

**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff # 1027736

PREPARED FOR: Honourable Terry Lake, Minister of Health -
FOR INFORMATION

TITLE: BC Smoking Cessation Program: Evaluation Overview and Update

PURPOSE: To provide an overview and update on various program evaluation and quality improvement initiatives for the BC Smoking Cessation Program.

BACKGROUND:

In May 2011, Premier Christy Clark announced the BC Smoking Cessation Program (the Program) and it was quickly launched September 2011. Prior to the Program launch, the Ministry of Health (the Ministry) thoroughly reviewed the clinical evidence for safety and efficacy of the nicotine replacement therapies (NRTs) and drugs (varenicline and bupropion) covered by the Program. The Ministry worked with the Canadian Agency for Drugs and Technologies in Health (CADTH) on a comprehensive evidence review and the Ministry's Drug Benefit Council for expert advice. The Ministry also relied upon Health Canada's drug approval and ongoing safety monitoring process to ensure the safety of approved products for the Canadian market.

DISCUSSION:

From September 30, 2011 to October 31, 2014, almost 178,000 patients have received smoking cessation aid (122,000 for nicotine gum or patches, and 74,000 for varenicline or bupropion), and the Ministry has invested approximately \$34.4 million for drug coverage.

The Ministry has undertaken and completed a number of initiatives to evaluate the Program:

1. Impact Evaluation:

To determine the impact of the Program on smoking quit rates, the Ministry commissioned BC Stats to conduct a survey on quit rates using NRTs, which included predictors of success for quitting, and client experiences. s.13,s.17
s.13,s.17

In addition, an evaluation of the data file for the Canadian Community Health Survey (CCHS) was proposed as it will allow for the analysis of clients taking NRTs as well as those taking the prescription drugs for smoking cessation. Unfortunately, this evaluation is on hold pending an Omnibus agreement between the Ministry and Statistics Canada.

2. Operational Review:

The Ministry conducted an operational review (process evaluation) to determine how well the Program was working, and how processes can be improved. The focus was to characterize and determine registration preferences, accessibility, and interest in behavioural support, with the intention to make adjustments in improving operational processes. Data was collected from HealthLink BC (HLBC), QuitNow Services, the Product Distribution Centre (PDC), and PharmaNet. The results of this review has lead to a number of recommendations for changes that will make the Program more efficient.

3. Safety and Effectiveness:

The Ministry primarily relies upon the safety surveillance activities performed by Health Canada. To supplement Health Canada's safety information and the prior evidence review completed by CADTH, a request was previously made to the Drug Safety and Effectiveness Network (DSEN) to conduct an evaluation. In addition, Health Canada's approved drug product monographs provide warnings about potential risks, and health care professionals need to discuss appropriateness and to monitor each patient as part of their professional practice. There are no recent changes to these warnings. In January 2015, the Ministry contacted Health Canada, which advised that, while varenicline and bupropion have been subject to safety reviews in the past, these drugs are not currently subject to any specific safety review.

In May 2014, the DSEN researchers concluded that the covered drugs under the Program are safe and effective. They concluded that the continuous abstinence rate at 12 months was better for varenicline, bupropion and nicotine gum compared to placebo. No safety signals for cardiovascular events or suicides were identified; however, the results should be interpreted with caution given the small number of trials reporting these outcomes and the low number of events available for analysis.¹ The DSEN findings are consistent with CADTH's review findings completed in 2011.

Based on the evidence and information reviewed to date, the Ministry continues to support the drugs currently covered under the Program, including varenicline and bupropion as prescription options. For those interested in conducting additional evaluations on the safety of these two drugs, academic researchers may conduct research using BC data through the established Ministry process for data access.

ADVICE:

In March 2015, the final analysis of the BC Stats impact survey of NRT clients was completed. The results are encouraging and supportive that the Program is successfully helping people quit smoking.

Based on various safety assessments conducted by Health Canada (and their ongoing usual surveillance) and after several comprehensive reviews of the clinical published evidence by Ministry health partners CADTH and DSEN, the Ministry continues to support the inclusion of varenicline and bupropion as prescription options offered in the Program.

Based on the Program evaluations completed and ongoing work, the evidence supports that the Program is working to help British Columbians quit smoking; that the prescription drugs included in the Program remain safe and effective; and the NRT-related operations will be adjusted to improve efficiency.

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Date: June 10, 2015

¹ http://www.ottawaheart.ca/research_discovery/cardiovascular-research-methods-centre.htm (accessed 13jan2015)

Appendix A- Impact Evaluation of the NRTs in the Program: BC Stats Survey

s.13,s.17

**MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE**

Cliff # 1036080

PREPARED FOR: Stephen Brown, Deputy Minister - **FOR INFORMATION**

TITLE: Exercise Cascadia Rising - Washington State and Exercise Coastal Response - British Columbia (BC)

PURPOSE: To provide information on the Washington State-led exercise Cascadia Rising and BC-led exercise Coastal Response, scheduled for June 7 - 10, 2016, and to outline the potential engagement in activities from Ministry of Health and the broader provincial health system.

BACKGROUND:

Earthquakes are a major concern across the globe causing catastrophic impacts to individuals, communities and nations. The relative rarity and unpredictability of earthquakes makes planning difficult, but it is important to recognize that these events can occur anywhere and that this is a major threat to public safety in BC.

In Canada, the province of BC has the highest risk of a major earthquake. A future large earthquake close to Vancouver, Victoria, or Seattle would cause tens of billions of dollars in damage and would seriously impact the economies of Canada and the United States.[1] Improved understanding of this seismic risk has gained the attention of all levels of government and emergency management practitioners and has pointed to the need for strengthened stakeholder relationships in terms of joint planning and preparedness with a specific focus on training and exercising.

Washington State is leading Exercise Cascadia Rising, which is a functional exercise intended to test the ability of local, state, tribal, and federal governments as well as select private sector and non-governmental organizations to jointly respond to a Cascadia Subduction Zone 9.0 magnitude earthquake and tsunami with associated aftershocks along the West Coast of the United States. Exercise Cascadia Rising will focus on six core capabilities as Overarching Objectives for the exercise: operational communications, public health and medical services, mass-care services, situational assessment, critical transportation, and operational coordination.

To maximize this opportunity, BC's Exercise Coastal Response will align with Washington State's full functional exercise, Cascadia Rising, to exercise/validate dimensions of the Pacific Northwest Emergency Management Arrangement (PNEMA). Exercise Coastal Response will bring together all sectors of emergency management staff, provincial ministries, federal departments and agencies, Local Authorities and First Nations, Crown Corporations, non-government organizations involved in provincial-level response, volunteers, and critical infrastructure owners to test the new BC Earthquake Immediate Response Plan. During Cascadia Rising there will be concurrent engagement with

[1] Cassidy, Rogers, & Hyndman (2014). An Overview of the 28 October 2012 7.7 Earthquake in Haida Gwaii, Canada. A Tsunami genic Thrust Event along a Predominately Strike-Slip Margin. *Pure and Applied Geophysics* 171(12), 3457-3465.

Washington State and the Federal Emergency Management Agency on Exercise Cascadia Rising to test key dimensions of cross border agreements.

Key to both exercises will be the BC health system play, which will have a full-scale component validating the processes to deploy and request medical teams across the border in a disaster response.

Exercise Coastal Response will include the full-scale activation of the Ministry of Health's Health Emergency Coordination Centre and select health system emergency operation centres as well as movement of critical resources such as the Mobile Medical Unit. Provincial staging areas will also be tested and potential impacts for exercise play will include the blockage of roads and airports, unusable port facilities, multiple power outages affecting hospitals and care facilities, and a significant number of casualties and displaced persons.

To ensure a synchronized approach, the Emergency Management Unit will lead the health system coordination and implementation associated with BC's participation in both Exercise Cascadia Rising and Exercise Coastal Response.

Financial Impact:

To be determined based on information and decisions made at the initial planning conference for Exercise Coastal Response held in Victoria, July 21 -22, and at the mid-term planning conference for Exercise Cascadia Rising held in Washington State on August 18th, 2015.

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Drafter: Melia Walker, Emergency Manager, Emergency Management Unit

Date: June 24, 2015

**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

Cliff # 1035432

PREPARED FOR: Stephen Brown, Deputy Minister - **FOR DECISION**

TITLE: Supporting Provincial Government Wildfire Response Needs

PURPOSE: To obtain Deputy Minister's approval on the utilization of Ministry of Health Emergency Action Team members to support the Health and Emergency Management BC response to wildfires.

BACKGROUND:

To ensure the Ministry of Health (MoH) has the necessary resources to manage a sustained health system emergency response consistent with our mandated roles, the Emergency Management Unit (EMU) has developed the Health Emergency Action Team (HEAT) program. This program is comprised of 22 staff from within MoH who volunteered and have been trained to support emergency management operations during emergency events that tax or overwhelm the capacity of EMU staff.

During the response to major incidents in the province, Emergency Management BC (EMBC), under the Ministry of Justice, activates the Provincial Emergency Coordination Centre (PECC) to coordinate the provincial response. MoH maintains a seat in the PECC, staffed by emergency managers from the EMU, to provide health support, expertise, and coordination to the provincial emergency planning and response.

DISCUSSION:

The current wildfire season is expected to be a significant threat to many areas of BC. The season has started earlier than normal and forecasts for the summer are for very dry conditions. To date, there have been a number of interface fires that have required evacuations and have threatened critical infrastructure. In addition to maintaining the 24/7 MoH Duty Officer Program, the EMU has been providing support to the PECC during these events and has been focused on wildfire smoke guidelines and support to health authorities and other government agencies as required.

Due to the limited staffing available within the EMU, it is likely there will be a need to augment capacity with HEAT members to ensure adequate depth of health resources to support the PECC operations. This would involve training HEAT members to assume the health role in the PECC.

HEAT members would be added to the PECC staffing rotation, which has one person identified to work at the PECC for each day it is activated. In extreme circumstances, the PECC may move to 24/7 operations, in which case two to three staff (either EMU or HEAT) may rotate through the PECC each 24-hour period. The staffing schedule will take into consideration MoH operational requirements, and every attempt will be made to ensure that HEAT members work a minimum number of shifts per week, ideally one to two.

This activity would also aid in enhancing the emergency management education and experience of the HEAT members in a safe, real-world environment. MoH absorbs costs related to health operations at the PECC.

Additionally, the PECC is potentially facing staffing challenges and has asked if HEAT members would possibly be available to support the PECC in non-health roles if the situation continues to deteriorate.

FINANCIAL IMPLICATIONS:

The financial impact of the PECC operations is minimal, mainly shifting of personnel focus/roles from day-to-day activity to emergency support, and is directly related to the severity of the wildfire season. Every effort would be taken to avoid putting HEAT members into overtime situations though this may be necessary in extreme circumstances. In the event HEAT members are required to work overtime hours, their home program area would be asked to absorb these costs. EMBC will cover the overtime costs of any MoH personnel acting in EMBC roles in the PECC, if that becomes necessary.

OPTIONS:

Option 1: Approve and support the utilization of HEAT members to augment health sector staffing at the PECC. This would:

- Assist in providing necessary depth to MoH’s response capacity.
- Provide enhanced training and experiential learning opportunities for HEAT members.

Option 2: Approve and support the utilization of HEAT members to augment both health sector staffing and non-health roles at the PECC. This would:

- Assist in providing necessary depth to MoH’s response capacity.
- Provide additional surge capacity in support of EMBC, if required.
- Provide enhanced training and experiential learning opportunities for HEAT members.

Option 3: Do not approve the utilization of HEAT members to augment health sector staffing and non-health roles at the PECC.

- This option would put MoH at risk of not being able to effectively manage mandated health sector issues related to PECC activation for major emergencies.

RECOMMENDATION:

Option 1



Lynn Stevenson, on behalf of:

June 24, 2015

Approved/Not Approved

Date Signed

Stephen Brown
Deputy Minister

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Date: June 8, 2015