

Creating Synergy

HEALTH COALITION OF ALBERTA

2013 Spring Forum “Improving Health Outcomes: Finding Options for Better Access to Care” June 13, 2013

~ Summary Meeting Notes ~

PARTICIPANTS

The list of participants is available in Appendix A.

AGENDA

The agenda is available in Appendix B.

WELCOME REMARKS

Karen Caughey, Creating Synergy Steering Committee member (also Executive Director of the ALS Society of Alberta), welcomed and thanked everyone for coming. Coalition and Non-coalition Members present at the event introduced themselves. Karen introduced and welcomed Robin Telasky as the new Executive Director of Creating Synergy.

OVERVIEW OF CREATING SYNERGY

Angeline Webb, Steering Committee member (also Senior Public Policy Advisor, Canadian Cancer Society, Alberta/NWT Division), gave an overview of Creating Synergy’s strategic plan, and its four key priority areas: 1) Advocacy and public policy development; 2) Communications and public awareness; 3) Organizational capacity building; and 4) Development of organizational means.

PANEL DISCUSSION

Katie Soles (Consultant) moderated the panel and began by introducing the speakers: **Michele Evans**, Executive Director, Pharmaceutical Funding and Guidelines, Alberta Health; **Steve Long**, National Director Public Policy, Shoppers Drug Mart; and, **Scott Reinson**, Manager, Patient Access – AB/MB, Merck Canada Inc.

Michele Evans gave an overview of Alberta Health, which oversees approximately \$1B in government spending on prescription drugs. She made the following key points:

- The Pharmaceutical Funding and Guidance area works closely with patient groups (e.g., Creating Synergy), as well as Alberta Health Services, private insurers, health professionals, other institutions, and the pharmaceutical industry (brand and generic). She recognized that
- Alberta’s complex web of drug approval processes can be confusing, and that a number of processes have to happen before the government will start paying for a drug.
- There have been many recent changes, including the streamlining of drug approval processes, product listing agreements, compensation plan for pharmacy services (July 2012), generic drug pricing (March 2013 provincial budget), and the insulin pump therapy program (June 2013).

- Some of Alberta Health's future challenges include working towards the 2013-16 Business Plan Goals which include Drug and Supplementary Drug Benefits, specifically focused on:
 - long-term financial sustainability of provincial drug plans, including high cost specialized drugs and personalized medicines;
 - income-based programs (e.g. reference-based pricing, co-pays);
 - appropriate drug use & prescribing (clinicians and pharmacists);
- Consideration for how best to involve patients to inform and shape priorities.

Steve Long talked about the practice of pharmacy (generally and from Shoppers Drug Mart experiences), and made the following key points:

- Recent regulation changes have impacted pharmacy practice as a whole and changed generic drug pricing.
- Pharmacists have been shifting the past 15 years from a product focus to a patient focus, which has allowed patient changes to occur more quickly. Pharmacists now have an enhanced Scope of Practice, with mainstream services now including medication reviews, prescription adaptations, prescription renewals, influenza vaccinations, pharmaceutical opinion, refusal to fill a prescription, and consultations (e.g. smoking cessation, and blood pressure, blood glucose and weight control).
- Future expansions include comprehensive care plans for patients (presently testing Condition Plan and Intervention form and tools), general ailment assessments, and lab assessments.
- Pharmacists and pharmacies need to work within three levels: product services; patient services; and health system services. Pharmacists are part of the healthcare team.

Scott Reinson gave an overview of Rx&D (the research-based part of Canada's pharmaceutical industry), and its goals in partnering. He made the following comments:

- Rx&D represents people across Canada and works on behalf of ~50 member companies. It invests \$1.3B per year into Canada, fuels Canada's innovation-based economy, and works with government, private, patient and stakeholder groups. The objectives of Rx&D are sustainability and access, and supporting Canada with a competitive domestic investment. The pharmaceutical biotech sector is the 3rd largest research investor in Canada after telecom and aerospace.
- Some of the guidelines for healthcare sustainability and system reform to include patient-centered health care and ongoing patient consultation; security, reliability and continuation of drug supply; robust system of health technology assessment; timely access, improved consistency and reduction of duplication; and flexible approaches at provincial level.
- Continuing partnerships with patient groups to ensure "the right medication gets to the right patient at the right time."

The Questions and Answers segment of the panel covered topics such as program evaluation, patient involvement in decision making, questions about Pharmacare and its upcoming roll out, the challenges of moving to an income-based funding model, and the safety of generic drugs vs. brand name drugs.

LUNCHTIME SPEAKERS

The Honourable Dave Hancock, Minister of Human Services, and Gail Attara, Chair, Best Medicines Coalition (also CEO, Canadian Society for Intestinal Research & Gastrointestinal Society), were the lunch speakers.

Minister Hancock provided an overview of Human Services, the ministry that brings together all the programs that can help people be successful and serves to look at people as a whole. This includes the

Social Policy Framework supporting social programs that help Alberta families overcome barriers to success so every person has a chance to participate in our community and society. Minister Hancock discussed the following key points regarding the governance, funding and collaboration models:

- The governance model provides direction for service delivery, community engagement, strategic policy roles (e.g. children's charter of rights and early childhood development), and aligns with several advisory councils (community, PCNs, province-wide council).
- The funding model needs revamping to include a collaboration approach to align policies, services and funding where needed. Policies need aligning with services in communities.
- Need realigning of who decides on grants for what purpose at individual and community levels (collaborative model).

Participants asked a variety of questions related to the following topics: performance indicators and measurable standards; public vs. private service delivery; the concern of moving to an income-based funding model; community governance; government cutbacks to post-secondary education and health; how other ministries can engage with stakeholders as effectively as Human Services; and, why communication gaps sometimes occur after a consultation process is complete and decisions are made.

His responses emphasized:

- All facilities must meet standards of care regardless of whether they are public or private.
- It is necessary for everyone to have timely and affordable access to pharmaceuticals so artificial barriers are not created.
- There is a role for more involvement by community governance boards in service delivery, community engagement and assurance.
- The government needs to move more towards a service delivery model - the Health Minister is working hard to promote this.

Minister Hancock advised people to work with their MLAs who play a role in advocating for their constituents and change. He said if Albertans want to get the best possible results in health care, people need to advocate for the best health care providers to do the best job, not just the lowest cost provider. He advised Creating Synergy to continue doing what it is doing and said it is important to have conversations even when there is disagreement on issues.

Gail Attara then spoke to the group on behalf of the Best Medicines Coalition (BMC). BMC is made up of health charities and not-for-profits (including Creating Synergy) committed to ensuring that all Canadians have safe and timely access to medications. BMC's priorities include:

- Getting to the policy decision makers so that patients' input – and the effect on patients – is considered *before* a decision is made.
- Working on position papers regarding drug access, patient involvement, safety and supply, and provincial issues.
- Collaborating for improved outcomes, as real life patient input leads to decisions that improve health outcomes and overall health care savings. There are many layers of involvement with respect to collaboration. A question often raised is "*When should patient groups enter the scene?*" as there are many levels to decision making (i.e., clinical trial design, Health Canada review, Common Drug Review, marketing plan development, etc.).

Gail's recommendation to Creating Synergy was to invite the new CMA president (who originates from Edmonton) as a guest speaker in the near future.

CREATING SYNERGY MEMBERS FORUM

Robin Telasky, Executive Director, Creating Synergy, unveiled the new Creating Synergy website. Several members suggested the website should list the organization's funding sources and/or include a statement such as "Supported by pharmaceuticals but all decisions are made by the Steering Committee." The members also acknowledged that volunteer hours should be recognized.

For the remainder of the afternoon, Coalition Members discussed two policy areas that Creating Synergy plans to develop in more detail: a pharmaceutical policy and an access to community supports policy.

A. Pharmaceutical Policy

A summary of some of the pharmaceutical issues/policies that Creating Synergy could focus on include:

- Income-based policy
- Bulk buying (Pan Canadian Pricing Alliance)
- Demanding patient input
- Preface each policy request with, "In accord with the Alberta Health Act, which is focused on patient engagement....."
- Expenditure (particularly when people are prescribed drugs and yet only 50% is appropriate or effective – how is this measured?)
- Waste disposal (putting a better system in place so patients get back to pharmacists/physicians in two weeks rather than after a three-month prescription. Unused drugs should be taken back to the pharmacist.)

John Bachynsky, Co-Chair, Creating Synergy, suggested other areas of focus could include:

1. Improving the use of patient medication through technology
2. Research on the use of medications (e.g., when they are used, how to use them)
3. Physician prescribing
4. Allowing access to pharmaceuticals to take the burden off emergency and physicians
5. "Personalized medicine" that looks at a patient's genetic profile and gives advice
6. Post-marketing surveillance

Some specific things Creating Synergy can do include:

1. Persuade the government that faster and better marketing of products in Canada is needed
2. Raise the issue of drug shortages (new and old)
3. Encourage the government to get more information on health outcomes
4. Encourage better prescribing
5. Get more user input at all levels

ACTION: Please let Robin know if you'd like to get involved or have any information on this priority

B. Access to Community Supports

Discussion on this policy priority included following:

- Need to identify 2-3 issues around access and community care in Alberta, determine how they fit with existing policies.

ACTION: If you have information, please forward it.

- Politicians aren't demonstrating patient-centered care (e.g. recently, a caseworker in ALS in Calgary lost her position even though research had shown that this position kept people out of acute care).
- Creating Synergy needs to get some information about how some of the issues will impact people (e.g., waiting lists, etc.) and get more facts. It was agreed that it is hard to address a policy issue without the right information.
- We have to ensure there is valued and meaningful engagement from patients.
- Getting information out to the public is so important because home care is often not available in the areas we need it, and a lot of people don't know this.

ACTION: Please let Robin know if you'd like to get involved or have any information on this priority.

Health Policy Advocacy & Action Plan Development

Angeline Webb, guided discussion:

Advocacy strategy and action plan development should be done consistently and concisely with a focus on *improved care*. She highlighted the main policy change strategies as stakeholder collaboration; government relations; grassroots mobilization; communications and media advocacy; evaluation and monitoring; research and analysis; and capacity building. Some examples of policy change successes: Bill 203 (Compassionate Care Leave) and Vote for Health.

CLOSING

Katie ended the session by thanking everyone for coming and stating that a big learning from the spring forum was that Creating Synergy should not focus on "making the ask" but rather on "telling" decision makers what changes are needed.

Appendix A: PARTICIPANTS (COALITION AND NON-COALITION MEMBERS)

Attara	Gail	CEO	Canadian Society for Intestinal Research & Gastrointestinal Society
Babineau	Anne	Director, Prairies	Rx&D
Bachynsky	John	Professor Emeritus	University of Alberta
Béasse	Jacque	Admin	Creating Synergy
Caughey	Karen	Executive Director	ALS Society of Alberta
Chibuk	Mary		Creating Synergy
Cluff	Tamara	Area Business Manger	sanofi
Coulombe	Guy	Manager Client Services	Canadian Paraplegic Association
Derksen	Carol	RN RVT	University Of Alberta Hospital
Dorgan	Perry	Vice President	Aon Hewitt/ARTA Consultant
Evans	Michele	ED, Pharma Funding	Alberta Health
Fossen	Brandee	Client Service Coordinator	ALS Society of Alberta
Hawkins	Sarah	Public Policy Analyst	Canadian Cancer Society, Alberta/NWT Division
Herba	Skylin	Client Service Coordinator	ALS Society of Alberta
Johnson	Rayne	Educator	Alberta Hospice Palliative Association
Kidd	Beth	Sr. Manager, External Relations	AstraZeneca
Kovacs Burns	Katharina	Director	University of Alberta
Kuznetsov	Alex	Provincial Coordinator	Alberta Disabilities Forum
Long	Steve	Policy	Shoppers Drug Mart
MacDonald	John	Executive Director	Seniors United Now (SUN)
MacFarlane	Maureen	Education Coordinator	Arthritis Society
Marchesin	Silvia	Director	Aplastic Anemia and Myelodysplasia Association of Canada
Mardon	Austin	Advocate	Mental Health
Matthiessen	Bev	Executive Director	Alberta Committee of Citizens with Disabilities
Moreau	Julie	Manager	KPMG
Mulloy	Daniel	Executive Director	Alberta Retired Teachers' Association
Reinson	Scott	Patient Access	Merck Canada
Ryan	Catherine	Seniors Advocate	
Sauve	Wendy	President	Alberta Porphyria Society
Schurman	Cindy	Provincial Affairs Manager	AbbVie

Shulha	Kimberly	Manager	Novartis
Soles	Katie	Moderator	Moderator
Swaren	Christine	President	Fibromyalgia Society of Edmonton and Area
Swaren	Richard	Board Member	Fibromyalgia Society of Edmonton and Area
Telasky	Robin	Executive Director	Creating Synergy
Webb	Angeline	Senior Public Policy Advisor	Canadian Cancer Society, Alberta/NWT Division
Wilson	Dr Donna	Professor	University of Alberta
Wyton	Carmen		sanofi

APPENDIX B: AGENDA

Creating Synergy 2013 Spring Forum Thursday, June 13, 2013 10:00 a.m. – 3:00 p.m.

PANEL DISCUSSION & LUNCH

10:00 a.m. – 1:00 p.m.

Time	Description
10:00 a.m.	Welcoming Remarks Karen Caughey, CS Steering Committee About Creating Synergy Health Coalition of Alberta Angeline Webb, CS Steering Committee
10:20 a.m.	PANEL DISCUSSION (followed by Q & A / Discussion) Introduction Katie Soles, Moderator Panel Guests Michele Evans, Alberta Health Services Steve Long, Shoppers Drug Mart Scott Reinson, Merck Canada Inc.
11:45 a.m.	Networking Break / Buffet Lunch
12:05 p.m.	Guest Speakers Honourable Dave Hancock, Minister, Human Services Gail Attara, President & CEO, Gastrointestinal Society, BMC Chair

MEMBER FORUM

1:00 p.m. – 3:00 p.m.

1:00 p.m.	Opening Remarks, Updates from Fall 2012 Kathy Kovacs-Burns, Co-Chair, CS Steering Committee New Website Robin Telasky, CS Executive Director
1:10 p.m.	Policy Presentation <i>1. Pharmaceutical Policy</i> John Bachynsky, Co-Chair, CS Steering Committee

	<p><i>2. Community Access to Other Services Policy (home care, community supports)</i> Karen Caughey, CS Steering Committee</p> <p>Open Discussion / Consensus John Bachynsky and Kathy Kovacs-Burns, Co-Chairs, CS Steering Committee</p>
2:00 p.m.	Networking Break
2:15 p.m.	<p>Review Draft Action Plan Angeline Webb, CS Steering Committee</p> <p>Sub-committee Recruitment Kathy Kovacs-Burns, Co-Chair, CS Steering Committee</p>
2:50 p.m.	<p>Closing Remarks and Next Steps Kathy Kovacs-Burns, Co-Chair, CS Steering Committee</p>
3:00 p.m.	Adjourn