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Opening statement

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Standing Committee on Health

Development of a National Pharmacare Program

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CPhA Witnesses

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Good afternoon and thank you for inviting us to join you today.

My name is Perry Eisenschmid, CEO of the Canadian Pharmacists Association. I'm joined by my colleague Phil Emberley, CPhA's Director of Professional Affairs, who is also a practicing pharmacist here in Ottawa.

We are here today on behalf of Canada's 40,000 pharmacists. Every day, pharmacists see the impact on patients when they can't afford their medications. Not only do they counsel patients to help them get the most from their prescriptions, but pharmacists are the ones who must deliver the devastating news that a patient isn't covered. Pharmacists are – quite simply – the health care professionals closest to this issue.

It's pharmacists' proximity to some patients' daily struggle with inadequate prescription drug coverage and the negative impact on patients that drives our efforts to inform the conversation on national pharmacare.

Our primary concern is ensuring that patients have access to medically necessary medications that are right for them. Above all, we must prioritize health outcomes and patient needs. Investing in the right drugs and services early on, is not only good for patients, it is necessary for the sustainability of our healthcare system.

From CPhA's perspective, *the status quo is not acceptable*. Let me be clear, CPhA absolutely supports a plan for pan-Canadian pharmacare where the federal government has a role in ensuring that all Canadians have to access medically necessary medications, regardless of income.

CPhA believes any future pan-Canadian pharmacare plan must address four key priorities:

1. Ensure all Canadians have access to the medications they need;
2. Protect Canadians from undue financial hardship;

3. Ensure patient access to a stable supply of clinically and cost-effective drugs; and,
4. Provide access to the full range of pharmacy services.

We have *two main messages* to convey to the Committee today. The first is that the Committee should consider both incremental and long-term solutions. The second is the importance of a “*care*” element of pharmacare.

This Committee has heard testimony from witnesses with different ideas about how best to help those Canadians who don’t have coverage, or whose insurance doesn’t go far enough for them to make ends meet. *We all agree that Canada can provide better access to prescription drugs – the real question is how we get there.*

Broadly speaking, the discussion has been framed around an assumption that there are only two ways we can approach this issue – we can create a “*new*” national pharmacare system or we can build on our existing system to make it more equitable and efficient.

It’s our position that this need not be the case. These choices aren’t mutually exclusive. What we do know is that Canadians don’t want their friends, their family, or their neighbours to have to choose between paying the rent, and paying for their medications.

We also agree that moving towards a new national pharmacare system, which could replace all public and private plans, would take time to develop and implement. In the meantime, many Canadians would still have to go without the medication they need.

That’s why we’re recommending both immediate steps to improve Canadians’ access to medication, as well as considerations for a longer-term approach.

CPhA's research provides the Committee with various options to enhance the current system that are practical, affordable, and could immediately help those Canadians who are falling through the cracks.

In the long term, it's important to recognize that all potential models have strengths and potential drawbacks. Regardless of the approach Canada pursues, we should be fully aware of potential risks. This is especially important as they relate to access and achieving optimal health outcomes, and we should identify ways to mitigate those risks.

At the end of the day we have to ensure that pharmacists have access to medications to provide their patients with the optimal drug therapy to achieve the best health care outcome.

That brings me to our second recommendation that speaks to the "care" element of pharmaCARE.

While managing costs is essential, it's only one piece of the puzzle. An effective pharmacare system must not only address gaps in patient coverage, it must address gaps in access to services that support safe and effective drug therapy for patients.

As medication experts, pharmacists know there are important considerations for the functioning of *any* future system – public *or* private – to ensure that Canadians are receiving the maximum health benefit from their prescription drugs.

No matter your perspective on this issue, *the fact is that drugs represent only 15.7% of total health spending in Canada.* The right prescription, taken appropriately, is a low-cost, high-value intervention that improves health outcomes, especially when compared with costly alternatives like surgery and visits to the emergency room. Prescription drugs are a powerful, sophisticated tool – they can save lives when used correctly, but improper use can lead to ill health or even death.

Containing and controlling drug costs is a key piece of any pharmacare plan. But now is the time for bigger and bolder thinking. Wouldn't it be better to make an investment to ensure first that the *right* medications available to all Canadians and second that our citizens have easy access to effective medication management and oversight?

A long-term plan for pharmacare has to focus on the health of Canadians over their entire life cycle – not just when they're at the counter paying for drugs. A holistic focus that recognizes the value of appropriate drug therapy can help us realize savings for the broader health system, while delivering sustainable patient-centred care.

That means ensuring that Canadians have access to the drugs that make them healthier. And that means that Canadians have access to the advice and oversight of the undisputed experts in medications – the 40,000 pharmacists that work in communities and hospitals across this country. They've spent many years at school and on the job, focused exclusively on understanding how and when medications work and when they don't.

In recent years, pharmacists' scope of practice has grown by leaps and bounds, delivering value for patients and payers alike. Expanded pharmacy services extend beyond dispensing of prescription drugs, capitalizing on pharmacists' accessibility and expertise, and providing much-needed oversight to our system of pharmaceutical care.

Take, for example, the medication reviews that pharmacists provide. These services help ensure appropriate use and enhance adherence – two major drivers of optimal health outcomes and drug plan costs. In some cases, we're talking about reducing the use of medications, and in some cases, it means expanding someone's drug regimen.

Here's a practical example. Most seniors over 65 take at least five drugs, with

those aged 85 plus on ten or more at once.¹ Let me tell you this is a challenge that the profession is tackling head on – we know of one 77 year old woman in Ottawa who was taking no less than 32 different drugs, but a pharmacist was able to help her get that number down safely to 17. With medication reviews, pharmacists can collaborate with patients and prescribers to identify optimal drug therapies to ensure Canadians are on the right medications. Unfortunately, these services aren't available to all Canadians. It's a real challenge that pharmacist services are covered differently across the country, some more comprehensively than others.

A pharmacare program that recognizes the role of pharmacist services like medication reviews would address many of the concerns this committee has heard about the need to go beyond simply *paying* for drugs, and instead address the *care* aspect of pharmacare.

And it's not just medication reviews – there are benefits to expanding pharmacy services in other areas.

A study in Ontario found that a pharmacist's care can deliver a meaningful reduction in blood pressure – one that lowers the risk of stroke by about 30 per cent.

Or consider how pharmacists are assisting people in their efforts to stop smoking. Recent numbers from the Pharmacy Smoking Cessation Program in Ontario show that 29 per cent of participants in the program were still cigarette-free after one year.

Or consider the flu shot – especially those who are considered high-risk for influenza complications. A recent survey found that 28 per cent of Canadians in this group would not have been immunized if not for the convenience of pharmacy-based vaccinations.

¹ Canadian Institute for Health Information. Drug Use Among Seniors on Public Drug Programs in Canada, 2012.

The final thought we would like to leave with the Committee is that the goal of any pan-Canadian pharmacare model, both in the short and longer-term, shouldn't just be about reducing costs – it should be about *providing optimal care*.

Getting value for each health care dollar is a principle that should be adopted across the health care system – not just for drug costs.

We need to acknowledge that spending on drugs is an investment in the health of Canadians. We also need to acknowledge that the rush to achieve short-term savings can sometimes lead to longer-term costs, both in terms of health care expenditure and quality of life.

We know the Committee has a complex task before them – there are no simple answers or solutions. Nevertheless, we encourage the Committee to consider both short and longer term approaches. Equally important, we encourage the Committee to ensure that the *care* in pharmacare, including pharmacist services, is an essential element of any pan-Canadian plan.

Thank you very much. We would be pleased to answer any questions.