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Closing the care gap Collaborative model for disease management seen as cornerstone of health care system for years to come

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It is 12 years since a severe heart attack gave Ray Toomey a brush with death, but the 72-year-old resident of Bridgewater, N.S., says he is still leading an active life, working out at a gym daily, "eating like a horse and sleeping like a baby."

A retired teacher and school administrator, Mr. Toomey says his good health and healthy lifestyle are partly due to his participation in a province-wide project involving doctors, nurses, pharmacists, researchers and patients, sharing information and working together to improve cardiac care.

The project, known as ICONS -- an acronym for Improving Cardiovascular Outcomes in Nova Scotia -- is an example of a new model for patient care that pharmaceutical industry representatives and many other experts see as a potential cornerstone of the Canadian health care system for years to come.

Disease management, also referred to as patient health management, is an approach that creates networks of care around each of the major illnesses and chronic conditions that afflict a large number of people in any given region, according to Terrence Montague, vice-president of patient health management at Kirkland, Que.-based Merck Frosst Canada Ltd.

Pharmaceutical companies, researchers and health providers collaborate to ensure that patients receive the most effective evidence-based treatments, as well as the best information about how to stay healthy, while results are monitored and analyzed on an ongoing basis to keep everyone involved up-to-date on how well the treatment is working, says Dr. Montague.

It is an approach that can help make Canada's health system sustainable by taking full advantage of the billions of dollars spent on drug research and making sure that drugs are better utilized to improve patients' health and reduce hospital costs, he says.

Resources are often wasted because there is a gap between the results various therapies achieve in clinical trials and what happens in the community, where physicians may not prescribe the most effective drugs, patients may not have access to them or may not comply properly with the prescribed course of treatment, he says. "We're not taking the optimal opportunity to gain the benefits of early investments. We will be a better, healthier or richer country if we can close all these care gaps."

The ICONS project was established by Merck Frosst Canada five years ago to test the validity of a patient health-management approach. The program involved hundreds of health care professionals and thousands of patients across the province. Cross-disciplinary clinical teams collaborated to make sure that patients received appropriate medication, as well as advice about how to maintain their health. Researchers monitored the results of the treatment and fed this information back to the clinicians to further improve patient care.

Mr. Toomey, for example, says he is tested regularly and receives a lot of information about his medication and possible side effects. What has the most impact is the newsletter he gets from the project informing him about the results of patient surveys and offering tips about diet and healthy living.

The project has demonstrated that the patient health-management approach can increase patients' use of life-saving medication, says Dr. Montague.

The Nova Scotia Department of Health has reported a 16-per-cent reduction in the number of patients returning to hospital during the year following a heart attack.

When the five-year ICONS research project was completed earlier this year, the Nova Scotia government stepped in to take it over as an ongoing provincial program. "This is a first for the province. Never before have we had such a concentrated focus province-wide on preventing, treating and managing cardiovascular disease," said Health Minister Jamie Muir, when she announced a \$750,000 provincial government investment in the project last June.

The government's decision to take over the ICONS project is a key development for the patient health-management model, because it has now moved from a pilot research project to an approach used in everyday care, Dr. Montague says.

Pharmaceutical companies have advocated more widespread use of the model in submissions to former Saskatchewan premier Roy Romanow's Commission on the Future of Health Care in Canada. And the commission has identified patient health management or disease management as one of four major perspectives on how to address the challenges facing medicare, the others being more public investment, increased private choice and reorganized service delivery.

Speaking at a health-management conference at Montreal's McGill University earlier this year, Mr. Romanow described the pros and cons of the approach. "By ensuring that people have access to the right, evidence-based treatment, at the right time, by the right provider, it is felt that substantial savings can be realized through fewer or shorter hospital stays.

"Moreover, it will lead to better overall health outcomes, such as increased longevity and greater productivity," he said. "On the down side, little attention would be given to reducing demands on the health system by encouraging or emphasizing healthy living in the population at large. And scant attention would be paid to the broader determinants of health."

Dr. Montague says Mr. Romanow raised these issues with him personally earlier this year and his response was to suggest that projects such as ICONS could be expanded to play a wider public-education role in partnership with government. "It seems commonsensical to expand on a partnership that works," he says.

It is not as if the existing health system is doing a good job of educating the public and addressing the needs of all patient groups, says health administration expert Doug Angus, an associate professor in the school of management at the University of Ottawa. "It's a patchwork now, whether you have disease management or not. It is very fragmented in terms of how we deal with most problems," he says.

Prof. Angus says today's health care system was created in the 1950s and 1960s when public concerns focused mainly on acute diseases that could be treated in hospital. Now, the majority of those who are sick are dealing with chronic conditions or disabilities that can be treated with drugs without putting people in hospital.

Disease-management programs and appropriate use of drugs can provide a shot in the arm to the Canadian economy by helping people with chronic conditions lead productive lives, says Prof. Angus.

But these programs should go hand in hand with a national drug plan, Prof. Angus adds. "Now, if you are admitted to hospital, you get your drugs free, but as soon as you are functioning at home or in your work environment, the pharmaceutical products that really help you get through are not covered. It's a bizarre system," he says.

Disease management is an approach in which public and private interests in the health care system coincide, says John Kelton, dean of health sciences and vice-president of McMaster University. It's a model where the pharmaceutical industry meshes and overlays well with health care providers, physicians and universities, he says.

"The pharmaceutical industry sells a product. It is to their advantage when certain treatments, such as insulin and careful management of diabetes, are proved to reduce long-term disability such as blindness and kidney failure," he says, noting it is also valuable for physicians to receive evidence about effective care.

"I don't know the downside. The pharmaceutical companies fund the studies to show that its of benefit or not. Universities do these studies. The public learns and then we close the loop where the treatment is funded either by an insurer or a government or the individual. If there's a private-public conflict here, somebody would have to dig deep and tell me, because I don't see where there's a conflict."

Disease management closes the loop between research and treatment, Dr. Kelton says. "It's a complete continuum. Patients are tested for high cholesterol. Studies show it increases the chance of having a heart attack. A company invents a drug to lower cholesterol. Large clinical trials prove it lowers heart attacks and strokes. The pharmaceutical company is interested in letting the public know."

It's a win-win situation with one possible exception, according to Dr. Kelton. "Occasionally, governments might be less interested because sometimes new medications cost the government money. And that's one of the challenges of health care in Canada right now." Relevant reading on research

Patients visiting doctors' offices may soon want to give the year-old magazines a miss, as medical researchers at McMaster University in Hamilton are planning to provide them with fare more relevant reading material.

"We're calling it our own version of Consumer Reports," John Kelton, the university's vice-president and dean of health sciences, says of a scheme to provide patients with key findings from drug studies.

Dr. Kelton says the plan will involve patients more directly in disease-management programs by providing them with research findings that were previously designed mainly for the use of health professionals, academics and pharmaceutical companies.

"In disease management, so far the push has come from the pharmaceutical industry, which is highly appropriate, from universities and from physicians. We want to pull the public into the discussion," he adds.

As part of their focus on evidence-based medicine, McMaster researchers routinely evaluate the validity and truth of claims about drugs and treatments," in much the same way it is possible to test and evaluate, shall we say, the safety of a car in a standardized fashion," says Dr. Kelton.

"We know that the public is now inundated with information about treatments. Imagine how powerful it will be if a patient, who is going to see doctor because of high cholesterol, actually knows what is the data that says, 'Here's the five drugs. Here's the safest one. Here's the least expensive. Here's the three side effects you can anticipate having.'"