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P O S I T I O N S T A T E M E N T S

**National Pharmacare:  
Position Statement**

2017

Canadian Society of  
Hospital Pharmacists



Société canadienne des  
pharmaciens d'hôpitaux

## National Pharmacare: Position Statement

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## Statement

The Canadian Society of Hospital Pharmacists (CSHP) supports the development of a coordinated, national pharmacare program wherein the provision of medically necessary medications is recognized as an insured health service, meeting the primary objective of the Canada Health Act, regardless of where care is received in Canada. Such a pharmacare program would be accessible, portable, comprehensive, publicly administered, universal, and financially sustainable. It should include a national formulary of medically necessary drugs (built on a cornerstone of an essential medicines list). In addition, a pharmacare program should include information systems and decision support tools to assist prescribing and provide equitable access by patients to pharmacists regardless of location.

## Background

The defining vision of our healthcare system is truly Canadian: equitable access to high-quality healthcare. In the view of CSHP, this vision should be reflected in every aspect of the Canadian healthcare system. Regardless of how comprehensive, universal, portable, and accessible the publicly insured health services are, barriers that compromise a person's ability to properly take prescribed medications undermine the foundational objective of Canadian healthcare policy, as stated in the Canada Health Act: "to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers."<sup>1</sup> CSHP believes that the creation of a strong national pharmacare plan will help to achieve that goal.

Medications are a crucial part of preventing and treating illness. Unfortunately there are barriers to their accessibility and appropriate use. Financial reasons have been reported to contribute to almost one-quarter of Canadians not taking medications as prescribed.<sup>2</sup> Researchers reported that 1 in 10 Canadians did not fill drug prescriptions due to cost constraints.<sup>3</sup> Avoidable suboptimal medication use by patients has been shown to result in poor health outcomes and associated increased costs for medical care.<sup>4,5</sup>

Among countries in the Organisation for Economic Co-operation and Development (OECD), Canada has consistently had the second- or third-highest pharmaceutical spending per capita from 2003-2014.<sup>6</sup> In 2014, on average, the price of generic drugs was 36% of the price of the corresponding brand-name drugs.<sup>7</sup> A universal public pharmacare program would optimize negotiating power, thus leading to lower drug costs and improved patient access.

Canadians see great variations in their access to, and cost of, medications from one region to another.<sup>8</sup> A national pharmacare program and creation of a national formulary would go a long way to ensuring that all Canadians have equitable access to safe and effective medically necessary drugs, regardless of where they live. Drugs to be listed in a national formulary have yet to be defined. At a minimum, such a formulary should include the medicines listed on an essential medicines list, because countries with an emergency medicines list have seen favourable results.<sup>9</sup>

Furthermore, these medications should be selected through a systematic review of comparative efficacy, safety, and cost-effectiveness.

CSHP's vision for pharmacare is not limited to ensured equitable access to medically necessary drugs at a lower cost. Appropriate prescribing practices,<sup>10,11</sup> and better patient follow up,<sup>4,12</sup> are also needed. Research has demonstrated that when pharmacists provide direct patient care (e.g., via interprofessional care models), the results are better patient outcomes or underlying health,<sup>13-15</sup> improved medication use,<sup>16</sup> fewer adverse drug reactions,<sup>13,14,17</sup> and reduced healthcare costs.<sup>17</sup> Effective use of pharmacists' expertise in medication management can improve medication adherence,<sup>14,18</sup> reduce emergency room visits,<sup>17,19</sup> reduce hospitalization,<sup>16,17</sup> and shorten hospital stays.<sup>14,20</sup> Availability of key hospital-based clinical pharmacy services has been associated with reductions in mortality.<sup>21</sup> Therefore, a pharmacare program should allow patients to have access to pharmacists' expertise, regardless of their location, care setting, or ability to pay. Furthermore, information systems and medication decision support tools assist prescribing<sup>10,22,23</sup> and should be included in the model developed for a pharmacare program, in order to capture utilization data.<sup>10,12</sup>

Ideally, a national pharmacare program would provide the following to all Canadians, in accordance with the 5 criteria of provincial public healthcare insurance plans, as set out in the Canada Health Act<sup>1</sup> (as noted in brackets):

- Coverage for medications, regardless of geographic location in Canada [portability];
- Coverage to receive medically necessary medications, selected according to evidence-based and cost-effectiveness criteria [universality] [comprehensiveness];
- Access to medications, regardless of healthcare setting [comprehensiveness];
- A publicly administered program to facilitate access to medications without financial barriers [public administration] [accessibility] [universality]; and
- A financially sustainable, not-for-profit system that maximizes purchasing power to reduce medication cost [public administration].

CSHP further advocates that the national pharmacare program be supported with the following elements:

- A national interprofessional committee, reporting to the federal government, empowered to develop and implement formulary decisions regarding the selection of medically necessary medications. This group should include pharmacists from across Canada, drawing from hospital, community, and primary care settings. Involvement of pharmacists across these care settings will inform policy decisions regarding continuity of care at transition points.
- Information systems designed to support better patient care decisions, as well as to ensure ongoing monitoring and quality improvement. Hospital pharmacists are well suited to assist in the development of such information systems and prescribing tools and should be included in this process.

- Equitable access for patients to pharmaceutical services incorporating more pharmacists on patient care teams in both hospital and primary care settings and continuing to expand pharmacists' scope of practice to promote optimal health management and minimize polypharmacy.
- Health policy and systems research to evaluate and maintain or improve the pharmacare program.

Hospital pharmacists are well suited to be involved in the development of such a program as they possess experience, skills, and knowledge in the following areas:

- Development of formulary systems;
- Adoption and use of best evidence to support safe and effective medication prescribing and use;
- Development of information systems, decision support, and prescribing tools to ensure ongoing monitoring and quality improvement;
- Implementation of processes and tools to optimize seamless continuity of care at transition points; and
- Development and evaluation of pharmacy services that complement a pharmacare program.

At the end of January 2016, the federal, provincial, and territorial health ministers agreed to join a federal, provincial, territorial working group to discuss measures for more affordable, accessible, and appropriate use of prescription drugs.<sup>24</sup> The working group will build on the existing pan-Canadian Pharmaceutical Alliance,<sup>25</sup> which negotiates prices with pharmaceutical companies for drugs that are publicly funded by provinces and territories. CSHP is pleased that the federal government recently joined the working group and the pan-Canadian Pharmaceutical Alliance. The participation of the federal government is encouraging, but it is not enough. Discussions cannot stop short of a national pharmacare program.

Ultimately, hospital pharmacists share a central preoccupation: Canadian patients. CSHP is eager to work together with government to ensure that a national pharmacare program is part of the excellent healthcare provided for all residents of Canada.

## Glossary

The following definitions apply for terms used in these statements. They may have different meanings in other contexts.

Essential medicines	"Essential medicines are those that satisfy the priority health care needs of the population. They are selected with due regard to public health relevance, evidence on efficacy and safety, and comparative cost-effectiveness. Essential medicines are intended to be available within the context of functioning health systems at all times in adequate amounts, in the appropriate dosage forms, with assured quality and adequate information, and at a price
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	the individual and the community can afford. The implementation of the concept of essential medicines is intended to be flexible and adaptable to many different situations; exactly which medicines are regarded as essential remains a national responsibility." <sup>26</sup>
Health policy and systems research	"Health policy and systems research (HPSR) is an emerging field that seeks to understand and improve how societies organize themselves in achieving collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes. By nature, it is inter-disciplinary, a blend of economics, sociology, anthropology, political science, public health and epidemiology that together draw a comprehensive picture of how health systems respond and adapt to health policies, and how health policies can shape – and be shaped by – health systems and the broader determinants of health." <sup>27</sup>

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