Community Pharmacy and Pharmacare: For-patient or for-profit?

Michael Law
Reduced Dispensing Fees

Elimination of monthly deductible in Quebec

Generics at international prices

More competitive brand pricing

Markups at public sector levels
Generic prices at international levels (e.g. tendering)

Brand prices that match international levels

Dispensing fees and markups at public sector levels
simvastatin (20mg)

36.4¢  3.1¢  1.9¢
B.C. takes hit on generic drugs

Residents paid $157 million more than they would have under Ontario’s rules

THE PRICE OF GENERIC DRUGS

The cost per pill for five of the most-prescribed drugs in B.C., Ontario and the U.S. The number of pills shown represents how many you get for the price of a single pill in B.C., where generic drug costs are much higher.

<table>
<thead>
<tr>
<th></th>
<th>B.C. price per pill</th>
<th>Ontario</th>
<th>U.S.</th>
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</thead>
<tbody>
<tr>
<td>Metformin</td>
<td>13¢ ea.</td>
<td>6¢ ea.</td>
<td>3¢ ea.</td>
</tr>
<tr>
<td>NCTZ</td>
<td>4¢ ea.</td>
<td>1.5¢ ea.</td>
<td>0.8¢ ea.</td>
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<tr>
<td>Ramipril</td>
<td>1.5¢ ea.</td>
<td>25¢ ea.</td>
<td>4.4¢ ea.</td>
</tr>
<tr>
<td>Metoprolol</td>
<td>55¢ ea.</td>
<td>6¢ ea.</td>
<td>1.5¢ ea.</td>
</tr>
<tr>
<td>Glyburide</td>
<td>7¢ ea.</td>
<td>6¢ ea.</td>
<td>1.8¢ ea.</td>
</tr>
<tr>
<td>Brand</td>
<td>Generic Equivalent</td>
<td></td>
<td></td>
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<td>-------</td>
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<td></td>
<td></td>
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<tr>
<td>60-70%</td>
<td>50%</td>
<td></td>
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<tr>
<td>25%</td>
<td>18-20%</td>
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</table>
Premiers take health-care reins

Plan to purchase generic drugs in bulk is only the beginning, provincial leaders say

Canada's premiers are taking the lead on health-care reform without direct leadership from Ottawa, a departure from the way the country's cherished but increasingly expensive system has long been managed.

On Thursday, the premiers took their first steps to make health care less costly and more efficient, announcing a plan to save provinces millions of dollars on prescription drugs by purchasing generics in bulk.

But these changes are only the beginning, premiers told The Globe and Mail at a conference in Halifax.

"This is a process, not an event," said Saskatchewan Premier Brad Wall, who co-wrote a report on health reform with Prince Edward Island Premier Robert Ghiz.

Mr. Wall and Mr. Ghiz said they are responding to a lack of leadership from Ottawa and that the provinces are determined to pursue change on their own.

"We decided, as provinces, we don't need the federal government. ... We run the health-care system," said Mr. Ghiz, adding that the "only thing" the federal government does is "provide cheque for about 20 per cent of the costs."

Premiers, Page 5
atorvastatin (10mg)

31.4¢  7.9¢  2.4¢
“I obviously can’t make a commitment that we will make every pharmacy whole.”

- Fred Horne, Alberta Minister of Health, Global News
NEWS RELEASE

For Immediate Release
2015HLTH0009-000234
February 26, 2015

PharmaCare deal for seven drugs saves millions, ensures supply

VICTORIA – B.C. residents will be getting the best possible price for seven important prescription medications while ensuring drug supply, out of PharmaCare’s open and fair price submission competition process.

Health Minister Terry Lake announced today that B.C.’s PharmaCare program, through its annual price submission process, has confirmed Accel Pharma, Ranbaxy Canada and Septa Pharmaceuticals will be sole suppliers to PharmaCare for seven generic drugs beginning April 1, 2015. This sole supply arrangement will save PharmaCare more than $2 million a year.

“The Ministry of Health offers some of the best health care in the world while effectively using our health care dollars,” said Lake. “Through the province’s drug price regulation and our competitive approach, the ministry is putting patients at the centre of care and will continue to seek lower prices for both PharmaCare and its clients, using the money we save to cover more drugs and therapies for British Columbians.”

The single-source arrangements with these companies include assurances regarding drug supply, to ensure there will be enough supplies of these drugs in B.C.
insupportable

insupportable (ˌinsəˈpərətəbəl) n 1 incapable of being supported; intolerable; insufferable. 2 incapable of being defended.

insupportableness

insurance

insurance (inˈʃyərəns, -ˈʃərəns; -ˈʃarəns) n 1 a contract, called: insurance policy, the policy issued by an insurance company, providing for the payment of a specified amount of money in case of death, loss, or damage. 1b the state of being insured. 2 a means of providing financial protection against death, loss, or damage.
Pharmacist Care Plans and Care Plan Follow-ups.
July 2012 - March 2014

Source: Alberta Blue Cross pharmacy claims data, July 1, 2013 to March 31, 2014
$118,690,700
“Pharmacist-led medication review interventions do not have any effect on reducing mortality or hospital admission in older people, and can not be assumed to provide substantial clinical benefit.”

- Holland et al. 2007
“There is inconclusive evidence in support of expanding the role of community pharmacists.”

- Mossialos et al. 2013
For Profit?

...or...

For Patient?
“A manager must ensure that meeting quotas, targets or similar measures do not compromise patient safety or compliance with the bylaws, Code of Ethics or standards of practice.”

- PODSA Bylaws Draft
“There are no conditions for which there is reliable evidence that homeopathy is effective.”

- Australian National Health and Medical Research Council

“Homeopathy does not deserve the legitimacy of being on pharmacy shelves.”

- André Picard, The Globe and Mail
...or For Patient?
“Pharmacist intervention … will reduce their testing frequency by 50 per cent”

- BCPhA Clinical Services Proposal
Figure 6. Test strip use among non-hypoglycemia-inducing oral drug users
1. Treating minor ailments and administering vaccines

Despite the ever-increasing demands on physicians' time, 15% of all physician visits\(^7\) are for relatively minor ailments, which include things like cold sores, dermatitis, hay fever, back pain, and minor infections. In addition, most Canadians who receive routine vaccines, like flu shots, have them administered at a doctor's office. That's expensive, and it gets in the way of doctors from seeing sicker patients with more complex needs.

These doctor visits cost an estimated $3 billion in physician and occasional emergency department visits over the last three years.\(^8\) The use of physicians' time to treat minor ailments and administer vaccines also has a significant impact on patient wait times. The average wait time for a family physician for urgent care is 1.35 days, and the average wait time for a non-urgent visit can be over 3 weeks.\(^9\) This can be stressful and result in people getting sicker.
Chan BTB, Schultz SE. Supply and Utilization of General Practitioner and Institute for Clinical Evaluative Sciences; 2005.


Chan BTB, Schultz SE. Supply and Utilization of General Practitioner and Institute for Clinical Evaluative Sciences.


Proposed Solutions & Recommendations

Pharmacists can play a key role in relieving pressure on health professionals in primary care. They are trained and qualified to assess and deliver care for a number of less complex cases presented to physicians and nurse practitioners on a regular basis.

Allowing pharmacists to prescribe for minor ailments like contact dermatitis\textsuperscript{10}, and authorizing pharmacists to administer certain vaccines will allow physicians to increase their focus on patients that need them the most, increase vaccination rates, and reduce costs to the system.

Specifically, by increasing the role of pharmacists in primary care, we could achieve the following over three years:

- Reduce wait times by shifting 9 million to 17 million physician visits to pharmacists and avoid 300,000 to 600,000 emergency rooms visits;
- Allow an additional 2.4 million to 4.7 million Canadians to receive treatment for their minor ailments and an additional 1.1 million to 2.1 million Canadians to receive flu vaccinations from pharmacists;
- Save between $100 million and $200 million from avoided emergency room and physician visits while still providing effective patient care.
Average number of physician visits per patient

Number of weeks before the dispensing

Number of weeks after the dispensing

Pharmacist Renewed Prescriptions

Non-pharmacist Renewed Prescriptions
\[
\frac{80,980}{47,333,410} \quad \text{renewed potentially renewable} = 0.17\%
\]