

Citizen CAPA: Only public scrutiny can ensure health-care reform succeeds

By: Denis Morrice

The cross-country, grass-roots nature of the Canadian Arthritis Patient Alliance gives it an unassailable moral authority and makes it a real player in health-care politics. At no time in history has it been more important for the arthritis community stakeholders to work together in order to improve the lives of people living with arthritis.

Now that the TV cameras and lights are packed away, the First Ministers are safely home, what are we to make of the recent health-care summit and the agreement that was reached?

To quickly recap: The latest medicare deal calls on Ottawa to invest \$18 billion into provincial/territorial health systems over the next six years and for automatic increases of 6 per cent per year until 2015 for a total of \$41 billion. Of that 10-year total, \$5.5 billion will be to reduce waiting times. Moreover, there's the framework of a deal to increase annual equalization payments to have-not provinces by \$1.3 billion. In return, the provinces and territories will each develop and publish comparable performance benchmarks, which will inform Canadians on appropriate waiting times for major therapies and procedures.

This is good news, right? There's little doubt that such a huge financial commitment will have a stabilizing effect on the health-care system, eventually reaching consumers. But will it have a multiplier effect? Will there be more rheumatologists, orthopedic surgeons, OTs, PTs, nurses, anesthesiologists? Will darkened operating rooms re-open? Will the waiting times for specialized care really be shortened? Will there be national standards for delivery of care and equal access to medications?

Roy Romanow knows that the only way real reform will take place is through accountability to voters and **patients**, which is why he strongly recommended in his report on the future of health care more transparency in how the money is used — for programs rather than salaries and hospital-budget deficits.

Conspicuously absent from the proceedings in Ottawa was the National Health Council (NHC), a federal/provincial watchdog group that was the brainchild of Roy Romanow and launched in December 2003. The NHC, under the direction of Michael Decter, is mandated to analyze data from the provinces and territories and provide Canadians with regular reports on how well the health-care system is performing.

Unlike the Council, **CAPA** will never have to struggle to achieve legitimacy. And in the absence of any real oversight over how health-care dollars are improving the system, it will be up to CAPA to monitor performance in arthritis care and to continue to champion the needs of people with arthritis.

CAPA is up to the challenge. Your hard work in developing the Arthritis Bill of Rights and Responsibilities has provided you with your own benchmark for measuring change in health-care delivery. You have profoundly influenced the arthritis treatment and research through your participation by participating in government committees, hearings, commissions and in scientific conferences. Indeed, CAPA is regarded by many in Ottawa as a model consumer/activist group for its ability to articulate the "people's" perspective on arthritis issues to government decision makers.

CAPA's focus and energy must now turn to the provincial and territorial decision makers. You'll have to become frequent visitors to your provincial MLA's constituency office, and keep dropping by for coffee and conversation until everybody knows your name and they actually want to have coffee with you.

You can be very proud of your accomplishments. Read your last annual report; read your newsletters. Look at what members are doing. As the old saying goes, things don't just happen, people make them happen. Make no mistake you are making things happen for people with arthritis.

CAPA members congratulate Denis on his appointment to the position of Canadian Ambassador for the Bone and Joint Decade.