Getting the facts straight about Canadian health care

Official reports, especially those from government agencies, usually don't begin like this: "On Oct. 4, 1998, Calgary's Bow Valley Health Centre, a city-centre hospital, blew up. It wasn't the work of terrorists. It wasn't an accident."

However, *Health Care in Canada 2000: a First Annual Report*, published last year by the Canadian Institute for Health Information (CIHI), eschews the jargon, passive verbs and footnotes that typically discourage close scrutiny of official reports. Canada's health ministers established CIHI in 1994 to construct a reliable national database of health information. During the upheaval of the last decade, the lack of hard information on what works and what doesn't has stymied policy-makers and confused the system's users.

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Ultimate restructuring: Calgary's Bow Valley Health Centre was demolished in October 1998

"This is the first in an annual series of reports that aims to provide reliable evidence, not anecdotes or rhetoric, about what we know about the health of Canada's health care system and how the system has changed," CIHI says.

A major challenge for Prime Minister Jean Chrétien during his third term is to educate Canadians about how to improve health care and pay for the services they use. This report (**www.cihi.ca**) — and presumably subsequent ones — will go a long way toward filling in some gaps in public knowledge.

And that opener about the Bow Valley Health Centre blowing up? "It was part of the regional health authority's strategy to restructure the city's health care system to meet the needs of the future," the report explains. CIHI in turn used the incident to symbolize the dramatic shakeup in our health care system.

The report deals at length with issues that touch off the most impassioned public debate. For example, it looks at waiting times for cardiac care and notes that these times are often defined differently, meaning that there are conflicting data from different parts of the country. "Meaningful comparisons of wait times between provinces are not feasible," says CIHI.

As Ottawa tries to keep the health reform momentum going and ensure that the Canada Health Act is upheld, this report may help provide a rational context within which public debate can be conducted. — *Charlotte Gray*, Ottawa

Saskatchewan courts its specialists with cash

Saskatchewan is investing $14 million in an attempt to reverse a critical shortage of medical specialists such as endocrinologists, pediatric surgeons and neurosurgeons.

Local specialists cite problems such as inadequate operating room time, insufficient compensation for teaching and a lack of support staff as reasons for leaving. Five anesthetists left the province in January, forcing a 25% cut in surgery at the Royal University Hospital in Saskatoon. "We certainly have a critical shortage in some areas," says Dr. Martin Vogel, president of the Saskatchewan Medical Association.

In December the SMA negotiated several incentive programs for specialists as part of a 3-year contract with Saskatchewan Health. It includes $8.5 million to increase the fees for underpaid specialists such as pediatricians and psychiatrists, and an extra $1.5 million for recruitment. In addition, the SMA is negotiating compensation for on-call specialists. A special committee will decide how the money will be allocated.

Saskatchewan has also established a $4-million fund to reward physicians who remain in the province for the long term. "This program costs the government nothing if it doesn't work," notes Vogel. SMA Executive Director Briane Scharfstein says a joint SMA-government committee will determine how the bonuses will be awarded and their size.

After Alberta doctors negotiated a fee increase in January that made them among the highest paid in the country, fears were raised that Saskatchewan's new retention measures would not be attractive enough. "It's very difficult for provinces that are not in the same financial position as Alberta," said Pat Atkinson, then Saskatchewan minister of health. "Getting into a bidding war with each other doesn't really address some of the fundamental problems."

Vogel says the new incentives will take time to work. "This is part of a long-term solution. It is not a Band-Aid." — *Amy Jo Ehman*, Saskatoon

Disability tax credit eligibility expanded

With tax-filing season approaching, the Canada Customs and Revenue Agency is advising doctors that eligibility for the disability tax credit has been expanded to include "individuals with severe and prolonged disabilities who need ongoing life-sustaining therapy."

Physicians can likely expect more visits because of the ruling, since patients will qualify only if a doctor attests that they need and dedicate time to life-sustaining therapy at least 3 times a week for an average of 14 hours a week. The T2201 Disability Tax Credit Certificate has been revised because of the expanded eligibility. Life-sustaining therapy is "needed to sustain a vital function so that a person can do the basic activities of daily living."

The revised form can be accessed at **www.ccra-adrc.gc.ca/disability** or ordered by calling 800 959-2221.