

Survey database covers 10-years of health reform

The partnering organizations behind the Health Care in Canada Survey have launched a new website containing 10 years of data on the attitudes of providers, managers and the public to prevailing Canada health care issues.

The Health Care in Canada (HCiC) surveys were conducted between 1998 and 2007 by Pollara Research, spanning an important period in Canadian health care — from the pre-Romanow Commission days until the first few years after the 2004 health accord when the wait-time reduction effort was in full swing.

Access to health care and health care professionals is one of the topics that can be found on the website.

All groups — providers, managers, and the public — were most pessimistic about access to care in 2002. No more than seven per cent of any group believed that “access to timely, quality health care would significantly improve.”

The survey was conducted in April, seven months before the tabling of the Romanow report. It was a turbulent year. British Columbia was hanging tough on health budget increases. The Mazankowski report in Alberta was proposing some controversial ideas for health reform including an expanded role for the health sector. Quebec was press-ganging ER physicians to cover vacant shifts. The first-ever physicians' strike occurred in Newfoundland and Labrador.

By 2006, HCiC was seeing a noticeable improvement in the number of respondents saying access would

(See "HCiC" on page 4)

Ontario hospitals continue to be plagued by budget deficits

Ontario hospitals are still stuck in the budget deficit mire, Canadian Press reported this week. It said 61 of the province's 159 hospitals finished the 2009-10 fiscal year in the red — the same proportion as last year.

In This Issue:

- ◆ *Alberta announces phase one of new Health Capital Plan.....2*

12 million Canadians received H1N1 shots

The H1N1 vaccination program last fall reached 11.6 million Canadians or 41 per cent of those age 12 or older in the 10 provinces, Statistics Canada reported this week from data collected in the 2010 Canadian Community Health Survey.

Newfoundland and Labrador led the nation at 69 per cent, followed by both Prince Edward Island and New Brunswick at 62 per cent, and Nova Scotia at 58 per cent.

Quebec and Saskatchewan were the only other provinces above the national average (56 and 46 per cent respectively), while Alberta and Manitoba (37 per cent), British Columbia (36 per cent) and Ontario (32 per cent) were in the bottom group.

The survey did not include the three territories where vaccination rates were also at the high end according to reports earlier this year.

Despite Ontario's relatively poor showing, another study this week reported that the province's vaccination program avoided almost one million

(See "H1N1" on page 2)

However, CP noted a difference in the deficit pattern. It appears that hospitals in the northern part of the province are faring worse than their southern neighbours.

Fully 31 hospitals in the four northernmost regions had a deficit last year, up from 20 the year before. This includes Sault Area Hospital which had the second largest shortfall in the province at \$13.6 million.

This is adding to speculation that the government may be poised to pull back on the range of health-care services offered in rural and northern communities. It formed a special panel to look at health care in these areas a year ago. The report was due to be tabled this past winter, but has yet to be released. However, the government has already changed the rules for how underserved communities are classified in order for them to qualify for physician recruitment and retention incentives.

Niagara Health System (NHS), with seven hospital sites, had the largest deficit in 2008-09 at \$19 million but was just \$3.4 million in the hole on its \$400 million budget in 2009-10 thanks to a cash infusion from the provincial government — a one-time allotment of \$25 million and a \$14 million increase in its base funding.

NHS is in the third year of a Hospital Improvement Plan (HIP) that is designed to shave \$28 million off its operating costs in five years. It has already saved \$16 million by convert-

(See "Ontario" on page 2)

(*"Ontario" from page 1*)

ing emergency departments at two hospitals into urgent care centres and consolidating other services.

Peterborough Regional Health Centre had the largest shortfall last year at \$14 million. The Ontario Health Coalition has already warned of "draconian" cuts to staffing levels and services in the hospital's HIP in order to break-even.

This year, Ontario hospitals are operating with a 1.5 per cent budget increase which is well below the projected inflation rate for wages and services at 3.0 to 3.5 per cent. But not all are getting this amount. It is broken into two halves: an automatic 0.75 per cent increase in base funding and the other half awarded only if a hospital has met certain performance targets.

The actual increase in funding may amount to as much as 4.7 per cent (as last year) once targeted program funding is included.

Still, CP speculated that the deficit picture for 2010-11 may end up much worse than it is now. Tom Closson, the head of the Ontario Hospital Association, conceded that it will be a challenge for everyone. He said even hospitals with balanced budgets will have to find savings to offset inflationary pressures. **HE**

(*"H1N1" from page 1*)

cases of H1N1 and upwards of 50 deaths.

Although it cost \$180 million, Ontario's H1N1 program is viewed as cost-effective by the study, published online by the journal *Vaccine*, since it prevented an additional 420 hospitalizations, 28,000 visits to hospital emergency departments and 100,000 visits to doctors' offices.

An article on the survey in the Statistics Canada *Daily* can be found at www.statcan.gc.ca/daily-quotidien/100719/dq100719b-eng.htm. **HE**

Alberta announces phase one of new Health Capital Plan

The Alberta government unveiled its much-anticipated Health Capital Plan Wednesday – or at least part of it. Building projects in Calgary and Edmonton area remain in the consultation stage.

Wednesday's announcement covered 22 facility projects in 15 communities totalling almost \$1.5 billion in total provincial support. There is another \$900 billion for facility maintenance and service delivery modifications in response to an operational review two years ago.

Many of the projects have been announced previously but had been put off for various reasons including the economic downturn. The keynote item is the construction of a new \$520 million hospital in Grande Prairie. A cancer centre will be part of the complex which the government expects will take some of the pressure off facilities in Edmonton and Calgary, and

allow more patients in northern Alberta to receive treatment closer to home.

The redevelopment and expansion of the Medicine Hat Regional Hospital is also on the list but the \$200 million that has been earmarked is less than the \$280 million originally planned for the facility which has not seen any upgrade for more than 25 years.

NDP Leader Brian Mason told the *Calgary Herald* the government is re-promising capital projects without enough money to pay for them all, including the necessary staff. Indeed, the *Herald* estimated that the government would have to chip in another \$750 million or more to cover operational costs associated with the \$2.5 billion phase-one capital plan.

The other half of this plan, for facilities in Calgary and Edmonton, is still pending and no date has been given when it will be announced. **HE**

Quebec increases maintenance budgets

Quebec is bumping up the maintenance budgets of the health and social service network. Last Thursday, Health Minister Yves Bolduc announced that facilities would receive an additional \$200 million on top of their \$300 million maintenance budgets this year in order to catch up on overdue repairs.

The pillaging of maintenance budgets for other operational purposes has been a long-standing practice in Quebec (and other provinces) as health facility managers have tried to make ends meet with limited budget increases.

The new money in Quebec is part of a 15-year Infrastructure Plan announced in the fall of 2007. Most of the money is aimed at erasing "asset maintenance deficits" with \$9 billion or 21 per cent of the \$42 billion total going to the health sector. **HE**

NS launches orthopedic surgery website

Nova Scotia has launched a new website to help patients waiting for a hip or knee replacement prepare for surgery. The website at www.mysurgery.nshealth.ca is heavily focused on encouraging patients to make lifestyle changes so their procedure stands a greater chance of success.

Health Minister Maureen MacDonald sees the website as the first step in a broader plan to bring down "unacceptable" wait times for orthopedic surgery. Wait times for hip replacements range from 501 to 601 days for most patients while waits for knee replacements can take between 498 and 718 days.

The Health Department is also working on a Patient Access Registry and pre-habilitation programs in health districts that offer orthopedic surgery. **HE**

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The federal government has come up with a new use for money in the Canadian HIV Vaccine Initiative (CHVI). It is forming a CHVI Research and Development Alliance, a network of researchers in Canada and in the international community "to develop innovative solutions to the challenges facing HIV vaccine development." The Alliance will help researchers get potential HIV vaccines from the lab to internationally-recognized clinical trials. The announcement of the Alliance was made in Vienna by Health Minister Aglukkaq during the International AIDS Society conference. It replaces the idea, abandoned this February, of setting up a plant in Canada to manufacture batches of prospective HIV vaccines for clinical trials. The new Alliance is part of an HIV research collaboration between Ottawa and the Bill & Melinda Gates Foundation. Ottawa is investing up to \$111 million in the CHVI with the Gates Foundation putting in up to \$28 million. News release at www.phac-aspc.gc.ca/media/nr-rp/2010/2010_0720-eng.php

Arthritis is expected to affect over 20 per cent of the Canadian population by 2031, including almost a quarter (24.2 per cent) of all women, the Public Health Agency of Canada says in its second national surveillance report on the disease. PHAC says almost 13 per cent of men and 19 per cent of women had some form of arthritis in 2007. It is estimated that the disease cost the country \$6.4 billion in 2000. The report, *Life with Arthritis in Canada: A personal and public health challenge*, can be found at www.phac-aspc.gc.ca/cd-mc/arthritis-arthritis/lwaic-vaaac-10/index-eng.php.

The health care community is against controversial changes to the 2010 Census. The federal government plans to make the completion

of the long version of the questionnaire in the upcoming Census voluntary. It is currently compulsory by law. Many prominent health-care groups, including the Canadian Medical Association and the Canadian Nurses Association, have spoken out against the move. A July 15 *Canadian Medical Association Journal* editorial said "Information from the long-form census has been integral to numerous studies that have shaped our view on how new and emerging health challenges may be related to place of residence, socio-economic status and ethnicity." It said the changes potentially undercut evidence-based decision making in health care. The editorial can be found at www.cmaj.ca.

The Ontario health ministry is seeking input on the role of nurse practitioners in hospitals, and specifically whether their authority should extend to in-patient admissions, discharges and transfers. A consultation paper notes that a number of countries, and U.S. states, give NPs this latitude. The consultation is part of ongoing regulatory amendments to expand the scope of practice of NPs that will see them allowed to diagnose, prescribe for and treat hospital in-patients. The consultation ends September 3. More information at www.health.gov.on.ca/en/news/bulletin/2010/np_input.aspx.

The use of MRI and CT exams varies a lot between provinces according to a report this week from the Canadian Institute for Health Information. MRI exam rates ranged from 54 per 1,000 people in Alberta and 51 per 1,000 in New Brunswick to a low of 23 per 1,000 in PEI and 24 per 1,000 in Newfoundland and Labrador. It is a similar story for CT use with New Brunswick and Nova Scotia having the highest rates at 193 and 155 per 1,000 people respectively, and PEI

and British Columbia at the other end of the scale with 104 and 106 exams per 1,000 people. CIHI said that there were 266 MRI and 465 CT machines in operation as of January 1, 2009. The number of MRI machines is up 70 per cent since 2004 while the number of CT scanners has increased 36 per cent. This represents an increase of 70 per cent in the number of MRI scanners and 36 per cent in the number of CT machines since 2004. The report can be found at www.cihi.ca.

McGill University teaching hospitals are putting an end to 24-hour shifts for medical residents. They will work either 12-hour days or nights with a limit on the number of nights. The issue of 24-hour shifts was the subject of recent arbitration hearings and surfaced concerns that while the elimination of long shifts would have obvious benefits for the health and welfare of residents, and even patient safety, it may compromise resident training. This is a particular issue for surgical residents who are anxious to get as much operating room time as possible. (*Montreal Gazette*, July 21,22)

Manitoba is beginning consultations this fall to improve First Nations health care in the Island Lake region. The area was hard-hit by the first wave of the H1N1 flu pandemic last fall and exposed a lack of basic health-care services. There are over 10,000 residents in the area with the population expected to grow to 16,000 by 2025. They have among the poorest health outcomes in the province including the highest rate of diabetes. The government wants to explore a number of health-care delivery options including different communities specializing in certain areas of care. News release at www.news.gov.mb.ca/news/index.html?archive=2010-07-01&item=9270.

("HCiC" from page 1)

improve — most so for managers but least for nurses.

In 2006 and 2007, the survey canvassed support for making it easier for foreign-trained doctors to practice in Canada and increasing medical and nursing school enrolment levels.

All groups backed these ideas, although doctors were somewhat less enthusiastic about the notion of streamlining the process for foreign doctors to work in the country.

Doctors also became more opposed over the last five surveys to the notion of requiring health professionals to work in specific geographic areas.

Support for "requiring health professionals to work in teams with other types of health care providers" was surveyed between 2003 and 2007. Responses fluctuated over time but showed significant differences between groups, with lowest support among doctors and the most support among managers.

Doctors also registered the lowest level of support for "requiring patients to register with one family doctor or other primary health care provider," in surveys conducted from 2002 to 2007.

Working in teams and rostering patients are key elements of the primary care reform movement which all provinces are now behind.

Health Edition will look at other information in the HCiC database over the next two weeks.

The members of the HCiC partnership are the Association of Canadian Academic Healthcare Organizations, Canadian Healthcare Association, Canadian Home Care Association, Canadian Medical Association, Canadian Nurses Association, Care-Net Corporation, Health Charities Coalition of Canada and Merck.

The Health Care in Canada survey website can be found at www.hcic-sssc.ca/english/Home.aspx. **HE**



Editorials & Commentary

Limiting health spending growth

Federal Finance Minister Jim Flaherty visited the editorial board of the *New Brunswick Telegraph-Journal* last Thursday and warned that all provinces will have to do something to bring the rate of growth of health budgets under control. He is not after reductions in health spending, but ensuring increases in health budgets do not exceed provincial economic growth. Mr. Flaherty had raised the issue with provincial/territorial colleagues at their meeting in PEI last month and he told the editorial board that they agreed to begin discussions right away.

The federal government subsidizes some 20 per cent of total provincial/territorial government health spending through the Canada Health Transfer. It is up for renewal in 2014 and Ottawa is planning a change in how the fund is allocated. Many people expect that the current six per cent annual escalator in the CHT will also be downsized — making Mr. Flaherty's comment about keeping spending increases in line with economic growth worth noting.

Certainly, the *Telegraph-Journal* did. In a July 17 editorial, the newspaper said "This laudable, common-sense strategy should be the starting point for de-emotionalizing the political debate over health care in New Brunswick."

It said legislators should be organizing health-care facilities and processes in a manner that produces the greatest efficiency, and resist the temptation to treat health care as "a means of appeasing local political constituencies." The *Telegraph-Journal* said it is time "to reframe the debate and be honest with the public. The health budget cannot increase at more than the rate of inflation."

Value of H1N1 vaccination

The *Globe and Mail* (July 20) comments on a study published by the journal *Vaccine* this week that finds the H1N1 vaccination effort in Ontario was good value for its \$180 million cost in avoided hospitalizations, emergency department and doctor visits. The *Globe* said the study explodes the myth that the H1N1 threat was overstated and that the vaccination effort was a misuse of public funds. While the *Globe* observes that there were many flaws in the program, "The fact remains, though, that H1N1 could well have proved to be a much more disease than it did, and even knowing what we know now, the decision to pursue a national mass immunization program was the correct one."

Open board meetings

The *Charlottetown Guardian* (July 20) sees the creation of Health PEI to run the day-to-day operations of health care on the Island as preferable to the Department of Health running the show. However, it wonders how accessible it will be given that board meetings will not be open to the public. It said if Islanders "sense that their concerns aren't being met or that the agency is simply one more bureaucratic barrier between government and the people, they will decide whom to hold accountable — the government that created it."

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