Plans afoot for national network of for-profit urgent care centres

Dr. Mark Godley plans to set up private, for-profit urgent care centres across Canada, including, possibly, Ontario Aboriginal reserves. Just days after he and 3 partners opened Canada's first such centre on the bottom floor of their False Creek Surgical Centre in Vancouver, on Dec. 1, Godley told *CMAJ* his plans include a national network of centres capable of caring for 20 000 to 30 000 patients annually.

He said he wants to change the way urgent medical care is delivered in Canada, and won't stop "until I've gone across the whole country."

Godley intervened in the successful 2005 legal challenge in the Supreme Court of Canada by Dr. Jacques Chaoulli. The court ruled that Quebec's ban on private health insurance for medically necessary services violated provincial human rights law. Godley says he's operating within the law.

Godley's Vancouver centre triggered a massive public backlash, with critics arguing that it threatened universal medicare. The BC health ministry said it would seek a court order to shut it down. Late on Dec. 1, Godley and the province made a deal: the clinic agreed to bill the provincial Medical Services Plan for covered treatments, instead of charging private fees.

Details were still to be worked out, and the controversy continued, with provincial NDP health critic Adrian Dix accusing the clinic of "holding the government to ransom." Godley says emergency care in Canada is in crisis, and while medicare is "ideologically noble," he says, the lack of prompt service already violates the Canada Health Act and "the patient has no bill of rights." Godley argues that private businesses like his can respond faster than government to the changes that are needed, and medicare is not threatened because "you can still have a single-payer system and competitive delivery units."

Godley admits that his project is risky, and noted that in the 2 weeks before the Vancouver centre opened, "I lost 10 pounds."

Godley, who emigrated from South Africa 17 years ago, modeled the Vancouver centre on 800 urgent care centres in the US. The clinic is staffed daily from 8 a.m. to 11 p.m. by emergency physicians who also work at public hospitals, and serves ambulatory patients who do not require an overnight stay. Facilities include a radiology lab, speedy blood diagnosis equipment used by the military, a slit lamp to diagnose eye injuries and an operating room for day surgery.

Godley said the clinic will be more efficient at diagnosing and diverting patients with life-threatening conditions such as heart attacks or strokes to the nearby Vancouver General Hospital, where they can go directly for treatment without waiting in the emergency department. He estimates that urgent centres like his could care for 57% of emergency department patients.

Next up? Godley hopes to open a surgical centre with diagnostics in Surrey, BC. — Deborah Jones, Vancouver

DOI:10.1503/cmaj.061637

Canapress

Emergency care in Canada is in crisis, says Godley.

Auditor-General slams regulatory regime

Health Canada's management of its 3 primary regulatory programs is so haphazard that it is impossible to ascertain whether "it is fully meeting its responsibilities as the regulator of drug products, medical devices and product safety," Auditor-General Sheila Fraser says.

Moreover, the department's process and principles for oversight of the 3 regulatory programs is so incoherent that it hasn't even "determined the level of activities the programs must carry out to meet the Department's regulatory responsibilities, or the level of resources they would need to do so," Fraser said in a Nov. 28 report to Parliament.

The inevitable consequence is inadequate protection of Canadians' health and safety, which even program managers admit is likely now at risk, and sets the stage for "increased risk of liability to the Crown," Fraser noted. "The Department needs to decide what it is trying to achieve, what its priorities are, and direct resources toward programs and services that help Canadians."

While casting all aspects of Health Canada's regulatory process as generally lax, the report sketches a lengthy list of areas in which oversight is particularly deficient, including conduct-

ing suitable risk assessments of products; issuing "timely and accurate" health warnings to the public; conducting inspections of drug ingredients and manufacturing practices; and virtually all aspects of post-market surveillance, whether investigations of consumer complaints or tracking of adverse events.

Among the endemic structural flaws identified by Fraser were: inadequate assessment of the resources required to achieve objectives; shoddy or non-existent operational and financial plans; non-existent "performance measures with targets for expected results"; as well as violations of the Financial Administration Act, which require full cost recovery for the Drug Products and Medical Devices program services through user fees. For example, oversight of medical devices costs $21.8 million but user fees account for only $7.4 million.

Fraser urged 10 specific recommendations as part of a massive overhaul of Health Canada's oversight of regulatory programs. In response, the department agreed to implement reforms by the end of fiscal year 2007/08. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.061621

Ottawa creates clearing house for cancer information

Cancer treatment inequities across the nation should eventually be mitigated by a new federal plan, funded to the tune of $260 million over 5 years, to disseminate "best practices" information about prevention, detection and treatment, according to the chairman of the newly-minted, arm's-length Canadian Partnership Against Cancer.

There's often a lag on the order of 10 to15 years between "what we know works and actually applying it" to cancer care, says Jeff Lozon, president and chief executive officer of St. Michael's Hospital in Toronto. "If we can contribute [to reducing that lag time], we'll have done a good job."

Getting evidence-based information out to clinicians should invariably improve outcomes, Lozon added. "We want to get the right information to the right people at the right time, so that care can be delivered faster and, perhaps, more effectively. It's lending national support to helping them do their jobs."

The primary purpose of the agency will be to "serve as a clearing house for state-of-the-art information about preventing, diagnosing and treating cancer," Prime Minister Stephen Harper said while unveiling the initiative in Montréal. "Its job is simply to make sure that the best cancer care practices in any single part of Canada are known and available to health care providers in every part of Canada."

> The agency will "get the right information to the right people at the right time." — Jeff Lozon, chair of the Canadian Partnership Against Cancer

Essentially, the Partnership has been charged with implementing the Canadian Strategy for Cancer Control (CSCC), which has been under development by Health Canada, the Canadian Cancer Society and the Canadian Alliance of Provincial Cancer Agencies since 1999.

At the core of that strategy is a mechanism to provide some measure of national oversight of cancer prevention, research, diagnosis and treatment in the form of an "integrated risk management and knowledge transfer system to gather and move cancer knowledge quickly and easily across Canada to assist the provinces to better manager cancer locally."

The Canadian Cancer Society's Group Director of Cancer Control, Paul Latierre, says none of the monies will be spent on diagnosis, treatment, biomedical research or any form of direct care. Rather, all will be devoted to implementation of the CCSC, although there may be small research projects that will be required to achieve that.

Among the specific mechanisms promised by the CSCC's designers were development of rigorous clinical practice guidelines; establishment of a suitable Human Resources model for the cancer workforce; development of national prevention strategies to reduce the incidence of skin cancer caused by the sun and cancers caused by environmental and occupational exposures; creation of an "integrated, responsive, patient-focused cancer care system" through the use of standards and guidelines; establishment of a national plan for strategic investments in priority areas of research; and establishment of a national cancer data collection system.

Seven "action groups" have been struck to develop specific measures to achieve the CSCC's objectives, Latierre says. They're expected to report early next year with their initial recommendations.

The CSCC's business plan notionally allocated $40.3 million for administration, as well as specific pots of money for each of the 7 working groups, as follows: primary prevention ($40.3 million), standards ($12.3 million), clinical practice guidelines ($13.8 million), rebalance focus (i.e, information for patients) ($29.1 million), human resources ($16.1 million), strategic research ($6.9 million), surveillance ($29.3 million), Surveillance ($50.2 million) and knowledge platform, information technology and risk systems ($7.9 million). — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.061629