

McGuinty sees future for national pharmacare

Ontario's controversial drug plan reforms could eventually lead to the creation of a national pharmacare program, Premier Dalton McGuinty told the *Toronto Star* Wednesday.

Mr. McGuinty had been one of the champions of a national drug plan for Canadians leading up to the 2004 health accord, although the costly idea was never embraced by the federal government.

But, Mr. McGuinty sees other provinces following Ontario's lead in abolishing professional allowances or rebates pharmacists get from generic drug companies for stocking their products, and chopping the price of generics to 25 per cent of the brand.

"I think that (national pharmacare) will very likely be a natural evolution from this debate," he told the *Star*. He said the provinces have to work together to make the costs of health care sustainable.

The consultation period for Ontario's drug reforms closed on May 8 and most regulatory changes were to come into force this past Saturday. However, Health Minister Deb Matthews has delayed this until sometime next month.

Questioned about the delay in the legislature Wednesday, Ms. Matthews said the government remains committed to the reforms and will not back down.

"We are taking the time to get it right," she said.

The government hopes to save \$750 million from these measures although pharmacists say the financial impact for them will be around \$1 billion given that the measures affect

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Quebec health commissioner sees deductibles as dangerous

Another influential voice has been heard in the growing opposition in Quebec to the possibility of charging patients a deductible for each medical visit. In his second annual report released last Thursday, Health Commissioner Robert Salois said this would have a negative effect on underprivileged patients.

He said the use of a user fee would actually be counterproductive since it would cut down on the use of services patients actually need, as well as the ones that are inappropriate, and end up costing the health system more in the long run.

This has ramifications for the prevention and treatment of chronic disease which was a particular focus of his new report.

Arguments against the government's proposed use of a deductible, perhaps \$25 for each medical visit, have been made by a host of health professional groups and unions, as well as patient advocates. Most recently, the proposal was panned as "odious" and "discriminatory" by the head of the Quebec Council on the Status of Women, Christiane Pelchat.

Mr. Salois, a dentist who was appointed Commissaire à la santé et au bien-être almost four years ago, also noted that the idea of charging user fees did not come up once in consultations he has had with some 200 experts on ways to improve the health system.

The comments of the health commissioner did not please Finance Minister Raymond Bachand. He floated the idea of a deductible in his budget at the end of March as a way of raising an additional \$500 million for the health care system, and keeping the growth of government health care expenditures in check.

He told *Le Devoir* last week that Mr. Salois and Ms. Pelchat should be

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PEI nurses protest jobs being reassigned

Some 150 registered nurses in Prince Edward Island confronted the premier and health minister Wednesday over changes being made that would see licensed practical nurses take over some of their duties.

The province is introducing a new model of care at a number of test sites, including the surgical ward at the main Queen Elizabeth Hospital in Charlottetown. Up to 13 RNs in Unit 3, as it is called, are being reassigned to other work. Their jobs are being taken over by LPNs including the administration of medications.

The RNs say patient safety is being put at risk for the sake of using less expensive labour. They would like the new model of care put on hold until their concerns are addressed. But Health Minister Carolyn Bertram says PEI is just following a trend in all provinces to recognize the full scope of practice of every health professional. **HE**

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helping the government determine what the deductible should look like rather than criticizing the idea outright. He lamented the fact that no one seems to want to discuss the idea.

He also had harsh words for Parti Quebecois Leader Pauline Marois who has vowed to abolish any health-care deductible if it wins the next provincial election. He pointed out the PQ once tried to introduce the same kind of deductible, and even did this for the public drug plan.

“Is (Ms. Marois) saying she would abolish this (drug plan) contribution too?” he asked in an interview with *Le Soleil* earlier this week.

The funding problems of health care have also been on the minds of the PQ. This past weekend, the party had a meeting on social policy – one of a number of meetings the PQ is having to prepare its platform for the election.

Ms. Marois had distributed a discussion paper two weeks ago that posed the question of whether certain “unnecessary” medical services should be dropped from the public insurance plan. She also asked whether regional health agencies should be abolished – all in the interests of saving money.

However, delegates at the Drummondville conference rejected both ideas, and Ms. Marois has accepted the direction of her party and dropped the idea of looking at the basket of services that are covered.

She says the PQ still believes there are ways of making more productive use of health-care resources and making regional health agencies less bureaucratic.

On this, Mr. Salois certainly agrees. In his report, he said the health care system has enough money but needs to use both its financial and human resources in an optimal manner. **HE**

Hansard Highlights

Debates in provincial legislatures and House of Commons

In **Quebec’s** National Assembly last Thursday, there was a continued exchange between Parti Quebecois Leader Pauline Marois and Premier Jean Charest about the government’s controversial proposal to charge a deductible for each medical visit. But Mr. Charest turned the tables on her by bringing up a question she had posed to members of her party as it pulls together its social policy platform for the next provincial election. Ms. Marois had speculated about the possibility of less necessary medical procedures being eliminated from the basket of services covered by the health insurance plan. Mr. Charest said the PQ leader was creating a lottery. “If you are sick in Quebec, put your hand in the hat. With the PQ, perhaps your number will come up and someone will look after you.”

In the **Ontario** legislature last Thursday, Progressive Conservative Health Critic Christine Elliot asked about the government’s aging-at-home strategy to take pressure off

emergency rooms. “But after three years and a quarter of a billion dollars spent, pressure on emergency rooms is up 12 per cent, and there’s been no improvement in alternative level of care beds” for patients occupying a hospital bed but would be better served in community care. Health Minister Deb Matthews admitted this is a “stubborn” problem, but “The aging-at-home strategy has been a resounding success in that it has allowed community organizations to be supported to keep people in their homes longer.”

In the **British Columbia** legislature Tuesday, NDP Health Critic Adrian Dix asked the government to get rid of contracted-out housekeeping services to deal with infection control problems. Health Services Minister Kevin Falcon noted that an independent cleaning audit last year found that of 19 facilities that did not meet the cleanliness benchmark, 12 had in-house cleaning services and seven contracted out these services.

Quebec health commissioner urges action on chronic disease

Quebec’s health system is not well equipped to deal with the challenges of chronic disease, and its actual performance is falling behind other provinces, Health Commissioner Robert Salois said in his second annual report last week.

The problem of chronic disease is immense. Mr. Salois said over half of the Quebec population (52.6 per cent) have at least one chronic disease, and approximately 50 per cent of short-term care resources are consumed by five per cent of the population most of whom suffer from multiple chronic conditions.

In the course of his investigations, Mr. Salois found that the under-computerization of the health care

network is a significant issue that ties into problems of communication and coordination between specialists and general practitioners. Only one-in-five patients have an electronic health record whereas it is twice this level in Ontario.

He also said people with chronic disease have problems accessing primary care which was the special focus of his report last year, and he said Quebec nurses are less involved in chronic disease management than their colleagues in Ontario — 20 versus 26 per cent.

The health commissioner’s four-volume report (in French) can be found at www.csbe.gouv.qc.ca/index.php?id=392. **HE**

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Ontario should provide emergency services at every hospital in the province, both large and small, the Ontario Health Coalition says in a report released Monday. The Health Coalition report was based on 12 public hearings it held in March, and is designed to provide the public input which it says a government-appointed panel looking at rural and northern health services is not collecting. The Health Coalition has previously called for a moratorium on emergency department closures and this was reiterated in the new report. But it goes further to say every hospital, including the smallest, should have a basket of services available. This includes an emergency department, blood, x-ray, ultrasound, inpatient acute and complex continuing care beds, palliative care close to home, and rehabilitation services. It also wants these services available within at most a 30-minute drive for every resident. The report is available at www.web.net/ohc.

Saskatchewan has achieved success in bringing down wait times, according to data posted by the Saskatchewan Surgical Care Network. The number of people waiting more than 18 months for surgery has decreased 39 per cent in the last two years. The number of those waiting more than a year has declined 22 per cent. Health Minister Don McMorris is pleased with the findings but says there is still a lot of work to do for the government to meet its pledge in the Saskatchewan Surgical Initiative that no one waits more than three months for surgery by 2014. The data can be found at www.sasksurgery.ca.

A review of a New Brunswick radiologist's work has found an acceptable error rate. The review covered 26,829 scans that had been analyzed over a three-year period by a Grand Falls radiologist, Dr. Bhagwan

Jain. It found there were significant discrepancies in 5.7 per cent of his results. This is considered to be an acceptable error rate, although Dr. Ed Schollenberg, registrar of the College of Physicians and Surgeons, said it is difficult to know what an acceptable rate should be. "It's not that black and white." He noted that there was considerable discussion about this issue during the inquiry into the work of New Brunswick pathologist, Dr. Rajgopal Menon. No complaints have been lodged by patients against Dr. Jain who gave up his license after he was suspended without pay last September when an earlier review of his work found an error rate of 16 per cent. (*New Brunswick Telegraph-Journal*, May 20) ... **New Brunswick is looking into the possibility of creating its own blood services system**, Premier Shawn Graham says. Canadian Blood Services (CBS) is consolidating its operations in Atlantic Canada and moving blood producing and processing to Dartmouth, Nova Scotia. Mr. Graham is still hopeful an agreement with CBS can be reached, and his government has already offered to front the construction costs of a \$20 million new facility in Saint John where the existing operations are located. In the meantime, his officials are gathering information on what the costs would be for a stand-alone blood services system in the province as Quebec has done. (*New Brunswick Telegraph-Journal*, May 19)

A program to keep nursing students in New Brunswick seems to be working, according to the nurses' union in the province. Last December the government announced a two-year, \$800,000 program of forgivable loans going to some 80 students. If the students leave the province within two years they have to pay part of the loan back. "I think it certainly has had

the desired effect," union president Marilyn Quinn says. (*Fredericton Daily Gleaner*, May 14) ... **Alberta Health Services plans to hire 1,800 more nurses this year including 800 licensed practical nurses.** The agency received a major infusion of cash in the recent provincial budget. A senior official with the nurses' union says most of the available nursing jobs are temporary or part-time "and that's not going to cut it to keep our new graduates here." (cbc.ca) ... **Alberta is celebrating the fifth anniversary to the province's first Primary Care Network.** Today there are 33 of the team-based primary care networks in the province serving 2.2 million people. More information at www.albertapci.ca.

Almost two-thirds of Canadians support using foreign aid money to help women in poor countries get abortions, a Leger Marketing survey, conducted May 10-13, has found. The survey found 61 per cent of respondents in favour of the idea and 34 per cent against. The federal government has come under fire for not including abortions in its efforts to get G8 countries to support a global maternal and child health initiative. (*Toronto Sun*, May 18)

Dalhousie University in Halifax is getting back \$2.5 million in funding that was chopped in the recent budget. It will get \$1.4 million immediately with the remainder subject to an external auditor's review of a complex formula that has been used by the departments of Health and Education to cost-share medical school seats. But no one is sure who is paying what, Education Minister Marilyn More explained. "We're committed to clarifying the process ... so that everyone can agree on what it costs to train a physician" at the school. (*Canadian Press*, May 14)

Hospitalization rates down, lengths of stay up

Hospitalization rates in Canada continue to drop, but hospital stays remain on the rise as caseloads get more complex, the Canadian Institute for Health Information reported this week.

CIHI said there were nearly 2.8 million hospitalizations in acute care facilities in 2008-09, a drop of 14.1 per cent since 1995-96, but the average length of patient stay was 7.6 days which was up 5.6 per cent from the 7.2 day average in 1995-96.

The largest percentage reductions over the period were seen in Nova Scotia (27.9 per cent) and Newfoundland and Labrador (27.2 per cent) and the other two Atlantic provinces were both over the 20 per cent mark.

On the other hand, Yukon and Alberta have witnessed an increase in hospitalization rates – 7.9 and 2.5 per cent respectively. Alberta's increase can be attributed to population growth.

Manitoba and Nova Scotia had the highest unadjusted average length of stay (9.2 days) in 2008-09 while Ontario and Saskatchewan had the lowest lengths of stay at 6.9 and 6.4 days respectively.

The report, and a separate one on the birthing process in Canada, can be found at www.cihi.ca. **HE**

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both public and private drug plan customers. The government is prepared to put \$300 million back into the system to provide pharmacists with higher dispensing fees and money for patient counselling activities.

Pharmacists say government is effectively promising to reimburse them one dollar for every three it is taking away. However, Ms. Matthews insists there will be no more money on the table. She is only prepared to discuss how it is distributed. **HE**



Editorials & Commentary

A single health network

The *New Brunswick Telegraph-Journal* (May 14) comments on complaints recently made by doctors at one of the province's two regional health authorities. These included delays in getting needed equipment, and even the lack of a particular type of scalpel that results in patients spending 45 additional minutes under anesthesia. Some of these issues need to be addressed by the New Brunswick Health Council, the editorial says, but it also wonders whether efficiency could have been improved by adopting "a single network" to run health care rather than the two regions ("A" and "B") the government created to replace eight previous ones. Since this happened, the editorial says, "Issues such as cultural identity, governance and choosing new corporate names have taken up far too much of

the health authorities' time." It says "These exercises in institutional differentiation contribute nothing to the delivery of health care — not a single scalpel, acute care bed or moment of diagnostic time." It believes it was a poor decision to reduce eight regions to two competing authorities, rather than one network that would have avoided all of the cultural identity and other issues, and provided "the effective and inclusive provincial health-care system that patients need."

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Action urged on palliative care for cancer patients

Cancer is the leading cause of death in Canada, accounting for about 29 per cent of all deaths, and in 2010 it is expected there will be almost 174,000 new cases and over 76,000 people will succumb from the disease.

More than 55 per cent of these deaths will occur in hospital despite the preference of most terminally ill people to die at home.

The reason for this is that there is a patchwork approach to palliative care across the country. And where such services exist, they are often not used – sometimes because patients and their families are not aware that the services are available – the Canadian Cancer Society says in its *Canadian Cancer Statistics 2010* report, released Wednesday.

The report contains a special focus on end-of-life care and says family

members take on a lot of burden of care which extracts a significant financial as well as psychological toll – over \$1,000 a month, not including lost income from time off work.

The report complains about the lack of good quality of care for people with cancer who are terminally ill. It also says there is a variation in the type of data being collected and, in many instances, no formal monitoring systems are in place. These are shortfalls the report urges governments to address.

One bit of good news in the CCS report is that the death rate for all cancers combined is declining for males in most age groups, and for females under 70.

The report can be found at www.cancer.ca/Canada-wide.aspx?sc_lang=en. **HE**