

More needed for palliative home care, report says

Two thirds or more of Canadians who are dying do not have access to adequate hospice palliative care, a report from the Quality End-of-Life Care Coalition of Canada, a network of 30 national organizations, said this week.

The report said timely access to comprehensive palliative home care services in most jurisdictions is limited by lack of nurses and personal support workers, lack of training in palliative care, and geography – those in rural areas have a more difficult time getting the care they need.

Only four jurisdictions – Nunavut, Yukon, New Brunswick, and Ontario – say they track wait times for hospice palliative home care.

Nova Scotia is the only province that does not cover the cost of drugs in hospice palliative home care. Up until this week, Prince Edward Island was another. It announced details of a new drug program for palliative care patients Tuesday. Nova Scotia also plans to provide this type of coverage at some point.

The report calls for improvements to case management and 24/7 access to nursing and personal support services as well as appropriate ongoing education and training for these people.

It also says education programs are needed for pharmacists who provide consulting services for hospice palliative home care, and patients need access to “the full range of prescription and over-the-counter pharmaceuticals required for pain and symptom management and comfort care at end-of-life.” **HE**

2004 health accord promises unfulfilled

Progress is being made to reduce wait times in priority areas, but more can and should be done, the Commons Health Committee heard Tuesday. The Committee is conducting a statutory review of the health accord signed by First Ministers in 2004, and MPs have heard about a number of shortfalls in commitments which were made in that \$41 billion agreement.

At its third of four scheduled meetings Tuesday (*See note at the end of this story*), the Wait Time Alliance – a consortium of 13 medical groups – said most provinces are making progress in bringing down wait times but it has concerns that some “may not have the necessary funding, structures and processes in place to ensure that the reductions can be maintained.”

The accord created a \$5.5 billion Wait Times Reduction Fund and since then Ottawa has ploughed another \$1 billion into related activities including \$612 million for a Patient Wait Time Guarantee Trust.

The Alliance identified three key barriers to progress. One of these is a health workforce shortage, and the others involve the lack of clear, standardized wait-time definitions and criteria among provinces and a “huge variation” in the quality of wait-time reporting.

This is not only confusing patients but frustrating experts who are trying to make comparisons between provinces on how well they are performing.

MPs on the Health Committee heard these frustrations last week in presentations from the Canadian Institute for Health Information (CIHI) and the Health Council of Canada.

Glenda Yeates, President and CEO of CIHI, said her organization is able to say that volumes in surgeries in the five priorities

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Drug spending estimated at \$27B in 2007

The Canadian Institute for Health Information says spending on prescribed and non-prescribed drugs in Canada reached \$27 billion dollars in 2007, a \$2 billion increase from the year before.

CIHI says although growth in drug spending continues to outpace inflation and overall health spending, the rapid increases seen in the earlier part of this decade appear to have slowed.

The public sector covers just under half of all spending on prescribed drugs, ranging from 32 per cent in New Brunswick to 53 per cent in Manitoba.

In Newfoundland and Labrador, public spending on drugs increased 25 per cent between 2006 and 2007. This is by far the biggest expected increase in public spending on drugs among the provinces, CIHI says. **HE**

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identified in the accord (cancer, heart, diagnostic imaging, joint replacements and sight restoration) have increased by 13 per cent (excluding Quebec) over the two-year periods following the accord.

However, while there have been improvements in wait-time reporting, there are still variations in measurement that make inter-provincial comparisons difficult. For example, Ms. Yeates was able to compare just three provinces in terms of their wait-time performance on joint replacements and four provinces for cataract surgeries.

During questioning from MPs, Ms. Yeates said volumes of procedures in priority areas have clearly gone up but "the impact that would have on (wait) times is less clear."

Dr. Jeanne Besner, Chair of the Health Council of Canada, said there have been a number of steps forward on the road to health care renewal since the accord, but in terms of nine specific commitments by First Ministers there is no particular reason for celebration.

She cited lack of substantial progress in creating a national pharmaceutical strategy, and meeting the needs of Canadians for adequate home care coverage. She commented that relatively little funding seems to have gone into making improvements in aboriginal health, and it does not appear that half of all Canadians will have an electronic health record by the due date of 2010.

Dr. Besner appeared to reserve her strongest criticisms for the two levels of government failing to get their act together on a common health reform agenda.

She mentioned that a pan-Canadian planning framework for coordinated health human resource planning has not really amounted to anything. She also noted that a federal-provincial-

Hansard Highlights

Debates in provincial legislatures/House of Commons

Eastern Health is one of four health regions in **Newfoundland and Labrador** and has for months been in the spotlight for faulty breast cancer receptor testing. This is now the subject of a judicial inquiry generating massive media coverage. In the legislature Wednesday, NDP Leader Lorraine Michael presented a motion calling on the government to "conduct an independent external review of the integrated health regions." She said that when these regions were created in 2005 "There was not an evaluation. There was not time taken to look at, in an in-depth way, how our systems were working. The decision was made based mainly on a restructuring that was required or looked for to meet fiscal needs ..." Health and Community Services Minister Ross Wiseman pointed out that Manitoba waited 10 years before it did an evaluation of its regions. He also took issue with the suggestion that the new model was brought in for financial reasons. "The whole notion of bringing health authorities together was not simply a mathematical exercise to save money," he said. "We have four health au-

territorial committee to develop common performance indicators to report on health reform was disbanded after a year.

Although this committee came up with 18 indicators, Dr. Besner said "some are not useful for reporting on the reform priorities of the accord as we might like, while those that are of value are not widely used for public reporting."

In this week's hearing, the Committee heard recommendations from a number of organizations to rejuvenate the national framework on health human resource planning. Pam Fralick, President and CEO of the Canadian Healthcare Association, said

authorities brought together to create a seamless health system across the community, across long-term care, across our acute sector, with a view of having a seamless health system, an effective and an efficient delivery model for the people of Newfoundland and Labrador."

In the **Alberta** legislature Wednesday, Liberal Health Critic Dave Taylor said "no evaluation has been done of the impact of 15 years of restructuring on the health system in Alberta. In that time, the system has been completely restructured three separate times." He asked what evidence Health and Wellness Minister Ron Liepert has that "this new round of rightsizing is going to improve patient care" and access. Mr. Liepert said "part of our discussions around what the new governance model is going to look like clearly also will include performance measurements and accountability contracts." He said the government is attempting to streamline the system and make it more effective. On Thursday he announced the creation of a single governance board for the province (*See story page four*).

shortages of health professionals "remains serious, and frankly points to a crisis.

Criticisms were also made about the lack of progress on a National Pharmaceuticals Strategy and union groups urged the government to go further and establish a national pharmacare plan for the country.

More funding for the development of electronic health records was also urged by a number of groups.

Dr. Besner offered three reasons why progress on so many accord commitments has not been achieved. First, she said

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

This is National Nursing Week and the Canadian Nurses Association is asking the 270,000-plus RNs in Canada to meet with their MPs and talk to them about the contributions nurses are making. (*Letter*) ... **Health human resources is an issue Ottawa needs to address**, the Canadian Federation of Nurses Unions said this week in a presentation to the Commons Health Committee. CFNU President Linda Silas said Canada is short over 20,000 nurses "if we only take into account the overtime and the vacancy rates." She also pointed out that for every nurse under 35, there are two nurses over 50. To keep up with demand, she said Canada needs to graduate about 12,000 nurses a year compared to just 8,400 currently. (*Presentation*)

Alberta is short at least 2,000 RNs and this situation will get worse unless the government acts now, the United Nurses of Alberta union says. It has an eight-point plan, "*Nursing Care Plan for Nursing in Alberta*", to tackle the issue. It includes improved working conditions to encourage part-time and casual nurses to take on more hours, and several measures to recruit more nurses and retain experienced nurses. (*Rpt.*) ... **Saskatchewan nurses have been presented with a new contract offer from employers** which would provide them with a five per cent annual wage increase over four years, and a market wage adjustment of another five per cent in the first year. Nurses with more than 20 years on the job would get a two per cent long service retention adjustment. (*Reg. L-P*, May 13)

Ontario is planning to distribute up to 2,000 Personal Digital Assistants to front-line nurses. The PDAs provide instant access to a range of clinical tools such as

drug databases, diagnostic materials and medical dictionaries. The \$3 million investment is hoped to also reduce medical errors. (*NR*) ... **Almost one-in-five hospital nurses admit making medication errors occasionally or frequently**, Statistics Canada said this week in a report based on the *2005 National Survey of the Work and Health of Nurses*. Factors related to medication error included usually working overtime, role overload, perceived staffing shortages or inadequate resources, poor working relations with physicians, lack of support from co-workers, and low job security. Medication error was significantly related to overtime. Of those nurses worked overtime, 22 per cent reported medication errors versus 14 per of those who did not work overtime. (*Daily*) ... **Some Quebec hospitals are not fulfilling their legal responsibilities to track medical errors** which were part of Bill 113 in 2002. The province's 300 hospitals were supposed to set up boards to manage risks, and 240 have done so as of end of 2005. Furthermore, only 227 have a program for disclosing medical errors. The health ministry says there have been improvements in these rates since then, and this year there will be provincial reporting on the incidence of medical errors. (*La Pre.*, May 14)

Prince Edward Island is investing \$356,000 in a new Accelerated Nursing Program which will begin January 2009 at UPEI. The 14-seat program will be offered to students who already have a university degree and they will be able to complete the standard four-year nursing program in 24 months. (*NR*) ... **A new Clinical Information System is now in place at all hospitals in PEI.** It is in operation at Registration, Lab and Pharmacy departments and is

also being used by nursing staff to record patient vital signs. More features, including physician orders, nursing documentation, and functionality for Surgery and Emergency departments will be introduced later this year and early next year. (*NR*) ... **The overwhelming majority of Albertans are satisfied with care they receive at hospital ERs**, a survey for the Health Quality Council of Alberta has found. However, nearly four-in-10 people said they had to wait at least two hours for treatment, and half of them waited more than four hours. Furthermore, fully 42 per cent considered walking out without seeing a doctor. (*Cal. Her.*, May 14)

Forty-five doctors from Canada's first satellite medical schools will graduate next month. They are graduating from the Northern Medical Program at the University of Northern BC in Prince George and the Island Medical Program at the University of Victoria. Both are affiliated with UBC in Vancouver and have taken classes aided by sophisticated telecommunications. Importantly, 70 per cent of the Prince George grads have selected residencies in family medicine which is about twice that of other Canadian medical schools. (*CP*, May 12) ... **McGill University is opening a satellite medical school in Gatineau**, across the river from Ottawa. This region of Quebec has a shortage of a number of different health professionals and, as a result, it has to rely on facilities in Ottawa to provide almost a third of its health care needs. The McGill project will double the number of family medicine students in residency positions in the area. The initiative is part of a government plan to restore self-sufficiency of health services for the region. (*Le Dev.*, May 15)

Alberta moves to one regional superboard

Alberta is scrapping its nine regional health authorities and creating a new Alberta Health Services Board (AHSB) responsible for health service delivery for the entire province. Voluntary Community Health Councils will be appointed by the AHSB to provide input on local health issues.

The AHSB will report directly to Minister of Health and Wellness Ron Liepert whose ministry will continue to be responsible for setting, monitoring and enforcing provincial health policy, standards and programs, as well as for managing health capital planning, procurement and outcome measures.

"Moving to one provincial governance board will ensure a more streamlined system for patients and health professionals across the province," Mr. Liepert said in a news release.

The AHSB will also take over the functions of the Alberta Mental Health Board, Alberta Cancer Board and Alberta Alcohol and Drug Abuse Commission.

A transitional six-member board of directors and interim CEO for the new organization has already been appointed by Mr. Liepert. **HE**

(*"Committee" from page 2*)

some of the key elements in the accords were not sufficiently well described at the outset to make them measurable.

As an example, she talked about the commitment to establish multidisciplinary primary care teams. Does this mean a nurse working alongside a family doctor? she asked, or more professionals. "Unless we are clear about what we are trying to accomplish, it is difficult to know whether we have gotten there."

She also said that between the 2004 accord and the one signed in 2003, \$230 billion in



Miscellany

Private options

The *Ottawa Citizen* (May 9) comments on a recent report of the Ontario Chamber of Commerce advocating more private sector options for health care. The *Citizen* points out that the government has been hesitant to do this. "It's rather an odd position. Much of the system is already operating privately," noting that physicians are self-employed. This position of government is a shame, it says, "because Ontario is a very successful market economy. And that marketplace produces much of the wealth that powers the government and the health system." The *Citizen* concludes, "Ontario needs practical solutions to critical health-care problems. We need to abandon the doctrinaire to find the best methods to treat our citizens."

Rewarding fitness

Alberta government backbench MLA Dave Rodney has introduced a private member's bill calling for a \$1,500 tax credit to people who belong to approved fitness organizations. The *Calgary Herald* (May

14) says it is a nice idea in theory to get people to become more physically active "but it can't fly." It points out that two health ministers (Iris Evans and Gary Mar) both had similar ideas but their ideas did not get off the ground either. The reason: "People would have to join a gym to claim their tax credit. Those who prefer to exercise by going for walks, biking, swimming or other activities that don't require a membership wouldn't get the credit." On top of this, the *Herald* argues, "Not only does Rodney's bill discriminate against people who don't want to join a gym for personal reasons, it is also unfair to those who can't afford gym memberships, and who may be the folks needing to exercise the most."

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federal funds went into the health care pot, most of it without any strings attached, and any requirement for public reporting of results obtained.

Her last point spoke to the fundamental reason why the accord was put together in the first place: to collaborate on solving common problems.

"While respecting the rights and responsibilities of the provinces and territories to deliver care, the Health Council believes that we need to revive the idea of a common or pan-Canadian vision of health and health care and put mechanisms in place to

make this vision a reality." she said. **HE**

Note: In a story last week, we provided inaccurate information about the timeline the Commons Health Committee is following for its review of the 2004 health accord. We stated that the Committee had delayed its review until June. This is obviously not the case, and occurred due to a misunderstanding of information we had been supplied. For this, we apologize. The Committee will have its last meeting to review the accord on May 27 and discuss the preparation of its report the first week of June.