

Board Meeting Minutes (Public)

Date	June 27, 2018	Time	8:30 a.m. – 12:30 p.m. NT
Location	St. John's Convention Centre, St. John's, Newfoundland		
Chair	Mel Cappe	Recording secretary	Ashley Haugh
Attendees Board	Kelly Butt; Wayne Gladstone; Dr. Kevin Glasgow; Craig Knight; David Lehberg; Anne McFarlane; Dunbar Russel; Suromitra Sanatani; Dr. Jeff Scott; Mike Shaw; Judy Steele; Glenda Yeates		
Attendees EMT	Dr. Graham Sher (Chief Executive Officer); Judie Leach Bennett (Vice-President, General Counsel and Corporate Secretary); Dr. Isra Levy (Vice-President, Medical Affairs and Innovation); Ralph Michaelis (Chief Information Officer); Andrew Pateman (Vice-President, People, Culture and Performance); Rick Prinzen (Chief Supply Chain Officer and Vice-President, Donor Relations); Ron Vezina (Acting, Vice-President, Public Affairs)		
Guests	Amber Appleby		
Joining by phone	N/A		
Absent	N/A		

1. Call to order (M. Cappe)

Mel Cappe, Chair, called the meeting to order at 8:30 a.m. NT and welcomed all in attendance in person and on the webcast.

It was acknowledged that the land on which the meeting was held is the traditional territory of the Beothuk people.

2. Approval of agenda (M. Cappe)

After review, **ON MOTION** duly made and seconded, the agenda was unanimously approved.

3. Declaration of conflict of interest (M. Cappe)

There were no conflicts of interest declared.

4. Patient story (M. Cappe)

At each board meeting, a patient story will be shared with attendees. A video produced by Josh Martin, a blood recipient and cancer survivor was played.

5. Report of the Chair (M. Cappe)

M. Cappe provided opening remarks and updated the board on recent meetings and activities taking place since the last meeting:

- Appointed board chair in January 2018 and this is the first open board meeting since then.
- In the last few months, M. Cappe has had the opportunity to meet with Ministers, including Newfoundland and Labrador's Minister of Health and Community Service, the Honourable John Haggie.
- On June 11, M. Cappe attended a World Blood Donor Day event on Parliament Hill hosted by Canadian Blood Services. Members of Parliament and Senators visited the Canadian Blood Services booth to show their support for the important work Canadian Blood Services does on a daily basis and to learn their blood type.
- The board appreciates having many stakeholders and partners in attendance at today's meeting.
- The board is committed to the Krever principles, including transparency and engagement. The open board meeting is one way the board shows a commitment to these principles.
- In May 2018, the *Expert Panel on Immune Globulin Product Supply and Related Impacts in Canada* released its report. The report echoed the comments of Ministers at the fall 2017 Health Ministers' Meeting that Canada must increase its domestic supply of immunoglobulin (Ig) and reduce dependency on supply from the US. The board supports plans for Canadian Blood Services to significantly increase domestic plasma collection under a voluntary non-remunerated model. Plasma collection will be increased with existing infrastructure and the organization is seeking funding to open three proof of concept plasma collection centres to expand collections.

6. Report of the CEO (G. Sher)

Dr. Graham Sher, CEO of Canadian Blood Services, presented the 2017-2018 year-end review including strategy and progress on key focus areas and a summary of the organization's financial performance.

Discussion included:

- Earning the right to serve
 - Canadian Blood Services continues to maintain the trust of Canadians for the work it does, as measured by independent polling.
 - Canadian Blood Services continues to actively engage with stakeholders on a number of files. For instance:
 - A cross country, in-person and web-based consultation took place regarding the Canadian Blood Services strategic plan, which will be released in fall 2018.
 - Active involvement with the research community, LGBTQ+ community and stakeholders to evolve the MSM donation policy. Internally, staff is taking part in training on LGBTQ+ and inclusiveness designed with the assistance of training professionals from the trans community.
 - **ACTION:** Board will be given access to the LGBTQ+ and inclusiveness training.
 - Patient groups and physicians were involved in the request for proposal (RFP) for plasma protein products (PPP). Canadian Blood Services has listened to feedback

that the RFP and transition process could have been smoother and is undertaking a review of the process. The RFP outcome resulted in the same number of products on the formulary, but some patients do have to switch products. There are significant savings over the contract period.

- Work continues with the provinces and territories to negotiate a National Accountability Agreement. The goal is to complete negotiations by the end of 2018.
- Enhancing the security of supply for Ig with increased domestic plasma collection continues to be a priority area for the organization. As the Health Canada expert panel reported, there is room for improvement in Ig utilization management. However, this alone will not meet demand; increased plasma collection is required. The impact of commercial plasma collectors (crowding out) requires constant oversight and vigilance. In Saskatoon, where there is a commercial collector, Canadian Blood Services is finding it harder to recruit younger donors than in other markets, recruitment costs are higher, and donors are reporting they donated plasma at the 'other Canadian Blood Services' site (which is a commercial collection centre). Canadian Blood Services will be increasing plasma collections with its current infrastructure and is seeking funding to expand plasma collection and build three proof of concept plasma collection centres.
- Manufacturing biological products
 - Canada has strong blood management practices and has been able to minimize the use of blood. This has contributed to a decrease in the demand for blood (red blood cells). Work continues on decreasing discards of red blood and whole blood products; however, there will always be some units discarded that don't meet quality requirements.
 - Following review, testing, and regulatory approval, the shelf life of platelets was increased from five to seven days. This has resulted in less outdated products and decreased demand.
 - There continues to be increased demand for fractionated plasma protein products. Canadian Blood Services does not control utilization; this is the purview of the provinces and territories. Some provinces have introduced utilization controls, but there is still growth.
 - Renewal of Canadian Blood Services infrastructure continues. This includes the new testing facility in Brampton (Ont.), new donor collection site at Yonge and Bloor in Toronto (Ont.), and ground breaking for the new operations centre in Calgary (Alta.).
 - Canadian Blood Services is committed to decreasing its carbon footprint and continually seeks ways to reduce impact on the environment.
- Provide transfusion and transplantation services
 - Cord blood and stem cells have been integrated into one program.
 - There has been a continued increase in the number of searches on the adult registry and increase in the number of matches and transplants from Canadian donors to Canadian patients.
 - Canadian Blood Services continually seeks to increase the diversity of registries (stem cells and cord blood bank).
 - The cord blood bank is one of the highest quality banks in the world. It has shipped 13 units to date (internationally and in Canada), a high number for a young cord blood bank.

- Canadian Blood Services continues to provide leading practices and professional education for organ donation and transplantation.
- Recently surpassed the 1,000 kidney transplant enabled by the Kidney Paired Donation program and the Highly Sensitized Patient Kidney program.
- Continuing to see increased organ donation rates, but there is still work to do to increase levels and meet the rates of top performing countries.
- Health Canada recently conducted a program evaluation on organ and tissue donation and transplantation. The work being conducted by Canadian Blood Services was recognized as relevant and aligned with government priorities, but some overlap with other stakeholders' activities was reported.
- Health Canada also conducted a program evaluation of the blood R&D program and found it is operating efficiently and making progress toward intended outcomes.
- Transform how we attract, interact with and retain donors
 - The donor base increased in 2017-2018, including 100K new donors and 133K reinstated donors.
 - Work continues to improve the donor experience and reduce the number of lapsed donors through measures such as the new donor concierge which provides information on where donors are in queue, improvements to the GiveBlood App, chatbots, etc.
 - Canadian Blood Services recently participated in the Missing Type campaign, a worldwide campaign to raise awareness and increase collections by blocking out the As, Bs and Os (blood types) in signage. Businesses, universities, hospitals, municipalities, etc. participated in the campaign across Canada.
- Deliver our products and services more efficiently
 - Have reached more than \$50M in the \$100M efficiency savings commitment since 2012-2013.
 - Continue to seek efficiencies in the cost per unit of fresh blood products, including reviewing best practices and benchmarks from Alliance of Blood Operator partners.
 - There have been productivity improvements in recruitment, collections, production and testing.
- Advance and mature our quality management system
 - New quality policy released; also included an all-employee e-learning module.
 - Met eight of eight quality indicators in the fourth quarter of 2017-2018.
 - Established a dedicated team of corrective and preventive action (CAPA) specialists.
- A high-commitment, high-performance culture
 - New collective agreement reached with OPSEU-support.
 - Essential service legislation passed in Ontario. Also have essential service designation in B.C., Alberta, and Manitoba.
 - Workers' compensations costs lower than previous fiscal year.
 - Canadian Blood Services recognized with several awards, including as a charity of the year for transparent and efficient fundraising (annual charities report card) and outstanding contributions to operational research in Canada (Omond Solandt award).
 - Completed diversity and inclusivity assessment and launched training for all employees.
- Financial Performance

- Increased working capital and decreased Member receivables.
- Working to reduce inventory carrying costs and determine optimal carrying amount.
- Positive return on investment in captive insurance operations. New policy for cybersecurity insurance.
- In 2017-2018 there was a reduction in staff and project costs. This was offset by an increase in plasma protein products, for an overall increase in expenditures from \$1,210M to \$1,250M.

7. A national system for organ and tissue donation and transplantation in Canada (I. Levy, A. Appleby)

The board received an update on organ and tissue donation and transplantation (OTDT) in Canada including progress, current status and next steps for Canadian Blood Services. Discussion included:

- Canadian Blood Services has been involved with OTDT in Canada for the past ten years. Canadian Blood Services is a partner and the coordinator of a national OTDT system designed to complement provincial OTDT systems.
- Progress has been made over the last decade, but there is still more work to do – thousands are still waiting for organ transplants and several hundred Canadians die each year waiting for an organ transplant. Canada's organ transplant rates are behind countries such as Spain, United Kingdom and the US.
- The federal government has recognized OTDT as a priority. The federal Minister of Health's mandate letter includes a call to facilitate collaboration on an OTDT system that gives Canadians timely and effective access to care.
- The 2008 Call to Action report provided the strategic direction for Canadian Blood Services' OTDT work.
- Canadian Blood Services has worked closely with the provincial OTDT systems. However, each provincial system is at a different point in their OTDT journey and there are also different priorities in each jurisdiction.
- Successes over the last decade include the Canadian Transplant Registry (which is the IT system developed by Canadian Blood Services to serve as the operating platform for the national program) surpassing 1,000 kidney transplants enabled by the Kidney Paired Donation program and the Highly Sensitized Patient Kidney program, as well as the development and implementation of leading practices and educational activities and material, etc.
 - Leading practice work by Canadian Blood Services regarding neurological determination of death (brain dead) was a key factor in recent court cases.
- In addition to tracking the number of transplants, Canadian Blood Services also seeks to learn from and evaluate the impact the program is having with respect to outcomes for patient and health systems (e.g. overall savings to health systems of a patient being off dialysis due to a kidney transplant); cost of missed donation and missed transplant opportunities, etc.).
- Fostering and enhancing relationships across the OTDT system – especially with provincial partners – is an important element to ensure continued momentum and the success of the OTDT program in Canada.

- In the future, Canadian Blood Services wants to build on the success of the national organ sharing infrastructure and work with partners and funders to reach a common understanding of the scope and priorities of future work resulting in successful outcomes for Canadian patients.

8. Public Presentations (M. Cappe)

At each open board meeting, members of the public and stakeholders are given the opportunity to present to the board. The following individuals presented to the board and all will receive a written response following the board meeting.

8.1. Angela Diano, Executive Director, Alpha-1 Canada

A. Diano is seeking to have Alpha-1 therapies added to the Canadian Blood Services formulary as a new category, a process that involves a medical/scientific review by Canadian Blood Services and a pharmacoeconomic review by the Canadian Agency for Drugs and Technologies in Health, with the final decision for addition of a new category to be made by the provinces and territories). Currently, only some provinces cover the therapy, creating unequitable access for Alpha-1 patients across Canada. A. Diano has met with some provincial and territorial representatives, but some have not granted her meeting requests and directed her back to Canadian Blood Services.

Response: Canadian Blood Services can see that Alpha-1 therapy (Prolastin) is an appropriate drug for a new category review; Canadian Blood Services will be bringing this category review consideration forward to the provincial and territorial blood liaison committee.

8.2. David Page, National Director of Health Policy, Canadian Hemophilia Society, presenting on behalf of the Network of Rare Blood Disorder Organizations

D. Page introduced the topics that will be raised by the next few speakers:

- PPP RFP – Concerns have been raised regarding product switching and lack of access to innovative products. D. Page thanked Canadian Blood Services for follow-up on RFP process and talking to stakeholders on lessons learned.
- New product review process – Complicated process involving many steps, multiple organizations, and difficult to access some of the organizations/people involved in the review process.
- PPP products on private health formularies – PPP should be publicly accessed, and shouldn't be on private health formularies.

Response: Canadian Blood Services is continuing to seek ways to streamline and expedite the decision-making process for new product review wherever possible and appropriate, while maintaining the integrity and diligence required for reviewing such drug therapies.

Canadian Blood Services remains deeply committed to the fundamental principles pertaining to free and equitable access to blood and blood products set forth by Justice Krever.

8.3. Whitney Goulstone, Executive Director, Canadian Immunodeficiencies Patient Organization

W. Goulstone expressed concern regarding the product changes required by patients following the PPP RFP, and the lack of choice for patients (e.g. Hema Quebec has four subcutaneous product and Canadian Blood Services only has one). Products need to be matched to patients and not all patients tolerate different treatment/drugs. Canadian Blood Services did work to provide as smooth a transition as possible, but it is still a long process for patients to go into clinics to begin new drug therapies. Concern was also expressed regarding the recent addition of PPP products to some private health insurance formularies. This goes against the principles of the blood system – those patients with private insurance have choice, and those without don't have a choice.

Response: Canadian Blood Services continues to work closely with stakeholders and patients affected by the product change to ensure a smooth transition and minimal impacts. There are mechanisms in place to provide an alternative product should a patient experience a serious adverse reaction to the new product.

Canadian Blood Services had one subcutaneous product on the formulary prior to the latest RFP, and continues to offer one subcutaneous product, as has been the case since these types of products became available.

8.4. Paul Wilton, President, Canadian Hemophilia Society

P. Wilton requested that Canadian Blood Services, CADTH, and the PTBLC conduct an expedited review process for emicizumab so that it is available on the Canadian Blood Services formulary by fall 2018. He stated that it provides improved quality of life for patients (it can be taken at home and it replaces two other therapies), and provides cost savings (\$15-20M) for provinces and territories. He expressed concern with the complicated and long review process for new products, and suggested that parts of the process could be completed simultaneously to reduce time.

Response: Canadian Blood Services is pleased the review process is underway, and is committed to working with the provinces and territories to streamline and accelerate decision-making wherever possible.

8.5. Wendy Sauvé, Co-President, Canadian Association for Porphyria/Association Canadienne de Porphyrie

W. Sauvé is seeking approval for hemin, a blood product, to have an expedited review so it can be placed on the Canadian Blood Services' formulary. Currently, only three provinces have hemin available through provincial drug programs, so there is inequitable access for patients. Hemin did begin the product review process, but in early 2017 the PTBLC decided to not review the product as there was access to hemin in many provinces. The process was restarted in June 2017 and the PTBLC decided to move forward with a review in March 2018.

Response: Canadian Blood Services is pleased this review is underway. Canadian Blood Services is also committed to working with provinces and territories in streamlining and accelerating the process where possible.

8.6. Tamer Mikhail, President, Guillain-Barré Syndrome / Chronic Inflammatory Demyelinating Polyneuropathy Foundation (GBS/CIDP)

T. Mikhail supported the concerns raised by other presenters regarding patient choice, patient impact on switching therapies, and some PPP appearing on private health formularies. He also expressed that Canadian Blood Services must ensure that its key performance indicators have a patient centric approach.

Response: Canadian Blood Services is working closely with stakeholders and patients affected by the product change to ensure a smooth transition and minimal impacts.

Canadian Blood Services remains deeply committed to the fundamental principles pertaining to free and equitable access to blood and blood products set forth by Justice Krever.

The board is committed to a patient centred approach and will examine reporting to ensure this is expressed appropriately.

8.7. Kat Lanteigne, Executive Director/Co-founder, BloodWatch.org

With B.C. passing legislation banning paid plasma, K. Lanteigne shared that 80% of the Canadian population resides in provinces where paid plasma is banned (Quebec, Ontario, Alberta, and B.C.). BloodWatch.org is working to get documentation regarding paid plasma and self-sufficiency to federal, provincial and territorial elected officials and government employees involved in the blood file. BloodWatch.org is committed to upholding the Krever principles and the voluntary non-remunerated blood system in Canada.

Response: Canadian Blood Services continues to work with governments on collecting significantly more plasma within the voluntary, non-remunerated collections model, to ensure a secure supply of plasma for immune globulin to meet the needs of Canadian patients now and in the future. Canadian Blood Services will remain engaged with stakeholders and patient groups as this important work progresses.

M. Cappe thanked the board, management and members of the public and staff for their attendance and contribution, and repeated that the patient is at the centre of all Canadian Blood Services does.