

Pathology issues continue to dog NL health region

Newfoundland and Labrador Premier Danny Williams returned to work this week after being on medical leave for the past month-and-a-half for heart valve surgery. He was greeted by another health care crisis in the province, and it is not because his constituents are upset that he chose to go to the U.S. for the surgery.

As far as people in the province are concerned there is no better leader in the country. He came out tops in a recent poll on the popularity of the country's provincial premiers.

The health care issue is again the state of pathology services.

Last month, it was found that a calibration error on a piece of equipment was producing wrong information about the amount of a powerful drug that was in patients' blood streams. The drug, cyclosporine, is used to suppress the immune system to prevent transplanted organs from being rejected.

It is estimated that 212 patients may have received too much of the drug which can cause kidney damage. Furthermore, it took almost two weeks for the news to reach senior management at the Eastern Health region in St. John's.

This is the same region that was at the centre of botched breast cancer receptor tests which affected hundreds of women and was the subject of a lengthy judicial inquiry. One of the recommendations from the report of the inquiry a year ago was that there be timely error occurrence reporting – something the lab neglected to do in the cyclosporine case.

(See "Pathology." on page 4)

Canadian seniors are major users of prescription drugs

Almost two-thirds of Canadians age 65 or older were using five or more types of prescription drugs in 2008, according to a study this week from the Canadian Institute for Health Information.

More than one-in-five seniors (21.4 per cent) had claims for 10 or more types of drugs in 2008. This proportion rose to 29 per cent for those in the 85 and older age bracket.

The study examined public drug claims for more than one million Canadian seniors in six provinces – Alberta, Saskatchewan, Manitoba, New Brunswick, Nova Scotia and Prince Edward Island.

Spending on seniors' drug programs in the six provinces went up from \$603.2 million to just over \$1 billion between 2002 and 2008 with average spending per beneficiary ranging from \$875 in PEI to \$1,632 in Manitoba.

Ten drug classes accounted for almost half of total public drug spending on seniors.

Statins remain the most common drug type or class of drugs. Almost 40 per cent of seniors on public drug plans are using these products to lower their cholesterol, and expenditures on statins more than doubled between 2002 and 2008.

The fastest-growing class of drugs over the period were tumour necrosis factor alpha inhibitors (anti-TNF drugs) which are used to treat conditions like rheumatoid arthritis and Crohn's disease. A number of the most commonly used drugs are for chronic conditions and particularly for cardiovascular conditions.

The study, *Drug Use Among Seniors on Public Drug Programs in Canada*, can be found at www.cihi.ca. **HE**

In This Issue:

- ◆ *Private sector attracting more Quebec health professionals.....2*

Access to new medications slow, Fraser Institute

It takes about 13 months for Health Canada to approve new drugs as safe and effective, and then another year for provinces to make a decision on whether to add them to their drug plans.

"In the end, the provinces usually choose not to cover these drugs, leaving the one third of Canadians who rely on provincial drug plans without access to most new medicines," says Mark Rovere, co-author of a report this week from the Fraser Institute.

The report says only 23 per cent of new drugs approved by Health Canada in 2004 had been approved for either full or partial reimbursement under provincial drug plans by the end of 2009.

The Institute advocates replacing public drug plans with a regulated, private-sector insurance market with means-tested subsidies for catastrophic drug coverage.

The report, *Access Delayed, Access Denied*, can be accessed at www.fraserinstitute.org. **HE**

Private sector attracting more Quebec health professionals

Quebec's shortage of some 2,000 nurses is being exacerbated by the growing appeal of the private sector.

According to the Order of Quebec Nurses (OIIQ), more than 10 per cent of nurses work in the private sector including 2,400 who are employed with one of the 150 private agencies in the province.

There has been a 52 per cent increase in the number of nurses opting for agency work in the last four years.

These agencies are doing a booming business helping hospitals fill shift vacancies – to the tune of \$150 million a year, according to the Parti Quebecois health critic.

In addition to having more control over their work hours, agency nurses are better paid. They can receive as much as \$42 an hour, and even more if travel is involved, whereas the top pay in the public sector is \$31.89.

It is not just nurses who are drawn to the private sector. Last week, *La Presse* reported that some medical specialists are temporarily leaving the public sector to work at private clinics in order to boost their pay.

They are required to give 30 days notice to opt out of the public health insurance program but only eight days notice to get back in.

Due to budget cutbacks or personnel shortages, surgeons typically operate only one day a week in public hospitals. One surgeon, an orthopedist, told *La Presse* that he is able to get just 125 days of work a year including patient consultations.

And the situation applies to family physicians too. Dr. Louis Godin, head of the federation of Quebec general practitioners (FMOQ) told the newspaper that a few years ago, about two physicians a year would go over to the private sector. "Now, one talks in terms of 20 or 25." **HE**

Hansard Highlights

Debates in provincial legislatures and House of Commons

In Quebec's National Assembly over the past week, the Opposition has **continued its attack on the government's record on health care**. On Tuesday, Opposition Leader Pauline Marois noted that the federations representing specialists, general practitioners and nurses have jointly called for government action to support the nursing profession. They say the problems in the health network can be traced to not enough nurses to staff available hospital beds and work in front-line care.

One of their recommendations is for the government to move ahead with the promised creation of **nurse practitioner (NPs)** positions. In the legislature Wednesday, PQ Health Critic Bernard Drainville quoted the head of the Order of Quebec Nurses (OIIQ) saying the province lags the rest of the country in investing in NPs. Mr. Drainville noted that Ontario has 1,240 NPs while Quebec has just 19. However, the number he mentioned pertains to those working in front-line care, there are another 40 who work in specialized positions in hospitals with another 39 to be added this year.

Still, Health Minister Yves Bolduc promised last fall that the government will create 500 NP jobs in front-line care within five years, and the OIIQ says the government has so far done nothing to fulfill that goal. Furthermore, the government has failed to provide universities with funding to support NP training programs – a cost they have been carrying for three years. They have threatened to suspend these programs if there is no funding in the budget to be tabled next week.

Mr. Drainville said a NP working in a primary care practice allows for some 1,000 additional patients to be seen. "When it is known that there are

two million Quebecers who do not have a family doctor, that catches your attention," he said. Responding to the health critic's question about the government's inaction on the NP file for the past seven years, Dr. Bolduc admitted that it is important to have specialized nurses in the health network. "And it is something that we are currently looking at setting up." He promised a deployment plan for NPs soon. "We will not put that on the shelf. We will set them up," he said.

In the Saskatchewan legislature Monday, NDP Advanced Education Critic Cam Broten raised the need for physician **preceptors** for medical students. He said "the ratio of preceptors to students is too great, placing undue stress on the existing physicians and reducing the amount of teaching time." Health Minister Don McMorris acknowledged there are not enough preceptors in the province and pointed to an announcement he made that morning of \$2 million for the academic health network "to work on very issues such as that." He said "the distributive education model is the model that we want to see move forward."

In the **House of Commons** Monday, Health Minister Leona Aglukkaq was questioned about **tuberculosis** rates among the aboriginal population. NDP MLA Carol Hughes pointed to statistics from the Public Health Agency of Canada showing the incidence of TB "is 200 times higher in the four Inuit regions of Canada than in areas further south in the country." The issue was raised at the Health Committee Tuesday, and Ms. Aglukkaq admitted that Health Canada's TB strategy is out of date. It has not been changed since 1992. The minister said a new strategy is in development and should be completed some time this year.

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The McGill University Health Centre has launched a free personal electronic health record (PEHR) service at www.unani.ca that allows people to aggregate, track and share health and lifestyle information. The PEHR service is the outgrowth of a successful test conducted last July with the Montreal company Medical.MD, and is now poised to be part of the "health space" offering from Telus so subscribers can update their health records electronically including via their mobile phones. Information can also flow in the other direction, so a person's cell phone may ring when it is time to take medication. Philippe Panzini, co-founder of Medical.MD told Canadian Press that within a year or so the PEHR system should be connected with physicians, hospitals and clinics. (Canadian Press, Mar. 15; News release at muhc.ca/newsroom/news/muhc-co-develops-sophisticated-web-based-health-and-wellness-tool)

British Columbia is bringing the province's ambulance service under the wing of the Provincial Health Services Authority. This was one of three options the government had considered to fix an ambulance system that has been plagued by longstanding labour relations issues. The other options were to integrate ambulance services more closely with other emergency service providers or to pursue privatization. However, the government has not closed the door to using the other options to suit the needs of particular communities. The paramedics' union believes the government is seeking "retribution" for a protracted strike that was ended only with back-to-work legislation last November. (News release; *Globe and Mail*, Mar. 12) ... **The Alberta government has frozen the centralization of ambulance dispatch systems.**

Health Minister Gene Zwozdesky told reporters there are a lot of concerns in rural Alberta about slow response times and a disconnect between fire and ambulance dispatch. A year ago, the government moved to create three call centres with a single system to be in place by 2012, but only 17 of the 35 existing dispatch systems have so far been centralized. (*Calgary Herald*, Mar. 17)

There was an almost 40 per cent increase in complaints against Alberta doctors in 2009 which cannot be readily explained by the College of Physicians and Surgeons. However, its registrar speculated it may be the result of several things including increasing demands on the health system, doctor shortages and increased wait times. There were 756 complaints in 2009 versus 550 the year before. (*Edmonton Sun*, Mar. 18)

An untendered contract with a private company to supply nursing home beds in New Brunswick has attracted the attention of the province's auditor general. The arrangement was for Shannex, a private company involved in building and operating seniors' care facilities in Nova Scotia and New Brunswick, to open 216 new long-term care beds at three new facilities and lease them back to the public sector. However, the government signed the deal without the usual tendering process due to the urgency of getting the new beds in place. The auditor general said the government acted too hastily and should be putting stricter rules in place for future arrangements. He also recommended the province's ombudsman be given the jurisdiction to investigate nursing home complaints — something Ombudsman Bernard Richard has been after for some time. (Canadian Press, Mar. 15; *Moncton Times-Transcript*, Mar. 12; Report at [www.gnb.ca/oag-](http://www.gnb.ca/oag-bvg/2009v3/chap5e.pdf)

[bvg/2009v3/chap5e.pdf](http://www.gnb.ca/oag-bvg/2009v3/chap5e.pdf))

Provinces and territories need to address the needs of immigrant and other groups in their mental health plans, the Mental Health Commission of Canada says in a report this week. It also notes that most jurisdictions do not currently know enough about their immigrant, refugee, ethno-cultural, and racialized (IRER) populations to develop appropriate mental health services, and national responses to the mental health issues of these groups "have been rare." The report includes 16 recommendations for service improvement and examples of how these ideas are being implemented in various parts of the country. The report can be found at www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/Issues_Options_FINAL_English%2012Nov09.pdf ... **Muslim women must remove face veils they are wearing when applying for a health insurance card in Quebec** and having their photo taken, the province's human rights commission has ruled. They also cannot demand to be served by a woman under such circumstances. (*Montreal Gazette*, Mar. 17)

Quebecers will have access to free fertility treatments by the summer, Health Minister Yves Bolduc says. This will fulfill a promise made by the government in the 2008 election, and means Quebec will be the first jurisdiction in North America to provide this service. Currently, it provides a 50 per cent tax credit for *in vitro* fertilization and artificial insemination. The new program is estimated to cost \$32 million this year, growing to \$80 million by 2014 when the health system will be performing 7,000 to 10,000 embryo-implantation cycles a year. (*Montreal Gazette*, Mar. 12)

(“Pathology” from page 1)

Eastern Health CEO Vicki Kaminski announced last Wednesday that the head of laboratory medicine for Eastern Health, Dr. Nash Denic, accepted responsibility for the lapse in occurrence reporting and his resignation had been accepted.

It was soon established that Dr. Denic had submitted his resignation three months ago over what the CBC reported to be an excessive workload. But a report on an external review of his department, released Monday, revealed a host of internal problems.

The report, by the Institute of Quality Management in Healthcare, described a “dysfunctional” relationship between the leadership and pathologists, and even hostility between team members. This assessment has been borne out by five other people, in addition to Dr. Denic, quitting management posts in the last week.

Health Minister Jerome Kennedy was angered by the report, and he told reporters that the pathologists have been squabbling like children even though they are making \$335,000 a year.

This earned a rebuke from the Newfoundland and Labrador Medical Association saying the minister should be working toward solving the problems that exist.

But Premier Williams is standing by his minister, saying he would have used even stronger language to describe the situation. “I’m going to blow another (heart) valve before this is over,” he told VOXM radio in St. John’s Wednesday.

Eastern Health has already taken steps to respond to the report. It has asked the University Health Network in Toronto to take on a supervisory role for pathology services, and is expediting the planned consolidation of pathology labs. An electronic laboratory information system is also being purchased to reduce paperwork. **HE**



Editorials & Commentary

Medical tourism

Last week, British Columbia Health Services Minister Kevin Falcon speculated about the possibility of using excess capacity in the province’s health system to tap the medical tourism market. The *Victoria Times-Colonist* (Mar. 13) does not think much of the idea. It says there is “fierce” competition among countries, such as India, for this business although B.C. can perhaps find a niche. “But mostly, this seems an odd priority for a health minister when the system faces so many serious challenges, many as a result of government decisions.”

Competition in the health system

Finance Minister Jim Flaherty attracted attention Monday by suggesting in a talk to the Canadian Association of New York that more competition would be a good thing in the health system. “I would hope that any country looking at the Canadian system would make sure that they include in their system an element of competition. I think that makes a big difference in terms of controlling costs,” he said in response to a question from the audience. While he described the Canadian health system as “expensive”, with costs growing at six to eight per cent a year, he also said that on the whole it is “terrific.” (Canwest News, Mar. 15)

Need for a plan

In a highly critical opinion-editorial published in *La Presse* (Mar. 16), Claude Castonguay says the Quebec government needs a vision for health care. Mr. Castonguay chaired a three-person working group, commissioned by the government, which produced a report over two years ago on the financing of the health system. Among

the recommendations was a 0.5 per cent increase in the sales tax to raise additional revenue.

The government rejected the idea at the time, but has since announced its intention to increase it by one per cent and perhaps even more. But, the money that will be collected is not specifically targeted for health care.

Mr. Castonguay says the report made a number of other recommendations which the government has so far ignored. He says Health Minister Yves Bolduc “prefers to act without an overall plan as problems and crises mount. However, it is precisely this approach which, too often used in the past, is largely responsible for the current state of our health system.”

Physician abuse

The *Fredericton Daily Gleaner* (Mar. 17) comments on a recent survey finding that three-quarters of Canadian family doctors have experienced at least one case of major abuse by patients. Close to 40 per cent had been subjected to severe abuse including assault. The *Daily Gleaner* agrees that a national policy is needed on how doctors should deal with abuse and believes “A message of zero tolerance must be sent.” The research is reported in an article in the March issue of *Canadian Family Physician* by Baukje Miedema *et al.* It can be found at www.cfp.ca/current.dtl.

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