Great Innovations and Stubborn Disparities

Innovations

Prevention

Provinces are making an effort to reduce exposure to second hand smoke as well as ultraviolet light from tanning beds. In Ontario, 102 social housing providers have adopted no smoking policies which prohibit smoking in private and multi-unit dwellings.

Smoking on playgrounds, sports fields and restaurant and bar patios has also been banned in the province. This is good news as until now 12.8 per cent of Canadians aged 12 and older have reported exposure to second hand smoke in public places, well above the 6.3 per cent and 4.7 per cent reported in vehicles and homes respectively. Meanwhile, both PEI and Ontario have prohibited the use of tanning beds for minors.

Screening

The Canadian Medical Association released new recommendations on screening for cervical cancer. They strongly recommend not screening women less than 20 years of age and also strongly recommend screening 30-69 year old women every three years.

However there is still some uncertainty around the routine screening of women aged 20-24 and 25-29. Currently the recommendation is not to screen the 20-24 age group but to actively screen the 25-29 age group every three years. Nova Scotia appears to be one of the first provinces to adopt these new guidelines for cervical cancer screening.

Saskatchewan has made its screening program for colorectal cancer available province wide for the first time. Those aged 50-74 now have access to a paid for in-home test. Those who report being up to date in their colorectal cancer screening has increased in every province between 2008 and 2012, with the highest rates in Manitoba at 59.2 per cent, Ontario at 54.9 per cent, Alberta and Prince Edward Island at 50.3 and 50.1 per cent respectively.

Researchers in Manitoba and Alberta are working on blood tests that distinguish between aggressive and indolent prostate cancer, which could lead to more accurate prediction of when and how to treat the disease.

The Canadian Partnership Against Cancer released a framework for lung cancer screening. The consensus document includes numerous recommendations to the provinces on screening and clinical pathways, multidisciplinary approaches and setting quality standards for screening, diagnosis and treatment.

Staging

The staging initiative of the Canadian Partnership Against Cancer has published its first snapshot report on the stage of cancer at diagnosis, for nine provinces and expects to publish a more comprehensive report late in 2015. The snapshot report shows that the vast majority of breast cancer cases are diganosed at stage l or II, colorectal cancer is most commonly diagnosed at stage III and lung cancer at stage IV.

Personalized Medicine

The Personalized Medicine Partnership for Cancer was launched in Quebec and is focused on developing and delivering personalized medicine to cancer patients. It is a consortium of both public and private sector stakeholders.

Among the programs that will be implemented is one for the development and commercialization of biomarkers for lung, colon and breast cancer. This new organization joins many others in the rest of the country conducting extensive research into the possibilities of precision medicine.

Catastrophic Drug Plans

New Brunswick introduced its drug plan in two phases. Phase 1 began in May 2014 and includes different premium levels for plan members depending on gross income. There is a 30 per cent co-pay at the pharmacy up to $30 per prescription. Phase 2 will begin in April 2015 and will require all those without a private plan to join the New Brunswick Drug Plan. There is a stipulation that all private group drug plans must be at least as effective as the NBDP thereby creating a baseline of equality. As a result, those with private plans will not be included in the NBDP.

PCPA

Established in August 2010, the Pan-Canadian Pricing Alliance conducts joint provincial/territorial negotiations for brand name drugs in Canada. As of June 30, 2014 the PCPA had completed negotiations on 19 brand name cancer drugs while two are currently underway and one cancer drug was recommended to be negotiated by each province/ territory individually. Four cancer drugs will not be negotiated collectively or individually. The negotiations by PCPA are led by

Ontario and Nova Scotia while Quebec and Nunavut are not participating. The remaining provinces that are participating are not bound by the final negotiations or conclusions of the PCPA.

The Fraser Institute reports that delays in the federal regulatory review and provincial reimbursement approval in five of the top 24 oncology drugs could have negatively affected more than 5,000 patients resulting in the potential loss of survival of 1,696 patient years. Further, this loss of extension-of-life has cost between $339.2m and $559.6m.

Wait Times

The Cancer Patient Journey initiative in Manitoba, called In Sixty, is an example of a program aimed at improving cancer patient wait times by increasing efficiencies and improving primary care, diagnostics, specialty care, IT support and communication.

Disparities

Organization of Care

The Health Council of Canada reported that compared to 10 years ago when the 2003 First Minister's Accord and the 2004 10-year health care plan were released, there was an increase in health care spending from $124B to $207B. However this increase has yielded disappointing results, especially when compared to other high income countries.

Despite some improvements in wait times, primary health care reform, electronic health records and drug coverage, we still do not have a high performing system as disparities and inequities persist inter-provincially across the country. The increasing need for greater expenditures in the areas of prevention and primary care have not yet been met. Simply put, there needs to be more equality for all Canadians.

According to a report from the Canadian Partnership Against Cancer, Canadians with low household income and/or are living in rural and remote areas begin at a disadvantage and have a higher cancer risk than those with higher income or living in urban areas.

This result dovetails with the higher smoking rates and higher obesity rates that are found among Canadian women living in low-income households and in rural/remote areas. Men living in high-income neighbourhoods are more likely to undergo PSA testing for prostate cancer but early detection through PSA testing does not seem to lower the likelihood of advanced-stage diagnosis or reduce mortality.

Additionally, distance from a radiation facility has been shown to correlate with a decreased likelihood of a breast cancer patient receiving radiation treatment as well as an increase in the rate of mastectomy. While this might be due to geographical limitations, women from lower income households are also more likely to have mastectomies than women in higher income households.

Patient Perspective

Among the various categories examined in the 2014 Ambulatory Oncology Patient Satisfaction Survey, emotional support was easily the lowest rated. Scoring between 19 per cent and 31 per cent, younger and more educated respondents tended to rate their experience negatively.

Research

Funding data from 2010 indicates that breast cancer has a significantly higher proportion of research funding at 27 per cent relative to its burden of illness which is seven per cent of cancer deaths. Contrasted with lung cancer which is almost the exact inverse; a significantly lower share of funding at eight per cent relative to its burden of illness at 27 per cent of all cancer deaths.

Dr. Kennecke from the British Columbia Cancer Agency (BCCA) compiled data on the effect of resection of metastasis (ROM) in metastatic colorectal cancer (mCRC) from 1995-2010 using outcomes data from the BCCA. It was concluded that the introduction of four or five agents, namely irinotecan, oxaliplatin and 5-fluorouracil, plus one or both of bevacizumab and EGFRI, had a measurable improvement on overall survival from diagnosis versus treatment with only three, one-two or zero agents. This effect was independent of the era in which the data was collected.

Cost of Care

According to Statistics Canada, between 1998 and 2009 there was a 2.9 per cent annual increase in the out-of-pocket expenditures on health care products and services. Households that spent more than 10 per cent of after-tax income rose by 56 per cent. The burden of out-of-pocket expenses is increasingly felt by those in lower income groups, which tends to lead to a reduced use of health services.

pCODR

The first phase of transferring the pan-Canadian Oncology Drug Review into the Canadian Agency for Drugs and Technologies in Health has begun consisting of moving staff, processes, funding, and expertise under the governance of CADTH. The second phase will commence in April 2015 and at that time, evaluation criteria will be merged with the CADTH review process. pCODR has been an international success as a cancer drug review process, while the Common Drug Review (long housed at CADTH) is fraught with credibility issues. It remains to be seen if pCODR will be maintained as the beacon it has become and bring CDR to the same standard.

End of Life Care

The Canadian Hospice Palliative Care Association reports that Canadians believe palliative, hospice and end-of-life care is not only critical but should be made easily available to all that need it. However, many have no idea where or how to access these services. Currently, there is no national palliative care strategy that addresses access to these services.

Accountabability

With the end of the Health Accord came the shut down of the Health Council of Canada, which deserved a better fate.