

More signs of health care spending being under fire

As provinces get ready to table their new budgets over the next number of weeks, there are yet more signs that health spending will be reined in.

On Tuesday, *Le Soleil* reported that the Quebec government will be unveiling a "battle plan" at the end of the month, in advance of the budget, to bring the province's finances back to break-even.

This will include abolishing some programs and organizations over a two-year period, and *Le Soleil* said the province's 18 regional health agencies could be one of those on the chopping block. They have a combined operating budget of \$600 million and oversee 95 local health networks.

The Quebec government has announced that it will be limiting program spending to 3.2 per cent in 2010-11. The health and social services, education, and family and seniors' ministries will get more than the others, but there is no chance of health and social services getting anything near the six per cent raise of last year.

A particular challenge for the government is that it is engaged in difficult contract negotiations with all segments of the health-care workforce.

This week, the federation representing medical specialists said it is after an increase of four to six per cent a year in order to narrow their earning gap with colleagues in other provinces from 55 to 17 per cent by 2015.

General practitioners have not tabled their wage demands yet, but they already have the govern-

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Danny Williams has heart surgery done in U.S.

Newfoundland and Labrador Premier Danny Williams received heart surgery in the U.S. Thursday under rather mysterious circumstances. It is not yet known what his condition was and where he had the procedure done. One thing for sure is that it has raised some awkward questions about why he could not have received the necessary care in his own province or at least somewhere else in Canada.

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Health-care sustainability concern in NWT budget

The 2010-11 budget was tabled in the Northwest Territories last Thursday, containing a stern warning from Finance Minister J. Michael Miltenberger that cost pressures in the health system have to be reduced if it is to be sustainable.

The Department of Health and Social Services makes up 25 per cent of the territory's operating budget, and expenditures were boosted to \$326 million for 2010-11. This is less than \$1 million above revised spending estimates for 2009-10 which were 3.8 per cent over what was in the original budget.

Last November, Health and Social Services Minister Sandy Lee launched *A Foundation for Change* which sets out changes

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Acting Premier Kathy Dunderdale told reporters Tuesday that Mr. Williams had consulted specialists over the past several weeks, and having the surgery done in the province "was never an option that was offered to him."

She said the procedure was being done in the U.S. by a noted expert in the field and his prognosis is "very, very good." He is expected to be off work for three to 12 weeks.

"Ultimately, we have to be the gatekeepers of our own health, and he has taken medical advice from a number of different sources," she told the CBC. "Based on all of the medical advice that he's received, he is doing what is best for him, to do everything he can to ensure that he can have the best outcome from the surgery and that he can be back on his feet and back here doing his job as quickly as possible."

The situation has prompted some critics to suggest the premier, who is independently wealthy, chose a private sector option for his own personal needs while professing support for Canadian medicare.

Right-wing lobby groups in the U.S. are using Mr. Williams' surgery to buttress their case that a Canadian-style health care system is not a good model for that country to follow. They have attempted to make similar political capital out of other Canadian poli-

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ticians who have gone south for treatment, such as former Quebec Premier Robert Bourassa and MP Belinda Stronach.

A few leading cardiac experts in Canada have raised questions about why he needed to travel out of the country.

Dr. Arvind Koshal, one of the leading heart surgeons in Canada, told the *Globe and Mail* that virtually all cardiac procedures in the U.S. are also available in Canada. He said the Williams' situation is a potential black-eye for Canada.

"The optics are very poor, especially for people who are proponents of the Canadian health care system," he said.

Newfoundland and Labrador Health Minister Jerome Kennedy is surprised by suggestions the premier does not have confidence in the province's health system, making the point to the *St. John's Telegram* that he had major back surgery there a few years ago.

The CEO of Eastern Health region in St. John's, where Mr. Williams had his pre-operative diagnostic testing, said no one should jump to conclusions about the premier losing faith with the provincial health system.

"There's no question that this is not a queue-jumping issue," Vickie Kaminski told reporters Tuesday, pointing out that the province has a comprehensive cardiac program.

Late Thursday, Ms. Dunderdale provided an update saying Mr. Williams had had his "preferred" procedure and was in intensive care. She chastised those who raised questions about his motives. "The premier hasn't done anything that anybody else wouldn't have done."

She said that after he recovers he will be anxious to answer critics who have portrayed him as a "poster child" for privatized care.

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Hansard Highlights

Debates in provincial legislatures/House of Commons

A brief Speech from the Throne opened a new session of the **Alberta** legislature Thursday afternoon. It noted the tabling of a recent report from the Minister's Advisory Committee on Health that recommended the creation of a new *Alberta Health Act*. The Speech said this will be introduced in the fall after further public consultations and set "principles for the development of legislation, policy and program delivery changes across the system." One of these principles, as recommended by the Committee, will address the sustainability of the health system.

The Speech also promised that the new budget, to be tabled next Tuesday, "will provide stable, five-year funding to Alberta Health Services. This will give our health care partners the security of knowing that growing cost pressures will be addressed."

It added that the government will be seeking input on whether the system is performing to the expectations of Albertans. "We

will report back to Albertans on action taken and progress made," it said.

The legislature in **New Brunswick** actually returned January 12 but until this Thursday question period had been dominated by the issue of the sale of NB Power assets to Quebec. On Thursday, Progressive Conservative Health Critic Margaret-Ann Blaney asked about the status of the new provincial trauma system. Health Minister Mary Schryer said there is \$2.5 million in the 2010-11 budget to bring this forward, but Ms. Blaney pointed out that the new trauma director, Mr. Marcel Martin, is still working part-time. The minister said he has been busy familiarizing himself with the state of care, and the government has been upgrading facilities including Saint John Regional Hospital "the number one trauma spot."

Next Tuesday the spring sessions of the **British Columbia** and **Quebec** legislatures will begin.

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that need to occur in the next three years to meet three goals: wellness of Northerners, accessibility, and sustainability in NWT's health system.

A news release at the time said the plan does not call for a reduction in spending, but includes initiatives to put a "bend in the trend" of health expenditures.

In his budget address, Mr. Miltenberger said the territory is not alone in addressing the sustainability issue and something has to be done.

"Change is no longer a choice," he said, adding that the plan is "intended to address cost pressures while still ensuring that we are delivering the right health care services to the right people

in the right way." This is underpinned by a team-based Integrated Service Delivery Model launched in 2004.

Mr. Miltenberger said the approach will also include accountability improvements, such as streamlined financial systems, and implementation of contribution agreements.

"Changes to the way we deliver health care services in the NWT must be made in conjunction with reinforcing people's personal responsibility for their own health, by eating a healthy diet, exercising, and not smoking or abusing alcohol. The alternative is to see ever-rising health care costs that erode our ability to invest in other, equally important, areas," he said. **HE**

.. Briefly .. News Shorts .. Briefly .. News Shorts .. Briefly

The number of patients living with chronic disease in Ontario is on the rise, the Ontario Medical Association says. The number of patients with diabetes increased over 50 per cent between 1995-2005, and the proportion of patients with hypertension nearly doubled from 8.7 to 16.4 per cent. The OMA is recommending an increased role for patients and their families in managing chronic disease, and shared decision-making and care planning with physicians. The OMA is also calling for “an effective strategy for the coordination of care for patients with multiple chronic diseases” and a government-sponsored pilot project to evaluate a self-management program for diabetes, congestive heart failure or arthritis. Additionally, the OMA is recommending continued investment in electronic health records “to further enhance the care provided to patients in managing chronic disease.” (News release at www.oma.org/home.asp) ... **Chronic obstructive pulmonary disease (COPD) costs the Canadian health care system as much as \$1.5 billion a year,** the Canadian Thoracic Society says in a report this week. It says more people are being admitted to hospital with COPD than any other major chronic disease including heart attacks, and the number has been increasing dramatically in recent years. The report, *The Human and Economic Burden of COPD*, can be found at www.lung.ca/cts-sct/home-accueil_e.php

The federal government has announced \$15.5 million in funding support for seven cancer chronic disease prevention initiatives. The CLASP (Collaboration Linking Science and Action) programs bring together more than 30 groups and

agencies to integrate cancer and other chronic disease prevention strategies. Most of funding, to be provided over three years, is coming from the Canadian Partnership Against Cancer. (News release at www.phac-aspc.gc.ca/index-eng.php) ... **Inuit leaders say Canada should include the needs of Inuit children in an international effort to improve maternal and child health** which the prime minister plans to promote at the G8 meeting this summer. A recent study found Inuit infant mortality is four times the national average and 70 per cent of children live in homes where there is not always enough food. Liberal Leader Michael Ignatieff is also after the prime minister to ensure that abortion and birth control services are included in the pact. (Canadian Press, Jan. 29; Canwest News, Feb. 2)

Ontario is creating 54 new medical school spaces at the University of Toronto's new Mississauga Academy of Medicine which is expected to open in the summer of 2011. The announcement is part of the government's plan to expand medical school spaces by 38 per cent. (New release at www.news.ontario.ca/newsroom/en) .. **Ontario's health minister has promised funding to keep the Toronto Grace Hospital going.** The Salvation Army had told the government it wanted out of running the hospital, a palliative care facility, and this became a hot political issue in a by-election being held this week. On Wednesday, the Salvation Army announced that it would be maintaining its involvement in the hospital after receiving the government's commitment to provide funding for infrastructure upgrades. (News releases) ... **Ontario is rebuilding 4,183 existing beds and updat-**

ing facilities at 37 long-term care homes as part of its plan to redevelop 35,000 older beds over 10 years. The redeveloped homes are expected to be completed as early as 2012. (News release at www.news.ontario.ca/newsroom/en). The day before this announcement, the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) made a pre-budget presentation to the legislature's finance committee calling on the government to deliver on its promise to fund additional staff. It said without this funding care levels will continue to decline. (News release at www.oanhss.org)

Alberta Capital Bonds are being offered for the first time in 13 years to give Albertans the opportunity to invest in long-term care and supportive living facilities, lodges or group homes. The government hopes to raise \$100 million from the program. (News release at www.finance.gov.ab.ca/index.htm under News) ... **British Columbia has launched a new Care Aide and Community Health Worker registry.** Registration with the registry is a requirement of employment, and employers are required to report any alleged patient abuse by an employee to the registry at time of suspension or termination of employment. (News release at www.gov.bc.ca/health/index.html under News) ... **Manitoba is providing \$17.7 million for new and replacement hospital diagnostic equipment.** It is part of a two-year, \$85-million investment in specialized medical equipment announced in late 2008, and represents a doubling of the province's annual specialized health equipment budget in the last two years. (News release at news.gov.mb.ca/news/index.html?archive=2010-1-01&item=7697)

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ment’s promise to narrow their earning gap with specialists in the province and with GPs in other provinces. The head of the GP federation in Quebec told *Le Devoir* this week that no slippage in this goal will be tolerated.

The Quebec government has offered all public sector workers, including nurses, a seven per cent increase over five years, and Premier Jean Charest has already dismissed the idea of a four per cent increase for specialists as unrealistic.

Meanwhile, the *Saskatoon Star-Phoenix* reported Thursday that Saskatchewan Health Minister Don McMorris has asked health regions to look for ways to save money. “We’re looking at where we can find efficiencies throughout the system and that’s in all aspects,” the minister told the newspaper.

This is part of a government-wide effort, as it tries to offset an 18 per cent hit to revenues from tumbling potash prices.

Last week, 25,000 hospital support workers in the province received a final offer from employers of a 9.5 per cent increase over four years in a new contract.

In Ontario Tuesday, the Ontario Hospital Association made a pitch to the legislature’s finance committee to get at least a two per cent increase in hospital budgets in 2010-11.

Even with that amount, Tom Closson, the CEO of the association, said there will be an impact on services. “At many hospitals, certain core patient services would be reduced. In some cases, they may well be eliminated completely,” he said.

He also said changes to the hospital workforce will be needed. The Registered Nurses Association of Ontario told the committee Tuesday that hospitals have cut some three million hours of nursing care to balance their budgets. **HE**



Miscellany

Williams’ surgery

There was plenty of editorial reaction this week to news that Newfoundland and Labrador Premier Danny Williams had gone to the U.S. for heart surgery.

The *Montreal Gazette* (Feb. 3) said the situation demonstrates the hypocrisy of Canadian medicare. It noted the comment by Newfoundland and Labrador Deputy Premier Kathy Dunderdale that he is exercising his right to be the gatekeeper of his own health. “Fair enough,” said the *Gazette*. “But in today’s Canada this liberty is in practice available only to the richest.” The *Calgary Herald* (Feb. 4) took a similar tack, saying what he has done is nothing new. “Wealthy Canadians have for years been crossing the border to pay out of pocket for medical care in the U.S.” It said where he had the procedure done is “neither here nor there.”

But the *Globe and Mail* (Feb. 3) disagreed. “The care of Danny Williams’s ailing heart is very much the business of the people of Newfoundland and Labrador,” pointing out that he is the custodian of the province’s health care system. The *Globe* said the government’s failure to provide information about his treatment is leading people to infer that “there is one standard of health care for the public, and another for government leaders.”

“Ordinarily, health is a very personal matter, for discussion with one’s doctor and family. But not when the patient is the premier of a province. Then it’s political,” the *Toronto Star* (February 3) added. It said “The controversy has been heightened by the cloak of secrecy draped around the Williams’ surgery.” Similarly, the *Edmonton Journal* (Feb. 3) said politicians live by different rules when it af-

fects their performance. The *Journal* concluded that until more is known, the situation is sending the unfortunate message “that our (health) system is second-rate, forcing those who can afford it to go elsewhere.”

The *St. John’s Telegram* (Feb. 4) said the government’s handling of the situation “certainly hasn’t been stellar” and the close-lipped stance of senior officials has led to rampant speculation as to why he did what he did. “The problem is there was bound to be a firestorm about Williams’ health and treatment, and the government knew it. The way they chose to handle it has done nothing but add fuel to this particular fire.”

The costs of aging

Globe and Mail columnist Jeffrey Simpson (Feb. 3) says the federal government should establish a blue-ribbon panel to look at a range of questions related to the impact of aging before the next federal budget (after the one in March). He says the health system is already feeling the aging pressure. “The pinch will get tighter when older individuals such as Newfoundland Premier Danny Williams won’t wait for treatment, assuming they could find it in Canada. People with money just won’t stand for health systems telling them they cannot spend their money to fix ailments as their bodies age.”

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