

## Examining the Health Care in Canada database (2)

Nurses have tended to provide some of the most guarded appraisals of health care in the annual Health Care in Canada surveys conducted between 1998 and 2007.

In 1999, just 63 per cent of nurses surveyed said Canadians receive quality care. This dipped to a low of 52 per cent in 2000 before recovering to 66 per cent in 2006 and 2007. Still, they were decidedly more negative than managers (91 per cent), pharmacists (76 per cent) and physicians (72 per cent).

In the last Health Care in Canada (HCiC) survey in 2007, fully 69 per cent of nurses said the health system was in need of major repairs or complete rebuilding – more than any other group. The lack of staff and work overload remained the top health-care issue for nurses over the course of HCiC surveys conducted between 1999 and 2007.

For the general public, wait times soared to the number one issue by the time the last survey was conducted in 2007, and despite the fact that the 2004 health accord between the federal, provincial and territorial governments dedicated massive funds to bring this issue under control.

The public has displayed consistent support for various ideas to improve the health system. Between 2005 and 2007, well over 80 per cent of Canadians were in favour of developing more home and community care programs and over 60 per cent supported the use of non-physician health providers in patient care and agreed that electronic health records

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## Saskatchewan sets precedent, prepared to fund CCSVI trials

Premiers are meeting in Winnipeg next week for their annual Council of the Federation meeting and Saskatchewan Premier Brad Wall will be urging them to follow his lead in promising to fund trials of a controversial new treatment for Multiple

Sclerosis. However, he is prepared to go it alone in pursuing an "avenue of hope" for the some 3,500 people in his province who suffer from MS – the highest rate in the country.

On Tuesday, Mr. Wall said his government is willing to look at proposals for research projects to test the link between MS and Chronic Cerebrospinal Venous Insufficiency (CCSVI), clogged veins in the neck that can be fixed through vascular surgery dubbed the "Liberation Treatment" by the Italian surgeon who came up with the CCSVI theory, Dr. Paolo Zamboni.

Since CCSVI leapt into the global spotlight last November, MS patients and their families have clamoured for the procedure. So far, it is only available in a handful of countries although a few private clinics in Canada offer CCSVI tests to identify if patients would be candidates for the procedure.

The federal government has taken a cautious approach to the unproven procedure, and has asked the Canadian Institutes for Health Research for its advice. The latter will be holding an expert roundtable on the subject next month.

In the House of Commons in June, Health Minister Leona Aglukkaq said her government "will balance the urgency of this issue with the importance of asking the right questions and getting the right answers." She has so far not commented on a request from the MS So-

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### Quebec may cut number of specialists in Montreal

The Quebec government is reported to be considering reducing the number of specialists practicing in Montreal as of next year.

The Montreal *Gazette* said Thursday that the government opened discussions with the federation representing medical specialists (FMSQ) last month on a plan to redistribute the number of specialists, and increase those working in areas outside the Island of Montreal.

The head of FMSQ, Dr. Gaetan Barrette, told the *Gazette* health ministry officials said "too many people have to cross the bridges to come on the island to get treatment."

The FMSQ is strongly opposed to the idea which Dr. Barrette said could amount to a 10 per cent cut in the number of specialists.

He said the government plans to accomplish this by not authorizing any new specialist positions on the island and not filling any vacancies that come up.

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ciety of Canada to spend \$10 million on research to explore the CCSVI-MS connection.

The MS Society is investing \$700,000 in four research projects at Canadian universities to understand the prevalence and significance of CCSVI. The organization has said these studies are needed because it is not known whether, or how, CCSVI contributes to MS disease activity.

While Mr. Wall has emphasized that his government will be guided by the advice of the research community, his forthright comments about being willing to finance clinical trials have catapulted him into a leadership role.

His provincial colleagues have so far been reluctant to follow. British Columbia, Manitoba, Alberta and Nova Scotia have all indicated they will not be funding any clinical trials on CCSVI before more research is in, and Ontario Premier Dalton McGuinty was non-committal in speaking to reporters this week.

Alberta’s health minister plans to raise the matter when he meets his colleagues in September, but there has been no comment yet from Ms. Aglukkaq on Mr. Wall’s announcement. **HE**

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would be beneficial.

The complete Health Care in Canada (HCiC) can be accessed at [www.hcic-sssc.ca/english/Home.aspx](http://www.hcic-sssc.ca/english/Home.aspx).

The surveys were conducted between 1998 and 2007 by Pollara Research under the sponsorship of the Association of Canadian Academic Healthcare Organizations, Canadian Healthcare Association, Canadian Home Care Association, Canadian Medical Association, Canadian Nurses Association, CareNet Corporation, Health Charities Coalition of Canada and Merck. **HE**

## Countries could learn from Canada’s NP experience, OECD

Many countries are seeking to expand the role of their nursing workforces, and they have much to learn from countries like Canada that have had the longest experience in using advanced practice nurses — commonly known as nurse practitioners.

This is the advice of a recent working paper by the Organisation for Economic Co-operation and Development (OECD) that examined the experiences of 12 countries. It also found that while the use of nurse practitioners can improve access and reduce wait times, it may not be the best strategy for reducing costs.

The paper looked at the advanced practice nursing experiences in Canada, U.S., Australia, Belgium, Cyprus, Czech Republic, Finland, France, Ireland, Japan, Poland, and the U.K.

Canada and the U.S. have had the longest experience with advanced practice nurses dating back to the 1960s. However, it was not until the 1990s that the profession really came into its own.

Like many other countries, Canada nurtured two broad categories of nurse practitioners (NPs) to improve access to care: nurse practitioners who work in primary care or acute care settings, and clinical nurse specialists who work mainly in hospitals.

The paper said the main barrier to developing the NP profession in Canada has been opposition by organized

medicine “who have perceived a loss of control in clinical care” while the chief stumbling block for clinical nurse specialists has been hospital restrictions on their autonomous ability to order drugs and tests.

Ontario, a leader in the use of NPs in this country, recently signalled that it wants to push ahead with additional powers for NPs giving them the authority to diagnose and treat hospital in-patients and prescribe drugs for them.

The OECD study said most evaluations of advanced practice nurses find high levels of patient satisfaction by virtue of the fact that they tend to spend more time with patients.

It also said some evaluations have tried to estimate the cost impact of using advanced practice nurses. The findings were mixed.

“When new roles involve substitution of tasks, the impact is either cost reducing or cost neutral. The savings on nurses’ salaries – as opposed to doctors – can be offset by longer consultation times, higher patient referrals, and sometimes the ordering of more tests. When new roles involve supplementary tasks, some studies report that the impact is cost increasing.”

The paper can be found at [www.oecd.org/officialdocuments/displaydocumentpdf/?cote=delsa/health/hwp\(2010\)5&doclanguage=en](http://www.oecd.org/officialdocuments/displaydocumentpdf/?cote=delsa/health/hwp(2010)5&doclanguage=en). **HE**

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According to Dr. Barrette, this could have “disastrous” consequences for health care in Montreal and for teaching hospitals in the city.

Spokespersons for the health ministry, contacted by the *Gazette*, emphasized that all decisions on the allocation of specialists are made in consultation with the medical community, and no decisions have been made yet. Any plan for 2011 would not be

finalized until this fall. The issue is sure to come up in contract negotiations between the FMSQ and the government; the association presented its initial demands last April and medical manpower plans were on the list.

The head of the Council for the Protection of Patients, Paul Brunet, told the *Gazette* that the redistribution of specialists may be a good thing and promote equity in health services.

**HE**

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

**Ontario is expanding its Pay for Results program for hospitals to shorten ER wait times.** Through a \$100 million investment, an additional 25 hospitals are being added to the program bringing the total to 71. Since it was introduced in 2008, the program has helped participating hospitals lower overall wait times by 4.7 hours (28 per cent) for patients who require complex medical care or admission to hospital, and by 1.4 hours (22 per cent) for those with minor conditions. The program helps hospitals implement initiatives like patient flow tracking systems, which improve discharge and admission processes, or hiring nurse practitioners to treat patients with less complex conditions. (News release at [www.news.ontario.ca/mohltc/en/2010/07/er-wait-times-program-expands.html](http://www.news.ontario.ca/mohltc/en/2010/07/er-wait-times-program-expands.html))

**Consultations begin in Newfoundland and Labrador next week on a new provincial long-term care and community support services strategy.** The strategy has been in development since February 2008, and in the legislature on June 24 Health Minister Jerome Kennedy said the province faces a shortage of about 900 long-term care beds with an aging population. However, he is looking at ways of helping seniors stay independent in the community for as long as possible. A consultation document, *Close to Home: A Vision for Long-Term Care and Community Supports Services*, can be found at [www.health.gov.nl.ca/health/LTC\\_CSS\\_FA.pdf](http://www.health.gov.nl.ca/health/LTC_CSS_FA.pdf)

**The Canadian Medical Association will be releasing its plan for reforming health care next Tuesday, August 3.** The plan, *Health Care Transformation in Canada: Change that Works. Care that Lasts*, will be discussed at the upcoming CMA annual meeting in Niagara Falls, August 23-25. (News release)

**McGill University's medical school is no longer requiring applicants write the Medical College Admission Test (MCAT).** It believes it will be able to attract more francophone students since there is no French version of the MCAT and it is not used by French-language and bilingual medical schools in Canada (6 of the 17). McMaster University just uses the verbal reasoning part of the exam because it says studies show it is one of the best predictors of a student's clinical skills. This fall, McGill is also setting aside three of 80 undergraduate medical school spots for "non-traditional" students who have been out of the university system for at least three years but still aspire to be physicians. (Montreal *Gazette*, July 28) ... **Some Quebec patients living east of Montreal are being directed to private clinics for ultrasounds** because wait times in the public system are so long. Wait times of more than a year are being blamed in part on a shortage of radiologists at area hospitals. The use of private clinics is putting a cost burden on patients of between \$75 and \$250 which they would otherwise not have to carry. Some people are suggesting the government pick up the tab for patients having to use private clinics. (*La Presse*, July 23)

**The fourth Access Centre has opened in Winnipeg,** offering a range of health, social and community services. The new facility will also offer some special programs such as diabetes education and support, nutrition counselling and Aboriginal health outreach. "Combining this variety of services ensures a holistic approach to the overall health and wellness of individuals," Winnipeg Regional Health Authority President and CEO Arlene Wilgosh said in a news release. "When individuals have better overall

health themselves it leads to a healthier community in general and that's certainly what we're trying to achieve." More information at [news.gov.mb.ca/news/index.html?archive=2010-07-01&item=9322](http://news.gov.mb.ca/news/index.html?archive=2010-07-01&item=9322)

**An eight-week helicopter air ambulance pilot project is underway in Kamloops, B.C.** The helicopter and Critical Care Transport paramedics will attend emergencies that are further than 30 minutes away by ground ambulance from Royal Inland Hospital. Studies have shown that timely air ambulance patient transfers can reduce hospital stays by as much as five days. (*Kamloops Daily News*, July 24; News release at [www.gov.bc.ca/health/underNews](http://www.gov.bc.ca/health/underNews))

**Prince Edward Island should be reducing its complement of family physicians over time** as it turns more to primary-care team practices, a draft Hay Group report for the government suggests. The report says the number of physicians could go down from 94 to 65. It apparently proposes that the number of specialists be decreased too, with some specialty services eliminated. Dr. Andrew Wohlgemut, president of the College of Family Physicians, supports more collaborative care but does not see this coming by "substituting or getting rid of family physicians and replacing them with other people." News of the Hay Group report came out the same day the government announced the recruitment of seven new physicians including three family doctors. Health Minister Carolyn Bertram is waiting for the final draft of the report in about six weeks before making any comments. However, she said the government has no intention of cutting the number of physician positions. ([www.cbc.ca/canada/prince-edward-island/story/2010/07/22/pei-doctors-report-584.html#ixzz0uTt9vFPv](http://www.cbc.ca/canada/prince-edward-island/story/2010/07/22/pei-doctors-report-584.html#ixzz0uTt9vFPv))

## Alberta EHR projected to cost \$1.4 billion

A front-page story in the *Calgary Herald* Monday said Alberta's electronic health record project could end up costing \$1.4 billion by the time it is finished. However, it observed that there is no target date for when that will be.

The story said \$674 million has been spent thus far with \$66 million more slated for this year.

This will go towards various activities including launching Phase One of a new Personal Health Portal, a five-year initiative that will begin by offering information about programs and services for staying well. Eventually, it will allow patients to access their medical information, schedule appointments and even communicate online with their health professionals.

A report on the province's electronic health record effort was published by the Auditor General last October, and the *Herald* noted many of its criticisms. These included the fact that there was no integrated delivery plan connecting the different elements of the electronic health record. The government also did not have the means of comparing the costs with the benefits of the system. **HE**

## Funding for Aboriginal Diabetes Initiative

The federal government has announced \$110 million over two years for the Aboriginal Diabetes Initiative (ADI), as promised in the 2010 budget.

The ADI was established in 1999 to deliver a range of primary prevention, screening and treatment programs in partnership with Tribal Councils, First Nations organizations, Inuit community groups and provincial and territorial governments.

Aboriginal people are three to five times more likely to experience type 2 diabetes than non-Aboriginal Canadians. **HE**



# Editorials & Commentary

## Funding MS clinical trials

Both major Saskatchewan newspapers commented Thursday on Premier Brad Wall's announcement this week that his government is prepared to fund clinical trials into CCSVI treatment for MS.

The *Regina Leader-Post* said the premier has raised huge expectations among the province's 3,500 MS patients and their families. It said the cost of these trials could be expensive and might just show that the treatment does not work or is of only limited benefit. If this is the case, the newspaper reasoned that Mr. Wall will be able to least say he tried. "But if the trials are successful, Wall will have put this province at the forefront of MS research and treatment and improved countless lives – a priceless reward for the risk he's now rightly taken."

The *Saskatoon Star-Phoenix* said the premier deserves kudos for his bold stance, and he is right to insist that the process be "driven by sound science." However, like the *Leader-Post*, the newspaper is concerned that the government's support for novel MS research may create an expectation "for a similar response each time a promising new treatment or procedure emerges – an expensive lesson that governments, including Mr. Wall's, have learned when it comes to new pharmaceuticals that tout great advantages over previous products but cost tens of thousands of dollars."

## Rural medicine

The *Ottawa Citizen* (July 28) commented on the problems of delivering health care in rural areas. Winchester District Memorial Hospital, about an hour's drive south of Ottawa, is the first rural teaching hospital in Eastern Ontario and the *Citizen* said it is on

the right track by trying to improve access to the actual programs and treatments people in the area need. It is also focusing on education programs to deal with unhealthy lifestyles. Smoking rates are more than twice as high as they are in Ottawa and the gap in obesity rates is also significant. The *Citizen* said "The sooner other health professionals across the country realize that rural medicine is not just big-city medicine with hay fields, but represents a whole different set of challenges, the better."

The *New Brunswick Telegraph-Journal* also looked at rural medicine in a July 27 editorial. It is greatly encouraged by new satellite physician training programs in Moncton and Saint John which it said should put the province "ahead of the national trend when it comes to rural recruitment." It said these programs involve students from the province and expose them to rural medicine. "While Moncton and Saint John will serve as the hubs of medical education, students will work and study across the province, connected by high technology and a growing network of teaching physicians and researchers." It said it is an established fact that doctors who have lived in a rural area are more than twice as likely to want to work in these areas — an important consideration in New Brunswick, the most rural province in the country

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