



“At a Glance”
Synopsis of CCIH Proceedings
Session XVIII, June 3 and 4, 2008, 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.

Gathering Information:

Member presentations on ‘access to pharmaceuticals’

Council opened with an overview of previous CCIH discussions on the topic of access to pharmaceuticals (click on March 2007 ‘Proceedings Summary’ for more information). Questions posed to Council as it continued to focus on this issue included:

- Is the status quo good enough or is the need for change urgent and compelling?
- Is there synergy and common interest between insurers, employers, pharmacy, physicians, government, and pharma companies?
- How can we reach governments?
- Are there opportunities for CCIH to collaborate with other bodies on this issue?

Introductory remarks were followed by presentations from various perspectives, offered by Council members reflecting different stakeholder points of view:

- ***The pharmacy perspective*** – Among many points made were the lack of progress with the National Pharmaceutical Strategy (NPS), and how pharmacist prescribing is one trend that can influence appropriate access.
- ***The Quebec perspective*** – The current Quebec environment was described. Mutualisation was offered as a good example of an effective public-private mix with the private sector providing processes/methodology. Challenging issues in the Quebec plan were cited (for example: cancellation by some policyholders of their plans; transfers of bad risk to RAMQ; variations in pharmacy pricing according to whether a public/private plan).
- ***The pharma industry perspective*** – Considered in this talk: the challenge in balancing “what’s best for mom and what’s best for Canadians”, the role of pharmacoeconomics in helping to guide optimal healthcare resource allocation, mutualisation as a possible strategy in spreading risk, and some of the Rx&D recommendations on catastrophic coverage. The suggestion was made that CCIH take a patient-centred approach to the issues at hand.

- ***The insurer perspective*** – This presentation offered information on drug and benefits expenditures, and identified issues from the insurer perspective (including -- the large gray area between public and private scopes of responsibility; the fact that the insurance industry is looking at the concept of pooling of catastrophic risk). Certain questions were raised, such as “what should be universal (public) vs. what should be left up to the employer and individual?” and “if we believe ‘our Canada includes drugs’ [a statement made at a previous CCIH session], does this mean every new drug?”
- ***The employer perspective*** – This speaker described why employers are involved in pharmaceuticals coverage, why there is a need for collaboration at all levels and across traditional silos, and why employers need to be at the table on this issue. He discussed “what’s OK” from an employer perspective (things like catastrophic coverage only at public level, cost sharing and pooling, national formulary, national drug review, and keeping drugs out of the Canada Health Act) and “what’s not OK” (lack of collaboration, developing a new plan with provincial differences, maintaining the status quo).
- ***The policy/economics perspective*** – This final presentation focused on allocating scarce resources on a macro level. It outlined the current economic environment and described four schools of thought on healthcare sustainability as well as the growing importance of pharmaceuticals in healthcare. This speaker talked about pharmaceutical issues and catastrophic drug coverage, reviewed what drives drug costs, and how best practices in prescribing and education are imperative. He also suggested that there should be incentives for healthcare providers and patients to comply/take responsibility for patient health.

Engaging in reflection:

CCIH considers its own perspective on access to pharmaceuticals

Following the above presentations, CCIH as a whole considered these questions: *What’s the problem we are trying to fix? Where can CCIH add value?* Council’s discussion focused on the challenges around access to pharmaceuticals – affordability, timeliness of approval, lack of national coordination, and insufficient public/private integration. Central to the conversation was the recognition that there is profound inequality in access to pharmaceuticals across provinces/territories and because of individual circumstances (some Canadians have no drug coverage at all, some work for smaller employers who can only afford to offer limited coverage). However, Council also noted that there are models within Canada that are more successful than others. It was agreed that the status quo is not acceptable and an integrated approach is needed that takes a strategic view and not just a cost view to this issue.

From these deliberations, Council determined that solutions to the pharmaceutical access issue that fit the CCIH mandate should focus upon:

- The value of dialogue and broad stakeholder input to try and reach a creative, ‘made in Canada’ solution
- How to achieve greater consistency in access across all provinces and territories
- Strategies for risk sharing (arising from the concept of mutualisation that was mentioned in several of the member presentations) to ensure access for high cost drugs at the individual level

Taking action:

CCIH plans two initiatives focused on access to pharmaceuticals

Having identified that access to pharmaceuticals is an issue of pressing importance to Canadians for a number of reasons (including that drugs form a significant percent of total healthcare expenditures in Canada, and affordable access to required pharmaceuticals is essential for all Canadians' good health), CCIH committed to two immediate actions to be pursued over the coming months:

1) Case study to present ideas for improving access to pharmaceuticals across Canada

This project will consist of two parts:

- a) *a short paper* scanning the differences among provincial/territorial drug plans
- b) *a provincial case study* – focused on New Brunswick (where consultations are forthcoming between private payers and government to look at new solutions) – with recommendations for change, and with potential application to other provinces in the Atlantic region and across Canada

2) Focus on concept of industry pooling to improve access to pharmaceuticals

Based on the premise that individual policyholders should be protected from catastrophic drug costs, the CCIH is interested in exploring the concept of industry pooling. The CCIH will be actively seeking opportunities to dialogue with private payer stakeholders about possible strategies for sharing risks associated with high claim costs, thereby making it more affordable for small employers to retain valued prescription drug benefit programs. Issues to consider in such a dialogue include: What's in it for the individual (patient)? What should the role of government be? What kind of formulary design would be necessary?