FOR THE RECORD

Heavy hitters to hit the hustings

Electronic medical records for every resident of the province by the year 2015, more monies to assist physicians in acquiring electronic equipment and the expansion of family health teams are among 41 measures that the Ontario Medical Association (OMA) says it will press politicians to adopt in next fall's provincial election campaign.

"We cannot provide better care tomorrow based on the health-care system we had yesterday," OMA President Dr. Mark MacLeod and President-elect Dr. Stewart Kennedy state in the covering message to their association's policy platform, *Better care. Healthier patients. A stronger Ontario. Insights and recommendations from Ontario's doctors* (www.oma.org/Resources/Documents/InsightsAndRecommendations.pdf).

The OMA will finance a \$1 million radio, TV and print campaign in conjunction with the election to persuade candidates to clamber aboard the association's policy platform and is urging patients and physicians to arm-twist Members of the Provincial Parliament and candidates for office into supporting the recommended changes.

The platform notes that more than five million Ontarians now have electronic medical records (EMRs) and nearly 5500 physicians use them. That should be expanded to all residents of the province and an additional 5000 physicians, including "all family doctors and half of the specialists in Ontario." It also urges a more integrated EMR system that provides for "flexible exchange of information between physicians and hospitals, laboratories, pharmacists and family doctors and specialists."

The policy platform does not indicate by what factor the province should expand its current tally of 200 family

health teams but notes that "for too many patients, the opportunity to access the best and most appropriate health-care team simply isn't there. Making more multidisciplinary teams available to people — focusing on the best care plan for every patient — would be a major system breakthrough. Ontario's doctors believe improving patient-centred care will help improve patient safety."

Other recommendations include:

- "Legislation that would require calorie contents to be listed adjacent to the items on menus and menu boards at chain restaurants and school cafeterias
- Making physical education mandatory throughout high school
- Specific targets for the food industry to reduce sodium content
- Equal access to publicly-funded health professionals and services regardless of their physician practice model. Examples include but are not limited to: nurses (RN, RPN, NP), dietitians, pharmacists, psychiatrists, internal medicine specialists, pediatricians and physician assistants
- Requiring institutions to implement the 10 interventions by the Safe Healthcare Now!/Canadian Patient Safety Institute, and require full reporting
- Providing funding to reduce the number of ALC patients by increasing long-term care capacity and home support services
- Increasing the number of acute care beds in the health-care system
- Implementing policy changes that will allow more surgeries and diagnostic procedures to occur in Independent Health Facilities
- Implementing a comprehensive Mental Health and Addictions Strategy with timelines, targets and financial details
- Ensuring every community has a full-time Medical Officer of Health and that they have the autonomy to make decisions in the best interests

of patients and their respective communities

- Decreasing the financial burden of education for medical students by freezing tuition fees (or at least capping tuition fee increases at the rate of inflation) to help ensure that financial burden does not prevent students from less privileged backgrounds from going to medical school." — Wayne Kondro, *CMAJ*

Federal sodium working group disbanded

The federal government has scrapped its sodium reduction task force and is transferring responsibility for curbing Canada's salt consumption to a highly conflicted advisory committee. Health officials are also proposing less stringent sodium reduction targets.

The Sodium Working Group was created in 2007 to "develop, implement and oversee" a comprehensive strategy for reducing Canada's excessive sodium intake, which has been linked to increased risk for hypertension, heart disease and stroke, among other health issues.

The average Canadian consumes some 3400 milligrams of sodium a day, the vast majority of which comes from processed foods, such as soups, sauces, breads and salad dressings. Up to 85% of Canadian men, 83% of women, and 97% of children and teens consume levels of sodium that are potentially dangerous to their health.

The group released a report last summer that called for voluntary reductions by industry to the amount of salt in processed foods and items sold in restaurants, in a bid to reduce the country's sodium intake by about a third by 2016 (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3326).

Although it was part of the group's mandate to oversee the implementation

of its recommendations, members were recently told the file was being transferred to the Food Regulatory Advisory Committee, a Health Canada advisory body that provides “strategic” advice on food safety (www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/ocpi-bpcp/eac-cce/index-eng.php#a22). Some 17 members of the 19-person committee reported recent direct and indirect financial ties to the food industry.

Health Canada has also replaced draft voluntary sodium reduction targets for individual products with “sales weighted average” targets for the years 2012 and 2014 — a move that will thwart transparency as evidence of industry progress will be judged by confidential information about company sales figures. The sales weighted average is “the average of the sodium levels of all products in a category weighted by the volume of market share. The proportion of the market is measured as the kilogram volume sales of product rather than the dollar value. As such, to meet a target a company must reduce the sodium levels in their products in a given category such that the weighted average is equal to or lower than the SWA target” (www.hc-sc.gc.ca/fn-an/consult/2011-sodium/consultation-eng.php). Essentially, it allows a company to achieve its sodium reduction target by selecting a mix of its products rather than reducing salt content equally amongst all of its products.

The goal is to provide companies “the ability to plan their sodium reduction efforts according to which products are most amenable to reformulation or discontinuation, as well as to get the most impact for achieving the targeted weighted average sodium content in each product category within their portfolio.”

Last year, Health Canada sidestepped a firm commitment to implementing the sodium working group’s advice, prompting some members to express “zero confidence” that government would ever adopt the group’s recommendations.

Public health and nutrition advocates likewise feared the group was headed the way of a similar task force on trans fats. That panel recommended mandatory reductions to curb trans fats in the food supply, but Health Canada opted

instead for voluntary targets that industry has since failed to meet (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3284). — Lauren Vogel, *CMAJ*

Health Canada “harmonizing down” on drug regulations

Health Canada has put private sector profit ahead of public health in its efforts to harmonize drug regulations with those of international counterparts, according to a study by the Canadian Centre for Policy Alternatives.

The study, *Who’s Calling the Tune: Harmonization of Drug Regulation in Canada*, criticizes the department for “deliberately ignoring” harmonization efforts that raise regulatory standards. Rather, it favours regulations that help the brand-name pharmaceutical industry speed new drugs to market (www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2011/01/Whos%20Calling%20the%20Tune.pdf).

“The evidence to date suggests we have been harmonizing down. Regulatory harmonization needs to be undertaken in the interests of public health, not private profit,” stated author Dr. Joel Lexchin, in a news release (www.policyalternatives.ca/newsroom/news-releases/harmonization-drug-standards-may-put-private-profit-public-health).

The study echoes longstanding concern that proposed “smart regulation” strategies to speed the approval for new drugs prioritize economic growth, trade and market access over maintenance of public health and safety (www.cmaj.ca/cgi/doi/10.1503/cmaj.070449).

Efforts to reduce the time it takes to approve the early phase of clinical trials, collect user fees from pharmaceutical companies to fund the regulatory system, and conceal clinical material on drug safety and efficacy submitted by industry as “confidential business secrets,” are cited as examples of Health Canada harmonizing “to the lowest common denominator.”

Proponents of “smart regulation” argue regulatory cooperation will speed access to breakthrough drugs, but the study notes such drugs represent less than 1% of all new drugs.

“While faster approvals get drugs to market more quickly, they may also compromise safety — an important consideration as an increasing number of people are exposed to new drugs that ultimately are pulled from the market because of safety concerns,” Lexchin added. The study claims that for every one-month reduction in a drug’s review time, there’s a 1% increase in expected reports of hospitalizations and a 2% increase in expected reports of deaths related to adverse drug reactions.

The study also argues that Health Canada has failed to harmonize with international standards for releasing information about adverse drug reactions and registering clinical trials.

Moreover, while both the United Kingdom and Australia have made commitments to review adverse reaction reports within as little as three days of receiving them, Health Canada has explicitly rejected the idea of making such a commitment.

A recent spate of high profile scandals has led to growing calls for transparency regarding the results of clinical research (www.cmaj.ca/cgi/doi/10.1503/cmaj.070703). While the US Food and Drug Administration requires drug companies to post a variety of data about clinical trials on a publicly accessible registry, Health Canada has spent more than five years talking about registering trials with little result. According to the study, the agency is still considering the results of public consultations, and has given no indication of a time line or process for making a final decision. — Lauren Vogel, *CMAJ*

Canadians in denial over heart disease and stroke risks

Canadians are jeopardizing the quality and length of their lives by underestimating their “couch potato” tendencies, warns the Heart and Stroke Foundation.

While 9 of 10 Canadians have at least one risk factor for heart disease and stroke, such as being overweight or physically inactive, many have a “false sense of security” about their own healthy behaviours that could be “fatal,” according to the 2011 *Heart and Stroke*

Foundation Report on Canadians' Health (www.heartandstroke.com/atf/cf/%7B99452d8b-e7f1-4bd6-a57d-b136ce6c95bf%7D/lr-FINAL-Report-card%20HSF_2011-english.pdf).

"Canadians know what to do to live healthier, longer lives. But there's a huge disconnect between what we think we are doing to address our risk factors and reality," Dr. Beth Abramson, a cardiologist and spokesperson for the foundation, stated in the report.

Some 90% of Canadians rate themselves as healthy and only a third admits to not getting enough exercise or fruits and vegetables. The foundation estimates about half don't meet physical activity and healthy eating guidelines. While 24% of adult Canadians are by definition obese, only 18% perceive themselves as such.

"The fact is that we're not managing some of the most common and deadly cardiovascular risk factors as well as we think we are," stated Abramson.

The report indicates that about 250 000 potential years of life are lost in Canada due to cardiovascular disease, including heart attacks and other chronic heart-related conditions.

On average, the foundation estimates inactivity and obesity shave almost four years off a person's expected lifespan, while high blood pressure cuts two and a half years and low vegetable and fruit consumption cuts just over one year.

"It's not just years of life that are at stake," Abramson stated. "It's healthy quality years that can be gained. For example, by being physically active, you gain close to four years of life — three of those free of heart disease and stroke."

Canadians tend to expect doctors will inform them about their heart disease risks, but the foundation reports many health care professionals haven't discussed or measured some of the important risk factors with their patients. According to the report, 8 of 10 Canadians had their blood pressure measured within the last year, but only 3 of 10 had their waists measured. Four in 10 had not been weighed, asked about their level of physical activity or asked if they smoked.

"Healthcare professionals tend to be

focused on urgent or acute healthcare issues in their busy offices," stated Abramson. "Both patients and physicians have a responsibility to discuss the prevention and management of chronic disease by raising these questions." — Lauren Vogel, *CMAJ*

Physician–patient consensus on health information technology priorities

Doctors and patients overwhelmingly agree on key requirements of accessibility, portability and privacy for information technology to increase the quality, safety and cost-efficiency of health care in the United States, according to a survey by the Markle Foundation, New York City, New York-based not-for-profit organization that promotes the use of information technology to resolve health care and national security needs.

The *Markle Survey on Health in a Networked Life 2010* indicates both physicians and patients would prefer computerized means to share health information, and support the sharing and public interest use of that data so long as their identities are protected (www.markle.org/health/health-networked-life).

Many of those surveyed believe key information is currently being lost in their health care conversations. Some 94% of doctors said their patients occasionally forget potentially important things they are told, and estimate that only about 1% of patients never forget such information.

Patients had a higher opinion of themselves — 70% said they never or rarely lose track of such information — but also gave their doctors higher marks for remembering key information patients share. Some 69% of patients believe doctors never or rarely forget potentially important things they've been told. Some 66% of physicians say they actually meet that high bar.

Roughly 70% of the public and 65% of doctors agreed that patients should be able to download and keep copies of their personal health information, while around 60% of doctors said patients

should be able to view their information at a secure site online.

Yet four out of five people said they never asked their doctors for such information in an electronic format, and the vast majority of doctors said requests from patients for information in electronic format occurred either rarely (24%) or never (67%).

At least 74% of doctors said they would prefer computer-based means of sharing patient information with each other, such as electronic networks, secure email or portable storage devices, but only 17% currently use such means. Although 84% of doctors said that paper records are their predominant means of sharing information with patients, only 43% actually prefer that approach.

The majority of patients and physicians agreed that requiring doctors and hospitals to share information would reduce medical errors, cut avoidable costs like repeat tests, bolster coordination of patient care, and improve patient safety and the quality of health care, while also insuring that federal health information technology subsidies are well spent.

Patients and physicians also agreed it was important for patients to be notified if their personal health information falls into unauthorized hands. Patients should also be able to review who has had access to their information and a clear process should be in place to request corrections or dispute the way their information is handled.

While majorities of both the public and doctors don't want the government collecting personally identifiable health information as part of the new health information technologies incentive program, if there are safeguards in place to protect identity, at least 68% of the public and 75% of doctors would be willing to allow composite information to be used to detect outbreaks, bioterrorist attacks and fraud, and to conduct research and quality improvement programs.

The foundation surveyed 2463 members of the general public and 779 doctors, the majority of whom were specialists. — Lauren Vogel, *CMAJ*

CMAJ 2011. DOI:10.1503/cmaj.109-3811