

FOR THE RECORD

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Health funding in Alberta sees dramatic increase

Alberta physicians will receive a healthy 8.2% increase in financial compensation under provincial Finance Minister Ted Morton's blueprint for fiscal 2010/11 (<http://budget2010.alberta.ca/>).

The \$253-million hike in payments to doctors and monies for medical education, to \$3.3 billion, is part of an overall 6% increase in health spending, as the governing Conservative Party essentially chose to exempt health care from any measure of constraint. The overall health budget rises to \$9 billion, an increase of \$512 million. Moreover, health spending will rise 6% in each of the next three years, and 4.5% in the two following years, so that by fiscal 2014/15, Alberta Health Services will receive \$11.1 billion.

The provincial deficit, meanwhile, will soar to \$4.7 billion this year, of which Alberta Health Services contributed \$1.3 billion in fiscal 2009/10. But the government said it would eliminate the department's operating deficit within two years by making one-time payments of \$549 million for fiscal 2009/10 and \$759 million for fiscal 2010/11.

Although opposition politicians and critics suggested that the government's generosity toward health was motivated by fears that the Conservative government is losing political ground to the upstart, right-wing Wildrose Alliance Party, the government insisted it is merely listening to Albertans.

"Albertans have clearly indicated that our publicly funded health-care system is a priority, and our government has responded," Health and Wellness Minister Gene Zwozdesky said in a press release. "By providing predictable funding over the next five

years, we will improve long-range planning to better meet the health needs of Albertans and accomplish our vision. We will also emphasize the 'care' in health care and increase the wellness agenda."

In other health measures, the government set aside \$930 million for cancer therapy drugs, prescription drugs, ambulance services and specialized high-cost drugs. Some \$799 million was set aside for specialty services provided by oral surgeons, optometrists, podiatrists and other health professionals, as well as vaccination programs, tissue and blood services and continuing care initiatives. Of that \$799 million, about \$25 million was ticketed for health services in correctional facilities, which will be made the responsibility of the Health Department. — Brittany Hinds, Ottawa, Ont.

Connecting health and environmental issues online

Collaboration between medical and environmental organizations has generated a new online forum called Doc Talk to explain what environmental issues mean for human health (<http://beta.davidsuzuki.org/blogs/docs-talk/>).

The web-based education program developed by the David Suzuki Foundation and the Canadian Association of Physicians for the Environment presents physician-written articles about such environmental issues as climate change and air pollution.

The initial post was penned by Dr. Warren Bell, a self-described "small-town family physician" from south central British Columbia, who wrote that Doc Talk seeks to explain the connection between human and environmental health and how both can be protected. "I once heard some years ago that we humans share 70 per cent of our genome with earthworms," he wrote. "The notion that we share more than two-

thirds of our genetic material with a small, soft creature that crawls just below the surface of the soil may be startling to some. Startling or not, it confirms that we are intimately connected to other life forms on this planet."

Bell added that he sees people in real-life circumstances, knowing that their bodies are interpenetrated with bacteria, viruses, fungi, parasites and chemicals from the environment around them. "So when I treat the patient in front of me, I am well aware that I am inevitably, and always, treating Planet Earth," Bell concluded. — Brittany Hinds, Ottawa, Ont.

Better national data collection urged

Canada's lack of national data collection and storage is detrimental to improving health care quality, the Canadian Health Services Research Foundation says in a report.

With so many variations in health care systems and services between provinces, the overall quality of Canadian health care can't be properly assessed, monitored or improved, according to the report, *Quality of Health Care in Canada: A Chartbook*, (www.chsrf.ca/documents/QualityInHealthcareChartbook_EN.pdf).

While some outcome measures, such as mortality rates, are available on a national basis, others are not, including critical data on adherence to evidence-based care standards. Without such data, effective quality improvement strategies can't be developed, the report states.

While some progress has been made in terms of monitoring wait times, the report also states that Canada needs more clinically driven national medical quality studies, particularly ones focusing on disease or specialty areas. "The lack of standardized information about health care delivery and adherence to

evidence-based processes of care across the country hampers the ability to draw more conclusions about the effectiveness of health care in Canada.”

The report also indicated that it is difficult to find detailed data on adverse

incidents to properly gauge patient safety.

The first of its kind in Canada, the report seeks to emulate similar reports in the United States, United Kingdom and Australia by analyzing six key

domains of health care quality: effectiveness, access, capacity, safety, patient-centredness and equity. — Brittany Hinds, Ottawa, Ont.

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