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Ontario Family Health Teams seen as beneficial

Ontario's model of interdisciplinary Family Health Teams, introduced in 2004, is providing a "patient-centred medical home" for the more than one million Ontarians who are part of such practices, an article published online this week by the *New England Journal of Medicine* claims.

There are currently 150 Family Health Teams (FHTs) in the province involving 720 physicians who have signed a contract with the government to provide a broad range of services including seven-day access to care.

The article says a full evaluation of the effect of FHTs on health outcomes, quality measures and costs will be completed in three to five years, but studies not yet published "document high levels of patient and physician satisfaction."

One study that has been published shows control of hypertension is better among patients in FHTs than in traditional fee-for-service practices.

The authors say FHTs' use of electronic record systems is improving efficiency and communications "and we believe that quality incentives have made participating physicians more proactive in providing preventive services and providing care management for chronically ill patients."

The model is literally paying off for physicians too. The combination of capitated payments and other fees and bonuses they receive has boosted FHT physicians' average net incomes from $180,000 in 2004 to $250,000 while the authors say earnings have not risen substantially for

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Liepert out as Alberta health minister

Ron Liepert did not last two years as Alberta health minister. His tumultuous tenure ended Wednesday when he was shifted to the energy portfolio. Replacing him is Gene Zwozdesky who has earned a major promotion from Minister of Aboriginal Relations and Deputy Government House Leader.

Mr. Zwozdesky, a five-term member of the legislature, served as Associate Minister of Health and Wellness 10 years ago when the government of Premier Ralph Klein passed Bill 11. It established the framework for contracting out some services to the private sector, and took some six months of virtually uninterrupted debate to get through the legislature.

For medicare advocates, Bill 11 symbolized the threat of U.S.-style health care being imposed on the Alberta system.

Even though Bill 11 never materialized as a menace, the Klein government was unable to shake the suspicion it harboured a privatization agenda. This cloud followed the current Stelmach government as it initiated health reforms on a scale unmatched in any province.

Within a week of Mr. Liepert's appointment as health minister in March 2008 he promised a nine-month action plan to improve accessibility and sustainability of care. He delivered fully on a range of measures, and followed this with a sweeping "Vision 2020" plan to overhaul health care delivery.

But, it was his surprise announcement in May 2008 that nine health regions and three provincial boards would be abolished, and their duties taken over by a single new entity, that has been particularly controversial.

The Alberta Health Services

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Quebec care guarantee working, to a certain extent

Since 2007, Quebec has had a six-month care guarantee in place for hip, knee and cataract surgery patients. And according to the latest information, over 92 per cent of them are getting the procedures done on time.

This leaves some 1,625 patients waiting longer than the prescribed limit and by law hospitals have to offer them other avenues for timely treatment. This begins with finding them another surgeon either at the same facility or somewhere else in the region or province. Failing that, they have to turn to a private clinic.

Most regions in the province are not routinely offering these alternatives to patients who are looking at a wait of over six months. But of those patients who are presented with a more timely treatment option, two thirds choose to stay with their existing

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organization officially took charge on April 1, 2009 and has a mounting deficit estimated at almost $1.3 billion. Under the leadership of its CEO Stephen Duckett, AHS has started a cost-cutting program that has seen services trimmed, hospital beds closed, and a hiring freeze implemented. An early retirement program is also in the works.

Capital projects in the health sector are also on hold such as the new $250 million hospital in Grande Prairie promised by the government more than three years ago. An $88 million hospital in Sherwood Park, a fast-growing community east of Edmonton, remains a hole in the ground.

A major embarrassment to the government before Christmas was a decision by AHS to cut free toiletry and other personal supplies for patients at the province's major psychiatric facility in Edmonton in order to save $70,000. An article in the *Edmonton Journal* Tuesday said the government was "blindsided" by the decision and scrambled to have it rescinded. But not before "the political damage had been done"

None of this has gone over well with Albertans, and it has rubbed off on the popularity of the Stelmach government.

The once seemingly invincible Progressive Conservative Party is trailing the upstart Wildrose Alliance in the opinion polls, and last week two members of the government caucus crossed over to the Alliance side.

The Cabinet shuffle this week is an attempt by Mr. Stelmach to get his government back on track. Erasing a $4 billion-plus provincial deficit, rescuing an energy sector badly bruised by the economic downturn, and recapturing public confidence in the government's handling of the health portfolio are at the top of the priority list.

On February 9, the Stelmach government will be tabling a budget that is to contain some $2 billion in spending cuts. But Mr. Zwozdesky says this should not stir any fears that the government will look to the private sector for solutions.

"I'm here to protect a cherished health care system that exists under the Canada Health Act," he told reporters Wednesday after his appointment.

Mr. Stelmach also promised Albertans his government will ensure they have "the best performing public health care system in Canada." It would appear they will need some convincing that the government is up for the job.

As an example of the public mood, on Monday night popular MLA Dave Hancock, a former health minister, was roundly jeered by people at a meeting in his riding to talk about the government's plans for health care.

Still, Mr. Stelmach maintains that his government's policies remain sound, they just have not been communicated well – a job he has entrusted to his new health minister, a person known for his interpersonal skills.

On Wednesday, Mr. Liepert told the *Edmonton Journal* he believes the government remains committed to making changes to health care. Reflecting on his time as health minister, he also said "It was a very challenging time but a lot of that was brought on by the fact that we really felt that we had to change how we deliver health care."

Critics of the government question how much of a difference the new minister can make given the province's economic difficulties.

But Liberal Leader David Swann is giving him the benefit of the doubt, for now. "I have confidence he will listen to both the evidence and the professionals in the system who have many good ideas for how it could be better," he told the CBC. ***HE***

New health ministry, minister in PEI

A new Department of Health and Wellness has been created in Prince Edward Island as part of a major shakeup of Cabinet responsibilities announced Wednesday by Premier Robert Ghiz.

It will be responsible for all health care matters including provincial drug and dental services that had been part of another ministry. It will also oversee the work of the Health PEI agency, announced last November, which will run day-to-day health care operations as of this April 1.

A report by a consulting firm for the government in November 2008 was critical of the fact that the government was running most health care operations directly and decisions were getting caught up in red tape.

Carolyn Bertram, the former Minister of Communities, Cultural Affairs and Labour (a department scrapped in the Cabinet makeover), has been named the new health minister. She takes over from Doug Currie who had been in the job since June 2007.

Ms. Bertram is a former school teacher who was first elected to the legislature in 2003. She will also handle responsibilities for aboriginal affairs. Keith Dewar, the former Deputy Minister of Health, has been named Interim CEO of Health PEI to lead the transition process. ***HE***

Hansard Highlights

The legislature in New Brunswick is the only one in session currently. Next scheduled openings are: Northwest Territories (Jan. 27), Alberta (Feb. 4) British Columbia and Quebec (Feb. 9), Ontario (Feb. 16), House of Commons (Mar. 3), Nunavut (Mar. 4), Saskatchewan (Mar. 8) and Manitoba (Mar. 23). All others await the Call of the Chair.

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An Academic Funding Plan has been finalized for emergency department physicians in Saint John, New Brunswick. In addition to a $190 per hour fee for ER work, it also provides payments for clinical care, medical education and administrative tasks. This is considered important given that Dalhousie University is setting up a satellite medical school in Saint John beginning this September. The new funding plan, which is getting $7.9 million in New Brunswick government support, is also helping Saint John Regional Hospital recruit ER physicians. An interim plan that bumped up the hourly fee has already doubled the number of such physicians working at the hospital. (*New Brunswick Telegraph-Journal*, Jan. 12)

There are more signs that a tight Ontario health budget this spring will spell difficulties for hospitals. They have been planning for increases of either zero, one or at most two per cent when costs have been going up at the rate of four per cent. The CEO of Hamilton Health Sciences said staff reductions are inevitable as it faces a deficit of as much as $36 million if there is no increase in its budget. It is the same story at Hotel-Dieu Grace Hospital in Windsor. A zero per cent increase would mean a $6.5 million shortfall and this comes after it has already pared $2.9 million off its cost base as a result of an operational review. The CEO of the hospital said there may have to be a reduction in the number of beds and greater use of licensed practical nurses. (*Hamilton Spectator*, *Windsor Star*, Jan. 13)

Nurses at St. Boniface Hospital in Winnipeg will be taking a strike vote on February 1, after their union expressed concern that the hospital wants to roll back standby and overtime provisions, as well as seniority rights, in a new contract. Nurses almost went on strike three years ago over a similar issue. (Winnipeg *Sun*, Jan. 13) … **The union representing home care workers in Manitoba wants its members classified as full-time employees**. It says the fact that the 5,000 workers in the province do not have job security is a serious issue. "If one of their clients goes into a hospital, they're out of work, they're out of pay. There's no consistency in terms of their biweekly cheque," the head of the union told the *Brandon Sun*. (January 11)

Companies bidding for two hospital public-private partnerships in Montreal have been told to sharpen their pencils, and bring the projects closer to budget. The new McGill University Health Centre has been costed at $1.13 billion but is estimated to be $300 million over budget. The research centre of the new Centre hospitalier de l'Université de Montréal is projected to cost $10 million more than its $320 million budget. The four consortia after the two projects have been given 60 days to come up with lowered bids. The government has already promised to pay 45 per cent of the costs once the buildings are completed. (*Le Devoir*, Jan. 14)

A Quebec legislative committee has begun hearings on a bill to set up a new health quality institute patterned after the National Institute for Health and Clinical Excellence (NICE) in the U.K. Creating an Institut national d'excellence en santé et services (INESSS) was one of the recommendations of a February 2008 report from a government-appointed working group chaired by Claude Castonguay. In its presentation to the committee this week, the association representing hospitals, long-term care facilities and community health centres (AQESSS) said the powers of the new institute should include the ability to evaluate the relevance of services offered by the public health network. (News release)

The federal government is being asked to stop the planned closure of 246 beds at Alberta Hospital Edmonton, the largest mental health facility in the province. Nineteen psychiatrists at the hospital have written the federal health minister saying this raises a potential human rights issue. They said it would result in a "catastrophic reduction of service to our most needy citizens in Canada" including aboriginal patients in Alberta and the three territories who depend on the hospital's services. The letter notes that last month the UN found Australia had violated the human rights of its aboriginal population by providing inadequate health care services. (*Edmonton Journal*, Jan. 8)

Wait lists in Saskatchewan are at their highest level in two years, according to information on the website of the province's Surgical Care Network. As of the end of last September, there were 28,789 people waiting for surgery. Of these, 7,475 were in line for orthopedic surgery. The government has promised to institute a six-month maximum wait for any surgery in four years. (*Regina Leader Post*, Jan. 8)

Waist lines are growing in Canada. Statistics Canada's Health Measures Survey found the waist circumference of various age groups has gone up significantly between 1981 and 2009. Among those in the 20-39 group, the proportion of those with a waist measurement placing them at high health risk has quadrupled over the period. (Canadian Press, Jan. 13)

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those still on fee-for-service.

The Ontario government has committed to adding 50 more FHTs over the next four years, and has recently committed to having 19 up and running by 2011-12. But its plan to create 25 new clinics led by nurse practitioners in operation at the same time has caused friction.

The Ontario Medical Association says the government should be using nurse practitioners within the proven FHT model. In fact, the article says the inclusion of a nurse practitioner in a FHT adds 800 patients to the expected practice size.

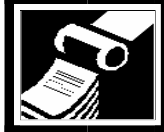
Of the four contributors to the article, three are physician academics, two from Ontario and one from Missouri. The other contributor is Jan Kasperski, CEO of the Ontario College of Family Physicians. The article, *Patient-Centred Medical Homes in Ontario*, can be accessed at http://healthcarereform.nejm.org/?p=2612&query=home#. ***HE***

Primary care networks growing in Alberta

The number of Primary Care Networks in Alberta grew from 26 to 30 in 2008-09 and the 1,761 physicians who are involved in these team-based operations are serving more than 50 per cent of the population.

In its annual statistical report, Alberta Health and Wellness says spending on PCNs increased by almost 80 per cent between 2007-08 and 2008-09.

While Primary Care Networks are certainly growing, former Health Minister Ron Liepert told the Alberta Medical Association annual conference last October he is looking for physicians to involve more allied health professionals. He said there are 416 of these professionals currently working in PCNs, and most of them are part time. ***HE***



Miscellany

Cost of spiritual care

The *Vancouver Sun* (Jan. 13) examines the B.C. Fraser Health Authority’s decision to terminate 12 spiritual care directors to save money. The *Sun* says the money available for health care is limited, and while it can be debated whether the decision was the right thing it is preferable to cutting life-saving equipment or drugs. “That said, it would certainly be better if patients had fully trained spiritual care directors at their disposal. Indeed, it would be a luxury. But it is a luxury we may not be able to afford.”

Debating health care’s future

The *Whitehorse Daily Star* (Jan. 13) says there are some troubling signs for health spending in the Yukon. In 2002, it cost $131 million to provide health care. The figure has now risen by $100 million. A government-led review of the health system in 2008 projected spending would rise to $400 million by 2018 if the cost trajectory remains as is. On top of this, Ottawa has recently signalled that it is not keen about renewing a territorial health funding deal worth $30 million over five years to the Yukon. “Clearly, something has to give, and a territory-wide conversation on how to deal with the future health care cost escalations is essential. The subject should also be given its due during the next territorial election, scheduled for 2011.” The *Daily Star* says Yukoners “will eventually have to make some choices and re-examine their expectations of the health care system.”

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surgeon.

While the provincial wait-time picture for the three procedures looks encouraging, information gleaned from a new electronic waiting-list system in Quebec shows some alarming regional disparities. In Laval, outside Montreal, only 61 per cent of patients get their hip operation within six months. It farms out some of its cases to private clinics.

Health Minister Yves Bolduc says the problem lies with an uneven distribution of specialists across the province and the fact that some of them have very long lists.

“Of around 1,500 to 2,000 physicians who do surgery, I have probably between 30 and 40 who have excessive lists. But when a doctor has 500 names on his list that has an impact,” he told *Le Devoir* this week.

Dr. Bolduc’s ministry is working with these physicians as well as with hospitals which do not have the necessary apparatus in place to conform to the care-guarantee law.

He also told *Le Devoir* and *La Presse* this week he contemplates a future expansion of this guarantee to cover other types of non-urgent surgery.

Currently, some 28 per cent of patients who are waiting for one of these other surgeries have been on hold for more than six months. ***HE***