



MEDICAL JOURNAL

ST. JOHN'S

May 21, 2012

Information Supplied By
nationalhealthlist.com

For Subscriptions or Ad
Information call 1-800-503-4563

SANDOZ PROGRESS IN SUPPLY OF CRITICAL MEDICINES

Sandoz Canada continues to make strong progress in its efforts to maintain a reliable supply of essential medicines following the temporary slow-down in production announced at its Boucherville plant earlier this year. While Sandoz continues to work on site remediation efforts and strengthen manufacturing compliance at the Boucherville site, production output has been optimized, allowing Sandoz to meet the vast majority of Canadian market needs for its entire injectable portfolio. At present, Sandoz Canada is supplying more than 80% of market needs for its entire injectable portfolio, and more than 90% for the products currently in production. In mid-February, Sandoz introduced an allocation system based on 2011 demand which ensures that each customer receives a fair share of available medicines. Further improvements in output are expected which should increase allocation levels for all products in production to at least 100% of forecasted market needs by November 2012. Sandoz will nevertheless maintain its allocation system through the first quarter of 2013, in order to avoid unnecessary stockpiling and potential backorders. "I am very proud of our team's unwavering commitment to patients. Since the beginning of the year, we have worked day and night to meet medical needs, and have partnered with pharmacists and other healthcare professionals, as well as with provincial governments and Health Canada, to optimally manage the supply situation," said Sandoz Canada President and General Manager, Michel Robidoux. "We have provided on-going transparency on our supply status, optimized production for most medically necessary products, and continue to explore all available options to ensure we meet demand as best we can."

ACTIVITY-BASED FUNDING HELPS REDUCE WAIT TIMES

Both the director general of the McGill University Health Centre and the Quebec Association of Health and Social Services Institutions have come out in favour of activity-based hospital funding. Indeed, the chronic problem of health care waiting lists is partly rooted in hospitals' funding models. The MEI's new *Economic Note* points out that activity-based funding could help improve access and reduce wait times in Canada, as it has already done in several countries. In the 1990s, England and Norway were grappling with the problems of waiting lists and overcrowded emergency rooms, just as Canada is today. However, these two countries saw wait times for elective surgery decrease by 66% (from 2002 to 2010) and by 30% (from 2002 to 2006) respectively following the gradual implementation of activity-based funding. Moreover, in England, 97% of people who

show up at an emergency room today receive a doctor's diagnosis in less than four hours. Currently, nearly all hospitals in Quebec and in the rest of Canada are funded with global budgets determined as a function of past expenditures. As a result, each patient treated is a drain on the hospital's budget. In contrast, activity-based funding is determined by the number of medical interventions carried out. Hospitals receive a fixed payment for each procedure (for example, a hip replacement). "When funding is activity-based, each patient becomes a source of income for the hospital. It then becomes attractive for the hospital to innovate in order to treat more people and improve access," says Yanick Labrie, author of the *Economic Note*. For those who worry about care quality within such a system, Mr. Labrie has reassuring news. He cites an Australian study that shows an improving quality of care. With activity-based funding, a hospital has an incentive to provide the best possible care in order to avoid costly complications and to maintain a good reputation. « Activity-based funding would constitute an even more obvious improvement compared with the current system if we allowed greater freedom of choice for patients and real competition between service providers. The latter would then have more incentives to control their costs," says Michel Kelly-Gagnon, president and CEO of the MEI. The *Economic Note* entitled *Activity-Based Hospital Funding: We've Waited Long Enough* was prepared by Yanick Labrie, economist at the MEI. It can be consulted free of charge at iedm.org.

REPORT ON INSULIN PUMP PROGRAM

The Canadian Diabetes Association has released a new report, *The Economic Benefit of Public Funding of Insulin Pumps in British Columbia*, showing that a provincial government investment into an expanded insulin pump program to include all people living with type 1 diabetes who qualify for a pump could improve health outcomes for British Columbians and save the province up to \$5.3 million per year by 2032. The number of people with diabetes in British Columbia is expected to rise from 360,000 people in 2012 to 777,000 people in 2032—the third highest rate of growth in the country. Of this total, the estimated number of people with type 1 diabetes is 18,300 people in 2012 and is projected to rise to 30,000 by 2032. "The quality of life for many children with type 1 diabetes has improved since the introduction of the province's pediatric insulin pump program," says Michael Cloutier, President and CEO, Canadian Diabetes Association. "However, less than 20 per cent of those living with type 1 diabetes in the province are eligible to participate in the current program." People living with type 1 diabetes are at high risk of developing serious long-term complications such as kidney failure, stroke, heart attack and limb amputation. Switching from daily insulin injections to an insulin pump can improve A1C values, reduce complications and increase the quality of life for people living with type 1 diabetes while, at the same time, provide considerable cost savings for British Columbia's healthcare system. "I was diagnosed with type 1 diabetes when I was eight years old," says Heather van der Geest. "I've been using an insulin pump for 12 years and it has changed my life and my health. Making pumps affordable for all people living with type 1 diabetes who need one will help them to lead long and healthy lives." The average out-of-



Space Available - Calgary AB

New medical office space for lease or purchase. Close to South Health Campus, the development will consist of six office / medical condos covering 24,000 sq. ft. on three floors. Constructed of concrete, steel and stucco and is zoned for commercial office and medical usage. Excellent access to Macleod Trail, Highway 22X, Deerfoot Trail and just minutes from the new South Calgary Hospital. Turn-key interior packages available at competitive pricing.

Contact: Bart Hribar
City Core Commercial

T: 403-540-2629 bart@citycorecommercial.com

Dawson Road Family Medical Clinic

Guelph, Ontario, Family Health Team

is accepting 2 GP's to join 18 GP'S. On-site support NP's, nurse clinicians, IT, EMR, full Admin. including Operations Manager. Access to 'on-site' after hours clinic.

Contact: kevin.mcguirk@drfmc.ca

PHYSICIANS NEEDED!

Red Deer, Alberta

Associate Medical Group (AMG) is looking to recruit part- and/or full-time physicians for both our traditional Family Practice and Walk-In location. We are a well established, busy practice with a long-term presence in Red Deer. Red Deer, population 90,000, offers many recreational and educational opportunities. Laboratory and X-ray services and hospital are in close proximity. AMG offers excellent staff, supportive colleagues and full electronic medical records. An interest in obstetrics is welcome.

Good earning potential and the blend of practice can be tailored to your interest.

Contact Dr. Maureen McCall

T 403.346.2057 F 403.347.2989

maureen.mccall@associatemedicalgroup.com

PHYSICIAN FULL-TIME / OR LOCUM WANTED

Edmonton, Alberta

Summerside Medical Clinic requires part-time and/or full-time physician(s). Locums are welcome. The clinic is located in the vibrant, rapidly growing community of Summerside. Examination rooms are fully equipped with electronic medical records, printers in all examination rooms and a separate procedure room.

Contact Dr. Nirmala Brar

T 780.249.2727

nimmi@theplaza.ca

pocket expenses for people with type 1 diabetes who choose to use a pump to better manage their disease total well over \$3,200 per year. The Canadian Diabetes Association urges the government to enhance access to diabetes medications, devices and supplies to ensure that British Columbians are equipped with the necessary tools to effectively manage their disease and prevent or delay the serious and costly complications associated with the disease. "When British Columbia implemented a pediatric insulin pump program in 2008, it helped set the standard

for the rest of Canada. It's now time to take the next step," adds Cloutier. "Investing into an expanded insulin pump program makes sense for both the health of British Columbians and the sustainability of the province's healthcare system."

TAKING ACTION TO PROTECT LONG-TERM CARE RESIDENTS

The Long-Term Care Task Force on Resident Care and Safety, established to address incidents of abuse and neglect in long-term care homes as well as the potential underreporting of these incidents, has finalized its action plan for the long-term care sector. Almost 2,000 individuals and groups responded to the task force's survey or made a submission suggesting reasons why abuse and neglect might occur and how incidents may be prevented. In addition, targeted interviews and meetings were held with over 40 subject matter and industry experts and practitioners, and data and reports from the Ministry of Health and Long-Term Care were reviewed. The Task Force identified 18 actions to improve the care and safety of residents in long-term care homes. Eleven actions focus on areas where the long-term care sector can play a leadership role. Six actions require leadership by the Ministry of Health and Long-Term Care and may benefit from participation of other partners. In the final action the Task Force commits to implementing the recommendations and regularly reporting on progress. The following are key action areas where the Long-Term Care Sector can play a leadership role: Making Resident Care and Safety the Number One Priority in Long-Term Care Homes Over the Next Year and a Top Priority in Years to Follow; Committing to Reduce Incidents of Abuse and Neglect in Long-Term Care Homes and be Accountable for Achieving Results; Advancing the Development of Strong Skilled Administrators and Managers; Strengthening the Ability of Staff to be Leaders in Providing Excellent and Safe Care; empowering Residents and Families With a Stronger Voice and Education; Committing to Implement the Action Plan; Action areas requiring leadership from the Ministry of Health and Long-Term Care include: Developing Coaching Teams to Help Homes Improve; Addressing Direct-Care Staffing in Homes; Supporting Residents With Specialised Needs to Ensure Their Safety and the Safety of Others; Addressing Legislative Requirements and Processes That Detract From Resident Care and May Be Driving Abuse and Neglect Underground. The task force was established by members of the long-term care sector. It had broad representation, including family and resident councils, nurses, physicians, unions, personal support workers, long-term care provider associations and advocates.

SELF-MANAGEMENT SUPPORT SHOULD BE ROUTINE

The Health Council of Canada has released *Self-management support for Canadians with chronic health conditions: A focus for primary health care*. The report explores how self-management support can improve patient outcomes and calls for health systems across Canada to provide self-management supports in a more systematic way. It profiles a range of practices and recommends targeted investments in self-management support strategies. Chronic disease in Canada costs more than \$90 billion a year in lost productivity and health

care costs. And with half of Canadians reporting at least one chronic condition, these costs will continue to rise. Successful self-management can help save health resources and keep patients out of hospital for preventable incidences. Self-management refers to the things a patient does to live well with chronic conditions, like monitoring symptoms, taking medication as prescribed, and recognizing what health-related behaviours will help manage their conditions. New research shows that patients who successfully self-manage tend to have reduced disease-related effects and may make better use of health services because they monitor symptoms effectively and can prevent or respond to problems before they become a crisis. Self-management support includes education and health coaching and is key to ensuring patients manage their health successfully. In Canada, 95% of adults with multiple chronic conditions have a regular primary care provider - making this a clear area in which to anchor self-management support. Primary health care providers should be an ongoing source of self-management support to follow up with patients and link them to community services and specialists. The problem is that this support role is not yet a routine part of care in Canada. The report discusses how primary health care providers can better assume this support role for patients with chronic conditions. Self-management support can start at routine primary care visits where providers can empower patients to confidently ask questions and get involved in making decisions about their health. The provider can assist with self-management education and technical skills, and can support personal goal-setting with the patient. Another important role for providers is to link patients to community-based programs. There are many promising programs that exist to support self-management, but patients may need their provider to point them in the right direction and follow up with them on their progress. Providers can also improve aspects of their practice environment in order to better serve patients with chronic conditions. Making better use of all members of a health care team can ease time pressures on physicians and provide patients with the expertise and coaching they need. Health care professionals like nurses, social workers and pharmacists can play a role (especially when many family doctors only have 15 minutes, on average, to devote to patient visits). Offering group visits and integrating self-management support programs directly into primary care settings can also yield positive outcomes. Given their access to Canadians with chronic-disease, primary health care providers need to be enabled to deliver self-management support. We must invest in ongoing education for providers in self-management support, and encourage the expansion of primary health care teams which can use a variety of health care providers to deliver self-management support. Supporting and creating better links between primary care providers and community-based self management programs will help increase participation and engagement by patients in their own care. "Self-management has great potential for patients, providers and Canadians," said John G. Abbott, CEO, Health Council of Canada. "Patients and their families will enjoy better quality of life. Primary care providers will have the tools to help their patients succeed." Investing in ongoing, long-term support for self-management

FAMILY PHYSICIANS REQUIRED

BRAMPTON, ONTARIO

Excellent opportunity to establish a lucrative Walk-in/Family Practice in a high density upscale residential community.

We are seeking full-time and part-time family physicians and specialists to join our state-of-the-art multi-disciplinary Medical Clinic. On-site pharmacy, blood lab, cardiac testing and full EMR.

Pediatrician Required Immediately

NEW GRADS WELCOME!

Call: (416) 456-0292 or

Email: clinic2600@gmail.com

"A Community of Learning and Achieving"

HORIZON SCHOOL DIVISION # 205

Employment positions available:

2 EDUCATIONAL PSYCHOLOGISTS

Check our website at
www.hzsd.ca for details.

support needs to be a key priority for governments. Collaboration among governments, health care providers and chronic disease organizations can help fill gaps in service and create an integrated, system-wide approach to self-management support. Further recommendations to enable self-management support in a more systematic way can be found in the report.

HDL BENEFITS CHALLENGED

Having naturally high levels of "good" cholesterol doesn't lower the risk of heart attacks as believed. LDL cholesterol is referred to as "bad" cholesterol because when there's too much, it promotes the build-up of plaque in artery walls. HDL cholesterol is known as "good" cholesterol because higher concentrations have been associated with lower risk of heart attacks in observational studies. The hoped for benefits of increasing high-density lipoprotein or HDL cholesterol for lowering heart attack risk haven't panned out in randomized trials of experimental drugs. According to conventional wisdom, those who inherit genetic variants for higher HDL levels should have lower cardiovascular risk. When researchers tested 116,000 people, they found 2.6 per cent of them were genetically predisposed to have higher concentrations of HDL. These people did have higher levels of HDL, but there was no evidence that they actually enjoyed a lower susceptibility to heart attack, also called myocardial infarction. "Some genetic mechanisms that raise plasma HDL cholesterol do not seem to lower risk of myocardial infarction," Dr. Sekar Kathiresan of Harvard Medical School in Boston and his

co-authors concluded in Thursday's issue of the medical journal *The Lancet*. "If an intervention such as a drug raises HDL cholesterol, we cannot automatically assume that risk of myocardial infarction will be reduced." The findings refute the thinking that low HDL plays a causal role in heart disease, Steve Humphries and his colleagues of University College London in the UK said in a journal commentary. The observation from the genetic analysis "calls into question whether raising of HDL cholesterol therapeutically would translate into the expected clinical benefit," the commentators said. Eating foods such as walnuts, almonds and salmon seems to help cholesterol levels. The vitamin niacin was also proposed as a way of raising HDL but a U.S.-government funded trial into it was stopped early last year when those taking it showed no reduction in heart attacks and strokes. The British Heart Foundation said the relationship between HDL and heart attack risk is complex and more research is needed to understand how it interacts with other risk factors. "What we do know is that having too much harmful cholesterol in your blood can increase your risk of getting cardiovascular disease," said Shannon Amoils, the group's research advisor. "A healthy lifestyle is vital to improve your overall cholesterol levels and protect your heart. Cutting down on fatty and sugary foods, as well as reducing the amount of alcohol you drink, will all have a beneficial effect on your heart health." Many of the authors have received grants or are employed by pharmaceutical companies selling medications to lower LDL cholesterol levels.