Speaking Notes

For

Commissioner Roy Romanow

Commission on the Future of Health Care in Canada

at the

Canadian Pharmacists Association Conference

"Rising from the Plains, Pharmacists Practising Excellence"

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Check Against Delivery

Thank you very much for that kind introduction.

It's a real pleasure to be here in Winnipeg and to participate in your annual conference.

I must say I was quite taken with the theme you have chosen: "Rising from the Plains, Pharmacists Practising Excellence". As a Saskatchewan boy, any conference that talks about rising from the plains has my attention - and my wholehearted endorsement!

Je suis vraiment heureux d'être ici et d'avoir l'occasion de partager avec vous certaines idées sur l'importance des produits pharmaceutiques dans notre système de soin de santé et de la contribution que peuvent apporter les pharmaciens pour veiller au meilleur fonctionnement du système pour les Canadiens et les Canadiennes.

(But it is good to be here and to have this opportunity to share some thoughts with you on the importance of pharmaceuticals in our health care system and the contribution pharmacists can make to ensuring that that system works better for Canadians.)

Let me say at the outset how impressed I was by the Submission which your Association made to our Commission. The challenges you identified and the recommendations you made animated the discussion, illuminated the issues and will inform our deliberations.

The case study you presented of "Jane's" experience with the current health care system served to highlight many of the gaps and inadequacies that currently exist.

And your emphasis on the need for public education, the appropriate use of drugs, as well as the need to consider a national public drug plan and to develop new models of pharmacy practice, all provide a strong foundation on which we can build.

I would also like to point out that I read with interest your contribution to Senator Kirby's Report. Yours is an important voice and it is essential that it be heard often as we move forward with renewing our health care system. As a key part of the system, you must also be a key part of the solution.

Well, this morning you have graciously allotted me a good deal of time. Someone once said that giving a politician - or former politician in my case - a captive audience is akin to leaving Colonel Saunders alone in a room full of chickens!

Je veux vous assurer par contre que je n'ai pas l'intention de parler pendant tout ce temps car j'aimerais vraiment réserver du temps pour répondre aux questions que vous pourriez avoir.

Laissez-moi commencer avec deux énoncés qui, selon moi, vont de soit.

(I assure you, however, that I do not intend to speak for the full duration because I really would like to leave time for any questions you may have.

Let me begin with what, to me, are two self-evident statements.)

First, any reform to health care in Canada must include reform to pharmaceutical policy. And second, pharmacists need to be brought into the mainstream of health policy reform.

Let me just expand a bit on each of these.

It is surely axiomatic that we cannot talk about the sustainability of our health care system without addressing the fastest growing expense in that system. In 2000, the amount spent on drugs is expected to have reached $14.7 billion - or about 16 per cent of total health care spending.

Between 1990 and 2000 - just ten years - drug expenditures per capita increased by almost 93 per cent - more than twice the 40 per cent average increase for all health care expenditures.

Looking even further back, we can see the increasing prominence of drugs as a driver of costs. In 1975, drugs accounted for about 9 per cent of total health care spending. By 2000, that proportion had grown to almost 16 per cent.

Today, Canada spends more on drugs than it does on doctors. And only hospital services account for more health care dollars.

Much of that increase is coming in the area of prescription drugs. In 1999, more than 272 million prescriptions were dispensed in Canada - an average of 9 prescriptions, per person, per year.

Pharmaceuticals have made a positive difference in countless people's lives. You know better than I the life-saving impact of immunizations and antibiotics and the quality of life improvements of psychotropics for the severely mentally ill or drugs for asthma control. Pharmaceutical treatment of hypertension alone has reduced the risk of stroke by one-third and heart attacks by 15%.

But, these gains have not come without costs. The increased volume in drug therapy has brought a concomitant increase in medical error related to pharmaceuticals. Indeed, Adverse Drug Reactions, or ADRs, are believed to be a leading cause of death in the U.S., as reported in the May 2002 issue of the Journal of the American Medical Association.

Healthcare quality guru, Dr. Donald Berwick, whom I had the honour to meet earlier this year, identifies three types of error: (a) underuse - therapies that could make a difference are not applied, (b) overuse, - therapies that do not work are applied, and (c) misuse - therapies that could make a difference are misapplied. I would argue that, in looking to address the systemic errors associated with pharmaceutical use, we must factor pharmacists into the solution equation in a very meaningful way.

Studies have also indicated – and you would know this from first-hand experience – that there are problems with patients not following their prescriptions through to the end, or not following instructions from the beginning.

For chronic conditions, such as high cholesterol, some estimates put patient non-compliance at close to 50 per cent. Fifty per cent!

Studies have also indicated that many patients don't understand their drug therapy - what they were given, why they received it or how it was supposed to be taken.

Compounding these problems is that of prescribing errors - especially in relation to seniors. According to the Canadian Association of Gerontology, prescribing errors account for between 19 and 36 per cent of all drug-related hospital admissions.

The costs of these errors - and the admissions that result - are enormous. Some estimates put them at between $7 and $9 billion annually - about the same cost as cancer, in all its forms, to our health system.

Clearly, these are costs that cannot be condoned and must not be continued.

So what's the way ahead? How do we improve the use and understanding of drug therapy? How do we ensure that Canadians are getting full value for their health care dollars? And, more to the point, how can we put your skills and expertise to better use?

It has become clear to me during the course of our Commission's travels that pharmacists remain a tremendously underutilized resource.

Il est certain que vous apportez une contribution énorme aux soins primaires en aidant les patients à comprendre – et à utiliser – les médicaments qu'on leur a prescrit, en fournissant des conseils sur le choix de produits vendus sans ordonnance et sur l'utilisation d'appareils médicaux comme les inhalateurs pour l'asthme, les appareils de vérification du taux de sucre sanguin et les produits de soins à domicile.

De plus, en prenant le temps de revoir les propriétés et l'emploi des médicaments avec les patients, vous vous assurez qu'ils en retirent les meilleurs avantages avec le moins d'effets secondaires possibles.

(To be sure, you already make an enormous contribution to primary care by helping patients understand - and use - the drugs they have been prescribed; by providing advice on choosing non-prescription products and on the use of medical devices such as asthma inhalers, blood sugar monitoring devices and home care products.

And, by taking the time to go over medications with patients, you ensure they get the best results, with the fewest side effects.)

But I must say I share the view of your Executive Director, Dr. Jeffrey Poston, that pharmacists can - and should - play a much greater role in the health care system.

If pharmaceuticals are a key cost driver in the system, isn't it simply common sense to make

better use of those who are experts in pharmaceuticals? To tap their knowledge, use their skills and bring their expertise to bear in creating a more rational system of drug therapy?

Leaving pharmacists on the sidelines is like having Wayne Gretzky on your team - and benching him. It makes no sense and it must change.

I mentioned a moment ago your daily frustration in having to deal with patients that are experiencing drug-related problems. This is a classic case of the left hand not knowing what the right hand is doing.

The patient has been prescribed a medication - or more often several medications, sometimes from numerous doctors - without a full understanding of interactions or side effects. Part of this is a function of gaps in information and communication - gaps that could be addressed, for example, through better use of technology.

But part of it is also the result of pharmacists not being given a more integrated, central role – which would allow you to flag problems and propose solutions.

In Ontario, a recent study involved a review by pharmacists of cases where seniors were receiving five or more drugs.

It was discovered that 88 per cent of those patients had an average of three drug-related problems. The pharmacist informed the patients' doctors and, in 69 per cent of the cases, the doctor accepted the pharmacist's recommendations and made changes.

Oublions un instant les économies de coûts et l'efficacité accrue de ce type d'intervention, pensez seulement à la différence qu'elle peut avoir sur la vie de ces patients. Comme vous le savez, les problèmes liés aux médicaments peuvent être difficiles à isoler et le sont souvent seulement à la fin d'un processus d'élimination long et frustrant.

(Leaving aside for the moment the cost savings and enhanced efficiency of this kind of intervention, just think of the difference this made in the lives of those patients. As you well know, drug-related problems can be hard to isolate and often only at the end of a long, frustrating process of elimination.)

By applying the skills and knowledge of pharmacists, we can multiply these kinds of benefits across the population and across the country.

By truly integrating pharmacists into primary care, I believe we can improve the efficiency and effectiveness of drug therapy, reduce costs and enhance patient care. The evidence is clear, the benefits are obvious and the time has come.

In your Submission you make the case for wider responsibilities for pharmacists. I agree and welcome that discussion. Pharmacists can play a central role in chronic disease, where a patient's understanding of signs and symptoms of the disease and of appropriate pharmaceutical use, are critical to effective disease management. The importance of the enhanced pharmacist role in

counselling and education for such chronic diseases as diabetes and asthma are well documented. Furthermore, as integral members of primary care teams, pharmacists can play a critical role in providing advice to both physicians and other care provides and to patients on the most effective and appropriate drug therapies available.

What are the impediments you face? What needs to happen and what needs to change?

Now, just before opening up the floor, let me just raise two other questions.

First, what's the best way to integrate drugs into a full continuum of care? And how do we deal with the cost of that integration and the price per unit?

As you know, in some European countries they have volume price agreements, whereby the more you sell, the more the price drops. This allows pharmaceutical companies to benefit so that they can continue to research new drugs - even those for which the market is small. And society as a whole benefits through lower drug costs.

Could this work here? What are the hurdles?

At the moment, you are reimbursed for each medication you dispense rather than for providing care through monitoring and consultation. Is this the best way to organize our pharmaceutical system? How could we reinforce preventative medicine in your practices? I want your ideas and I welcome your input.

Second, we need to address the current waiting times for regulatory approval of drugs. We often hear that Canadians are waiting too long for new drugs to be brought to market.

Certains ont suggéré qu'il suffit simplement d'affecter plus de ressources à Santé Canada. D'autres croient que nous avons besoin d'un nouveau cadre institutionnel pour évaluer et approuver de nouveaux produits pharmaceutiques.

(Some have suggested that it's simply a matter of putting more resources into Health Canada. Others believe we need a whole new institutional framework for evaluating and approving new pharmaceuticals.)

However, there is nothing that can justify bringing bad drugs to market and, if the research hasn't been done then the regulator, in this case Health Canada, is obliged to ensure that the evidence is in place to protect the public. A recent article in the Journal of the American Medical Association points to the problem with application of untested (or not fully tested) therapies.

Perhaps a better strategy might be to separate the "breakthrough" drugs form the "me too's" and give precedence to review of the former. Another approach might be to increase use of "Notice of Compliance with Conditions" for compassionate cases - like AIDS patients, or people who stand to lose little or nothing from a failed intervention, although this does raise difficult ethical questions.

Is it unrealistic to think that government and industry might jointly determine priorities for addressing the problem? At least a frank exchange of information on public (or social) priorities and industry potential to address these issues might moderate expectations.
What's your view? How can we streamline the system without compromising public safety? What are the tradeoffs involved? Can we team up with other countries to expedite the approval process?

These are just a few of the questions we need to explore.

As I close, let me reiterate what I have said many times over the past few months. The work of our Commission on the future of health care in Canada, is, at its core, about values. Dollars, yes. Value for money, certainly. Better efficiencies, without question.

But those are ends, not means. They speak to where we want to go, not the path that will take us there.

We will only find that path by looking to our values, which stand like signposts along the way, guiding our actions and pointing us home. In that journey, the professionalism and expertise of pharmacists must be better engaged and more broadly applied. Because we will only realize our best by using our best - by getting Gretzky off the bench and into the game.

I look forward to working with you as we seek, in your words, to "practice excellence." And I would be happy to begin that partnership now as I try and answer your questions.

Thank-you. Merci.