

Wait-time performance differs across country

There is a lot of variation in terms of how well provinces are doing to meet wait-time benchmarks for priority services, according to a report from the Canadian Institute for Health Information this week.

The choice of five priority services for wait-time improvement – joint replacements, cataract surgery, heart and cancer, and diagnostic imaging – was a key feature of the 2004 health accord and bankrolled by \$4.5 billion in federal funds.

In its five annual reports on provincial wait-time performance, CIHI has encountered problems of insufficient data and inconsistent approaches to defining wait times.

The situation has improved over time, but CIHI is still unable to provide a comparison for how provinces are doing on the critical areas of heart and cancer care. For example, only three provinces use a common urgency rating scale for cardiac care.

There is still no benchmark for wait times for MRI and CT scans although three provinces have set their own targets.

For those areas where data is both available and comparable (joint replacements, cataract surgery and cancer radiation treatment), British Columbia and Ontario stand out as

(See "Wait times" on page 4)

Publication Change

Due to April 2 being Good Friday and a statutory holiday, we will be publishing a day early next week on April 1 — no joke! We will be back to our regular schedule the following week.

Ontario hospitals get 1.5 per cent budget increase

Three more provincial budgets were tabled this week. Manitoba and Saskatchewan continued the trend of siphoning off as much money as possible to feed the needs of health care. But Ontario has given hospitals an in-

crease of just 1.5 per cent in 2010-11. The Ontario Hospital Association has said anything less than two per cent would definitely impact patient care. Hospitals are already struggling with a 2.1 per cent increase this year.

While hospitals were hit hard, other parts of the Ontario health sector could do better. The budget of the Ministry of Health and Long-Term Care is actually going up 5.3 per cent from projected spending in 2009-10 to \$45.4 billion in 2010-11.

Ontario is facing a \$19.7 billion deficit this year, and its plan to bring the province's books back in balance by 2018 includes a wage freeze in future public sector labour contracts including those in the health sector.

On Tuesday, the Manitoba government recorded a \$545 million deficit and expects to be in the red until 2014. Still, health care got 60 per cent of new spending, and the total budget for the Health and Healthy Living ministries went up to \$5.1 billion. This is 7.5 per cent more than what was in last year's budget and 4.8 per cent above forecasted expenditures for last year given that an over-expenditure of more than \$100 million is projected.

The Saskatchewan budget Wednesday was balanced courtesy of a \$194 million withdrawal from the province's rainy day fund. Saskatchewan Health received a 3.1 per cent increase to \$4.2 billion. Its 2009-10 expenditures are expected to be under budget, effectively making this year's increase 6.4 per cent. **HE**

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Canadians missing access to latest cancer therapies

Canadians with cancer are often not able to access advances in prevention, prevention and treatment, the Cancer Advocacy Coalition of Canada says in its latest report card.

"Canada has been at the forefront of cancer research over the last decade, but unfortunately, Canadian patients are still waiting to benefit from these significant advances," Dr. James Gowing, CACC's co-chair said in a news release. "There has been some progress, but the patience of our patients is depleting as the solutions for managing their own cancer, their own catastrophic drug costs and their own health remain out of reach."

The cost of new therapies is discouraging some provinces from reimbursing them, despite the fact that they have been approved by Health Canada.

The CACC report says private drug plans may cover these drugs two to three years before public plans come through, but for some patients this will be too late.

(See "Cancer" on page 2)

Health care items in this week's budgets

Manitoba

- ◆ Additional funding to train more doctors and nurses.
- ◆ \$283 million in capital expenditures in the health sector.
- ◆ Tax credit for fertility treatment.
- ◆ The government's break-even strategy depends on negotiating a two-year wage freeze with public sector workers, including those in the health sector. Nurses are in the midst of contract negotiations.

Saskatchewan

- ◆ \$10.5 million to meet the government's pledge that, in four years, no one will wait more than three months for surgery.
- ◆ \$7 million to create a Patient First Initiatives Fund to support a patient- and family-centred approach to care.
- ◆ \$3.5 million for physician recruitment and establishment of the Physician Recruitment Agency.
- ◆ \$6.6 million for 12 new post-graduate physician training seats.
- ◆ Regional health authorities have to find \$35 million in savings by increased use of shared services and bulk purchasing, as well as reductions in costs in injury and sick leave and "premium" pay.
- ◆ Chiropractic services have been de-insured except for those with low incomes.

Ontario

- ◆ Health sector spending for 2009-10 is expected to be \$600 million below what was projected last fall, preliminary due to lower-than-expected H1N1 costs.
- ◆ Health sector expenses are projected to increase by \$6 billion over the next three years to 2012-13. By that point, the goal is to hold annual increases to three per cent.
- ◆ \$100 million for the ER Wait Times Strategy.

Hansard Highlights

Debates in provincial legislatures and House of Commons

Throne Speeches opened the **Newfoundland and Labrador** and **Nova Scotia** legislatures this week.

The Speech in Newfoundland and Labrador Tuesday said the government will be "continuing to enhance health care services in rural Newfoundland and Labrador and providing services to residents close to home." This week, the government provided a one-year update on its work to implement the recommendations of a judicial inquiry in faulty breast cancer receptor tests, and the Speech said the government will "continue to ensure that those suffering from cancer receive modern treatment options, and continue to work to improve the quality of our laboratories and services." The government will also "plan ahead to ensure the province is prepared to deal with chronic disease while at the same time working to prevent cancer from taking hold."

The Nova Scotia Speech from the Throne Thursday listed "better health care" as one of four key components of the government's four-year plan.

"Wait times are too long, emergency rooms too crowded, and for too long, governments have made health care decisions without a clear focus on Nova Scotia patients. This must change." The government will be developing a new Quality Initiative to promote and improve patient safety and health service quality. Dealing with ER overcrowding was an election promise of the NDP government, and it said the initial report of the province's Advisor on Emergency Care will be released "in the near future" and the first annual report on the problem of chronic ER closures will be tabled in the spring by the health minister. The Speech also promised that more collaborative primary care teams will be available and the government will undertake a new Mental Health Strategy to revamp mental health and addiction services. As well, the government plans to reduce the amount of money being spent on administration, now accounting for 6.3 per cent of total costs. It wants to reduce this to the national average of 5.3 per cent.

- ◆ \$8.5 million to create up to 14 Regional Coordination Centres as part of the Ontario Diabetes Strategy.
- ◆ Changes to the drug system will be proposed to lower generic drug prices.
- ◆ Legislation will be introduced to make health care providers and executives more accountable for improving patient care.
- ◆ A working committee will be set up to examine hospital working capital issues and help hospitals with high debt loads.
- ◆ Push back a statutory review of Local Health Integration Networks. By law, it was to begin no later than the end of this month. **HE**

("Cancer" from page 1)

It says 80 per cent of working Canadians lose their private health insurance coverage when they retire. Most cases of cancer are diagnosed after age 60.

Because of this, patients are not only having to pay for the drugs they need, but oncologists are spending upwards of 25 per cent of their time trying to get the products their patients could benefit from.

The CACC has repeated its call for catastrophic drug coverage in Canada which, in the current economic climate, appears unlikely to happen any time soon.

The report can be found at www.canceradvocacy.ca. **HE**

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

Some nurses at five Quebec hospitals in Montreal or outside area refused to work overtime this weekend. The use of obligatory overtime to fill vacant shifts has been routine practice, but nurses say they are exhausted. The nurses' union did not condone the job action, but said it understood their members' position. The health minister decided not to order disciplinary action given that given patient was not affected. He also acknowledged that it is important to improve nurses' working conditions if Quebec is to achieve adequate nursing supply. (*La Presse*, Mar. 22,23) ... **The Toyota method of using automobile assembly line techniques to improve health care efficiency is "catastrophic"** according to a sociologist at the University of Quebec who did a study of the workplace at the local area network in Ahuntsic and Montreal North. Professor Angelo Soares found four of 10 employees posted high levels of psychological stress, and over half felt a disconnect between their values and those of management. (*Le Devoir*, Mar. 24)

Alberta has hired between 200 and 300 nurses over the last couple of months thanks to money the government provided to bump up the budget of Alberta Health Services, Health Minister Gene Zwozdesky claimed Monday. This is a far different situation from a year ago when job vacancies went unfilled due to budget concerns. However, the president of the nurses' union, Heather Smith, questioned the minister's figures. She said there are 297 job postings on the AHS website but only 24 are available to external candidates and 19 of them are for casual work. (*Calgary Herald*, Mar. 24)

Ontario has suspended its Practice Ready Assessment Program for foreign-trained doctors, the CBC

has reported. Eligible candidates go through the six-month, on-the-job supervised program to determine their readiness to practice. The person who assesses program applicants told the CBC that teaching hospitals do not have training capacity for these doctors this year. (cbc.ca)

Health support workers in British Columbia have ratified a new two-year contract with no general wage increase, although there is provision for increases for jobs where responsibilities have increased. The government has imposed a two-year wage freeze in all new public sector contracts. (*Vancouver Sun*, Mar. 20)

Physicians in Newfoundland and Labrador want binding arbitration to settle their contract dispute with the government. After Premier Danny Williams described their contract demands as "through the roof," the medical association released them to the public. They are after wage parity with other physicians in Atlantic Canada, representing a raise of about 25 per cent. The medical association says it would cost the government about \$80 million extra over the length of a four-year agreement. However, the government puts the cost at \$125-140 million a year. (*St. John's Telegram*, Mar. 20,24,25) ... **Significant progress has been made in implementing the recommendations of the Cameron Report** into faulty breast cancer receptor testing, Newfoundland and Labrador Health Minister Jerome Kennedy said in releasing a one-year update on the government's work. He said 39 of the 60 recommendations have been fully or substantially completed. The remaining 21 are partially complete with some, such as continuing education for staff, an ongoing activity. Some 425 patients received the wrong results from testing conducted between 1997 and 2005. (News re-

lease)

Quebec abortion clinics will be exempt from licensing standards being applied to private clinics as of March 31. These standards, some of which are comparable to what exists in a public hospital operating room, have to be met in order for clinics to perform any of some 50 procedures. Last fall, abortion clinics said it was unrealistic and inappropriate for them to be subject to the same criteria. Some threatened to close, and they received the backing of the medical community in their stand. The government made it official this week that abortion clinics will be exempt from the new rules. (*La Presse*, Mar. 25)

The prevalence of coronary obstructive pulmonary disease (COPD) increased in Ontario by almost 65 per cent between 1996 and 2007, a study by the Institute for Clinical Evaluative Sciences has found. The rate of increase for women was twice that for men. However, mortality rates for the disease declined over the period. The study is published in the March 22 issue of the *Archives of Internal Medicine*. News release at www.ices.on.ca/webpage.cfm?site_id=1&org_id=117&morg_id=0&gs_ec_id=3086&item_id=3086

The global isotope supply crisis took a turn for the worse this week when the three remaining nuclear plants producing the isotopes temporarily went offline. Canada's Chalk River plant has been out of service since last May due to a leak in the reactor, and there is still no firm date for when repairs will be completed. Medical facilities have been getting by with about half their normal supply of isotopes but this week's events cuts even that amount in half. The widespread cancellation or rescheduling of imaging appointments appeared inevitable. (Canadian Press, Mar. 23)

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the only two jurisdictions where 75 per cent of patients are receiving treatment within the benchmarks for all of them

This also applies to hip fracture surgery which has been added to the list. CIHI says 79 per cent of Canadian patients receive this surgery within the 48-hour benchmark, and the variation in wait times between provinces is small compared to other priority areas.

Looking at wait-time data that has been published by the different provinces between 2006 and 2009, with the exception of MRI scans, Ontario has seen its wait times decrease in all priority areas including coronary bypass surgery (the proxy for cardiac care) and diagnostic imaging. There was no change in Ontario wait times for bypass surgery.

B.C. had decreasing wait times for joint replacements but increasing waits for cancer radiation treatment.

CIHI says eight of 10 provinces provide at least 88 per cent of patients with radiation therapy within the 28-day benchmark. However, most provinces are not meeting the 26-week benchmark for knee replacements. B.C., Ontario and Quebec are the only exceptions.

There are also big differences in terms of wait times for hip replacements – ranging from 51 per cent (Nova Scotia) to 100 per cent (in some regions in Newfoundland and Labrador) getting the procedure within the 182-day benchmark.

The provinces are doing well on cataract removal. With a couple of exceptions (Alberta and Nova Scotia), at least 75 per cent of patients are getting the surgery within the benchmark of 112 days.

The *Analysis in Brief* report, *Wait Times Tables – A Comparison by Province, 2010* – can be found at secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_20100324_e. **HE**



Editorials & Commentary

Health care a budget problem

The *Winnipeg Free Press* (Mar. 25) comments on this week’s budget in Manitoba and says health care is at the core of the spending problem as it takes up more and more of program spending, “But that is the predictable result of pouring money into a portfolio that whets the insatiable appetites of health care users.” It says the province cannot afford to let health care continue to consume an ever-growing percentage of the total. “Staunching the flow requires a higher priority on preventive health. Hospitals should be assessed for efficiency; perhaps more should be turned into nursing homes. Pay to doctors and nurses can no longer rise at the rates seen in boom times.” It says the alternative to restraint is to perhaps have a health premium as Ontario has done.

Addressing sustainability

In an opinion-editorial published in the *National Post* (Mar. 24), Canadian Medical Association President Dr. Anne Doig suggests a number of ways of dealing with the question of sustaining health-care spending without crowding out other priorities like education and social programs. First, she says it is important to “explore and agree on the underlying reasons why health spending exceeds economic growth. Part of this exploration must include measuring and appreciating the value of our health system, both realized and unrealized.” Dr. Doig points to a study by the Public Health Agency of Canada that said the cost of premature mortality equalled the direct cost of providing health services in 2000. Second and third, she says “we need to make quality king in health care” and make governments more accountable for their oversight and management of

the health care system. That begins with producing comparable data and health indicators.” Then, she says Canadians need to be encouraged to take increased personal responsibility for health and health care. Finally, “we must stop looking at health spending in isolation. Once we get a better understanding of the likely future path and size of health spending we must determine what the subsequent implications are for other government programs like education, social services, public security and infrastructure.”

Obama’s lesson

There were a number of editorials across Canada this week on President Obama’s epic struggle to achieve health care reform in the U.S. The *Ottawa Citizen* (Mar. 24) says both the U.S. and Canada have witnessed the same dynamic of ideologues resisting any change to the status quo. But it says Mr. Obama’s victory shows the “rejectionists can be outflanked” and this should be a lesson to Canada’s leaders. “It will take political courage to take on the self-appointed defenders of the Canadian status quo. But look at what Obama did. He pinned his presidency on health-care reform, despite the effort of populist opponents to paint the reforms as un-American.” The *Citizen* says Americans do have something to teach Canadians about health care.

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