



CANADIAN ASSOCIATION OF GASTROENTEROLOGY
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January 27, 2005

Re:

**CANADIAN ASSOCIATION OF GASTROENTEROLOGY PUBLISHES
EVIDENCE-BASED GUIDELINES ON THE MANAGEMENT OF
GASTROESOPHAGEAL REFLUX DISEASE**

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The Canadian Association of Gastroenterology (CAG) is pleased to provide this link (<http://www.cag-acg.org/guidelines/guidelines.htm>) to the CANADIAN CONSENSUS CONFERENCE ON THE MANAGEMENT OF GASTROESOPHAGEAL REFLUX DISEASE IN ADULTS - UPDATE 2004, published this month (Can J. Gastroenterology 2005;19(1),15-35). This publication was produced using internationally accepted standards surrounding the development of evidence-based Clinical Practice Guidelines. We trust that this material will be of interest, and use, to you.

We would like to take the opportunity to advise you of related CAG activities surrounding a substantial Human Resource Plan for Gastroenterology within Canada. We recently held a Consensus Conference that established acceptable wait times for gastroenterology consultation and endoscopic procedures, and we are currently measuring actual wait list times across the country.

Although we have only begun to collect actual wait list times, it is very clear that there are major shortfalls in many parts of the country. Ultimately, we will compare the actual wait times with the optimal wait times, providing a map the country with respect to access. The final step will approach solutions (at both a regional and national level) to narrow apparent gaps in access.

The CAG supports the development of rational drug planning in an environment where all possible implications are assessed, for example, adherence to the recommended patient management, the impact on access to consultation and procedures, and the impact on the overall health care budget. Decisions made in isolation of the overall health care environment can have major implications despite a short-term reduction in drug budget spend. Of primary importance, inappropriate restriction to any drug class can result in suboptimal treatment for patients with GI related disease. In addition, such restrictions can unnecessarily result in referral of patients for consultation and/or endoscopic procedures (who would otherwise not have entered the system), and this will ultimately further lengthen already unacceptable wait times.

The CAG appreciates your consideration of the above. We would be most happy to further discuss this with you at any time.

Sincerely,

A handwritten signature in black ink, appearing to read "Des Leddin". The signature is written in a cursive style with a period at the end.

Dr. Des Leddin,
President, CAG

Cc Ministers of Health, Federal and Provincial
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