changes like the addition of adding bar codes to drugs, prompting a 50%–60% reduction in medication errors.

“We changed the anatomy in terms of truth,” said Shine. “It’s now okay to admit, apologize and explain error. We’ve seen a drop in malpractice settlements as a result.”

“But simply producing a good report is inadequate,” adds Shine. “There needs to be clear dissemination.”

“We’re not an advocacy group, but we know who is; you have to put it in the right language ... [so] it is easily understood by media, policy-makers and others.”

Moving from evidence to action is a challenge, said Jonathan Lomas, president and CEO of the Canadian Health Services Research Foundation, formed in 1997 with a \$120-million endowment.

Lomas argued the community must become more sophisticated about knowledge dissemination. “We need to inform science with the colloquial,” so that it’s more likely to be comprehended and adopted.

Armstrong hoped the advice garnered at the gathering will help CAHS establish itself as neutral broker. “We should be the ‘go to’ organization for research assessment.” — Barbara Sibbald, *CMAJ*

DOI:10.1503/cmaj.061307

National Pharmaceutical Strategy’s progress comes under scrutiny

Coming later than expected, and focusing on only 5 of 9 stated priorities, the 2-year-old National Pharmaceutical Strategy (NPS) Ministerial Task Force has issued its first official progress report, mapping out directions for pharmaceutical policy in Canada.

The report outlines progress on catastrophic drug coverage, covering expensive drugs for rare diseases, a common national formulary and drug pricing and purchasing strategies. The last of the 5 discussed priorities — real world drug

Comstock

Five of the 9 stated priorities are addressed in this first report.

safety and effectiveness — is seen as a vital step in a national approach to drug safety in the post-Vioxx era. Progress is in place to establish a Canadian research network to gather, interpret and apply drug safety and effectiveness information for drugs already on the market.

Potential funding models for catastrophic drug expenditures examined an array of geared-to-income or -expenditure options that called for between \$1.4 and \$4.7 billion in new public funding, bringing the total cost to as much as \$10.3 billion. Figuring out how these costs will be shared among governments will be pivotal to moving forward. An estimated 20% of Canadians are under-insured for catastrophic drug expenditures, and are currently bearing a burden of up to \$2.2 billion.

Like many of the recommendations emerging from the report this priority will involve more “stakeholder engagement” and “ongoing dialogue” with governments before any financial commitments will be made.

Consumer groups in Canada are criticizing the report’s lack of substantive progress and the unusual fact that, of the 9 priorities outlined in 2004 when the Strategy was announced, some have noticeably fallen off the radar.

Mike McBane of the the Canadian Health Coalition, a nonprofit organization of unions, seniors’ groups and others, notes that a key priority, “Enhancing action to influence prescribing behaviour,” intended to improve physician prescribing is “missing in action” from this federal–provincial–territorial task force’s progress report. All Canadian territories and provinces, except Quebec, are represented in the NPS.

Although some consumer groups are critical of what’s missing from the NPS

list of priorities others warn that the strategy could be too ambitious. The Best Medicines Coalition, a grassroots group of consumer and advocate organizations, expressed caution around suggestions to enhance Canada’s Common Drug Review (CDR), a new federal agency that reviews the value of new drugs in Canada. They warned that expanding federal oversight of new drugs should not be done at the cost of “unnecessary delays” for consumers needing access to new medications.

Criticism has also been levelled at the lack of independent stakeholders in the consultative process thus far. Wendy Armstrong of the Alberta Consumers Association says they are not hopeful the process of consulting stakeholders will examine areas of overuse and inappropriate use of pharmaceuticals or marketing practices.

“When you’ve got little more than pharmaceutical companies and their paid consumer groups telling the government what to do, the public interest never even seems to see the light of day,” says Armstrong. “Unless intervenor funding is provided to independent groups to present a pro-public perspective, this task force’s recommendations will be decidedly one-sided.”

Regardless of the sense of the report’s hits and misses, stakeholder groups seem to agree on one thing: there is an urgent need for strong federal leadership in the creation of a comprehensive national strategy, especially when it comes to budgeting sufficient funding to provide meaningful help to Canadians facing catastrophic drug costs.

“Clearly, after 2 years, the time for study is over,” CMA President Dr. Colin McMillan stated in a news release from the Coalition for a Canadian Pharmaceutical Strategy, a group of national organizations that also includes the Canadian Nurses Association and Canadian Healthcare Association.

George Abbott, the BC minister of health who co-chairs the NPS task force with federal Health Minister Tony Clement, said the report provides a framework for federal–provincial–territorial discussions. — Alan Cassels, Victoria

DOI:10.1503/cmaj.061308