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**SUBMISSION TO THE
STANDING SENATE COMMITTEE ON
SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY**

**Presented by
Mr. Ron Elliott, President
Canadian Pharmacists Association**

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Mr. Chairman and Honourable Senators

Good afternoon, my name is Ron Elliott. I am a community pharmacist from St. Thomas, Ontario, and President of the Canadian Pharmacists Association.

The Canadian Pharmacists Association (CPhA) is the national professional voluntary association providing leadership to pharmacists in all areas of practice. Our members are active in community and hospital pharmacies, in long-term care facilities, home care, academia and industry.

CPhA welcomes the opportunity to comment on the *Volume Four: Issues and Options Report*. We applaud the breadth and scope of the analysis of the report and note that the Committee has raised a myriad of important issues that generate questions, foster debate and ultimately challenge us all to think outside the box. For today's discussion, I will limit myself to a few of the issues raised that speak directly to the knowledge and experience of CPhA and pharmacists.

We support the report's analysis on the roles and responsibilities of primary health care providers and the need to change the current system. We also support and applaud the degree of detail undertaken on the issues surrounding prescription drugs. As the experts on prescription drugs in the health care system, I will devote the majority of my time to these issues.

REFORMING PRIMARY CARE

CPhA strongly supports the need for reform of the current hierarchy of health care professionals. We believe that scopes of practice need to change in order to improve effectiveness and efficiency; this in turn would provide better access to health care services for Canadians and increased cost effectiveness for the system.

As the Committee notes in the *Issues and Options Report*, "we believe that primary care reform is one of the most critical steps that need to be taken in order to modernize Canada's Health Care system." Honourable Senators, we concur.

As you know, the system has built-in barriers to change that discourage innovation and the best use of health care professionals' time. As a pharmacist, I have the skills and abilities to do more, but I can't. You note that physicians are the gatekeepers of the system; this is true. But, it's partly the manner in which physicians are paid, and not physicians themselves that perpetuates the problem.

Physicians are the key to the health care system now and must continue to be the key if we are to change it, both for the sustainability of the system and because it makes sense. Focusing on incentives to bring about change is critical. But beyond remuneration schemes rationalizing the roles and responsibilities of health care providers according to their skills and abilities and to the needs of Canadians is paramount for the system to evolve.

From a pharmacist's perspective, let me tell you who pharmacists are and some of the things that we can do which would save physicians' time, improve patient access, and ultimately bring about cost savings.

Pharmacists are the drug experts of the health care system. We are extremely accessible from coast-to-coast, and we are well respected and trusted by Canadians. Increasing drug costs are weighing heavily on the health care system; logic would dictate that pharmacists should be able to expand their scope of practice to help improve things. An example would be to permit pharmacists to initiate and modify drug therapies – in collaboration with physicians and according to established protocols, the same holds true to allow pharmacists to take blood and give vaccinations. Pharmacists can also do more to promote wellness and illness prevention, through smoking cessation counseling, asthma, diabetes education and monitoring, to name just a few.

In order to expand the role of pharmacists within the health care system, we would recommend that Health Canada fund pilot projects on primary care reform that feature new practice models for pharmacists with new methods of reimbursement.

Another issue related to primary care reform and pharmacists wanting to do more is the problem of health human resources. Pharmacists, like physicians, nurses and other health care professionals, are facing a shortage. Current figures indicate that there are 1,500 full-time vacant pharmacist positions. The problem is particularly acute in hospital and rural settings. We recognize and applaud the recent announcements by HRDC on studies relating to physicians and nurses. We, too, are working with HRDC and are looking forward to funding for our sector study. We would reiterate that the federal role is crucial in supporting health human resource planning and policy initiatives. We would particularly support the development of mechanisms to support changes to scopes of practice of health care providers to ensure that the skills possessed can be used to the benefit of the health care professionals and more importantly to the benefit of patients.

ADDRESSING PRESCRIPTION DRUGS ISSUES

Before going directly to the issues that are raised in Chapter 8 of the *Issues and Options Report* with respect to prescription drugs, let me state that CPhA shares the Committee's concerns about escalating costs and the need to get better value for money. In my store in St. Thomas, I see several sides to the story:

- the patient put on a newly introduced drug and really does better than before
- extraordinary waste in the system: inappropriate prescribing, poor compliance, failure to effectively monitor outcomes
- patients who forego treatment because they can't afford it
- the burden placed on pharmacists and physicians to administer cost-saving measures, such as therapeutic substitution, for which they get no reimbursement

A National Formulary (8.8.1)

The Committee has asked about the feasibility of a National Drug Formulary. CPhA believes that this issue is indeed feasible and should lead to cost savings. CPhA also believes we need to go further and develop a National Quality Initiative around drug use to ensure that we are getting good value for money. A National Drug Formulary needs to be more than simply a list of drugs. We need prescribing guidelines, a system of prospective drug utilization review to correct problems and feedback to prescribers to improve quality.

To return to the discussion of reforming primary care, this is where CPhA advocates for limited prescriptive authority for pharmacists to modify or initiate drug therapy according to protocols and in partnership with physicians.

CPhA would like to introduce the concept of a National Drug Use Management Centre to develop policy and implement programs in collaboration with the provinces. The evaluation of products for formulary listing should be independent of government and the pharmaceutical industry. Further development of the role of CCOHTA might be one way of achieving this.

Bulk Buying of Drugs (8.8.1)

CPhA urges caution on this issue, and we certainly understand the need to control costs and support ways of doing so, but as pharmacists we wonder what impact bulk buying of medication might have on the continuity of care. There exists very little information internationally on the issue, which does not necessarily augur well for the concept. One jurisdiction engaged in bulk buying is New Zealand, and in recent discussions with pharmacists from that jurisdiction, we were informed of some of the difficulties being encountered such as the potential shortage of drugs when there is only one supplier.

Requiring the Use of the Lowest Cost Therapeutically Effective Drug (8.8.2)

CPhA supports the use of the lowest cost therapeutically effective drug. As pharmacists, we see the economic benefits, but we would like to inform the Committee that pharmacists currently face a large administrative burden in managing changes of this nature. A proposal that CPhA would like to put forward is to give pharmacists the authority to implement these substitutions based on established protocols and with a responsibility to inform physicians of steps taken.

The Advertising of Prescription Drugs (8.8.3)

CPhA is a long-time proponent of the consumer's right to comprehensive, unbiased and accessible information. In fact, CPhA is currently working on a publication that provides such information for consumers. We oppose, however, advertising that treats pharmaceuticals as a commodity akin to toilet paper. We believe the US model drives up cost and inappropriate use. We support the need for a truly Canadian approach to the issue that will take into consideration the additional costs and demands that DTCA could impose on our health care system.

Prescription Drugs: Expanding Coverage (8.9)

This is an extremely important issue raised by the Committee. Drugs will become more and more effective and will constitute an increasing portion of the therapies utilized, and their share of health care costs will continue to rise. New drugs are expensive, but they will be prescribed and access will be demanded by an aging public who is increasingly aware of its options and knows how to vote. We dispute the figures presented in the *Issues and Options Report*, which indicate that 97% of Canadians enjoy some form of prescription drug coverage.

Pharmacists, as front line health professionals, see first hand the reality of uninsured and under-insured Canadians, and we would argue that the numbers used in the Report do not correspond to the reality that we see on a daily basis. At a recent appearance before the Conference Board of Canada, Health Canada presented figures which indicated that “about 10% of Canadians are considered ‘uninsured’, e.g., spend over 4.5% of gross income on drugs, and another 10% are considered ‘under-insured’, e.g., spend between 2.5% and 4.5% of gross income on drugs”. (This all totals some six million Canadians).

Notwithstanding the development of a national pharmacare program, we support more immediate steps that could address the problems facing those with insufficient coverage. In particular, it is our view that provinces need to look at the burden that cost-sharing in their plans creates for recipients and the extent to which their plans address the working poor or people who become disabled before retirement age.

The Committee has put forth four options for a method of paying for expanded drug coverage for Canadians. CPhA can see merit in all of them. The idea of Option 1, publicly-funded, universal model with first dollar coverage, might be difficult to create sufficient political will. Option 2 for a comprehensive public/private initiative building on the Québec experience may be the place to start.

Pharmacare (8.9.1)

On the issue of pharmacare, CPhA would like to take the opportunity to leave the Committee with our detailed study on the issue.

We saw four cornerstones for a national pharmacare program and emphasize that to succeed all four cornerstones need to be in place:

Cornerstone 1: Establish guiding goals and principles

These should include the Canada Health Act principles of public administration, comprehensiveness, universality, portability, and accessibility. Consideration should be given to adding three more: affordability, effectiveness and efficiency.

Cornerstone 2: *Involve key stakeholders*

Share responsibility between patients, pharmacists, other health care providers and the private sector. Use the pharmacists' knowledge and skill to bring cost benefit to the program. Patients as well as physicians must be better educated and take greater responsibility.

Cornerstone 3: *Government leadership*

Establish the political will of the federal and provincial governments. Put an end to duplication and reap substantial cost savings that can be re-invested to fund and enhance the program.

Cornerstone 4: *Fund and implement the plan in phases*

Establish and finance priorities. Work is clearly needed on the public/private funding mix. We also see the need for implementation to take place in phases with the following suggested priorities: citizens who have no coverage; those in seasonal employment; people between jobs; the less well off self-employed; children; pregnant women; people receiving home care.

To conclude, I would like to thank the Committee for the leadership that you have shown in your work on health care and in particular with the *Issues and Options Report*. Tough issues are broached and Committee members are right to raise those issues. As Canadians, we cherish our health care system, but the cracks are showing and the costs are rising and we know that important decisions need to be taken for the system to meet the needs of future generations of Canadians. CPhA and our members want to be part of the solutions.

Thank you.