



Just the Facts: Health Care Priorities

At SEIU-West, we believe in having an engaged membership. In anticipation of the Saskatchewan election on April 4, 2016 we have identified several key issues that matter to you, your families and communities. "Just the Facts" sheets on those issues are part of the information, education and tools we offer to help you make informed choices about voting and getting involved in the election.

Has the government done enough to sustain and strengthen Saskatchewan's public health care system?

Medicare in Canada: a history of Saskatchewan leadership and federal funding.

- The history of health care in Canada since World War II shows two recurring themes:
 1. Sask. leadership: our provincial government being the first to introduce public programs designed to ensure health care for all.
 2. Fed. leadership: Ottawa willing to use money and laws to encourage all provinces to adopt Sask.-style programs, and to prevent provinces from neglecting or undermining those programs.
- 1945 Fed government offered a deal to the provinces: if you build new hospitals and set up public health insurance, we'll pay 60% of the costs. No deal was reached because Ont. and Que. rejected it.
- 1947 Sask. government of Tommy Douglas, acting on commitments made in 1944 election campaign, introduces "hospitalization" plan (covered medical services delivered in hospital).
- 1957 Feds pass *Hospital Insurance & Diagnostic Services Act* which will give provinces money for these things, if provinces meet certain conditions.
- 1962 Sask. introduces medicare: covers all "medically necessary" physician services, even outside hospital.
- 1966 Feds pass *Medical Care Act*: money for provinces that set up Sask.-style system.
- The current version of that law – *Canada Health Act (1984)*:
 - Objective "to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers."
 - Feds will give money to a province (Canada Health Transfer) to be spent on health care in the province, provided the province's medicare program meets five conditions:
 1. **Public administration**: must be run by a non-profit, government-appointed body.
 2. **Comprehensiveness**: covers all medically necessary services.
 3. **Universality**: covers all people equally.
 4. **Portability**: people must be able to move provinces without losing coverage.
 5. **Accessibility**: no user fees, co-payments, or extra billing for covered services.
 - These conditions are known as "the 5 principles of medicare".



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- Enforcement: Feds can withhold/reduce Canada Health Transfer funds to a province if the province violates these principles.
- 2004: Fed Liberal government and provinces signed “10-Year Action Plan on Health” (a.k.a. Canada Health Accord).
 - Feds agreed to increase Canada Health Transfer by \$41B, 2004-14
 - Provinces promised in return to make efforts to:
 - Reduce surgical wait times
 - Develop a national prescription drug strategy
 - Expand/improve home care, primary care

The end of the Canada Health Accord – and the Wall government’s timid response.

- 2011: Fed Conservative Government unilaterally announced it would not renew the Accord when it expired April 1, 2014. Announced new rules re Canada Health Transfer: basically, slowing flow of money to provinces, but fewer conditions on how provinces spend that money.
- Expected result of these changes: federal share of medicare spending could fall from 20% (today) to 12% within a decade—too low to effectively enforce *Canada Health Act*. Provinces more free to allow private sector involvement in health care delivery.
- Some estimated that the decision could reduce Canada Health Transfers to Sask by \$1B over the next decade.
- Harper government’s decision was strongly criticized/opposed by a wide range of voices, including **SEIU-West**:
 - President Barb Cape sent open letters to Premier Wall, CEOs of health regions.
 - Participated in joint media conference with Doctors for Medicare, Saskatchewan Health Coalition.
- When questioned in March 2014 on the federal decision, Premier Wall said we was “disappointed”, but told Saskatchewan people not to worry, because “we’re overseeing and have sponsored a number of innovation initiatives that will result in efficiencies...improving the deployment of health care resources.” He was referring to Lean management.

Lean management: an expensive failure.

- The Wall government has invested heavily in Lean management. It has undertaken the largest-scale application of Lean to health care in the world (and has begun applying it in other fields as well—see our “Just the Facts: Educational Opportunities” sheet). It turned the Health Quality Council, an agency mandated to investigate health care improvements in general, into an agency narrowly-focused on promoting Lean. The government, as well as boosters of Lean in the Health Ministry and health regions, claim that Lean results in improvements in patient safety, patient health outcomes, and patient satisfaction, as well as lower costs.
- However, in a large study published in January 2016, U of S researchers found that Lean has no impact on health outcomes or patient satisfaction, and a negative impact on worker satisfaction. They estimated that applying Lean in Sask health care cost more than \$1500 for every dollar it saved. Our members have said that Lean has led to frequent shortages of much-needed supplies on patient care units.
- The province has proudly claimed that Sask is the only province to have reduced surgical wait times. However, there is some evidence that recently, those wait times have begun to increase. Overall general practitioner (GP)-to-specialist wait times seem to be rising. In



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2012 the government promised to reduce emergency room wait times to zero by 2017, but in October 2015 the Health Minister admitted that the promise would not be met.

Other misplaced spending priorities.

- In late November 2015, Dan Florizone, CEO of Saskatoon Health Region (SHR), announced that the Region was considering large cuts to programs and jobs because it was facing a deficit of \$45M. He suggested that this deficit was largely due to growth in demand for health services, especially because of population growth (particularly among the very old and very young). He suggested that the province's funding of the Region had not kept up with growing demand. SEIU-West's own research suggests that the province's operating grants to SHR do not properly recognize SHR's unique role as a provider of specialized health services to the whole province, and that SHR receives less per patient served than Regina Qu'appelle Health Region.
- The Saskatchewan Health Research Foundation is a government-appointed and funded body first created in the 1990s. Its mandate is to distribute funding to health research projects in the province. In 2011-12 the province gave it \$10.8M. In 2014-15 the grant was just \$5.83M.

Promoting private MRIs.

- Murray Mandryk, columnist for the Regina Leader-Post, stated in October 2015, "Wall's vision of health care has a huge and growing privatization element." Among the examples Mandryk gives: the government's quick passage in fall 2015 of Bill 179, *The MRI Facilities Licensing Act*.
- Bill 179 will allow the establishment of private, for-profit MRI clinics where members of the public can pay out of their own pockets for an MRI scan.
- Numerous groups submitted briefs to the government criticizing the bill, including:
 - The Saskatchewan Medical Association (representing the province's doctors), whose brief declared its support for "a strong publicly funded health care system where access to medical care is based on need and not the ability to pay". In the words of SMA president Mark Brown, "it's important for the government to provide timely publicly funded access to care within the province."
 - **SEIU-West** wrote that the bill is a case of "privatizing health care by stealth", that it "promotes private-pay procedures of dubious appropriateness" and is based on "insincere and unfounded claims that these procedures will somehow subsidize and improve access to the public system."
- Among the criticisms of the Bill:
 - It allows the scans to be analyzed by out-of-province doctors, whose qualifications are hard to verify and whose work contributes nothing to Sask's health education system.
 - We don't know if private scanners are even needed. If the government was willing to provide adequate funding, more scans could be done by the public, hospital-based scanners, including the just-opened scanner at the new Moose Jaw hospital.
 - The government had justified the bill in part by saying that many Sask patients are already going to Alberta to purchase private scans. However, the government has been unable to provide numbers to support this claim.
 - The government further justifies the bill by pointing to its "second scan" provision: for every private-pay scan the private clinic performs, it is required to perform one of equal value (or equal complexity—the rules are not clear) for free for the government. The scheme is so complex and unclear that it is unworkable.



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- It is unclear where the qualified staff needed to run the private scans will come from. If they are poached from the public sector, this could result in longer wait times for scans in the public system – something that has been seen in Alberta.
- There's no proof that it will reduce surgical wait times – except for people who have paid for private scans, who will be able to jump ahead on the surgical wait list.
- The Health Ministry's 2015-16 plan sets a goal of “a 50% reduction in inappropriate services” by 2018. However, Bill 179 will likely increase the number of inappropriate MRI scans and associated procedures in the province.

What Can I Do??

Get involved!

- Share this information with family, friends and coworkers, and use it to start conversations about the issues.
- Ask questions of the candidates and other political party representatives who contact you about the issues raised in this “Just the Facts” sheet.
- Become involved with the party or candidate whose positions on these issues best serve the needs of you and your community.
- Write a letter to the editor to your local paper to share information on issues affecting your community.
- Use social media to share facts about issues that matter during the election.
- For more information about becoming more actively involved, visit www.purplevotes.ca.

Selected Sources

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For further information about this topic, including details about the sources of the information on this fact sheet, please contact Karman Kawchuk, Research Officer, SEIU-West, at karman.kawchuk@seiuwest.ca.