

**BC Ministries of Health Services/Planning Response to the
Survey of Diabetes Programs and Services in Canada
Canadian Diabetes Association – Diabetes Progress Report**

A1. Does your government have a formal, written diabetes policy or strategy?

Yes. In October 2002, the Ministry of Health Services/Planning issued its Provincial Diabetes Strategy, *Responding to Diabetes*. The strategy targets enhancement of both diabetes prevention and management within a coordinated, integrated, sustainable, multi-sector approach. To this end, the strategy aligns the efforts of people affected by diabetes, health authorities, health professionals, government, and non-governmental organizations. The overall approach to diabetes in British Columbia is through a comprehensive chronic disease management initiative, in which measurement of outcomes is key.

A2. Does the policy/strategy have measurable objectives and outcomes related to:

Prevention: The new Public Health Act will include core programs in public health, which health authorities will be expected to provide. Once these core programs are finalized in October 2003, measurable objectives and outcome indicators will be identified.

Care: Consistency of diabetes care with evidence-based clinical guideline recommendations are measured (in relation to established targets) and are reported semi-annually at a provincial, health authority, and physician specific level. BC is currently monitoring and reporting on ten indicators of health outcomes for diabetes. Each physician can now check their performance against validated indicators for their diabetes population.

The Ministry of Health Services and the Vancouver Island Health Authority jointly undertook a Diabetes Patient Survey in 2001/2002. The survey questions measured indicators of patient satisfaction with diabetes care received, and patient burden of disease.

Education: Action Schools! BC is an initiative to help elementary school children become more physically active with the ultimate aim of primary prevention. The initiative includes an extensive evaluation of health outcomes by the University of British Columbia.

Research: The BC Nutrition Survey is measuring healthy eating, physical activity and healthy weight among adult British Columbians. This survey is providing current health surveillance information that has not been available in BC since 1972.

Surveillance: The Ministry is working with the other provinces/territories and Health Canada on the National Diabetes Surveillance System (NDSS).

- Data on diabetes prevalence and mortality have been submitted to Health Canada and will be included in the first NDSS report
- Data on diabetes incidence, complications and health service utilization will be included in the 2nd NDSS report (2004). This data has already been reported provincially in October 2002 through the Ministry of Health Service's Snapshot of Diabetes Care in BC.
- Initial diabetes surveillance work in First Nations populations has been started. BC has used this enormously useful work to build its operational diabetes registry. We are now able to offer each physician in the province his/her own preliminary patient registry -this is the critical component for improved chronic disease management.

A3. Does the policy or strategy have an implementation plan?

The Ministries of Health are addressing diabetes through two inter-related and complementary strategies, (1) the Framework for a Provincial Chronic Disease Prevention initiative (e.g., diabetes primary prevention); and the (2) Chronic Disease Management Strategy (e.g., preventing or delaying diabetes complications). Chronic Disease Management is a priority strategy for BC's health system. Diabetes is the first of nine diseases to be tackled under this strategy.

The implementation plan for both strategies is the evidence-based Expanded Chronic Care Model, which research consistently has shown to improve the quality of patient care, produce good patient health outcomes, and reduce overall systems costs.

The health authorities in British Columbia have responsibility for health services. However, the majority of physicians, who provide the bulk of primary health care through private practice, work under the provincial Medical Services Plan. In addition, the Ministry has a crucial role to remove systemic barriers so that health authorities and health professionals can achieve their objectives. Therefore, the Ministries of Health are working in partnership with health authorities, government and non-governmental agencies, research and private sector organizations, health care professionals and their organizations, and people living with diabetes to implement the Provincial Diabetes Strategy. Given the many partners, the use of the Expanded Chronic Care Model ensures alignment of activities and resources, and a common evaluation framework. It also provides a road map that takes away the guesswork in delivery model implementation.

Who is responsible for implementing and managing the policy/strategy?

Diabetes Prevention: The Ministry of Health Planning's Population Health and Wellness Section is responsible for overseeing implementation of prevention initiatives. In addition, it has established a provincial Chronic Disease Prevention Alliance -- a group of health-related organizations with a mission to improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, good dietary habits, healthy weight, and addressing underlying determinants that contribute significantly to chronic disease onset.

In addition, the Ministry of Health Planning is working closely with the Ministry of Community, Aboriginal and Women's Services to develop a policy framework to enable integrated action on physical activity. Population Health and Wellness is also collaborating with the Ministry of Education on a variety of initiatives aimed at re-designing the health-related high school curriculum

As well, the Ministry of Health Planning is advising and/or participating in a number of federal/provincial/territorial processes relevant to primary prevention of Type 2 diabetes (including Chronic Disease Prevention Alliance of Canada; Health Living Strategy, National Best Practices Consortium for Integrated Chronic Disease Prevention and Health Promotion, PFT Group on Nutrition, Food and Nutrition Surveillance System Advisory Committee, Coordinating Committee on National Diabetes Strategy and National Diabetes Surveillance System Steering Committee.

Diabetes Management: Chronic disease affects many parts of BC's health care system, and therefore effective diabetes management relies on collaboration among all health care sectors, jurisdictions and organizations - thus, one group does not have an overriding responsibility or ownership for diabetes management in BC. The Ministry of Health Service's Chronic Disease Management Strategy is responsible for providing the strategic direction, leadership, and decision support, tools and technology that the health authorities need to implement a diabetes management, chronic care model across the province.

Is there a funding commitment to ensure the policy or strategy is implemented and sustained?

BC currently spends over \$700,000,000 per year on people living with diabetes. In addition, the Chronic Disease Management Initiative has committed the following funding to support implementation of the Chronic Care Model throughout the province:

- Enhancing Full-Service Family Practice Program (diabetes and congestive heart failure care incentives): \$18.5m (over 2 years)
- Physician organization-led Chronic Disease Management professional development for improving diabetes & Congestive Heart failure: \$2.8 million (over 3 years)
- Funding for Health Authorities to implement community based Patient Chronic Disease Self-Management Training through University of Victoria: \$.9 million (over 3 years)
- Health Canada, Primary Health Care Transition Funding for Chronic Care Model implementation (including diabetes initiatives such as Vancouver Island Health Authority Diabetes Structured Collaborative) by regional health authorities \$8.5 million (over 3 years)
- Prevention - \$1.2 million has been allocated to support evaluation of Action Schools! BC.

Does the implementation plan include regular evaluation?

Performance monitoring is intrinsic to improved diabetes management. Performance indicators for diabetes care have been identified, and are being measured and reported in semi annual provincial diabetes report cards. Administrative data from the Medical Services Plan, hospital, continuing care, PharmaCare and PharmaNet form the critical evaluation base for the province. Diabetes reports cards are available on the Ministry of Health Service's website.

Diabetes Initiatives funding under the Health Canada Primary Health Care Transition Fund, are subject to the evaluation requirements as set out by Health Canada.

A Business Case for Improving Diabetes Management has been developed by the Ministry of Health Services which shows substantial health outcome improvements and cost saving can be realized through a system wide approach to improved diabetes management. Changes in health outcomes, service utilization, and health system costs will be tracked against the cost-benefit projections outlined in the business case.

Action Schools! BC is being evaluated by the University of British Columbia through a \$1.2 million allocation from Ministries of Health, Canadian Institute of Health Research, Ministry of Community, Aboriginal, and Women's Services, and the 2010 LegaciesNow.

How is the strategy communicated and sustained?

The strategy is communicated through Ministry communication vehicles including its public website. A Provincial Diabetes Working Group has been established and its mandate is to act as an information "clearing house" with respect to the status of diabetes prevention and management activities (and their outcomes) underway in BC. This working group has health system-wide representation (including the Canadian Diabetes Association); an additional working group communication mechanism includes staging a BC Diabetes Day conference in which diabetes strategy updates/ information is shared provincially.

B1: Since the release of Diabetes Report Card 2001, what changes has your government made with regard to financial coverage for diabetes medication and supplies?

Fair PharmaCare was introduced in May, 2003. Under the old approach, many low-income British Columbians paid a higher portion of their prescription drug costs than those with higher incomes.

Under the new plan, up to 280,000 BC families with lower incomes will pay less. Overall, the vast majority of BC families will pay the same or less for their prescription drug costs through this new, more equitable approach

Our patient surveys indicate only 4% of people living with diabetes identify access as a barrier to care. The upcoming diabetes collaborative, led by the British Columbia Medical Association will tackle access barriers through practice redesign, such as introducing open access in the offices of general practitioners.

B3. Is your government working with other Canadian governments to ensure that coverage for catastrophic drug costs is available for people with diabetes across the country?

Yes. As part of the F/P/T process, BC already have catastrophic coverage through Fair PharmaCare. In addition, unlike the other provinces which only covers those on social assistance, BC covers all residents of the province through the Fair PharmaCare program.

C1. Since the release of Diabetes Reports Care 2001, what changes has your government made in relation to the formulary system in your jurisdiction with regard to:

C1.1 Changes to deductible and/or co-payments?

Overall, due to the implementation of Fair PharmaCare the vast majority of BC families will pay the same or less for their prescription drug costs through this new, more equitable approach.

C1.2 Restrictions or access to drugs which have been approved or listed on the formulary system?

No change with respect to diabetes medication

C1.3 Streamlining the approval process for new therapeutics?

This is done through support of, and involvement with, a common Drug Review Process.

C2. What is the average length of time from a pharmaceutical company's request for review to approval or rejection of a new medication in your formulary?

Approximately 6 months. The length of time varies depending on the complexity and quality of the submission.

C3. Is your government planning to make any other change to your formulary system over the next two years to address issues of access to and coverage of diabetes medications?

None at this time. Currently, British Columbians have fair and equitable access to diabetes medications.

Standards and Guidelines

D1: In your jurisdiction, who carries the primary responsibility for promoting diabetes guidelines and standards to health professionals and health regions?

D.1.1 Diabetes guidelines for care and treatment –

Distributing Guidelines: The BC Guideline and Protocols Advisory Committee (a joint committee of the Ministry of Health Services and the British Columbia Medical Committee) develops and distributes evidence based diabetes guideline to the province's physicians and health regions.

Included with the guideline is a patient diabetes care flow sheet to assist physicians organize and undertake a planned approach diabetes care. In addition, both patient and physician information is available on the Ministry's public web site.

Embedding Guidelines into Clinical Practice: Helping primary care practitioners embed diabetes best practices into their clinical workflow is a priority. To support practitioners do this, the Ministry of Health Services has developed the following supports:

1. The Full-Service Family Practice Incentive Program - Incentive payments for general practitioners who provide diabetes care consistent with the BC Diabetes Care Guidelines. GPs are eligible to receive one \$75 incentive payment per year for each diabetes patient who care is up-to-date and consistent with the Guideline recommendations.
2. The Ministry has provided a grant to the British Columbia Medical Association (BCMA) to deliver a Diabetes Structured Collaborative to assist primary care practices re-organize their clinical practice for optimal diabetes management. A minimum data set will be used to measure changes in patient care and health outcomes over the course of this 18-month collaborative. Structured collaborative participants will include GPs, specialists, nurses, diabetes educators, and health authorities.

The Full Service Family Practice Incentive Program also makes available sessional funding to assist general practitioners participate in the structured collaborative learning sessions.

3. The Ministry has also provided grants to the following organizations which are focusing on improving diabetes (and congestive heart failure) care and patient outcomes:
 - i. College of Physicians & Surgeons of BC: Physicians will be training on how to effectively self evaluate their clinical practice and make the changes necessary to provide optimal diabetes care
 - ii. BC College of Family Physicians: Will be providing physician training and leadership on how to promote and enhance patient self-management of their health. This program is working with the University of Victoria Chronic Disease Self Management Program, which helps patients develop that self-efficacy (& coping skills) skills they need to better manage their health. These programs also align with the Ministry of Health Planning's BC Nurseline, BC HealthGuide & Dial-A-Dietician programs, which provide extensive diabetes-related information and support. As well, the College will be encouraging physicians to provide the BC Patient Diabetes Care Flow Sheets to their patients so that patients can be actively involved in monitoring and managing their health.
 - iii. UBC Department of Family Practice (CME): CME training to assist physicians access and use clinical guidelines at the point of patient care.

These 3 programs will be integrated into the BCMA diabetes structured collaborative learning session as education modules.

4. A Provincial Diabetes Patient Register has been developed, and physician web-based access to their practice's list of diabetes patients is now available to all of BC's physicians (both GPs and endocrinologists). Also available to physicians through this website, is their own performance information regarding the extent to which the diabetes care they are providing is consistent with BC clinical guideline recommendations. The functionality of the secure website is being expanded to include a patient recall and reminder system that GPs can use to ensure diabetes patient are up-to-date with respect to diagnostic testing and other health visits.

D2. Is your department aware of the Canadian Diabetes Association's Standards for Diabetes Education in Canada (2002)?

Yes. These guidelines were promoted/supported by the Ministry as part of the evidence base used to develop the BC Diabetes Care Guidelines. The Canadian Diabetes Association reviewed the BC Diabetes Care Guideline.

D3. Is your department aware of the Canadian Diabetes Association's Standards for Diabetes Education in Canada (2002)?

Yes. These standards were distributed to BC Provincial Diabetes Working Group (which is represented by a cross section of diabetes stakeholders, including health authorities, health care professional organizations, Ministries of Health, CDA, Diabetes Education Centres, etc).

D5. Accountability

These questions have been answered elsewhere in the document.

F1. Is your department able to track diabetes prevalence/incidence rates within your jurisdiction?

Yes. According to BC Ministry of Health Services 2001/02 statistics, approximately 196,467 British Columbians have diabetes. Projections indicate that in 10 years time approximately 325,000 British Columbians will be diagnosed with diabetes.

F2. How is this information used to improve diabetes programs and services?

The information forms the foundation of our direction on diabetes. These data were also used to develop the Provincial Business Case for Improving Chronic Disease Management – as a result of this business case the message that improved diabetes care must be a priority across the health system has now been endorsed by many stakeholders. This work shows the current high rate of patient health complication rates due to diabetes, and its associated (yet avoidable) health care costs of approximately \$30 million per year. The Ministries have been successful in entrenching the message that a failure to provide good chronic patient care at the community level is resulting in considerable human burden, as well as financial pressure on the acute care system.

F3. Is your government committed to the development and implementation of a National Diabetes Strategy, in partnership with federal, provincial, or territorial governments, for prevention, care, education, research, and surveillance of diabetes?

Yes. BC co-chaired the national working group on The Care of Diabetes for the national strategy and we participate in all the other components.

F5. In your government's view, how does a National Diabetes Strategy fit into an integrated approach to chronic disease prevention and treatment?

BC has urged Health Canada to take a chronic disease prevention and management approach for diabetes – this will lever system change rather than the current, traditional approach which has shown not to reap results.

Primary Prevention Programs

F6. Many prevention programs focus on lifestyle change and/or populations at high risk for diabetes. What primary prevention initiatives have been undertaken since the release of the Diabetes Report Card in November 2001?

Within chronic disease prevention, the Ministry of Health Planning is focusing on shared risk factors (poor diet, physical inactivity and tobacco use) for major chronic diseases including Type 2 diabetes, cardiovascular disease, some cancers. The Ministry is working to enhance the capacity of the health services system for an integrated approach to help prevent these diseases, providing direction and support to health authorities and other partners through the following activities, as well as monitoring and evaluating the impact of health services.

PUBLIC HEALTH INFRASTRUCTURE:

New Public Health Act. A project to develop a new Public Health Act has been just begun, with expected tabling of the legislation in the Spring of 2005. The question of how legislation can assist in dealing with chronic disease prevention and health promotion is being examined as part of this process. Depending on the evidence and other factors to support legislative measures, these may be included in the new act. In addition, it is anticipated that the legislation will provide a framework for supporting a strong public health infrastructure, and the delivery of a wide range of public health programs and services.

Core Public Health Programs. The new *Public Health Act* will include core programs in public health, which health authorities will be expected to provide. The Ministry of Health Planning released a draft *Framework for Core Programs and Services in Public Health* in February 2003, following extensive consultation with public health professionals throughout BC. These core programs, or core functions, as they are now being considered, will include health improvement activities that address major lifestyle concerns, as well as specific chronic disease prevention activities that include clinical prevention. The identification of these core functions will be finalized at a workshop in Oct, 2003. Once this has been done, the evidence supporting these core functions will be assembled, and work will commence on identifying program expectations, benchmarks and indicators.

CHRONIC DISEASE PREVENTION INITIATIVE:

Framework and Evidence. The Ministry of Health Planning released *A Framework for a Provincial Chronic Disease Prevention Initiative* in July, 2003. This document can be used by the Ministries of Health, health authorities and others to support planning for integrated chronic disease prevention. The framework includes the determinants of health ranging from environmental and social conditions to biological change, interventions ranging from healthy public policy to clinical prevention, and a life-course perspective. A comprehensive review of the evidence linking the determinants to chronic disease, as well as evidence on the effectiveness of the full range of interventions, is being prepared and should be ready for release in the Fall.

Action Schools! BC. Action Schools! BC is an initiative designed to help elementary school children become more physically active, with the ultimate aim of promoting healthy hearts, healthy bones, healthy weight and positive self-esteem. The pilot phase, January 2002 - June 2004, underway in ten schools in the lower mainland, will include an extensive evaluation of health outcomes at University of British Columbia. The Provincial Health Services Authority has been funded to manage the development, implementation and evaluation of Action Schools! BC. \$1.2 million has been provided by the following partners: the Ministries of Health, Ministry of Community, Aboriginal, and Women's Services and 2010 LegaciesNow Society for Phase I. Planning for Phase II, a provincial roll out with interested school districts in September 2004, is underway.

Renewed Tobacco Strategy. The Ministry of Health Planning is currently in the process of renewing its tobacco control strategy, which was first developed in 1997. To date, the tobacco control strategy has primarily focused on youth prevention with an emphasis on public awareness. The new and refocused tobacco control strategy will place more emphasis on reduction measures which have the greatest potential to decrease the prevalence of tobacco use and reduce the numbers of cigarettes smoked, while targeting groups of greatest need and using resources to best advantage. The new tobacco control strategy is in the final stages of development and approval, and is expected to be introduced soon.

COLLABORATION / PARTNERSHIP:

BC Chronic Disease Prevention Alliance. Population Health and Wellness has taken a leadership role in bringing together the BC Chronic Disease Prevention Alliance (BC CDPA), and along with other organizations is contributing funding to establish a secretariat. Formed in February 2003, BC CDPA is a group of health-related organizations with a mission to improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating and living smoke-free. While it is recognized there is a wide range of chronic diseases, the primary focus, to begin with, is on the common risk factors (physical inactivity, poor dietary habits, tobacco use, obesity) and underlying determinants that contribute significantly to cancer, cardiovascular disease, chronic respiratory disease and diabetes. Both the Provincial Health Officer and the Canadian Diabetes Association – Pacific Division are members of the Coordinating Committee. Advocacy for healthy school policies and common public education messages are year-one priorities. More information is available at www.cdpac.ca.

Inter-ministerial. The Ministry of Health Planning is working closely with the Ministry of Community, Aboriginal and Women's Services to develop a policy framework to enable integrated action on physical activity. Population Health and Wellness is also collaborating with the Ministry of Education on a variety of initiatives including their work to redesign health related high school curriculum, specifically a new grade 10 planning course and the Graduation Portfolio.

Federal/ Provincial/ Territorial. The Ministry of Health Planning is advising and/or participating in a number of federal/provincial/territorial processes relevant to primary prevention of type 2 diabetes, including Chronic Disease Prevention Alliance of Canada, Healthy Living Strategy, National Best Practices Consortium for Integrated Chronic Disease Prevention and Health Promotion, FPT Group on Nutrition (nutrition labeling, review of dietary guidance system), Food and Nutrition Surveillance System Advisory Committee, Coordinating Committee National Diabetes Strategy and National Diabetes Surveillance System Steering Committee.

SURVEILLANCE:

Diabetes Surveillance. Population Health and Wellness is continuing to work with the other provinces/territories and Health Canada on the National Diabetes Surveillance System (NDSS), which is in its fourth and final year of the project.

BC Nutrition Survey. In 1999, the Ministry of Health, in partnership with Health Canada and UBC, conducted the BC Nutrition Survey to obtain comprehensive information on the eating practices of adult British Columbians. The results of the Survey will be key in guiding and strengthening policies and programs aimed at healthy eating, physical activity and healthy weights at the regional, provincial and national levels. A series of reports are being compiled, in anticipation of a public release within the next few months.

BC HEALTH GUIDE AND NURSELINE PROGRAMS:

The BC HealthGuide Program is an innovative self-care/telecare program aimed at enhancing consumer access to timely and accurate health information, expanding consumer knowledge, and reducing health system pressures and costs due to inappropriate use. The Program consists of a 400-page handbook (BC HealthGuide Handbook), an Aboriginal companion document (BC First Nations Health Handbook), a medically approved web site (BC HealthGuide OnLine), a nursing call centre operating 24/7 (BC NurseLine), and a series of health related Fact Sheets (BC Health Files). The Program provides high quality health information and nursing advice to citizens, wherever they live, to help them manage their personal health risks and conditions, take action appropriate to their health problem, and to participate more actively in decision making with their health providers; thereby contributing to efforts to prevent and effectively manage chronic diseases like diabetes.

F7. Have the results been evaluated and shared with other jurisdictions?

Evaluation results are not yet available.

Other Comments

As indicated to CDA, British Columbia finds this survey does not reflect new, innovative approaches to diabetes. We would, therefore, ask that CDA consider changing its format in the future. In addition, the CDA does not use the opportunity of the survey to ask provinces to reflect on the roles of the Canadian Diabetes Association.