

Creating Synergy

HEALTH COALITION OF ALBERTA

Members of the Legislative Assembly (MLA) Breakfast

Tuesday, November 26, 2013

7:30 am – 8:45 am

Royal Glenora Club, Edmonton, Alberta

Moderator: Katie Soles

Opening Remarks by Tom Shand, Creating Synergy Steering Committee Member, Canadian Mental Health Association – Edmonton

- Creating Synergy (CS) includes 50 voluntary sector member organizations that represent all Albertans with a focus on the best people-centered health care for all citizens.
- It doesn't matter where in Alberta you live, access to good health care is important.
- CS works to improve policies, which can help Albertans gain better access to health care.
- The pharmaceutical industry has been supportive of this initiative from the beginning.
- CS's recent achievements include a new website, member survey and policy papers.

Alberta's Pharmaceutical Strategy and Program Policy Recommendations

Dr. John Bachynsky, Creating Synergy Co-Chair, University of Alberta

- Creating Synergy focuses on two main areas: access to medication and home care.
- Drugs can prevent hospitalizations but there are barriers trying to get medication to patients.
- The Government of Alberta (GOA) announced its pharmaceutical strategy five years ago, but much of this strategy has not been implemented.
- What is needed: stakeholder-consumer engagement, a new policy/program, and a discussion with MLAs about the pharmaceutical strategy to work towards reasonable solutions.

Gail Attara, President and Chief Executive Officer, Gastrointestinal Society and Chair of the Best Medicines Coalition

- The Gastrointestinal Society is a patient-driven organization formed in 1976. There is conflict between plan leaders who ask, "How do I measure the value of our drug plan vs. the costs?" and patients who struggle to pay for the appropriate medications.
- It does not make economic sense to save a few dollars today by limiting access to a medication that controls a serious disease, then to pay thousands tomorrow for the consequences of a disease run rampant.
- Ms. Attara has had more advocacy success by approaching the finance ministries within government with a cost/benefit argument rather than health ministries.

Thank you & Wrap up

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HEALTH COALITION OF ALBERTA

Morning Health Open Forum

Tuesday, November 26, 2013

8:45 a.m. – 1:00 p.m.

Royal Glenora Club, Edmonton, Alberta

Welcome and Program Overview – *Katie Soles, Moderator*

Impact of Pharmaceutical Strategy – Leaping into Uncertainty

Dr. John Bachynsky, Creating Synergy Co-Chair, University of Alberta

- CS's immediate priorities are access to pharmaceuticals and home care.
- Three of the key pharmaceutical issues are: access to appropriate medication; appropriate use of medication; and patient input at all levels.
- In 2014, there will be an opportunity to discuss a universal drug benefit program. CS Members should work together to develop a policy for discussion with government.
- There are several aspects to consider in such a policy:
 - Deductibles dissuade medication use and fall unevenly.
 - Programs should focus on people who use a lot of medication to ensure they receive the medication they need and use it appropriately.
 - Better use of electronic medical record to monitor drug use and link diagnostic tests and health outcomes.
 - The Primary Care Network or Family Care Clinics should include medication in their budget and make appropriate use of them with outcome measures to measure quality of care including hospital admissions.
 - Follow up on avoidable hospital admissions due to drug use.
 - Make personalized medicine (genomic based) a priority for patient safety.
 - Make all drugs benefit drugs with bottom up monitoring and accountability.
 - Implement an active, effective program to minimize the problem of drug shortages. The current programs generate drug shortages.
 - If income is to be considered for health programs, it would be preferable to have the introduction of progressive taxation or graduated co-payment.
 - There should be more than one proposal brought forward.
 - Provinces should equalize benefits so people moving from province to province would have continuity of care.

Kit Poon, Pharmacist, Pharmacy Owner, Director of the Pharmacist Association of Alberta, Pain Society of Alberta

- There are three factors people want in delivering pharmaceuticals: low cost, high quality and speedy delivery of goods. It is not possible to get all three factors ever.
- The government has locked pharmacists into lower costs with the generic price reductions, which compromises speedy delivery or high quality.
- The Clinical Framework for Pharmacists was intended to reward pharmacists and move them from clinically-focused to patient-focused care. However, the transition to this approach was done with little consultation with pharmacists.

- Now, 1.5 years later, the confusion and hesitation from pharmacists to use this model remains high. Coupled with reduced staff members and onerous paperwork, it makes this framework challenging to adopt and use.
- The government could do a better job of listening to pharmacists.
- **Question:** How do pharmacists navigate through the complex health information and prescriptions?
 - **Answer:** Pharmacists spending more time with patients is key to helping this. Netcare is available, but the amount of time pharmacists can spend looking up information on there is very limited.
- **Question:** Are there enough resources in the pharmacy to pre-package medications (e.g., morning and afternoon drugs?)
 - **Answer:** Yes, pharmacists can do it and usually offer, but patients often decline it saying they can do it themselves.
- **Question:** Is there any way of tracking people who bring back a lot of drugs to the pharmacy for disposal?
 - **Answer:** Yes, there is a way of tracking this information. But what the number does not show is whether a patient has changed doses, does not need it anymore, is being wasteful, and/or non-compliant.

From Bad to Worse – Elder Care in Alberta

Shannon Stunden Bower, Research Director, Parkland Institute

- The Parkland Institute is an Alberta-wide, non-partisan organization founded in 1996 to work with academics, labour, and other groups on positive futures.
- The Institute's new report "From Bad to Worse: Residential Elder Care in Alberta" offers an evidence-driven assessment of policy over the past 15 years.
- Some gaps in care between 1999 and 2009 include rushed meals, inadequate staffing, and elders and caregivers being put at risk. Care gaps lead to great reliance on families, which has advantages (e.g., enhanced relationships) and drawbacks (e.g., increased care burden on women or families, etc.).
- **Recommendations:**
 - 1) The GOA should join other provinces in lobbying the federal government to include continuing care services.
 - 2) The GOA should immediately make funds available to improve staffing (specifically direct care staffing costs).
 - 3) The GOA should work (in cooperation with the GOC) to create richer data sets so researchers can better analyze what is going on in Alberta elder care.
- This report is available free for download on the website: www.parklandinstitute.ca.

MLA Panel Discussion – Better Access to Healthcare for Albertans

Heather Forsyth, Health Critic, Alberta Wildrose

- Only half of new drugs are accepted as benefits, which limits access to health care.
- The GOA spends the second highest amount per capita in hospital care in Canada.
- The focus should be on keeping people out of hospital (i.e., increasing drug access).
- Government covers drugs administered in the hospital but once patients are discharged, they are on the hook for paying for the drugs. When patients cannot afford the drugs, they end up back in the hospital. This is a detriment to the health of the patient and costs the government more money.

- Ms. Forsyth said CS's recommendation to develop two advisory councils is something she is prepared to support. The transparency and accountability that these councils would provide is needed in our health care system.

David Eggen, Health Critic, Alberta New Democrat

- There are three areas by which we can improve access to health care in Alberta: home care, pharmacy, and long-term care.
- **Home care** should be publicly provided and recognize the long-standing relationships that have been developed over years. If properly funded, home care saves a lot of public money and increases the sense of security.
- **Pharmacy:** There is a notable absence of a pharmacare program in Alberta that works with the publicly funded health care system. A pharmacare program in Alberta would save money, improve health outcomes and provide security.
- **Long-term care:** A strategy should be put in place that defines what long-term care is. It is less expensive to have someone in long-term care than in acute hospitals.

Dr. David Swann, Health Critic, Alberta Liberal

- Advocacy is critical for getting the system back on track, ensuring access for everyone, and ensuring the system costs are affordable and responsible.
- Only three per cent of the provincial health budget is spent on areas that would reduce the demand on services (e.g., education, etc.).
- **1) Access.** Equitable access and sufficient resources are needed for people to get the initial assessment and appropriate treatment. They also need access to family doctors and/or nurse practitioners. Mechanisms should be put in place to oversee patients and their prescriptions to make assessments.
- **2) Quality of Care.** Care should be professional and evidence-based.
- **3) Spending.** Money should be spent sustainably to reduce demands on the system so more money can be invested into prevention.

Questions/Discussion:

1) Question: There seem to be more walk-in clinics opening up in Edmonton. Do these address the issue of accessing family doctors?

- Ms. Forsyth said that accessing family doctors is still the number one priority in her constituency. The problem with walk-in clinics is you often do not see the same doctor more than once and do not establish the relationship.
- Mediclinics are not seen as a way of providing better or continuous service. A better option would be a multidisciplinary team with better integration.
- Dr. Swann sees an issue with the "only one complaint per visit" policy.

2) Comment: When the government decreased the health care contracts from 30 to 6, people then had to go with the provider in their region, yet there was no consultation process.

- Ms. Forsyth said what has happened to self-managed is tragic.
- Mr. Eggen said consistency is needed especially for the ongoing management of health issues and access to public delivery of the service.
- Dr. Swann said this is inconsistent across the province and that the GOA views things through a financial lens rather than long-term best interests.

3) Comment: If we're going to ask family doctors to provide this care, we can't expect doctors to give only five-minute appointments.

- Dr. Swann said there needs to be patient input. Individuals are too vulnerable to criticize the system. People need to advocate to their physicians through letters, etc. and should always copy letters to the editor to members of the opposition and to the government so they feel the pressure.
- Mr. Eggen said it is important to move the top decisions from AHS to the ministry and bring local decision making to local authorities.
- Ms. Forsyth said the government's message is "patients first," but they do not consult with patients. There should be local decision making.

4) *Comment: Information on the self-managed care fund is not available in the public domain. If it is not written down, then it is not measured and there is no policy governing it.*

- Ms. Forsyth said the government needs to do what is best for the patient and cost savings.
- Mr. Eggen said there are ways to increase responsibility but still allow more regional decision making.
- Dr. Swann said Alberta should have a policy that provides consistency and criteria for self-managed care so the benefits can be evaluated.

5) *Question: In Alberta, the ability of patients to choose their care is taken away from them as they become ill or vulnerable. In what other sector can you limit this choice and get away with it?*

- Mr. Eggen said the government needs to make sure people are being covered through a publicly funded health care system.

6) *Question: If you were the health minister, what two concrete actions would you take to remedy the pharmaceutical strategy or drug expenditures?*

- Ms. Forsyth said she likes CS's recommendations with the pharmaceutical strategies and the advisory councils.
- Mr. Eggen said the GOA should align itself to build a national pharmacy plan in Canada in partnership with the federal minister and the provincial health ministers. It should also make a significant investment to create 1,000 long-term beds that could be filled right away.
- Dr. Swann said he appreciates Creating Synergy's recommendations with electronic medical records to ensure quality, etc. He would also promote equal access; improve affordability of pharmaceuticals; maximize generic drugs; and, expand the pharmacists' scope of practice to counsel and advise patients, while keeping in close contact with the family physicians.

Lunch Guest Speaker:

Paul McLoughlin, Publisher, Alberta Scan

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- Alberta politics are at a turning point with the premier leadership vote now over.
 - September/October 2013 polls indicate 33% of support for the PC Party; Wildrose is about the same, the rest of the parties have the other 1/3 of support.
 - There is a strong possibility of a minority government in 2016.
 - Albertans have mixed feelings about Alison Redford (44% approve her leadership).
 - The focus now is on raising money for the election (estimated cost will be \$5M).
 - The Wildrose Party has raised \$1.9M so far vs. \$1M by the PC Party.
 - Internal issues: Alison Redford eliminated a committee where backbenchers had some input into the decision-making process; as a result, some MLAs have stopped going to caucus meetings because they feel they have no input.

- There will likely be a cabinet shuffle in December. Current size of the cabinet: 27 ministers and associate ministers (almost half of caucus).
- Government spending is high in Alberta compared to the rest of the country.
- Pharmacare was promised in the budget by the end of this year. The government also announced 140 Family Care Clinics during the election; however, it is now saying there may be 23 by next year.
- **Conclusion:** Alison Redford ran on a platform of change, but she is finding it challenging to make changes. This creates an opportunity for organizations like Creating Synergy to advocate for issues in terms of “supporting change.”

Questions/Discussion:

- **Question: *If there was a new minority government, where should government relations efforts be directed?***
 - It depends on the size of the minority. It will still be important to focus on the opposition critics.
- **Question: *Could you speak to another large influence on the provincial government radar – the fact that there are some very progressive mayors in Alberta’s two largest cities?***
 - Municipal issues will be significant and important for the premier to manage.

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HEALTH COALITION OF ALBERTA

Afternoon Members Forum
Tuesday, November 26, 2013
1 - 3 pm
Royal Glenora Club, Edmonton, Alberta

Attendees:

Brandee Fossen, ALS Society of Alberta	Skylin Herba, ALS Society of Alberta
Tom Shand, Canadian Mental Health Association– Edmonton	Dr. John Bachynsky, Creating Synergy Co-Chair; University of Alberta
Guy Coulombe, Canadian Paraplegic Association	Karen Smith, Canadian Paraplegic Association
Sarah Hawkins, Canadian Cancer Society	Christine Swaren, Fibromyalgia Society of Edmonton and Area
Kristina Clark, Fibromyalgia Society of Edmonton and Area	Bernice Cassady, CARP
Bernice Rempel, CARP	Brian Malone, The Arthritis Society AB&NWT
Lui Greco, CNIB	Robin Telasky, Creating Synergy
Jacque Béasse, Creating Synergy	

Creating Synergy Updates
Robin Telasky, Executive Director

Society Registration

- Creating Synergy is in the process of registering as a society.
- The organization's name will change to "The Health Coalition of Alberta" once the registration has been approved.
- The organization is looking for new board members. Board meetings will be in person and/or over the phone.

2014 Lunch and Learn Series

- Sanofi approached CS to be the host of a series of Lunch and Learn sessions (monthly lunch meetings) in Edmonton and Calgary.

Member Survey – Healthcare Access

- 21 of 50 members responded to the survey.
- Robin said results are being finalized and will be sent to members.

Discussion Paper: Putting Patient-centered Care Back into Healthcare

- *Please email Robin with feedback on the discussion paper on access that was handed out.*

Policy Issues Brief: Pharmaceutical Policy (See PowerPoint presentation)
Dr. John Bachynsky, Creating Synergy Co-Chair, University of Alberta

- Drugs can be the most cost-effective form of health care delivery.
- *Issue #1 – Access to drugs:* The number of new drugs approved and available in Alberta's drug benefit programs is too low.
- *Issue #2 – Prescribing of drugs:* Currently, there is a lack of government direction and monitoring of independent professional drug prescription behaviours.
- *Issue #3 – Stakeholder/Patient/Consumer Engagement:* Transparency and accountability on the pharmaceutical strategy is lacking.
- *Recommendation #1 – Drug Review Changes:* CS recommends the GOA develop two advisory bodies: Citizen Advisory Council and an Advisory Committee of stakeholders/experts to council the Expert Committee evaluating drugs.
- *Recommendation #2 – Programming to address prescribing issues*
- *Recommendation #3: Universal drug program:* The GOA should collaborate with the CS membership and other stakeholders to develop an engagement and develop plans to manage issues and address the cost burden to Albertans.

Health Policy Advocacy and Action Plan Development (see PowerPoint)
Sarah Hawkins, Canadian Cancer Society

- Policy change is the most effective way to affect system change. Main steps are:
 - **Research and Analysis** – important to get this right so you gain credibility and know what you are speaking about
 - **Capacity building** – discussing with members, getting people on side
 - **Stakeholder collaboration** – should also consider collaborating with organizations outside of CS' membership
 - **Government relations** – what CS is doing with inviting MLAs to events and discussing issues is important and part of the policy change process
 - **Grassroots mobilization** – making sure the group's voice is strong and credible (e.g., letter writing capacity on the CS website)
 - **Communications and media advocacy** – media is still an outlet that politicians hold in high regard.
 - **Evaluation and monitoring**

Next steps:

- Develop and finalize policy positions
- Build capacity of stakeholders
- Sub-committee participation
- Strategy implementation

Concluding Remarks / Next Steps:

1. **Pharmacy:** CS will create a list of four or five recommendations from the presentations and discussion today. CS will create a draft by end of December.
2. **Access issues:** The survey and discussion paper need to be pulled together. Draft to be completed before the CS Spring Forum 2014.
3. If anyone is interested in joining the sub-committee, please contact Robin Telasky
4. **Note:** CS members need to be comfortable that these policies are something they feel comfortable bringing forward to government. Do you agree with the recommendations? Would it improve the healthcare of the people represented by your organizations? Please contact Robin Telasky with your comments.