National Pharma care

GRAHAM STATTT
Disclosure

Disclosure:

I work with government, patient groups and pharmaceutical companies in both a volunteer capacity, and for compensation, both in terms of overall policy but also advocacy for special medicines

AND

My views here today are my own and do not represent those of my employer, the District of Summerland
Pharmaceutical Ecosystem in Canada

- **Patients**
- **Payers (Public & Private)**
- **Drug Companies**

- Very Best Medicines
Patients need **access, and options**.

More drugs but ... listings taking longer and longer

There is more patient engagement ... but:
- Not always involvement at front end
- Not always imbedding patient lived experience
- Not always recognizing patients as experts

There is more focus on overall drug value but:
- Not always acknowledging convenience, quality of life, patient reported outcomes
- Not always recognizing the **system** value of keeping patients out of hospitals

*Key Driver = Patients want to get better, or feel better*
Health Systems need sustainability.

Large numbers of drugs coming through ... volume management
  ◦ Increasing complexity of many drugs
  ◦ Increasing price putting pressure on budgets

Many drugs require support on delivery side
  ◦ Going faster might be less-clear data, and risk

*Key Driver = Government wants to make good decisions*
Drug Companies need certainty.

Huge investment to create drugs, need listings to recoup investment
- Industry has already taken the investment ‘risk’
- Really want to create effective drugs, because those products are valuable

Innovative medicines require innovative reimbursement:
- Outcome-Based Agreements
- Non-routine / fast track approaches

Personalized medicines imply smaller populations
- RWE

*Key Driver: Companies need to make a profit, or they will cease to exist*
What's Working today

Have common (public) drug review, common negotiations
  ◦ Public payers get rebates through collective negotiation

Solid alignment with HTA recommendations
  ◦ Growing consistency in formularies

Vast majority of Canadians have access to drug coverage
  ◦ There is a gap – some have no insurance, or are underinsured
Case for Change

Over 100 public prescription drug plans and over 100,000 private plans— all different

~20 per cent of Canadians have inadequate drug coverage or no coverage at all and must pay out of pocket.

Est. 220,000 fewer visits to emergency departments and 90,000 fewer hospitalizations annually—a potential savings of up to $1.2 billion a year.
What It Is Looking Like

Single Payer, first dollar coverage for certain meds

Timeline – Within One Year of Royal Assent
- Essential medicines list
- A bulk purchase strategy for drugs and ‘related products’
- Pan Canadian Strategy on appropriate use
- Expert committee recommendations complete

Implementation Considerations
- Working with PTs
What We Don’t Know

Essential Medicines
  ◦ WHO or other models?

Canada Health Act
  ◦ Portability considerations?
  ◦ Copay?

Plan design
  ◦ Price considerations
  ◦ Options for patients
PT Focus: National Formulary

Funding Terms
- Constitutional considerations
- Formulary modifications

Sharing costs and risks
- Complex drug considerations

Building a meaningful formulary, together
PT Focus: Funding and Savings

Equality vs. Equalization
- Existing PT investments

Other Actions
- PT consideration of their own formularies
- Finding savings

Bulk Purchasing
- Private insurance considerations
PT Focus: Broader System Supports

Beyond Formularies
- Needs of innovative medicines
- Not just about ‘listing timelines’ anymore....

System Readiness Issues
- Going beyond drug plans

Establishing a Broader Vision
PT Focus: Full Build Out

PTs have constitutional authorities, and obligations
- Expect PTs do to their own consultations
- Impacts to private insurance coverage

Pharmacy
- Coordination of benefits
- Considerations for local pharmacy
- Cost sharing on care plans?

Health data
- Managing governments most sensitive data
Key Ingredients of any Successful Model

Provincial autonomy, decision making
- Keep trappings of working pieces today at least for a while
- pCPA

Build in sustainability
- Long term funding commitments

Other considerations
- Slow track the growth of the circle to protect private insurers
- Patient involvement
Parting Thoughts

Incrementalism
◦ Use time to get it right

Government Spending
◦ Inflation and the federal election

Public reaction/perception
◦ The ‘great Canadian compromise’