



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA

**Pre-Budget Consultation Brief
August 2010**

**Submission to the
House of Commons Standing Committee on
Finance
Prepared by the Canadian Pharmacists Association**

The Canadian Pharmacists Association (CPhA) is the national voice of Canadian pharmacists. Through its leadership, CPhA is helping to achieve the vision of pharmacy as a profession providing optimal drug therapy outcomes for Canadian through patient-centred care.

Pharmacists are undergoing profound transformation in their professional practice and business environments. The profession is increasingly taking on additional patient-centred responsibilities that go beyond the traditional drug dispensing function that most Canadians have come to know of their local pharmacist. CPhA is helping to lead this evolution in pharmacy through its efforts in creating the Blueprint for Pharmacy¹, whose mandate is to achieve “Optimal drug therapy outcomes for Canadians through patient-centred care”.

Although many of the changes directly impacting pharmacists have originated at the provincial / territorial level, the federal government has a key leadership role to play in delivering better health care for Canadians. The following recommendations represent CPhA’s views on how the federal government can demonstrate such leadership.

Improving Drug Safety, Value and Quality

There is no more important issue for Canadian pharmacists than ensuring that drugs in Canada are safe, effective, and represent value and quality for Canadian patients. Pharmacists are continually striving to ensure that patients are fully cognizant and knowledgeable about proper drug use. However, to achieve this, pharmacists need to better understand existing drug use. To this end, they require better evidence and data collecting techniques. There is some work occurring on drug quality and effectiveness. For instance, the Canadian Institute for Health Information (CIHI) has taken the lead on collecting and analyzing data on drug use in Canada, mainly through its National Prescription Drug Utilization Information System (NPDUIS). The NPDUIS collects prescription claims-level data to provide context on drug claim data in provincial drug plans and information on policies regarding public drug plans. The Canadian Institutes for Health Research (CIHR) has been allocated funding to develop a Drug Safety and Effectiveness Network, which will conduct research into the post-market safety and effectiveness of drugs.

Although these are welcome initiatives, the data collected by these programs, and the resources available to them are insufficient to properly determine overall drug quality and health outcomes. Better analytical capability and use of a wider number of indicators to obtain a more thorough understanding of drug use effectiveness and value is required, as is better data collection infrastructure. The Healthcare Effectiveness Data and Information Set (HEDIS) system in the United States serves as a good model. The HEDIS system uses 71 different indicators to analyse a wide range of treatment options and determine effectiveness, which helps evaluate and more properly shape overall health policy.

An electronic health record that could be used to obtain better data would also be a welcome step in better understanding drug use, and how drug therapies could be changed to develop more effective and value added drug therapies and inform pharmaceutical policy. CPhA believes funding to support more advanced drug monitoring infrastructure and indicators of safety and quality, such as those in HEDIS, would provide necessary data and an evidence based approach that could serve to develop better pharmaceutical policy across Canada.

Despite the best efforts of pharmacists to provide safe and knowledgeable medication management, problems with less than optimal prescribing and usage behaviour remain. Also, adverse drug events remain a

¹ The Blueprint for Pharmacy is a long-term initiative designed to catalyze, coordinate and facilitate the changes required to align pharmacy practice with the health care needs of Canadians. Having been signed onto by 78 national and provincial pharmacy organizations, faculties, and pharmacy chains, it is the first time in Canadian history that pharmacy has unanimously set forth a vision for its future.

serious concern for pharmacists, the broader health community, governments, and ultimately patients. A 2004 study showed that of the 2.5 million annual hospital admissions in Canada, approximately 185,000 were associated with adverse events, and that 70,000 were potentially preventable². A 2006 study showed that 24% of patients were admitted to a hospital's internal medicine service for medication-related causes, and over 70% of these admissions were deemed preventable³. The Romanow Commission in 2004 estimated the cost of misuse, underuse, and overuse of medications to range from \$2 billion to \$9 billion per year. If Canada is to properly curb the incidence of adverse drug events and improper usage, and its associated cost, a coordinated effort must be put in place.

Previously, CPhA has called for the creation of a National Medication Management Centre that would foster a broader, integrated approach to improving the safety and quality of drug therapy and reducing adverse drug events. Such a Centre would be a novel organization undertaking work not provided elsewhere in Canada.

Its mandate would be as follows:

- To develop and disseminate best practices in prescribing and drug use.
- To assist prescribers in developing safe, rational, cost-effective prescribing behaviours in the selection, planning, implementation, monitoring and evaluation of drug therapy.
- To assist public and private payers of drug benefit plans to develop and manage comprehensive, cost-effective drug benefit plans.
- To assist consumers in using pharmaceutical products in safe, cost-effective ways, leading to optimal drug outcomes.
- To be a source of rational, informed, expert comment to the public and media on issues relating to drug safety and drug utilization.
- To facilitate and promote the reporting of adverse drug reactions, unwanted drug effects and medication incidents.

The benefits of a National Medication Management Centre to patient care and safety would be significant. The costs of establishing a Centre would be more than offset within the health care system if only a small proportion of current adverse drug event cases could be prevented.

CPhA recommends that the federal government provide greater support for drug data reporting infrastructure, including but not restricted to electronic health records, as a means to obtain better data and conduct more thorough research on quality of drug use and effectiveness with the aim of establishing routine indicators on the safety and quality of drug use.

CPhA recommends that the federal government provide funding to Health Canada to establish a National Medication Management Centre that would act as a key driver to reducing adverse drug events and enhance medication management for patients.

The 2004 Health Accord – Unfinished Business and Health Care Renewal

In 2003, federal, provincial, and territorial First Ministers agreed to the “First Ministers’ Accord on Health Care Renewal” that committed jurisdictions to undertake investments and be held accountable for health care reform in a number of key areas. The federal government committed to a 6% escalator in the Canada Health Transfer and the creation of a Health Reform Fund, while provinces and territories agreed to a series of key measures in the following areas: reducing wait time and improving access, health human resources,

² Baker GR, Norton PG, Flintoft V, et al. The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada. *Canadian Medical Association Journal* 2004; 170: 1678-86.

³ Samoy LJ, Zed OH, Wilbur K, et al. Drug-related hospitalizations in a tertiary care internal medicine service of a Canadian hospital: a prospective study. *Pharmacotherapy* 2006; 6: 1578-86.

home care, electronic health records, health care in the north, a National Pharmaceutical Strategy, prevention and health promotion, and research. This 10 year Accord is set to expire in 2014.

In 2008, the House of Commons Standing Committee on Health conducted a statutory review of the Health Accord. Its report identified those items in which progress had been made on the key themes from the Health Accord. Although the Committee identified those items where it felt progress had been made, a closer reading of the report reveals a number of key areas that have not been implemented. The Standing Committee will conduct another review of the Accord's progress in 2011.

The Health Council of Canada issued a report in 2009 that looked specifically at the recommendations contained in the Accord regarding a National Pharmaceuticals Strategy. Entitled "The National Pharmaceuticals Strategy: A Prescription Unfilled", the report concluded that progress on the pharmaceutical-related objectives contained in the 2004 Health Accord varied considerably among jurisdictions, that pharmaceutical policy was becoming increasingly fragmented across provincial and territorial boundaries, and that the federal government needed to provide greater leadership. It recommended that First Ministers recommit to a program of catastrophic drug coverage, more appropriate prescribing and e-prescribing, a program for expensive drugs for rare diseases, and a common national drug formulary.

CPhA is concerned that several of the commitments made by governments in 2004, and for which federal funding was provided, have been largely forgotten. Catastrophic drug coverage, more appropriate prescribing, and e-prescribing in particular are areas that CPhA strongly believes have not been adequately addressed by governments as per the stated objectives in the 2004 Health Accord.

CPhA recommends that the federal government reengage provincial and territorial governments on the objectives contained in the 2004 Health Accord, particularly those items relating to a National Pharmaceutical Strategy, and develop an implementation plan to ensure those objectives are met.

CPhA recommends that in its 2011 review of the Health Accord, the Standing Committee on Health conduct a thorough analysis and investigation into the "unfinished business" from the 2004 Accord, and make recommendations on how those items can be addressed.

Renewal of Canadian Health Care

The First Ministers Accord on Health Care Renewal expires in 2014. The federal government has not yet announced a renewal process, a consultation, nor a vision for the federal role in health care beyond 2014. It is CPhA's understanding that officials within Finance Canada have begun internal discussions on a vision for federal health transfers post-2014, but that these discussions are preliminary, and do not currently involve representatives from the health care professions or the broader health community.

CPhA believes that it is imperative that the federal government establish a process whereby health care representatives and professionals have an opportunity to discuss and debate the future of health care in Canada post-2014. Important questions regarding the post-2014 vision for health care in Canada should not be decided by Finance Canada officials alone. Such a process would provide governments, the health care field, and individual Canadians with the opportunity to thoroughly examine the key issues facing our health care system. Key questions surrounding national pharmaceutical policy – including catastrophic drug coverage, drug prices, expensive drugs for rare diseases, and the role of pharmacists in health care – would need to be included in such a consultation.

CPhA recommends that the federal government establish a consultation process involving all key stakeholders to discuss the future of health care in Canada post-2014.

Health Human Resources (HHR)

In June 2010, the House of Commons Standing Committee on Health issued a report on health human resources following two years worth of hearings on the subject. The report contained 29 recommendations on how the federal government could play a leadership role in better managing human resources in the health sector across the country. CPhA supported the overall thrust of the report, and in particular, agrees that the federal government needs to take on more of a leadership role with respect to managing health human resources, and implementing a national plan to identify gaps and address deficiencies in HHR planning.

Three recommendations in particular from the report are strongly supported by CPhA:

Recommendation 1: That the F/P/T Advisory Committee on Health Care Delivery and Human Resources to consider the feasibility and appropriateness of either expanding its membership to include a wider range of stakeholders and broadening its mandate to allow for the development of an inventory of data and research on best practices in addressing HHR challenges in Canada; or establishing a new arm's length national observatory on health human resources with a broad-based membership that would promote research and data collection on HHR; serve as an effective knowledge translation mechanism; and identify key priorities for future research.

Recommendation 7: The federal government identify and address systemic barriers to the implementation of interprofessional collaborative practice within its jurisdiction, including its responsibilities as the employer of the federal public service and the health benefits and services it offers to federal client groups, including: First Nations and Inuit; RCMP; veterans; immigrants and refugees; federal inmates; and members of the Canadian Forces.

Recommendation 8: The federal government consider the possibility of establishing sustained funding mechanisms devoted to promoting interprofessional collaborative practice within the provinces and territories.

CPhA believes that at a time of increasing demographic pressures brought about by an aging population, and greater interprovincial and international competition for qualified health professionals (which should intensify following passage of American health reforms that will see an additional 40 million Americans covered by health insurance), the need for a national observatory to manage HHR from a pan-Canadian perspective is essential.

Interprofessional collaborative care is equally important to create a more efficient health care system. All too often, professions within the health care field work in silos, without proper collaborative synergies. Lack of a more integrated approach among health care professionals most adversely impacts patients – without proper communication on treatment options and medication management by all players, patient care will be harmed. The development and implementation of e-health records and systems will facilitate better interprofessional collaborative care, but the creation of primary health care teams, which involve physicians, nurses, and pharmacists, among others, will need to be more fully developed.

CPhA recommends that the Government of Canada provide resources to create a new arms length national observatory on health human resources as recommended by the House of Commons Standing Committee on Health.

CPHA recommends that the Government of Canada provide a sustainable funding mechanism for provincial and territorial governments that would promote greater interprofessional collaborative practice.

Conclusion

CPHA appreciates this opportunity to comment on the 2011 federal budget, and looks forward to engaging in a robust discussion with the Standing Committee on Finance and the Government of Canada on the ideas contained in this paper.

Summary of Recommendations

CPHA recommends that the federal government provide greater support for drug data reporting infrastructure, including but not restricted to electronic health records, as a means to obtain better data and conduct more thorough research on quality of drug use and effectiveness with the aim of establishing routine indicators on the safety and quality of drug use.

CPHA recommends that the federal government provide funding to Health Canada to establish a National Medication Management Centre that would act as a key driver to reducing adverse drug events and enhance medication management for patients.

CPHA recommends that the federal government reengage provincial and territorial governments on the objectives contained in the 2004 Health Accord, particularly those items relating to a National Pharmaceutical Strategy, and develop an implementation plan to ensure those objectives are met. CPHA recommends that in its 2011 review of the Health Accord, the Standing Committee on Health conduct a thorough analysis and investigation into the “unfinished business” from the 2004 Accord, and make recommendations on how those items can be addressed.

CPHA recommends that the federal government establish a consultation process involving all key stakeholders to discuss the future of health care in Canada as a prelude to renewal of the Health Care Accord in 2014.

CPHA recommends that the Government of Canada provide resources to create a new arms length national observatory on health human resources as recommended by the House of Commons Standing Committee on Health.

CPHA recommends that the Government of Canada provide a sustainable funding mechanism for provincial and territorial governments that would promote greater interprofessional collaborative practice.