

Saskatchewan getting set to launch health review

Saskatchewan's "patient-first review" of the health system could be underway next month, the *Saskatoon Star-Phoenix* reports.

The Saskatchewan Party committed to this review in last November's provincial election, and has long talked about the need to redirect health care dollars from bureaucracy, red tape and unnecessary duplication to improving front-line care.

The party, now in government, has made no secret of its dissatisfaction with the province's regional health structure. NDP Health Critic Judy Junor suspects the government is going to travel down the same path as its Alberta neighbour and do away with regions altogether.

But the person who has been asked to draw up the terms of reference says governance issues are not the point of the review even though they could possibly be addressed.

Tony Dagnone, who had a 25-year history with Royal University Hospital in Saskatoon, is working with the consulting company Deloitte and Touche on the terms of reference. For the last 13 years of his career, and until his retirement in 2005, he was President and CEO of London Health Sciences Centre in Ontario.

Mr. Dagnone says the review will look at how to improve access to systems, building capacity and new models of care, as well as to improve the workplace and make things more efficient. No topic seems to be off the table. It has not been announced whether he will have a role in the review itself. **HE**

Team-based care good for the chronically ill

Canadians with access to primary health care teams have a more positive and confident view of the overall quality of health care, according to a Statistics Canada working paper published this week.

The paper is a further analysis of data from the Canadian Survey of Experiences with Primary Health Care, conducted in January and February 2007 for the Health Council of Canada. The Council used the information for a report on primary care earlier this year.

Four-in-10 Canadians have access to a primary health care team, Statistics Canada says. For most of them (almost 23 per cent), this means access to a nurse on staff with their regular doctor. Just over six per cent of Canadians are under the care of a team with a nurse and at least one other health professional such as a dietitian.

Curiously, women (42.7 per cent) are more likely to have access to this type of care than men (35.9 per cent), but the group most apt to have access to team-based care is also the one that most needs it – those with chronic conditions. Almost half those with two or more chronic conditions are involved with a primary health care team – meaning at least a nurse is involved in their care.

The statistical analysis of the survey results reveals that people with chronic conditions having access to a primary health care team report significantly higher levels of "whole person care" meaning their providers consider the physical, emotional and social aspects of health and the community context of their care.

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Canada compares well in cancer survival survey

Survival rates for four types of cancer in Canada stack up well against 30 other countries in an international survey released this week.

Canada ranked second for breast cancer in women, third for both prostate cancer and colorectal cancer in women, and sixth in colorectal cancer in men.

The results, published online by *Lancet Oncology*, come from the latest wave of the CONCORD study. It compared data for 1.9 million adult cancer patients provided by 101 cancer registries. Canadian data came from British Columbia, Manitoba, Saskatchewan, Ontario and Nova Scotia.

In an interview with Canadian Press, study lead author Dr. Michel Coleman of the London School of Hygiene and Tropical Medicine said there was not much difference in survival rates between provinces and this might suggest "fairly uniform access to a high standard of health care."

HE

(“*Team-based care*” from page 1)

There is also a significantly higher level of care coordination too.

Not surprisingly, these patients have much higher odds of saying their providers help them make positive lifestyle changes. And this has an impact.

“The results of the study indicate that access to primary health care teams reduces emergency room use through reductions in unmet needs and in uncoordinated care,” the report says. “It also reduces the risk of hospitalization through reductions in uncoordinated care.”

Another benefit is that team-based care tends to drive up patients’ confidence in the health system as long as the team is meeting their needs. In other words, being involved with a primary health care team is not an end in itself – “the team must truly function as a team and activate key processes to have a positive effect on confidence in the health care system.”

The report, “*Primary health care teams and their impact on processes and outcomes of care*” is available through the Statistics Canada *Daily* for June 15 at www.statcan.ca. **HE**

Health care not on premiers’ agenda (again)

The Council of the Federation is having its annual meeting in Quebec City this week and for the second year in a row health care is not on the formal agenda.

Like last year, climate change is uppermost on the minds of Canada’s premiers. Labour mobility is up there too – and is certainly an issue in the health sector with governments doing their best to recruit needed health professionals from other provinces.

But the last time premiers talked about health care was at their meeting in St. John’s two years ago when they discussed healthy living and wellness, pandemic preparedness and the National Pharmaceuticals Strategy.

What has been accomplished on these three items since then is up for debate, and some might say warrants a place on the premiers’ agenda.

In its recent five-year retrospective, the Health Council of Canada said the idea of a pan-Canadian healthy living strategy “seems to have been shelved” and funding to promote healthy living “still represents only a fraction of what we spend on treating preventable illness and injury.”

On the multi-faceted National Pharmaceuticals Strategy, the Council said the consensus federal-provincial-territorial leaders seemed to have forged at their health summit four years’ ago “appears to be eroding ... yet the issues that gave rise to the idea remain.”

The Health Council did not broach the subject of pandemic preparedness in its June report, but the Auditor General has certainly raised the issue.

In her annual report in May, Auditor General Sheila Fraser said the Public Health Agency of Canada and the provinces, with one exception, had yet to sign data-sharing agreements that would ensure early warning systems are in place to protect Canadians from the threat of infectious disease.

The lack of progress on aboriginal health initiatives, agreed to in the \$5.1 billion December 2005 Kelowna communiqué, was another item raised in the Health Council report. First Nations Grand Chief Phil Fontaine certainly drew attention to that fact when he met with premiers Wednesday. **HE**

Panel discussion report released on sustainability of health care

The Health Council of Canada has released a report on a panel discussion it sponsored last February on the question of whether public health care is sustainable.

The six panellists from academia and government said medicare is ‘beleaguered’ with a media-fed preoccupation about whether governments can continue to afford this institution – as important as it is to Canadians.

They said sustainability is a “value-laden concept” that goes beyond the issue of affordability to encompass ideals such as equity, choice, compassionate care, confidence, and quality.

The panellists did tackle the money issue, noting that health care as a share of Canada’s GDP is stable but is accounting for a larger share of government’s budgets. This is because overall government spending growth, and spending in non-health sectors, has slowed over time.

Tax cuts are also having an impact. “As a result, health care appears to be consuming a larger slice of a shrinking pie,” the report said.

The panellists observed that despite the fact health spending has increased, public confidence in the health system is still in the

doldrums.

“The question Canadians are asking is not whether tax dollars should be spent on health care, but whether the money spent is worth the services received,” the report said. It noted the panellists’ view that public institutions and organizations “could deliver more value than they do at present.”

In the end, the panellists agreed the “system is as sustainable as the public and politicians think it should and can be.” This was Roy Romanow’s position on sustainability in his report on the future of health care almost six years ago. **HE**

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

Ontario's ombudsman will conduct a full investigation of the province's monitoring of long-term care facilities, as well as its effectiveness in ensuring nursing homes meet government standards. The ombudsman does not have the authority to investigate nursing homes themselves, something Ombudsman Andre Marin says 'hamstrings' his ability to do a thorough job. His office has been reviewing more than 100 complaints about long-term care since early spring. This includes 50 complaints in the last couple of weeks following media reports that a large number of nursing homes are not meeting provincial standards. Mr. Marin says he will be taking a look at these 400-some standards and ascertain whether they are "piddly bureaucratic rules" that just take time away from patient care. The investigation is expected to take six months. (NR; *Tor. Star*, July 17) ... **Public-private contracts in Quebec to build new long-term care facilities have a new twist:** after fulfilling their 25-year contract with the government, private sector companies will retain ownership of the facilities. Quebec is creating 1,200 new long-term beds as part of its new action plan for this sector and a government spokesperson told *Le Devoir* that a rental-type arrangement was a cheaper option and it is impossible to predict whether the government will still need these facilities after 25 years. (*Le Dev.*, July 17) ... **Alberta has launched a searchable online database of 550 licensed supportive living facilities and seniors' lodges in the province.** People can review a facility's licence status, view inspection results, and find out about any complaints about accommodations. Information on supportive living facilities is available at www.seniors.gov.ab.ca/ContinuingCare,

by clicking on the Supportive Living Public Reporting Information link. (NR)

Nunavut has announced a new compensation and benefits package for nurses. Wages start at \$65,228, the Nunavut Northern Allowance ranges from \$13,563 to \$31,251 and the annual special allowance for front-line nurses has been almost doubled to a maximum of \$19,500. On top of this, new recruits get a bonus of \$5,000 on signing, another \$5,000 after 18 months and \$10,000 at 30 months. Nurses already on the job get a comparable "longevity bonus." Nunavut is also expanding its nursing training program to the communities of Cambridge Bay and Rankin Inlet. Fifteen students each will begin full training next year. (NR) ... **Auxiliary nurses should soon be working in some Quebec hospital operating rooms.** Although this move has been resisted in the past by registered nurses, the two nursing communities are now represented by the same union. This, plus the impact of Quebec's pressing nursing shortage, is bringing down barriers to having auxiliary nurses assist RNs in the OR. A committee in the Quebec City region is currently drawing up conditions for the deployment of auxiliary nurses. (*Le Sol.*, July 14)

Newfoundland and Labrador has been able to hang on to 17 of 20 recent family medicine graduates from Memorial University in St. John's. Almost all of the 17 have received bursaries where one-year of service is provided for every \$25,000 bursary. (NR) ... **Summer emergency department closures in Nova Scotia have grown since last year,** Liberal health critic Dave Wilson says. Last year, ERs were closed for 2,954 hours but so far this sum-

mer the total is 3,507 with more closures likely to be announced. He blames a recent agreement with physicians which has widened the wage gap for what they earn in regional vs. community hospitals. (*CB Post*, July 17)

Canadians are spending twice as much for health care out of their own pockets as they did 25 years ago, Nova Scotia think tank CPI Atlantic says. In constant dollars, Canadians forked out \$452 in 2007 compared to \$222 in 1981. (CP, July 16)

Health issues are a growing concern for employers, a survey by Mercer Human Resource Consulting and the Canadian Alliance on Mental Illness and Mental Health has found. Fully 80 per cent of 452 people interviewed, mostly human resource professionals, reported that mental health issues have increased in importance compared to three to five years ago. However, only 13 per cent said senior executives in their companies have a strong awareness of the impact of mental health issues. It has been determined that mental illness is estimated to result in 35 million work-days lost every year in Canada. (NR) ... **The risk of heart disease is significantly higher for women who experience depression,** although there is no connection between the two for men. A study by Statistics Canada followed almost 5,000 men and women age 40 or older who did not have heart disease in 1994-95. By 2006-07, 19 per cent of men and 15 per cent women had developed or had died from the disease. Women who experienced depression were more likely to be in high income groups, be smokers, and take antidepressants and hormone replacement therapy. They were also less likely to be non-drinkers. (*Rpt.*)

Pathology action plan released

The Canadian Association of Pathologists (CAP) has released a five-point action plan for laboratory services. It comes at a time when the profession has been staggered by examples in at least three provinces of sub-standard diagnostic testing.

A judicial inquiry is ongoing in Newfoundland and Labrador concerning hundreds of faulty breast cancer receptor tests in St. John's. There have also been investigations in Miramichi, New Brunswick and Owen Sound, Ontario over the high error rates of two pathologists.

The action plan calls for mandatory certification for each test performed by a medical laboratory, and creation of a national body to accredit all medical laboratories. It is also looking for an external validation system where test results from one laboratory would be checked by another.

CAP also wants standard use of the Canadian National Checklist for diagnostic immunohistochemistry — a quality assurance system for laboratories.

Staffing problems are endemic and CAP wants "immediate and ongoing support" from both levels of government to address critical workforce shortages. As an example, the Newfoundland and Labrador inquiry has been told that a shortage of pathologists and heavy workloads are making it difficult to implement a quality control program set up after the breast cancer testing problems were discovered.

"Canadian laboratories are not unique in facing workload, human-resource issues or problems related to quality control," CAP President Dr. Jagdish Butany says. "We are unique in that we lack a national quality-assurance program to link laboratories, provide support and administer national standards." **HE**



Miscellany

Hospital construction delays

The *Montreal Gazette* (July 16) expresses its frustration over news of yet another delay to building a new, single-site McGill University Health Centre. It points out that if everything had gone according to the original plan, the hospital would have already been in operation for three years. As it is, a developer for the project will not be chosen until some time next year with construction to start in the spring of 2010. As the delays have mounted, so have the costs. The estimate is currently over \$1.3 billion "with no one prepared to say what the final bill will likely be." The *Gazette* says "administrative complexities and political timidity" are both to blame. "We approve of careful planning to control construction costs. But if planning had been done this way for all our hydro-power dams up north, then Quebecers would still be using candles and whale oil and coal to light and heat and power our cities."

Space for mental health

The *Calgary Herald* (July 12) is concerned that a 60-bed wing for mental health patients in the South Calgary hospital being built has been deferred to a later stage of the project. It is one of the victims of a \$150 million purge as costs for the facility continue to rise (they have almost tripled in the last three years to \$1.4 billion). But the *Herald* wonders whether this is a sign of the government's flagging commitment to mental health — a concern raised by the auditor general in his report in April. The *Herald* says this commitment "needs to be revitalized" and is encouraged that the chair of the new Alberta Health Services board has promised to re-

view the South Calgary project. "Between its \$29.8-billion operating budget and the \$8.7 billion it has allocated for capital, the Alberta government means to spend \$38.5 billion this year. The \$150 million needed represents less than one half of one per cent of that. Is mental health really that far down the government's to-do list?"

Legacies of health ministers

Globe and Mail columnist Andre Picard (July 10) comments on the departure of Canada's two longest-serving health ministers: Philippe Couillard in Quebec and George Smitherman in Ontario. "Between them, they managed to oversee \$300-billion in health care spending over five years. They put out a lot of small fires, but did little of great substance," he says. The issue is not them personally, but the political process, according to Mr. Picard. Instead of providing leadership, policy guidance, strategic direction and stewardship, he says, "The reality is that health ministers do nothing of the sort. Rather, they find themselves trying to micromanage a massive system that cannot be micromanaged." He concludes that until health ministers are allowed to do what they should be doing "the health care system itself will remain rudderless."

Health Edition is published by Krysgar Communications Inc. **Merck Frosst Canada Ltd. 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