

# National Pharma *care*

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*GRAHAM STATT*



# Disclosure

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## **Disclosure:**

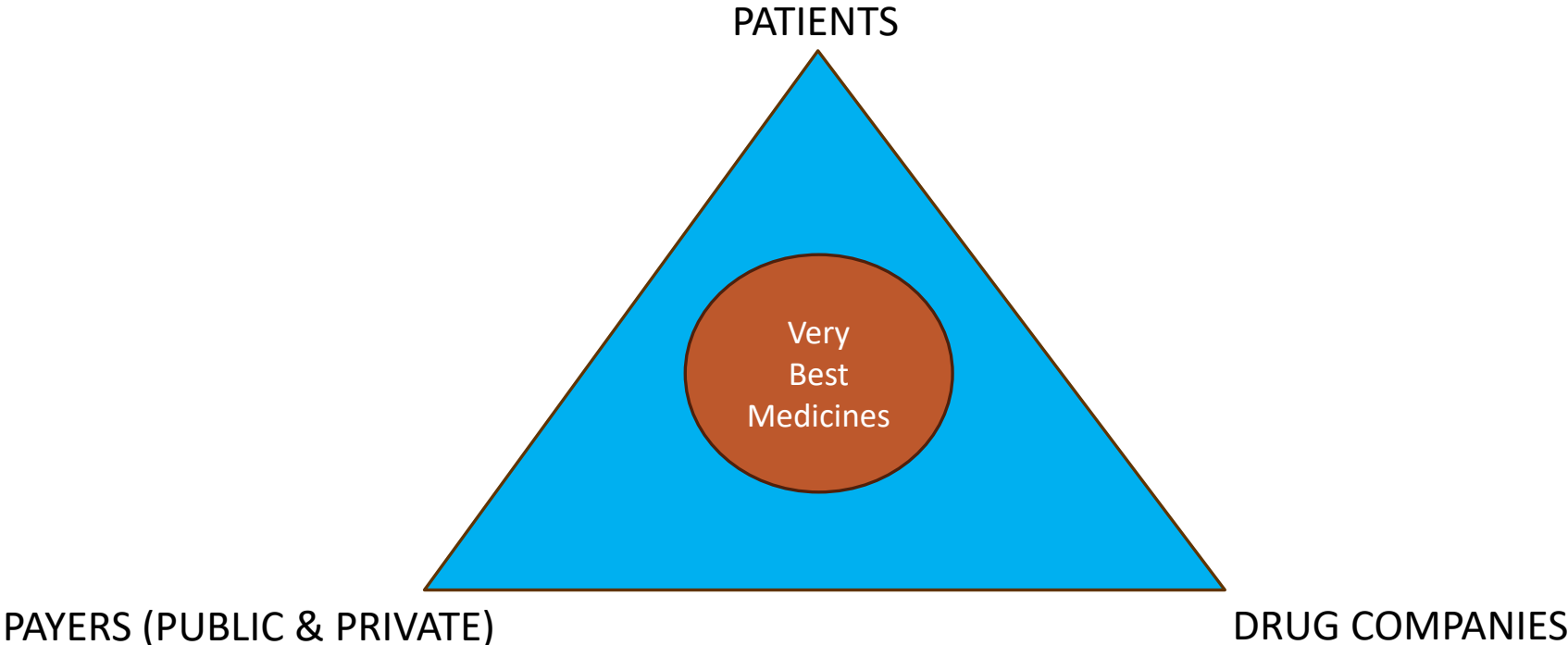
*I work with government, patient groups and pharmaceutical companies in both a volunteer capacity, and for compensation, both in terms of overall policy but also advocacy for special medicines*

*AND*

*My views here today are my own and do not represent those of my employer, the District of Summerland*

# Pharmaceutical Ecosystem in Canada

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# Patients need access, and options.

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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.

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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.

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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

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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

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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

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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

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## Essential Medicines

- WHO or other models?

## Canada Health Act

- Portability considerations?
- Copay?

## Plan design

- Price considerations
- Options for patients

# PT Focus: National Formulary

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## Funding Terms

- Constitutional considerations
- Formulary modifications

## Sharing costs and risks

- Complex drug considerations

Building a meaningful formulary, together



# PT Focus: Funding and Savings

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## 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

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## 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

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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

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## 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

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## Incrementalism

- Use time to get it right

## Government Spending

- Inflation and the federal election

## Public reaction/perception

- The ‘great Canadian compromise’