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REMARKS TO THE U.S. SPECIAL SENATE COMMITTEE ON AGING

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I speak to you from the perspective of a mother, daughter, doctor, former Minister of Public Health, and author of a book about primary care in Canada.

Like other observers, I believe that the debate here in the US has become less about health care than about the role of government in your lives.

But for American families, the real question is a simple one: should a man go bankrupt because his child gets leukemia?

Should a woman hit by a drunk driver have to pay more for health care than those lucky enough to escape such injury?

Is it fair to make a family genetically predisposed to cancer pay a greater share of their health costs? ... To deny treatment to children with asthma or diabetes because their parents are poor?

As a family doctor in Canada, I almost never had to worry about what patients could or couldn't afford, or what level of insurance they had.

You have asked me to focus today on the issue of costs and quality in comparing our systems.

In 2007 the US spent 16.2% of its GDP on Health care.... Canada spent 10.6%.

That works out to $7,421 per American and $5,170 per Canadian.

For that extra $2,200 per person per year, your health outcomes should beat ours every time. But they don't.

Your infant mortality rate is 6.9 per 1,000 births compared to 5.4 in Canada. Male life expectancy is 75.2 years here, compared to 78 years in Canada.

Please don't misunderstand me: our system is far from perfect. It needs constant tinkering and we're still struggling to realize Canadian Medicare's original goal: to keep people well, not just patch them up once they get sick.

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And yet for all our system's faults, studies show that on average, Canadians are more likely than Americans to receive needed care quickly. Canadians get more physician visits per capita than Americans... more immunizations, more hospital admissions, and more surgical procedures.

It's not surprising then, that in a survey of 10 OECD countries; your citizens are the least satisfied with the care they receive. Canadians, despite the criticisms we have of our own system, are apparently five times as likely to be satisfied with the health care we receive than you are.

Costs are an integral part of the difference between us. Let me share 7 clear reasons for why we pay less and feel better:

1. INSURANCE COMPANIES: 30% of your costs – almost a third – go to insurance companies. Your patients and taxpayers have to support massive organizations. These insurers set premiums, design packages, assess risk, review claims and decide who to reimburse for how much. But they don't deliver health care.

2. ADMINISTRATION: Our single payer system is simpler, allowing us to run the administration of our offices and hospitals with much fewer staff – about 4%. We don't have to deal with multiple payers, or chase bad debts. We don't have to charge higher fees to compensate for unpaid for procedures

3. PHARMACEUTICAL PRICE CONTROLS: Although drug costs are rising in Canada as here, we're able to exercise more control over the cost of drugs as a result of our Patented Medicine Prices Review Board.

4. MALPRACTICE INSURANCE: The not-for-profit Canadian Medical Protective Association covers medical malpractice for all Canadian physicians with comparatively low premiums. Doctors' remuneration does not have to reflect those extra costs and our justice system has successfully kept the awards in a reasonable range.

5. EVIDENCE-BASED CARE: From vaginal births after C-sections to, lumpectomy, to x-rays for sprained ankles, applying evidence to determine the appropriateness of tests and procedures translates into fewer unnecessary tests and procedures and less defensive medicine. We are committed to moving from the error of pure cost-containment approach of the early 90s into true evidence-based cost effective care.

6. PREVENTION: Diseases are cheaper to treat if they're caught early, and since all Canadians are insured, they're more likely to have pap smears, mammograms and other early detection visits and tests, than US patients who are not covered.

7. FAMILY MEDICINE: A long-standing speciality in Canada, family doctors are trained to help patients navigate their care; we interpret the difference between what patients think they `want`, and what they actually `need` . A point of first contact, a trusted coach to explain the evidence and the choices.

But don't take my word for it. Harvard doctor David Himmlestein wrote recently in the NEJM that a Canadian style-single payer system would save your country 400 billion dollars a year.

In conclusion, I want to leave you with the story of Barry Lamar Head, a Vietnam decorated vet, who married a Canadian, got sick and had to remain in Canada because he could not get health insurance in the US at any price. Before he dies, he made his Toronto friends promise that they would find a way to tell his story, the story of a hero who had served his country well, but could not afford to die there and the excellent care he received in the Canadian system. I am proud to leave you with a copy of his full story this am.

Thank you and I look forward to your questions.