

SPPH 542

Course overview and objectives

This course is about Canadian health care policy and forces that shape it.

By the end of the term, you will be able to describe the main features of the Canadian health care system and the key issues underpinning current health policy debates in Canada. You will also be able to perform a logical and political analysis of a current Canadian health care policy problem.

Logistics

Time: Mondays, 9am to Noon

Location: SPPH 143.

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 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:

- 20% online quizzes
- 10% briefing note
- 30% term paper
- 40% in-class exam

Schedule of topics

Date	Topic	Assignment
Sep 10	Intro to course and intro to policy analysis	
Sep 17	Welfare & The right to health	<i>Quiz due by 9am</i>
Sep 24	History of Canadian "Medicare"	<i>Quiz due by 9am</i>
Oct 1	History of Canadian "Medicare" (cont.)	<i>Quiz due by 9am</i>
<i>Oct 8</i>	<i>No class – Thanksgiving Monday</i>	
Oct 15	Equity & Health care financing + essay / briefing note tips	<i>Quiz due by 9am</i>
Oct 22	Institutions & Primary care reform	<i>Quiz due by 9am</i>
Oct 29	Efficiency & Wait times	<i>Quiz due by 9am</i>
Nov 5	Interests & Pharmacare	<i>Quiz due by 9am</i>
<i>Nov 12</i>	<i>No class – UBC is closed in lieu of Remembrance Day</i>	<i>Briefing note by noon</i>
Nov 19	Liberty & The Chaoulli Decision + exam prep	
Nov 26	<u>In-class EXAM</u>	-
Dec 10	<i>Final term paper by noon</i>	<i>Paper due by noon</i>

Assignment details

Online Quizzes

Before most classes this semester, students will complete online quizzes about the readings. Each quiz will involve multiple-choice questions and should take about 15 minutes to complete.

Term Paper

Exhibiting your understanding of a component of the Canadian health care system is an important metric of performance for this course. You must write your briefing note and term paper on one of the following topics: (1) the Canada Health Act; (2) acute hospital care in Canada; (3) primary care in Canada; or (4) “pharmacare” in Canada.

You may not change topic areas after submitting your briefing note; however, **you may change focus** within the topic area.

- The word limit for term papers is **2,000 words** (excluding references).
- Term papers must include appropriate **citations to at least four sources** of credible information on the topic beyond those in the course syllabus.
- Please use the **Vancouver system (Vancouver reference style)** for citations in your essay.
- Term papers must be sent in MS Word or equivalent format. No PDFs please.

Briefing Note

A briefing note is a concise document prepared to provide policy information to a senior decision maker (e.g., the Minister of Health). Briefing notes are typically very short, structured documents that follow templates for a particular decision-making environment. This course uses a two-page template once used by the BC Ministry of Health. **Briefing notes must comply with the template.**

Your briefing note for this course will be an “information note” that will outline the policy problem of interest (within the chosen topic area).

1. Your note should not contain a policy recommendation. Rather, it should outline issues that government should consider when evaluating options concerning the policy problem of interest.
 - Your note should provide background on the policy problem, identify the main stakeholders, and describe one or more policy option for consideration.
 - Your note should highlight main policy consideration for decision makers: e.g., is it likely that the main issue for consideration by decision makers will be precedent, budget, jurisdiction, interests/stakeholders, or something else?
2. For the sake of this course, the briefing note is an opportunity to practice writing a concise policy summary and to receive early feedback on the direction of your term paper research.

In-class 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.

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**. 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 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 explanation of ideas.

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.

Submission deadlines, formats, word limits, and plagiarism

- **Electronic submission:** All assignments must be submitted using the Canvas system.
- **Format:** Briefing notes and term papers must be submitted in **MS Word or equivalent format**.
- **Deadlines:** Five (5) percentage points will be deducted per day that an assignment is late.
- **Plan ahead: The online system considers work submitted even just 1 minute late to be late.**
- **Comply with word limits:** Anything beyond the assigned word limit will be deleted before your essay is read.
- **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."

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”
- Pal, L. A. (2013). “Chapter 1: Policy Analysis.” Beyond Policy Analysis: Public Issue Management in Turbulent Times. 5th Scarborough, Ont., Nelson Thomson Learning
- Pal, L. A. (2013). “Chapter 4: Policy Instruments and Design.” Beyond Policy Analysis: Public Issue Management in Turbulent Times. 5th 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

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, 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. Human Rights Fact Sheet No. 31 – The Right to Health <http://www.ohchr.org/Documents/Publications/Factsheet31.pdf> (Links to an external site.)[Links to an external site.](#)

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 being 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. Skim this reading for high-level information without being concerned about specific details.

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.

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> (Links to an external site.)[Links to an external site.](#)
- 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]**
- (2017) *The Canada Health Act* <http://laws-lois.justice.gc.ca/eng/acts/C-6/> (Links to an external site.)[Links to an external site.](#)

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

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).

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.

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) "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.

For reference

- CIHI (2016) "Primary Health Care in Canada: A Chartbook of Selected Indicator Results, 2016"
- Picard, Andre (2013) "Chapter 8: Barriers to reform" *The Path to Health Care Reform: Policy and Politics*. Ottawa: Conference Board of Canada.

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> (Links to an external site.)Links to an external site.
- 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> (Links to an external site.)Links to an external site.

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 and 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/> ([Links to an external site.](#))[Links to an external site.](#)

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.

Liberty & The Chaoulli decision

Required readings

- Stone, D. A. (2012). "Chapter 5: Liberty." Policy paradox: the art of political decision making (3rd Edition). New York, W.W. Norton
- 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.)