

CIHI Looks at the Changing Use and Growing Cost of Drugs

Health care is always changing—and nowhere is that more obvious than in the way we use medication. Whether for chronic conditions or as part of emergency care for acute events, drugs play an ever-growing role in health care. In some cases, pharmaceutical developments are credited with shortening hospital stays. In other cases, careful medication management can help keep people living independently for years after the diagnosis of a chronic and/or serious illness.

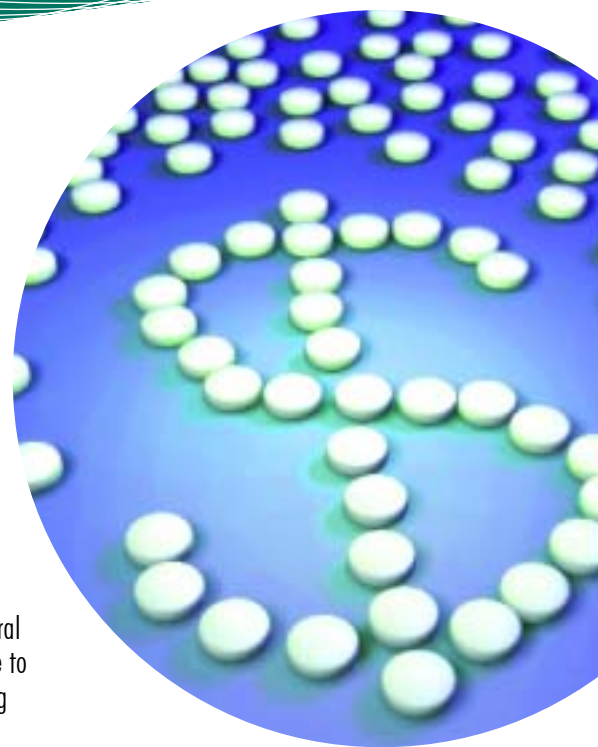
But these developments don't come cheap. The cost of providing prescribed drugs keeps on climbing: this year, almost 17% of health spending will go to drugs. That's almost double the percentage spent on drugs in 1975. Between 2000 and 2002, drug spending increases were in the double digits; in the past two years, spending has slowed—but it continues to grow at 9% a year.

In 2004, retail sales of prescribed and non-prescribed drugs are expected to total \$21.8 billion—an increase of 8.8% from last year, 80% of which is for prescribed drugs.

With so much money at stake, both federal and provincial leaders are under pressure to find ways to manage costs while ensuring good care.

At the 2004 First Ministers' Conference, the first ministers agreed to convene a ministerial task force to develop and implement a national pharmaceuticals strategy that will include the following actions:

- Enhance analysis of cost drivers and cost-effectiveness, including best practices in drug plan policies;
- Strengthen evaluation of real-world drug safety and effectiveness;
- Establish a common national drug formulary for participating jurisdictions based on safety and cost effectiveness;



- Develop, assess and cost options for catastrophic pharmaceutical coverage; and
- Broaden the practice of e-prescribing through accelerated development and deployment of the electronic health record.

These efforts will require timely and accurate information on the use and cost of medications.

In this issue of the newsletter, you will read how CIHI is developing an information system on the use of prescribed drugs. CIHI has also joined forces with other health organizations to create a database that will help track—and reduce—harmful incidents in the use of drugs. ●

MANAGING EDITOR'S NOTE

Keeping pace with all the changes in health information is a tough job. We hope that each edition of our newsletter manages to keep you abreast of the changes here at CIHI. This issue, we focus on how CIHI is helping to fill the gaps in information on pharmaceuticals and drugs in Canada. Learn how new CIHI initiatives in this area may impact your work in the coming years.



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As of February 2005

from the PRESIDENT



As CIHI moves into its second decade, we are excited about the opportunities and challenges before us. Ultimately, they will take us closer to the goal of providing Canadians with a truly comprehensive source of health information.

First, I am pleased to report that we are now a truly pan-Canadian organization, having signed a bilateral agreement with the province of Quebec last September. This means every province and territory is now participating in the achievement of our mandate, which will ultimately result in better health information for all. Our organization is rising to the challenge to mobilize quickly to provide services to Quebec, including supporting the province in its implementation of the most recent Canadian version of the International Statistical Classification of Diseases and Related Health Problems (ICD).

Another new opportunity comes as a result of the first ministers' accord signed last fall. Consistently identified as a top priority for Canadians, improving access to care is a priority from coast to coast. Each jurisdiction has initiatives underway, but many challenges remain. Jurisdictions have agreed to establish comparable indicators of access to health care, and CIHI received a strong vote of confidence when first ministers assigned us the responsibility of reporting progress on wait times across jurisdictions. To this end, we look forward to working with our partners in regions, hospitals, governments, academia and elsewhere over the coming months and years to build a solid foundation that will provide useful information to assist in improving access to care across Canada.

There are also ongoing opportunities to build upon our existing achievements and keep moving health information forward. This past fall we launched a strategic planning exercise with our Board to confirm our priorities for the next three years.

As part of this effort, I have travelled across Canada in the last several months, meeting with key stakeholders to seek their advice. What I am hearing, loud and clear, is that we are on the right track. But I'm also hearing that we need to do a better job in helping people make sense of the information we produce. This means CIHI must work even harder to tell the story of the data, to "make it sing." We are being encouraged to not only produce information, but also help in getting it understood and used.

There's no doubt we have made important progress towards improving both the range and quality of data holdings in Canada. But we know that there is much work ahead of us. We look forward to your continued support in the creation of the standards and reporting systems that enable us to deliver comparable and relevant health information.

Glenda Yeates
President and CEO

CIHI DATA

Making a Difference in the Health of Canadians

1 Canadians who feel a high level of conflict between their jobs and their personal lives put increased demands on the health care system and cost their employers money, according to researchers Dr. Chris Higgins, Dr. Linda Duxbury and Karen Johnson. The team used CIHI's *Health Care in Canada* reports for 2002 and 2003 in their study, *Exploring the Link Between*

Work-Life Conflict and Demands on Canada's Health Care System.

The study, prepared for the Public Health Agency of Canada, was looking for an answer to a question posed in *Health Care in Canada 2002*: Given the presence and impact of the workplace in most Canadians' lives, where does workplace health fit into the wider Canadian health care landscape?

The researchers found that high levels of work-life conflict are associated with lower levels of perceived health for working Canadians, have a negative impact on employers' bottom lines and increase demands on Canada's health system. Based on their findings, the researchers made several recommendations to both the Public Health Agency of Canada and Health Canada.

With health care front and centre on the public agenda during the last federal election, the CBC Web site offered in-depth information on various aspects of the Canadian system. Using CIHI reports, including *Workforce Trends of Registered Nurses 2003*, *Medical Imaging Technology in Canada 2003* and *National Health Expenditures in Canada, 1974–2003*, CBC offered Canadians a comprehensive review of the problems the first ministers were trying to solve. ●

Canada—An International Leader in Health Classifications

CIHI is taking on a leadership role in health classification. Last month, CIHI assumed the roles of Chair and Secretariat for a World Health Organization (WHO) committee that helps set international standards for how death, disease and health are classified.

Revisions of the International Statistical Classification of Diseases and Related Health Problems (ICD) have been published approximately every 10 years since the 1890s. In

1996, the WHO recognized the need to update the system between revisions. As a result, the WHO created the update committee in 1999.

The committee recommends changes to information on mortality and morbidity to be included in the 10th revised edition of the ICD. These recommendations are reviewed annually, and approved updates are posted on the World Health Organization's Web site.

"The recent SARS crisis is an example of how the international community mobilized rapidly to

classify an emerging disease," explains Mea Renahan, the new chair of the update committee and CIHI's Manager of Classifications. "Canada was a leader in this instance because we were the first country to start reporting the disease—and we moved quickly to revise our classification system to appropriately code the disease."

Although originally intended only for classifying causes of death, the ICD has evolved into an important tool for managing health systems, useful for indexing and retrieving

hospital records and in various research projects.

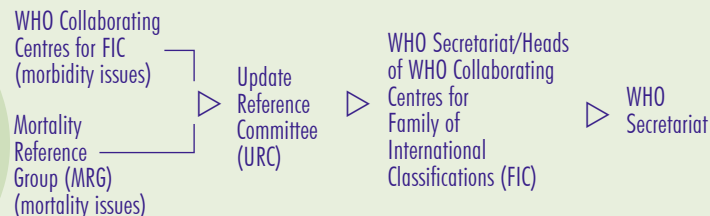
CIHI has been responsible for maintaining and improving the Canadian version of the ICD and also developed and maintains the Canadian Classification of Health Interventions. Lori Moskal, a consultant in CIHI's classification department, is responsible for running the Secretariat.

For more information, visit the WHO Web site: <http://www.who.int/classifications/committees/updating/en/> ●

According to international standards, an effective health classification system must:

- Provide a common language for clinicians and administrators;
- Be receptive to new disease processes; and
- Accommodate emerging evidence of aetiologies of known diseases, new technologies and surgical procedures.

Relationship Between
URC, MRG, WHO
Collaborating Centres and
WHO Secretariat/Head
of Collaborating Centre



Improving Patient Safety: A National Medication Incident Reporting and Prevention System

Recent international studies have raised concerns about the number of adverse events, including events that relate to medication incidents. Such incidents can result in significant patient harm and increase costs for the health system.

CIHI has joined forces with other organizations across the country to develop the Canadian Medication Incident Reporting and Prevention System—a national effort to reduce medication incidents. CIHI will collaborate on this project with Health Canada and the Institute for Safe Medication Practices Canada. This project builds on the work of a national coalition of stakeholders who came together in 2000 to improve patient safety. The recently created Canadian Patient Safety Institute will be a prominent player in this initiative.

Expected to be operational by 2007, the reporting system will work by collecting and disseminating information from

hospitals on incidents in drug use and administration. Participation will be voluntary and anonymous, to encourage openness and information sharing.

“Health professionals in the field all emphasize to us that the key to preventing error is supporting a culture of openness,” says Michael Hunt, Manager of Pharmaceutical Programs at CIHI. “The focus of this new system will be on learning from incidents.”

The reporting system will link with other patient safety initiatives across Canada, to improve access to safety information and avoid duplication of effort. Strict policies and procedures are planned to

meet patient privacy standards, safeguard the integrity of the data and protect the privacy and confidentiality of organizations and health practitioners who submit information.

When implemented, the new system will strengthen Canada’s capacity to manage and share medication incident information more effectively. This will facilitate the development and implementation of prevention strategies and related education programs.

If you would like more information or want to receive regular updates, please write us at cmirps@cihi.ca. ●

Filling Information Gaps on Canadian Health Professions

Nurses and doctors are not the only health professionals in Canada—but you wouldn’t know that from existing national data on the health professions. CIHI is working to fill some of those data gaps with its health human resources databases development project.

The goal is to develop databases and reporting systems on the supply of five regulated health professions: occupational therapy, pharmacy, physiotherapy, medical radiation technology and medical laboratory technology. These professions were selected in consultation with federal, provincial and territorial ministries of health.

Funded by Health Canada, the project will be developed in phases over five years, from 2004 to 2009. CIHI will maintain the data, but ownership of it will remain with the original providers. In addition to Health Canada, partners in the project include national, provincial and territorial professional associations and regulatory bodies, as well as provincial and territorial ministries of health.

For more information, please contact us at hhr@cihi.ca. ●

New Director of Applications at CIHI



CIHI is pleased to announce that Kim Harvey has joined CIHI as Director of Applications. In this newly created position, Mrs. Harvey will be responsible for leadership and direction in the applications development activities of CIHI’s Information Technology and Infrastructure Standards division.

Kim has 21 years of experience in the development, implementation and management of applications. Before joining CIHI, Kim held increasingly senior management positions at Nortel Networks and Computer Science Corporation. She holds a Bachelor of Science degree in Mathematics and Computer Science. ●

A Data System on Prescription Drug Use in Canada

CIHI is leading the development and implementation of a pan-Canadian information system on the use of prescribed drugs. The National Prescription Drug Utilization Information System will collect data from public drug plans across Canada, an important step in the creation of a national repository on prescribed drug data.

The information system will provide comprehensive, accurate information on how prescribed drugs paid for by governments are being used, and what factors influence the cost. (Most provinces and territories provide partial coverage for seniors, low-income residents and people with certain diseases, such as multiple sclerosis and cystic fibrosis, which may have significant costs, while the federal government pays for First Nations and Inuit communities.)

“Ultimately, the value of this system is that it will support the development of sound pharmaceutical policies and help governments effectively manage Canada’s public drug benefit programs,” says Michael Hunt, Manager of Pharmaceutical Programs at CIHI. “Drug programs will be in a better

position to learn from the impact of program policy decisions in other jurisdictions and analyze trends over time.”

CIHI is working with provincial and territorial governments to standardize data collection, as well as working with Canada Health Infoway, software vendors and the Canadian Pharmacists Association to develop standards for the electronic exchange of information.

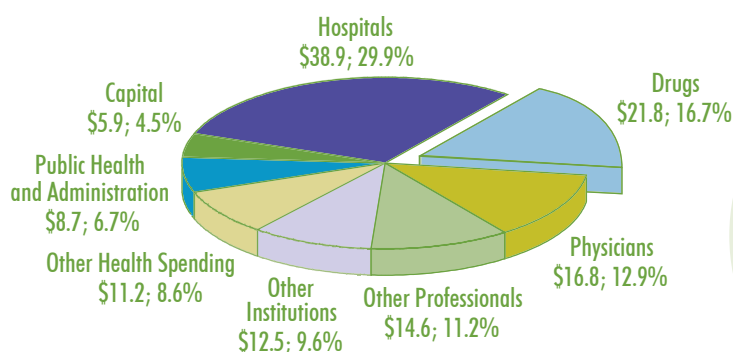
The system will:

- Provide up-to-date information for effective management of publicly funded drug plans;
- Enable drug plan managers to monitor cost management strategies and best practices based on inter-jurisdictional comparisons; and

- Allow analysis of prescription drug use and costs.

The system will support several national initiatives, including the Common Drug Review, which is a single process for reviewing new drugs and providing formulary-listing recommendations to publicly funded drug-benefit plans in Canada (excluding Quebec) and the Canadian Optimal Prescribing and Utilization Service, which promotes best practices in drug prescribing and use. Both of these initiatives are housed at the Canadian Coordinating Office for Health Technology Assessment.

For more information, please contact us at drugs@cihi.ca. ●



Projected Total Health Expenditure by Use of Funds
Canada, 2004 (\$' billions)

Source: Canadian Institute for Health Information

New Primary Health Care Indicator Development Project Launched

Almost every Canadian experiences primary health care each year, yet most of us are hard-pressed to define it. Measuring its effectiveness—and ultimately improving the delivery of primary health care services—is a major challenge confronting decision-makers and the health system.

The importance of primary health care (PHC) renewal has been a common theme in recent federal and provincial/territorial health system reports for several years now. The importance of primary health care was reconfirmed in February 2003 when the premiers and the Prime Minister identified PHC reform as one of six priorities for health system renewal nationwide.

In response to the interest in PHC renewal, the federal government

has earmarked \$800 million for the Primary Health Care Transition Fund. This fund supports a variety of primary health care renewal initiatives across Canada—including a new CIHI project. This initiative is aimed at identifying, defining and building consensus on a set of Canadian PHC indicators.

"This project will include broad-based collaboration with key stakeholders to develop pan-Canadian primary health indicators," says Greg Webster,

Director, Research and Indicator Development at CIHI. "We expect this initiative to make an important and lasting contribution to the renewal of primary health care in Canada."

The core set of PHC indicators that result from this project will lay the foundation for measuring the performance of various PHC models across jurisdictions and over time. Such indicators will, in turn, provide important information to support PHC renewal efforts.

CIHI will also provide advice on the future data collection infrastructure required to support the reporting of these indicators. In conducting this work, CIHI will engage in extensive consultation and collaboration with experts, health care providers, stakeholders, federal/provincial/territorial governments and others in the health sector.

The first core set of PHC indicators will be available in 2006. For more information, please contact us at research@cihi.ca. ●

Bridging the Communication Gap Between Researchers and Decision-Makers

Knowledge transfer—the exchange of information between researchers and decision-makers—is garnering a lot of attention these days. But for many researchers, getting the attention of the people who make policy remains a huge challenge. A new report from CIHI, "*You say 'to-may-to(e)' and I say 'to-mah-to(e)'*": *Bridging the Communications Gap Between Researchers and Policy-Makers* helps researchers translate research results for the policy community.

This report comes out of a Canadian Population Health Initiative workshop held in Toronto last February that examined the policy environment, and the needs of policy-makers. By improving their understanding of the policy development process, the report supports researchers' efforts to disseminate their research and communicate their findings to decision-makers.

To read the report, visit the CIHI Web site at www.cihi.ca. ●

New Leadership for the Canadian Population Health Initiative

The Canadian Population Health Initiative of CIHI is pleased to announce that Richard Lessard, a nationally known physician who specializes in community health, is the new Chair of the CPHI Council. Dr. Lessard is the Director of Public Health for the Montréal-Centre Regional Health and Social Services Board, and is also an Assistant Clinical Professor with the Université de Montréal's Department of Social and Preventive Medicine and the McGill University Department of Epidemiology and Biostatistics.



CPHI would also like to welcome three new members to the Council:

- Dr. André Corriveau, Chief Medical Health Officer and Director, Population Health, Health and Social Services for the Government of Northwest Territories;
- Dr. Lynn McIntyre, Professor and Dean, Faculty of Health Professions at Dalhousie University; and
- Ms. Elinor Wilson, CEO of the Canadian Public Health Association. ●

where you'll see CIHI next!

APRIL 2005

21–23 Canadian Centre for Analysis of Regionalization and Health 2005, Montréal (Quebec)

24–26 HL7 Canada Spring Conference, Toronto (Ontario)

27–29 Partnership Spring Conference, Toronto (Ontario)

MAY 2005

APRIL 30–MAY 3 e-Health, Toronto (Ontario)

18–20 Primary Health Care Spring Symposium, Toronto (Ontario)

JUNE 2005

15–17 National Rehabilitation Conference, Ottawa (Ontario)

18–22 Canadian Public Health Association's 96th Annual Conference, Ottawa (Ontario)



New Ontario Health Information Privacy Legislation

Ontario has a new privacy act in place to protect personal health information. The Ontario *Personal Health Information Protection Act* (PHIPA) and its accompanying regulations establish rules for the collection, use and disclosure of personal health information about individuals, including information held by CIHI. This new act came into effect on November 1, 2004.

Under the new legislation, CIHI is designated a “prescribed entity.” This designation recognizes CIHI’s mandate to analyze and compile statistical information using personal health information for the purposes of planning and management of the health system. (Other prescribed entities under the Act are Cancer Care Ontario, the Institute for Clinical Evaluative Sciences and the Pediatric Oncology Group of Ontario.)

The new act gives the Information and Privacy Commissioner of Ontario the responsibility to oversee the management of personal health information in Ontario. This responsibility includes the review and approval of policies and practices relating to privacy established by prescribed entities such as CIHI. This means that over the next months, CIHI will be working with the Privacy Commissioner’s office to facilitate that review.

For more information about the new act, consult the Privacy Commissioner’s office’s excellent resources on the Web, at www.ipc.on.ca. Questions about the implementation of PHIPA at CIHI should be addressed to Kathleen Priestman, at the CIHI Privacy Secretariat (kpriestman@cihi.ca). ●

Quebec and CIHI Sign Agreement

The government of Quebec and CIHI recently signed a three-year agreement that includes Quebec’s access to CIHI’s basic services.

Among Quebec’s priorities is the implementation of ICD-10-CA and CCI in the province in April 2006. Quebec intends to update its information systems in the health and social services sector by incorporating standards that allow comparability and improved decision-making.

Ms. Jocelyne Dagenais, Assistant Deputy Minister of Strategic Planning, Evaluation and Information Management with Quebec’s Ministère de la Santé et des Services sociaux, will officially represent the government of Quebec on CIHI’s Board.

For more information, please contact communications@cihi.ca. ●

What Have We Learned Studying Income Inequality and Population Health?



The idea that the way income is distributed influences the health of people living in a community has been a focus for epidemiologists and social scientists for more than a decade. A new report published by the Canadian Population Health Initiative at CIHI takes a closer look at the latest research on place and health.

What Have We Learned Studying Income Inequality and Population Health?, by Dr. Nancy A. Ross, assistant professor in the Department of Geography at McGill University, reviews the chronology of studies on income inequality, compares segregation by income in Canadian and U.S. communities and looks at gaps in earnings and their implications for research and policy.

This publication may be downloaded from www.cihi.ca/cphi. ●

Careers at CIHI



At CIHI, our work is challenging and constantly evolving, and we put a high value on people with the skills and talents to handle it. We're serious about investing in building a winning team, and it shows: in our latest employee survey, conducted by the Hay Group, and

where CIHI was compared to 500 other companies, our people gave us top marks!

At CIHI, employees are encouraged to take on new challenges and are provided with the tools, the training and the opportunity to realize their goals. We offer competitive

salaries, generous vacation entitlement, an excellent flexible benefit scheme and a comprehensive pension plan.

If you would like to join our team, please visit our Web site for more information, at www.cihi.ca. ●

CREDITS

CIHI directions ICIS is published by the Canadian Institute for Health Information (CIHI). Since 1994, this national, not-for-profit organization has been working to improve the health of Canadians and the health system by providing quality health information.

CIHI provides reliable and relevant information to support sound health policies, help manage the Canadian health system effectively and promote informed public discussion of issues affecting health and health services.

For comments, suggestions or additional copies of this publication, in English or French, please contact the editor, at:

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Cette publication est également disponible en français.



Medical Imaging in Canada, 2004
This is a comprehensive report on the imaging field in Canada, incorporating the results of the 2003 and 2004 National Survey of Selected Medical Imaging Equipment, as well as new data from Statistics Canada, provincial and territorial ministries of health, professional associations and other sources.



Workforce Trends of Regulated Nurses in Canada, 2003
The information presented in the three reports included in *Workforce Trends of Regulated Nurses in Canada, 2003* highlights some of the current trends of the regulated nursing workforce. The annual publications for each profession have been standardized as much as possible to allow for cross-profession analyses.



National Health Expenditure Trends, 1975-2004
National Health Expenditure Trends, 1975-2004 is CIHI's eighth annual health expenditure trends publication and provides detailed, updated information on health expenditure in Canada.



The Evolving Role of Canada's Family Physicians, 1992-2001
This new report, based on CIHI's National Physician Database, looks at how family doctors' billing practices have changed over the 10-year period from 1992 to 2001. It also describes how the family practice environment has changed, including medical training trends, regulatory and policy developments and societal changes.



Average Payment per Physician (APP) Report, Canada
This report contains average payment data. It provides tables by specialty and province/territory for the following categories: full-time equivalent fee-for-service physicians and physicians receiving payments in excess of \$60,000 per year.



Full-Time Equivalent Physicians (FTE) Report, Canada
This report provides detailed and summary tables on physician supply and workload in Canada. The Full-Time Equivalent (FTE) methodology was developed to provide a consistent basis for interprovincial and intraprovincial comparisons on physician supply.



Overweight and Obesity in Canada: A Population Health Perspective
Applying a population health lens to the problem of obesity may provide insight into potential means of addressing obesity and its determinants through a wide variety of policy options. The paper synthesizes the current state of knowledge related to obesity and identifies priorities for future policy-relevant research.