

Healthcare ...

What's Happening
in Saskatchewan?



Medicare: A Saskatchewan Legacy

In 1962 the Saskatchewan labour movement was instrumental in working with farmers groups and community activists to advocate for North America's first universal medicare system. It was a publicly-owned and publicly-funded system of health insurance, available to every citizen in Saskatchewan. The rest of Canada followed.

Will our children and theirs have to live with a for-profit, less affordable, less accessible, American-style healthcare system?



PHOTO COURTESY CUPE SASKATCHEWAN

The government is shifting healthcare services like surgeries into private hands

Private for-profit clinics

The government is contracting out surgeries to private, for-profit clinics like the Omni Surgery Centre in Regina.

In CUPE's legal challenge against contracting out surgeries and diagnostics in Regina Qu'Appelle Health Region, Arbitrator Dan Ish ruled that, "Even if additional capital expenditures have to be made in the long term there is little doubt that the internal costs of carrying out both surgical and CT procedures would be less than the costs associated with the provision of those services by a third party if the costs are similar."

Arbitrator Dan Ish, September 29, 2010

Health Minister McMorris says the government is paying Omni about \$1,500 per surgery performed at the clinic — he also claims it costs \$1,700 for that same surgery to be performed in our hospitals.

The fact is that it costs \$997 for day surgery in our hospitals, not \$1,700. (*Interprovincial Out-Patient Rates, April 1, 2010, Ontario Health Ministry*)

Some people raise concerns that public healthcare is too expensive to administrate; however, contracting out surgeries to private clinics is going to add another whole layer of administrative responsibilities to the health regions. For example, health authorities have to assess who will be chosen as third-party deliverers, negotiate and manage contracts with those companies, and oversee budgets. (*Third-Party Delivery Framework: Outpatient Surgery and Specialized Diagnostic Imaging, Saskatchewan Ministry of Health, June 2010*)

Did you know ?

In 2010, the government:

- re-directed \$5.5 million in public funds to finance private surgeries and diagnostic tests.
- directed the health regions to put out a request for proposals to build private diagnostic imaging centres, claiming there is no extra space in the province for an additional machine in the public system. But CT scans and diagnostic equipment are not working to full capacity in every health region, and are not fully staffed.
- put a hold on \$3 million in capital funding for a new public outpatient surgical care centre in Regina.

Do the math

\$21,780: The cost of hip replacement surgery in a private for-profit surgical clinic in Alberta. The cost for the same surgery in a non-profit hospital: \$10,000.

\$18,000: The cost of knee replacement surgery in a private for-profit surgical clinic in Alberta. The cost for the same surgery in the public system: \$8,000.

250%: The increase in costs of one hour in the operating room in private surgical clinics over the last ten years (*Canadian Health Coalition/medicare.ca*)

IT Services: private health data in private hands

The government is contracting out an increasing amount of its information technology (IT) services normally done by public sector workers, to private contractors. IT workers oversee the public's personal information, such as health files and legal records. Private IT companies may be sold or work transferred to the U.S. or an offshore country, putting the public's privacy at risk. When our electronic records are held in Saskatchewan, by the Saskatchewan government, there is built-in accountability. Using private companies is two to three times more expensive than keeping IT in the public service, because private businesses take profit off the top.

Privatization of healthcare backfires in Alberta

The publicly funded Alberta Health Services board recently spent nearly \$5 million to bail out a private, for-profit surgical clinic in Calgary after it declared bankruptcy. That's despite the fact that the clinic was charging more for the surgeries than public hospitals. (*CBC journal, September 2010*)

Lessons from British Columbia

Remember the famous B.C. example of the massive privatization of health sector jobs, accomplished by the tearing up of legally binding contracts with several healthcare unions? Thousands of jobs were lost, and people were often hired back by the private contractor for 30 to 40 percent lower wages. The Supreme Court ruled much of this was illegal but it doesn't mean it won't be tried here. Privatized healthcare initiatives in B.C. have meant higher costs and user fees. When dietary, laundry and cleaning contracts were awarded to multinational companies, health authorities were flooded with complaints about the quality of food, cleanliness and patient care.

Why is our government

1 The government says it is going private so it can reduce surgical wait times to three months, over the next four years. But are wait times really bad, and are they getting worse?

The numbers show that Saskatchewan is doing pretty well when compared with the rest of the provinces.

In the Saskatoon Health Region, wait times have dropped substantially for orthopedic surgeries. How did they do it? Investments in the public system made the difference — for example: targeted funding from the provincial government, an addition of an assessment clinic at City Hospital, and increased staffing dedicated to that area. (*Star-Phoenix, January 14 and May 13, 2010*)

Surgical wait times in Saskatchewan

Saskatchewan surgical wait times compared to Pan Canadian Benchmarks

- **Hip replacements** (emergency cases excluded):
Pan Canadian Benchmark: 26 weeks.
In Saskatchewan: 58% of cases performed within 26 weeks.

These times have improved substantially in recent years: Percent of cases that had already waited longer than 26 weeks as of March 31, 2004: 57%. As of June 30, 2009: 30%.

- **Cataract surgery high risk patients** (emergency cases excluded):
Pan Canadian Benchmark: 16 weeks.
In Saskatchewan: 90% of cases performed within 16 weeks (86% in Regina).

These times have improved substantially in recent years: Percent of cases that had already waited longer than 16 weeks as of March 31, 2005: 26%. As of June 30, 2009: 16%.

Wait times for surgical procedures, all health regions, all specialties (January – June 2009)

- 45% of patients had their surgery completed within 3 weeks, 74% within 3 months, and 94% within a year.

(*Saskatchewan Surgical Care Network, CUPE Research October 29, 2009*)

Did you know ?

People who own private for-profit clinics often make the case that by letting the wealthy pay for private services, it will take the pressure off the public system and reduce wait times for the rest of us. In fact, the evidence shows this is not true. In countries with parallel private for-profit and public systems, wait times are longer, not shorter than wait times in countries where there is only a public system.

When a parallel private for-profit system is set up, our wait times get longer as healthcare professionals move into the private clinics, leaving less workers for the public system to deal with sicker patients. (*Canadian Health Coalition, medicare.ca*)

privatizing healthcare?

2 The government says it is going private in order to deal with the problem of shortages in healthcare staffing. But what has the government done in the public system to fix the staffing crisis?

There is a province-wide shortage of health professionals, not only in doctors and nurses, but also in other kinds of healthcare workers. Eleven classifications were added to the “Hard to Recruit Opportunities List” for the Saskatoon Health Region between December 2007 and December 2008. Some of those classifications include cardiovascular technologists, home care/ special aides, licensed

practical nurses, medical radiation technologists and psychologists.

With the exception of some improvements in the nursing shortage, the government has done very little to address the growing labour shortage issues in many of the classifications within the health sector. **In fact, the March 2010 provincial budget cut approximately \$12.5 million in non-physician retention and recruitment funding.**

As a result, many healthcare facilities face the daily crisis of inadequate and/or unsafe staffing levels. Injury and illness have become more prevalent in the health sector due to burnout. One study showed that three in five healthcare workers are overloaded. (*André Picard, January 19, 2010, Globe & Mail*)

Will privatized healthcare help the shortages in healthcare staffing?

Private clinics promise to improve access in the public system. But private services don't train health professionals — they take them from the public system. They take scarce specialists, nurses and health professionals from public facilities to care for fewer, wealthier patients, while leaving the public system with fewer resources, longer waits and high-risk, high-need patients.

When healthcare professionals leave for private, for-profit clinics:

- Shortages of professionals get worse
- Fewer nurses in hospitals and medical centres
- Increased workload on those who stay in the public system
- Waiting lists get longer
- Higher costs to the public system as it tries to retain staff by competing with private salaries

(*Canadian Health Coalition, medicare.ca*)

The provincial government is also going private by shifting the responsibility for regulating public safety into private hands.

Safety inspections

Safety inspections and licensing of mechanical equipment — such as elevators, amusement rides, and boilers — are moving from the Ministry of Corrections, Public Safety and Policing to a delegated authority. This new authority will be governed by a board of directors that will include representation from the industry. Industry self-regulation often means lower standards, inadequate reporting, limited monitoring and reduced compliance because these things interfere with profit. Private corporations need to make money for their shareholders, whereas the government is accountable to the people of the province.

Losing quality control

The government closed the provincial dairy lab and the Milk Control Board has been eliminated. Raw milk will now be sent to Edmonton to be tested. Why are we giving up control over milk testing?

Disease control lab shut down

The Prairie Diagnostic Service (PDS) lab in Regina was shut down in 2009. The lab provided diagnostic testing of diseased farm animals and wildlife and served rural communities across southern Saskatchewan. The closure of the lab jeopardizes our agricultural industries and poses a threat to public health.

Remember Walkerton?

A lack of public inspections, training and safeguards contributed to the *E.coli* outbreak in Walkerton that caused the deaths of seven people and made another 2,300 seriously ill. Sierra Club research indicates that privatization is a key factor in the contamination of drinking water in Ontario.

Listeriosis outbreak

Privatizing the inspection and regulation of the food industry is dangerous. The listeriosis outbreak at Maple Leaf Foods, which resulted in the deaths of 20 people, occurred in the wake of a transfer of inspection duties to private industry. The federal government recently cut the budget for public food inspection and allowed the food industry to simply report to food inspectors, instead of having inspectors on the factory and slaughterhouse floors.

1 The government is making access to healthcare more difficult for lower-income citizens.

Health benefits to working poor cut

In 2008, the government cut a program that provided subsidies for prescription drugs, eye care and chiropractic services to low income working families and individuals. It also eliminated pilot projects to offer dental sealant treatment to children in inner cities.

Chiropractor funding cut

The government subsidy for patient visits to a chiropractor was cut, making it more difficult for lower income people to get relief from chronic pain.

One of the basic principles of medicare is equal access to healthcare services regardless of ability to pay. It's one of the strongest beliefs of most Canadians. Why is the government undermining this principle?

2 The government is cutting funding to the health regions.

Rural services cut – Lab services in Nokomis, Cudworth, Watrous and Watson were recently cut.

The Saskatoon Regional Health Authority is faced with a \$12 million deficit for the 2009-2010 operating year, yet was asked by the government to find \$10 million in savings. The region now faces a \$25 million funding shortfall.

In March 2010 the Ministry of Health mandated each of the Regional Health Authorities to reduce their overall annual costs by five per cent in each of the following areas: overtime, WCB claims and sick leave. They also asked health regions to cut costs by closing beds.

But several studies show that injuries and sicktime in healthcare are often related to shift length and overtime, and therefore will not be fixed by arbitrarily imposed reductions like those mandated by the government.

**Some people
point to the
'broken'
public system
in order
to justify
going private.
What is the
government
doing to our
public system,
and why?**



PHOTOS COURTESY SGEU

Cuts hurt healthcare workers

- A literature review published by the Cochrane Collaboration found that workplace programs motivated by organizational interests alone (such as the mandated reductions of the government) were actually more likely to **reduce** employee health and well-being.
- One study published in the American Journal of Industrial Medicine followed 2,617 registered nurses to determine what causes injuries of the neck, shoulder and back.

Working during scheduled time off resulted in 32% more neck injuries, 23% more shoulder injuries and 12% more back injuries, even after statistically adjusting for other causal factors including physical and psychological work demands.

- In another study published in *Occupational and Environmental Medicine*, researchers followed 10,793 workers for 13 years. They found that regular overtime was associated with 61% higher injury rates in comparison to jobs without regular overtime. Working longer days was associated with a 37% increased rate of injuries in comparison to working eight-hour shifts.

(‘SHR must get actual causes of injury, illness’, April 29, 2010, *Star-Phoenix*, Dr. Mark Lemstra)

Healthcare workers run ragged

Another healthcare study shows that workload issues were by far the most significant challenge to job satisfaction and employee retention. Participants reported that they were run ragged, stretched too thin, and faced overwhelming workloads. As a result, many healthcare workers reported going to work sick because they felt too guilty that there would be no one to backfill for them. (Allen Backman, *Job Satisfaction, Retention, Recruitment and Skill Mix for a Sustainable Health Care System: Report to the Deputy Minister of Health for Saskatchewan*, p. 88)

3 The crisis in long-term care: what is the government doing about it?

Our population is expected to continue to live longer, with an estimated increase of 104.9% in the number of residents aged 65 to 74, and 39.3% for those over 75 years. (*Residential Long-Term Care in Canada: Our Vision for Better Seniors' Care, CUPE Research, October 2009*)

ALERT: Saskatchewan's population is aging and yet there are fewer long-term care beds available for our seniors. Between 2001 and 2008, the number of beds per 1,000 people aged 75 and older in Saskatchewan declined from 123.4 to 112.8, or by 8.6%.

In 2008-2009 in the Saskatoon Health Region, there was an average of 103 people on the waiting list for long term care. (*Saskatoon Health Region 2008/2009 Annual Report*)

Abuse and neglect of elderly residents in long-term care is a serious problem. Special risks for abuse and neglect include low staffing on night shifts, and inadequate staffing levels. In a study undertaken for Health Canada's Family Violence Prevention Unit, one of the perceived causes of abuse and neglect identified by resident respondents was systemic or institutional processes. "Many were concerned that staff cutbacks and the increased time burdens for the remaining staff were major limitations in the delivery of quality care, limitations that result in inadequate care and increased frustrations." (*When Home is Not a Home, 2001*)

Solutions proposed by health experts and healthcare unions to the provincial government have been ignored. Recommendations include:

- Increase staffing, with legislated quality of care standards;
- Support education and professional development;
- Improve accountability and enforcement; and
- Expand home and community care services.

What they promised: In February 2009, the government announced it was investing \$152.8 million to replace 13 crumbling, outdated long-term care facilities. This would have benefitted more than 540 long-term care residents throughout rural Saskatchewan, including Maple Creek, Rosetown, Kerrobert, Biggar, Tisdale, Kelvington, Meadow Lake, Shellbrooke, Redvers, Kipling, Radville and Prince Albert.

What they delivered: In late 2009, the government cancelled the funding.

Did you know ?

The government is testing a new funding model in long-term care. It has agreed to provide a loan guarantee for the building of a new long-term care facility in Saskatoon. It will be owned and operated by a private company, Amicus Healthcare Inc., a subsidiary of the Catholic Health Ministry of Saskatchewan. This puts Saskatchewan taxpayers on the hook if the company goes out of business. The government admits that the cost per patient per day at this new facility may reach \$185, compared to approximately \$156 per patient per day at existing long-term care facilities in Saskatoon.



For-profit or Non-profit

Where will she get the best care?

- A major Canadian study found that **non-profit** facilities provided 0.34 more hours per resident per day (hprd) of direct care (nursing and care aides) and 0.23 more hprd of support services than their **for-profit** equivalents.
- In a groundbreaking study that analyzed data on 14,423 facilities across the United States, researchers concluded that **non-profits** provide significantly higher care quality than **for-profits**.
- In a systematic review published recently in the *British Medical Journal*, researchers estimated that across-the-board **non-profit** ownership would give Canadian LTC residents 42,000 more nursing care hours every day.

(Residential Long-Term Care in Canada: Our Vision for Better Seniors' Care, CUPE Research, October 2009)

ALERT! For-profit care isn't as safe

Research shows that for-profit facilities are not as good for your health. One study estimated that if all Canadian hospitals were converted to for-profit, there would 2,200 additional deaths every year.

(Canadian Medical Association Journal, May 28, 2002)

Are all these changes in healthcare a plan to justify the dismantling of a system which gave our parents and ourselves the best medical care in history?

Healthcare does not belong to any politician, political party or government — it belongs to the people.

If you don't consent to hand healthcare to the private sector, what can you do?

There are plenty of good ideas for strengthening the public system that are public solutions.

("Why Wait: Public Solutions to Cure Surgical Waitlist", by Alica Priest, Michael Rachlis and Marcy Cohen. May 2007)

WHAT CAN YOU DO?

- ✓ Call or write your MLA (www.legassembly.sk.ca/members/mla_list.htm). Share your concerns about what is happening in healthcare.
- ✓ Talk to your co-workers, family and friends about the negative impacts of these changes and the urgent need to invest properly in the public system.
- ✓ Visit www.keephealthcarepublic.ca
- ✓ Talk to your union or community group about arranging a presentation on healthcare, or any of the other issues in the SFL's Labour Issues campaign, including:
 - **education**
 - **Crown corporations and public services**
 - **human rights (Bills 5, 6, 43, 80)**
 - **anti-CLAC (Christian Labour Association of Canada) (thetruthaboutclac.ca)**
 - **the environment**
 - **the economy**
- ✓ Book a presentation on **Labour Rights are Human Rights** or **anti-CLAC**. Call the Saskatchewan Federation of Labour at 525-0197 or sfl@sfl.sk.ca
- ✓ Book a presentation on **Save Our Saskatchewan Crowns Campaign** (soscrowns@gmail.com). Visit www.soscrowns.ca
- ✓ Visit www.saynotobill80.ca

**We can come for lunch meetings or evening meetings...
no matter the size!**



*Saskatchewan
Federation of Labour*

220 – 2445 13th Avenue
Regina, SK S4P 0W1

For bulk copies:
Phone (306) 525-0197
Fax (306) 525-8960

Visit SFL Labour Issues
www.sfl.sk.ca/labour_issues.php
or e-mail sfl@sfl.sk.ca

