

BUILDING THE VISION IN BRITISH COLUMBIA AN UPDATE FROM THE MINISTRIES OF HEALTH June 2002

Chronic Disease Management in British Columbia is a government-supported initiative that involves the collaborative efforts of many medical and health care professionals, researchers and organizations across all sectors of the health care system. Rather than a specific program under the ownership or sponsorship of any one authority, it is a vision embraced by any number of individuals, groups, organizations and jurisdictions who share the desire to transform our health care system into one characterized by improved health status, better clinical outcomes, improved cost-efficiency and greater satisfaction for individuals, health care providers and their communities.

Chronic Disease Management in British Columbia draws upon the collective experience and knowledge of:

Vancouver Island Health Authority
Vancouver Coastal Health Authority
Northern Health Authority
Interior Health Authority
Fraser Health Authority
Provincial Health Services Authority
British Columbia Medical Association
Registered Nurses Association of British Columbia
University of British Columbia
University of Victoria
Health Canada
Pharmaceutical Industry
Ministries of Health

In 2002 British Columbia will focus on:

- Diabetes
- Cardiovascular disease – congestive heart failure
- Mental Health – depression

This focus builds on:

- Government priorities
- Provincial strategies
- Priorities identified across the province

The Ministries of Health have worked collaboratively with the BCMA, health authorities, not-for-profit sector, MSP beneficiaries, and the pharmaceutical industry to develop a provincial infrastructure for the implementation of chronic disease management. These products are:

1. A Provincial Web Site for Chronic Disease Management

This web site is under development and has been identified as a high priority by health professionals and some health authorities. The web site will display products and information from the Ministries of Health, health authorities, BC researchers and will link to other valuable sites such as the BC HealthGuide. The web site is designed for health professionals, policy makers and patients. It is anticipated that the initial site will become operational in the summer of 2002 and that over the coming years it will become the electronic distribution center for BC knowledge and experience in chronic disease management.

2. Performance Measures

The introduction of chronic disease management is appropriate when there is a gap between current care and evidence-based standards of care. The clear identification and understanding of this gap in care is needed before the appropriate interventions/practice changes are introduced. The Ministry of Health Services has published preliminary performance measures on diabetes and is working collaboratively to develop performance measures and to set targets. A secure site (off the cdm web site) is under development to provide physicians with administrative data to help them identify the level of care for their patients.

3. Patient Registries

It is crucial to identify the patients with particular disease(s). We are currently identifying the number of people living with diabetes, congestive heart failure and depression through preliminary case identification. This body of work has been pioneered through BC's participation in the National Diabetes Surveillance Strategy. The work entails:

- Agreeing and verifying case definitions – based upon national and international validation where possible
- Creating a preliminary list of patients for future registry development
- Linking Medical Services Plan administrative data with hospital and Pharmacare data to start verification process
- Conducting pilot surveys with people identified through this process to verify quality and accuracy of data
- Identifying the direct costs of the disease(s)

A provincial patient registry has been developed for diabetes. A preliminary patient registry has been developed for congestive heart failure. Other registries under development are depression, (mental health), hypertension and asthma. Work is already underway in creating a registry for co-morbidities.

4. Patient Self-Management

The emerging role of self-management programs in comprehensive health care deals with the question “how do patients continue with the best quality of life possible?” Self-management builds the patient’s confidence to manage their disease(s) and emotions. The programs focus on improved health status and appropriate health care utilization. The Ministry of Health Planning has contracted with the British Columbia Office of Health Technology Assessment to conduct systematic reviews on the clinical and cost effectiveness evidence on self-management programs for five chronic diseases. This report will be available in July, 2002. British Columbia is connecting to an international network of policy makers on patient

self-management, through the assistance of Kate Lorig, international researcher at Stanford. \$.9 million has been identified in the health transition fund to build self-efficacy in patients.

5. Physician Support and Innovation

The Ministries of Health, through the Medical and Pharmaceutical Services Division (MPS), is working with the BCMA and the Societies, together with a number of individual physicians, to support physicians and introduce innovative practice solutions to provide patients with excellent care. MPS has responded to invitations from health authorities to meet and work together to hopefully remove some of the barriers to the implementation of chronic disease management.

6. Clinical Guidelines and Protocols

The Ministry of Health Services – Medical and Pharmaceutical Services works closely with the British Columbia Medical Association to develop guidelines and protocols to assist physician decision-making. The Guidelines and Protocols Advisory Committee is under the authority of Medical Services Commission – the legislated authority of the Medicare Protection Act and the Medical Services Plan. For example, guidelines for the comprehensive care of diabetes were developed by an expert committee, in consultation with the Canadian Diabetes Association and with over four hundred physicians. The BCMA and the Medical Services Commission have recently approved the guidelines and protocols for diabetes care for distribution throughout the province. Guidelines and protocols for the comprehensive care of congestive heart failure and depression are scheduled for development this year. The Ministries of Health are committed to helping health authorities and health professionals with the uptake of these practice guidelines.

7. Research and Evaluation

The Evaluation Framework for congestive heart failure is currently under development. Health outcomes, indicators, data and methodology will be identified through a collaborative process with the Ministries of Health, Vancouver Coastal and Northern Health Authorities, Heart & Stroke Foundation and St. Paul’s Hospital. Provincial and national research experts will ensure the evaluation framework meets the stringent criteria required for publication. The evaluation frameworks developed

for the management of chronic diseases will be linked to the HTF evaluation if HTF funds are used.

8. Business Cases

The prime reason for chronic disease management is to improve the health outcomes for patients with chronic diseases. However, the economics of chronic disease management also have to be assessed and analyzed. The business case for congestive heart failure has been developed for the province and is available and the business case for diabetes is underway.

9. Private/Public Partnerships

The Ministry of Health Services has been negotiating with the pharmaceutical industry to work in collaboration on chronic disease management. AstraZeneca has supported the planning process for congestive heart failure, the development of the evaluation framework and has made a commitment to both Vancouver Coastal and the Northern health authorities to assist with implementation costs, if they decide to go ahead. Novartis is supporting the development of the business case for diabetes and is working with Vancouver Island Health Authority on a detailed implementation plan for diabetes. Preliminary discussions are underway with three other pharmaceutical companies.

Provincial discussions also continue with the industry on long-term investments for chronic disease management.