

We want to ensure a universal, single tier, publicly funded system – but one that is patient-centred, efficient and cost-effective; one that has whatever mix of public and private delivery within the system, with appropriate parameters, that works best to achieve that goal.

I have always supported, and still support, a single-tier, publicly-funded system – and am completely against the insurance-company driven private systems in the United States. But I encourage private delivery within our system, like the Shouldice clinic in Toronto specializing in hernias. I believe that competition in the delivery of services, obviously with parameters, can render certain aspects of the system more cost-effective. The answer to the challenges is not to simply spend more of our limited resources – particularly when it's at the expense of other needed public services such as education.

I would like a far greater emphasis on health promotion, because that's economically cost effective.

I would like to see greater incentives for cost efficiencies, but based on patient care objectives. Clinics that specialize in certain procedures, for example, tend to be more cost effective and achieve better results for patients.

And notwithstanding the challenges of implementation in some jurisdictions, we must absolutely work toward technological efficiencies afforded by such things as e-health records and remote care.

For a very interesting review of our system as it now is, and recommendations on how to improve, I recommend Jeffrey Simpson's new book *Chronic Condition*. A synopsis is also available online at <http://www.theglobeandmail.com/commentary/heres-my-prescription-for-reviving-medicare/article4576368/>