

## Nova Scotia: Health minister's optimism put to the test



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July 6, 2010

It's been a year and a half since I left off writing about the crucial, politically charged and bureaucratically overwrought subject of health care, awaiting developments with the new government. Recently, I've been looking for signs of where we're at.

The news has been mainly about Dr. John Ross's task force as it tackles the troubled issue of emergency rooms. Beyond that, a \$6.4-million community living initiative and the elaboration of a longer-term strategy for mental illness have been announced, as has an expanded role for pharmacists. More nursing homes have opened. There has been pressure to fund the eye drug Avastin, a bust-up over a fired nurse practitioner on Digby Neck, and a bureaucratic glitch that led the Dal Med School to have its funding partially cut (since restored).

Meanwhile, the ERs remain stressed, doctors are hard to come by, Nova Scotian waiting lists are the longest in the country for some procedures and the money crunch doesn't abate. There's little so far to give a larger sense of direction, which raises the same question as is aimed at the NDP government in general: Are we going anywhere and, if so, where?

I got Health Minister Maureen MacDonald on the phone for a brief chat. She said if it seems slow, there's a reason. As soon as she took office, her department was mostly bogged down for six months with the H1N1 crisis. Indeed, her rough inauguration was "seeing a young 20s mom on a ventilator at the Grace ... pretty sobering stuff."

Now, she says, things are moving and she declares herself optimistic. The plan is for more primary and collaborative care involving nurses, pharmacists and others; better management of chronic diseases; attempts to improve Nova Scotia's spectacularly unhealthy lifestyles, and others -- all aimed at reducing the load at ERs and doctors' offices.

None of this is new. It's the standard scenario now across the country, and was mainly outlined for Nova Scotia in the Rodney MacDonald government's Corpus Sanchez study of two and a half years ago. The difficulty is in getting it done -- to design the programs,

clean out the inefficiencies in a stressed and sometimes obtuse health bureaucracy, motivate the ground-level workers and educate the public.

I asked MacDonald if there were, then, announcements imminent. "Developments," she corrected, indicating that the pace will be firm and methodical, without spectacular declarations.

Meanwhile, the larger context of health care has shifted somewhat and may boost MacDonald's optimism. For one thing, the distracting pressure for privatization has abated, as some of the measures indicated above start to take effect across Canada. The argument is actually being won by public medicine. Canadians appear to want nothing to do with privatized medicine. Medicare got a nearly 90 per cent endorsement in a recent Nanos Research poll.

The figures also speak loudly. Recently, Dr. Robert G. Evans, a specialist in comparative health systems, told parliamentarians in Ottawa that the medicare part of health costs -- doctors and hospitals -- has remained stable for 20 years. It's the non-medicare part that's skyrocketing -- dentistry (have you been to the dentist lately?) and eye care, for example, or, notably, drug prices.

Indeed, I had called MacDonald primarily to ask about a recent one-year agreement whereby the province will pay pharmacies more for dispensing drugs under the Pharmacare program. It's only for one year in order to do two things, she said: work out the future role of pharmacists in the system, and give time to see what the big provinces will do with regard to drug costs before making the next move.

One small province can't do much alone, she says, although there have been talks with other Atlantic provinces. Ontario and Quebec have moved to save hundreds of millions of dollars by changing the arrangements the large pharmaceutical chains have with generic drug manufacturers. Bringing down the cost of drugs -- and reducing their arguably excessive use -- is one of the keys to sustainable medicine.

On the less optimistic side, a resumption of recession, and therefore of governments' capacity to pay, will increase the pressure on what is the largest budget item for governments everywhere. Nevertheless, the endless studies and efforts to restore health care in Nova Scotia after the low points of the 1990s may be slowly bearing fruit. But MacDonald's optimism will be put to the test.

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