

Federal budget delivers on health care but still disappoints

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A multi-million incentive for provinces to establish formal wait time guarantees and recourse mechanisms, and a \$300 million start on vaccinating young girls and women against quadrivalent human papillomavirus (HPV) were among \$1.4 billion in new health outlays unveiled Mar. 19 in federal Finance Minister Jim Flaherty's 2007/08 budget.

But critics, including CMA President Dr. Colin McMillan, say the outlays fall short of what is needed, particularly with regard to electronic health record-keeping and developing a comprehensive pan-Canadian strategy for educating, recruiting, licensing and equipping doctors.

Overall, Flaherty administered a \$10.3 billion hypodermic to Canadians in hopes of turning their hue to Tory blue in the anticipated election. Federal spending now totals \$233.4 billion.

Included is a \$1.2 billion increase in the Canada Health Transfer to the provinces, as agreed upon in the September 2004 federal/provincial/territorial 10-year Plan to Strengthen Health Care, under which recipients agreed to work towards Patient Wait Times Guarantees in 5 priority areas: cancer treatment, heart procedures, diagnostic imaging, joint replacement and sight restoration. But there was no real obligation to actually create programs or to specify patient recourse mechanisms when a benchmark isn't met.

To hasten the process, Flaherty gave the provinces until Mar. 31 to "publicly outline" a plan for a wait times guarantee, in at least 1 of the 5 priority areas, to qualify for a per capita allocation from a new \$612-million wait times fund. As of CMAJ's press deadline on Mar. 20, only Québec had announced such a plan, qualifying the province for \$126.6 million over 3 years.

CMA's McMillan says the \$612 million should have topped \$1 billion to

actually accomplish the wait time task. "It's not a care guarantee just yet."

Canadian Health Care Coalition President Sharon Sholzberg-Grey concurred, arguing that government wait time promises are meaningless without specific recourse mechanisms, like dedicated monies to help patients obtain treatment in another jurisdiction. "When is a guarantee, not a guarantee? When it doesn't define what is guaranteed."

McMillan is also concerned about the adequacy of new outlays for the Canada Health Infoway, an intergovernmental initiative to promote electronic health record keeping. Some \$400 million will be pumped into Infoway; \$1.2 billion has already been spent on the project, which is projected to ultimately cost \$10 billion. Spending thus far has been limited to the production of electronic "health" records and systems for developing them, rather than electronic "patient" records.

Outlays for the latter were "the cornerstone of what we were looking for," said a disappointed McMillan. "We think this is a very important thing for the delivery of health care, for its efficiency, certainly for the element of safety, and perhaps down the road it may have a cost factor, so we're a little surprised to hear that it's not going to doctor's offices."

As perplexing, McMillan added, was the absence of funding to implement a national strategy for health human resources, as recommended by Task Force Two (CMAJ 2006;174:1827). Systemic improvements to health can't be achieved "unless we have the doctors and nurses," he argued.

Flaherty's other big ticket health item was the creation of a \$300 million over 3-year per capita trust that provinces can draw upon to establish HPV vaccination programs in hopes of reducing the incidence of cervical cancer. (An estimated 1350 new cases were diagnosed last year.)

The new vaccine, Gardasil, will be made available to all women aged 9 to 26 at a projected cost of \$435 per patient. Given that Statistics Canada recently projected there are 175 000, 9-year-old girls in Canada, and vaccinating that group alone would cost \$75 million, Health Canada officials conceded during the budget lock-up that it will be all but impossible to vaccinate

all eligible women within current financial parameters, so the provinces will have to pick up the slack.

Among other health measures included in Flaherty's new \$1.4 billion health outlay are:

- \$20 million over 2 years and \$15 million annually starting in 2009 to establish a Canadian Mental Health Commission, as recommended by the Senate Committee on Social Affairs, Science & Technology last May.
- A \$22 million hike in the annual budget of the Canadian Institute for Health Information to \$57 million.
- \$2 million to the Canadian Medic Alert Foundation to provide free MedicAlert bracelets for children who suffer from peanut allergies or diseases such as diabetes.

Flaherty also unveiled several other health-related measures in addition to the \$1.4 billion. Those included:

- \$105 million to 8 research labs, including the Montréal Neurological Institute and UBC's Brain Research Centre, to essentially enhance their capacity to become world leaders in their fields. They and other research institutes will be in open competition next year for a new \$195 million pot of money set aside to create an undetermined number of national Centres of Excellence for Commercialization and Research.
- \$37 million or a 5% increase in the base budget of the Canadian Institutes of Health Research to \$737 million.
- \$30 million to the nonprofit Rick Hansen Man in Motion Foundation to support research on spinal cord injuries.
- \$30 million over 3 years for "innovative" pilot projects to reduce wait times.
- Expanded tax breaks for pharmaceutical firms to participate in international programs to provide drugs combating AIDS and tuberculosis in the developing world.
- \$10 million over 1 year to create 5 "Operational Stress Injury Clinics" across the country to treat Canadian soldiers suffering from stress-related disorders stemming from military service. — Wayne Kondro, CMAJ

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