

Pharmacare by the Numbers

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In the wake of the October federal election, the health care topic on the pages of the nation's newspapers is national pharmacare. Medical learners and others in the health professions have been extremely active in the debate about the need for pharmacare and the evidence for it. As Canada is the only developed country with a universal health insurance system that excludes universal coverage of prescription drugs, the case for pharmacare is clear from the viewpoint of patients and clinicians. By way of review, let's look at the key numbers that drive both the case for pharmacare and the way forward in implementing it.

What are the Numbers?

50%. Less than **50% of Canadians** are covered by public drug plans that pay for their day-to-day prescription medicine needs,¹ in comparison to nearly 100% in virtually all other similar countries. This was not meant to be the case. From the 1940s onward, every major commission on health care in Canada has recommended universal public coverage of medically necessary prescription drugs.^{2,3,4,5}

1 in 5. In a recent poll, more than **1 in 5 Canadians (23%)** reported that they or someone in their household did not take their medications as prescribed because of concerns about cost.⁶ When people skip their medically necessary medications, they are at risk of poor health outcomes and complications that are more costly overall to the health care system.^{7,8,9,10}

\$2 Patient charges are known deterrents to the use of prescription medicines. Research shows that **user charges as low as \$2** for some medications can lead to decreased compliance with treatment.¹¹

30%. **Canada pays 30% more** than the Organization for Economic Co-operation and Development (OECD) average for our prescription medications.¹² What's more, we pay more than all other OECD countries, except the United States.¹² This is the result of our fragmented system of price negotiations and purchasing. Other countries purchase the same medicines we use, from the same companies, at much lower prices, because they negotiate the prices and purchase medicines in bulk.¹²

5.6%. Despite paying more for medicines than all countries except for the USA, Canada ranks worst among comparator countries in terms of pharmaceutical investment in our

country: **firms invest only 5.6% of total sales in Canadian R&D.**¹³ For example, the UK spends 40% less per capita than Canada on prescription drugs, yet they attract five times as much investment in R&D per capita.¹⁴

\$7.3 billion. Canada would **save \$7.3 billion per year** with a universal public drug plan that uses its buying power to achieve prices on par with most comparable countries abroad.¹⁵ Although much of the debate about the feasibility of pharmacare has centred on the costs to governments, research shows that universal, comprehensive pharmacare would only cost governments an additional \$1-billion per year to run.¹⁵

\$10 billion. Everyone from small business to large industries stand to benefit from a National Pharmacare Plan. **Employers and unions spend nearly \$10 billion** on private drug plans for their employees.¹⁵ Businesses are struggling to manage their drug plans and are often forced to make tough decisions about drug coverage for their staff. And for employees, growing medication costs are beginning to influence job and career decisions.^{16,17} The implementation of a national drug plan would save the private sector close to \$8.2 billion annually.¹⁵ These savings could be re-invested to extend health insurance to include coverage of other health needs, such as mental health services.

92%. At the Canadian Medical Association General Council Meeting this year, **92% of attendees voted in support** of the development of an equitable and comprehensive national pharmacare program.¹⁸ Doctors realize that it is important that all their patients have access to necessary medicines based on need, and not the ability to pay.

2020. The year by which Pharmacare could realistically be implemented in Canada. The recent Pharmacare 2020 report, which offers clear policy goals for a national pharmacare plan, has been endorsed by over 100 professors and leaders in health policy and practice, including 10 members of the Order of Canada.¹⁹ The recommendations put forward are consistent with those of past commissions and the core principles of Canadian Medicare. The authors call for greater political leadership and shared federal and provincial partnership in order to ensure the successful implementation of national pharmacare within the next four years.¹⁹

100%. The proportion of physicians who need to engage in health advocacy. The CanMEDS framework clearly defines

health advocacy as a key competency for students and physicians. Perhaps the greatest expression of this role is when clinicians use their expertise and influence to advance the health and interests of their patients and the communities that they serve. We are daily witnesses to the gaps in medical care that challenge our patients' health. Our practice of medicine must extend beyond treating physical ailments to addressing the social causes of poor health. Examples of advocacy can be seen throughout medicine. From participation in policy decision-making within government, to garnering national support from medical and community groups, to negotiating for access to a medication for one of your patients, physicians' and medical students' engagement on the issue of national pharmacare is a true success story.

Support for a comprehensive drug plan has gained considerable momentum this past year. Leaders of many national health organizations have overwhelmingly endorsed National Pharmacare, including The Canadian Medical Association and The Canadian Federation of Medical Students. Most recently, cities across Canada are demonstrating their support for a national drug strategy by passing pro-pharmacare motions calling for greater provincial and federal leadership on this key health issue.

Advocacy is not just about organizing public demonstrations or signing petitions, and it isn't someone else's job. It is an essential part of being a good doctor for our patients. As we've seen with the issue of national drug coverage, physicians and medical students have helped to inform the political debate on pharmacare. This gives us 100% confidence that the future is bright when it comes to the implementation of national pharmacare in Canada.

References

1. National health expenditure trends, 1975 to 2013. Ottawa: Canadian Institute for Health Information; 2013.
2. Morgan, S. G., & Daw, J. R. (2012). Canadian Pharmacare: Looking Back, Looking Forward. *Healthcare Policy*, 8(1), 14–23.
3. Romanow R. Building on values: The future of health care in Canada. Commission on the Future of Health Care in Canada. (2002) Retrieved from: <http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf>.
4. Hall, E. (1964a). Royal commission on health services: 1964. (Vol. I) (tabled in the House of Commons, June 19, 1964). The Hall Commission. Retrieved from: <http://www.hc-sc.gc.ca/hcs-sss/com/fed/hall-eng.php>.
5. National Forum on Health. "Canada Health Action: Building on the Legacy - Volume I - The Final Report." Ottawa: 1997.
6. Angus Reid Institute (2015). Prescription drug access and affordability an issue for nearly a quarter of all Canadian households. Retrieved from: <http://angusreid.org/prescription-drugs-canada/>.
7. Sinnott, S.-J., Buckley, C., O'Riordan, D., Bradley, C., & Whelton, H. (2013). The Effect of Copayments for Prescriptions on Adherence to Prescription Medicines in Publicly Insured Populations; A Systematic Review and Meta-Analysis. *PLoS ONE*, 8(5), e64914. doi:10.1371/journal.pone.0064914.
8. Lesen E, Sundell KA, Carlsten A, Mardby A, Jonsson AK. Is the level of patient co-payment for medicines associated with refill adherence in Sweden? *Eur J Public Health*. Published online 23 Jun 2013.
9. Fielden SJ, Rusch ML, Yip B, et al. Nonadherence increases the risk of hospitalization among HIV-infected antiretroviral naive patients started on HAART. *J Int Assoc Physicians AIDS Care (Chic)* 2008;7(5):238–244.
10. Choudhry, N. K., J. Avorn, et al. (2011). Full Coverage for Preventive Medications after Myocardial Infarction. *New England Journal of Medicine*, 365(22).
11. Sinnott, S.-J., Buckley, C., O'Riordan, D., Bradley, C., & Whelton, H. (2013). The effect of copayments for prescriptions on adherence to prescription medicines in publicly insured populations; a systematic review and meta-analysis. *PLoS ONE*, 8(5), e64914. doi:10.1371/journal.pone.0064914.
12. Gagnon, Marc-Andre. (2010). The Economic Case for Universal Pharmacare, Canadian Centre for Policy Alternatives and the Institut de Recherche et d'Information.
13. PMPRB. Patented Medicine Prices Review Board Annual Report. Government of Canada. 2013. Retrieved from: http://www.pmprb-cepmb.gc.ca/CMFiles/Publications/Annual%20Reports/2013/2013-Annual-Report_2013-09-15_EN.pdf.
14. PMPRB. Generic Drugs in Canada, 2013. Ottawa: Patented Medicine Prices Review Board; 2014.
15. Morgan SG, Law M, Daw JR, Abraham L, Martin D. Estimated cost of universal public coverage of prescription drugs in Canada. *CMAJ*. 2015 Apr 21;187(7):491-7. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4401594/>.
16. Kirchhoff AC, Kuhlthau K, Pajolek H, et al. (2013) Employer-sponsored health insurance coverage limitations: Results from the Childhood Cancer Survivor Study. *Support Care Cancer* 21:377–383.
17. Rashad Inas, Sarpong Eric. Andrew Young School of Policy Studies, Working Paper 06–53. May, 2006. Employer-Provided Health Insurance and the Incidence of "Job-Lock": Is There a Consensus?
18. 148th Annual Meeting of the Canadian Medical Association. Resolutions Adopted. 2015 Retrieved from: https://www.cma.ca/Assets/assets-library/document/en/about-us/gc2015/resolutions-passed-at-gc_final_english.pdf.
19. Morgan, S.G., D. Martin, MA Gagnon, B Mintzes, J.R. Daw, and J. Lexchin. (2015) Pharmacare 2020: The future of drug coverage in Canada. Vancouver, Pharmaceutical Policy Research Collaboration, University of British Columbia.