceptional but passing levels of performance** when the criteria of assessment are considered. The exact grades assigned will be determined by the frequency and/or severity of errors and gaps in understanding.

Intro to course and to policy analysis

Required readings

- Canadian Health Services Research Foundation (CHSRF) Mythbuster: “Canada Has a Communist-Style Healthcare System”
- Pal, L. A. (2013). “Chapter 1: Policy Analysis.” Beyond Policy Analysis: Public Issue Management in Turbulent Times. 5th Edition. Scarborough, Ont., Nelson Thomson Learning
- 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

Optional readings

- Pal, L. A. (2013). “Chapter 4: Policy Instruments and Design.” 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. Pal’s chapter on instruments is a useful reference and should be skimmed to understand the range of tools that government can use and the how the fall along a spectrum of (ideally legitimate) coercion.

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 week of class, I hope students will skim them for interest and to prepare for some classroom discussion. These will then become handy references for use later in term and when working on various assignments.

Welfare & The right to health

Required readings

- Stone, D. A. (2012). "Chapter 4: Welfare." *Policy paradox: the art of political decision making* (3rd Edition). New York, W.W. Norton
- Office of the United Nations High Commissioner for Human Rights. (2013) *Human Rights Fact Sheet No. 31 – The Right to Health*. United Nations: Geneva.

About the readings

Stone's book provides a summary of many key policy objectives/goals in a polis. We do not approach them in order in this course but we do address several key ones. Providing for the "welfare" of citizens is one of the most basic but nevertheless complex and contested objectives in public policy

The UNHCR fact sheet is an important backstop for this course. The reading will be familiar to those interested in global public health and may appear somewhat tangential at first glance (given many of the examples are about fundamentals that Canada has in place). However, the document applies as much to Canada as it does to lower income countries. Unpacking the obligations of government that are implied by the global right to health will be an important part of understanding the nature of Canada's health care system and how it continues to evolve.

History of Canadian “medicare”

Required readings

- Picard, Andre (2013) “Section 1 (Chapters 1–6): The Path to the Present: How Did We Get Here?” *The Path to Health Care Reform: Policy and Politics*. Ottawa, Conference Board of Canada.
- Canada. (2017) *The Canada Health Act* <http://laws-lois.justice.gc.ca/eng/acts/C-6/>

For reference

- Website: “Canada’s Health Care System” Ottawa, Health Canada.
<https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html>

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 is arguably Canada’s most prominent health care journalist!)

The reading on the Canada Health Act is important because the act is the core of the Canadian ‘medicare’ system as it stands today. It is therefore important to understand what it is ... and what it is not.

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

Equity & 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) "Chapter 7: How We Compare: What Have Others Done Better?" *The Path to Health Care Reform: Policy and Politics*. Ottawa: Conference Board of Canada

For Reference

- Commonwealth Fund (2017) *Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care*. The Commonwealth Fund: New York.

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.

Picard's 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 Commonwealth Fund report is a summary of the performance of health systems in high income countries comparable to Canada. In addition, the Commonwealth Fund publishes a detailed reference report that can be referred to if you are in search of information about specific health care systems.

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.
- Picard, Andre (2013) "Chapter 8: Barriers to reform" *The Path to Health Care Reform: Policy and Politics*. Ottawa: Conference Board of Canada.

For reference

- CIHI (2016) "Primary Health Care in Canada: A Chartbook of Selected Indicator Results, 2016"

About the readings

Primary care reform is a perennial hot-topic in Canadian health care policy. 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 CIHI report provides some current data on primary care in Canada.

Finally, the Picard paper provides a summary of some of the challenges to reforming the Canadian health system. These are related to primary care reform, of course; but they also apply to broader reforms that one might desire in the health care system. You should skim this chapter, if not the entire piece by Picard from which it is drawn.

Efficiency & Wait times in Canada

Required Readings

- Stone, D. A. (2012). Chapter 3: Efficiency. *Policy paradox: the art of political decision making*. New York, W.W. Norton: 61-85.
- [Relevant section of] CIHI. (2017). “Wait Times for Priority Procedures in Canada, 2017” <https://www.cihi.ca/en/wait-times-for-priority-procedures-in-canada-2017>
- Hadorn et al. (2000) “Setting priorities for waiting lists: defining our terms” CMAJ 163(7): 857–860 <http://www.cmaj.ca/content/163/7/857>

About the Readings

Stone lays out various economic arguments about efficiency and failures of markets in a political economy. We will review some of the basic efficiency concepts used in health care, drawing in part on this essay and on some basic health economics (which you will learn more about in other courses).

The CIHI report provides data on the state of wait times for health care in Canada today. We’ll talk about the nature of the problem in Canada and work through some proposed solutions to it. The Hadorn paper provides some basic definitions regarding wait time priorities, targets and benchmarks. These are important concepts for anyone who wishes to sort out efficiency alongside of equity and welfare goals in this sector.

Interests & Pharmacare

Required readings

- Stone, D. A. (2012). "Chapter 10: Interests." *Policy paradox: the art of political decision making* (3rd Edition). New York, W.W. Norton
- Morgan, S.G., and K. Boothe (2016). "Universal prescription drug coverage in Canada: long-promised yet undelivered" *Healthcare Management Forum* 29(6):247-254

Optional readings

- Morgan, S.G., D. Martin, MA Gagnon, B Mintzes, J.R. Daw, and J. Lexchin. (2015) *Pharmacare 2020: The future of drug coverage in Canada*. Vancouver: Pharmaceutical Policy Research Collaboration, University of British Columbia. <http://pharmacare2020.ca/>

About the readings

Stones chapter describes interests and their role in public policy making. This is one of the critical "I's" in the 3-I framework of policy analysis that we explore in this course.

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.

The paper by Katherine Boothe and I draws on the same "3-I" framework that we have been working with throughout this class. It assesses not just the nature/logic of the policy problem; it also assesses the ways that institutions, interests, and ideas have shaped the path of policy over the many decades during which the policy problem has been identified.