

## Differences in health care for rich and poor

The poorer you are, the greater the chance you will end up in hospital according to a major study released this week that examines 21 health indicators for three socio-economic groups in 15 of Canada's largest centres.

Hospitalization rates for mental illness in urban dwellers with low socio-economic status (SES) are 2.3 times those in the high SES group, and those in the low SES group are more than twice as likely to be hospitalized for conditions that could potentially be treated in the community through good primary care.

For example, they are 2.4 and 2.7 times more likely to be hospitalized for diabetes and chronic obstructive pulmonary disease. Children from low SES groups have 56 per cent higher hospitalization rates for asthma than children from high-SES groups.

The smallest differences between high and low SES groups are in injuries in children and low birth weights.

The study also looks at self-reported health status between SES groups and finds it varies from city to city. The smallest differences are in Halifax and St. John's while the biggest are in London and Victoria. Variations in hospitalization rates are the least visible in Ottawa and Toronto and the most pronounced in Regina and Winnipeg.

The report, *Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada*, is the work of the Canadian Institute for Health Information's Canadian Population Health Initiative. It can be found at [www.cihi.ca](http://www.cihi.ca). **HE**

# Health care so far missing in Ottawa's infrastructure push

The federal government is promoting infrastructure spending as a way of stimulating the economy, but so far the multi-billion dollar needs of the health sector do not appear to be part of the equation. There were no hints of anything in this direction in Finance Minister Jim Flaherty's Economic Update Thursday.

Hopes were raised earlier this week when Mr. Flaherty spoke to a conference on public-private partnerships (PPP) in Montreal. According to a Canwest News report, he mentioned hospitals as one of the areas in which Ottawa was planning to spend.

The \$33 billion, seven-year Building Canada Fund is Ottawa's already-announced infrastructure initiative, but health care is not one of the priority funding areas. In his Economic Update, Mr. Flaherty said Ottawa plans to invest \$6 billion in infrastructure projects next year.

"We will work with provinces and territories to identify a limited number of key infrastructure projects across Canada by January 2009," he said.

The government also has over \$1 billion earmarked for its PPP Canada agency expected to get up to speed in 2009.

A number of provinces already have PPP or P3 projects underway in the health sector. Ontario is one of them. The government has budgeted over \$5 billion for projects in the health sector, most of which involve a P3 arrangement. The province faces the twin challenge of hospitals approaching the end of their useful lives, and new facilities or renovations required to meet the demands of growing communities.

Needs everywhere are extraordinary. Saskatchewan Health Minister Don McMorris told the legislature this week that correcting the "infrastructure defi-

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## Health gaps expected to grow as economy worsens

Medical experts say governments need to act now to deal with health inequities between rich and poor, especially in hard economic times that tend to punish the most vulnerable members of society particularly.

Medical officers of health from 18 of Canada's largest cities expressed serious concern to this week's report on the socio-economic linkages to health status (See story this page). They said reducing poverty and its impact on health requires commitment for all levels of government.

"The prospect of a recession makes it even more urgent to implement policies and initiatives that reduce socio-economic disparities and mitigate their impact on health," Dr. David McKeown, Toronto's Medical Officer of Health said in a news release. "If we hope to close the gap within a generation the time for action is now." **HE**

(*"Infrastructure" from page 1*)

cit" could easily consume "every cent" of the province's budget surplus and more.

The Canadian Healthcare Association, in an August 2007 submission to the Commons Finance Committee regarding the 2008 budget, called on Ottawa to spend \$5 billion over five years for capital investment for health, in partnership with the provinces.

It said many of the health care facilities in Canada were built in the 1950s and 1960s with money from Ottawa's National Health grants. These were initiated by Prime Minister Louis St-Laurent in 1948 and became one of the building blocks of medicare. Sixty years later, is there perhaps a chance Ottawa will dust off the idea if the provinces agree to it?

Of course, there are other crying capital needs in health care. The \$10 billion price tag to bring in electronic health records is one of them. National coverage of EHRs will not be possible without more money, Canada Health Infoway has warned. Replacing aging medical equipment is another. A recent report of the Fraser Institute said 42 per cent of hospital-based cardiac catheterization labs, 30 per cent of MRI machines, and 12 per cent of CT scanners are operating beyond their life expectancies.

But the Association of Faculties of Medicine of Canada (AFMC) has another idea. It is drawing the government's attention to the fact that the U.S. Democrat Senators have included \$1 billion for the National Institutes of Health in the economic stimulus package currently under consideration by Congress.

"Increases in health research funding translate into better health outcomes, but also into commercializable products and services, new technologies, a well-educated populace, and ultimately, a wealthier nation," an AFMC news release said. **HE**

## Hansard Highlights

### Debates in provincial legislatures/House of Commons

A Speech from the Throne opened the **New Brunswick** legislature Tuesday. In keeping with a promise made in the last election, the government is establishing a New Brunswick Health Research and Innovation Council to deal with health research investment, clinical trials and a rural health institute. The Speech also promised to introduce Personal Health Information Access and Privacy legislation and table recommendations in the new year from consultations which have just wrapped up on a mental health strategy for the province.

The fall legislative session opened in **British Columbia** last week — a session which had not originally been scheduled by the government. On Tuesday, Health Sciences Minister George Abbott faced questions about the closing of more than half the beds at Zion Park Manor in Surrey. Long-term care has been an ongoing issue in the legislature, and the NDP Opposition said it "makes no sense to anyone that this government would look at closing down beds at a time when we have more seniors and fewer beds for those seniors." Mr. Abbott said it was the decision of the organization that owns the facility not the government's to close the beds, which were in an outdated wing of the building. He noted that early next year, there will be six residential care facilities opening within 20 minutes of the manor. He also pointed out that 5,424 residential care and assisted living units have opened in B.C. since 2001.

The **Newfoundland and Labrador** legislature was back in session Tuesday. The next day, Opposition Leader Yvonne Jones asked about remarks made by Premier Danny Williams that given the current economic cli-

mate public sector unions should accept the government's current wage offer or risk having something less generous forced upon them. In his response, Mr. Williams singled the nurses' union out for demanding a two-year contract worth \$160 million "when we were offering \$140 million over four years." He said the union's position would add "another \$14,000 worth of extras" onto what a nurse would make under the government's offer.

In the **Saskatchewan** legislature last Thursday, NDP Health Critic Judy Junor said the government has incurred \$335,000 in expenses to administer an income means test for the seniors' drug plan. Health Minister Don McMorris said the means test cut off seniors making more than \$64,000 a year and the savings were used to provide drug coverage for children. "There were some costs in administration," he said, "but it was a small cost for the benefit of young children throughout this province."

The **Nova Scotia** legislature adjourned Tuesday. In oral question period that day, Opposition Leader Darrell Dexter said five of nine district health authorities still do not have approval for their 2008-09 budgets "eight months into the [fiscal] year." Health Minister Christopher d'Entremont said the government is continuing to work on the budgets of the others "to make sure they balance to zero." Mr. Dexter pointed out that the absence of approved budgets is forcing the health districts into difficult decisions about services, but Mr. d'Entremont said some of the district budgets are just waiting Cabinet approval. "We will have the rest of them, we're hoping, online by January which is far ahead of where we've been in the past."

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

**More generic drug competition could save up to \$800 million a year**, the Competition Bureau says in a new report. This amount could grow as several blockbuster drugs come off patent in the next three years. The report outlines a number of measures for achieving this cost saving such as competitive tendering by provincial drug plans. However, the Canadian Pharmacists Association says none of the ideas are new and all have well defined deficiencies and shortcomings. The pharmacists also take issue with the Bureau's criticisms of the practice of generic drug companies providing rebates to pharmacists for stocking their products, and that these rebates are not passed on to the customer. The pharmacists say these rebates, or professional allowances as they are called in some jurisdictions, help fund many of the services pharmacists provide such as home delivery and in-pharmacy clinics. (*News releases*; report at [www.competitionbureau.gc.ca](http://www.competitionbureau.gc.ca))

**Alberta's ethics commissioner has been asked to look into recent appointments to the Alberta Health Services board.** Eight new members of the 15-member board that oversees health services delivery in the province were appointed last week including Tony Franceschini who is the CEO and majority shareholder of Stantec, a large engineering company that has worked on many health contracts such as the Mazankowski Heart Institute. The Liberal Opposition says this constitutes a conflict of interest. Health Minister Ron Liepert is also taking some heat for his former campaign manager, who owns an executive search firm, getting the contract to find the new board members. (*Calgary Herald*, Nov. 25,26,27)

**There are variations in the proportion of Ontario patients receiving surgery for many types of cancer** according to the health region where they live, a report from the Institute for Clinical Evaluative Sciences (ICES) reveals. ICES says its findings also suggest it is possible some patients are not receiving the highest quality surgical procedures. The head of Cancer Care Ontario says the report provides the opportunity to delve into the reasons behind these variations. (Report at [www.ices.ca](http://www.ices.ca)) ... **Ontario's plan to revitalize the province's public health system has resulted in significant improvements but needs more work**, the annual report of the Acting Chief Medical Officer of Health says. He is particularly concerned that 13 of the 36 public health units do not have a permanent medical officer of health. Health and Long-Term Care Minister David Caplan told the legislature Monday that this is a long-standing problem but pay levels have been increased, and there is an enriched bursary program for prospective medical officers of health, which should help recruitment. (*Hansard*; report at [www.health.gov.on.ca](http://www.health.gov.on.ca))

**Private MRI clinics have shorter hours of operation but shorter wait times** a study published in *Healthcare Policy* says. The University of Toronto-led study surveyed all 17 private and 69 of 73 public English-speaking clinics in 2006. It found the average wait for a MRI at a private clinic was a half-a-week versus 13.6 weeks at a public clinic. (*Vancouver Sun*, Nov. 27; [www.longwoods.com](http://www.longwoods.com)) ... **Two of Quebec's biggest labour federations want to stop private clinics being allowed to do medically necessary procedures.** The federations say that through

regulatory modifications the government has made the number procedures that private clinics can perform is unlimited. The list was once limited to 50. The federations say this violates restrictions contained in a law that was passed in 2006 to put Quebec in conformity with a 2005 Supreme Court ruling loosening up its health insurance laws. The federations plan to file their case before the Quebec courts in the next few days. (*La Presse*, Nov. 27)

**Most Quebec family physicians say they are not adequately trained to treat patients with mental illness**, a McGill University study of 398 physicians has found. Furthermore, only a third of patients are followed-up after their first appointment and there is little contact between family physicians and psychiatrists. The study was presented at an international mental health conference in Montreal this week. (*Montreal Gazette*, Nov. 27) ... **Mental Health Partnerships of Canada has emerged as a major new charity group.** It has an arm's length relationship with the Mental Health Commission of Canada which has formed a strategic alliance with the Canadian Psychiatric Research Foundation in the new group. Mental Health Commission Chairman Michael Kirby expects the charity will be on a scale with breast cancer and heart and stroke, and says this is critical "if we want to keep mental illness out of the shadows forever." (*News Release*)

**"811" is the number British Columbians can call to get 24/7 health information** through its HealthLink BC service. B.C. is the first jurisdiction to implement the 811 protocol provincewide although Quebec is currently piloting the service in a number of regions. (*News Release*)

## Quebec Liberals promise cancer research support

The Quebec Liberals have added another item to their health platform — \$10 million for cancer research.

The party's full election platform was released last week, and on Friday, in a tour of the cancer research institute at the University of Montreal, Premier Jean Charest said a re-elected Liberal government would create a five-year, \$50 million program to support Quebec cancer research.

The government would also increase the refundable tax credit to companies for research they sponsor in universities from 35 to 50 per cent. This measure is expected to cost \$3 million. Furthermore, the government would support the training of more volunteers to work with those suffering from cancer. The Liberals have previously promised to provide annual retention bonuses to new nurses and increase the number of group medical practices.

The one and only televised debate between the leaders of the three parties was held Tuesday night. Health care was one of the subjects, and familiar themes re-emerged.

Mr. Charest tried to lay the blame for health care's problems on the Parti Quebecois for its buy-out packages for nurses and physicians in 1997.

PQ Leader Pauline Marois retorted by saying Mr. Charest has been trying to "wipe his feet on me" the entire campaign but it is his record that is on the line. She said the Liberals have had six years to make good on their health-care promises and cannot even build a hospital — a reference to the ongoing problems in building a new hospital linked with the University of Montreal.

Action démocratique Leader Mario Dumont continued to argue for a mixed public and private health system. **HE**



# Miscellany

## Pharmacist prescribing

The *Ottawa Citizen* (Nov. 24) reacts to a recent report from Ontario's Health Professions Regulatory Agency Council recommending pharmacists be given the authority to write prescriptions for minor conditions without a physician's permission, as well as extend and do some adjustments to existing prescriptions. The *Citizen* notes the health minister's favourable initial reaction but it says the Ontario Medical Association "is concerned pharmacists could diagnose diseases and treat them, something doctors spend much time learning." As an example of a potential problem, pink eye and acute glaucoma look similar but are vastly different in terms of seriousness. But the *Citizen* says there is merit to the Council's pro-

posals "but only to the extent that patients not be put at any risk by changes to traditional methods of treatment." It says allowing pharmacists to extend prescriptions frees up physicians to do other things. "The pharmacists want to work with doctors to create a safe system. That's the position doctors should take as well," the *Citizen* concludes.

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## 4.6 million Canadians without a regular family doctor

Governments get a "D" for health human resource planning, the College of Family Physicians of Canada says in a new Report Card on the status of the family medicine workforce in Canada.

There is no national plan even though the need for governments to work together is critical to deal with shortages that are just going to get worse with a growing number of retirements.

According to a Decima survey commissioned by the College, 4.6 million Canadians are without a regular family physician. In 2007, the College called upon governments to ensure 95 per cent of Canadians have their own doctor by 2012. The figure currently stands at 86 per cent.

The Report Card gives a "C" for governments increasing the number of family physicians in practice by six per cent between 2002 and 2006. But it is still look-

ing for governments to eliminate the income gap between family physicians and specialists and encourage the implementation of more primary care team practices.

Governments do get a "B" for making progress in encouraging family medicine as a career. The proportion of medical students choosing family medicine has gone up from 24 per cent in 2003 to 30 per cent in 2008, but still well short of the goal of 50 per cent.

The College wants the proportion of first-year residency positions allocated to family medicine increased from 39 per cent currently to 45 per cent.

Despite recent increases in medical school enrolment, Canada still ranks 24th out of 30 countries in terms of the physician-to-population ratio.

The Report Card is available at [www.cfpc.ca](http://www.cfpc.ca). **HE**