

# **ALBERTA DISABILITIES FORUM**

## **Response to the Alberta Pharmaceutical Strategy**

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## INTRODUCTION

The Alberta Disabilities Forum (ADF) is a consortium of 42 organizations in Alberta that represent a wide spectrum of disabilities and chronic illnesses. The ADF welcomes Alberta Health and Wellness's pursuit of a new pharmaceutical strategy as it has the potential of improving medication coverage for thousands of Albertans. Our core recommendation to government (*Access to Medications for Albertans with Disabilities: An Information Brief April 1, 2008*) was to ensure the new strategy would be more patient-centred. We also recommended that:

1. **Patient choice be increased and delays and coverage refusals be decreased by:**
  - a. Broadening the Alberta Health and Wellness Drug Benefit List to include all physician prescribed medications deemed necessary for persons with disabilities or chronic illnesses. This would include medications that currently need special authorization and over-the-counter medications ordered by a physician.
  - b. Expanding the Alberta Health Care Insurance Plan to include coverage for:
    - i. Proven alternative/holistic health care treatments chosen by patients and provided by regulated health professionals.
    - ii. Catastrophic or orphan drugs required by persons with disabilities or chronic illnesses.
2. **Education and counsel to persons with disabilities or chronic illnesses about medication coverage options be improved**, particularly regarding the non-group coverage premium subsidy offered by Alberta Blue Cross. Community groups and member organizations like ADF should be used to share and disseminate information.

## OUR REACTION TO THE STRATEGY

ADF supports the Alberta Pharmaceutical Strategy's purpose of making medication drug coverage more accessible, affordable, efficient, and therapeutically effective. Unfortunately, we believe the Strategy's approach is driven more by economics rather than by health need.

The Strategy fails to protect every Albertan's right – regardless of income or circumstance – to universal health care. It is also silent on patient education and expanding the medication list to include all medications deemed necessary for the health and wellness of persons with disabilities or chronic illnesses.

Some aspects of ADF's recommendations have been addressed. In particular, ADF is pleased to see that the Alberta Pharmaceutical Strategy will:

- **Consolidate five provincial government drug benefit programs into one.** In addition to cutting administrative costs, this should benefit all persons with disabilities by removing some financial barriers, streamlining the application and acceptance process, and providing a more seamless system as people age. It is very important people continue to receive the same or improved level of benefits as the result of this change.
- **Establish a public committee to balance the views of the Expert Committee on Drug Evaluation and Therapeutics.** The societal and ethical impact of having access to medications in Alberta is a very important consideration. Adding this consideration to Alberta's drug benefit list review is long overdue. It will be important though that the public committee have a membership that is representative and reflective of the diversity of Alberta's society. ADF, as an organization representing the interests of thousands of persons with disabilities and chronic illnesses, would like to have one or two seats on the committee.
- **Move to bulk buying to save money.** We are in favour of such an approach as it should cut administration and medication costs. However, purchasing decisions must always consider health outcomes, recognizing that prescription drugs in the same class may not be therapeutically equivalent for every patient. Individualized prescribing must still be available. We recommend any drug cost savings be passed on to the consumer.

## **SPECIFIC COMMENTS ON KEY COMPONENTS OF THE ALBERTA PHARMACEUTICAL STRATEGY**

### **Phase I**

#### **2.1. Redesigning Drug Coverage for Seniors**

ADF applauds eliminating the deductible for more low income seniors. This should result in increased access to medication. We also applaud government's recent reversal regarding more income testing for other seniors. Such testing is in direct conflict with a philosophy of universal access for all (regardless of income) to health care. It is a barrier to universal coverage. We believe that instituting income testing opens the door to more limitations in the future – not only for seniors but also for persons with disabilities and other Albertans.

The Alberta Health Care Insurance Plan and private medication plans already deny many seniors and other Albertans access to medications or health care of their choice (non-prescription medications, alternative/holistic therapy). The Alberta Pharmaceutical Strategy should recognize that patients have the right to work with their doctor and other members of the health care team to find a treatment plan that works for them. The ability to pay should not be the deciding factor when considering a treatment option like medication therapy.

Regarding access to medication, we suggest a review of deductible rates be done. The review should focus on whether deductible rates impact fairness and equity in the prescribing and dispensing of prescription medication. The ability to pay should not influence the type of medication someone will receive

## **2.2. Non-Group Drug Benefit**

Raising the non-group program premiums as provided by Alberta Blue Cross may be fair and level the playing field for the marketplace but not for many Albertans with a disability or chronic illness. Current premiums are not affordable for those who have modest incomes and have on-going ancillary costs related to their condition (e.g. medical equipment, supplies, home and vehicle modification). Increasing the premiums will have a harsh impact on middle to lower income groups. It will result in less access to medication for more people.

Removing the Government of Alberta as first payer will have a negative impact on those individuals with a disability or chronic illness that pay for private and/or employer sponsored insurance coverage. It will make it difficult for them to overcome the limitations (annual or lifetime ceilings, high deductibles) of a single plan. What is needed is a guaranteed and transparent drug benefit program that – for the individual - transitions seamlessly from one payer to another; a system that is easy to understand and easy to follow.

Added living costs and insurance plan limitations faced by many Albertans need to be factored into any subsidy program equation. Considering a person's income and nothing else when determining premiums is too narrow a focus. The subsidy program should be reviewed and adapted to factor in disability-related costs.

Overall, increased premiums have the potential to impose greater costs on the health system. Studies and other sources have shown that restricted medication therapy minimizes health improvement, clinical outcomes are less favourable, and consumers use more outpatient services. Conversely, access to adequate and appropriate drug therapy reduces hospitalizations, improves quality of life, and results in people being more productive at work and in the community.

### **2.3. Alignment of Government Drug Programs**

ADF supports this approach but has management and cost concerns. Existing ministries such as Alberta Seniors and Community Supports have a good understanding of the needs of seniors and persons with disabilities. ADF is concerned that the knowledge and sensitivity among existing staff – gained over many years of input and education by the community – will be lost in a much larger Alberta Drug Benefit Program bureaucracy. We would like some assurance that this wisdom and understanding will remain intact.

A single Alberta Drug Benefit Program has the potential to save administrative costs. Certainly, creation of a single set of policies and processes regarding applications, eligibility rules, acceptance, and case management should eliminate duplication of both manpower and overhead costs. However, we are concerned that these savings may be minimized by the expense of setting up and maintaining such a large, singular program.

We recognize that internal controls and accountability are necessary but management, oversight, and reporting must not take precedent over delivering access, service, and good health outcomes to Albertans. To be considered a success, a consolidated Alberta Drug Benefit Program must result in less red tape and speed up decision-making. It must also ensure that Albertans enjoy the same or an improved level of benefits as a result of this change.

### **2.4. Drug Coverage for Individuals with Rare Diseases**

ADF is concerned this expanded drug coverage plan is too restrictive. From our perspective, the decisions regarding coverage of catastrophic or orphan drugs should be based on individual need and circumstance rather than whether the person has a 'qualifying' disease.

While therapies to treat people with a host of chronic conditions or disabilities may not amount to hundreds of thousands of dollars per year, some people do go without the medications they need because they are extremely expensive. Use of a rare disease category to define who qualifies for drug treatment violates the principles of universality and opens the door to discrimination by diagnosis. Drug policy should be based on inclusion, not exclusion.

If government insists on proceeding on this basis, it is strongly recommended that ADF or some other community representation be part of the panel that determines what will be included in the rare disease listing.

## **2.5. Timely and Transparent Drug Approval Process**

ADF supports the formation of a public committee to look at societal and ethical perspectives when Alberta is considering adding a drug to the Drug Benefit List. At least one person with a disability and one person with a chronic illness should be on the committee.

However, a 120 day approval period in Alberta to sanction a medication after federal Common Drug Review approval is too long. The length of Alberta's proposed approval period is unnecessary given the thoroughness of the federal review. The federal process confirms the clinical benefits and cost effectiveness of any new medication and makes recommendations.

Given this rigorous review, Alberta should simply add all medication approved by the Common Drug review to the formulary. This would eliminate administrative layers, increase the speed of health services, reduce funding and improve universal access. If this is not possible, ADF is interested in understanding what different factors influence decisions for accepting a medication to the provincial drug formulary.

## **2.6. Development of a Legislative Framework**

ADF supports this but any new or modified regulatory powers should be developed in consultation with the community to ensure they are appropriate. ADF would be pleased to help in this capacity.

### **Phase II**

## **3.1. Pricing and Purchasing of Drugs**

ADF is in favour of bulk buying as long as it does not deny health care providers the ability to prescribe a medication of their choice. It is important that Alberta's Pharmaceutical Strategy recognizes that one size does not fit all and that health outcomes remain paramount in decision-making.

Many persons with disabilities or chronic illnesses are wholly dependent on specific medications to function. In some cases, a similar or alternative drug (generic or from a different manufacturer) will not render the same results. In order to accept responsibility for their own health, patients must be able to have access to medications that work for them, including natural medicines. This needs to be recognized and accommodated.

ADF recognizes that patients, doctors and pharmacist should be collaborative decision-makers in determining the need for a name or generic medication. However, an appeal process should be in place to resolve any disagreements.

### **3.2. Pharmacy Professional Practice and Reimbursement Model**

ADF applauds the greater involvement of pharmacists in educating and protecting the health of Albertans. However, we have a concern about the level of authority this model may provide. For example, will a pharmacist be able to refuse a patient a drug prescribed by a doctor? In implementing this model, patient choice should be protected.

As we noted in the previous section, health care decisions should be a collaborative effort between patients and health providers. A timely appeal process should be in place to deal with situations where a patient's choice is being refused for non-medical reasons.

We are disappointed that the Alberta Pharmaceutical Strategy did not call for more involvement of health and wellness orientated community groups like those represented by ADF to help health professionals share information and provide education. Community groups are an underutilized resource that – once deployed - would incur minimal cost to the health system in the education of clients, members, and families.

The cost of underuse, misuse and overuse of prescription medication in Canada is estimated to be two to nine billion dollars. Health professionals cannot attack this problem alone. Community groups must be involved if this waste and risk to health is to be substantially decreased.