

Should We Care about Pharmacare?

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In July 2004, Canada's premiers called on the federal government to establish a comprehensive national drug program (pharmacare). Some stakeholder groups welcomed the proposal, while others were more cautious. CSHP responded with a brief to the provincial, territorial, and federal ministers of health,¹ supporting a national approach to pharmacare as a fundamental component of overall health care reform.

At the First Ministers' meeting in September 2004, the federal government rejected the premiers' proposal for a national pharmacare program. However, the premiers walked away with a "10-year plan to strengthen health care",² which includes a national pharmaceuticals strategy.

Do hospital pharmacists need to be concerned about pharmacare? At the very least, as citizens and taxpayers, we should all care about a proposed program with estimated annual costs of \$7 billion to \$12 billion. But, as pharmacists, we should be even more concerned about whether our patients can access the medications they need when they need them. We all know that gaps exist in the current system and that all too often patients suffer the consequences. Many Canadians have either insufficient or no coverage for outpatient prescriptions. It is also common to see a lack of alignment between hospital or regional formularies and those of provincial programs, so patients often end up with unnecessary and confusing changes in drug therapy as they move from home to hospital and back home again. Clearly there is room for considerable improvement in how we approach access to medications.

The debate on pharmacare should not be limited to the provision of medications in a community setting. A comprehensive, properly designed strategy must provide the right medication in every care setting — in hospital, at home, and in long-term care facilities — and must take into account the transitions among these settings. Inadequate funding for medications is currently seen in all these sectors. Even in hospitals, where drug costs are covered by our public system, balancing fiscal realities

with the need to provide top-quality drugs to patients can make for difficult decisions.

Improving access to medications is only part of the equation. It is well known that the money currently expended on drugs is not always well spent. Value is reduced by inappropriate drug choices, poor prescribing practices, wastage, and poor compliance. Therefore, in addition to access, an effective pharmacare strategy must address overall drug therapy management.

Many other considerations need to be contemplated. Should Canada's pharmacare program be administered by the federal government, or simply funded at that level and administered by the provinces and territories, as is the case for most other aspects of health care? Should our program be funded exclusively by the public purse or through cost-sharing and partnerships with the private sector? How will outcomes and effectiveness be monitored and evaluated? These and other policy issues must be resolved before a national pharmacare program can become a reality.

The discussions on pharmacare will undoubtedly continue. The expertise of hospital pharmacists in effective drug use management and in improving patient outcomes can be of considerable assistance in efforts to establish an effective pharmacare strategy. As the national voice for hospital pharmacy, CSHP will continue to participate in these discussions, to show that pharmacists do care about pharmacare.

References

1. *The national pharmacare debate: brief to the provincial, territorial and federal ministers of health*. Ottawa (ON): Canadian Society of Hospital Pharmacists; 2004. Available to CSHP members at: http://www.csHP.ca/dms/dmsView/1_Pharmacare-brief.pdf. Accessed 2004 Nov 16. Nonmembers may order document from CSHP.
2. *A 10-year plan to strengthen health care*. Ottawa (ON): Health Canada; 2004 Sep 16. Available at: http://www.hc-sc.gc.ca/english/hca2003/fmm/sept16_2.html. Accessed 2005 Jan 3.

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