

## Health and Wellness Issues

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### Alzheimer's Caregivers Seek Help to Cope

Finding an effective treatment for dementia by 2025 is a new goal set by world health ministers who want to improve the quality of life for people who are affected. The G8 health ministers met in London in December 2013 for a one-day summit on dementia, which they said affects more than 35 million people worldwide and is expected to almost double every 20 years.

The ministers committed to 12 goals to address the human and economic toll of dementia-related illnesses, including "the ambition to identify a cure or a disease-modifying therapy for dementia by 2025 and to increase collectively and significantly the amount of funding for dementia research to reach that goal."

They also called for more innovation to improve the quality of life for people with dementia and their caregivers while reducing its emotional and financial burden.

Sandra Atlin, 79, of Toronto, is now a caregiver for her husband Gordon, 86, who was diagnosed with Alzheimer's disease five years ago. After Gordon Atlin, was diagnosed with Alzheimer's disease, his wife Sandra said she had to learn about the disease and keep him stimulated on top of running the household and trying to stay healthy herself. "Learning to cope at an age when learning new things is not so easy," she said. "Every kind of support that there could be would be very valuable in order to keep older couples together at home."

Dr. Joel Sadavoy is head of geriatric psychiatry at the hospital's Reitman Centre for Alzheimer's Support and Training, where he regularly sees people in their 80s or 90s who are struggling to provide care for someone at home. "They need a skill set to be able to deal with a person with dementia, who for example is simply refusing to do anything. Not eating or not bathing or not taking medication," said Sadavoy.

Canada and France will co-host a meeting in Ottawa next year that will focus on partnerships between academia and industry to put research into practical ideas and care models, Health Minister Rona Ambrose said. The U.K. government is also appointing a dementia envoy to explore a private and philanthropic fund for global dementia innovation.

Source: CBC News, December 2013

### The DIY Dementia Test

U.S. researchers have developed a simple, self-administered, 15-minute test that they claim will help identify the early signs of dementia, including Alzheimer's disease. The exam, which can be completed at home, by hand or online, tests language ability, reasoning, problem-solving skills and memory. Results can then be shared with doctors to help spot early symptoms of cognitive issues.

In 2011, 747,000 Canadians were living with cognitive impairment, including dementia, that's 14.9 per cent of Canadians 65 and older. By 2031, if nothing changes in Canada, this figure will increase to 1.4 million. Currently, Alzheimer's, the most common form of dementia, is diagnosed only through in-depth cognitive testing, but researchers said the simple test worked equally well.

"What we found was that this self-administered test correlated very well with detailed cognitive testing," said Dr. Douglas Scharre, who developed the test with his team at Ohio State University. The test result cannot provide a diagnosis of dementia or Alzheimer's, but a patient's responses can flag up problems to doctors, which they can then monitor over time. Researchers believe it could be an effective tool for screening large numbers of people in the community.

The team visited 45 community events in the U.S. where they asked people to take the Self-Administered Gerocognitive Exam (SAGE). Of the 1,047 over-50s who took the pen-and-paper version, 28% were identified with cognitive impairment

Researchers found that four out of five people with mild cognitive, thinking and memory issues were detected by the test, while 95% of people without issues had normal SAGE scores.

Dr. Simon Ridley, the head of research at Alzheimer's Research U.K., said: "Further research is needed to confirm whether the test would be suitable to assess and track changes in people's memory and thinking skills.

SAGE can be found at:

[http://medicalcenter.osu.edu/patientcare/healthcare\\_services/alzheimers/sage-test/Pages/index.aspx](http://medicalcenter.osu.edu/patientcare/healthcare_services/alzheimers/sage-test/Pages/index.aspx)

Source: Canadian Institutes of Health Research, December 2013; National Post, January 2014

## **Mental Illness in Seniors is a Real Problem**

The proportion of Canadians over the age of 65 will double by 2036, outnumbering children for the first time in our history. Canadians are living longer, healthier lives, but as the population grows, so does the number of people at risk of experiencing mental health issues. One in four seniors lives with a mental health problem (e.g., depression, anxiety or dementia) or illness, and as this population grows there will be a rise in the need for mental health services. If left unaddressed, this increasing pressure on the health system will have significant social and economic impacts.

Many chronic diseases that are typically experienced later in life have known correlations with mental illnesses, such as anxiety and depression. In fact, major depression occurs in about 40 per cent of senior patients who have experienced an acute stroke. Meanwhile, some older adults can go their entire lives with an undiagnosed mental illness and not ever receive treatment. Others experience the first onset of mental health disorders in later life.

Investing in continuing care is crucial to shifting the way we address seniors' mental health issues. Services, supports and treatments provided by long-term caregivers are already available beyond the hospital environment. Yet, these community-based outreach and primary care services for

seniors require further support, and better collaboration between services to sustain their efforts in addressing the mental health needs of seniors.

Source: Mental Health Commission of Canada, 2013

## **High H1N1 Prevalence and Mortality Rates a Concern**

Type A (H1N1) influenza, the most common flu virus in Canada this year, has a higher than anticipated mortality rate causing some experts to wonder if its virulence has increased.

The best protection is vaccination, says Dr. Pierre Lebel, an infectious disease specialist at the McGill University Health Centre in Montréal, Que., particularly for those who are at a high-risk of developing bad flu. This year's flu shot protects against the type A (H1N1) virus among others. People who were exposed to H1N1 during the 2009 pandemic, either by acquiring the virus or through immunization, can get infected again due to slight variations in the virus.

According to the Public Health Agency of Canada (PHAC), 96% of this year's lab-confirmed influenza is type A (H1N1). The virus is unusual in that it appears to affect younger people more than other strains of seasonal influenza. People aged 20 to 65 are being hit harder than usual, comprising 52% of flu cases. Normally, 80% of people who die from seasonal flu are 65 years of age or older, but during the 2009 H1N1 pandemic, between 62% and 85% of those who died were younger than 65.

The prevalence of Type A (H1N1) influenza this year is worst in Western Canada, from Saskatchewan to British Columbia, says Dr. Michael Gardam, director of infection, prevention and control at the University Health Network in Toronto, Ont. "However, they're all through the peak. The worst of it is done."

In Canada, seasonal flu normally contributes to approximately 20,000 hospital admissions and between 4,000 and 8,000 deaths annually.

During the H1N1 pandemic in 2009, the virus caused more than 284,000 deaths worldwide, according to the US Centers for Disease Control and Prevention. At that time, the World Health Organization declared H1N1 as a pandemic virus. However, the virus is now circulating like a seasonal influenza virus.

Source: Canadian Medical Association Journal, January 2014

## **Why Long-Term Care Insurance Has Yet To Catch On**

Long Term Care (LTC) Insurance is widely ignored despite the fact that Baby Boomers are already turning 65 and 25% of Canadians will be over 65 by the year 2036.

The Canadian Life and Health Insurance Association reports that 74% of Canadians admit they have no financial plan in place to pay for long term care in their retirement planning. That will

make things very difficult given that the current costs of care in long term facilities can easily exceed \$5,000 a month. Personal care at home ranges from \$12 to \$90 an hour.

Here are five top reasons why LTC insurance has not taken off:

1. "The government will take care of me" - We live in a great country with socialized medicine that looks after many of our needs and we assume this will continue. However, many of the items covered by LTC insurance are not covered by the government, such as private nursing care, rehabilitation and therapy, personal care helping with daily activities such as dressing, eating and bathing and homemaking services like cleaning, laundry and preparing meals.
2. "It's expensive" - It depends on what you are buying. There are ways to reduce the costs, including "pooling" coverage between you and your partner, selecting fewer options and lower benefits. Some policies return all the premiums if no claims are paid.
3. "I'm young; I don't need it" - An unforeseen accident or illness can be debilitating at any age, requiring around-the-clock care. People are usually healthier when they are young so that's the best time to buy almost any kind of life and health insurance. If you have been declined elsewhere you can probably still qualify for Simplified Issue LTC insurance.
4. Advisor apathy - Fewer than 25% of all advisors in Canada have ever sold a living benefits policy (includes critical illness, long term disability and long term care insurance). If advisors and insurance companies are not talking about LTC, consumers won't know about it either.
5. People hate buying insurance - Most people prefer spending money on vacations and home improvements. We all have car and home insurance and most of us should have life insurance of some kind. There is a five times greater likelihood of getting sick before age 65 versus dying, but trying to navigate the maze of available insurance products out there can be a daunting challenge, especially online. Sitting down with a certified financial planner with expertise in retirement and estate planning will help.

LTC insurance coverage has a number of benefits, and you have to weigh the possibility of requiring long-term care in the future as part of your comprehensive estate planning or explore other ways to self-fund the care, perhaps with less expensive joint last-to-die insurance or an annuity down the road.

Source: Financial Post, January 2014

## **Potential Complications of Radiation Therapy for Prostate Cancer**

A new Canadian study suggests that radiation therapy may lead to a higher incidence of complications later in life, including a risk of secondary cancers elsewhere in the body compared to those who underwent surgery, or compared to the general population.

The study examined health data for 32,465 Ontario prostate cancer patients who were treated between 2002 and 2009. Of those patients, 15,870 had surgery and 16,595 had radiation therapy.

The median age of the surgery group was 62, and the median age of the radiation therapy group was 70.

The study's authors looked at five common treatment-related complications that can arise in prostate cancer patients: hospital admissions, urological, rectal or anal procedures, open surgical procedures and secondary malignancies.

Patients who were treated with radiation had a higher incidence of developing a secondary malignancy five to nine years after treatment (4.5 per cent) compared to those patients who were treated with surgery (1.8 per cent).

The radiation group also had a higher incidence of hospital admissions, rectal or anal procedures and open surgical procedures, compared to those patients who had surgery. However, patients who had surgery had a higher incidence of urological procedures compared to patients who had radiation therapy, the study found.

The researchers found that while age and other illnesses were important predictors for all of the complications, the type of treatment was the strongest predictor of having any of the complications. The researchers believe the findings will have an impact on how doctors counsel patients as they navigate their treatment options.

Source: CTV News, January 2014

## **In Defense of Multivitamins**

Vitamins and minerals are essential to good nutrition and to good health. Ideally, we should get our nutrients and micronutrients in food, in a balanced, healthy diet.

That's not always possible. There are times when supplements are appropriate, essential even:

- Every woman of child-bearing age should take a prenatal vitamin or, at the very least, folic acid. If a woman becomes pregnant, the micronutrient supplementation can prevent such grave conditions as spina bifida and such cancers as neuroblastoma in her child;
- Newborns should get vitamin K injections to avoid potentially life-threatening bleeding;
- Babies should take vitamin D drops, especially if they are breastfeeding (formula and cow's milk are already fortified with vitamin D);
- Iron pills are an effective and necessary treatment for anemia;
- People in northern climes can lack vitamin D (especially if they are darker-skinned), and supplements can be helpful if they don't routinely get adequate sunshine;
- Vitamin B12 deficiency is common in older people, and many should take supplements, especially if they take medications like Nexium or Zantac for gastrointestinal ailments.

There were three studies published, one that followed 6,000 male physicians for 12 years and found a daily multivitamin did not preserve or enhance cognitive function, i.e., it didn't prevent dementia or make them smarter; a study that followed 2,000 adults for an average of four years

after they had a heart attack and found taking a daily supplement didn't lower the risk of having another heart attack; a systematic review that showed taking a multivitamin did not reduce the risk of developing cancer or heart disease.

What the research has shown consistently for years now is that, for most people, taking a multivitamin or specific vitamins and minerals offers no meaningful health benefits to most healthy consumers, but are a tremendous benefit for certain people with specific needs.

Vitamins are big business, some \$38-billion a year in sales in the United States and more than \$3-billion a year in Canada.

Source: The Globe and Mail, January 2014

## **Protecting Yourself, Your Home and Your Business During Extreme Winter Weather**

Winter storms have left many dealing with power outages, damaged property, and treacherous roads. We'd like to remind you to take extra care in these conditions. Here are a few tips and precautions to help you stay safe during extreme winter weather.

It's most important to protect yourself and your family first:

- Stay away from downed power lines.
- If a power line is in water, call your local hydro company immediately.
- Keep in touch with family by text or mobile phone to ensure they are safe.

If you lose power in your home or business:

- Avoid opening doors unnecessarily. However, ensure adequate ventilation is maintained.
- Turn off and unplug all electrical appliances. This will prevent damage if there's a power surge.
- Don't leave lit candles or heaters unattended.
- If there is a danger of freezing pipes, turn off the main water valve and drain the line(s). Or turn taps on just enough to maintain a small stream of water. Put plumbing antifreeze in toilet bowls, sinks and bathtub drains.

If road conditions are poor, avoid driving if it isn't necessary. If you do find yourself on the roads, here are some tips to keep you safe:

- Check weather and road conditions before heading out on the road.
- Before driving, ensure you clear snow and ice from all windows, lights, mirrors, and the roof of your vehicle. Wait for the fog to clear from interior windows.
- Be cautious when pulling out of your driveway, as snow banks can impede your vision.
- Drive slowly and keep a safe distance behind the vehicle in front of you.

- It is always wise to have an emergency kit in your trunk. The kit should include a flashlight and batteries, blanket, extra clothing and footwear, matches and a "survival" candle in a tin can (to warm hands, heat a drink, or use as an emergency light), non-perishable food and water bottles, a snow shovel, sand, extra windshield washer fluid and anti-freeze, hazard flares and booster cables.

Other things you can do to help keep your property safe:

- To prevent water from backing up during a thaw, keep snow and ice from piling up around drains and down spouts.
- If it is safe to do so, trim branches or trees that could break under the weight of heavy ice or snow and topple onto your home, car, or other property.
- Keep your house steps, walkways and driveway clear of snow and ice.
- Clear ice and snow away from outside vents and basement windows.
- Have a qualified company clear heavy amount of snow and ice from rooftops.

Source: Johnson Inc., January 2014

## **Drug Information and Update**

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### **Big Pharmacies Banned from Selling Private-Label Generics**

The Supreme Court of Canada has upheld regulations that Ontario created to prevent pharmacy chains from selling their own generic versions of prescription medications in place of name-brand drugs.

This is to ensure that pharmacies make money exclusively from providing professional health care services, instead of sharing in the revenues of drug manufacturers by setting up their own private label subsidiaries.

Two of the country's largest drug store chains, Shoppers Drug Mart, and Katz Group, which owns the Rexall and PharmaPlus chains challenged the province's regulations, saying they should be free to sell their own lower-priced generic versions of big-name drugs without government interference.

While drug prices themselves are capped in Ontario, drug makers have come up with several ways over the years to induce pharmacy chains to buy their products, such as offering them substantial rebates. The costs of these rebates, though, have compelled manufacturers to keep their own prices higher.

"If pharmacies were permitted to create their own affiliated manufacturers whom they controlled, they would be directly involved in setting the Formulary prices and have strong incentives to keep those prices high," the court said.

The regulations are therefore consistent with the purpose of reducing drug costs, the court said as it upheld the appeal.

Source: CTV News, November 2013

### **Health Canada Endorsed Important Safety Information on EFFIENT**

Eli Lilly Canada Inc. in collaboration with Health Canada would like to inform patients and their caregivers of important safety information about EFFIENT® (prasugrel hydrochloride). EFFIENT® is an antiplatelet medication which lowers the ability of blood to clot. A doctor can start EFFIENT® at the hospital around the time of a procedure to open a blocked heart artery in patients with certain types of heart attacks.

Patients treated for certain types of heart attacks at the hospital are at an increased risk of bleeding when EFFIENT® is started before looking at the heart arteries with an angiogram, compared to when EFFIENT® was given after looking at the heart arteries.

Doctors have been advised to consider this risk when starting treatment with EFFIENT® for certain types of heart attacks. There is no additional harm to people who are already taking EFFIENT®. Do not stop taking EFFIENT® without discussing with your doctor. Stopping EFFIENT® may increase the chance of having a heart attack.

Source: Health Canada, January 2014

## **Vitamin D Levels Linked to Parkinson's Symptoms**

Higher vitamin D levels are associated with better thinking and mood in people with Parkinson's disease, a new study suggests. The finding may lead to new ways to delay or prevent the onset of thinking problems and depression in people with the progressive neurodegenerative disease, the researchers said.

Their analysis of nearly 300 Parkinson's disease patients revealed that higher blood levels of vitamin D, the "sunshine vitamin" were associated with less severe physical symptoms, better thinking abilities and lower risk of depression.

This link was especially strong in patients without dementia, according to the study in the current issue of the Journal of Parkinson's Disease.

"About 30 percent of persons with Parkinson's disease suffer from cognitive impairment and dementia, and dementia is associated with nursing home placement and shortened life expectancy," study author Dr. Amie Peterson, of the Oregon Health and Sciences University, said in a journal news release.

"We know mild cognitive impairment may predict the future development of dementia," she added. Preventing the development of dementia in these patients may potentially improve rates of illness and death related to Parkinson's disease, Peterson suggested.

However, the study doesn't show whether low vitamin D dulls thinking or if the opposite is true that people with more advanced Parkinson's disease get less sun exposure because of their limited mobility and have lower levels of vitamin D as a result. The study also did not ask if patients were taking vitamin D supplements. While the study showed an association between vitamin D levels and thinking problems, it did not prove a cause-and-effect link.

Vitamin D is absorbed by the body from sunlight. It is also found in foods such as fatty fish and in supplements. Low levels of vitamin D increase the risk of type 2 diabetes, multiple sclerosis, high blood pressure, cancer and infections, the study authors noted in the news release.

Parkinson's disease affects about 100,000 Canadians and 5 million people worldwide. Its prevalence is expected to double by 2030.

Source: Parkinson Society Canada, 2013; Drugs.com, January 2014

## Acetaminophen Prescription Combination Drug Products

FDA is recommending health care professionals discontinue prescribing and dispensing prescription combination drug products that contain more than 325 milligrams (mg) of acetaminophen per tablet, capsule or other dosage unit. There are no available data to show that taking more than 325 mg of acetaminophen per dosage unit provides additional benefit that outweighs the added risks for liver injury. Further, limiting the amount of acetaminophen per dosage unit will reduce the risk of severe liver injury from inadvertent acetaminophen overdose, which can lead to liver failure, liver transplant, and death.

Cases of severe liver injury with acetaminophen have occurred in patients who:

- took more than the prescribed dose of an acetaminophen-containing product in a 24-hour period;
- took more than one acetaminophen-containing product at the same time; or
- drank alcohol while taking acetaminophen products.

In January 2011 FDA asked manufacturers of prescription combination drug products containing acetaminophen to limit the amount of acetaminophen to no more than 325 mg in each tablet or capsule by January 14, 2014. FDA requested this action to protect consumers from the risk of severe liver damage which can result from taking too much acetaminophen. This category of prescription drugs combines acetaminophen with another ingredient intended to treat pain (most often an opioid), and these products are commonly prescribed to consumers for pain, such as pain from acute injuries, post-operative pain, or pain following dental procedures.

Acetaminophen is also widely used as an over-the-counter (OTC) pain and fever medication, and is often combined with other ingredients, such as cough and cold ingredients. FDA will address OTC acetaminophen products in another regulatory action. Many consumers are often unaware that many products (both prescription and OTC) contain acetaminophen, making it easy to accidentally take too much.

More than half of manufacturers have voluntarily complied with the FDA request. However, some prescription combination drug products containing more than 325 mg of acetaminophen per dosage unit remain available. In the near future FDA intends to institute proceedings to withdraw approval of prescription combination drug products containing more than 325 mg of acetaminophen per dosage unit that remain on the market.

FDA recommends that health care providers consider prescribing combination drug products that contain 325 mg or less of acetaminophen. FDA also recommends that when a pharmacist receives a prescription for a combination product with more than 325 mg of acetaminophen per dosage unit that they contact the prescriber to discuss a product with a lower dose of acetaminophen. A two tablet or two capsule doses may still be prescribed, if appropriate. In that case, the total dose of acetaminophen would be 650 mg (the amount in two 325 mg dosage units). When making individual dosing determinations, health care providers should always consider the amounts of both the acetaminophen and the opioid components in the prescription combination drug product.

Source: Drugs.com, January 2014

## **Blood Glucose Meter Recalled: May Give Out Wrong Blood Sugar Levels**

Nipro Diagnostics Inc., in consultation with Health Canada, is voluntarily recalling a limited number of its "TRUEtrack" blood glucose meters as a result of a potential error in displaying blood sugar levels. The Canadian version of the affected product is currently displaying glucose levels in milligrams per decilitre (mg/dl) rather than the standard millimoles per litre (mmol/L) used in Canada.

Consumers are at risk of thinking they have obtained a higher than expected blood sugar level reading because of this incorrect factory-set unit of measure. As a result, patients may use more insulin than required, which may cause hypoglycemia (low blood sugar), and in extreme cases may cause loss of consciousness or death.

To date, Health Canada has not received any adverse reports associated with "TRUEtrack" blood glucose meters, which were distributed in Canada between July 2008 and April 2013.

Health Canada is advising consumers using the affected meters to speak either with their pharmacist or their healthcare practitioner about what other options are available to them.

The company, Nipro Diagnostics, is advising consumers to confirm if they have the affected meter by visiting its website and verifying the serial numbers on the back of the device. Nipro Diagnostics has also provided further instructions as to product replacement on its website. Consumers may also call the company toll-free at 1-866-236-4518.

Source: Health Canada, January 2014

## **National and Provincial Issues**

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### **PROVINCIAL ISSUES**

#### **Ontario Not Receiving Expected Health Transfer Funds**

The government promised all provinces a 6.0 per cent increase in health transfers, but Ontario will get only 3.4 per cent in 2014-15. The \$300 million that Ottawa is shortchanging Ontario is more than the province's increase in home care and other services for seniors this year. "It's less money to reduce wait times, it's less money to hire nurses, it's less time to provide Ontario families and particularly Ontario seniors with the care that they need," Ontario Health Minister Deb Matthews said.

Ontario, which is facing a nearly \$12-billion deficit, is the only province that will see fewer federal dollars next year, with total transfer payments shrinking by \$641-million to \$19.1-billion.

A spokesman for finance minister Jim Flaherty said that the sums went down because Ontario's economy did better. The province allocates about \$49-billion a year on health care, the highest area of spending in its \$127.6-billion budget. Matthews said costs have risen by 6 to 7 per cent annually in recent years, but the government has managed to hold it at 2.1 per cent this year.

Source: National Post, December 2013

#### **Helping More Seniors in Hamilton, Niagara, Haldimand and Brant Get Care They Need at Home**

Seniors and residents throughout the Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN) are receiving better access to home care and community supports to help them live independently and at home longer.

Ontario is providing nearly \$27 million to support home care for more seniors and for expanded community health care services, including mental health supports for seniors and others living with complex conditions.

This investment will support existing programs and help develop new ones to provide better care for seniors at home and reduce unnecessary emergency room and hospital re-admissions. This includes:

- Providing more home care for patients with complex needs and reducing wait times for personal support services provided by Community Care Access Centres.
- Expanding supportive housing services at Niagara's Pleasant Manor to support about 150 frail and high-risk seniors and improving supports for seniors already living in the 22 wellness suites.

- Improving supports for people living with a brain injury through Brain Injury Services of Hamilton. This includes teaching clients strategies for improving memory and cognitive thinking, offering psychiatric consultation for medication management, running recreational and educational programs and providing clients with crisis management and counseling.
- Offering specialized transitional adult day programs through The Victorian Order Nurses of Canada for seniors with developmental disabilities. This program will help individuals with complex developmental conditions make a more gradual transition to mainstream adult day programs.

#### Quick Facts

- More than 637,000 people currently receive home care across Ontario.
- Over the next 20 years, the population of seniors aged 65 and over in Ontario will more than double from 1.9 million today to 4.2 million in 2036.

Source: Ontario Government, December 2013

## Improving Access to Routine Health Procedures

Ontario is increasing access to routine health procedures by establishing non-profit community-based specialty clinics in communities across the province.

These specialty clinics will provide OHIP- insured services, starting with cataract and colonoscopy procedures. Other procedures will be considered for this new model of care, including dialysis, out-patient orthopaedic and other specialized services that do not require overnight stays in a hospital.

The new clinics will:

- Focus on better patient outcomes, including a better patient experience.
- Adhere to high quality standards of care to ensure patient and staff safety.
- Provide OHIP-insured services with no additional fees charged for these services.
- Work with Local Health Integration Network (LHIN) and hospitals to ensure continuity and stability of services for patients in the community.
- Provide better value for Ontario taxpayers by allowing hospitals to focus on more complex procedures.

Health care providers can apply to provide services under the new model starting in early 2014.

#### Quick Facts

- Examples of existing non-profit specialty clinics operating in the province include Kensington Eye Institute, Ottawa Hospital's Riverside Campus and the new Ottawa and Toronto Birth Centres.
- Applications to open new non-profit community-based specialty clinics must be supported by a local hospital and the LHIN.

- British Columbia, Manitoba, Alberta and Saskatchewan have already shifted some low-risk procedures into specialty clinics, including hip and knee surgery, diagnostic imaging, urology and maternity services.

Source: Ontario Government, December 2013

## **Analytics-Driven Health Care Growing in Ontario**

Ontario data specialists are dusting off reams of disparate and disconnected health data, integrating it with new sources of "big data" from genomics, and harnessing it all to help shape reform in clinical care, public health strategy and health system financing.

For evidence, Alison Blair, interim director of the Health Analytics Branch at the Ontario Ministry of Health and Long-Term Care says the health ministry's two biggest reform initiatives are founded upon information integrated from a broad array of formerly isolated databases. One initiative is to integrate family care providers, specialists, hospitals, long-term care, home care and other community supports. The other is exploring how to replace unconditional funding grants to hospitals with pay based on the quality and quantity of patient care they actually deliver.

Most health data systems were built for managing acute care, but now health providers want a more complete picture of "patients' end-to-end journeys," says Jeanette Munshaw, director of the ministry's Health Data Branch.

The health ministry is currently drawing upon records from 48 hospitals and 15 provincial health databases to identify the price of treating high-cost patients, which will allow the ministry to refine payments.

Soon, there will also be huge volumes of additional health data flowing from the 10,000 electronic medical record (EMR) systems used by Ontario physicians, notes Dr. Karen Tu, who leads the development of the Electronic Medical Record Administrative Data Linked Database (EMRALD) at the Institute for Clinical and Evaluative Studies in Toronto, Ontario.

The system, operated by the Hamilton Niagara Haldimand Brant Local Health Integration Network, is being adopted by three other local hospital networks in southern Ontario. Capable of producing 250 different types of reports, the system lets users "drill down to see where the patients are coming from," says Gerrie. "We've begun to identify the high-user population. And once they are identified, a shared care plan is put in place."

Source: Canadian Medical Association Journal, January 2014

## **NATIONAL ISSUES**

### **Lung Cancer Kills More Women in Canada than in Other OECD Countries**

In Canada, 47 out of 100,000 women die of lung cancer every year, almost double the average rate of 26.5 per 100,000 among member countries of the Organisation for Economic Co-operation and Development (OECD).

A new report by the Canadian Institute for Health Information (CIHI) notes that this may be related to the fact that the percentage of Canadian women who smoked in the 1980s was more than double that of today, and a lag time of up to 30 years exists between a reduction in smoking rates and a decline in lung cancer rates.

In 2010, only 14% of Canadian women were daily smokers, compared with 30% in 1980.

“Lung cancer is the leading cause of cancer death in Canada, with an expected 20,200 lung cancer deaths in Canada this year. While lung cancer mortality rates have been declining for men for some time, they have not yet shown the same pattern for women,” says Dr. Heather Bryant, Vice-President of Cancer Control at the Canadian Partnership Against Cancer. “Studies like this one are intended to encourage conversations and identify areas for improvement. Continued efforts in tobacco control are clearly one way to influence these rates, and we are working with partners across the country to examine whether new interventions, such as low-dose CT to screen those at high risk for lung cancer, may also be of value to consider.”

Benchmarking Canada’s Health System, International Comparisons, which uses OECD data to compare Canada’s health system internationally, shows that out of 33 countries, only Iceland and Denmark had higher female lung cancer death rates in 2012.

Canada is much closer to the OECD average for male lung cancer deaths, at 72.3 per 100,000 (the average being 66.3). Canada does well in other OECD indicators related to cancer, and its rates for breast cancer screening and survival are among the best.

Source: CIHI, November 2013

### **Study Shows 90 Per Cent of Canadians at Some Risk for Heart Attack or Stroke**

Just one in 10 Canadians have ideal cardiovascular health, according to a new study published in a leading medical journal.

Even 50 per cent of children scored poorly in the groundbreaking study, published in the Canadian Medical Association Journal, which shows that the majority of the population needs to adopt a healthier lifestyle or risk cardiovascular disease, the second leading cause of death in the country.

Working with the Heart and Stroke Foundation of Canada, a team of researchers developed the Cardiovascular Health in Ambulatory Care Research Team (CANHEART) health index, measuring ideal health behaviors and factors for optimal heart health.

They looked at data on 464,883 people aged 12 years and older who participated in the Canadian Community Health Survey, using six factors: smoking, body weight, exercise, fruit and vegetable consumption, blood pressure and diabetes.

Using those factors, they developed a health assessment tool using a simple scoring system from one to six. Their focus is on prevention, says Bobbe Wood, president of the Heart and Stroke Foundation of Canada, “so that people never have to get to the place where they need an angioplasty or bypass surgery.”

People are encouraged to adopt a 0 — 5 — 30 approach to daily living, Wood says. That’s zero exposure to any tobacco smoke, five servings of fruits and vegetables and 30 minutes of exercise throughout the day.

This index provides a benchmark for future comparison. The plan is to monitor Canadians over the next decade, with the goal to improve the statistic by 10 per cent by 2020. The study showed geographical variation, with the healthiest population in British Columbia and those in Newfoundland the least heart healthy. Ontario is in the middle. Women are more likely than men to be heart healthy in the middle ages, but similar in youth under 19 and seniors.

Source: The Toronto Star, December 2013

## **New Law to Protect Patients**

The government is introducing new patient safety legislation, known as the Protecting Canadians from Unsafe Drugs Act (Vanessa's Law). The Law is named after Vanessa Young, who tragically died of a heart attack while on a prescription drug that later was deemed not safe and removed from the market. The Law would protect Canadian families and children from unsafe medicine by enabling the Government to:

- Require strong surveillance including mandatory adverse drug reaction reporting;
- Recall unsafe products;
- Impose tough new penalties for unsafe products, including jail time and new fines of up to \$5 million per day instead of the current \$5,000;
- Provide the courts with discretion to impose even stronger fines if violations were caused intentionally;
- Compel drug companies to revise labels to clearly reflect health risk information, including updates for health warnings for children; and
- Compel drug companies to do further testing on a product, including when issues are identified with certain at-risk populations such as children.

The Government of Canada consulted extensively with patients, healthcare providers and industry on the issues addressed by this new legislation. These changes will build on our existing efforts to ensure that drug labels and safety information are easier to read and understand.

Source: Health Canada, December 2013

## **Canada Ranked Last Among 11 Organization for Economic Co-operation and Development (OECD) Countries in Health Care Wait Times**

A 2013 health policy survey by the Commonwealth Fund showed that Canada has seen no improvements in wait times since 2004. The survey found that depending on where you live in Canada, your experience with the health care system can be vastly different.

According to the report, British Columbia fared the best in terms of the number of patients able to access physician care, with 46 per cent saying they were able to see a doctor on the same day or the next day, while Newfoundland ranked the lowest with 31 per cent.

Germany took the top spot on the list with 76 per cent of patients being able to see their doctors same-day or next-day, followed by New Zealand at 72 per cent and Switzerland at 69 per cent.

The U.S. ranked second last in the same category, with 48 per cent of those polled south of the border saying they could get a same-day or next-day appointment.

Nearly half of Canadians (47 per cent) reported that they recently went to an emergency department for a health problem that their regular doctor could have treated if he or she had been available, the highest among the countries surveyed.

Emergency room wait times is another area where Canada is ranked last, with 26 per cent reporting that they've waited four hours or more to be seen in the emergency department. The Netherlands ranked first on the list, with only one per cent having waited more than four hours in an ER.

The report also noted that depending on the province, between 3 and 15 per cent of Canadians do not have a regular doctor or clinic.

Dr. Louis Hugo Francescutti, president of the Canadian Medical Association, notes that even though recent studies suggest that there seems to be a surplus of physicians in the country, nearly 5 million Canadians still don't have access to primary health care services. He says many of these patients end up in crowded hospital emergency rooms, adding further pressure to a drained health care system.

Other findings include:

- Accessing medical care after hours without going to an emergency room is difficult for 62 per cent of Canadians;
- Between 2 and 20 per cent of Canadian women have never had a Pap test, and up to 34 per cent of women have never been screened for breast cancer;
- 61 per cent of Canadians do not get reminders when they are due for preventive care; the rate has gone unchanged since 2004;
- 20 per cent of Canadians hospitalized overnight left without written instructions about what they should do and what symptoms to watch for at home; and

- The authors of the report say the "big message" to take home is the lack of progress in many areas of the health care system across Canada.

"Although Canadians have more confidence in the health care system, access to care has not substantially improved and patients are not reporting that their care is better integrated or more patient-centred," the authors conclude.

Source: CTV News, January 2014

## **Break It Off Smoking Cessation Campaign**

The Government of Canada and the Canadian Cancer Society (CCS) are launching Break It Off, a joint tobacco cessation, awareness and outreach campaign aimed at young Canadians. This campaign is part of the Government of Canada's multi-year \$4.8 million investment to help young adults quit smoking and stay smoke-free. Research shows us that if a smoker quits smoking before age 40, the risk of dying from tobacco-related illnesses is reduced by as much as 90%.

The multi-year campaign targets young adult smokers aged 20-24, who have a higher rate of smoking than the general population. The Break It Off campaign encourages young adult smokers to "break off" their bad relationship with smoking and stay smoke-free. Following the relationship theme, tools and resources have been developed to assist smokers as they move through various stages of breaking up with smoking, and builds on the success of a smaller-scale campaign funded by Health Canada and led by the CCS across six provinces in 2012.

Users can download a mobile app from the campaign website to track and share their progress with quitting smoking through Facebook, including the number of cigarettes "dumped". The website also allows visitors to connect with others who are trying to quit or who have already quit through other social media channels such as Twitter and YouTube.

### **Quick Facts**

- The current smoking rate among Canadians (aged 15 years and older) is at an all-time low of 16 per cent versus 20% for young adult smokers aged 20-24.
- Since the inception of the Federal Tobacco Control Strategy, Canada has invested more than \$500 million to help Canadians quit smoking and to prevent Canadians from starting to smoke.
- Canadians needing support to quit smoking can call a quit coach through the toll-free pan-Canadian quit line at 1-866-366-3667 or visit Healthy Canadians online.

Source: Health Canada, January 2014

## Travel News

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### Canadians Have a Poor Understanding of Travel Health Coverage

The Travel Health Insurance Association of Canada (THiA) conducted a national survey of Canadians about their travel habits and their understanding of provincial health coverage. The survey revealed that 35 per cent of Canadian travellers do not buy travel health insurance. "Only six per cent of Canadians realize that provincial health plans cover approximately 9 per cent of medical expenses when travelling outside of Canada," said THiA President, John Thain. "Travel health insurance is designed to protect against unforeseen medical expenses."

Of respondents:

- 21 per cent indicated that they have received medical treatment while travelling;
- The most common reasons for seeking medical care include gastrointestinal issues (21.8 per cent), infection (16.2 per cent) and fractures (10.7 per cent);
- 60 per cent of those who received medical attention while away had extended medical insurance to pay for the associated expenses;
- Most (59.3 per cent) would pay whatever necessary for medical treatment;
- Associated medical expenses of more than \$1,000 would represent a financial crisis for 33.6 per cent of respondents and 32 per cent indicated that unforeseen medical expenses of \$5,000 or more would represent a financial crisis; and
- Only 28.5 per cent correctly identified the average cost of treating a fracture in the US (\$10,000).

THiA recommends that Canadians do the following to have carefree vacations:

- Know your health and consult a health care provider if you have any questions;
- Know your trip - How long will you be gone? Are you a snowbird? Will you be travelling many times during the year? Do you plan to scuba dive?;
- Understand your travel insurance policy - insurance companies have staff available to answer any questions related to policies.

Source: The Travel Health Insurance Association of Canada, November 2013

### Cheap Travel May Be at Risk If Canadian Dollar Continues to Fall

A lower loonie may be good news for many Canadian businesses but, over time, consumers may see prices creep up for those popular vacations to warmer climates, and fewer reasons to shop online or in the U.S.

David McCaig, president of the Association of Canadian Travel Agencies, said a weakened Canadian dollar has had little to no effect on Canadians booking vacations down south but, if the trend continues, history may repeat itself. Back in 2009, McCaig said travel agencies across the country saw declines in the number of vacations Canadians were booking.

Instead of packing their bags and heading south or to the Mediterranean, many opted to have a "staycation" or travel within the country to stretch their dollar. The travel industry may see this again if prices for vacations begin to crawl up on a lower Canadian dollar, he said.

For now, agencies continue to see a lot of "pent-up demand" to get away to the Caribbean, the U.S. and Europe, an urge exacerbated by the frigid temperatures that have recently gripped most of Canada.

Most vacations are still being listed at last summer's prices, when the Canadian dollar was stronger. Those prices are likely to stick for the next few months but will rise if the loonie continues to fall.

Source: CTV News, January 2014

## Johnson Inc.

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- **Johnson enhances the customer experience with increased choice and convenience**

As one of the country's leading and fastest growing providers of insurance products and benefits, Johnson is committed to doing what's right for our Home-Auto customers. To support this, we have implemented new telephone service options that significantly improve the customer experience. Providing customers with increased choice and convenience is always at top of mind, and the telephone service options fulfill these attributes successfully. The premise of the new technology is to ensure all customers are provided with the ability to select an option (immediate service or voicemail) that works best for them in the event that their personally assigned Service Specialist is unavailable. Results from across the country have shown that most customers are selecting the first option where they are instantly speaking with an experienced and knowledgeable Service Specialist. Customer feedback on this approach has been extremely positive.

- **Johnson to adopt top global CRM tool – Salesforce**

An Internet-based Customer Relationship Management tool, Salesforce is used by many of the world's leading organization and will help us manage our business relationships and the data and information associated with them. It's initially being rolled out to our Plan Benefit and Home-Auto Consultants and will help the team store current and prospective customer contact information, accounts, leads, and opportunities in one central, online location. Not only will Salesforce help our Consultants document and monitor the sales and account activities for their sponsor groups, it'll provide clear lines of sight for activity by sponsor group, give us real-time access to client information, increase productivity, and allow us to proactively follow-through on leads and customer touch points.

## **Appendix A – Benefit Statement and Income Tax Letter**

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