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Health Council of Canada Calls for Renewed Action on the Stalled National Pharmaceuticals Strategy

Governments' "unfilled" promises on health care reform leave Canadians unprotected in challenging economic times

Toronto, ON – January 30, 2009: In today's tough economy, more Canadians will need help with the high costs of their prescription medications as they lose jobs and associated health benefits. In a National Pharmaceuticals Strategy (NPS) launched in 2004, governments committed to make catastrophic drug coverage a priority. But Canadians still don't have this coverage or other important reforms that were promised, says a report released today by the Health Council of Canada.

The NPS was a key element of a 2004 health accord which saw a major injection of new federal money into Canada's healthcare system. In their report, *The National Pharmaceuticals Strategy: A Prescription Unfilled*, the Health Council of Canada examines the problems that the National Pharmaceuticals Strategy was intended to address and its progress almost five years later.

NPS was to address catastrophic drug coverage, as well as several other issues. The other aspects include addressing patient safety by helping health professionals provide the most appropriate and safest prescriptions for their patients, and finding ways to reduce the costs of prescription drugs.

"There was an unprecedented level of commitment and cooperation among governments when the strategy first started," said Dr. Alex Gillis, a councillor with the Health Council of Canada. "But then governments changed, and progress stalled."

In September 2008, the provincial and territorial ministers of health said publicly that they can't move forward on several key elements – particularly catastrophic drug coverage – unless the federal government is willing to take leadership and share costs.

"This impasse needs to be resolved," said Health Council of Canada CEO, John Abbott. "Although there have been some achievements under the National Pharmaceuticals Strategy, most of the promised reforms have still not happened."

The report states that although provinces, territories, and the federal government have moved ahead with some of their own pharmaceutical reforms, the early cooperation and collective action of a national effort has been lost.

The Health Council calls on governments to re-engage in the National Pharmaceuticals Strategy to fulfill all of their original commitments, particularly:

Implementing catastrophic drug coverage for all Canadians, no matter where they live. Canadians have been waiting for this program for years and they are going to need it now even more given the current economy.

In a 2003 health accord, the federal, provincial, and territorial governments agreed that "no Canadian should suffer undue financial hardship for needed drug therapy." A year later, they launched the National Pharmaceuticals Strategy with the issue of catastrophic drug coverage as a priority. Yet many Canadians continue to struggle to pay for their medications or cut corners in ways that can compromise their health. A 2007 survey showed that 8% of Canadian respondents had not filled a prescription or had skipped a dose in the past year because of cost.

“Individual Canadians should not carry the burden of high drug costs on their own,” said Mr. Abbott. “Catastrophic drug coverage is a critical social safety net, and it is going to be even more important in the current economy.”

Lowering prices on prescription drugs. The prices of medications are higher in Canada than in many other Western countries. Furthermore, the share of health care dollars occupied by prescription medications is rising and spending on pharmaceuticals is also increasing, with costs escalating faster than the rate of inflation. Bringing down the prices of medications will help governments to offset the costs of other initiatives, (particularly catastrophic drug coverage), while also lowering the costs of medications for insurers and individual Canadians.

Supporting more appropriate prescribing and e-prescribing. Supporting improvements in these areas will make a significant difference to patient safety, and will reduce hospitalization costs resulting from medication error. In addition to expanding the use of e-prescribing, the strategy had a stated goal of “influencing the prescribing behaviour of health care professionals so that drugs are used only when needed, and that the right drug is used for the right problem.” While there is a new drug safety network to track new medications, and several databases that can help to influence prescribing behaviour, this component of the NPS has not been a priority. It should be, says the Health Council. In a 2007 survey, 6% of Canadian adult respondents said that they had either been given the wrong medication or wrong dose in the last two years.

”The point of a national strategy was to level the playing field for all Canadians, so that everyone would have the same opportunities for safe and affordable medications,” adds Mr. Abbott. “It’s time for governments to re-commit to the National Pharmaceuticals Strategy and finish what they promised in 2004.”

To read the Health Council of Canada’s report ***A Prescription Unfilled: A Status Report on the National Pharmaceuticals Strategy*** and provide your feedback visit: www.healthcouncilcanada.ca.

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Background

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The Health Council of Canada, created by the 2003 *First Ministers’ Accord on Health Care Renewal* is mandated to monitor and report on the progress of health care renewal in Canada. Councillors were appointed by the participating provinces, territories and the Government of Canada. For information on the Health Council of Canada and to view past reports, visit www.healthcouncilcanada.ca.

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