

## Report points to benefits of good primary care

Doctors of chronic disease patients must provide two of the basic elements of good primary care – know their patient's history and help coordinate other aspects of their care – the Health Council of Canada says in a report Wednesday.

The report, *Beyond the Basics: The Importance of Patient-Provider Interactions in Chronic Illness Care*, is based on an analysis of Canadian data from the 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults. Patients in eight countries were interviewed in that survey, including 2,635 in Canada.

The Council compared two groups of patients: those who reported that their doctor always or often knows their medical history and coordinates care (69 per cent of the total), and those who said this is sometimes, rarely or never the case (31 per cent).

Patients in the first group were more likely to rate their care as "excellent" (37 to 11 per cent). They were also more likely to report better monitoring and support in managing their chronic conditions, better access to care and even fewer errors.

"These findings help validate what we know about the importance of good primary care and reinforces the Health Council's strong support of primary health care teams and electronic health records as vital to chronic disease management," Council CEO John G. Abbott said in a news release.

The report can be found at [www.healthcouncilcanada.ca/docs/rpts/2010/HCC\\_CHCM\\_FINAL%20ENGLISH.pdf](http://www.healthcouncilcanada.ca/docs/rpts/2010/HCC_CHCM_FINAL%20ENGLISH.pdf). **HE**

## Provincial health spending up 7.2 per cent in 2010-11

Operating expenditures by provincial and territorial health ministries add up to \$121.7 billion in 2010-11 according to budget documents. The final provincial budget was tabled by Prince Edward Island last Friday.

### In This Issue:

- ◆ *Controversy rages over Ontario drug reforms.....2*

### PEI budget puts money into front-line care

Prince Edward Island's 2010-11 budget was tabled last Thursday with new funding for its "One Island Health System" program — an initiative for improving the integration of health services as recommended by a major consulting report for the government in 2008.

The principal focus of the report was on primary health care renewal, and in his budget speech Finance Minister Wesley Sheridan said the government is moving forward with creating five Primary Care Networks throughout the island.

"This model will ensure that no Islander is more than a 30-kilometre radius from a family physician and a wide variety of primary health services and programs," he said. The government is putting \$500,000 into the development of these Networks this year.

Home care was another issue identified in the consulting report, noting that PEI was spending far less of its health budget on home care than

(See "PEI" on page 2)

This amount includes spending on community or social services in two provinces — Quebec and Newfoundland and Labrador — as well as the three territories. But long-term care is not part of the Department of Health's budget in New Brunswick.

As such, this is not a pure reflection of the outlay just on health care services. However, it still represents over a third of total government program spending, and the budget increase outstripped spending in other program areas.

The year-over-year increase in spending by the 10 provinces amounts to 7.2 per cent. The three territories are spending an average of 2.5 per cent more than what was in last year's budgets, but they all spent more last year than planned.

The differences in health budget increases between jurisdictions are considerable.

In Alberta, for example, the increase is fully 18.2 per cent including \$780 million in one-time funding to Alberta Health Services to eliminate the deficit it was carrying.

The detailed spending estimates for the 2010-11 fiscal year in Ontario were tabled last Thursday. As announced in the budget, the 14 Local Health Integration Networks have only 1.5 per cent extra this year to fund the services they are responsible for — including hospitals.

Overall the increase for the ministry is 3.7 per cent, but this includes a \$625 million drop in public health pro-

(See "Budgets" on page 2)

(*"Budgets from page 1*)

gram spending from 2009-10. This is money that had been put aside for the H1N1 epidemic although only about a quarter of it was used. Spending for all other health ministry programs, aside from public health, went up 5.3 per cent.

Quebec was the big news maker in this year's budgets with plans to institute health premiums, and perhaps even a deductible on medical visits down the road, to provide health care with five per cent more a year while capping government's spending increase at 3.6 per cent.

Quebec is not alone in wanting to moderate future health spending growth. Four other provincial budgets included expenditure projections for the next two fiscal years.

British Columbia is forecasting a 2.9 per cent increase in health spending between 2011-12 and 2012-13, while Saskatchewan is looking at 3.0 per cent and Ontario 3.1 per cent.

Even Alberta, which is promising Alberta Health Services a six per cent increase in its base budget this year and the next two years, is projecting a 5.2 per cent increase between 2011-12 and 2012-13. **HE**

(*"PEI" from page 1*)

other provinces.

The government increased home care spending by \$2.2 million last year and is increasing the amount again this year to a total of \$13 million — up over 60 per cent since the Liberals came into office in 2007.

Another recommendation of the report was to improve the governance model for health care, and a new agency — Health PEI — came into existence April 1 to take over the running of health-care services.

It will be responsible for the lion's share of the health budget, some \$495 million, which is over \$23 million or five per cent than what was in the health budget last year. **HE**

## **Hansard Highlights**

Debates in provincial legislatures and House of Commons

In the **Ontario** legislature Monday, NDP Leader Andrea Horwath cited a report by the nurses' union claiming 2,045 nursing positions have been lost in the province in the last year. However, Health Minister Deb Matthews advised her to check the statistics. "What we are doing is moving services wherever possible from hospitals to the community," she said. In response to a follow-up question, she said nurses are being actively recruited. "In fact, if you were to check Workopolis today, you would find almost 500 advertisements for nurses ... There is significant work out there. There is a real demand for nurses."

In the **Saskatchewan** legislature Monday, NDP Health Critic Judy Junor reminded the government of its promise to fix the rural doctor shortage. She said that the number of physician vacancies in the last two years has actually increased. Health Minister Don McMorris acknowledged that there is a shortage, but it is partly due to the fact that the NDP did not in-

crease the number of medical training seats when it was in power. He said enrolment has since been increased from 60 to 84 and is on the way to 100 as well as 120 residency seats. He also said the province has "seen an increase of 164 more physicians practising in Saskatchewan than under that previous government."

In the **Newfoundland and Labrador** legislature last Thursday NDP Leader Lorraine Michael said the province "lost more physicians to other provinces than it gained" between 2004 and 2008. However, Health Minister Jerome Kennedy said in the last 18 months there has been a net increase of 53 physicians. "Between 2008 and September 2009," he added, "eighteen specialists were recruited and we lost seven." He also pointed out that the province has the highest physician-to-population ratio in the country and it has been successful in recruiting 72.5 per cent of students who graduate from Memorial University medical school in St. John's.

### **Controversy rages over Ontario drug reforms**

Earlier this month, the Ontario government took a dramatic step to reduce its drug spending. It cut the price of generics to 25 per cent of the brand and eliminated "professional allowances" pharmacies receive from generic drug manufacturers.

In announcing its first quarter financial results this week, Shoppers Drug Mart cut its prescription sales forecast as a result of the unanticipated government policy.

Large Quebec pharmacy chain Jean Coutu also issued financial results this week, and suggested that it too might be affected if Quebec follows its neighbour's move. In fact, this appears to be the case.

Quebec has a policy of demanding that it pays no more than the lowest price for a drug anywhere in Canada, and Health Minister Yves Bolduc said this week this could be a big windfall for the province. The Parti Quebecois health critic has put the saving at almost \$300 million.

Ontario Health Minister Deb Matthews has also raised the possibility of drug store chains attempting to profit from lower generic drug prices in the province.

In a letter to other provincial/territorial health ministers this week, obtained by the *Globe and Mail*, she said chains may buy generics at 25

(See "**Drug reforms**" on page 4)

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

**Canadians are getting less access to physiotherapy services as a result of hospital cost-cutting, the Canadian Physiotherapy Association says.** The situation in Ontario is particularly serious. It says 20 hospitals have closed their outpatient physiotherapy services in the last two years while many more have downsized services and instituted increased restrictions on eligibility. (News release at [www.newswire.ca/en/releases/archive/April2010/29/c6680.html](http://www.newswire.ca/en/releases/archive/April2010/29/c6680.html))

**Orthopedic surgeons and management at Interior Health region in British Columbia have settled their on-call dispute.** On April 1, the region downgraded orthopedic response times from Level 1 to Level 2. This meant that instead of surgeons being required to be with the patient within 45 minutes, it was extended to two hours and the payment was cut from \$616 to \$452. The surgeons reacted by rotating their on-call availability between six centres in the region that forced the transfer of patients to centres where surgeons were working that day. The \$360,000 the region had hoped to save by changing the response-time designation was disappearing into extra patient transfer costs. Last Friday, the region restored the on-call designation to Level 1. Fraser Health is the only other region in the province that has changed the response-time level and orthopedic surgeons there have taken similar job action. They have warned that they will step up their protest if response times are not reinstated as Level 1. (*Kamloops Daily News*, Apr. 2,14,26; *Canadian Press*, Apr. 28)

**Ontario is providing \$30 million in one-time funding to help long-term care facilities meet new patient care standards** contained in the *Long Term Care Homes Act* which

comes into force July 1. The Act, passed in June 2007, includes enhanced inspection, compliance and enforcement provisions and more stringent provisions concerning staff who provide direct resident services. Among other things, the Act also institutes a policy of zero tolerance on resident abuse and neglect, and minimal use of restraints. (News release at [www.oltca.com](http://www.oltca.com); background on the Act at <http://www.ccac-ont.ca/Upload/oaccac/General/Bill1402007Update.pdf>)

**Quebec medical residents want the number of consecutive hours they spend on shifts reduced from 24 to 16.** The 24-hour maximum is part of the contract the health ministry currently has with the federation of Quebec medical residents (FMRO). However, a number of grievances have been filed by residents in recent years and FMRO says patient safety is at risk because of residents being sleep-deprived. The matter is before an independent labour arbitrator who started hearings this week and FMRO is expected to argue that the 24-hour maximum is a violation of its members' Canadian and Quebec Charter rights. (*Gazette*, Apr. 28)

**The new chair of Vancouver Coastal Health Authority is in a conflict of interest position,** NDP Health Critic Adrian Dix has charged, because his family company has a financial interest in the Cambie Surgical Clinic. Kip Woodward was appointed the chair of Vancouver Coastal on April 12 and was formerly the chair of Providence Health Care, one of the largest faith-based health care organizations in the country. While at Providence, Mr. Woodward submitted a number of proposals to Health Services Minister Kevin Falcon including contracting out some services to private clinics and selling specialized services

to foreign patients. Mr. Falcon has defended the appointment, saying Mr. Woodward was merely submitting ideas that were asked of all board chairs and that he has always been open about his company's investments in Cambie. (*Vancouver Sun, Globe and Mail*, Apr. 28)

**Alberta is standing behind its decision to consolidate cataract surgeries in Edmonton and Calgary at four centres,** selected from a recent contract bidding exercise. However, a number of ophthalmologists are up in arms about the decision and Health Minister Gene Zwozdesky met with them this past weekend to hear their concerns which include the lack of sufficient notice that they must now book time for surgeries they perform at one of the clinics. There are also claims that the choice of centres was about lowering costs, not improving patient access, and that patient safety is at risk. The province expects to save \$1.4 million which will be used to fund more procedures. The minister acknowledged that more consultation would have been a good idea, but promised that there would be more going forward on a new contract with ophthalmologists which will re-open the contract bidding process. In the meantime, some ophthalmologists from facilities that did not win the contracts are refusing to conduct their procedures in the chosen facilities. (*Calgary Herald*, Apr. 25)

**Consultations have begun on the Alberta Health Act** setting out the core principles for health care in the province. A nine-member advisory committee has been formed, and public input is being solicited at [yourhealthact.alberta.ca](http://yourhealthact.alberta.ca). A report on the consultations is to be submitted to the health minister at the end of September. (News release at [www.health.alberta.ca/newsroom.html](http://www.health.alberta.ca/newsroom.html))

## Opposition building to deductible in Quebec

Quebec is not backing away from the idea of charging a deductible for each medical visit, but it is still a long way from figuring out how it would work. A committee has been struck to look at the options.

But the controversy over the deductibles, or user fees as they are referred to by some critics, continues.

A consortium of six medical groups in Quebec, plus the deans of medicine at Laval and Sherbrooke universities, came out this week strongly against the government's position.

"In our opinion, the user fee and the principle of pay-as-you-go are completely contrary to the principles of universality and accessibility in our health system," Dr. Marie-Claude Goulet, president of Médecins québécois pour le régime public (MQRP) said in a news release.

The consortium includes the federations representing general practitioners, medical residents and medical students, as well as the College of Family Practitioners and the association of physicians working at community health centres (CLSCs).

Some major medical groups are not part of the consortium, including the organization representing medical specialists. It has spoken out about the need to find new revenue sources for health care, even if it is not supportive of the deductible idea.

Health Minister Yves Bolduc told *La Presse* this week that the government has an open mind about the deductible, and will consult broadly about ways to implement it.

He also said the government will ensure it takes into account people's ability to pay, and not restrict access to care.

However, there has been speculation this week that Dr. Bolduc may be moved to another portfolio in an impending Cabinet shuffle. **HE**



## Editorials & Commentary

### Preparing for aging boomers

In a presentation to the annual congress of the Quebec Medical Association this past weekend, demographer David Foot said the province has "a decade or so to get things right in health care before the (baby) boomers really start to hit the (health) system." Dr. Foot said health planners have to calculate which illnesses could affect a person over their lifetime. "In your 60s, it's cancer. In your 70s, if cancer doesn't get you, then it's stroke and heart attack. Then in your 80s, Alzheimer's, pneumonia or accidental falls." He also suggested there is a need for hospitals to make the shift from providing generalized to more specialized services. (Coverage in the *Montreal Gazette*, Apr. 25)

### Buying eyeglasses online

This weekend, British Columbians will be able to purchase eyeglasses or contact lenses online instead of through an optician. They will also not be required to have a recent eye exam in order to place their orders. The *Victoria Times-Colonist* (Apr. 27)

sees both positives and negatives in this North American first. "It makes perfect sense to allow patients to fill their prescriptions for glasses and contact lenses online," the editorial says, noting that the savings can amount to as much as 50 per cent. However, "allowing prescriptions to be issued and renewed without a proper eye exam is surely unwise" and potentially poses a risk to patient health. The editorial notes studies that about three per cent of British Columbians have undiagnosed glaucoma. It also quotes Health Services Minister Kevin Falcon on the issue. "We are treating people like adults. If they have symptoms, they should see an eye-health professional."

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(*"Drug reforms"* from page 2)

per cent of the brand and ship them to other provinces where they can charge more for the product.

The Canadian Association of Chain Drug Stores dismissed the minister's letter as a public relations ploy.

"The Minister has raised speculative scenarios to paint Ontario pharmacies in a negative light," Nadine Saby, president of the association said in a statement quoted by the *Globe*. She said Ms. Matthews should be focusing on the needs of seniors and others "who are scared that they are on the verge of losing access to pharmacy and community health-care services."

The Alliance of Seniors/Older Canadians Network this week came out against the government's drug reforms, saying seniors rely on the front-line care provided by pharmacists.

Ontario's Community Pharmacies, a coalition of pharmacy groups, says the government's reforms will cut about \$1.1 billion in professional allowances or \$300,000 per pharmacy, putting a number of them at risk of closing.

But an opinion poll for the government this week found 63 per cent of Ontarians in support of the reforms, with 21 per cent opposed and the balance undecided. **HE**