

Doctor visit user fees in Quebec being advised

The Quebec government is being advised to implement a user fee on Quebecers' physician visits as one of the ways to raise money and return public finances to break-even in three years.

The recommendation came this week in the third report of the Advisory Committee on the Economy and Public Finances which is being used as part of the consultation process for Finance Minister Raymond Bachand's upcoming budget.

The government wants to bring its budget back to break-even in 2012-13 from a deficit that this year alone could amount to \$4.7 billion.

In a speech to an employers' council this week, Mr. Bachand embraced the idea of a "cultural revolution" in the kind of services the public sector offers and how these are paid for.

The Committee suggested a "50-50" arrangement where every dollar raised in additional revenue is matched by a dollar saved in public expenditures through productivity and efficiency improvements.

In addition to the doctor visit charge, which had been an idea in the Castonguay report on health-care financing two years ago, the Committee talked about the possibility of hiking premiums in the universal drug plan.

Other revenue-raising ideas include increasing electricity rates and the gasoline tax. The Committee also endorsed a percentage point increase in the provincial sales tax slated for next January.

In its second report, tabled last

(See "Quebec" on page 4)

Williams' U.S. surgery was available in Canada

Newfoundland and Labrador Premier Danny Williams has defended his right to go to the U.S. for heart surgery. Three weeks after it was announced he had left the province to undergo an unspecified type of procedure at

an undisclosed location, Mr. Williams told Newfoundland Television (NTV) Monday he had surgery to repair a leaky heart valve at Mount Sinai Medical Center in Miami Beach.

Mr. Williams' condition, mitral valve regurgitation, had deteriorated in the past year and was considered severe by his physicians. He went to the Miami facility, and surgeon Dr. Joseph Lamelas, on the recommendation of a medical friend who works in New Jersey.

Dr. Lamelas is a leading expert in the use of a minimally invasive technique to repair faulty heart valves. It involves the use of special instruments to repair the valve through a small incision in the side of the chest instead of having to separate the sternum.

Mr. Williams said he opted for this technique because it offers a number of benefits including a shorter recovery time which would allow him to return to work sometime in March. He also told NTV this technique is not available in his province, and "was not offered to me in Canada."

However, this was immediately disputed by experts, and it has since been revealed the procedure is performed in at least seven major centres in the country.

The premier, who did the interview with NTV from his condo in Sarasota, emphasized that his decision to leave the country is not a reflection of how he feels

(See "Williams" on page 2)

In This Issue:

- ◆ Editorial reaction to Williams' statement on surgery.....4

Changes to Health Edition next week

Next week we are launching a new look for *Health Edition* — our first makeover since we went online 10 years ago.

You will find some new features we hope will allow you to enjoy this service even more.

This includes an enhanced search engine for our news archives dating back to the National Forum on Health in 1997.

We have also incorporated all the latest social marketing gizmos, and a letter-to-the-editor tool to provide your input.

The newsletter is still available by email, but will be going out exclusively in HTML format which will replicate what you will find on our home page. However, at the front-end of the email, there are links to jump immediately to a PDF, text and even a mobile version.

Health Edition continues to be sponsored by Merck who has been our arm's-length partner since 1998. We hope you like the changes. **HE**

(“Williams” from page 1)

about the Canadian health care system. He said he has the “utmost confidence” in the Canadian system.

He said his staff had warned him that leaving the country could be an issue, but he was undeterred.

“This is my heart, it’s my health, and it’s my choice,” Mr. Williams said. He also commented that “ninety-nine per cent” of people in his province are behind him and his right to privacy on the matter.

Nonetheless, his comments are unlikely to quell the debate that has raged since news of his U.S. operation surfaced earlier this month.

Some commentators said Mr. Williams had fuelled the impression that the Canadian system is “second-rate” and that those who can afford it (as Mr. Williams can) will flee for better care elsewhere. This debate continued on the editorial pages of newspapers this week.

Some leading heart surgeons were also outspoken by the Williams’ case. Dr. Bob Kiaii, who led the team that performed Canada’s first endoscopic closed-chest robotic bypass surgery at the London Health Sciences Centre almost three years ago, told the *Globe and Mail* it effectively “bad mouths” the country’s health system.

Dr. Blair O’Neill, the incoming president of the Canadian Cardiovascular Society, told Canadian Press it would be a mistake to assume the premier received better care in the U.S., with surgeons in this country doing considerably more procedures.

But Mr. Williams has no regrets. He received a clean bill of health from his Miami physician and jetted to Vancouver this week to attend celebrations of Newfoundland and Labrador Day at the Winter Olympics in Vancouver Friday. **HE**

Hansard Highlights

Debates in provincial legislatures/House of Commons

In the **New Brunswick** legislature Tuesday, Progressive Conservative Health Critic Margaret-Ann Blaney asked when regulations governing midwifery will be in place, noting that legislation was passed in June 2008 and “timelines set out by the Department of Health and the former Minister of Health have not been met.” Mary Schryer, the current health minister, said a council was established last month and is developing these regulations which will then have to be proclaimed by the government. However, she said the two regional health authorities should be able to start recruiting midwives “by the end of the spring.”

In the **Alberta** legislature Tuesday, NDP Leader Brian Mason said long-term care is a “top concern” of Albertans and claimed the government’s plan is to “close long-term care beds in favour of private assisted living facilities (that allow) operators to charge outrageous fees for services that are covered under long-term care.” He listed a number of examples including \$75 a month to get bed sheets washed. Health and Wellness Minister Gene Zwozdesky disagreed that it was the government’s intention to close long-term care beds, saying more are needed. He also pointed to a recent \$100 million bond issue to raise money for this purpose. He said the health facilities capital plan at the end of March will contain news on this front.

A following question, from government MLA Raymond Prins, asked about future funding for primary care networks. Mr. Zwozdesky said there are 32 such networks currently in operation with another 11 “to come on stream very soon” but he said the issue of funding has to be ad-

ressed in contract talks with the Alberta Medical Association.

In the **Ontario** legislature Tuesday, Liberal Health Critic France Gélinas asked about a panel that has been at work since January 2009 developing a framework for the government on a rural health strategy. Some people have suggested this framework it will be the basis for service cuts in rural and remote areas. Health and Long-Term Care Deb Matthews said the report of the panel will be presented “in coming weeks” and that will trigger broad consultations in rural and northern areas. “The third phase will inform the development of our provincial framework,” she said.

Also on Tuesday, NDP Leader Andrea Horwath asked the minister to make the current moratorium on competitive bidding for home-care contracts permanent when existing contracts expire March 31. However, Ms. Matthews said “A competitive bidding process will ensure consistent quality of care for clients and enhance fairness and transparency in selection. More importantly, it will provide clients with care suited to their medical condition.”

On Wednesday, the issue of children’s mental health services was raised. Ms. Horwath noted that wait times for early intervention programs are highest in the Hamilton and Niagara regions at 68 days versus 17 elsewhere. Laurel Broten, Minister of Children and Youth Services, said a “comprehensive data collection effort” has identified what services exist, and do not exist, and where the government should focus its efforts. She said the government will continue to work with communities, parents and other partners to find “innovative models and solutions.”

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

Saad Rafi has been named Deputy Minister of Health and Long-Term Care in Ontario effective February 16. He was formerly the Deputy Minister of Energy and Infrastructure. (News release) ... **Ontario will be introducing legislation to regulate retirement homes this spring.** It will also include a resident's Bill of Rights, as British Columbia has recently done. The adequacy of care in such homes, which are designed for people who need minimal daily living support, has become an issue in a number of provinces. There are 700 retirement homes in Ontario. (*Toronto Star*, Feb. 24)

WHO has not yet downgraded the H1N1 outbreak from pandemic status. Its Emergency Committee concluded Wednesday that it would be premature to conclude that the virus has peaked in all parts of the world. It will review the situation in a few weeks. However, Dr. Michael Gardam, director of infectious disease prevention and control with the Ontario Agency for Health Protection and Promotion, told the *Toronto Star* this week "There is really no flu around. That's (the case) everywhere across the country." Canada will remain in pandemic mode until WHO removes its Level 6 alert. (*Toronto Star*, Feb. 24; News release)

The number of visits by Ontario seniors to hospital emergency departments grew by about 10 per cent over the last five years, a report from the Canadian Institute for Health Information said last week. However, much of the increase in visits can be attributed to the increasing seniors' population. In fact, the 1.5 per cent increase in the utilization rate for seniors age 65 and older was much lower than the 2.6 per cent increase for those age 20 to

64. Furthermore, the rate of hospital admissions through emergency departments (EDs) for seniors decreased from 28 to 25 per cent over the five years. An increasing proportion of these seniors was either discharged home or transferred to another medical facility, such as long-term care. In 2008–09, ambulatory care sensitive conditions accounted for nine per cent of ED visits among seniors, and almost half of seniors who visited EDs with these conditions were hospitalized. These are chronic conditions that can potentially be managed or controlled in the community, potentially avoiding hospital care. Among ambulatory care sensitive conditions, the analysis found chronic obstructive pulmonary disease (COPD) to be the most common reason for an ED visit by a senior, followed by heart failure and pulmonary edema. The report, *Seniors' Use of Emergency Departments in Ontario, 2004-2005 to 2008-2009*, is available at www.cihi.ca.

Crowded emergency departments at Montreal hospitals are endangering the health of the population, the head of the Association of Quebec Emergency Physicians says. "We are in constant overflow," Dr. Bernard Mathieu told *La Presse*. ED volumes are at levels that have not been seen for some time. Also this week, nurses on the evening and night shifts at the intensive care unit at the Maisonneuve-Rosemont Hospital in Montreal refused overtime which would have seen them put in an 18-hour shift. Obligatory overtime is an ongoing issue in hospitals. (*La Presse*, Feb. 24,25)

Some nurse practitioners in Manitoba are in danger of losing their license because they cannot work the number of hours required by the College of

Registered Nurses of Manitoba. One nurse practitioner (NP) who lost her license because she did not have the requisite number of hours told the *Winnipeg Free Press* she knows of four other NPs in her situation and who cannot easily move to rural areas where there is more work. There are 76 funded NP positions in the province including 10 vacancies, mostly in rural areas. (*Winnipeg Free Press*, Feb. 20)

Health Canada had inadequate accountability measures in place for a \$400 million grant in the 2007 budget for Canada Health Infoway. This was for ongoing work on electronic health records. An internal Health Canada audit, completed in May 2009 but recently released, said Health Canada was unable to determine "the eligibility and reasonableness of reported budgeted costs." So far, \$226 million of the \$400 million has been released from Health Canada to Infoway. There was another \$500 million for Infoway in the 2009 budget, but this has been held up for "due diligence" and will not be released until after first quarter of the 2010-11 fiscal year. (Canadian Press, Feb. 20)

There is another laboratory issue in the Eastern Health region of Newfoundland and Labrador. A calibration error has been found in a new piece of equipment monitoring anti-rejection drug levels in organ transplant patients. Some 235 patients are being retested and external reviewers have been brought in to investigate the lab. The region is currently recovering from a problem of faulty breast cancer receptor testing that affected at least 425 patients and was the subject of a judicial inquiry last year. (*St. John's Telegram*, Feb. 24)

(“Quebec” from page 1)

month, the Committee outlined 10 broad initiatives to better spend taxpayers’ money.

These included choosing between a centralized and regionalized approach in running health care, bringing in activity-based funding for health facilities (paying them for actual services delivered), and increasing competition.

There has been speculation the government is already entertaining the idea of scrapping the 18 regional agencies that oversee health-care delivery in the province.

The Committee has warned the government that urgent action is needed to get public finances in shape before the impact of an aging population begins to hit just after the government’s break-even target date of 2013-14. This will further erode the province’s revenue base and make public programs more difficult to afford.

The Committee also said increases in government program expenditures should be kept to 2.5 per cent a year, although the government has committed to a 3.2 per cent spending cap.

Meanwhile, a common front of public sector labour unions is pressing the government to be more generous in contract talks.

A contract was imposed on unions in 2005, limiting workers to a six per cent increase over five years. This did not apply to unions, like nurses, who negotiated one-off deals.

But all these contracts expire at the end of March, and the unions want a catch-up increase in the order of 3.75 per cent a year over three years. The government has in mind an increase of seven per cent over five years for everyone.

For the health sector, the outcome of these negotiations has huge consequence given that wages account for over 70 per cent of operating costs. **HE**



Miscellany

Williams’ surgery

With information out about the nature of Newfoundland and Labrador Premier Danny Williams’ heart surgery in the U.S, and the fact that it was available in Canada, there was considerable editorial comment. The *National Post* (Feb. 24) said the Premier’s statement that “This is my heart, it’s my health, it’s my choice” sums up the case for private care. It said the Premier has exposed Canadian health care for what it is: “a charade with often tragic consequences; a system which purports to be fair but which ends up treating people unfairly.” The *Post* said all Canadians should be free to opt for “superior surgery” but not have to leave the country to get it.

Lorrie Goldstein, editorial writer for the *Sun* newspaper chain, echoed that opinion (Feb. 24) saying Mr. Williams should now be “advocating for the right of all Canadians to purchase private medical insurance for medically necessary treatment in Canada.” Likewise, the *Ottawa Citizen* (Feb. 25) said Mr. Williams’ statement is important in that reinforces the point that patients are customers, and the fact that he chose to travel to the U.S. is a reality check that universal and equal access to health care is a “myth.” For these contributions to the health reform debate, the *Citizen* said “Williams shouldn’t be demonized but thanked.”

The *Globe and Mail* (Feb. 24) also agreed with the Premier’s now-famous statement, but said his decision is a bad reflection on Canadian medicine. “The message he has sent by word and deed is that Canadian medicine is stuck in the past century.” The *Saskatoon Star-Phoenix* (Feb. 25) said that being premier of a province makes Mr. Williams

“caregiver-in-chief” for Newfoundlanders and his decision to eschew care in Canada is analogous to “the head of General Motors choosing to drive a BMW while telling GM customers that they are getting a fine product from his own assembly lines.” Both the *Globe* and *Star-Phoenix* rejected the Premier’s other position that if he had opted for care somewhere else in Canada he would have been accused of queue-jumping. There are no wait lists for urgent cases like his, they pointed out. The *St. John’s Telegram* (Feb. 24) was satisfied with the Premier’s explanation. “Health choices are personal, even when made by public figures. Williams got the best advice he could and made a choice about his treatment. Armed with the same information and ability, wouldn’t you do the same.”

Debating euthanasia

In an opinion-editorial in the *Victoria Times-Colonist* (Feb. 18), 94-year-old Bernice Levitz Packford said she wants the right to assisted suicide so she can die with dignity. In an editorial (Feb. 20) the newspaper said there are complex issues around euthanasia, “But that discussion needs to take place.” It said medical advances are allowing people to live longer “But at what cost? Is it worth it to extend lives just because we can? What if people are quite simply ready to go?”

Health Edition is published by Krysgar Communications Inc. **Merck Frosst Canada Ltd. has made this copy of *Health Edition* available as part of its commitment to foster constructive dialogue about health reform in Canada.** You can contact *Health Edition* at info@healthedition.com ISSN 1492-627X