

# CHSPR 2016: Contemporary Canadian Health Policy Challenges

## Pharmacare: Getting Used to Disappointment

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# The Challenge

- High costs
- Poor equity of access
- No incentive to quality
- Inefficiency
- Avoidable complications of disease
- Impact on clinical practice



# Practice Makes Practice

1972

The Liberal government proposes the Drug Price Program

1997

The Liberal party endorses a report from the National Forum on Health in the throne speech and platform

2002

The Romanow Commission recommends that governments work together to integrate 'medically necessary prescription drugs' within Medicare

...or the National Pharmaceutical Strategy of 2004  
...or???



# Explanations at the water cooler

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1. The “Obamacare phenomenon”: since middle class working Canadians have insurance, it is hard to get pharmacare on the agenda
2. The “Political will problem”: Politicians are in the pockets of industry/are afraid of the costs/don’t believe in universal programs anymore/are asleep at the switch
3. The “Chronic Condition argument”: Canadians are too busy blindly defending publicly funded medical and hospital insurance; if we would grow up and allow 2-tier we could get pharmacare

## Katherine Boothe

### Entrenched Ideas

*“..the limited ideas and public expectations that help initiate an incremental pace of change also have a long-term effect on policy outcomes because they increase the barriers to major change, such as the adoption of additional public health services.”*

## Carolyn Tuohy

### Policy Change & Path Dependency

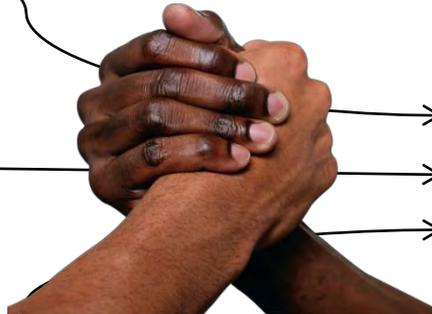
*“Policy change” occurs when major policy shifts are possible. These “windows of opportunity,” however, are relatively rare; in between are long periods of “path dependency” in which health policy is constrained by the “internal logic” the state.*

# Explanations that integrate

Problem Stream

Political Stream

Policy Stream



Policy Entrepreneur

Policy Window



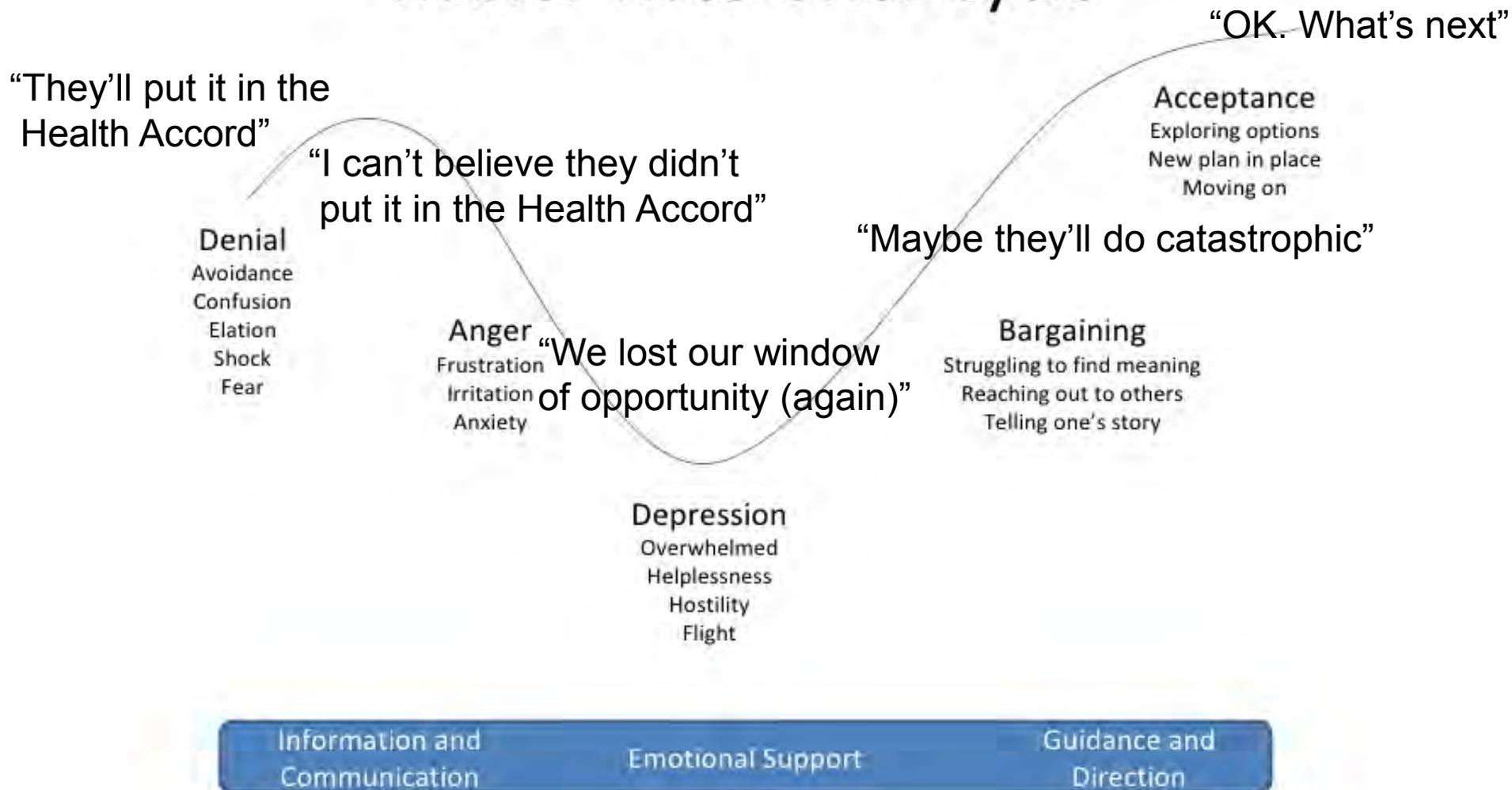
“Every dollar spent in health care is a dollar of someone’s income.”

- A very smart person

“Total health expenditure is also total health incomes.” *Strained Mercy: The Economics of Canadian Health Care*. Robert G. Evans. Toronto: Butterworth, 1984

# Getting Used to Disappointment

## Kübler-Ross Grief Cycle



# OK. What's next?

## DEFENSE

- Research
- Advocacy
- Policy

- Protect the brand
- Make interim/inadequate solutions uncomfortable
- Expose interests
- Match the research to the discourse

## OFFENSE

- Research
- Advocacy
- Policy

- Enlist corporate champions
- Enlist clinicians
- Enlist Canadians
- Match the research with narrative



# Tell the truth

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