

Calgary and Saskatoon health regions, medical schools forge alliance

Despite outward appearances of a “David and Goliath” relationship, a new alliance between health authorities and medical schools in Saskatoon and Calgary will benefit everyone equally, representatives from both sides say.

The burgeoning partnership could see Calgary hospitals transferring pediatric patients who are in critical condition to Saskatoon hospitals during bed-shortage crunches, and University of Saskatchewan scientists drawing on the strength of Calgary’s research teams. Representatives from Saskatoon and Calgary met in November to finalize a memorandum of understanding.

“The truth of the matter is that Goliath may not be so big, and David may not be so small,” said Dr. Barry Maber, physician vice-president for Saskatoon District Health. “There’s growing recognition of something we’ve talked

about for some time in Western Canada — that given our population density, it makes sense for us to be identifying collaboration opportunities and using each other’s strengths.”

Under the new deal, Saskatoon will serve as backup for transfers when Calgary faces shortages of pediatric critical care beds — a job previously filled by centres in British Columbia or the US. Maber said joint procurement of medical supplies may be another area where the 2 centres can work cooperatively, creating “stronger negotiating clout.”

Dr. Hans Van De Sande, vice-dean in the University of Calgary’s Faculty of Medicine, says its medical students will benefit from exposure to the University of Saskatchewan’s strong rural medicine program. “Also, our researchers would have the benefit of drawing on a larger population and of sharing the expertise of their

counterparts studying in Saskatchewan.”

Calgary’s health authority and medical school feel the need to be part of a larger context, added Van De Sande. The agreement has the “potential to improve our ability to provide service, education, and to do research.”

What began as a service-delivery partnership between the 2 health districts eventually broadened to include the respective medical faculties as well. Maber noted that Calgary enjoys a more synergistic relationship between its medical school and health authority than Saskatoon does. The lack of cooperation and coordination between the latter 2 has been a recurrent theme in several reviews conducted by external consultants, and it is considered at least partly to blame for the specialist exodus that has occurred in Saskatoon in recent years. — *Greg Basky*, Saskatoon

PULSE

Per capita spending on health care on the rise

Provincial spending on health care increased for the fourth straight year in 2000, after 5 years of low growth or declining expenditures. Preliminary provincial and territorial health spending data released by the Canadian Institute for Health Information show that the amount spent on health care

reached \$59 billion in 1999, accounting for just over 35% of all provincial government spending. That is expected to have climbed to 37% during 2001.

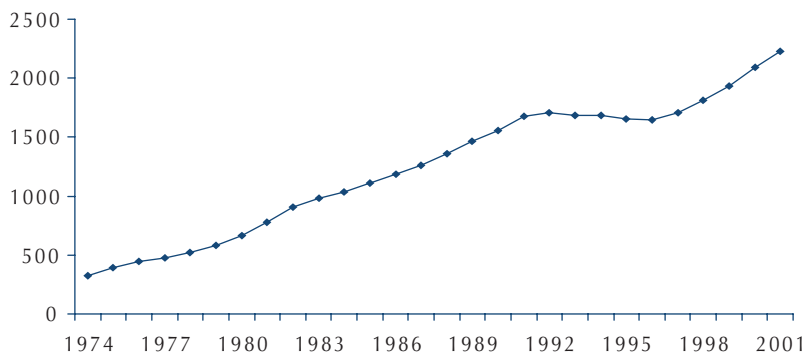
Health care spending as a percentage of provincial gross domestic product (GDP) was relatively stable during the late 1990s, at about 6%. The Atlantic

provinces and Manitoba, which tend to have lower GDPs than the other provinces, spent a greater proportion — 8% to 9% of GDP — on health care.

During the period of minimal growth in total spending on health care that lasted from 1992 to 1996, per capita expenditures declined from \$1708 to \$1648, or by 3.5%. More recently, per capita spending increased to \$1932 in 1999 and is expected to reach \$2229 in 2001. After adjusting for inflation, this translates to a 26% increase since 1996. However, the higher 2001 figures represent only a 16% increase from per capita spending levels set in 1991.

By 2001, all provinces are expected to have showed gains in adjusted (real) per capita spending over the levels of a decade earlier. If this occurs, Newfoundland will see the biggest increase (49%) followed by Manitoba at 34% and New Brunswick at 30%. Alberta has more than recovered from its period of decline during the first half of the 1990s, posting an spending increase of 58% since 1995. — *Lynda Buske*, lynda.buske@cma.ca

Preliminary provincial/territorial government health expenditures, per capita



Note: Figures for 2000 and 2001 are forecasts

Source: Canadian Institute for Health Information