PNWER Power

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The Pacific Northwest Economic Region (PNWER) is a statutory public-private partnership composed of legislators, governments, and businesses in the U.S. and Canada, namely the northwestern states of Alaska, Idaho, Montana, Oregon, and Washington and the Western Canadian provinces British Columbia, Alberta, and the Yukon Territory.¹

PNWER was created in 1991 by uniform legislation passed in each member jurisdiction. All state and provincial legislators in the region, as well as governors and premiers, are members of PNWER. Private sector members, counties, economic development commissions, industry associations, and similar entities may also join PNWER by paying dues on a sliding scale according to their size. The general membership meets once a year.

I was fortunate to be able to attend the most recent annual meeting of PNWER in Edmonton, Alberta, Canada, a booming oil town just north of Calgary. At the annual meetings, a variety of working groups meet to discuss opportunities for collaboration. These groups include the domains of agriculture, energy, tourism, transportation, homeland security, and, of course, health care. The Health Care Working Group met to discuss some innovative approaches to health care developed in Edmonton called the Capital Health Authority. I had the privilege of delivering the plenary address to this working group.

Modeled after the National Health System in England, Canada’s health care system offers publicly funded health insurance to all Canadian residents through general taxation. Unlike funding responsibility in the British system, however, funding responsibility is shared by federal and provincial governments in the Canadian system. Federal expenditures contribute about 36% of the total budget, and provincial contributions make up the remainder. The system in Canada is somewhat decentralized, and the provinces and territories assume the major responsibility for directing and funding the health insurance plan in their region. In a nutshell, the national health insurance program in Canada is achieved through a series of 13 “interlocking” provincial and territorial health insurance plans.²

This year, the PNWER Health Care Working Group met on the campus of the University of Alberta, an ultra-modern university of 40,000 students, staff, and faculty with a medical college and university hospital at its core. I learned about the innovations taking place within the Capital Health Authority, which encompasses Edmonton. For example, leaders from the Department of Cardiology described their province-wide plan for delivering future cardiac services. Leaders from the Department of Endocrinology discussed tracking the increasing number of adults with diabetes and the public health approach to this growing menace. Finally, hospital leaders from the University of Alberta Medical College explained how they coordinate with the Capital Health Authority through an electronic medical record. All of these presentations were stimulating, and they demonstrated tremendous progress in areas that vex us in the U.S. What is the link between PNWER and your own P&T committee?

A recent international study conducted by KPMG³ has identified Canada as the country with the lowest cost of doing business among major Western developed nations. This designation was assigned for a record-breaking sixth consecutive time, according to KPMG’s report.

Canada’s cost advantages over industrialized nations in Europe, North America, and the Asian-Pacific region are compelling. Canada holds a 5.5% percentage point cost advantage over the U.S., which represents the baseline for the entire study. Most remarkably, in my view, Canada has the lowest business cost in the group of seven nations in 12 out of 17 industry sectors, including biotechnology and clinical trials sectors. This means that Canada is the most competitive investment location in the developed world for biomedical research and development (R&D) and in clinical trials management!

So now the relationship between PNWER and the work of P&T committee members and investigators at your institution should become clear. Maybe we should all spend more time learning about the activities of our Canadian colleagues and the progress they expect to make in biotechnology R&D and the operation of future clinical trials.

We might also think carefully about the cooperative agreements with Oregon, Washington, Montana, Idaho, and other western states that are already connected to PNWER. We have a lot to learn from our colleagues up north, particularly in the sectors relevant to our daily work. I plan to pay closer attention to other innovations at places like the University of Alberta; for example, I see PNWER as a hotbed of future R&D activity in biotechnology and pharmaceuticals.

Special thanks to Johnson & Johnson and its team at corporate headquarters in New Jersey for inviting me to participate in this important international program. You can learn more about PNWER at the Web site listed below in the references.⁴ As usual, I am interested in your views. You can reach me at my e-mail address, david.nash@jefferson.edu.

REFERENCES


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