

“At a Glance”
Synopsis of CCIH Proceedings
Session XVII, March 27 and 28, 2007, Montreal

CCIH Mission: The Canadian Council on Integrated Healthcare is dedicated to helping Canadians understand emerging healthcare issues.

CCIH Vision: Our vision is for an integrated healthcare system that balances quality, access and cost, and creates better health for Canadians.

Taking action:

Focus topic: Payers’ Forum follow-up

Council reviewed participant feedback from the Payers Forum that CCIH held in November 2006 (go to communiqué button on this website for further information about the Forum). It was noted that several participants took the opportunity (and considerable time) to share some very constructive ideas about ‘where to go next’ in terms of public/private collaboration around health care funding and policy making: there was an overwhelming sense that as a country Canada needs to move **from talk to action**. Respondents also mentioned other issues, such as:

- Concern about rapidly increasing costs and a sense of entitlement
- There is a real need for greater cost-sharing
- Large and small employers often have different perspectives
- Need to focus on mutual gains, not winners and losers
- Input from different ‘voices’ needs to be regular and meaningful
- Need clearer definition of what is covered by public insurance regime and what is not; this would help everyone, including employers, make decisions about health care costs

When asked where greater collaboration among payers/players could be sought, respondents suggested:

- Working with provincial associations like HRPAAO and other health care insurance focused associations or unions; one idea - strike a small task force of these players
- Opening dialogue with representatives of federal government, at least at bureaucratic level, particularly since premiers/health ministers have identified some common issues
- Integrating programs is key to managing cost and coverage
- Reducing differences between provinces in terms of health care coverage

Several respondents suggested that CCIH should hold another forum. Possible topics could include:

- Developing mutual gain strategies to implement known solutions and identify regulatory issues that prevent/hinder progress (e.g., income tax regulations); or
- Insurance modalities and other elements that would be germane to employers in terms of developing a functional national pharmacare program (formulary, demand-management, procurement, value-for-money, economies of scale, supply-chain, etc.)
- Candid discussion about reasons each payer group is a payer and what they expect to get in exchange for their investment – this could help identify important areas of overlap that could lead to more cooperation

As part of its post-Forum follow-up, Council also spent time reviewing a draft discussion paper that emerged from the Forum. That paper, which is focused on the notion of collaboration, is expected to be published in early summer 2007.

Gathering Information:

Panel discussion on 'access to pharmaceuticals'

CCIH holds the view that one of the areas where there is real potential for greater collaboration among various payers/players is in the area of pharmaceuticals funding and coverage. While the proposed National Pharmaceutical Strategy (NPS) presents a significant opportunity for better integration between public and private drug plans, there has so far been only limited interaction and consultation. Council members wanted to hear a variety of perspectives on the issue of 'access to pharmaceuticals' so it could determine its own position on this pressing topic.

Our expert panel included:

- Colleen Savage, Canadian Cancer Advocacy Coalition – the consumer perspective
- John Elliott, sanofi-aventis – the pharma perspective
- Millicent Toombs, Canadian Medical Association – the medical perspective
- David Bougher, D. Bougher Consulting – the government health policy perspective
- Hugh Paton, Bell Aliant – the employer perspective
- Brett Skinner, the Fraser Institute – the public policy perspective

After each panelist completed a brief presentation to Council, the panel then discussed the following questions posed to them by CCIH:

- If you could, how would you improve access to pharmaceuticals in Canada?
- If you were designing a national Pharmacare plan, how would you answer the following: Who would be the beneficiaries? How would the plan be funded? How would coverage be determined? Which pharmaceuticals would be covered?
- How can stakeholders move toward an integrated approach to improved access to pharmaceuticals?

Council was privileged to hear a real range of opinions on these topics from the highly diverse panel members. Importantly, while their ideas about how to 'fix' the problems differed, panelists all agreed the status quo is simply not working; in particular, catastrophic drug coverage was cited as needing urgent attention. As part of its information-gathering, Council was also provided with a very helpful overview of the Québec RAMQ drug plan by councilor Jacques L'Espérance.

Engaging in reflection:

'Access to pharmaceuticals' seen through an integration lens – Council de-brief on panel

Based on the information gathered during the panel, Council engaged in lengthy debate and discussion on the topic of 'access to pharmaceuticals', as considered through the CCIH's particular lens of integration. Councilors recognized that the pharmaceutical topic is incredibly complex and emotional, as it raises very basic questions about who should get what, when and why, within our health care system. Council agreed that the overall message reinforced by the panel discussions was **'my country includes drugs'** -- in other words, drugs are an integral part of Canada's health system, and should be considered essential just as hospitals and doctors are. Council also agreed that the issue of catastrophic drugs requires immediate attention.

In its de-brief discussion, Council sought to identify the top factors or considerations for a **new approach to pharmaceutical access in Canada**. This discussion was preliminary, and councilors indicated they wanted to explore the issue further at their next meeting and then produce a written piece to stimulate public interest in, and debate about, the issues at hand. However, certain initial observations were made, including:

- There are real variations in pharmaceutical coverage across the country
- Terms used ('catastrophic', 'universal') need to be carefully defined
- Some kind of financial participation by individuals in their drug purchases is important
- There could be real benefits accrued by following sound financial/insurance principles in any pharmaceutical plan (pooling, risk spread, co-pays, etc.)
- Collaboration is essential between governments (federal, provincial, territorial -- both from health and finance side) and insurers, employers, manufacturers, pharmacists, physicians, and consumers
- Canada needs a catastrophic plan design to protect individuals from high out-of-pocket prescription drug costs (where 'high' is related to personal income)
- A national pharmaceutical plan would help address employer needs for a productive, healthy workforce; it would also address demographic/cultural changes
- A pharmaceutical plan needs to be portable – between employers, between provinces (though not out of Canada)
- Need to carefully review formulary arrangements across Canada
- Any plan would need to be patient-focused, not system-focused
- Need to make a return on investment argument to all stakeholders when developing a new approach to pharmaceutical access