Canadian Association of Pharmacy Students and Interns

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To the Advisory Council on the Implementation of National Pharmacare:

On behalf of the Canadian Association of Pharmacy Students and Interns (CAPSI) and our Ad hoc Advocacy Committee, I am pleased to submit the following as our response to the National Pharmacare Consultation. CAPSI is composed of over 3,300 pharmacy students and interns from across Canada empowered to advocate for the future of pharmacy and healthcare towards excellence in patient-centered care. As future healthcare professionals, we believe it is our duty to advocate on behalf of our patients. As highly educated medication therapy experts, we are key stakeholders in the provision of pharmacare and believe our insight is crucial to the successful implementation of a sustainable and effective national pharmacare program.

One of CAPSI's core values is unity. Despite coming from a variety of socioeconomic, cultural, religious, and political backgrounds, we share a united voice advocating for our patients. Our national executive council, advocacy committee, and general members closely evaluated the discussion paper outlining the key issues surrounding pharmacare. As part of our curricula, pharmacy students become very familiar with the healthcare system and the provision of drug insurance through provincial programs and private third party payers. At our part-time jobs in pharmacies and through practical placements we work closely with our patients and witness the financial burden of drug therapy. While the Advisory Council does not currently contain a pharmacist member, we strongly believe that the input of pharmacists is imperative to the development and practical implementation of pharmacare.

Coverage

True national pharmacare should cover Canadians across all provinces and territories, age groups, and income levels. All Canadians should have access to medically necessary prescription medications without financial barriers (1). Cost is a significant barrier to adherence--23% of Canadians experience suboptimal medication therapy due to the costs associated with medication therapy (2). Non-adherent patients report they cannot afford to fill prescriptions at all or take their medications incorrectly to make their prescriptions last longer. Poor adherence

to medication is consistently linked to poor health outcomes and increased burden on the health care system (3). A national pharmacare program will result in healthier Canadians and reduce stress on the current healthcare system. Additionally, it is important for pharmacare to cover all Canadians in order to give the government the most leverage possible when negotiating contracts with drug manufacturers. Countries such as New Zealand have successfully lowered expenditure on a variety of medications by setting price subsidies at a national level, therefore forcing drug companies to match their prices or risk going unused across the country. (4)

In addition, CAPSI is a strong proponent for pharmacists working to the full extent of their scope of practice. Many provinces allow pharmacists to independently manage patient medications and conditions, including extending prescriptions, providing injections, and completing comprehensive medication reviews. In the future, pharmacists may be independently initiating medication therapy and ordering lab tests as required for patient care. Pharmacy services are an essential part of the pharmaceutical care process and should be covered under a national pharmacare plan. Pharmacy services currently offered have been closely studied and proven to be cost-effective and improve health outcomes (5-8). Community pharmacies facilitate access to pharmacists up to 24 hours a day, making pharmacists the most accessible health care professionals. Pharmacy services take a proactive approach to health care and result in reduced emergency room visits and hospital admissions. Providing reimbursement for pharmacy services through pharmacare would save taxpayer dollars, making national pharmacare more sustainable.

Delivery

We believe that, at this time, the best delivery of national pharmacare is a mix of public and private insurance. A mix of public and private insurance will fill the gaps in the current system, by providing coverage for Canadians struggling under the burden of their current drug costs. Canadians that currently have suitable private drug insurance should continue to enrol in those plans. Canadians that currently do not have drug insurance should automatically be covered under a national pharmacare plan. In addition, those with current insurance should be able to opt-in if they wish. Private insurance would continue to be valuable to Canadians through the provision of other services, such as dental and physiotherapy, and may cover drugs outside the national formulary.

All patients under the national plan should be mandated to pay a portion of prescriptions purchased, whether through a small co-pay or deductible. This deductible could be a tiered system similar to current tax bracket systems used in Canada, wherein the higher one's income, the higher one's deductible. Implementing this model would ensure that there would be medication access to all patients with equitable remuneration. A deductible or co-pay is necessary for several reasons. Firstly, a co-pay would help keep national pharmacare sustainable by covering a part of the costs. Secondly, a co-pay would help instill the value of prescriptions in patients, reduce dispensing of drugs that will go unused, and result in less unnecessary expenditure. Requiring patients to pay a fee would ensure that patients only fill prescriptions that they intend to take.

A National Formulary

A comprehensive formulary for the entire nation should be developed to guide pharmacare. A national formulary would result in seamless coverage of drugs no matter where Canadians live, as geographic location should not be a barrier to healthcare.

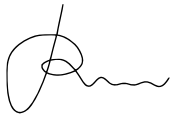
In terms of content, only drugs that have substantial evidence of safety and efficacy should be included. In addition, cost-effectiveness should be considered for every drug on the formulary. It is important to note that cost effectiveness can vary by region or province, and should be taken into consideration. Evidence for drugs should be reviewed regularly to keep the formulary up to date. Newly available drugs must be reviewed in a timely manner to provide Canadians with access to high-quality healthcare. We recommend a special access program be implemented to enable access to drugs that are not on the formulary due to cost or special circumstances.

Solidarity with CPhA and CSHP

In keeping with our value of unity, we would like to note that our colleagues at the Canadian Pharmacists' Association and the Canadian Society of Hospital Pharmacists have both compiled their own statements on national pharmacare. We echo their calls for universal, sustainable pharmacare for all Canadians as we move towards a more equitable future.

Thank you for taking the time to read and consider this consultation. Our advocacy committee greatly enjoyed discussing the topic as an opportunity for professional growth. We look forward to the implementation of a national pharmacare program and the benefit it will provide to our patients.

Yours truly,



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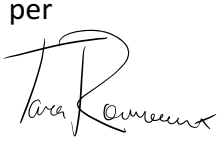

Tara Rousseaux
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References

1. Morgan SG, Gagnon M-A, Mintzes B, Lexchin J. A Better Prescription: Advice for a National Strategy on Pharmaceutical Policy in Canada. Healthcare Policy. 2016;12(1):18-36.
2. Prescription drug access and affordability an issue for nearly a quarter of all Canadian households. Vancouver (BC): Angus Reid Institute; 2015 [cited 2018 Oct 7]. Available from: http://angusreid.org/prescription-drugs-canada/
3. Osterberg L, Blaschke T. Adherence to medication. New England Journal of Medicine. 2005 Aug 4;353(5):487-97.
4. Cumming J, Mays N, Daubé J. How New Zealand has contained expenditure on drugs. BMJ (Clinical research ed). 2010 May 18;340:c2441.
5. Kaboli PJ, Hoth AB, McClimon BJ, Schnipper JL. Clinical pharmacists and inpatient medical care: a systematic review. Archives of internal medicine. 2006 May 8;166(9):955-64.
6. Hatah E, Braund R, Tordoff J, Duffull SB. A systematic review and meta-analysis of pharmacist-led fee-for-services medication review. British journal of clinical pharmacology. 2014 Jan 1;77(1):102-15.
7. Gallagher J, McCarthy S, Byrne S. Economic evaluations of clinical pharmacist interventions on hospital inpatients: a systematic review of recent literature. International journal of clinical pharmacy. 2014 Dec 1;36(6):1101-14.
8. Perez A, Doloresco F, Hoffman JM, Meek PD, Touchette DR, Vermeulen LC, Schumock GT. Economic evaluations of clinical pharmacy services: 2001–2005. Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy. 2009 Jan;29(1):128-.