

Topics and Trends in Canadian Pharmaceutical Marketing: Volume 4, 2007



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STANDING COMMITTEE ON HEALTH

This Federal committee has been sitting and reviewing all aspects of healthcare delivery, including the Common Drug Review as well as the Patented Medicine Prices Review Board (PMPRB).

Wouldn't it be lovely if we actually achieved true reform to the implementation of policy with these two bodies?

NEW EXECUTIVE OFFICER OF ONTARIO PUBLIC PROGRAMS

The Honourable George Smitherman, Minister of Health and Long-Term Care and Mr. Ron Sapsford, Deputy Minister of the Ministry of Health and Long-Term Care, announced that Helen Stevenson was appointed as Assistant Deputy Minister and Executive Officer, Ontario Public Drug Programs.

Ms. Stevenson succeeds Ron Sapsford, who was appointed Executive Officer by the Lieutenant Governor in Council on September 28, 2006.

ALBERTA NETCARE SYSTEM

Health records are being implemented for prescription, as well as Schedule 2 non-prescription medications this fall. Pharmacists are pushing back as are patient advocacy groups.

Netcare was originally started for laboratory test results with medicines being added this year.

It will be interesting to see how successful the implementation will be.

PMPRB/LEO LABORATORIES LEGAL DECISION

The recent ruling following the PMPRB/LEO hearing on excessive pricing, has put the Special

Authorization and Compassionate Use programs at risk. The key fact was that the Industry was ignoring reporting these transactions with the Board's permission and the Board was a minor issue in the hearing.

The Judge ruled that the PMPRB could not choose to interpret or ignore the law and all free goods, compassionate use and Special Access Program (SAP) units along with applicable dollars are to be submitted in the annual data for patented medicines.

The Industry is submitting interim half-year data now and, in general, appears to be ignoring this ruling.

The law must be changed by year end or we will see a dramatic reduction in the above mechanisms to get needed medications to Canadians due to the variable effect the free units will have on pricing.

QUEBEC DOCTORS PLANNING HEALTH SUMMIT

The Quebec College of Physicians is holding a three-day health summit, November 5 to 7, 2007 to discuss solutions to healthcare's enduring problems and to produce an action plan.

Quebec has always been ahead of the curve in healthcare innovation and it should be interesting to see how this initiative unfolds.

LONG-TERM CARE

The Ontario government has invested a great deal of finances (over 5,000 new beds) as well as policy changes to this segment of the market.

Ontario finally passed Bill 140 which replaces three separate nursing home acts: charitable homes, homes for the aged and nursing homes.



The biggest bone of contention is that the Liberals did not include a daily standard for daily care. Alberta currently demands 3.5 hours of personal care daily and the "best guess" in Ontario is a maximum of 2.5 hours. The food allowance is still \$5.57 per day and is supposed to increase to \$7.00 per patient per day over the next few years.

One example is a \$1.20 per day diaper allowance which has led to some institutions putting strips into the diapers and front-line workers cannot change the patient's diaper until it is 75% wet.

On August 1st, 2007, the Minister announced an additional \$15.34 million per year for 10 years to rebuild older cramped homes to bring them to current standards.

Still required is a stronger leadership in creating and enforcing policy which will protect the seniors of the province.

CMA POSITION ON PRIVATE HEALTH CARE

It is interesting that the departing Canadian Medical Association (CMA) president, Dr. Colin McMillan, announced the CMA position that Canadian doctors should be able to practice in both the public and private sectors of the market.

The incoming President, Dr. Brian Day, who is the medical director and founder of the Private Cambie Surgery Centre, will likely take the baton and further champion this necessary movement in our change in healthcare delivery in Canada.

ONTARIO TEENS GET COVERAGE FOR GARDASIL®

It is interesting that it took an election year for Premier Dalton McGuinty to announce provincial funding of \$39 million for this vaccination that was approved for sale in Canada in July 2006.

LOCAL HEALTH INTEGRATED NETWORKS (LHINS)

The current battle in central Ontario on the merging of Penatang and the Huronia hospitals has erupted as a religious/government debate has brought the purpose and function of the LHINS' units to the forefront.

LHINS (there are 14 across Ontario) were launched in April 2006 and formally took on the role of planning the integration and funding of health services as of April 1, 2007 (notice the date ... nothing should be launched on April fools day!).

ELECTRONIC HEALTH RECORDS (EHR)

In its 2006/2007 annual report, Canada Health Infoway put the gaps in EHR implementation into numbers:

- 50 Percentage of Canadians who will still not have a complete EHR by 2010 when all Infoway's seed money has been invested
 - 40 Number of dollars (per person) invested to date in EHR in Canada
 - 350 Estimated number of dollars (per person) needed over 10 years to complete the job and to provide every Canadian with an EHR
 - 2 Number of credible and reputable Canadian studies which confirm the cost of completing the job
 - 9 Number of countries which have implemented (or are planning to implement) a country-wide EHR
 - 6 Potential savings (in billions of dollars) estimated to flow from new EHR clinical systems in to Canada each year
 - 2 Amount of new labour income (in billions of dollars) generated by these new, well-paying jobs according to a study by the Conference Board
 - 1.34 Amount (in dollars) added to Canada's gross domestic product for every dollar invested by Infoway and the provinces
 - 100 Average (in percentage of population) necessary for provinces and territories to achieve their healthcare renewal objectives
 - 37,000 Number of jobs that EHR activity will have created by 2010, according to a study by the Conference Board of Canada
- These are scary numbers with a scary outcome.

CPM

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