



Canadian Health Professionals Secretariat

Meeting Report

Ottawa

May 1-2, 2006

Participants

AAHP

Ken Bulger
Sharon King

APTS

Maria Piazza

HSAA/NUPGE

Elisabeth Ballermann
Kelly Garland
Jean Rene Berube

HSABC/NUPGE

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Wendy Despins
Lee Manning
Alan Saydak

MGEU/NUPGE

Lois Wales
Shelley Neel

NAPE/NUPGE

Gilbert Butt
Austin Deir

NBUPPE/NUPGE

Debbie Lacelle

NSGEU/NUPGE

Michael Pronk

NUPGE

Shelley Wilson
Carol Meyer
Louise Trepanier

OPSEU/NUPGE

Sue McSheffrey
Patty Rout
Rick Jackson

PEIUPSE/NUPGE

Allan Davidson

Guest Speakers:

Dr Michael Rachlis, consultant in health policy analysis

James Clancy, National President, National Union of Public and General Employees

Welcome and Introductions

Meeting Date: May 1-2, 2006
Location: Ottawa, Ontario

Cindy Stewart and Shelley Wilson, co-chairs, welcomed the Canadian Health Professionals Secretariat participants to the seventh CHPS meeting in Ottawa.

Regrets were conveyed on behalf of Lynette Johnson by Michael Pronk. Lynette is beginning an internship for a master's program on May 1 and is unable to attend.

The agenda was reviewed and approved.

Participant Reports

The ten provincial reports focused on government climate, collective bargaining, campaigns and communications, staffing, and other major developments.

Co-Chair Stewart facilitated a discussion where each union reviewed the highlights of their reports and answered questions.

Copies of the reports were included in each of the participants' meeting binders.

Guest Speaker: James Clancy, national president, NUPGE

James Clancy congratulated the CHPS constituent organizations on their achievements in collective bargaining in light of the general government climate. Constituents have recently negotiated very good agreements in Alberta, BC, Newfoundland, Nova Scotia and (mediated in) Ontario.

Mr. Clancy spoke on the National Union's commitment to protecting medicare, establishing a national child care program, building supports for seniors (mostly women) living in poverty, and managing the threat of pandemics in Canada. He noted that health care is still the number one issue in Canada, and also noted that the best analysis of the issue is provided by Michael Rachlis in his book, "Prescription for Excellence".

Mr. Clancy compared a national childcare program, and programs for seniors living in poverty, with Medicare and the Canada Pension Plan. They are all effective tools to alleviate poverty. He emphasized that such programs can only be achieved and maintained with unions galvanizing into action.

President Clancy explained the National Union's research project on the threat of pandemics in Canada, and their impact on health professionals, in light of our recent

experience with SARS and avian flu. NUPGE's analysis will be ready for the next CHPS meeting. He urged CHPS to help NUPGE develop and promote a constructive policy and response to this national issue.

He concluded with a discussion of the question of violence in the workplace as reported in a recent CBC news survey.

A question and answer period followed.

Guest Speaker: Dr. Michael M. Rachlis, consultant in health policy analysis

Dr. Rachlis, is a consultant, author, lecturer, professor, and media commentator on health policy.

His comprehensive two hour power point presentation demonstrated that innovation and research is on the side of Canada's public health care system. As such, Dr. Rachlis said it's time to change the Medicare debate:

- Medicare was the right road to take and is fundamentally solid.
- Costs are not out of control; but neither is the system drastically under-funded.
- Innovation is the key to solving Medicare's problems; and innovation in health care delivery is largely taking place in the public sector. There are made-in-Canada, non-profit antidotes to almost every problem.
- We must spread public sector best practices.
- We can, and are fixing Medicare's problems.

Dr. Rachlis paid particular attention to two issues of top-of-mind concern to Canadians: wait lists and the sustainability of our public health care system.

He made the case that wait lists are being reduced by better "queue" management, and by "advanced access" management, of capacity and demand for services. He discussed the following examples:

- The Hamilton HSO Mental Health Program increased access for mental health patients by 100% while decreasing referrals to the psychiatry outpatients clinic by 70%.
- Capital Health Edmonton decreased delays for diabetic education from 8 months to 2 weeks by not having every patient see the diabetologist on the first visit to the clinic.
- The Toronto East General Hospital reduced the overall time from a suspicious x-ray to definitive diagnosis of lung cancer from 128 days to 31 days.
- The Alberta Orthopedic Pilot Project reduced the wait list for arthroplasty from 82 weeks to 11 weeks.

- The Richmond Hospital Hip and Knee Reconstruction Project reduced wait times by 63%.

On the issue of “sustainability”, Dr. Rachlis made the case that costs are under control and that Medicare is sustainable:

- In 1960, before Canadian Medicare, both Canada and the US had the same health care systems and both spent 6% of their GDPs on health care. In 1992 Canada spent 10% of its GDP on health care. This trend line has been flat since then. In 2004 Canada again spent 10% of its GDP on health care. In 2004 the US spent 15%.
- Federal and Provincial budget expenditures have declined from 1982-83 and 2004-05. Federal budget spending has declined from 24% to 15% of GDP in this period. Provincial budget spending has declined from 20% to 18% of GDP in the same period.

Dr. Rachlis also addressed the Chaoulli decision by the Supreme Court of Canada. He said the decision means little in law but acknowledged that it has changed the political environment in which the debate over Medicare is taking place. That’s why it’s time to change the Medicare discourse.

A question and answer period followed Dr Rachlis’ presentation.

Michael Rachlis’ website is: www.michaelrachlis.com

His most recent book, “Prescription for Excellence” is available on his website.

Update on CHPS Activities

Co-chair Wilson reported that the follow-up tasks from the last meeting have all been completed:

- A report on the last meeting was produced and published on the CHPS web site.
- An updated version of the CHPS contact sheet has been circulated.
- Follow-up on the *Making the Connections* campaign has taken place.
- A thank you letter has been sent to Dr Brian Postl.
- The Health Council of Canada’s recent report is being monitored.
- The CHPS collective agreement database has been updated.
- Documents prepared by constituents on workload management for social workers and other professions have been circulated.

CHPS Media and Communications Activities

Co-chair Wilson briefed participants on the following media and communications activities:

- The CHPS response to a report from Statistics Canada that wait times are the main barrier to accessing diagnostic services in Canada.

Co-Chair Stewart: "This underlines what [CHPS] has been saying all along. Solving human resource shortages in health care is essential to reducing wait times. Canadians rely on a team of health professionals to deliver the broad spectrum of services necessary for quality patient care".

- A CHPS web story on the role of health science professionals in fixing wait times.

Co-Chair Stewart: "Federal and provincial governments' commitment to reduce wait times cannot be successful in the absence of a coordinated plan to ensure the right number and the right mix of health professionals are available to make the system work. Health science professionals are an integral part of that equation".

Co-Chair Wilson: "The propensity of governments to focus on doctor and nurse shortages, often to the exclusion of all other health professionals, puts the entire health care renewal program in jeopardy. Eighty-five percent of medical decisions consider laboratory results in reaching diagnostic conclusions. A hip replacement surgery without follow-up physiotherapy is unlikely to be successful. Effective control of chronic disease is impossible without timely access to dietitians, pharmacists and occupational therapists".

- A CHPS web story applauding the Health Council of Canada report "Modernizing the Management of Health Human Resources in Canada: Identifying Areas for Accelerated Change"
HCC Chair Michael Decter: "None of the pressing challenges facing Canada's health care system can be met without focusing on the people who make the system work. Take wait times for example: we cannot ensure timely access to care without having the right providers and support services in place all along the patient journey".

HSA Alberta President, Elisabeth Ballermann: "A lack of clear and useful data on the precise nature and scope of health science professional shortages continues to hamper our ability to precisely quantify the problem." However, she agreed with HCC Chair Decter that the lack of data must not be permitted to delay strategies to address the shortages which are obvious and wide spread.

- A CHPS web story on a national investigation by the CBC on workplace violence reported by health care and social assistance workers. The CBC reported that some health care workers are targeted by violence more than the police.
- Letters listing material that was distributed to constituents on January 6 and March 27, 2006.
- Copy of a thank you letter to Dr Brian Postl for his presentation at the last CHPS meeting

Reports, Releases and Statements

The following reports, releases and statements, also included in the meeting binders, were reviewed by Co-chair Wilson:

- A report from Chris Luscombe-Mills, OPSEU representative on the Canadian Association of Occupation Therapists Working Group on Human Resource Planning, to keep the National Union apprised of this initiative:

The CAOT health human resource project has now been transferred to the 5 year CIHI project to develop a National Minimum Dataset for PT, OT, Pharmacy, Medical Radiology Technologists, and Medical Laboratory Technologists.

Health Canada and Human Resources and Services Development have initiated a project on credentialing foreign OTs – the project includes PT, OT, Pharmacy, Medical Radiology Technologists, and Medical Laboratory Technologists.

CAOT has initiated a 2 year pan Canadian political advocacy strategy to promote access to OT services at all levels of government.

CAOT is launching a pan Canadian awareness campaign on interdisciplinary collaboration in primary health care.

- A draft paper from the Health Action Lobby (HEAL) on “Core Principles and Strategic Directions for a Pan-Canadian Health Human Resources Plan”
- A CBC news report on workplace safety. This CBC report says health care workers are from 5 to 12 times more likely to file a worker’s compensation claim for violence than workers in any other industry.
- An article by OPSEU Health Care Council, Patty Rout, on safety needles.

Rout pointed out there are 33,000 needle stick injuries in the Ontario health care sector every year. The annual cost of treating these needle stick injuries in health care alone is \$66 million per year. Using safety engineered medical sharps would save \$8 million per year. OPSEU, ONA and SEIU are lobbying the Ontario government for action on sharp injuries. So far, no movement by government on this critical work safety issue.

- An article by Janet French, Star Phoenix, on the health care worker shortage in Saskatoon.

Nearly 12% of the workers in the (Saskatoon Health) region are currently eligible to retire. "As of December 31, 2005, 1,300 of the region's 11,300 workers can kiss their (jobs) good-bye and begin to collect (their) pensions". In the 2004-2005 fiscal year, the region hired 655 new employees. No numbers are available on how many retired.

- A summary of the 2005 Health Council of Canada annual report.
- A Canadian Society for Medical Laboratory Science statement on the shortage of laboratory technologists.
The Society points out that 50% of medical laboratory technologists will retire in the next decade. At the same time, it also notes that "current health threats such as an influenza epidemic or avian flu make the skills of laboratory professionals more essential than ever".
- An EICP (Enhancing Interdisciplinary Collaboration in Primary Health Care) report on "The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care".

The EICP is funded by Health Canada. Its Steering Committee consists of representatives from 11 national health professional organizations (7 of which are national health science professional organizations).

Federal Advocacy

Co-Chair Wilson reviewed the following federal material included in the meeting kits:

- The Conservative Party of Canada Federal Election Platform 2006 on Health and Child Care
- A Health Canada news release of the Health Minister statement on the Government of Québec's proposed health reforms
- A University of Alberta web story on Prime Minister Harper's letter to Premier Klein on his Third Way proposals

Other Business

Co-chair Stewart informed the participants that the next and subsequent fall meetings will be held in Ottawa and efforts will be made to have future spring meetings in eastern, central or western provinces, to which meeting participants can travel in a timely fashion and which offer simultaneous interpretation facilities.