



What's New in Health Care Renewal? – April 2006

1) BC Compassionate Care Leave

The Government of British Columbia announced in March 2006 that it planned to amend its *Employment Standards Act* to provide job protection for workers who wish to take time away from their job to care for an immediate family member who is terminally ill. The amendment will enable people to take advantage of the federal Compassionate Care Benefits Program which provides six weeks of paid time off and two additional weeks unpaid. This leaves the Province of Alberta and the Northwest Territories as the only jurisdictions that do not provide compassionate care leave.

For more information:

BC Ministry of Labour and Citizens' Services

News release, March 9, 2006

www2.news.gov.bc.ca/news_releases_2005-2009/2006LCS0002-000172.htm

2) Newfoundland and Labrador Implementation Report on the First Ministers' Accord 2004

The Government of Newfoundland and Labrador has released a report dated December 2005 summarizing its implementation of the 2004 First Ministers' accord, the 10-Year Plan to Strengthen Health Care. The report outlines spending commitments, provides provincial data on the key commitments in the 2004 accord, and describes changes in the province's health system such as the consolidation of service coordination and delivery through Regional Integrated Health Authorities.

Provincial commitments include:

- an expanded home care program;
- pilot projects related to electronic health records and the development of a province-wide telehealth plan;
- enhancements to the provincial drug program;
- development of a provincial wellness plan, improved access to vaccines and legislation to ban smoking in public places.

Provincial data includes:

- current wait times in the province compared to the pan-Canadian benchmarks;
- vacancy rates and retirement rates for the health workforce along with revised supply reports and an action plan on health human resources;
- estimates of the percentage of the population with access to interdisciplinary primary health care teams.

For more information:

Reporting to the People of Newfoundland and Labrador: First Ministers' Accord 2004 — Implementation Report December 2005.

Department of Health and Community Services

www.health.gov.nl.ca/health/publications/pdffiles/FMM%20report.pdf

3) Saskatchewan Report on the First Ministers' Accord 2004 and the Medical and Diagnostic Equipment Fund

The Government of Saskatchewan released a report in March 2006 outlining its implementation of key commitments in the 2004 First Ministers' Accord and updating citizens on its spending allocation from the Medical and Diagnostic Equipment Fund along with provincial augmentation. Highlights include:

- efforts to reduce wait times for surgical and diagnostic services;
- the release of a comprehensive health human resource strategy;
- a draft of an Aboriginal Blueprint: Saskatchewan Approach;
- improvements to the home care program to meet the commitments in the Accord (with the exception of crisis response which is to be implemented later in the year);
- improved coverage in the provincial drug plan and implementation of a drug information system to give health care providers access to records and to assist in the selection of the most appropriate medications;
- estimates of the percentage of the population with access to primary health care teams;
- an outline of how the federal transfers were allocated in the various priority areas.

For more information:

A Report on the 10-Year Plan to Strengthen Health Care and Medical and Diagnostic Equipment Funding.

Saskatchewan Health.

www.health.gov.sk.ca/mc_dp_report_10yr_plan.pdf

4) Atlantic Health Human Resources Planning Study

The Atlantic Health Human Resources Association (AHHRA) has released the results of its Atlantic Health Human Resources Planning Study, initiated in 2004. AHHRA is a collaboration by the governments of Nova Scotia, Newfoundland and Labrador, New Brunswick, and Prince Edward Island.

The intent of the study was to:

- examine existing work on health human resources (HHR) planning, including previous HHR supply and demand analyses conducted in each of the four Atlantic provinces;
- consolidate available data;
- create an inventory of education and continuing education programs;

- develop a scenario-based HHR simulation model; and
- make related recommendations.

The study focuses mainly on the results of the HHR planning simulation model which is based on the conceptual framework for HHR planning developed by Linda O'Brien-Pallas, Gail Tomblin-Murphy, Stephen Birch, and Andrea Baumann. This simulation model is likely the most advanced planning model developed to date in Canada. In essence, the model incorporates trends in population health needs and the productivity of service providers.

In summary, the report recommends:

- 1) HHR policy should be developed based on the health needs of the population, independent of measures on supply and demand of health care providers and on the use of health care services.
- 2) Two questions need to be asked: how many providers are available to deliver health care services to the population and how many providers are required to ensure sufficient delivery of health care services to meet the needs of the population?
- 3) It is important that policy makers clearly identify the policy issues and objectives in advance of determining policy options.
- 4) HHR policy must consider the short, medium and long-term impacts of potential policies to avoid implementing policies that help in the short and medium term but give rise to additional problems in the long term.
- 5) Policies should be directed at smoothing out age distributions in the health care workforce.
- 6) Two categories of policy options should be considered: one aimed at changing the number of problems and the other aimed at making better use of the providers in the stock.
- 7) Increasing the number of training seats should only be considered as a medium to long-term strategy and only when there is clearly an ongoing and consistent gap. Strategies to increase seats should be considered in conjunction with strategies to optimize the role of the existing workforce, and care should be taken to avoid creating or exacerbating imbalances in the age distribution of health care providers.
- 8) Reducing attrition from training programs and increasing the retention of new graduates in the region are quick and relatively cost-effective ways to increase supply. These strategies should be considered before any increases are made in the training seats.
- 9) Changes to the lengths of training programs should only be made after careful consideration of their potential impacts on the flow of services.
- 10) Increasing in-migration of providers is an effective short-term option and can also help correct imbalances in the age distribution of provider stock.

- 11) Policies aimed at increasing retention of the workforce need to consider the impacts of such policies on the age distribution of the provider stocks.
- 12) For provider groups with a mature age distribution, policies aimed solely at the reducing retirement rates may be a short term, stop-gap solutions; but interventions to delay retirement should not be pursued in isolation from other interventions to address provider gaps.
- 13) Strategies to increase the flow of services should include increasing participation rates, increasing activity rates, and increasing productivity.
- 14) Significant investment in data infrastructure should be made to inform HHR planning and management.
- 15) Regular data collection requirements are outlined.
- 16) Methodology for projecting provider requirements based on population health needs should be strengthened.
- 17) Planning should not be done in silos.
- 18) A pan-Canadian HHR planning framework should be established.
- 19) Data should be combined at the regional level.
- 20) A regional standing committee or task force to plan for HHR on a continuous basis should be established.
- 21) The federal government should invest in the Atlantic region to facilitate the necessary partnerships and infrastructure to enhance regional HHR planning.

For more information:

Atlantic Health Human Resources Planning Study: Executive Summary
Med-Emerg Inc. (consultants) for the Atlantic Health Human Resources Association
www.ahhra.ca/images/docs/MEI_ExecSummary_Eng.pdf