

Values in the Canadian Pharmacare Debate: Implications for Pharmaceutical Policy and Systems Reform

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CADTH SYMPOSIUM APRIL 15, 2019

Disclosure

I have the following relationship to disclose:

- consulting research assistant for CADTH ethics reviews

Acknowledgements

Supervisor: Professor Alison Thompson

Advisory Committee: Professors Zubin Austin, Joseph Heath and Ross Upshur

This research was supported by:



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada

Canada



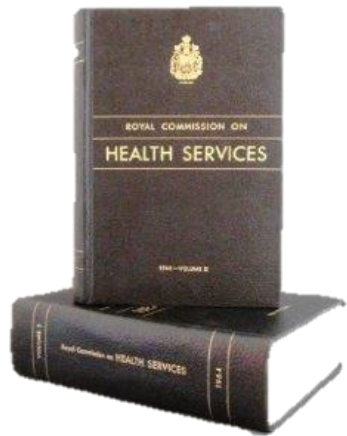
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DSECT

The Pharmacare Debate

1940s



1972
The Drug Price Program

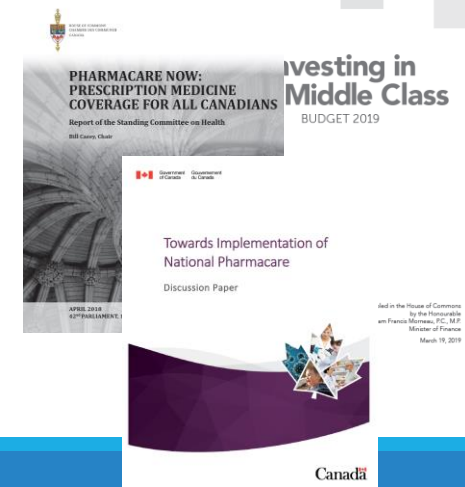
2002 *Kirby and Romanow Commissions*
2003 *Health Accord*
2004 *National Pharmaceutical Strategy*

1997
National Forum on Health

2010s



2018 – 2019
HESA Report
Federal Budgets & Advisory Council



Values and Public Policy

Health policy decisions are complex and value-laden.¹

- Which benefits (policy goals) should be maximized?
- How should the benefits and burdens of a policy be distributed?
- What makes public policy decisions legitimate?

Pharmacare policy is no exception:

- Lack of principled ideas on the part of politicians and absence of clear electoral motivations about pharmacare has hindered reform.²

...we might benefit most from a consideration of the basics- -where we want to get to and why. [...]Whether they are improved access, more equal coverage or greater system efficiency, what are the principles that should guide us in considering national approaches to pharmacare? – Minister Allan Rock³

1. Fischer, F., & Forseter, J. (1987). *Confronting values in policy analysis: The politics of criteria*. Newbury Park, CA: Sage Publications, Inc.; Kenny, N. and M. Giacomini. 2005. "Wanted: A New Ethics Field for Health Policy Analysis." *Health Care Analysis* 13(4):247-260. 2. Boothe, K. 2015. *Ideas and the Pace of Change: National Pharmaceutical Insurance in Australia, Canada, and the United Kingdom*. Toronto, ON: University of Toronto Press.
3. Canada. 1998. *Conference on National Approaches to Pharmacare: proceedings, Saskatoon, Saskatchewan*. Ottawa: Health Canada

The Study

- Aim: to identify how normative concepts (i.e., principles, values, ethical concepts, etc.) are used to justify different pharmacare policy arguments and proposals
- Qualitative, thematic analysis⁴ of a purposive sample of 60 policy documents and media opinion pieces from 1997 - 2019

Findings

Growing consensus (at least tacit) that universalizing drug coverage to improve access based on equity and efficiency

- “Access based on need, not the ability to pay”

Growing consensus amongst payers about the need to lower drug costs based on efficiency

Figure 1.6: Key Objectives for National Pharmacare

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But, how should national pharmacare be financed and administered?

Findings

PUBLIC, SINGLE-PAYER

- Access based on need, not other criteria such as residency, income, employment status, age, etc. (**equity, fairness**)
- Lower costs (individually, collectively) (**efficiency**)
- Appropriate prescribing and use of safe and effective medications (**efficiency, welfare**)

“FILL-IN-THE-GAPS” MIXED

- Mitigates ‘leveling-down’ or reducing access for those with existing private coverage (timely access, drugs not listed on public formularies) (**efficiency, welfare**)
- Lower costs to public payer / taxpayer (**efficiency**)
- Patient and provider choice (**liberty**)

Discussion: Implications for Policy Reform

Value tensions underlie disagreements in the debate:

- What is “appropriate” medication use?
 - Population vs. individual perspective
- What is the most efficient mechanism?
 - Expensive drugs for rare diseases

Implications for HTA in Canada:

- Increased evidence-generating capacities with sufficient resources to ensure timely review
- Ethical processes and mechanisms for exceptions

Questions?

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