

# CMA INTERFACE

AN INTERACTIVE NEWS DIGEST

INTERNET SURVEY  
INSIDE

[www.cma.ca](http://www.cma.ca)

Vol.1 No.3, October 17, 2000

## Health and the art of the deal

Any deal between the provinces, territories and the federal government involving health care is bound to include compromise, and last month's health agreement was no exception.

The behind-the-scenes wrangling and arm-twisting that went on between the premiers and the federal government meant that Ottawa had to give in on its most contentious demand — an independent agency to report on “comparable” health care statistics. Now each province and territory can prepare its own report card for verification by a body of its choice.

Measuring and comparing the performance of the health care system in various jurisdictions is a good idea, but it is difficult at the practical level. In the area of waiting lists, for example, it has long been recognized that the absence of standard definitions creates difficulties in prioritizing patients for surgery, never mind comparing how well health systems perform in different jurisdictions.

The Western Canada Waiting List (WCWL) Project has studied the

diagnostic and therapeutic criteria in 5 clinical areas: magnetic resonance imaging, general surgery, cataract surgery, hip and knee surgery and children's mental health. Its managers will present an interim report this week. However, those closely involved with the project say the measurement tools are not ready for use as standardized measures.

The real question is just how long an “acceptable” wait is for a certain health care service. It will not be answered by the WCWL project, or any government policy, but by Canadians themselves. That is why the CMA has been calling for a real discussion on the sustainability of health care in Canada and submitted a 10-point plan ([www.cma.ca/advocacy/](http://www.cma.ca/advocacy/)) prior to the first minister's September meeting.

After the recent deal was signed, CMA President Peter Barrett described it as “a step forward,” but only one of many that have to be made. The real discussion among politicians, health care providers and Canadians themselves still lies ahead. It must take place soon if the system is to be sustainable.

**WHERE  
DO YOU  
STAND?**

Will the first minister's action plan ensure the future sustainability of the health care system?

## FASTfacts

### Last among “equals”?

Nova Scotia Premier Dr. John Hamm was quick to denounce the recent health care agreement reached between the provinces and federal government last month. Hamm was discouraged that the deal offered nothing in the way of increased equalization payments from the feds to boost the ability of poorer provinces to pay for services such as health care. Hamm's argument was bolstered by a report from Dalhousie University that that also made the case for more equalization funding. “Unless major changes are made at the federal and interprovincial level in the financing and support for changes in the health care system, it seems likely that provincial inequalities in the ability to respond to current challenges may pose one of the largest threats to the principles of universal medicare in Canada,” the report concluded.

### Rural health battle grows in BC

As physicians throughout British Columbia's Interior resigned their hospital privileges and reduced services to pressure the government to come up with a province-wide deal for funding health care services in rural and remote areas, BC Premier Ujjal Dosanjh called off negotiations with the British Columbia Medical Association pending a “review” of the negotiating process. The government and the BCMA had been negotiating a new master agreement (the current deal expires next March) but all talks are off until at least later this month, when the head of the inquiry is to submit her interim report.

### NB physicians hold study day

New Brunswick family physicians held a one-day study day Sept. 15 to draw public attention to their battle with the government over increasing workloads, government-generated paperwork and the low rates of remuneration for physicians. The NBMS and the government have been negotiating for three months and, so far, have made little progress. The NBMS warns that physician shortages and patient waits will only worsen as more doctors leave the province for more attractive locales. The two sides appointed a mediator in August. The current master agreement expired last March.



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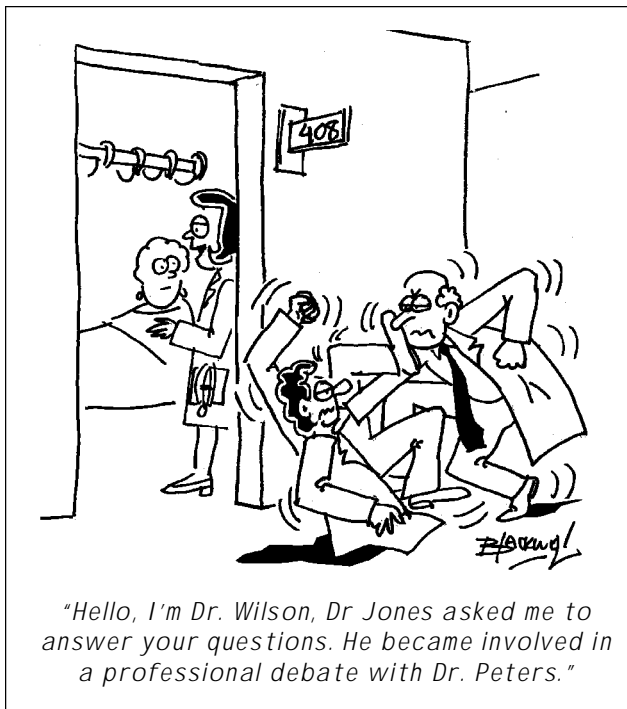
## Physician issues extend far beyond GST

In response to "Frustrating tax fight continues" in the Aug. 22 issue, I think a \$1500 to \$2000 a year tax grab regarding the GST is a small issue and more of a bargaining point. Keeping physicians happy in other ways is more important. Certainly helping rural practice is a big issue and getting more medical students out in rural areas would be a big issue. And certainly paying doctors for what they do is a big issue — all of these are very important.

The Barer-Stoddart report from the early 1990s was a very harmful thing. I think physician numbers can be increased and I would certainly support any action in that area, certainly a 15% increase in enrolment. However, along with this must come a plan to keep physicians in the country in which they trained. There's no point in training these students to have them practise in the American midwest. If you include a planned increase enrolment, please include a plan to keep them in Canada. I wish I knew how to do that. Please advise and keep up the good work.

Alan Macklem, MD  
Portage-la-Prairie, Man.

(Received on *CMA Interface* comments line)



## Correction

The profile on physician support programs in the last issue of *CMA Interface* included an incorrect number for the Alberta program, which also provides services for physicians in the Yukon. The correct number is 877 SOS-4MDS (767-4637).

## Consider the source of health info

In response to the WEB TALK column in the Aug. 22 issue, please understand that the Alternative Medicine section of the Canadian Health Network is largely generated by the Canadian Naturopathic College. I believe this (source) is not appropriate to serve as a primary resource on this topic in a Web site recommended for Canadian physicians. An overseeing group of licensed medical practitioners (must) ensure that accurate and reliable information is being provided.

Brian Dixon-Warren, MD  
Saturna Island, BC

## Don't let the government off the hook

It is clear to me that what you have written about the doctor shortage is deficient, as it makes no mention of the dire shortage of specialists that already exists, and the shortage of doctors that exists not only in rural settings but even in the cities. Your article parrots the public media and the provincial health ministry (at least in Ontario). There is nothing new or additional said here, especially about the dire shortage of doctors in all categories and the catastrophe that has already begun for some.

You take the government off the hook for these shortages when they have occurred as a result of deliberate government planning and action. Because the government has already announced more medical school positions, and is already promoting doctors to go north, with this approach you are helping them to incorrectly transfer fault to doctors for not going north. On the other hand the shortages get worse every day, and are all over.

Not only has the population risen by 20% or more since the early 1980s, but the proportion of elderly who consume most has increased markedly, and the technologies and capabilities to keep people alive and well longer have advanced greatly. At the same time, the ministries of health stick to the drastic reductions stupidly put in place in the early 1980s when rising costs were blamed on the presence of doctors who care for the sick. And this gets no mention in the new *CMA Interface*.

Allan J. Fox, MD  
London, Ont.

## WHAT DO YOU THINK?

*CMA Interface* wants to hear about the issues that affect you and your practice.

Please send us your comments by email, telephone, fax or letter.

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## CMA Interface poll: Clinical use of the Internet

In just four years Internet use has almost doubled among Canadian physicians. This, coupled with the reality that more Canadians are turning to the Net to gather health information, has prompted the CMA to develop an e-Business strategy. To guide Association work in this area, the CMA would like to know if and how you use the Internet, and what online services would be useful in your clinical practice. This survey is available online at [www.cma.ca/survey/iffpoll/launch.asp](http://www.cma.ca/survey/iffpoll/launch.asp). You may also FAX it back to 613 731-9013 or use the pre-paid envelope enclosed in the bag that contained *CMA Interface*.

### 1 Do you personally use the Internet?

Yes  No

If no, do you plan to do so in the next 12 months?  Yes  No

Do you use the Internet in your practice?

Yes  No

### 2 Please indicate what percentage of the time you use the Internet for clinical reasons from each of the following locations: (Note: must add to 100%)

Your home \_\_\_\_\_ %  
 Your office/ clinical practice \_\_\_\_\_ %  
 A computer at the hospital \_\_\_\_\_ %  
 A university/ library facility \_\_\_\_\_ %  
 Other location (please specify): \_\_\_\_\_ %

### 3 Would you use the Internet in clinical practice if the following options were available?

	Yes	No
Free PC	<input type="checkbox"/>	<input type="checkbox"/>
Free Internet access	<input type="checkbox"/>	<input type="checkbox"/>
Online referrals	<input type="checkbox"/>	<input type="checkbox"/>
Online voice recognition	<input type="checkbox"/>	<input type="checkbox"/>
Clinical support tools available in your office	<input type="checkbox"/>	<input type="checkbox"/>
Clinical support tools available in your examining rooms	<input type="checkbox"/>	<input type="checkbox"/>
Wireless Device (e.g. Palm Pilot)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____		

### 4 Does your practice currently have a Web site?

Yes  No

### 5 If you could have an inexpensive, low-maintenance Web site set up for your practice, would you be interested in doing the following online? (Please rate your level of interest where 1 = not at all interested and 5= very interested)

Providing general information (hours)	1	2	3	4	5
Referring patients to a trusted source of medical information	1	2	3	4	5
Allowing online appointments for routine services	1	2	3	4	5
Receiving patient information (e.g. diabetic sugar level readings)	1	2	3	4	5
Providing preventive medicine and risk assessment tools for patients	1	2	3	4	5
Exchanging office patient emails	1	2	3	4	5
Other (please specify): _____	1	2	3	4	5

### 6 Please indicate which of the following Internet products and services you would personally use if available.

	Yes	No
Secure communication via Email with patients	<input type="checkbox"/>	<input type="checkbox"/>
Secure communication via Email with other physicians	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of information through physician chat groups	<input type="checkbox"/>	<input type="checkbox"/>
Online Lab/X-ray results and prescriptions	<input type="checkbox"/>	<input type="checkbox"/>
Purchase of products and services online for the office	<input type="checkbox"/>	<input type="checkbox"/>
Purchase of products and services online for personal use	<input type="checkbox"/>	<input type="checkbox"/>
Electronic health records	<input type="checkbox"/>	<input type="checkbox"/>
Research Support (e.g. MEDLINE)	<input type="checkbox"/>	<input type="checkbox"/>
Clinical decision support tools (e.g. drug interactions)	<input type="checkbox"/>	<input type="checkbox"/>
Wireless clinical support tools (e.g. Palm Pilot)	<input type="checkbox"/>	<input type="checkbox"/>
Lobbying and Policy information	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____		

### 7 How important is it to you that the CMA offers some or all of these services as part of an e-Business strategy? (Please rate your level of importance where 1= very unimportant and 5= very important)

1 2 3 4 5

### 8 Would you expect the CMA to take a leadership role in protecting patient privacy in the implementation of electronic patient records?

Yes  No

### Please tell us about yourself

Are you:  Male  Female

Age:  under 35  35-44  45-54  55-64  
 65-74  over 75

Are you a:  Student  Resident  
 General/Family Practitioner  Specialist  Other

Are you a CMA Member?  Yes  No  
 Don't know

In which province do you practice? \_\_\_\_\_

Practice setting:  Non-clinical practice  Solo  
 Group less than 6  Group 6 or more

Thank you for participating in this survey.

## LEADERSHIP IN ACTION

CMA President Peter Barrett maintains a busy schedule representing member interests through interviews with the media, speeches, meetings with members of Parliament and health policy-makers. The schedule below highlights several of his recent activities. Also included are highlights from the schedule of CMA President-Elect Henry Haddad and Past President Hugh Scully.

### Dr. Barrett

**Sept. 9-12**

First Ministers' meeting, Ottawa

**Sept. 14-16**

Alberta Medical Association Annual Meeting, Calgary

**Sept. 21-24**

Royal College of Physicians and Surgeons of Canada Annual Meeting, Edmonton

**Sept. 25-26**

CMA Executive meeting, Ottawa

**Sept. 26**

Ethics in New Millennium conference, Hull, Que.

### Dr. Scully

**Sept. 7-8**

New Hampshire Medical Society, Hanover, NH

### Dr. Haddad

**Sept. 15-16**

New Brunswick Medical Society Annual Meeting, St. Andrews, NB

## Talking to the media

Media calls taken by the Public Affairs Directorate in September

Total: 72

### By issue

Response to first minister's health care agreement: 25

Interview requests: 36

*CMAJ*: 6

Public requests for information: 87

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## HILL TALK

### Marching orders

Federal Health Minister Allan Rock told reporters that while the health care deal struck in September by Canada's first ministers is extremely important, "there is a lot of unfinished business; it was a good start, but it is like a marching order and now we have to get to work."

The deal, officially called the Action Plan for Health System Renewal, recognizes the importance of collaborative and constructive partnerships with those in the health sector to address critical health care issues. For long-term change to be realized, the document adds, the collective experience and wisdom of those who are responsible for carrying out change must be at the decision-making table. "There are a lot of people to bring to the table. After the agreement, I met with the nurses' association, doctors' association and the health care association, and we have to find a way to plug them into the system," Rock told the *Hill Times*. "This cannot be done by the ministers of health."

While some components of the action plan fall exclusively under provincial and territorial purviews, others areas will benefit from a pan-Canadian approach that would develop appropriate and effective solutions. The CMA is working with others involved in the delivery of health care services, such as nurses and hospital administrators, to ensure the first ministers' action plan lives up to its name and actually results in action.

### MD-MP Contact Corner

Statistics

Federal Ridings: 301

Ridings covered: 191

MD contacts: 409

### New MD-MP Contacts:

Dr. Wee-Lim Sim  
(Ottawa-Vanier)

Dr. Keith Anderson  
(Ottawa-Vanier)

### MPs needing Contacts:

Anne McLellan

Edmonton West, Alberta

## MEMBER'S CORNER

### Save our Search

OSLER, the CMA's powerful members-only search engine, provides free and unlimited access to MEDLINE and other National Library of Medicine bibliographic databases via Ovid Technologies' Web-based interface.

While OSLER's search software is among the most advanced anywhere, the service also provides an exclusive bonus in the form of free online assistance from a trained medical librarian hired specifically to support members. Last year, in its second year of operation, members conducted 21 147 searches and the Support Desk responded to 3507 requests for help.

To find out more about the OSLER service, members need only click on the OSLER MEDLINE icon on CMA home page and register. The free, one-time registration is required to use existing and future services. For each online session, you will need to enter your username and password once and then you may visit any of the CMA member's only areas for the remainder of your session.

To register: [www.cma.ca/osler](http://www.cma.ca/osler)

For information:

Deidre Green

OSLER Support Librarian

800 663-7336 x2255

[cmalibrary@sympatico.ca](mailto:cmalibrary@sympatico.ca)

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OPINION  
COUNTS**

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