Topics and Trends

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IF BILL 102 WAS AN EARTHQUAKE, BILL 179 IS A TSUNAMI!

Ontario Bill 179, "Regulated Health Professions Statute Law Amendment Act," received approval November 30th on the second reading and was referred to the Standing Committee on Social Policy.

Bill 102 concentrated on the reimbursement and flow of money of pharmaceuticals in Ontario whereas Bill 179 moves the focus to a dramatic change in the responsibilities to select and prescribe medications. Two examples are:

1. Nurse practitioners may prescribe, dispense, compound and sell drugs
2. Expanded authority for pharmacists, nurses, chiropodists, podiatrists, dental hygienists, dentists, midwives, physiotherapists and respiratory therapists to administer, prescribe, dispense, sell and use drugs in their practices

Along with British Columbia and Alberta, Ontario pharmacists will soon be able to inject.

Once again, the lobbying begins and regulations will follow.

Of note is the approval of remote dispensing as well. PCA Services Inc. of Oakville, Ontario, plans to roll out hundreds of kiosks across the province in places like malls and grocery stores once regulations are in place, which the company hopes will be within three months. The kiosks have been in use in a handful of Ontario hospitals for two years.

I wonder if this will be called "Pharmacist in a Box" and whether the full "Professional Fee" will accompany all prescriptions. Stay tuned for more.

PRIVATE DRUG PLANS

We should be focussed on private sector drug plans here in Canada. According to the Rx&D International report on Access to Medicines (2008/2009), private sector plans in Canada contribute the highest (44.1%) relative amount to the cost of drugs among 25 Organisation for economic co-operation and development countries, which is three times the world average of 14.8%. According to Michael Sullivan of Cubic Health, a speaker at the recent joint Canadian Chain Drug Store (CACDS)/ Canadian Foundation for Pharmacy event, "Private drug sector of business is virtually ignored by everyone. Drugs make up 70% of spending for private plans." Pricing inconsistencies are increasing at retail pharmacy and there can be as much as a 60% difference between retailers on generic pricing and a 25% difference with brand pricing. It pays to shop around! What makes this even more complicated are the professional allowances paid to pharmacists by generic companies to offset the reduced rebates they receive under public plans. A generic manufacturer pays an average rebate of about 65% to 80% of list price and according to Ontario's Helen Stevenson, these rebates have gone as high as 2,000%.

SECOND PHASE OF ALBERTA PHARMACEUTICAL STRATEGY

On October 20th, Alberta announced the second phase of the new pharmacy services and funding model including the 45% pricing on new generics and a joint ministry-pharmacy transition team involving Alberta Health and Wellness, the Alberta Pharmacists' Association and CACDS. The team is committed to participate in a collaborative process to define a transition structure and plan for a new agreement. The new compensation model will be in effect by July 1, 2010. There will be no direct intervention into or regulation of manufacturer allowances. The Minister did not announce the pricing level for existing generics.

This is one of the few provinces that recognize that the Pharmacy reimbursement model is broken and

wants to put in a transition plan prior to final legislation.

Stay tuned as the feeling is, we will see further cuts.

FUROR OVER CANADIAN INSTITUTE OF HEALTH RESEARCH (CIHR)

Dr. Prigent, VP & Medical Director of Pfizer Canada, was recently appointed to the governing council of the CIHR. This body funds more that 13,000 health researchers and has a budget of $973 million.

There has been quite a bit of controversy over the appointment of "big bad pharma" to this council, however, it is time that the press and critics wake up and accept that this will bring a much needed private sector voice and opinion to the council, thus increasing the odds to ensure innovative research.

Congratulations to both Rx&D and Dr. Prigent for continuing to be innovative and the voice of patient care in Canada.

FDA MEETING REGARDING ONLINE ADVERTISING

At a November two-day meeting convened by the FDA, representatives from the pharmaceutical industry and other industries gathered to give their opinions on how the US regulator should regulate advertising for drug products through the Internet and social media. The FDA agreed to consider formulating guidelines for online advertisements based on companies' concerns that regulations for traditional media, particularly those involving the disclosure of side-effects, may not be appropriate for the Internet. We wonder what Health Canada's position will be.

US HOUSE APPROVES HEALTHCARE OVERHAUL

It was announced on November 6th that the US House voted 220 to 215 in favor of new healthcare legislation designed to provide health insurance to an additional 36 million Americans at a cost of more than $1 trillion over a decade. Among other stipulations, the bill calls for a new public insurance plan to compete with private insurers by 2013 and a marketplace where people can obtain federal subsidies to purchase insurance.

The Congressional Budget Office estimates that under the bill, 96% of legal residents in the US would have health insurance by 2019, up from 83% currently. It will be interesting to review the actual effect on drug reimbursement.

ONTARIO CROSS-BORDER HEALTHCARE CRISIS

We thought cross-border was reserved for the movement of pharmaceuticals.

We have seen a dramatic increase in out-of-country healthcare and the new Ontario Health Minister, Deb Matthews stated recently that she's doing her best.

Minister Matthews was responding to a question from the NDP Leader about Metroland's Special Report on Cross-Border Care. The report shows a 450% increase in Ontario Health Insurance Plan approvals for out-of-country care since 2001, when the government funded 2,110 procedures, compared with 11,775 last year.

The investigation also showed Ontario's spending on out-of-country medical services tripled in the last five years, to an estimated $164.3 million for 2010 from $56.3 million in 2005.

The out-of-country funding by OHIP is supposed to provide Ontarians with a safety net when they can't immediately find proper care in Ontario. Instead, there are claims that more and more Ontario patients are going across the border for basic care, such as MRIs.

Do we really have one tiered healthcare?

LONG-TERM CARE PILOT PROJECT IN QUEBEC

L'ordre des Pharmaciens du Québec (OPQ) has enforced over the past years a principle by which a patient in Quebec must always have the right to use their own community pharmacy for their individual drugs and services with the exception of the publicly owned or managed (long-term care) institutions. This has led to a different central fill system in the province of Quebec. This current paradigm, however, is now shifting and several pilot projects are underway across the province to allow centralized packaging systems. The OPQ has its own pilot project that is now near completion. The foreseeable result is that a group of pharmacies or banners will provide the packaging services back to community pharmacies instead of having each pharmacy doing its own dispensing individually. This is not close yet to the model used in Ontario but certainly a step in that direction. We estimate that 11% of all prescriptions in Canada are from patients in long-term care facilities. CPM

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