CAPITAL REGIONAL DISTRICT

STAFF REPORT TO THE HEALTH FACILITIES PLANNING COMMITTEE

MEETING OF WEDNESDAY, OCTOBER 20, 2004

REQUEST:

At its meeting in July, 2004 the Health Facilities Planning Committee requested staff review and report on a document published by the B.C. Medical Association titled *"Specialty Care in BC – A System in Distress"*.

BACKGROUND:

In the first six months of 2003, the B.C. Medical Association (BCMA) mailed a survey to the segment of their membership who provide specialist care[1]. The survey asked these physicians to comment on the state of specialty medical care in British Columbia.

The survey was 16 pages in length and consisted of 39 questions with an estimated completion time of 45-60 minutes. A blank copy of the survey was not included in the final report therefore it is not possible to determine how the survey questions were structured.

The number of surveys mailed to physicians is shown in Table 1.

Table 1: Physicians Receiving BCMA Survey in 2003

	No.	**% of BCMA**
Certified specialists	3,081	33 %
GPs performing specialist services	387	4 %
Total physicians receiving survey	**3,468**	**37 %**
Total membership in the BCMA	*9,379* [2]	

Of the 3,468 surveys distributed, 1,838 (53%) of specialists / GP physicians completed some or all of their survey. This response represented 20% of the total BCMA membership.

The results of the survey were compiled into a report published by the BCMA in June 2004 titled *"Specialty Care in B.C. – A System in Distress"* referenced hereafter as "the Report".

The Report presents survey data for the following levels of detail:

- province-wide
- by health authority and;
- by health service delivery area (HSDA)

---

[1] *Either certified specialists or general practitioners providing a significant number of specialist services*

[2] *P. 47, Report of the Membership Committee, Annual Report 2003-04, British Columbia Medical Association.*

The area of the Capital Regional District comprises the Vancouver Island Health Authority – Capital Health Service Delivery Area. This review covers the highlights of the Report as they pertain to the Capital region. It does not review individual sub-categories.

The Report breaks the survey results down into the following sections:

Population and Access Indicators
This section outlines basic population statistics, number of specialists, general practitioners, nursing staff and estimates the number of acute and long term care beds per 100,000 population.

Commentary on the adequacy/inadequacy of capital resources and whether survey respondents felt the trend over the past five years is improving/deteriorating. Finally this section outlines length of stay and wait times for specific procedures and indicates whether wait times are longer or shorter than recommended times.

Capital Resource and Program Indicators
This section estimates the number of acute care/rehabilitation beds and long term care beds per 100,000 population and whether physicians report the supply to be adequate/inadequate.

Similarly, this section looks at surgical capacity (supply/demand for OR time, supply of nurses); adequacy of supply of and access to diagnostic/therapeutic equipment, and the delivery of home support and direct care programs.

Human Resource Indicators
This section looks at the type, availability and demands upon specialists (medical, surgical and diagnostic) in addition to nurses and other health care professionals.

Utilization Indicators
This section summarizes the utilization of hospital services (primarily inpatient days) as well as the number of cases seen by physician specialists stated in terms of fee-for-service levels.

With respect to the Capital region, the Report includes summary findings for the Capital Health Service Delivery Area. These findings are listed in Appendix A and are discussed further in this report.

COMMENTS:

The Report covers a broad range of specialist services without sufficient details of particular services to permit meaningful analysis. The result is a set of superficial data that represents a picture of the health care system as seen by the authors of the Report. While the Report authors have an interest in having more health care services provided, they are not responsible for controlling the cost of providing those services.

Trends referenced in the Report cover the previous five years for which trend data is available. Not mentioned is that much of the trend data does not include recent changes made by health authorities starting in 2002/03. The Report makes no effort to examine trend data beyond simply comparing data at the start and end of this period. References to "worsening" or "deteriorating" trends is not meaningful information without more detailed data for analysis.

Of note, the Ministry of Health Services did not acknowledge the publishing of this report nor did they issue any response. That could be an indication that they either see the document as biased or that it highlights problems that the Ministry does not want to acknowledge or perhaps, a mixture of both.

In summary, this report tells us much of what we already know for the Capital region. The District has the highest proportion of seniors (65+) and elderly (80+) in the province and this will continue to increase in coming years.

The Capital region has shortages of needed health care staff, particularly nursing staff for OR's and Emergency departments, not unlike most jurisdictions in Canada and the U.S.

Our hospitals have a high rate of emergency department utilization and ER waiting times. These wait times are usually directly influenced by a scarcity of available acute care beds which can be attributed to the reduction of acute bed capacity, shortage of nursing staff and persons awaiting discharge to sub-acute care and long term care facilities.

Reduction of acute care bed capacity is a national trend over the past decade. Coupled with this reduction is an increase in short-stay and/or day surgical procedures wherein patients spend no more than 24 hours in hospital and often do not stay overnight. This movement toward "ambulatory care" is generally considered to be beneficial to patients and the health care system since patients tend to recover faster at home rather than in hospital. Hospitals can also treat a greater number of patients without having to provide unnecessary, and costly, accommodation. Reduction in acute care bed capacity, as outlined in the Report, is not necessarily a negative outcome.

It is not surprising that specialist physicians want faster access to diagnostic and treatment facilities but the Report provides no justification of the health care benefits available from the additional expenditure necessary to provide greater access. A similar situation appears to exist for surgical physicians wanting more operating room time.

In summary, the Report is a superficial examination of the B.C. health care system by a special interest group with limited responsibility for controlling health care expenditures. In essence, the Report tells us what is already known.

RECOMMENDATION:

That this report be received for information.

Kevin Brewster
Senior Planner

Jeremy Tate, Director
Health Facilities Planning

Comments of the Director of Finance:

Comments of the Executive Director: