## Governance and Accountability in Health Services Delivery: A primer on health care for Canadian Politicians<sup>1</sup>

## **Workshop Participant Opinion Survey**

Note: The responses listed below each question are intended to provoke individual thought and subsequent group discussion. Before participating in the workshop indicate with an X your degree of support for each of the responses When the session is over repeat the survey and circle the number identifying your degree of support for each response stated. Add other statements if you think they describe better your interpretation of the issues being considered.

| 1) Are federal and provincial governments and health trustees accountable to the electorat        |   | Disagree |   | Agree   |  |
|---|---|----------|---|---------|--|
|   |   |          |   |         |  |
| a) Federal and provincial governments are held accountable at elections                           | 1 | 2        | 3 | 4       |  |
| b) Trustee accountability depends on whether they were elected, selected or appointed             | 1 | 2        | 3 | 4       |  |
| c) Health trustees are the instruments of the provincial government                               | 1 | 2        | 3 | 4       |  |
| d) Health trustees serve as advocates for the communities they represent                          | 1 | 2        | 3 | 4       |  |
| Other   |   |          |   |         |  |
| 2) Are doctors' services always worth paying for?   |   |          |   |         |  |
| a) Doctors' billing practices are not influenced by their self interests                          | 1 | 2        | 3 | 4       |  |
| b) Fraudulent behaviour by doctors is insignificant and not worth recovering                      | 1 | 2        | 3 | 4       |  |
| c) Provincial billing systems do not reward excellence in medical practice                        | 1 | 2        | 3 | 4       |  |
| d) Provincial Medical Associations serve to preserve the status quo                               | 1 | 2        | 3 | 4       |  |
| Other   |   |          |   | • • • • |  |
| 3) Is there sufficient oversight in health services delivery?                                     |   |          |   |         |  |
| a) The federal government allocates a negotiated settlement with no accountability                | 1 | 2        | 3 | 4       |  |
| b) Provincial governments transfer accountability to the health trustee governance infrastructure | 1 | 2        | 3 | 4       |  |
| c) Targeted criteria are required to demonstrate accountability                                   | 1 | 2        | 3 | 4       |  |
| d) Other  |   |          |   |         |  |

<sup>&</sup>lt;sup>1</sup> An embedded health policy analyst in the trenches of Canadian political warfare in BC during the 2004 federal election developed this workshop presentation in response to queries made by local candidates and statements made by politicians during the election. The workshop resulted in these questions needing to be considered further by the electorate and persons seeking election and their supporters.

| How is accountability for appropriate use of prescription medicine shared among armaceutical companies, prescribing physicians, pharmacists and patients? |   | Disagree      |                                       | Agree     |  |
|---|---|---------------|---------------------------------------|-----------|--|
| a) The prescribing physicians are totally responsible for use of medicines they prescribe   | 1 | 2             | 3                                     | 4         |  |
| b) Patients should pay for medicines that they do not use appropriately   | 1 | 2             | 3                                     | 4         |  |
| c) Pharmacists are responsible for advising patients on the use of prescription medicines   | 1 | 2             | 3                                     | 4         |  |
| d) Pharmaceutical companies have a responsibility to educate physicians and patients  | 1 | 2             | 3                                     | 4         |  |
| e) Government is responsible to ensure the appropriate use of prescription medicines it pays for  | 1 | 2             | 3                                     | 4         |  |
| f) Other  |   | • • • • • • • | • • • • • • • • • • • • • • • • • • • | • • • • • |  |
| 9) What is an acceptable level of quality in health care for Canadians?   |   |               |                                       |           |  |
| a) Ease of access / shorter waiting lists / attentive professional and support staff  | 1 | 2             | 3                                     | 4         |  |
| b) Publication of morbidity (sickness) / mortality data at regional / institutional level   | 1 | 2             | 3                                     | 4         |  |
| c) Achieving provincially targeted health status indicators   | 1 | 2             | 3                                     | 4         |  |
| d) Maintenance of Canadian Council of Health Services Accreditation Standards   | 1 | 2             | 3                                     | 4         |  |
| e) Other  |   |               |                                       | ••••      |  |
| 10) Should federal government regulate private health insurance?  |   |               |                                       |           |  |
| a) Health insurance (public & private) is a provincial responsibility   | 1 | 2             | 3                                     | 4         |  |
| b) Yes with respect to ensuring portability coverage in Canada and abroad   | 1 | 2             | 3                                     | 4         |  |
| c) Possibly in coordination with provincial WCB and other rehabilitation programs   | 1 | 2             | 3                                     | 4         |  |
| d) Only when private insurance companies take advantage of limitations in public system   | 1 | 2             | 3                                     | 4         |  |
| e) To encourage symbiotic relationships between the public and private insurance systems  | 1 | 2             | 3                                     | 4         |  |
| f) Other  |   | •••••         | • • • • • • •                         |           |  |
| 11) Are business leaders optimally involved in health care decision-making?   |   |               |                                       |           |  |
| a) Business people cannot appreciate decision-making by health professionals  | 1 | 2             | 3                                     | 4         |  |
| b) Business representation should only be used to support fund raising  | 1 | 2             | 3                                     | 4         |  |
| c) Business people are needed to ensure accountability of public expenditures   | 1 | 2             | 3                                     | 4         |  |

| Question 11 continued  | Disag         | isagree |         | Agree |  |
|--|---------------|---------|---------|-------|--|
| Question 11 continued  |               |         |         |       |  |
| d) Professional health administrators do not need business people overlooking their work   | 1             | 2       | 3       | 4     |  |
| e) Business people are more inclined to have conflicts of interest than non-business people  | 1             | 2       | 3       | 4     |  |
| f) Academics provide better quality input than business people   | 1             | 2       | 3       | 4     |  |
| g) Other   |               |         |         |       |  |
| 12) Should health be subject to the same accountability as business?   |               |         |         |       |  |
| a) Public health care cannot be subjected to the same kinds of accountability as business  | 1             | 2       | 3       | 4     |  |
| b) Health administration has a lot to learn about accountability from business   | 1             | 2       | 3       | 4     |  |
| c) Health programs should be managed like business   | 1             | 2       | 3       | 4     |  |
| d) All health programs should publish annual financial statements as required in publicly traded companies   | 1             | 2       | 3       | 4     |  |
| d) Other   |               |         |         |       |  |
| 13) How dependent is health policy formulation on an understanding of public finance among political leadership?   | and busin     | ess et  | hics    |       |  |
| a) Business ethical practices and public ethical practices are synonymous  | 1             | 2       | 3       | 4     |  |
| b) There is no such thing as "business ethics" in the ideological world of politics.   | 1             | 2       | 3       | 4     |  |
| c) Politicians should serve their constituencies and not be too concerned with business  | 1             | 2       | 3       | 4     |  |
| d) Private financial management cannot be compared with public financial management  | 1             | 2       | 3       | 4     |  |
| e) As more business people enter into public service as politicians there will<br>be greater opportunity for instituting business ethics in public finance | 1             | 2       | 3       | 4     |  |
| f) Policy formulation is initiated by voter concerns more than business practices  | 1             | 2       | 3       | 4     |  |
| g) Other   |               |         |         |       |  |
| To receive analysis of your interpretation to this survey relative to other participants fill in the   | e following i | nform   | ation.  |       |  |
| Name Affiliation (optional)  |               |         |         | _     |  |
| Email Tel Date   |               |         |         |       |  |
| Inquiries about this survey should be directed to Tim Lynch, Info-Lynk Consulting: 604.916.9   | 9302 Email    | tim@    | infolyr | ık.ca |  |