The Gastroenterologist's Dilemma - Redefining Gastroenterology for the 21st Century

Des Leddin and Lana Bistritz
Accreditation

This event has been approved as an accredited (Section1) group learning activity as defined by the Maintenance of Certification program of the RCPSC. It has been produced under RCPSC guidelines for the development of co-developed educational activities between CAG and Abbott.
Financial Interest Disclosure

(over the past 24 months)

No relevant financial relationships with any commercial interests
Objectives

- Understand some of the major trends which will affect gastroenterology
- Be prepared to meet coming changes
- Be able to position oneself to take best advantage of future trends.
2015 CDDW/CASL Winter Meeting

**CanMEDS Roles Covered:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Medical Expert</strong></td>
<td>(as <em>Medical Experts</em>, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. <em>Medical Expert</em> is the central physician Role in the CanMEDS framework.)</td>
</tr>
<tr>
<td><strong>Communicator</strong></td>
<td>(as Communicators, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.)</td>
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<tr>
<td><strong>Collaborator</strong></td>
<td>(as <em>Collaborators</em>, physicians effectively work within a healthcare team to achieve optimal patient care.)</td>
</tr>
<tr>
<td><strong>Manager</strong></td>
<td>(as <em>Managers</em>, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.)</td>
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<tr>
<td><strong>Health Advocate</strong></td>
<td>(as <em>Health Advocates</em>, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.)</td>
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<tr>
<td><strong>Scholar</strong></td>
<td>(as <em>Scholars</em>, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.)</td>
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<tr>
<td><strong>Professional</strong></td>
<td>(as <em>Professionals</em>, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.)</td>
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Topics

- Remuneration
- HR and gender
- Remuneration models
- Nutrition
- Relationship with primary care
- Relationship with industry
- Waiting times
- Complex comorbidities
- Communication
- Accountability and quality
Disclaimers

- Never make predictions especially about the future
  - Vonnegut
- Further out you go the greater the uncertainty
- Probabilities not certainty
Remuneration

- Trends
  - Increased number of physicians
  - Increasing health expenditure
  - Reluctance to change
  - Economic growth is slow
### Annual change in income

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Statistics Canada
Modest growth since 2011

Source
Canadian Institute for Health Information, National Health Expenditure Trends, 1975 to 2014.
What is the money being spent on?

• About 60% of total health expenditure in 2014 will be directed to hospitals, drugs and physicians

- **Hospitals**: 30% of health spending, $63.5 billion, 2.1% growth
- **Drugs**: 16% of health spending, $33.9 billion, 0.8% growth
- **Physicians**: 15% of health spending, $33.3 billion, 4.5% growth

Growth has outpaced that for hospitals or drugs since 2007.

*Source: Canadian Institute for Health Information, National Health Expenditure Trends, 1975 to 2014.*
Health spending continues to vary across Canada

Per person (public and private), projected for 2014

Provincial/territorial government health spending as percentage of budget, projected for 2013

Source: Canadian Institute for Health Information, National Health Expenditure Trends, 1975 to 2014.
Number of Physicians per Population Increased in All Provinces

Source
Scott’s Medical Database, 2013, Canadian Institute for Health Information.
Physician Supply Grew 3.4% Over Previous Year

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Source
Scott’s Medical Database, 2013, Canadian Institute for Health Information.
Number of Physicians per 100,000 Population Reached Record Level

Source
Scott’s Medical Database, 2013, Canadian Institute for Health Information.
Total Gross Clinical Payments to Physicians Increased to More Than $22.8 Billion

Source
National Physician Database, Canadian Institute for Health Information.
Over Last 5 Years, Average Gross Clinical Payments Increased by 14%

© Canadian Institute for Health Information, 2014.

Source
National Physician Database, Canadian Institute for Health Information.
Average Gross Clinical Payment per Physician More Than $328,000, Virtually Unchanged Over Previous Year

Source
National Physician Database, Canadian Institute for Health Information.
Physician Demographics

Percent Distribution of Gastroenterologists by Gender, Canada 2011

Source: Canadian Medical Association, CMA Master file, January 2011.
More Than One-Third of Physicians Were Women

Source
Scott’s Medical Database, 2013, Canadian Institute for Health Information.
Canadian GI’s by Gender

- Average hours worked per week
  - Women 52 hrs (range 30-87)
  - Men 58 hrs (range 30-125)

CAG Gender and Equity Survey 2014
Area of Specialization by Gender

CAG Gender and Equity Survey 2014
Work-life Balance by Gender

“I have been able to balance my home life and work life without hindering my career progression”

CAG Gender and Equity Survey 2014
Alternative Payments Continued to Grow as Proportion of Total Gross Clinical Payments

Source
National Physician Database, Canadian Institute for Health Information.
Physician Demographics

Number Distribution of Gastroenterologists by Year in Canada

Source: Canadian Medical Association, CMA Master file, January 2011.
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<th>CANADA</th>
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<th>AB</th>
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Key messages: 2014

• Continued modest growth trend since 2011
  • Total health expenditure expected to grow by 2.1%, reaching $215 billion in 2014, or $6,045 per person
  • Rate of growth in health less than inflation and population growth combined

• Slower growth in hospitals, drugs and physicians
  • Hospital spending will grow by 2.1% in 2014, lowest growth rate since the late 1990s
  • Drug spending is projected to increase by 0.8% in 2014
  • Physician spending is forecast to grow by 4.5% in 2014; the growth on physician spending has outpaced that on hospitals and drugs since 2007

• Population aging a modest cost driver, estimated at 0.9% per year

• Health spending varies among provinces

• Canada remains among the top spenders in the OECD
Prediction

- Days of large increases are over
- Remuneration will not increase much above inflation
- Slow but steady
  - Increase in AFP
  - Increase in % female
  - Increase in GI numbers
Nutrition

- Gradual increase in interest
- Limited by time and remuneration and lack of quick fix
- No major change in medium term
- Major change in longer term

Coming soon.....
Relationship with primary care

- We need to
  - Discover the net
  - Put fee schedules in place

- Probability low in a 5 year frame, high in a 10 year frame
Relationship with industry

- Drug budget is a large percentage of total spend
- It is increasing
- GI drugs are near the top
- We will be subject to increasing scrutiny and control
<table>
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<th>Drug Class Code</th>
<th>Drug Class</th>
<th>TPS ($ 000)</th>
<th>Proportion of TPS</th>
<th>Rate of Use</th>
<th>Number of Active Beneficiaries</th>
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<td>L04AB</td>
<td>Tumor necrosis factor alpha inhibitors (anti-TNF drugs)</td>
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<td>9.4%</td>
<td>0.7%</td>
<td>1,021</td>
</tr>
<tr>
<td>C10AA</td>
<td>HMG-CoA reductase inhibitors</td>
<td>14,570.8</td>
<td>8.0%</td>
<td>44.5%</td>
<td>60,721</td>
</tr>
<tr>
<td>A02BC</td>
<td>Proton pump inhibitors</td>
<td>9,340.1</td>
<td>5.1%</td>
<td>31.3%</td>
<td>42,783</td>
</tr>
<tr>
<td>C09AA</td>
<td>ACE inhibitors, plain</td>
<td>6,275.8</td>
<td>3.4%</td>
<td>23.7%</td>
<td>32,321</td>
</tr>
<tr>
<td>C08CA</td>
<td>Dihydropyridine derivatives</td>
<td>6,239.8</td>
<td>3.4%</td>
<td>18.8%</td>
<td>25,644</td>
</tr>
<tr>
<td>R03AK</td>
<td>Adrenergics and other drugs for obstructive airway diseases</td>
<td>4,210.9</td>
<td>2.3%</td>
<td>3.8%</td>
<td>5,228</td>
</tr>
<tr>
<td>C07AB</td>
<td>Beta-blocking agents, selective</td>
<td>3,943.1</td>
<td>2.2%</td>
<td>26.8%</td>
<td>36,621</td>
</tr>
<tr>
<td>N06AB</td>
<td>Selective serotonin reuptake inhibitors</td>
<td>3,702.0</td>
<td>2.0%</td>
<td>13.5%</td>
<td>18,498</td>
</tr>
<tr>
<td>R03BB</td>
<td>Anticholinergics</td>
<td>3,480.0</td>
<td>1.9%</td>
<td>8.4%</td>
<td>11,485</td>
</tr>
<tr>
<td>N02AA</td>
<td>Natural opium alkaloids</td>
<td>3,373.8</td>
<td>1.9%</td>
<td>13.7%</td>
<td>18,765</td>
</tr>
<tr>
<td>C09CA</td>
<td>Angiotensin II antagonists, plain</td>
<td>3,273.6</td>
<td>1.8%</td>
<td>13.3%</td>
<td>18,222</td>
</tr>
<tr>
<td>L01XE</td>
<td>Protein kinase inhibitors</td>
<td>3,248.5</td>
<td>1.8%</td>
<td>0.1%</td>
<td>162</td>
</tr>
<tr>
<td>N06DA</td>
<td>Anticholinesterases</td>
<td>3,173.5</td>
<td>1.7%</td>
<td>2.4%</td>
<td>3,278</td>
</tr>
<tr>
<td>N06AX</td>
<td>Other antidepressants</td>
<td>2,704.9</td>
<td>1.5%</td>
<td>10.2%</td>
<td>13,987</td>
</tr>
<tr>
<td>A10AC</td>
<td>Insulins and analogues for injection, intermediate-acting</td>
<td>2,585.6</td>
<td>1.4%</td>
<td>4.5%</td>
<td>6,171</td>
</tr>
<tr>
<td>L02AE</td>
<td>Gonadotropin releasing hormone analogues</td>
<td>2,436.0</td>
<td>1.3%</td>
<td>0.6%</td>
<td>802</td>
</tr>
<tr>
<td>R03BA</td>
<td>Glucocorticoids</td>
<td>2,417.6</td>
<td>1.3%</td>
<td>7.4%</td>
<td>10,039</td>
</tr>
</tbody>
</table>
Millions of Canadians buy prescription drugs; we spent a record $30 billion in 2013. But the annual rate of growth that year—2.3%—was one of the lowest in more than two decades. This is due in part to an increase in the use of less-expensive generic drugs as well as government policies that help keep prices low.

Key findings

- More than 40% of prescribed drug spending was paid for by the public sector, totalling more than $12 billion. In the public sector, payers include provincial and federal drug programs and social security funds (such as workers’ compensation boards).
- Generic drugs account for almost three-quarters of use but less than half of spending in public drug programs.
- The number of Canadians who are taking more than $10,000 worth of prescription drugs every year is on the rise, because public drug programs are spending more on high-cost drugs.
  - In 2012, high-cost beneficiaries accounted for about 25% of public drug spending, compared with only 15% in 2007.
  - Almost half of these people were taking a high-cost drug used to treat conditions such as rheumatoid arthritis, Crohn’s disease and macular degeneration.

Drug companies’ doctor payments to be disclosed

PAUL CULLEN

Payments made by pharmaceutical companies to doctors and other healthcare professionals are to be publicly disclosed for the first time under new rules that take effect in January.

The rules, designed to bring greater transparency to the industry, will see individual drug companies publish in the following year the lists of payments made to doctors for 2015.

The requirement to disclose “transfers of value” will not be disclosed.

The Irish Pharmaceutical Healthcare Association, which represents 38 of the biggest drug companies in the State, says it has made clear to the medical profession that its preference is for individual consent of information.

“The interaction between the industry and healthcare professionals has always been covered by legislation and our code of practice, however, the recent updates to the code are intended to provide further trust and transparency on the relationships for patients and
Waiting times

- Continue to underperform
  - Patient charter
  - Hospitals accountable
  - Accreditation

Pull the string, and it will follow wherever you wish. Push it, and it will go nowhere at all.

(Dwight D. Eisenhower)
Complex comorbidities

- Population is aging
- We acquire illness as we age
- Implications for GI
Notes
Population projections assume a medium population growth scenario based on historical growth and related demographic factors, such as total fertility rate, life expectancy at birth, international immigration, emigration and interprovincial migration.
Birth rates are projected to increase after 2031 as a result of rising fertility rates since 2002 and as more immigrant women and women from birth cohorts following the baby boom generation become of childbearing age. Higher-than-expected immigration levels into the future would also have the effect of elevating birth rates and expanding the labour force; however, interpretation of this factor independent of others that contribute to population growth dynamics is cautioned.
Sources
Note
Population projections assume a medium population growth scenario based on historical growth and related demographic factors, such as total fertility rate, life expectancy at birth, international immigration, emigration and interprovincial migration.

Sources
Figure 3: Life Expectancy at Age 65, by Sex, Canada, 1961 to 2006

Source
Multiple Chronic Conditions

In the 2008 Canadian Survey of Experiences With Primary Health Care, about three out of every four Canadian seniors (76%) reported having at least 1 of 11 chronic conditions, compared with one in every two adults age 45 to 64 (48%). About one-quarter (24%) of seniors reported being diagnosed with three or more of these conditions (known as multi-morbidity). With increasing age, the likelihood of having at least one chronic condition also increased. However, this likelihood did not increase for those older than age 84.37

Interestingly, older seniors, age 75 or more, did not always report higher rates of health care use than younger seniors. Rather, higher utilization was reported among those with a higher number of chronic conditions, regardless of age.37 This finding is supported by other research showing that, regardless of age, the more chronic conditions seniors had, the less likely they were to report good health. In 2009, 74% of seniors with only one chronic condition reported good self-perceived health, compared with only 27% of those with four or more.38
Patient – Doctor Communication

- At present very limited
- Aging population who are computer literate
- Patient communication and the net/email
Physician Accountability

- Trend
  - Rate my MD
- Colon cancer screening
- Extension to other areas
- Quality
  - Documentation
Topics

- Remuneration
- HR and gender
- Remuneration models
- Nutrition
- Relationship with primary care
- Relationship with industry
- Waiting times
- Complex comorbidities
- Communication
- Accountability and quality
Evaluation and Certificate of Attendance

Please visit the CAG website at http://www.cag-acg.org/ to complete the session evaluation and to print your certificate of attendance.

Thank you!