# Current Controversies in Canadian Drug Policy

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A presentation with the phrase “Controversies in Drug Policy” in the title

_____

A. puts me to sleep.

B. causes me to have a panic attack.

C. causes my mind to wander.

D. makes me want to hear what Neil is going to say.

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# Outcome Expectations

- Consider current and future directions in drug policy in Canada as well as implications for healthcare decision-makers, clinicians and researchers.
- Discuss eight key controversies concerning drug policy in Canada – hopefully this will generate some interesting conversation for the panel session.

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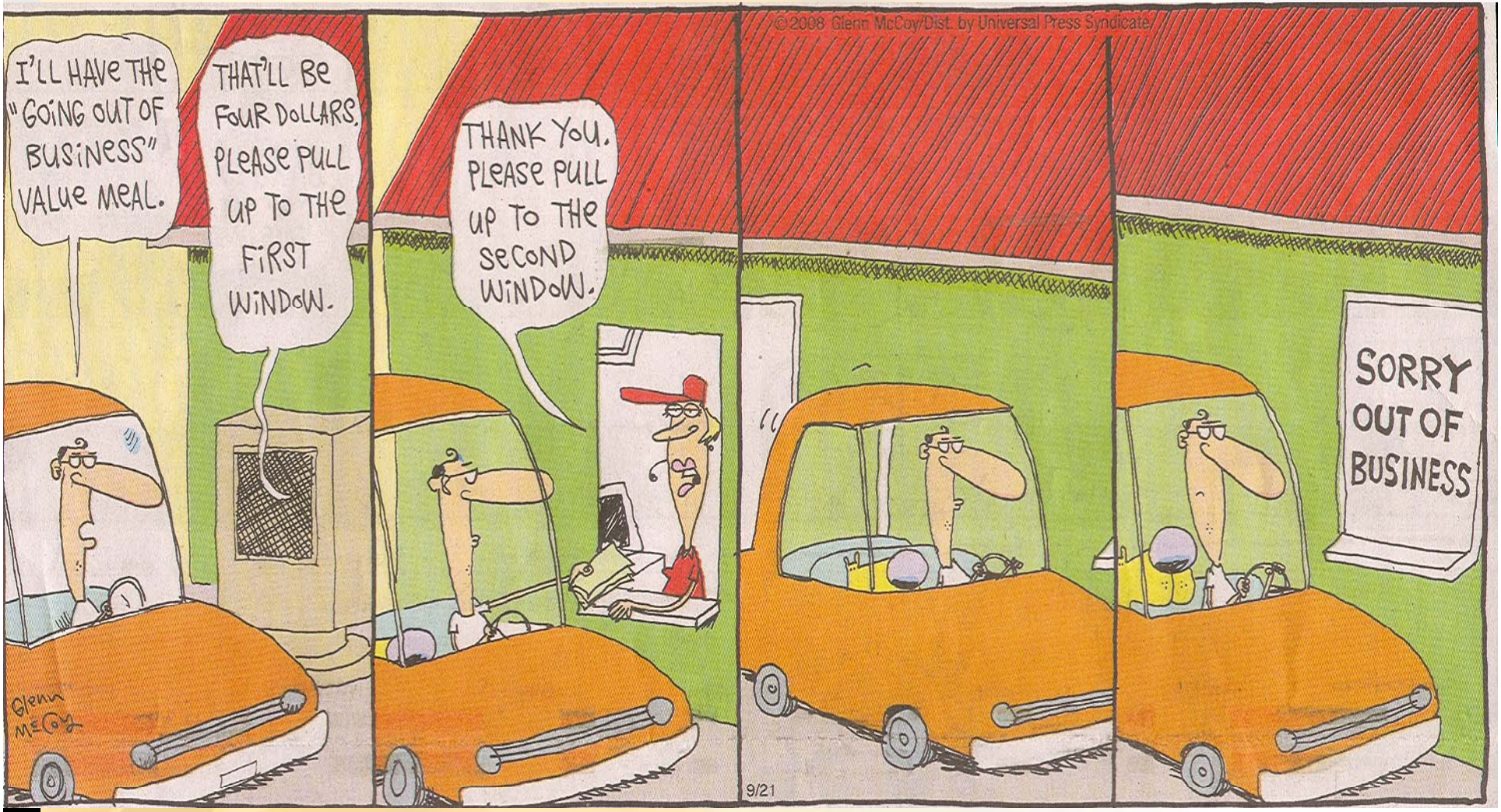


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# Controversy #1: Are we spending too much or too little on drugs in Canada?

- We are spending a lot, although the rate of increase has slowed recently.
  - Second largest healthcare expenditure
  - $29.8 billion in 2008, an increase of almost 37% over 2004
- The question needs to be addressed at the patient level.
  - 35% of seniors in NS **received** a drug for arthritis they should **not** have received.
  - 60% of seniors in NS **did not** receive a drug for arthritis they **should** have received.

Hartnell NR, Flanagan PS, MacKinnon NJ, et al. Use of Gastrointestinal Preventive Therapy Among Elderly Persons Receiving Antiarthritic Agents in Nova Scotia, Canada. *Am J Ger Pharmacother.* 2004; 2(3): 171-180.

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# Controversy #2: Do drug policies really lower drug expenditures?

- Policy makers in drug plans implement a variety of tools called drug/pharmacy benefit mgmt.
  - Examples: reference-based prescribing, formulary restrictions, prior authorization, generic substitution
- We recently completed a systematic review of all Canadian studies which evaluated such a policy (n=35).
- A majority of the studies (72%) showed a favourable effect on drug costs (ie. lower costs). The remaining studies showed no measureable change, mixed effects or did not measure the impact on drug costs.

Morrison A, MacKinnon NJ, Hartnell NR, McCaffrey KJ. Impact of drug plan management policies in Canada: A systematic review. *Canadian Pharmacists Journal.* 2008; 141: 332-338.

# Controversy #3: Do drug policies have unintended consequences?

- Drug benefit mgmt and formulary decision making are tricky (a no-win situation?) and there has been some evidence to suggest unintended consequences of these policies.
- In our systematic review, there was little evidence to support or refute this argument as, unfortunately, few studies look beyond the impact on drug costs. For example, 83% of the studies did not measure clinical outcomes.

Morrison A, MacKinnon NJ, Hartnell NR, McCaffrey KJ. Impact of drug plan management policies in Canada: A systematic review. *Canadian Pharmacists Journal.* 2008; 141: 332-338.

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## TABLE 1 Outcomes of drug policies

| Type of outcome | Favourable effect* *n* (%) | No measurable change *n* (%) | Unfavourable effect *n* (%) | Mixed effects* *n* (%) | Not measured *n* (%) |
|---|---|---|---|---|---|
| Clinical | | | | | |
| Medical events† | 1 (3) | 4 (11) | 1 (3) | 0 | 29 (83) |
| Humanistic | | | | | |
| Satisfaction of patient, physician, nurse, pharmacist, etc. | 0 | 0 | 0 | 0 | 35 (100) |
| Functional status, quality of life | 0 | 0 | 0 | 0 | 35 (100) |

*Favourable effect = Decreased cost or utilization of the drug therapy or medical care, fewer adverse medical events or improved quality of life or satisfaction. Unfavourable effect = Increased cost or utilization of the drug therapy or medical care, more adverse medical events or decreased quality of life or lower satisfaction. Mixed effects = Distinctly differing outcomes that occurred simultaneously (e.g., decreased utilization of drug therapy but increased overall health care costs).

†Associated with or occurring as a result of the drug policy.

Morrison A, MacKinnon NJ, Hartnell NR, McCaffrey KJ. Impact of drug plan management policies in Canada: A systematic review. *Canadian Pharmacists Journal.* 2008; 141: 332-338.

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# Controversy #4: Do drug policies impact front-line clinicians?

- Physicians and community pharmacists act as the interface between policy makers and the Canadian public.
- We conducted 5 focus groups with physicians and pharmacists.
- Conclusion: Drug policies do have a significant impact on these clinicians (all comments were not negative, however).
- " The point is someone put a policy in order and that work fell on my desk…and it takes over, it costs"
- " I don't actually lie to Pharmacare, but I do tell patients, even if you are not finished your two puffers of Atrovent®… go pick up two more…then you will have picked up enough puffers when they look up their records, you can get the Spiriva®."

Shipp K, MacKinnon NJ, Twohig P, McPhee J. A qualitative study of physician and pharmacist perspectives on prior authorization policies of the Nova Scotia Pharmacare programs. Presented at Harvard Medical School, May 2008.

# Controversy #5: Do we have the right amount of access to drugs in Canada?

- Recent international surveys of both physicians and patients have suggested that Canadians fare poorly on the issue of access to drugs when compared to other countries.
  - 24% of physicians believe their patients often have difficulty paying for medications. [1]
  - 8% of patients reported not filling a Rx or skipping doses in the past year due to costs. [2]
  - 48% of Canadians reported having access to a “medical home”. [2]

1. C. Schoen, R. Osborn, P. Trang Huynh, M. Doty, J. Peugh, K. Zapert, On The Front Lines of Care: Primary Care Doctors' Office Systems, Experiences, and Views in Seven Countries, *Health Affairs* Web Exclusive (Nov. 2, 2006):w555–w571. 2. Schoen, C., Osborn, R., Doty, M. M., Bishop, M., Peugh, J., & Murukutla, N. (2007). Toward higher-performance health systems: Adults' health care experiences in seven countries, 2007. *Health Affairs, 26*(6), w717-734. doi:10.1377/hlthaff.26.6.w717.


2 DOCTORS
ACCEPTING NEW
PATIENTS
576 3332

# Controversy #6: Is the medication-use system safe and effective?

- The Canadian Adverse Events Study (Baker, Norton, et al) brought the issue of adverse drug events to a national profile (the second largest source of adverse events in their study).
- Subsequent research has added to the evidence of the problem of medication safety:
  - 1 discrepancy in every 8 orders in one tertiary hospital
  - 1 in 11 seniors in Halifax experienced a preventable drug-related morbidity over a 2 year period

1. Turple J, MacKinnon NJ, Davis B. Frequency and Type of Medication Discrepancies in One Tertiary Care Hospital. *Healthcare Quarterly*. 2006; 9:119-123. 2. MacKinnon NJ, Hartnell NR, Bowles SK, Kirkland SA, Jones EJM. Incident-Event Rate of Preventable Drug-Related Morbidity in Older Adults in Nova Scotia. *The Canadian Journal of Geriatrics.* 2006; 9(5): 159-163.

# Medical Mistakes: Dr. Oz Talks to Actor Dennis Quaid

(OAD 03/10/2009) (PG)

Actor Dennis Quaid and the simple mistake that nearly killed his newborn twins. Now, he returns to the hospital where it happened. Then, Dr. Oz's lifesaving checklist.

## Dennis Quaid's Medical Nightmare

An accidental overdose left his twins fighting for their lives. What Dennis and Dr. Oz want everyone to know.

## Watch What Happened

From the happiest day of their lives to the scariest, Dennis and his wife recount their headline-making story.

## Mistakes and Misdiagnoses

A mom learns she didn't have breast cancer...after her mastectomy. Plus, chef Grant Achatz's survival story.

## Dr. Oz's Checklist

The eight steps you can take to protect your health. How to prevent infection and avoid wrong-site surgery.

# Controversy #7: What is the evidence for an expanded role for pharmacists?

- The evidence is stronger than for many things we do in healthcare. Some examples:
  - Seven clinical pharmacy services in a database of 2.8million patients were associated with reduced mortality rates.[1]
  - A pharmacy service targeting patients during the hospital to community transition found many drug-related problems, and improved clinical and humanistic outcomes.[2]
  - Conclusion from a systematic review: "Cost-effectiveness can be improved by identifying pharmacist duties most beneficial to patients and determining whether less skilled and costly personnel can perform other duties."[3]

1. Bond CA, Raehl CL. Clinical pharmacy services, pharmacy staffing, and hospital mortality rates. *Pharmacotherapy* 2007; 27(4): 481-493. 2. Nickerson A, MacKinnon NJ, Roberts N, et al. Drug-Therapy Problems, Inconsistencies and Omissions Identified During a Medication Reconciliation and Seamless Care Service. *Healthcare Quarterly.* 2005; 8: 65-72. 3. Kaboli PJ, Hoth AB, McClimon BJ, et al. Clinical pharmacists and inpatient medical care.
A systematic review. *Arch Intern Med* 2006; 166: 955-64.

Age 6-8 1st

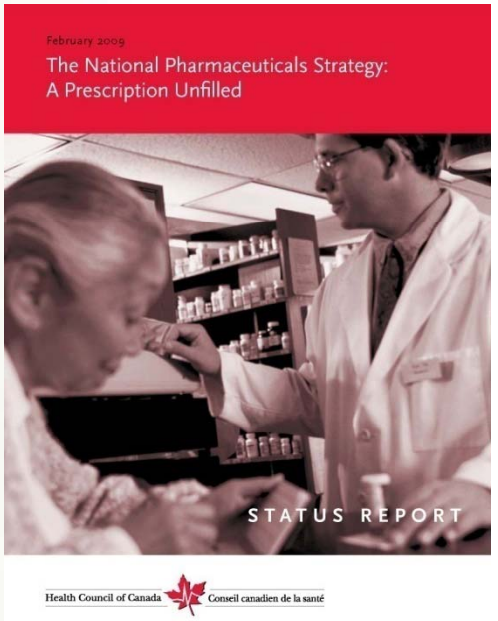
Steve


PHARMASY
Here


Rx
A pharmacist is a person who I see as being a good person. I get medicine from him/her that helps me get better.
Shandra 12yo

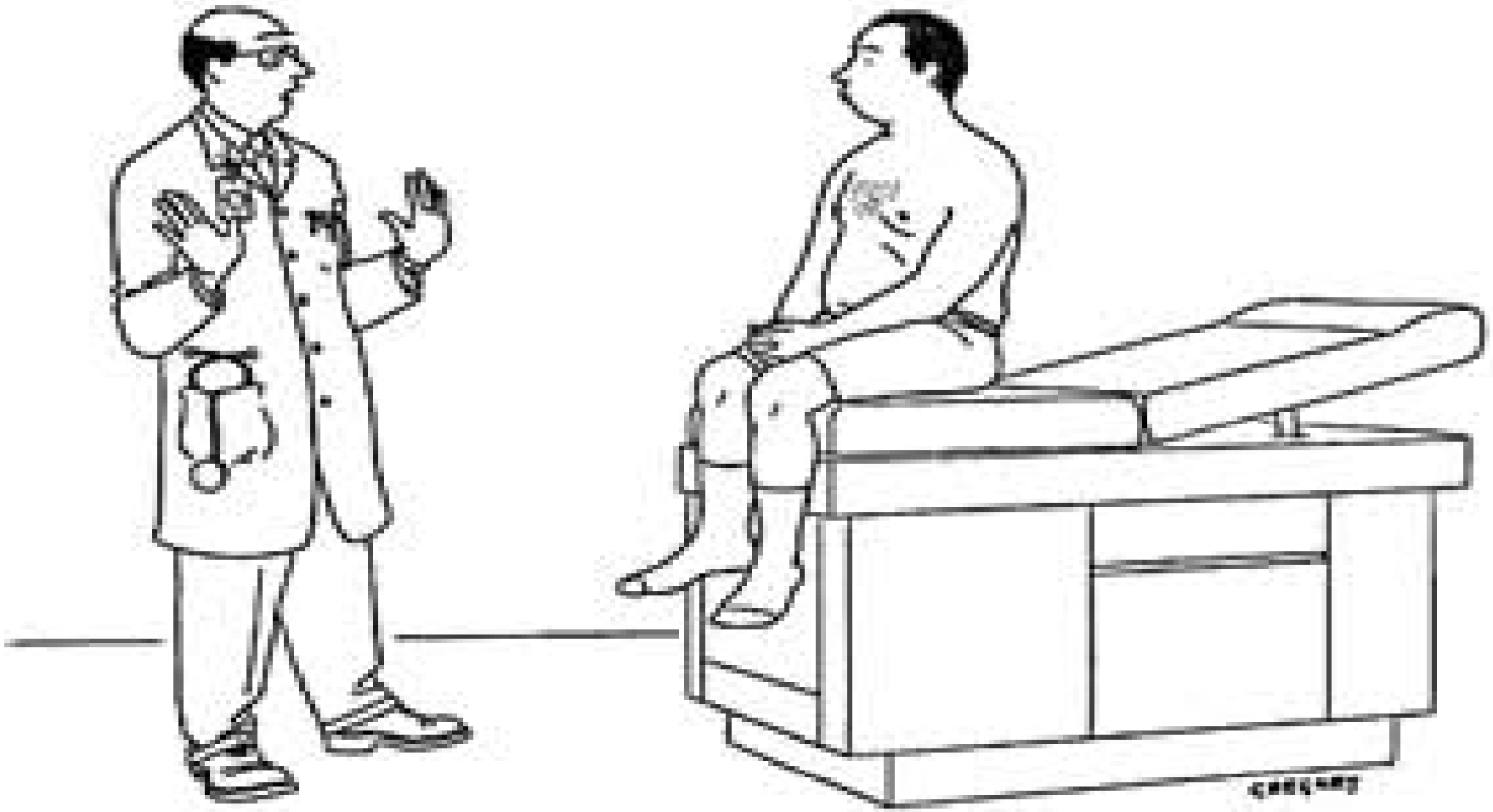
# Controversy #8: Is a National Pharmaceuticals Strategy (NPS) still needed in 2009?

- The NPS, proposed in the 2004 health accord, is a comprehensive and collaborative pan-Canadian approach to address problems related to affordability and safety.
- Two companion reports by the Health Council of Canada released earlier this year provide insight into the limited progress that has been achieved to date and offer suggestions on how the NPS may be renewed.
- The original commitments in the NPS remain relevant today and, in fact, it can be argued that the need for implementation has increased.



"Since then [2004, the release of the National Pharmaceuticals Strategy] the evidence showing that our medication-use system is unsafe has greatly increased."

MacKinnon NJ, Ip I. The National Pharmaceuticals Strategy: Rest in Peace, Revive or Renew? *Canadian Medical Association Journal*. (on-line) Feb 2, 2009.



*"Whoa—way too much information!"*