

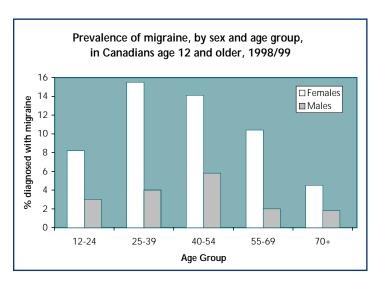
III PULSE

Prevalence of migraine headache in Canada

The 1998/99 Statistics Canada National Population Health Survey reports that 7.9% of Canadians over age 12 have been diagnosed with migraine headaches. Females are more than 3 times as likely to experience them than males (11.7% compared with 3.8%); this gender difference persists across all age groups but is most pronounced among those aged 25–39. In this age group, 15.5% of women and 4% of men experience migraines.

People of both sexes who suffered from migraines were much more likely than those who did not to report that they also had other chronic conditions such as food and other allergies, asthma, arthritis or rheumatism, and hypertension. Migraineurs also use the health care system more, with 32.9% of them having had 7 or more consultations with a health care professional in the past year, compared with 15.6% of those without the disorder.

The incidence of migraine was almost 3 times higher



among Canadians who reported experiencing a major depressive episode in the past year than among those who had not (20.4% vs. 7.3%). — *Shelley Martin*, martis@cma.ca

Acute care revolution on way in Saskatchewan?

A long-awaited study of medicare in Saskatchewan could change the way some of the province's physicians work and how they are paid. The report's author, Ken Fyke, recommends a sweeping reorganization for a health care system that is threatened by growing demands. But he says bigger budgets are not the solution. "I recommend that the government buy change, not more status quo," says Fyke, the province's former deputy minister of health.

The 154-page report, *Caring for Medicare*, was released in Regina in April after a 10-month study and more than 200 meetings with the public and health care professionals.

The Saskatchewan Medical Association was reserving judgement until its members discussed the report at its annual meeting this month. "I think a lot of good work has been done and we look forward to the opportunity to digest the document in detail and to discuss the recommendations," said President Martin Vogel.

"As a physician group, we were not consulted quite as intensively as we would have liked, which has been a trend over the years."

Fyke's most controversial recommendation calls for the elimination of acute care services at 50 of Saskatchewan's 70 hospitals. Acute care would instead be provided by a network of about 20 regional hospitals and supported by an expanded ambulance system able to respond almost anywhere in the province within 30 minutes.

Fyke also argued that physicians be encouraged to leave their isolated offices and work within a team of health care professionals to share the workload and reduce duplication. "Many everyday health needs can be met by nurses and other providers whose range of skills are not fully utilized today," says the report. "Working in independent practice, and paid a fee for each service, doctors cannot easily share work with nurses, nutritionists, mental-health counsellors or other professionals."

Vogel said many physicians are already practising this way. "This is not a new or foreign concept to physicians — I don't think people recognize the extent

to which it happens. For those of us who practise in this environment, it certainly is rewarding."

He said physicians are also willing to discuss alternatives to fee-for-service payments as long as all contracts are voluntary and reviewed by the SMA. "The most important factor that could yet determine success or failure is the process," said Vogel. "As a physician group we strongly believe that we have to be very closely involved with the discussion around implementation of change."

Saskatchewan Premier Lorne Calvert said he will hold extensive consultations before implementing any of the recommendations. Former premier Roy Romanow, who appointed the Fyke Commission, would not comment on the report, since he was recently named to head a commission on health care in Canada.

"If Saskatchewan can achieve a just and fair modernization of medicare," said Fyke, "it will have created a legacy not only for its own future but also for the nation's — as it did when medicare was born." — Amy Jo Ehman, Saskatoon