

Manitoba eyes online physician profiles to help patients choose MDs

Manitoba is considering posting online physician profiles that may include an "outcomes record" of the treatment provided by every doctor in the province.

The profiles, recommended following an inquest into the 1994 deaths of 12 pediatric cardiac patients in Winnipeg, are supposed to give the public sufficient information to make informed decisions. They could also include the MD's age, years in practice and training location.

A working group cochaired by a Manitoba Health representative and Dr. Bill Pope, registrar at the College of Physicians and Surgeons of Manitoba, will deliver recommendations on what to include in the profiles by late fall. The province will pay for the new service.

Pope says the outcomes records are

especially expensive and difficult to compile because information must come from a range of sources. Pope says outcomes records may also affect physician training — patients will seek the most experienced doctor, placing residents' training in jeopardy (*CMAJ* 2001;164 [3]:393) — and they don't accurately reflect patient mix. Manitoba is studying a Massachusetts physician-profile system (*CMAJ* 1999;160[9]:1321-2); MDs there say it helps them find appropriate specialists, Pope says. He added that this type of profile would not have prevented the hiring of Dr. Jonah Odum, the American pediatric cardiac surgeon whose skills were questioned during the Winnipeg inquest. "His qualifications were solid," he says. Manitoba's pedi-

atric cardiac surgery program closed in February 1995, and these patients now travel to Edmonton for treatment.

The physician profiles were discussed in a Manitoba Health report on progress made in implementing the inquest recommendations. Physician Achievement Reviews, like the ones in Alberta that assess MD performance, were also recommended, but Pope says they've been put on hold because they are too complex and too expensive (about \$350 per physician).

The progress report also emphasized the need to change the culture surrounding error disclosure in medicine. Four conferences on this issue are planned over the next 2 years. The first, in April, attracted nearly 400 participants. — *Barbara Sibbald, CMAJ*

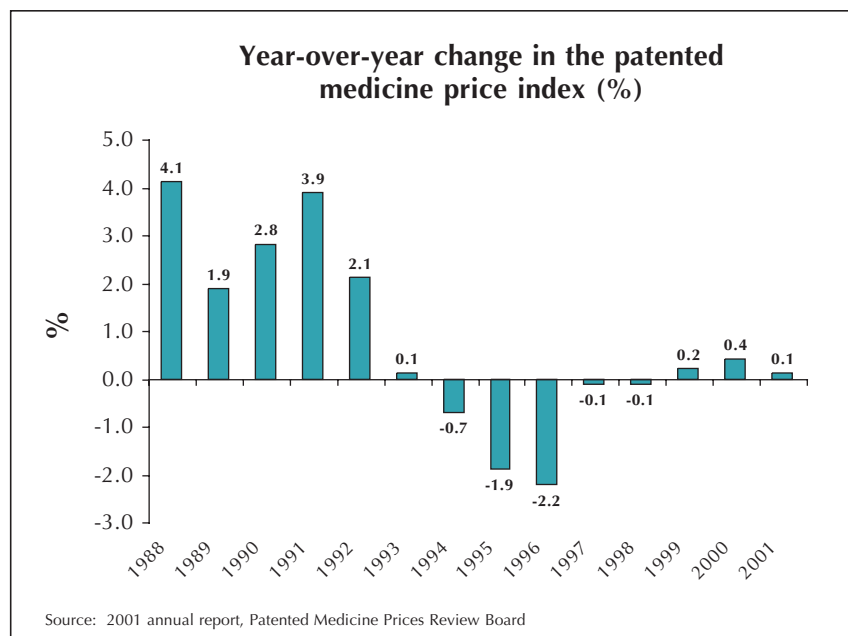
PULSE

Drug prices stable but total spending rises by 15%

The annual report of the Patented Medicine Prices Review Board indicates that manufacturers' total sales of pharmaceuticals reached \$11.5 billion in Canada in 2001, a 15% increase over the previous year. In 2001, patented drugs accounted for 65% of total drug sales, compared with 44% in 1995. Their sales increased by 18.9% in 2001, to \$7.5 billion.

Drug expenditures continue to be the fastest growing component of health care spending and are estimated to have accounted for 15.2% of total spending in 2001. (Physicians' fees accounted for 13.5%.) Increases in drug spending are affected by factors such as changes in total population, demographics, prices, retail markups, prescribing habits, utilization of drugs per patient, trends in new drug therapies and new diseases.

Overall, prices rose by only 0.1% between 2000 and 2001. This continues a pattern of either negative or very small increases since 1993, according to data compiled for the patented medicine price index (PMPI), which measures the average year-over-year



change in the prices of patented drugs sold in Canada. In contrast, the consumer price index increased by 2.6% in 2001; its rate of increase has exceeded the PMPI's rate every year since 1993.

Relative to other countries, Canadian prices have been below the international median since 1994 by levels ranging from 5% to 12%. — *Lynda Buske, Associate Director of Research, CMA*