August 20, 2009

Dr. David Butler-Jones
Chief Public Health Officer
Public Health Agency of Canada
130 Colonnade Road
Ottawa, ON K1A 0K9

Dear Dr. Butler-Jones,

The Public Health Agency of Canada has demonstrated leadership in moving forward Canada's preparedness for an influenza pandemic. This has been done, in part, through consultation with Provincial and Territorial government counterparts and in partnership with the Canadian public health community. The Canadian Medical Association (CMA), the Canadian Public Health Association (CPHA), the National Specialty Society for Community Medicine (NSSCM), and The College of Family Physicians of Canada (CFPC), four of Canada's leading health sector organizations, would ask that when you meet with the Council of Chief Medical Officers of Health and the Public Health Network, you address how family physicians and health practitioners at the primary care level across the country, whether in private practice or in health units/regional health authorities, and including those located on First Nations territory, can be better prepared to respond to an H1N1 influenza outbreak.

In the spirit of constructive engagement, we would like to share with you our thoughts about gaps in the development and communication of resources to physicians and our recommendations for possible remedial action. While the focus of this letter is on physicians, there are other front-line health care providers in office-based settings such as nurses, physiotherapists, occupational therapists, and pharmacists, for whom similar needs exist. Since we cannot speak for them, we urge you to contact their respective organizations and include them in this process.

The Canadian Pandemic Influenza Plan for the Health Sector contains an extensive and well-researched set of guidelines for a variety of health care settings. The recent release of the CME on-line course *Infectious Disease Outbreaks: Tools and Strategies for Front-Line Clinicians* is a welcome addition.

However, communications provided to physicians need to reflect an understanding of clinician needs. During the most recent pandemic, they were not as pertinent to office-based practitioners as they could have been had we been involved in their development. Considering that physicians are the early warning system, the first line of defence and trusted medical advisors, we

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believe that easy-to-read resources tailored to their needs will be a laudable addition to the Canadian Pandemic Influenza Plan. Besides their patients, many may also have to deal with influenza situations in community settings, such as schools, day-care centres, seniors' residences, etc. They require portable, reference-friendly, physician-oriented guidance.

On 16 July 2009, some three months after the recognition of the emerging epidemic, the Agency published *Interim Guidance for Ambulatory Care of ILI in the Context of H1N1.* Our, and other, organizations endeavoured to work collaboratively with PHAC, the Public Health Network and the Council of Chief Medical Officers of Health, seeking to support the preparation of these very guidelines. An outstanding opportunity for joint action and communication was passed over by not actively including the respective provider organizations in the development and release of the guidelines.

The following three recommendations are for consideration and action:

1. **Produce timely, plain-language, easy-to-access and read resources and communications with clear messages for the primary health care service level** (private practice offices, community clinics and local health units/regional health authorities). As we have in previous months, we again request that front-line clinical practitioners be involved in the development of guidelines and their dissemination strategies, such that the content of the resources is linked directly to their working environment.

2. **Ensure consistency in messages communicated by different sources**. Physicians and other front-line health care providers have spoken fairly bluntly, saying that essential clinical information is not being funnelled to them in a well-organized, timely and health care provider-relevant manner. The information being disseminated is both passive (requiring the physician to actively seek the information) and active (sending targeted information to the intended recipient). Although physicians benefit from multiple channels of active communication, from trusted national, provincial/territorial and local sources, the content of the information is not necessarily consistent. We have come to recognize that some of the content shift and drift resulted from the delay in providing relevant information, necessitating the development of one-off guidelines.

3. **Take a systematic approach to ensure consistency and the alignment of messaging, and that communications strategies are evaluable and evaluated.** A recent member survey conducted by CMA indicated that physicians' top three sources for information during an outbreak are their provincial/territorial Ministry/Department of Health, their provincial/territorial Chief Medical Officer of Health and the local public health unit. Physicians sought and received information as well from several other sources, including PHAC, various professional organizations and licensing colleges and organizations such as WHO and CDC. Numerous authorities provided similar, but not the same, advice. The differences led to scepticism and the inundation of messages led to overload. The bottom line is that clinicians should possess reliable information on a timely basis, and have confidence in the information, no matter its source.

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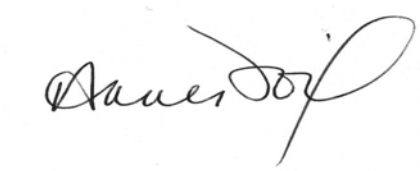
Family physicians and other primary health care providers in office-based settings fall into a gap between the development of recommendations by provincial and territorial governments and their implementation. The Public Health Agency of Canada and the country's Chief Medical Officers of Health are responsible for the coordinated response to outbreaks and pandemics; family practitioners and physicians in office-based settings are responsible to their patients for detecting, reporting and responding to infectious diseases. Effective management of H1N1 will require close and respectful partnership, wherein physicians and other front-line practitioners are equal partners throughout the pandemic preparedness and response process.

We strongly urge you to consider our observations and recommendations. We would also welcome meeting with you to discuss these issues with a view to maximize the effectiveness of Canada's pandemic preparedness and response.

Sincerely,



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