

15 per cent of Canadians without a regular doctor

There was an improvement in the percentage of Canadians with a regular doctor in 2009, up from 84 in 2008 to 84.9 per cent. This was a slight reversal in the general downward trend since 2003, according to the latest iteration of Statistics Canada's Canadian Community Health Survey (CCHS) released this week.

The rates varied across the country and were pulled down by the low proportion in Quebec where less than three quarters of the population (73.3 per cent) have a regular doctor.

Levels were over 90 per cent in three provinces: Nova Scotia, which led the nation at 92.8 per cent, New Brunswick (92.1), Ontario (91.5) and Prince Edward Island (91.1). Alberta was well below the national average at 80.6 per cent.

Statistics Canada said men were more likely than women to report not having a regular doctor in 2009, particularly men in the 20-34 age bracket (33 versus 19 per cent), but the difference diminished steadily with age.

Among the 4.3 million Canadians without a regular doctor, just over half (54 per cent) reported that they had not looked, while 44 per cent said they could not find one.

When they needed medical care, almost 82 per cent of those without a regular doctor had a fall-back plan: 61 per cent went to a walk-in clinic in 2009, the same level as in 2008, while another 13 per cent went to a hospital ER which was down a noteworthy two percentage points from 2008.

Over 18 per cent of those without a regular doctor "had no usual place
(See "Statistics Canada" on page 2)

Work still needed to reduce wait times, WTA says

A consortium of 13 medical groups called the Wait Time Alliance or WTA has released another largely negative report on the progress provinces are making in reducing wait times for priority procedures.

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Isotope shortage reduces nuclear medicine tests

Between October 2008 and October 2009 the number of nuclear medicine cardiac, bone and lung diagnostic exams on Canadian patients decreased 21.8 per cent, a report this week from the Canadian Institute for Health Information says.

This drop of some 12,000 exams coincided with the May 2009 shutdown of the Chalk River nuclear reactor which produces medical isotopes for these tests.

Repairs to a leak in the reactor have only just been completed, with the plant expected to be back online at the end of next month.

The CIHI report is based on a survey of some two-thirds of Canadian sites with nuclear medicine activities.

The survey found sites employed a number of strategies to mitigate the effects of the isotope shortage, particularly re-scheduling and re-prioritizing patient exams.

The report, *Results of the National Survey on Medical Isotopes Supply Disruption*, can be found at www.cihi.ca. **HE**

"The WTA report card shows that many Canadian patients still face long waits for needed medical care, six years after governments promised to get the job done," Dr. Lorne Bellan, president-elect of the Canadian Ophthalmological Society and WTA co-chair said in a news release.

In 2004, federal-provincial-territorial First Ministers chose five priorities for reducing wait times: joint replacements (hip and knee), sight restoration (cataracts), heart (coronary artery bypass surgery), diagnostic imaging (MRI and CT scans), and cancer care (radiation therapy).

This effort was supported by a \$4.5 billion federal fund that ran out at the end of the 2009-10 fiscal year.

The WTA has released five annual report cards that have charted governments' performance in reducing wait times. The latest report gives an A-grade to radiation therapy, cataract and bypass surgery wait times with 80 to 100 per cent of the population being treated within the governments' benchmarks. Hip replacements get a B, and knee replacements a C – all these grades are unchanged from last year's report.

There is no score for MRI/CT scans because governments have yet to come up with a benchmark for how long patients should wait.

The WTA has long complained that these benchmarks do not line up with the medical profession's own view of what constitutes an accept-

(See "Wait Time Alliance" on page 2)

(*"Wait Time Alliance" from page 1*)

able wait time.

This is a particular issue with bypass surgeries with the government benchmark set at 26 weeks, and the WTA's at just six weeks.

The WTA has also tried to shift the spotlight to other services and procedures which it says should be considered priorities. It has identified benchmarks for 32 of them, but wait-time information on these items is a virtual "black hole" with data either scarce or non-existent.

It does credit Ontario and Saskatchewan for reporting wait-time information on the greatest number of treatments on the WTA's expanded priority list. It also criticizes Newfoundland and Labrador and Alberta for posting wait-time information on the five original priorities that is more than six months old.

The new WTA report included information for the first time on waits for pediatric surgery. Urology, orthopedic surgery and gynecology get an A-grade, but there are D's for dentistry and ophthalmology.

The WTA report can be found at www.waittimealliance.ca. **HE**

(*"Statistics Canada" from page 1*)

for advice on health matters," Statistics Canada said.

Other information from the CCHS survey released this week included the finding that six per cent of the population aged 12 and older has diabetes. A new study from the Institute for Clinical Evaluative Sciences (ICES) Wednesday projected that between 2007 and 2017, 1.9 million Canadians will be newly diagnosed with diabetes.

The Statistic Canada release on the CCHS can be found at www.statcan.gc.ca/daily-quotidien/100615/dq100615b-eng.htm. The ICES report can be accessed at www.ices.on.ca/file/Diabetes%20Risks%20June%2016%202010.pdf. **HE**

Hansard Highlights

Debates in provincial legislatures and House of Commons

In the **House of Commons** Monday evening there was a four-hour Take-Note debate on treatments for multiple sclerosis.

Last November, an Italian surgeon, Paolo Zamboni, announced that he had found a link between the disease and "chronic cerebrospinal venous insufficiency (CCSVI)" — clogged veins in the neck that can be fixed through vascular surgery dubbed the "Liberation Treatment." Since that time, MPs have been bombarded by requests to allow the procedure in Canada.

Starting off the debate, Health Minister Leona Aglukkaq said she has asked the Canadian Institutes for Health Research (CIHR) for its advice, and that it is holding an expert roundtable on the matter. Ms. Aglukkaq acknowledged that patients are looking for immediate action, and "Through CIHR our government will balance the urgency of this issue with the importance of asking the right questions and getting the right answers."

This was not good enough for the

Opposition. Liberal MP Kirsty Duncan said "MS patients simply do not have the time to wait." She said these people should be tested to see whether there is a vascular problem, and treat them just as with any other patient who has a blockage. "Why are MS patients being discriminated against?" she asked.

The following morning, the Subcommittee on Neurological Disease heard a presentation from Dr. Zamboni and during Question Period that afternoon, Ms. Duncan urged the minister to convene a meeting of health ministers "to ensure that no Canadian be deprived of the imaging necessary for a diagnosis of CCSVI and treatment, if required."

Ms. Aglukkaq noted that Dr. Zamboni had himself acknowledged that his research was experimental. She said CIHR's investigations into the treatment will help the provinces and territories decide what to do in terms of coverage. "No jurisdiction in Canada would allow a procedure without the necessary clinical trials," she said.

Opposition to administrative cutbacks in Quebec

After all-night debate, Quebec's budget bill was passed last Friday morning. However, it remains controversial in the health sector for cuts it mandates to administrative budgets.

By 2013, administrative spending must be reduced by 10 per cent from the 2009 level. Training, publicity and travel budgets must specifically be cut by 25 per cent.

This has forced the 18 agencies which oversee health care on regional basis to amend the budget direction they have given to service providers.

There has already been considerable backlash in the Montreal region for the unilateral fashion in which the cuts have been allocated on a facility-

by-facility basis. One service provider in the region has flatly refused to follow the new budget dictum.

The association which represents health facilities in the province (AOESSS) had pleaded with the government to allow health facilities to decide for themselves how the 10 per cent budget cut would be achieved, and not to specify that the training, publicity and travel budget be trimmed by 25 per cent.

It pointed out that managers have contractual obligations to provide a certain amount of training, and with an aging workforce the training of new recruits is more important than ever.

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

Ontario received top marks for its wait-time website this week from the Wait Time Alliance. It got an A-grade in the WTA's annual report card in large part because it has gone the extra mile and provided information on emergency room wait times. This week, Ontario unveiled a new website that includes information on all adult and pediatric surgical areas and features an easier-to-navigate design. British Columbia also got mentioned in the WTA report as having an easy-to-navigate website, and the B.C. Health Services ministry says it will get even better. It says a revamp of the site will give patients information about where a faster or more appropriate treatment is available. As well, "Innovative use of surgical data will allow health authorities and the ministry to pinpoint where long waits are occurring, to make the best decisions about funding and surgical resource allocation." (Ontario website at www.ontario.ca/waittimes; B.C. news release at www.gov.bc.ca/health/index.html under News)

The B.C. government was pleased with the province's standing in the latest Canadian Community Health Survey. It showed British Columbians are the most physically active, have the lowest smoking rate and self-reported obesity rates and are the second-highest consumers of fruits and vegetables in Canada (next to Quebecers). The Survey found 17.9 per cent of Canadians aged 18 and older reported height and weight in 2009 that classified them as obese, virtually the same as in the previous year's survey. British Columbians had the lowest percentage in the country at 13.6 per cent, followed by Quebec at 16.9 per cent. Other than Ontario, Alberta and Yukon, the obesity rate was significantly higher than the national average in all other jurisdictions.

A recent national survey for the Quebec Coalition on Weight-Related Problems found that 86 per cent of Canadians agree that government "should take measures to incite individuals to adopt healthy lifestyles." (News release at www.cqpp.qc.ca)

Western Premiers want Ottawa to set a target for lowering sodium intake. At their meeting in Vancouver this week, the premiers of the four western provinces and three territories called on the federal government to reduce the average sodium intake to 1,600 mg per day by 2016 to improve the health of Canadians. Excess sodium is linked to 30 per cent of high blood pressure cases in Canada. Reducing sodium could prevent up to 23,500 cardiovascular events each year, and could generate billions of dollars in direct and indirect health care savings. (News release at www2.news.gov.bc.ca/news_releases_2009-2013/2010PREM0127-000723.htm)

Canada's finance ministers have agreed to set up a committee to look at federal transfers to the provinces and territories. The agreement was reached at the ministers' meeting in Prince Edward Island Monday according to a report in the *Globe and Mail* although it was not mentioned in the communiqué. Three major transfer programs, including the Canada Health Transfer, all expire at the end of the 2013-14 fiscal year. (*Globe and Mail*, June 16)

Ontario's ombudsman wants the authority to investigate hospitals and other institutions in the MUSH sector (municipalities, universities, school boards and hospitals). Andre Marin, newly reappointed for a second five-year term, said the government regularly talks about "doomsday scenarios" of health care becoming financially unsustainable, but "we have no investigative body that can number-

crunch the performance, independently, of hospitals." He said every other province has this capability. (*Toronto Star*, June 16)

Alberta is supporting a program that partners volunteers with seniors or those with disabilities to help them with everyday tasks and keep them connected with their communities. The government is providing \$500,000 over two years for this "neighbours helping neighbours" initiative which is being launched in Edmonton and Jasper. Earlier this month, the City of Edmonton committed to making the community a more age-friendly place, and it plans to do audits to assess how well it is doing in this regard as well as determine what is needed to help seniors remain healthy in their home and community. (News release at www.health.alberta.ca/newsroom.html)

Nine new long-term care homes were officially opened in Nova Scotia last Friday adding 431 nursing home beds to the system. The nursing homes were built by private operator Shannex to the province's new design standards which emphasize one-storey buildings with homier surroundings. The design also enables couples, who both require nursing home care, to live together in the same household. (News release at www.gov.ns.ca/news/details.asp?id=20100611004)

The Ontario Telemedicine Network (OTN) has surpassed the 100,000 mark in the number of patient consultations it does in a year. In 2009-10 it came to 102,781 which is almost double what it was the year before. OTN is one of the largest and most comprehensive telemedicine networks in the world, available in every hospital and hundreds of other health-care locations across the province. (News release)

Quebec, Alberta nurses get contract proposals

Quebec nurses have turned down a contract offer from the government. They now will wait on a mediator's report on the deadlock next month. Meanwhile, a mediator in Alberta has submitted his recommendations for a new three-year deal for nurses in that province.

In Quebec, the issue on the table has been working conditions. Wages have not yet been tackled in public sector union talks.

Last week, the government was elated by an agreement in principle with 108,000 health care workers including 5,000 nurses affiliated with union syndicate CSN.

However, the Fédération interprofessionnelle de la santé du Québec (FIQ) balked at the government's proposals to deal with thorny working condition issues. The FIQ is the largest nursing union with 55,000 members plus 3,000 respiratory therapists. The government had offered working-hour flexibility and premiums for nurses who work evenings and nights, but there is nothing for those who work days.

The union was after more full-time work for nurses and the elimination of reliance on private agency nurses to fill vacant shifts. The government has only offered to set up a committee to study the latter issue.

In Alberta, the nurses' union is recommending acceptance of the mediator's report by the membership. It includes a wage freeze for two years and a four per cent raise in the last year of the contract. There is also a two per cent "productivity increase allocation" in the second year.

The main issue for the union, United Nurses of Alberta, was staffing stability and it was pleased that the mediator is proposing a "regularization" of casual and part-time hours into regular hours. The union said there has been a trend to



Editorials & Commentary

Closing a small hospital's OR

The Lady Minto Hospital on picturesque Saltspring Island off the British Columbia coast offers the latest example of a small facility struggling for survival. Less than five years ago, a new operating room was opened at the hospital but a review of health services on the island recommends it now be mothballed. The move has some islanders concerned that the hospital, without the OR, will become no more than a "glorified nursing home," according to one activist. The hospital has 19 acute-care beds and 31 extended-care beds, but no intensive care ward which limits the type of surgeries that can be performed. The Vancouver Island Health Authority (VIHA) says there are not enough surgeries performed at the hospital (about 150 a year) to make the OR viable. In fact, the last general surgeon at the hospital retired in 2008. Instead, VIHA says the money could be better used to provide other services in need such as rehabilitation and physiotherapy, and enhanced

mental health programs. An editorial in the *Victoria Times-Colonist* (June 12) says the VIHA review makes a "convincing case" for closing the OR but it adds that the concerns of islanders are legitimate. After all, they raised \$800,000 to build the new OR which VIHA had said was needed. "The biggest problem is trust," the *Times-Colonist* says. "Many are not inclined to accept VIHA's assurances" of what its plans are for the hospital. "Before VIHA moves ahead, it should set out exactly what services will be enhanced with the savings from closing the operating room and how the benefits will be measured and reported."

Health Edition is published by Krys-gar Communications Inc. **Merck has made this copy of *Health Edition* available as part of its commitment to foster constructive dialogue about health reform in Canada.** You can contact *Health Edition* at info@healthedition.com. ISSN 1492-627X

a "just in time" scheduling process for nurses which has resulted in casual nurses "being worked to the bone" and part-timers working too many shifts.

The situation was exacerbated last year when budget difficulties at Alberta Health Services resulted in many nursing vacancies not being filled.

As part of the proposed contract, AHS is committing to maintaining registered nursing hours and to hiring 70 per cent of the province's new RN graduates.

AHS is still able to layoff nurses for operational reasons, but it must give four weeks notice instead of the existing two weeks. **HE**

Stelmach hints at new cancer centre

Alberta's capital plan was due at the end of March, but when it finally does appear there may be a new cancer centre on the list. Last week, Alberta Premier Ed Stelmach said improvements are coming "very shortly" to relieve staffing and bed shortages that are backing up cancer treatment in Calgary and Edmonton. He also expects to announce measures that will increase the number of oncologists. The wait-time to see an oncologist in Calgary is up to six weeks, the *Calgary Herald* reported last Friday. The government's \$2.5 billion, three-year capital plan is now due in mid-July. **HE**