ACTION TAKEN

The Medical Care Act of 1968-69, Chapter M-8 of the Revised Statutes of Canada, 1970, authorized payment by Canada toward the cost of insured medical care services insured by provinces pursuant to provincial medical care insurance plans. All the provinces participate in this scheme, either on a prepayment basis or, in some cases, without charge to residents.

A background Study prepared for the Science Council of Canada, August 1972, reports that there has been a definite trend in the direction of group practice to service all age groups which should become more prominent as the advantages, such as efficiency and ability to provide continuing and more complete service to the patients and continuing education to the doctor, become more evident. Group clinic practice is well established notably in the West but many problems remain of which two are of the greatest importance:

"there having to do with distribution, for the sitting of these group clinics is dictated by economic factors not necessarily related to the need for service, and

those responsible for provision of comprehensive care. So long as the only source of income is payment for specific medical services rendered to patients a clinic will not be able to offer in sufficient quantity the auxiliary services (social, welfare, preventive) so necessary for the provision of comprehensive care in many particularly urban, districts."[1]

The Manitoba Health Service Commission[2] has undertaken a study, supported by a 1972 National Health and Welfare Grant, to test the hypothesis that efficiency in the delivery of health services is increased by the formation of group practices in the light of proposed ambulatory care funding.

There is no closed form of group practice in Canada similar to those in the U.S. where medical help is available on a contract basis with a group. Medicare in Canada makes it possible to seek care on a private basis. If there is a group practice such as that at the Sault Ste. Marie Health Centre[3] the province pays a set fee per member per month to cover all the medical care needs of the members.

The Saskatchewan Regional Health Services Branch promotes the principles of positive health, providing preventive health services and coordinating the work of health agencies, public, private and voluntary.[4] Alberta[5]

(1) Background Study for Science Council of Canada, August 1972, Special Study No. 8, Health Care in Canada, A Commentary, p. 49.

(2) Health and Welfare Canada, Research Projects and Investigations, Health Care Economics and Social Aspects of Health Care in Canada 1973 p. 22.

(3) Science Council of Canada, Background Study for Special Study No. 8, August 1972, p. 52.

(4) Saskatchewan, Department of Public Health, Letter dated November 23, 1973.

(5) Alberta, Department of Health and Social Development, Annual Report, 1971-72, p. 8.

has 55 health units besides those in the cities of Calgary and Edmonton. Health Departments providing preventive public health services to almost the entire population of Alberta.

At the present time an annual health examination is a benefit of the Ontario "Health Insurance Plan. However, the conclusion of the task force of the Ontario Council of Health was that periodic health examinations for planning purposes be restricted to the following: (a) during the first five years of life there should be approximately seven routine health examinations to be programmed at the discretion of the physician, (b) between the ages of 5 and 44, routine examinations should be carried out approximately every last year, (c) at the ages 14, 24, 34 and 44 and (d) beyond age 44, examinations should be carried out every five years, e.g., at ages 49, 54, 59, 64, 69 and 74."[1]

Recommendation 13

That more experiments be undertaken with multiple screening for chronic diseases, not only by physicians in dealing with their patients, and by health institutions when patients are admitted, but on a broader community basis by local health departments and/or voluntary health organizations.

ACTION TAKEN

Multi-phasic screening is still regarded in as in the experimental stage. Multi-phasic screening was pioneered by the Kaiser Permanente group, Oakland, California in the 1950s and computerized in 1964.

"Critics of the multi-phasic test, in general, claim that much of the testing is in vain, that it detects very few abnormalities that would not be detected in any event, and that getting abnormalities early has little effect upon the outcome of most diseases; but simply consumes more physician time with worried people. The Kaiser-Permanente people readily admit that they have no scientific answer for such a charge and that the effectiveness of the system is open to challenge. However, they continue to process some 3000 per month."[2]

A number of specific screening programs are being carried on in Canada. These cover various populations for different conditions, for example, for psychological, mental and visual problems, metabolic abnormalities, genetic testing defects, cardiovascular faults, cancer, etc. Of these only eight are primarily concerned with the

(1) Ontario, Ministry of Community and Social Services, Letter dated November 23, 1973.

(2) Rodstein, M. Book Health Care in Canada, A Commentary, Background Study for the Science Council of Canada, Ottawa, 1973 p. 126.