

Heart Health Strategy could produce dividends

Canada could save almost \$77 billion over a 15-year period, about \$5 billion a year, if some of the targets set out by the Canadian Heart Health Strategy and Action Plan are met, according to a Conference Board of Canada report released Monday.

This strategy and plan (CHHS-AP) was released almost a year ago, the product of an expert working group set up by the federal government in October 2006 to address the country's number one health problem. Cardiovascular disease causes one-in-three deaths, more than any other illness, and is a \$22 billion-a-year drain on the economy.

The working group created a six-point plan to create heart healthy environments, help Canadians lead healthier lives, end the heart-health crisis among aboriginal populations, as well as build chronic disease prevention and management programs, build infrastructure to enhance prevention and care and nurture the development of the right health-human resources.

It set a number of targets. By 2015: increase the proportion of Canadian children and adults eating at least five servings of fruit and vegetables per day by 20 per cent; increase the proportion of Canadian children and adults who are physically active by 20 per cent; and, decrease the rate of Canadian adults who are overweight or obese by 20 per cent.

And by 2020, decrease the prevalence of high blood pressure in adult Canadians by about a third and reduce the overall smoking rate by 25 per cent.

(See "Heart" on page 4)

Alberta health care gets big funding increase

The health sector in Alberta was the big winner in Tuesday's provincial budget. The government has eliminated the accumulated \$1.3 billion deficit of Alberta Health Services, boosted its base funding by 10 per cent, and tacked on an additional six per cent spending increase for the 2010-11 fiscal year which starts April 1.

AHS will also be getting six per cent increases in the next two fiscal years and 4.5 per cent increases in the two years following.

Health spending jumps almost \$2 billion overall to \$15 billion in 2010-11 and now accounts for 41 per cent of all government expenditures. AHS will be responsible for \$9 billion or 60 per cent of the health budget.

As health spending soared, 14 other departments saw their expenditures cut on Budget Day to produce some \$1.3 billion in savings. Still, government spending is up six per cent overall against expected revenue growth of only 1.3 per cent. As a result, the government expects to rack up a deficit of \$4.7 billion in 2010-11 and be forced to draw down on its \$13 billion rainy day fund.

The special treatment for health care was a bit of a surprise given that the government had said, in the months leading up to the budget, that it needed to trim \$2 billion off total program spending as part of the deficit fight. Premier Ed Stelmach had even embraced the notion of keeping program spending increases in line with population growth and inflation or 3.5 per cent.

But the government has had a tough time with the health file. The AHS takeover of day-to-day health care responsibilities from the nine former health regions and three provincial boards has had its transition problems, and a

(See "Alberta budget" on page 2)

In This Issue:

- ◆ *Severity of H1N1 examined in new report.....4*

Alberta Health Act to be tabled this fall

Health and Wellness Minister Gene Zwozdesky has accepted all of the recommendations from the recent Minister's Advisory Committee on Health report which included the need for a new *Alberta Health Act*.

This would establish the fundamental principles on which the health system operates and provide the necessary flexibility and scope to deal with existing and future demands.

These principles would include those already in the *Canada Health Act* as well as those which reflect the values of Albertans. During their consultations, the Advisory Committee heard suggestions that principles such as accountability, transparency and sustainability be included.

The new Act would also include a patient charter outlining

(See "Alberta Health Act" on page 2)

(*"Alberta budget"* from page 1)

series of unpopular measures had been proposed to deal with the ballooning deficit.

This included closing 300 hospital beds in Edmonton and Calgary, and 246 beds at the province's major psychiatric facility.

These decisions have since been reversed as the government seeks to regain public confidence. New Health and Wellness Minister Gene Zwozdesky has pledged to slow down the pace of health reform and consult Albertans before embarking on any major initiative.

The injection of new funds was welcomed by nurses and physicians, but Liberal Leader David Swann told the *Calgary Herald* "This is clearly just throwing good money after bad." He plans to call for an inquiry or audit into health spending.

Dr. Swann raised the issue during question period in the legislature Wednesday, saying the problem with Alberta's health system is mismanagement.

Premier Stelmach said over the past year, as AHS has been battling its deficit and achieving efficiencies, the government has gained a better appreciation of the "true cost of delivering health care in this province." He said this has been reflected in the new budget.

In his blog on Budget Day, Stephen Duckett, the CEO of Alberta Health Services, was understandably upbeat about the funding his organization will receive. He said it allows AHS to "redouble" its efforts to improve access and quality.

However, he said that the increases are a far cry from the years when spending went up 10 per cent and AHS will still have to watch its pennies.

"In fact, I'll go further: if we want to fund innovation and new types of services, we'll have to work smarter so we can make sure we meet future de-

Hansard Highlights

Debates in provincial legislatures/House of Commons

A Speech from the Throne opened a brief session of the British **Columbia** legislature Tuesday in advance of the Winter Olympics. The government said the new budget, to be tabled March 2, will contain a "new agenda." For health care delivery, the Speech said innovation will be the "watchword" for making it "more responsive to patients' needs and more sustainable for the future." It added that "Several innovations will be introduced to give patients new choices, to reward performance in health delivery and to protect public health care for future generations." It also said financial discipline will be essential to stem the unaffordable growth in health spending if the government is going to again

be able to balance its budget in 2013.

In the **New Brunswick** legislature Tuesday, Health Critic Margaret-Ann Blaney asked when advanced paramedic care will be in place across the province. She asked the question the day after the issue was raised in the final report of the New Brunswick Trauma System Advisory Committee.

Ms. Blaney made the point that the province is the last jurisdiction in the country not to have this kind of service. Health Minister Mary Schryer said the government has recently launched a new ambulance system and will be working on how to integrate advanced care paramedics into the system.

mand. This will include new strategies and investments in areas such as primary care." He added that AHS will have to improve productivity and "ensure our new labour agreements are both fair and affordable." AHS is about to enter into negotiations with nurses over a new contract.

In his Budget Speech, Finance Minister Ted Morton complained about the rules the federal government has for allocating the Canada Health Transfer, the principal means it has to support provincial/territorial health care.

As one of three "have" provinces, Alberta receives less per capita than other provinces and Mr. Morton said it adds up to a shortfall of \$700 million this year. "This is not right. This is not fair. And we will vigorously pursue fair funding on behalf of all Albertans."

Mr. Zwozdesky told the Edmonton *Sun* editorial board this week he plans to discuss the matter at a meeting of health ministers later this year. **HE**

(*"Alberta Health Act"* from page 1)

citizens' rights and responsibilities.

Mr. Zwozdesky has announced that consultations on the new Act will begin immediately with legislation to be tabled this fall. He has appointed MLA Fred Horne, co-chair of the Minister's Advisory Committee on Health, to lead the consultation process.

The feedback is to be incorporated in a "blueprint" to be presented to the Minister by September 30 of this year.

One of the other recommendations in the Advisory Committee's report was the creation of an arm's-length entity "to ensure use of best available evidence in decision-making."

There was no mention in the Minister's announcement last Friday whether this will be specifically addressed in the consultations, but Mr. Horne told the *Edmonton Journal* that *ad hoc* decisions on things like bed closures have to end. **HE**

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

The isotope supply situation is about to get worse. The Chalk River nuclear reactor has been out of commission since May 2009 to fix a leak. Now the Petten reactor in the Netherlands will shut down next Friday for repairs. The two reactors account for about 60 per cent of the global production of medical isotopes for nuclear medicine. This has a particular impact on cancer diagnoses. Hospitals are looking far afield for replacement supply. The Winnipeg Regional Health Authority, for example, has been scouting out Argentina as a possible source. An editorial in the *Montreal Gazette* Wednesday said nuclear medicine specialists and the government in Quebec should be congratulated for anticipating the problem and ensuring 30 per cent of cancer patients can now be diagnosed with Positron Emission Tomography (PET) scans. The Chalk River facility could be back on line in April, all going well with repairs. (*Gazette, Winnipeg Free Press*, Feb. 10; *Globe and Mail*, Feb. 8)

Giving palliative care patients the opportunity to die at home can be expensive, a study led by Université Laval has found. The study, involving 248 participants from five cities (Halifax, Montreal, Winnipeg, Edmonton and Victoria) found families take on more than 25 per cent of the average \$18,446 cost. The study was published in a recent edition of *Palliative Medicine*. (*Le Soleil*, Feb. 11)

Hospital workers in British Columbia have a tentative two-year contract. It contains no wage increase, but does protect existing wages and benefits of the 47,000 workers and gives them more options to protect them from restructuring and contracting out. (*Victoria Times-Colonist*, Feb. 9) ... **B.C. has launched consulta-**

tions to determine the best model to deliver ambulance services. The consultation, which is expected to last only three weeks, centres on three options: closer integration with the health system; closer integration with other emergency service providers; and opportunities for private sector service delivery. It is the last option which has attracted attention. The government forced an end to a strike by paramedics last November and is currently negotiating a new contract. (*Victoria Times-Colonist*, Feb. 11; New release)

There are major security issues with the clinical information system in use at Vancouver Coastal Health Authority, the province's auditor general has found. The Primary Access Regional Information System (PARIS) is used by the health authority in providing community health care services to more than 620,000 residents of the region. The auditor found system access is not granted on a "need-to-know" basis. All 4,000 users were found to have excessive access to sensitive and confidential client information. In some instances, this included client's full health information. As well, the system lacked essential security controls needed to detect and prevent unauthorized access or attacks, and there is a risk that inappropriate disclosure or theft of information could take place without the authority's knowledge. (News release and report at www.bcauditor.com)

Quebec health establishments are looking for the government's help to cover H1N1 expenses which could amount to \$200 million. Otherwise, they may have to run deficits, a survey by the association representing hospitals and other facilities (AQESSS) has found. They are

also critical of the fact that they typically first found out through the media what the health ministry was doing to combat the virus threat. The new budget in Alberta this week forecast that H1N1 activities in the province would amount to \$138 million in 2009-10. (*La Presse*, Feb. 10; Alberta budget documents) ... **Quebec posted an average of more than 3.6 transplanted organs per deceased donor in 2009** despite a slight decrease in the number of donors, Québec-Transplant announced this week. "The sharing of best clinical practices has been a determining factor in increasing the supply of organs available for transplantation in the last five years, and this has resulted in an almost 15 per cent increase in the number of organs transplanted," the head of the agency said in a news release.

A new toll-free trauma line and a no-refusal policy for New Brunswick patients in need of transfer to specialty sites, these are among initiatives for a new coordinated trauma system which Health Minister Mary Schryer announced Monday as she released the final report of the New Brunswick Trauma System Advisory Committee. A toll-free trauma line will be established this spring to ensure that emergency departments have access to trauma specialists on a 24/7 basis. The no-refusal policy will prevent delays in transferring trauma patients to the nearest facility equipped to treat their condition. Ms. Schryer said the government will also be appointing new trauma team physician leaders, standardizing provincial policies and procedures, and funding trauma training to critical care nurses, among other measures. (News release at www.gnb.ca/cnb/news/he/2010e0171he.htm)

Severity of H1N1 examined in new report

H1N1 was a more serious public health threat than it appeared, a CIHI study this week has found.

When compared to a typical flu, the H1N1 virus resulted in a higher proportion of patients requiring specialized hospital services, and particularly affected younger people.

The CIHI study compared statistics from the Public Health Agency of Canada with its own hospital statistics.

It found that from April 12, 2009, to January 2, 2010, the proportion of hospitalized H1N1 patients requiring intensive care was 50 per cent higher than for those admitted to hospital with influenza or pneumonia in the baseline year - with almost one-in-six H1N1 hospitalized patients admitted to an intensive care unit.

In addition, an estimated one-in-10 patients admitted to hospital with H1N1 required ventilation to assist with breathing. This was more than double the influenza/pneumonia group.

"Our study shows that proportionately more H1N1 patients needed specialized and intensive hospital services than what we've come to expect in a typical flu season," Jean-Marie Berthelot, Vice President of Programs at CIHI, said in a news release.

The study found that the virus hit younger people hard. The median age of people with H1N1 who died was about 30 years younger than that of people who died with influenza/pneumonia.

Pregnant women were also more affected by H1N1 than by the regular flu, but CIHI said more study is needed to understand why this was the case.

The report, *H1N1 in Canada - A Context for Understanding Patients and Their Use of Hospital Services*, can be found at www.cihi.ca. **HE**



Miscellany

Alberta budget

The *Edmonton Journal* (Feb. 10) says the funding increase for health care in the new budget is "eye-popping" but "is effectively an admission by the government that the health system actually works quite efficiently, and that pretending otherwise - in recent years' attempts to force the system to find major economies without explicitly limiting access - will only lead to the Alberta Health Service running deficits that eventually have to be covered." The *Journal* said the increase, coupled with a five-year plan for health care that is based on population growth and inflation is a "welcome change of direction. We can now hope the next time government and taxpayers become anxious about health costs - which is inevitable for a line item that is moving inexorably toward half the budget - a more adult discussion can be had about what Albertans are willing to do without."

Health spending

The *Toronto Star* (Feb. 6) also took a look at the issue of health-

care funding as the Ontario government gets ready to table its own budget in late March. It commented that the government had to inject \$15 million to keep the Toronto Grace Hospital going when it became an issue in the recent by-election. "This scenario could be replayed across the province in the coming months," the *Star* said, as other cost-related issues roll out across the province because of limits to health-care funding. The *Star* says that the Ontario economy will eventually recover, "But the problem of ballooning health-care costs will not solve itself. Unless the province decides to be a provider of health care and little else, we desperately need a serious rethinking of this sector."

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(*"Heart"* from page 1)

However, despite an initial investment by the federal government to develop a Heart Health Strategy it remains in limbo. With the new federal budget in the works for tabling on March 4, the lobbying machine is in overdrive to get the long-sought-after funding.

"Cardiovascular disease is the leading cause of deaths, hospital admissions and drug costs in Canada," Dr. Eldon Smith, an eminent cardiologist who was chairman of the steering committee, said in a news release. "The experts who worked hard to de-

velop the CHHS-AP did not want it to sit on a shelf, and this analysis demonstrates that Canadians can't afford to let that happen."

The Conference Board report said the savings from executing the strategy and plan average \$5 billion a year between 2005 to 2020, but they could reach up to \$10 billion a year if all the actions laid out by the committee are implemented.

The report, *The Canadian Heart Health Strategy: Risk Factors and Future Cost Implications*, can be found at www.conferenceboard.ca/documents.aspx?did=3447. **HE**