Eight provinces share a border with the U.S. and 11 states share a border with Canada," writes Cheryl Camillo. That's an opportunity for a cross border conversation on innovative health care. Shutterstock photo

Next on the Agenda for the Health Ministers: Meeting With their American Counterparts?

Cheryl A. Camillo

The renewed dialogue about provincial health systems should not stop at the Canadian border. More than ever, provincial health ministers could benefit from an exchange of ideas with their American counterparts who, pursuant to the Affordable Care Act (ObamaCare), are in the midst of implementing unprecedented state-level reforms to improve healthcare access and quality while lowering costs. State health leaders would likely welcome such an exchange as provinces and states face common challenges.

Since the election of the new Liberal government, there has been renewed dialogue about provincial health system reforms. In late January in Vancouver, the health ministers agreed to work collaboratively to continue transforming and strengthening Canada's 13 healthcare systems. Provincial and territorial ministers can build on this progress by forging open dialogue with their American counterparts.

With the implementation of the Af-

fordable Care Act (the ACA or ObamaCare), states have assumed greater responsibility for the provision of health coverage to their residents, which has prompted many to view themselves as health systems stewards similar to provincial governments. There is a growing recognition in the United States that, as the U.S. National Academy of Medicine President Victor Dzau (a McGill grad) recently put it, "Leadership at the state level provides an essential fulcrum for meaningful health progress."

A review of health policy discussions on both sides of the border shows that provinces and states are seeking solutions to essentially the same set of health system problems: how to stem increases in prescription drug prices; how to finance medical care to produce the highest quality, accessible care at the lowest reasonable cost; how to integrate care delivery; how to move care to the community; how to reduce persistent disparities that have harmful personal and economic consequences; how to enhance performance measurement and analytics; how to improve population health by addressing its social determinants; and, how to organize with regional and local interests to accomplish these objectives.

In introducing Ontario's *Patient First: Action Plan for Healthcare* in December, Health Minister Eric Hoskins wrote "Too often, healthcare services can be fragmented, uncoordinated and unevenly distributed across the province. For patients, that means they may have difficulty navigating the system or that not all Ontarians have equitable access to services. Too often our system is not delivering the right kind of care to patients who need it most." Just a few years earlier, in its multi-year action plan to transform the state's Medicaid health insurance program, the New York State Department of Health declared "In order for New York to ultimately control healthcare costs, it must ensure that better care is provided, including proven-effective prevention initiatives resulting in improvements in overall health status and reductions in health disparities. In particular, the biggest problem with the state's healthcare system is that it is not successful in ensuring that complex, high-cost populations obtain the coordinated care they require."

"A review of health policy discussions on both sides of the border shows that provinces and states are seeking solutions to essentially the same set of health system problems."

"Like a rainbow bridging the Horseshoe and American Falls, an uninterrupted connection across the Ontario-New York border, or across the border separating any province and state, can lead to health system gold—tried and tested policy ideas."

Like a rainbow bridging the Horseshoe and American Falls, an uninterrupted connection across the Ontario-New York border, or across the border separating any province and state, can lead to health system gold—tried and tested policy ideas. Among the ideas that New York could share with Ontario are its "Health Home" model, in which care managers oversee and provide access to all of the services that individuals with complex medical, behavioral, and long term care needs require to stay out of the emergency room/hospital. This model has shown early promise.

Evidence shows that both states and provinces can spread policy innovations. States have a long history of testing policy innovations in their public health insurance programs, especially Medicaid and the Children's Health Insurance Program (CHIP), and sharing them with others. According to the Centers for Medicare & Medicaid Services, the agency that oversees both programs, more than half of the states currently have waiver authority to test new or existing ways to finance and deliver publicly-funded healthcare. They transfer their learning in a number of well-established ways, formal and informal, including through presentations at national Medicaid and health policy conferences arranged expressly for that purpose. Recent research reveals that geographical proximity/contiguity contribute to policy diffusion, but are not the only factors. North of the border, Saskatchewan opened Collaborative Emergency Centres (CEC) to address the challenges of providing healthcare in rural communities after visiting the first CEC introduced by Nova Scotia in 2011. And, according to a recent editorial in *Healthcare Policy*, there is anecdotal evidence that Canada has moved beyond being "a country of perpetual healthcare pilot projects," as it was once deemed.

Yet, in recent years there has been little sustained, systematized, formal, institutionalized exchange of health system reform ideas between provinces and states other than the participation of Canadian representatives in the Reforming States Group, a voluntary group of state health policy leaders convened a few times a year on an invitation-only basis by the Millbank Memorial Fund to share information and work on solutions to pressing health policy problems. There had

been a steady swap of expertise in the decades leading up to the establishment of the modern Canadian and Americans healthcare systems in the mid-1960s. But since then, exchange between the two countries has been sporadic, occurring predominantly when health has risen to the top of the agenda in Washington and policy officials/scholars have sought ideas for national reform, or when Canadians have sought to determine whether discrete features of the U.S. system, such as managed care and private funding, could fill gaps in medicare. In the late 1980s and early 1990s, as the call for national reform in the U.S. grew louder, Senator Jay Rockefeller, as chair of the Bipartisan Commission on Comprehensive Healthcare (the Pepper Commission), delegated the Families USA Foundation to convene a "Looking North for Health" forum to hear from Canadian experts on the country's health and long-term care systems. Almost two decades earlier, the Sun Valley Forum on National Health had organized a conference to identify "lessons the United States can learn from the Canadian experience as the United States moves toward the adoption of some form of national health program." Notably, there were no such efforts to draw lessons from Canada during the lengthy debate preceding the enactment of Obamacare. And, in Canada, the last major review of the health system, the 2001-2002 Commission on the Future of Healthcare in Canada, solicited presentations on cost-drivers in the U.S., but concluded that Canada's healthcare system as a whole had more in common with European systems, suggesting that Canadians should look overseas for reform ideas.

However, the conditions are now right for building permanent Can-Am health system reform bridges—potential supports are in place. Recognizing the increasing interconnectedness of North America's nations, the National Governors Association (NGA) recently hosted the first ever Summit of North American Governors and Premiers to promote and advance economic cooperation by state, provincial and territorial leaders in the U.S., Canada and Mexico. Also last fall, the NGA launched a new initiative *States: Finding Solutions, Improving Lives* to highlight state solutions and share best practices across states. Plus, the Council of the Federation's Healthcare Innovation Working Group, which focuses on enhancing provincial and territorial capacity to better meet existing and emerging challenges, will continue its work until at least July 2016. Given that healthcare expenditures consume a significant percentage of gross domestic product in both the U.S. and Canada, it is plausible that a future North American summit could focus on healthcare and build connections between premiers' ministers of health and governors' secretaries of health.

"As Canadians know well, eight provinces share a land border with the U.S. and 11 states share a land border with Canada. Many of the 11 states that border Canada are amongst the most innovative when it comes to health policy."

There are many other foundations to build lasting structures upon. The Canada—United States Pan Border Public Health Preparedness Council, comprised of provincial ministry and state health department representatives, facilitates regional pan-border public health preparedness. The Pacific NorthWest Economic Region, a non-profit organization that brings together northwestern states, provinces and territories, has had a healthcare working group. The U.S. organizations the Council of State Governments and National Conference of State Legislatures have consulted with Canadian officials about health policies in the past. Each of these organizations, plus others like the National Academy for State Health Policy, could link provincial and state health systems leaders.

Initially, interested provinces and states, especially neighbors with a strong history of economic and cultural exchange like Ontario and New York, could pair with one another.

As Canadians know well, eight provinces share a land border with the U.S. and 11 states share a land border with Canada. Many of the 11 states that border Canada are amongst the most innovative when it comes to health policy. Nine have expanded eligibility for Medicaid pursuant to the ACA and another is actively considering options for doing so. One of the expansion states, Vermont, is vigorously exploring ways to finance and implement a universal, publicly-funded healthcare program similar to a provincial health system.

Strong connections would be reflected in panels and roundtables formed for the purpose of exchanging health system reform ideas and, ultimately, by successful policy diffusion. P

Cheryl A. Camillo is a Fulbright Fellow at the Johnson-Shoyama Graduate School of Public Policy at the University of Regina. She is a former deputy Medicaid Director of the State of Maryland and Technical Director at the U.S. Centers for Medicare & Medicaid Services.
cheryl.camillo@uregina.ca