

Resolving Canada's jurisdictional health quagmire

The pan-Canadian, integrated management model that was used to overhaul the discredited national blood system in the aftermath of the tainted blood crisis of the 1980s could and should be used to achieve other needed changes in the health care system, according to Canadian Blood Services CEO Dr. Graham Sher.

"A system that had been the object of outrage and devastation [because of the contamination of the blood supply with HIV and hepatitis C], over time, was turned into a pan-Canadian institution that earned the trust of the public, donors, recipients and health care professionals," Sher said in an address to the Economic Club of Canada on Oct. 25.

"We went from a broken system of decentralized, nonintegrated, largely independent blood centres — 16 in all — to a fully integrated, nationally networked, streamlined and standardized system. A single national supply chain supported by a shared services model, serving the needs of Canadians anywhere in the country," he added.

At the core of the management model lies a governance structure that "balances provincial ministerial responsibility and accountability for spending taxpayer dollars with the autonomy needed for Canadian Blood Services to do its job," Sher said.

"This governance model protects both the governments and the integrity of the blood system. It allows us to make the decisions we need to make, when we need to make them, independent from the individual governments that fund us, and in the best interests of the national blood system. There are even financial mechanisms built into our governance that permit rapid responses to emerging threats that are not constrained by annual budget cycles and government approvals."

The "arm's length relationship and fiscal responsiveness" are critical components, along with openness and transparency, Sher added.

Sher argued that the approach was equally effective in achieving progress in revamping the national organ donation system.



Canadian Blood Services

"There is an appetite" for pan-Canadian solutions to national health problems, Canadian Blood Services CEO Dr. Graham Sher told the Economic Club of Canada on Oct. 25.

After four years of jurisdiction wrangling with provincial governments and transplant programs, Canadian Blood Services earlier this year proposed a strategic plan to create an "integrated interprovincial organ donation and transplantation system" (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4239).

While the plan does not feature any manner of mandatory organ sharing between jurisdictions or pan-Canadian organ allocation mechanism, Sher told the Economic Club that it should help to reduce inequities in the availability of organs across the country, while also bolstering the nation's mediocre organ donation rates.

"It establishes priorities for a new, integrated, interprovincial system and presents sweeping, targeted recommendations that will deliver measurable and tangible benefits to Canadians," Sher contended. "While it calls for interprovincial collaboration and shared accountability, the plan builds upon existing provincial programs, and respects jurisdictional autonomy."

Sher added that further evidence of the value of such a pan-Canadian approach can be found in Canadian Blood Services drug formulary for bio-

logical drugs used to treat hemophilia and other blood disorders. "By leveraging the buying power of all provinces and territories combined, we are able to achieve two critical benefits for Canadians: best pricing and enhanced security of supply," he said. "Last year, we negotiated new contracts for just one of these drugs — the blood clotting protein vital in treating hemophilia — at a savings of \$160 million over three years."

That strategy could readily be adopted by others, Sher said. "The approach to bulk purchasing pharmaceuticals that is exemplified by the formulary of specialized drugs we manage for Canada is a viable model for other pooled tendering, procurement and distribution programs."

Sher contended that the Canadian Blood Services' successes provide concrete evidence that "pan-Canadian solutions" are possible and "that there is an appetite, if born from necessity of circumstance, to pursue such approaches. That they're not in contradiction with a multijurisdictional, federated health care system." — Adam Miller, *CMAJ*

CMAJ 2012, DOI:10.1503/cmaj.109-4328