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Health Edition

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AG faults surveillance of infectious diseases

The Public Health Agency of Canada has been found to come up short in being able to protect Canadians from the threat of infectious disease.

In her annual report this week, Auditor General Sheila Fraser devoted an entire chapter to surveillance of infectious diseases and whether the government had addressed serious concerns raised in past reports.

It is the first look at this issue since the creation of the Public Health Agency of Canada (PHAC) in 2004, a year after the SARS outbreak.

While PHAC has laid the groundwork for the sharing of essential information in the event of a public health emergency, Ms. Fraser said procedures for "notifying other parties, and protocols affecting the collection, use, and disclosure of personal information" still have to be sorted out.

"Consequently, faced with a public health threat that could affect other countries, the Agency may be unable to notify the World Health Organization within the times specified in the revised *International Health Regulations* and to keep it informed of subsequent events," she said.

The situation is worse for routine surveillance information. PHAC has only just signed a data-sharing agreement with Ontario, but not with any of the other provinces and territories.

"This limits its ability to provide Canadians with a complete and consistent national picture of infectious diseases as a basis for public health actions," Ms. Fraser said, although she acknowledged the fact that PHAC depends on the goodwill of its provincial-territorial partners to collect the information it needs.

Health Minister Tony Clement said he will use the Auditor General's report as a "springboard" for getting the different jurisdictions to sign the data-sharing agreements he has been after them to do for the past two years.

PHAC itself said it has been

*(See "**PHAC**" on page 2)*

Debt a stressful issue for medical students

New data last week from the 2007 National Physician Survey revealed that a quarter of all medical school students expect to have debts of over $100,000 upon graduation. This does not include expenses not directly related to their education.

Fully 5.5 per cent of third or fourth year students are projecting their debts to amount to over $160,000.

Four-in-10 students say their financial situation is stressful for them and almost 11 per cent say they either worry about it frequently, or it is a major source of stress in their lives.

Half of all medical students plan to take specific measures to pay off their debts. They have a number of options, the most popular being to practice where they can get a financial recruitment initiative.

Almost a quarter say they would select a specialty they think has a high earning potential. For many, this will likely mean a field other than family medicine.

The NPS information came out a few days before Statistics Canada released income data from the 2006 Census. It revealed that the median employment income of a general practitioner or family physician working full time rose from $116,069 in 2000 to $124,688 in 2005 in constant dollars, an increase of 7.4 per cent. For specialists, income over the period went up 22 per cent to $164,551.

Statistics Canada explains that there are a number of factors which can skew these figures. For example, there could be

*(See "**Income**" on page 2)*

In This Issue:

Provincial health spending hits $108 billion

Provincial health spending is going up 6.6 per cent in 2008-09 according to their budget estimates. Nova Scotia and Newfoundland and Labrador completed the slate when they tabled their budgets last week.

In total, the health ministries in the 10 provinces will spend over $108 billion. Somewhat more than half (55 per cent) will be administered by their respective health regions.

Provinces and territories will share $22.6 billion in Canada Health Transfer cash from the federal government as well as other targeted funding, particularly for wait-time reduction. ***HE***

*("**PHAC**" from page 1)*

working on the issue for three years, and has participated in a number of forums to address issues of surveillance information.

It also said it is in the process of developing a framework for the management of privacy issues which it expects to complete in March 2009.

In fact, in a five-year action plan responding to Ms. Fraser's audit, the agency said it will deal with all her principal points by the end of next year.

In her report, Ms. Fraser was critical of the fact that after three years in existence PHAC had not yet clearly defined its roles and responsibilities, or set objectives and priorities for the surveillance of infectious disease.

She also noted that PHAC and the Canadian Food Inspection Agency have not come up with a list of the highest priority animal diseases which could affect Canadians. As she pointed out, this is important given that 65 to 80 per cent of new human diseases come from animals.

The Auditor General's report can be found at www.oag-bvg.gc.ca. ***HE***

*("**Income**" from page 1)*

changes in working hours. Its definition of someone working full time is 30-plus hours a week, and physicians trimming their work schedules would have fewer billable hours.

Income data for a wide range of other health-related occupations is also provided by Statistics Canada. The median employment income of full-time registered nurses went up 11.8 per cent between 2000 and 2005. The increase for licensed practical nurses was 7.1 per cent, and for medical technologists and technicians it was 5.2 per cent.

However, the growth in pharmacists' income eclipsed even that for specialists – going up over 26 per cent. ***HE***

Hansard Highlights

Debates in provincial legislatures/House of Commons

In the **Newfoundland and Labrador** legislature Wednesday, the Liberal Opposition presented a motion calling on the government to provide emergency home care services. During Question Period, before the motion was debated, Opposition Leader Yvonne Jones proposed "establishing emergency provisions for those requiring home care but, right now, fall outside the current financial assessment model." Health Minister Ross Wiseman said the government is reviewing the issue but "we need to do it in a comprehensive way ... a band-aid approach is not appropriate." Ms. Jones suggested the government use the same $31,072 earning benchmark used for the Seniors' Benefit "to assess those individuals who need emergency care home care services right now today, not six months, eight months, or a year down the road." The Opposition's motion was defeated later in the day. "

In the **Ontario** legislature, over the past week, the government has been accused of not providing adequate funding to long-term care facilities. The issue was raised after the death of an 87-year-old woman who apparently strangled on a restraint keeping her in her wheelchair. NDP Leader Howard Hampton said long-term care advocates are calling on the government to provide 60 minutes of additional hands-on care a day versus the five minutes extra the government is funding. Progressive Conservative Health Critic Elizabeth Witmer said residents of long-term care "are older and they require more complex care than a decade ago." Health and Long-Term Care Minister George Smitherman said, "On this side we agree we must have more care in long-term care. That's why our budget contributes nearly $300 million this year in new funding ..." The government is due to receive a report shortly, by St. Elizabeth Health Care President Shirley Sharkee, on minimum standards of long-term care. The minister told the legislature "that upon receipt of the report, it will be in the public domain and made available for all us to benefit from it."

Health Committee delays health accord review

The House of Commons Standing Committee on Health has put off its review of the 2004 health accord.

It has had one meeting on the topic, April 17, and further discussion was postponed until government officials prepared a formal progress report which was due May 1. However, it has been learned that this report will not be tabled until June.

The Health Council of Canada is planning to release a five-year retrospective in early June. This would appear to make the report requested by the Committee redundant as long as it covers what the Committee is looking for: an assessment of progress on all 10 elements of the health accord.

Whether the Committee will get around to the accord review before the summer recess is questionable. Following a Liberal motion Tuesday, it is now doing a study of the supervised injection site in Vancouver. This has frustrated Health Minister Health Minister Tony Clement who is anxious to get the Committee to review his new consumer protection legislation, another piece of business in the queue. ***HE***

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

Maureen O'Neil has been appointed President and CEO of the Canadian Health Services Research Foundation. She takes up her post September 1, leaving her present position as president of the International Development Research Centre in June. (*NR*) ... **Health Minister Tony Clement has announced $298 million in funding for 764 health research projects** through the Canadian Institutes for Health Research. The government increased the budget of the 13 CIHR institutes by $34 million this year. (*NR*)

B.C. says it has crossed the halfway mark in its goal of attracting 90 new physicians to communities in need. The program, announced in June 2007, provides funding for up to 90 physicians and gives them a maximum of $100,000 in financial support to help pay off student debt and cover the costs of setting up a practice. The program has so far attracted 56 family physicians. (*NR*) ... **Nova Scotia's 2,400 physicians have a tentative new five-year agreement contract with the government** although no details have been announced pending a membership vote in the next few weeks. (*Hal. C-H*, May 2)

Ottawa is investing $1.8 million in a Prince Edward Island pilot project to cut cancer care wait times. Funding for the project comes from the federal government's Patient Wait Times Guarantee program. This particular project will develop and test more timely and patient-centred approaches to the provision of radiation therapy. (*NR*) ... **British Columbia is offering the HPV vaccine to girls entering grades 6 and 9 this fall**. This follows Manitoba's announcement last week that it too would be implementing a provincewide voluntary HPV immunization against cervical cancer this fall. (*NRs*) ... **Key cancer services in Ontario are more accessible, timely and safe**, the 2008 Cancer System Quality Index of the Cancer Quality Council of Ontario shows. It uses 32 indicators covering the spectrum of cancer services from prevention to end-of-life care. Wait times for radiation surgery continue to decrease although the Index did find more regional variations. Cancer surgery wait times are also down, and use of a computerized physician order entry system for chemotherapy is up. This system reduces drug errors and interactions and increases use of evidence-based treatment guidelines. (*NR*)

Saskatchewan nurses have voted 77 per cent in favour of strike action should contract talks fail. However, Health Minister Don McMorris is confident it will not come to this. Talks are due to resume Monday after breaking off last month. (CBC, *Reg. L-P*, May 8) ... **Nearly a third of Saskatchewan residents say nursing care is worse now than five years ago**, mostly due to workplace pressures nurses are under, according to a survey for the Saskatchewan Registered Nurses Association. This is up from 24 per cent in 2006. (*Reg. L-P*, May 8)

Ontario hospitals will soon have to report outbreaks of the C. difficile superbug, Health and Long-Term Care Minister George Smitherman announced after release of a report showing as many as 76 patients died from the bacterium at one hospital in Burlington over a 20-month period. (*Tor. Star*, May 8) ... **British Columbia is being urged to improve care for the elderly and other dependent patients**. A policy paper this week by the B.C. Medical Association said barriers for patients to get home care and community services need to be removed. The BCMA wants a maximum allowable wait time of one month for case manager assessment of a patient after a request by a family physician, and one month from then until placement in the appropriate care setting. The BCMA says the province is last in the country in terms of residential care funding. (*NR*)

Quebec is trying to pass health information privacy legislation before the summer recess of the National Assembly, and the province's privacy commissioner feels rushed in being asked to render an opinion on the stipulation in the bill that patients imply consent in having their medical records shared electronically if they do not say otherwise. Administrative snags with physicians are still holding up a pilot project of Quebec's electronic health record in the Quebec City area. (*La Pre*., May 7) ... **Health information legislation in New Brunswick is being delayed until the fall**. Health Minister Michael Murphy has decided instead to publish a green paper on personal health information to allow New Brunswickers to provide input. (*Fred. D-G*, May 8) ... **Manitoba has introduced legislative amendments to the *Personal Health Information Act*** that, among things, clarify the nature of consent needed before a patient's health information can be shared. (*NR*) ... **British Columbia is introducing new health insurance cards in the next few years** which will have some of the security features common on credit cards and cut down on fraud. There were an estimated 7.6 million B.C. CareCards in circulation as of the end of 2006 even though there are only 4.2 million people eligible for coverage. (Van. Sun, May 2)

Ontario businesses want more private health care

The Ontario Chamber of Commerce wants the government to allow more privately-run hospitals and clinics to operate in the province.

In a report this week, "*A Second Opinion*," the Chamber says "Ontarians must come to the realization that 'private' health care does not mean the loss of universal health care, but rather further enhancement of the system."

It further recommends that both profit and non-profit health providers be allowed to compete for the delivery of publicly insured health services.

The Chamber says the health system is in "dire need of reform." For too long, it says, politicians have been reluctant to address issues because of the fear of public backlash.

It is recommending the conduct of an actuarial analysis and forecast in order to provide a sound financial basis for long-term planning.

Another one of the Chamber's recommendations is to continue with public-private partnerships, officially known as alternative funding and procurement arrangements (AFPs), to build and maintain hospitals. However, another report this week says this is an expensive option.

The report, by the Canadian Centre for Policy Alternatives and the Registered Nurses Association of Ontario (RNAO), says taxpayers could end up paying $585 million in higher costs due to the government's use of AFPs for 14 hospital projects. The government is claiming they will save $341 million.

In addition to the financial implications, RNAO Executive Director Doris Grinspun says AFPs "also will reduce public control over hospitals and transfer it to for-profit consortiums, weakening the health system." ***HE***

Miscellany

Health care as a commodity

In an opinion-editorial to the *Victoria Times-Colonist* (May 4), Eike-Henner W. Kluge, a professor of philosophy at the University of Victoria, commented on British Columbia government's legislation which applies the principle of sustainability to its health insurance plan. Dr. Kluge, an expert in medical ethics, said this will mean "health care planning has to follow a business model." For him, this has three implications. First, "the government will never borrow against the future to meet a current health-care need unless the money borrowed will be repaid by increased revenues. No provincial government can count on a steady increase in revenues. Therefore health care will have to be funded within more-or-less current revenue limits and forecasts." Second, funding for things like chronic care will stop because it is "extremely labour- and resource-intensive with no financial return" and therefore "unsustainable." Third, "the same thing applies to any sort of health care that will not restore someone to the status of a productive, functioning, taxpaying member of society." He said if the government believes B.C. society has turned away from its traditional support of justice and equality and is "prepared to gut its own health-care services, then the Liberals should put it to the voters."

The best of health care

Prime Minister Stephen Harper participated in the opening of the state-of-the-art Mazankowski Alberta Health Institute in Edmonton May 1. Here is part of what he had to say. "Building on the University of Alberta Hospital's already sterling reputation for heart and healthcare excellence, the institute is attracting top international cardiac doctors and researchers because they know it is second to none in the world, and that means that Albertans and all Canadians will be getting the world's best cardiac care right here in Edmonton. The institute embodies the best aspects of Canada's health care system: governments, publicly-spirited citizens, the private sector, and healthcare professionals working together to make life better for their fellow Canadians."

South of the border

Both candidates for the Democratic ticket in the November 2008 U.S. presidential election have promised universal health care. They will face John McCain as the Republican nominee-in-waiting who published an op-ed in *National Review* May 1 covering his ideas for health reform. He is proposing that all Americans have access to a $2,500 individual tax credit ($5,000 for families) to purchase health insurance from their provider of choice, anywhere in the U.S. This is the same credit that employers now receive to offer their own health insurance plans. He is also promising to work with state governors on a Guaranteed Access Plan to cover the "uninsurables," the people with pre-existing conditions which make it difficult if not impossible for them to get insurance.

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