



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA

1785, prom. Alta Vista Drive, Ottawa, ON K1G 3Y6
Tel: 1-800-917-9489 or/ou (613) 523-7877; Fax: (613) 523-0445

IMMEDIATE HIGHLIGHTS FOR PHARMACISTS FROM THE REPORT OF THE COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA

As expected, this is a high-level report targeted on the future. Discussion on the role of individual health care providers is limited. However, a key theme throughout the report is the need to review scopes of practice and develop the roles of pharmacists and other health care providers. There is a strong emphasis on teams and integration. Page 207 is the critical bit for pharmacists:

“It also means that pharmacists can play an increasingly important role as part of the primary health care team, working with patients to ensure they are using medications appropriately and providing information to both physicians and patients about the effectiveness and appropriateness of certain drugs for certain conditions. This expanded role would allow pharmacists to consult with physicians and patients, monitor patients’ use of drugs and provide better information and communication on prescription drugs. In the future, there may also be a role for pharmacists who are not engaged in the retail sale of prescription drugs to prescribe certain drugs under specific, limited conditions.”

CPhA has two “pull quotes” in the report (pages 191, 197). All of the ten challenges identified by [CPhA in its submission](#) were responded to in some form. A whole chapter is dedicated to [prescription drugs](#).

Highlights of the Report include:

- A major call for medication management to be linked to primary health care.
- Recognition of the need for an expanded role for pharmacists as a part of the primary health care team, particularly with respect to managing medication in chronic diseases and in home care (see pages xxvii, 106-7, 120, and chapter 9).
- Recognition that in the future there may be a “role for pharmacists who are not engaged in retail sale of prescription drugs to prescribe certain drugs under specific limited conditions”.
- Recognition for a new home care service including medication management, initial funding coming from a new Home Care Transfer of \$1.0 billion in 2003/04 and again in 2004/5.
- A new Catastrophic Drug Transfer to the provinces of \$1.0 billion in 2004/05; this will reimburse provinces for 50% of the costs per person per year above \$1,500 and the provinces would be expected to use the savings to expand access within their existing plans (reduce cost-sharing or expanded coverage).
- Emphasis on making a “major breakthrough” in primary health care with new dedicated funding in the form of a new Primary Health Care Transfer of \$1.0 billion 2003/04, \$1.5 billion in 2004/5.
- Total new federal health care funding to reach \$6.5 billion by 2005/6.

- Creation of a new national drug agency including Health Canada's drug approval function, PMPRB's price regulation function (extended to include generics), Health Canada's role in post-marketing surveillance, the common drug review process, the creation of a national formulary, the negotiation of price with drug companies and bulk purchasing arrangements!!
- Establishment of a national formulary to support consistent coverage, objective assessments and cost containment.
- Modernize the Canada Health Act to include accountability as a principle, a dispute resolution process and to expand scope to include diagnostic services and home care ... "followed by prescription drugs in the longer term".
- Emphasis on development and use of electronic health records, particularly to aid medication management – Canada Health Infoway to be the lead.
- Targeted health promotion and prevention programs aimed at tobacco use and obesity.
- A new national immunization strategy.
- Probably the main recommendation is the creation of a Health Council of Canada, based on integrating CIHI and CCOHTA into one Council "to foster collaboration and cooperation among provinces, territories and the federal government"; four seats on the Council will be health care providers.
- Other new transfer funds include a Rural and Remote Access Fund of \$1.5 billion, a Diagnostic Services Fund of \$1.5 billion.
- A commitment to review patent legislation, specifically the practice of "ever greening" and the notice of compliance regulations.
- Funding for a new Centre for Innovation on Pharmaceutical Policy.
- Review education and training of health care providers with more focus on integrated team-based approaches to meeting needs and health care delivery.
- Recognition that pharmacists be able to understand the rationale for the prescription and to advise patients accordingly.
- Other priorities in home care to include mental health services and palliative home care.
- A call to all health care organizations and members to embrace far reaching change in the health workplace.

This is a quick initial analysis. Further analysis and strategies for the future will be discussed at the National Post-Romanow Pharmacy Organizations Workshop on December 14-15, 2002.

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