

Speech to The Pharmaceutical Society of Australia Pharmacy Refresher Course
The Honourable Colin Hansen, Minister of Health Services
June 1, 2004

Check Against Delivery

Thank you very much. It's actually been three years on June the fifth that we were sworn in as government. There are two sides to that when you're a health minister. On the one hand, you think back and it seems like yesterday and time is flying fast. On the other hand it feels like it's been about 20 years. For every health minister around the world, there are burdens that are common to all of us.

First of all, I want to welcome all of you here and just say how pleased our Premier, Gordon Campbell is, that you chose to come to Vancouver for the start of your conference this year. There is a lot we can learn from each other in the areas of healthcare and pharmaceutical issues in particular. Just as BC learned a lot when you were seeking and planning the Olympic Games. We certainly sought out your advice when we went after the 2010 Olympics, which we were successfully awarded. I know that there will be many from the Olympic Organizing Committee that will be seeking out the advice of those of you in Australia who understand the preparation work that has to be done. There's also a lot to collaborate on in terms of healthcare.

As I was thinking about the remarks that I could make in the opening of your session, I was thinking about some of the successes that we've had in BC that I hope you'll have a chance to touch upon during your deliberations. We've embarked on a very strong strategy around chronic disease management and trying to answer the question for people with congestive heart failure, diabetes, or asthma of 'what do we do to keep people out of hospitals?' Proper care at the community level and the effective management of pharmaceutical products is obviously one key to that. The first collaborative we rolled out was just over a year ago in congestive heart failure (CHF). Already after just twelve months, we've seen phenomenal changes and phenomenal benefits to the individuals who are dealing with CHF, through proper use of medications.

In BC we also have a NurseLine. That in itself, is not unique around the world. It's a system where citizens can phone in and get advice over the telephone as to whether or not they should be going to an emergency room, or whether they should be going to see their family doctor. One thing that we found was that ten percent of all the calls that came in were pharmacy related. Often people, especially in smaller communities, could not get access to their pharmacist, particularly in the evenings and overnight. So, one of the things we added was a pharmacy service so pharmacists can be accessed by a 1-800-number. The pharmacist is not sitting in the centre. They're actually linked up to community pharmacists, who are actually working in their prospective pharmacies around the province. Between midnight and eight o'clock in the morning isn't one of the busier times, so they have time to handle those phone calls and give that kind of advice. That has an impact on emergency room visits in our hospitals overnight.

We also have a financial assistance program for every resident in the province. In fact, we recently made some pretty significant changes to it to make sure that it was based on need, so that people with lower incomes got significantly better financial assistance than they would have previously. We're trying to cope with the aging baby-boomers, as I know you are in Australia as well. In Canada we realized that 20 years ago, a third of our seniors lived under the poverty line. Today, that's about 17 percent, so we need very different programs to meet the needs of baby boomers in the future, and we have to focus our resources on those who have lower income and need the extra financial assistance from the taxpayers.

We've also got a program that I believe you may be touching upon in your conference, referred to as our PharmaNet system. Every single prescription that has been filled by a pharmacist in British Columbia since 1995 is in a database. When we formed government three years ago, one of the

things I found is that there is a great concern about privacy and how information is used. That's appropriate. We have to protect privacy, but at the same time we have to find ways of protecting it while still using the data collected. What a wealth of information we have to try to determine negative drug interactions that perhaps we haven't actually made the linkage on yet. Looking at the effectiveness of medication, are they really all they're cracked up to be? Do these medications actually produce the results that our manufactures attribute to them based on the very focused clinical trials that take place? And, what actually happens when you get drugs past the clinical trials and out into the real world? I know that you as pharmacists face that on a daily basis, but how can we use the data that we've got to actually, in a very systematic way, find answers to some of the questions we haven't even thought to ask yet, never mind to research.

The other thing in BC that we're very proud of is the initiatives that we are undertaking in the Biotech area. When we were faced with the international SARS crisis, just one year ago, it was actually a research team here in BC at the BC Cancer Agency that took on the task to sequence the coronavirus, even though it wasn't linked to cancer. They were the first in the world to do that, but what was critical was that they didn't go out, as I think we would find with some American research organizations, and slap a patent on it and say that anyone who wants to use this has to pay a fee. They did patent it, because they wanted to ensure no one else slapped user fees on it. They patented it so it would be protected for general practice use, and they stuck it on the internet so that scientists all around the world could use that genome sequencing for their prospective research.

That is the approach that countries like Canada and Australia and New Zealand have to take to make a real contribution to the health of citizens around the world. It's through collaboration, not proprietary information, that we can find new medical advances around the world. It's out of these kinds of conferences that we're going to be able to share best practices and ideas as to how we can better meet the needs of our respective citizens.

Once again I welcome you here and thank you for coming to BC. I look forward to the feedback that I will get from the Canadians that are going to share this time with you, in terms of the kind of policies and innovations that you have undertaken in Australia that we should be copying in British Columbia.

Enjoy your stay, and thank you for having me today.