Putting what really matters to patients into the heart of health policy

CANADIAN ASSOCIATION FOR POPULATION THERAPEUTICS - PANEL PRESENTATION

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Patients & PCC

- Who is a patient?

- What do we mean when we talk about patient-centred care (PCC)?
  - an approach **incorporating** an individual's perspectives & involving him/her in own care that results in better health outcomes **& quality of life**.

Today – acute *vs* chronic

- More than 16 million Canadians with chronic disease. *(SOURCE: CDPAC)*
  - **More than 2 million live with diabetes.**
  - **More than 4 million live with arthritis.**
- More than 2,803,300 admissions to acute care hospitals in 2005/6.
  - **10% were for diabetes or related complications.**
  - **Estimated 60% to 85% of admissions related to chronic disease.**

What every government wants…

- Appropriate budgetary expenditures that meet the needs of citizens.
  - **Increasing cost of medications within health budgets is seen as a challenging cost pressure.**
    - annual growth in public drug plan budget seen as the result of price & use rather than inflation or population increases.
    - newer medications are expensive & believed to be driving costs up without appropriate health benefits.

What every patient wants…

- Positive health & quality of life.
- Access to:
  - **Appropriate medical care & advice when needed.**
  - **Information & education in plain language.**
    - Want information about living with their chronic disease.
  - **Medications, devices & supplies – no matter where they live in Canada.**

What PWD want…

- To discuss their diabetes experience with their **peers** because:
  - **they understand (40%)**
  - **they can share experiences/ideas/knowledge (24%),**
  - **they are supportive (16%)**
  - **they provide suggestions & tips (12%)**
- To have more support & assistance:
  - **16% would like support groups**
  - **12% want nutrition advice**
  - **10% want more information & 10% want advice hotline**
  - **8% want financial assistance**

Reality of living with diabetes

- Majority of Canadians with type 2 diabetes are **not** receiving diabetes education or ongoing support.
- Survey showed Ontarians with diabetes receive support from 3 primary sources:
  - **Family doctor (42%)**
    - 91% cite medical support
    - 65% cite advice & moral support
    - 43% get diabetes education

PWD reality continued…

- **Diabetes Education Centre (30%)**
  - 91% state they receive information on diabetes
  - 91% receive diabetes education
  - 75% receive advice & moral support
  - 50% get medical support
- **Partners or spouses (30%)**
  - 94% cite advice & moral support
  - 30% receive information
  - 30% receive medical support
  - 17% get diet/food assistance

Medication use

- More than 50% of Canadians take one prescription medication or more.
    - **15% take 4 or more medications.**
    - **37% of Canadians living with a chronic disease take 4 or more.**
    - **40% of seniors over 65 take 4 or more.** ***(SOURCE: Health Council of Canada, January 2009.)***
- People with diabetes take between 5 & 8 medications daily to manage their disease. *(Source: Canadian Diabetes Association, Stats & Facts, 2008.)*

Medication access

- It matters where you live in Canada.
  - **13 different public drug plans.**
  - **Employer sponsored drug plans.**
  - **Different formularies, varying coverage.**
- Newer medications difficult to access.
  - **No newer diabetes medication recommended for coverage since CDR introduced.**

Medications & hospitalization

- 12% of emergency department visits related to medication problems.
  - **72% of adverse events reported by patients within 14 weeks of hospital discharge related to medication error.** ***(SOURCE: HCC January 2009.)***

- Estimated cost of preventable medication related incidents in seniors: $11 billion. *(SOURCE: HCC January 2009.)*

Non-compliance & prescribing

- Some patients don't comply with physician's prescriptions:
  - **28% of medication related visits by adults to a Vancouver hospital were due to not taking medications or taking them inappropriately.** ***(SOURCE: HCC January 2009.)***
  - **25% of heart attack survivors did not fill all of their discharge prescriptions120 days after an AMI.**

Non-compliance & prescribing

- And some physicians don't prescribe according to the best available evidence.
  - **33% of elderly patients living with diabetes receive anti-hypertensive drugs & about 25% receive lipid-lowering drugs in Ontario.** *(SOURCE: Shah B, et. al Use of vascular risk-modifying medications for diabetic patients differs between physician specialties. Diabet Med. 2006; 23 (10): 1117-1123.)*
  - **Nearly 40% of Ontario patients over 65 with coronary artery disease are not prescribed statins despite known benefits.** *(SOURCE: Al-Omran M, et al, for the Systematic Assessment of Vascular Risk (SAVR) Investigators. Suboptimal use of statin therapy in elderly patients with atherosclerosis: a population-based study. J Vasc Surg. 2008 Jul 1.)*

Patients & policy

- In 1978, the World Health Organization stated:

  "Individuals have a right & duty to participate individually & collectively in the planning & implementation of their health care."

- Australia, the UK & USA engage patients & the public in health policy, planning, implementation & evaluation as well as decision-making.

  Does Canada?

Other jurisdictions

- UK introduced **NHS Constitution** in January 2009 outlines rights for patients, public & staff.
- Australia's **National Patient Charter of Rights** in July 2008 sets out basic rights as: Access, Safety, Respect, Communication, Participation, Privacy & Comment.

Canadian experience

- Engagement tends to be *ad hoc*, reflecting jurisdictional preferences:
  - **Consultations**
    - Public meetings
    - Web-based
  - **Focus groups & surveys**
  - **One or two citizen representatives**
  - **Meetings with patient organizations**
  - **Contracts with experts in patient engagement**
  - **Elections**

In uncertain economic times

- There are benefits to greater engagement of public & patients:
  - **Easier to gain support for tough economic choices.**
  - **Educated public & patients support government's role in making policies that impact them.**
  - **Will help ensure that the investments being made result in positive "real world" health & social outcomes.**
  - **May help to address the current barriers to integration across the silos in healthcare.**

Any questions?

Thank you!