

Healthcare Restructuring Report Highlights

- Neither research nor recent experience support claims that centralization will be more cost effective than regionalization has been, in the short term or the long run.
- Both research and experience suggest that regionalized systems may be more accountable as well as more likely to deliver healthcare that is accessible, equitable, and responsive to the needs of diverse communities and populations.
- Debt and deficits should not be the sole or, perhaps, even the main considerations in discussions of restructuring because healthcare, in this country, is not a commodity.
- Centralization . . . may pose significant threats to the quality and accessibility of services as well as to the well-being of workers and their communities.
- Restructuring in Canada . . . has opened the door to privatization, which drives up costs, compromises the quality of services, and threatens the foundations of healthcare as a public good.
- Management costs can be controlled through mechanisms other than wholesale restructuring, such as capping salaries and reducing or eliminating performance bonuses.
- Research demonstrates that administration is responsible for only a tiny proportion of healthcare spending.
- Since the inception of Medicare, physicians and hospitals have accounted for the lion's share of healthcare budgets and pharmaceuticals have gradually become a significant driver of healthcare spending as well.
- Consolidating management of healthcare seems unlikely to reduce healthcare budgets and may actually increase costs, in the short term, as contractual obligations may result in expensive payouts and severance packages.
- Alberta's new 'super board' is hardly lean; it has only one CEO, but 45 Vice-Presidents.
- Alberta's healthcare deficit had grown from \$97 million in 2008, under regionalization, to more than \$1.1 billion in 2009 following restructuring.
- Supporters argue that saving money on support services will free resources for patient care, but there is little evidence of either savings or greater investment in front-line services.