

CANADA'S
PUBLIC POLICY

FORUM

DES POLITIQUES PUBLIQUES
DU CANADA



ATLANTIC SUMMIT ON HEALTHCARE AND DRUG SUSTAINABILITY

SUMMARY
JANUARY 2015

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PUBLIC POLICY

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DU CANADA

The Public Policy Forum is an independent, not-for-profit organization dedicated to improving the quality of government in Canada through enhanced dialogue among the public, private and voluntary sectors. The Forum's members, drawn from business, federal, provincial and territorial governments, the voluntary sector and organized labour, share a belief that an efficient and effective public service is important in ensuring Canada's competitiveness abroad and quality of life at home.

Established in 1987, the Forum has earned a reputation as a trusted, nonpartisan facilitator, capable of bringing together a wide range of stakeholders in productive dialogue. Its research program provides a neutral base to inform collective decision making. By promoting information sharing and greater links between governments and other sectors, the Forum helps ensure public policy in our country is dynamic, coordinated and responsive to future challenges and opportunities.

© 2015, Public Policy Forum
1405-130 Albert St.
Ottawa, ON K1P 5G4
Tel: (613) 238-7160
Fax: (613) 238-7990
www.ppforum.ca

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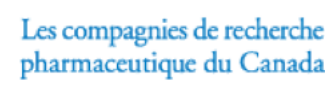


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We also acknowledge the input and assistance of Forum staff who provided support on this project, including Paul Ledwell for managing the project, Isabelle Couture for writing this report as well as Sara Caverley, Dianne Gravel-Normand, Julia Oliveira and Mathias Schoemer for their project assistance.

WITH THANKS TO OUR PARTNERS



INTRODUCTION

On October 30, 2014, Canada's Public Policy Forum partnered with the Government of Prince Edward Island's Department of Health and Wellness and the governments of Newfoundland and Labrador, New Brunswick and Nova Scotia to convene the Atlantic Summit on Healthcare and Drug Cost Sustainability in Charlottetown. This discussion brought together senior leaders from across sectors to explore opportunities for collaboration in sustainably managing drug costs and enhancing health access in the Atlantic region.

Paul Ledwell, Executive Vice President of the Public Policy Forum moderated the Summit and Doug Currie, PEI's Minister of Health and Wellness and Minister responsible for Sport, Recreation and Healthy Living provided opening remarks. The Summit was concluded with comments by each of the four Atlantic Ministers of Health: Minister Currie; Victor Boudreau, Minister of Health for the Government of New Brunswick; Steve Kent, Minister of Health for the Government of Newfoundland and Labrador; and Leo Glavine, Minister of Health and Wellness, and Seniors for the Government of Nova Scotia.

The active participation of the four Atlantic Health Ministers gave a clear signal of the political leadership in the region and intergovernmental cooperation on healthcare issues (see appendix II for a press release published following the Summit). The Summit agenda is included as an appendix to this report.

The purpose of the Summit was to explore healthcare issues and identify achievable actions towards targeted outcomes and results. The event provided the unique opportunity to help set the agenda for healthcare in Atlantic Canada around questions of drug sustainability, access to healthcare and ongoing quality of healthcare services.

Summit participants agreed that while Canada, in particular the Atlantic region, is facing considerable challenges to make healthcare sustainable and affordable, there are significant opportunities to improve health sustainability and accessibility in Atlantic Canada and beyond.

CONTEXT

The delivery of quality healthcare services remains a top priority for Canadians. The majority of recent public opinion research studies demonstrate that healthcare is the most important policy issue across the country. Healthcare also continues to top governments' agendas, representing a large proportion of government spending across the country. In New Brunswick alone, healthcare spending is expected to reach 50 percent of all government spending by 2017.¹

In spite of the large amount of resources that are channeled into healthcare, the rapid aging of the population, the growing complexity of care and increased government fiscal restraint have caused significant challenges for Canadian governments—especially in the Atlantic region—to provide accessible and affordable healthcare.

“Everyone in this room has joint custody for making healthcare in this region better.”

- The Hon. Minister Doug Currie, PEI's Minister of Health and Wellness and Minister responsible for Sport, Recreation and Healthy Living

Atlantic Canada has the oldest population in the country, some of the highest disability rates and a high volume of chronic diseases. The region needs innovative and collaborative healthcare solutions to meet the needs and expectations of their citizens and protect the sustainability and affordability of the healthcare system.



¹ Canadian Institute of Actuaries and Society of Actuaries. (2013). Sustainability of the Canadian Health Care System and Impact of the 2014 Revision to the Canada Health Transfer. p.4 <https://www.soa.org/Files/Research/Projects/research-2013-can-healthcare.pdf>

AREAS OF OPPORTUNITY

Drug Adoption and Adherence

Promote generic drug utilization to improve the stability, predictability and affordability of the healthcare system

As the Canadian population continues to grow and age, affording expensive new medicines has become increasingly difficult for Canadian governments. Promoting generic drug utilization and generally lower-priced medicine can help improve the overall sustainability of the Canadian healthcare system in the face of demographic changes.

“It will take leadership at the highest provincial levels to help initiate positive changes to healthcare, so it is important that we are all here to listen and learn.”

- The Hon. Minister Steve Kent, Minister of Health for the Government of Newfoundland and Labrador Health and Wellness and Minister responsible for Sport, Recreation and Healthy Living

Healthcare professionals generally accept generic drugs as being equivalent to brand-named products once Health Canada approves them. Many participants stressed

2 Jim Keon. (2014). Getting to the Heart of Drug Sustainability – The Issues. Presentation made at the Atlantic Summit On Healthcare And Drug Cost Sustainability, October 30, 2014. http://www.ppforum.ca/sites/default/files/Jim%20Keon_AtlanticCanadaSummit_FINAL.pptx

3 Ibid.

4 Ibid.

5 Ibid.

that in addition to offering the same value as brand-name products, generic drugs remain a much cheaper alternative. The price of generic medicine has decreased in Atlantic Canada over the past several years. From 2006 to 2013, the price of generic prescription medicines decreased by 90 percent, representing \$400 million in savings for the region.²

Increasing generic drug utilization can lead to significant savings for the Atlantic Provinces. If Atlantic Canada were to match the United States' generic drugs fill rate, representing approximately 86 percent of all prescriptions nationally, the region could have saved an estimated \$443 million in 2013 and reinvested those funds in other areas of healthcare.³ One Summit speaker stated that the increase in generic drug utilization could be as low as one percent and still have significant positive outcomes for the Atlantic provinces: for every one percent increase in the use of generic drugs in Atlantic Canada, an additional \$22 million in savings could be achieved (\$7.6 million of which would return to the public sector and \$14.3 million to the private sector).⁴

In spite of the real savings to be realized via the increase of generic drug utilization, some participants were concerned that Canadian governments were not taking advantage of this opportunity. Of the \$211 billion that Canada spent in 2013 in healthcare less than three percent was spent on generic prescription drugs.⁵

Hon. Steve Kent, Minister of Health, Government of Newfoundland and Labrador, **Hon. Victor Boudreau**, Minister of Health, Government of New Brunswick, **Hon. Doug Currie**, Minister, Health and Wellness, and Minister responsible for Sport, Recreation and Healthy Living, Government of Prince Edward Island, **Hon. Leo Glavine**, Minister of Health and Wellness, and Seniors for the Government of Nova Scotia.



Another participant also warned that generic drug utilization is now actually decreasing in Western Canada (British Columbia, Alberta and Saskatchewan), leading to higher costs for private insurers.

To address some of these issues, the Canadian Generic Pharmaceutical Association (CGPA) recently developed a three-year agreement that will maintain the price of generics and expand the number of drugs included. This system is to provide stability, predictability and a rational basis for product pricing that would be proposed for generic pharmaceuticals products in Canada, allowing governments to more adequately forecast their budget. The CGPA estimates that over the three-year term of the framework and by regulating 18 pan-Canadian products, Atlantic Canada will save an additional \$560 million.⁶

It should be noted that efforts to increase generic drug utilization were presented as a means to ensure greater sustainability of respective provincial health systems, while at the same time allowing for further investments in new drugs. Minister Currie noted, for example, that PEI's efforts to increase generic drug utilization have allowed for the provision of new medications to Islanders, as savings get re-invested in broader drug coverage.

Areas of Action

Support pricing frameworks and avoid tendering

Summit participants emphasized the need to continue to work on national projects such as the pan-Canadian generic value price initiative and support the implementation of the national tiered pricing agreement on generic drugs.

Other pricing systems were also discussed during the Summit, including more open, market-based pricing systems. While some participants argued that such open systems had their benefits, most attendees were in disagreement stating that tendering and bringing in more competitors in the market could price smaller firms out of the market. It was generally agreed that a system that negotiate prices to reflect market prices is a better solution, ensuring sustainability and providing stability of supply.

Design plans that promote generic drug utilization

Participants urged Atlantic governments to study international best practices in order to increase generic drug utilization. One example given was the United States' mandatory generic plans, which will only cover generic drugs (if they are available). At the same time, Summit

participants also maintained that the system should allow for some flexibility with the ultimate decisions of healthcare professionals prescribing the medicine being respected and dispensed as such.

Improve medication adherence to realize additional savings

The issue of drug adherence was another key topic of discussion during the Summit. Many participants stressed that improving medication adherence was a significant area of opportunity to achieve healthcare sustainability and savings.

It was found that 50 percent of patients with chronic conditions do not adhere to their medications, meaning that they either don't fill their prescription, refill it, take it properly or to its full-course. According to a 2003 report by the World Health Organization 50 percent of patients do not take their medications and 33 percent never even fill their first prescription.⁷

Some of the factors that can predict the non-adherence of patients to their drug regime include the complexity of the regime (greater length of prescription and number of pills, etc), longer intervals between physician visits, and lower levels of education and income.

"If there is a way to streamline and simplify the drug plans it will make it that much easier for the people that need it."

- The Hon. Minister Victor Boudreau, Minister of Health for the Government of New Brunswick

Some participants stressed that the cost of non-adherence can be quite high for public and private insurers. In fact, it was estimated that the cost of poor adherence in the United States can reach up to \$290 billion a year, representing 3.5 times the amount of claims.⁸ In turn, increasing adherence in Canada by 11 percent could lead to \$24 billion in savings and an even more conservative increase at four percent could yield an additional \$8.6 billion.⁹

Several attendees mentioned that there have been many discussions over the years around the issue of non-adherence, but that Canada has yet to develop a consistent national, regional or provincial strategy to tackle this challenge. A Summit participant noted that political will and leadership is necessary in order to

6 Ibid.

7 World Health Organization. (2003). Adherence to Long-Term Therapies: Evidence for Action. http://www.who.int/entity/chp/knowledge/publications/adherence_full_report.pdf?ua=1

8 Walter Robinson. (2014). Presentation made at the Atlantic Summit On Healthcare And Drug Cost Sustainability, October 30, 2014. <http://www.ppforum.ca/sites/default/files/Walter%20Robinson%202014-10-30%20PPF%20on%20Healthcare%20Sustainability.pptx>

9 Ibid.

boost medication adherence. All stakeholders across the healthcare provision and delivery spectrum must be involved and agree to collaborate.

Areas of Action

Some of the recommended solutions for governments to boost adherence included:

- Implement patient support programs;
- Make adherence education and cognitive services at the centre of forthcoming negotiations with pharmacists and doctors;
- Move to shorter regimen or reduce the amount of pills necessary when making reimbursement decision;
- Promote unique technology that aims to increase adherence (applications, intelligent pill bottles, etc); and
- Support third-party providers to keep patients on track through notices and reminders

Implementation

Every Canadian at some point in their life will interact with the Canadian healthcare system. For this reason, all Summit participants, whether they are on the overseeing-, provisionary- or receiving-end of healthcare delivery, saw themselves as *joint custodians* – working together to improve the health of Canadians.

A large portion of the Summit focussed on the ways in which each stakeholder and component of our healthcare system could help better implement services and create positive outcomes for Canadians' health. Summit participants overwhelmingly agreed that healthcare professionals need to be better engaged and seamlessly integrated in healthcare processes in order to meet future healthcare challenges.

Engaging health professionals to leverage their reach

Health professionals will continue to play a crucial role in the implementation of health services; however, the lack of accessibility to physicians remain a key issue for Canadians. Fifteen percent of Canadians do not have

a family physician and a 2013 Commonwealth Fund International Health Policy Survey of the General Public ranked Canada last out of 11 countries in ease of access to a physician.¹⁰ Summit participants agreed that improving accessibility to healthcare professionals and expanding their reach will provide a unique opportunity to ease healthcare processes and ultimately improve the system's sustainability.

There was a general consensus among Summit participants that pharmacies can play a leading role in facilitating healthcare implementation and increasing its effectiveness. With 9,000 service points or "points of care" across the country, 650 of which are located in Atlantic Canada, pharmacies can help improve the quality of care, especially for those with chronic diseases, and yield significant savings for Canadian governments. The 9,000 Points of Care report showed that the active participation of pharmacies could prevent up to 1.3 million visits to the ER and 500,000 hospitalizations, and that it could free 6.3 million hours of physician labour over three years.¹¹ The ability of pharmacists to reach Canadians on a regular basis can also mean earlier diagnosis and treatment as well as improved adherence through regular monitoring.

Moreover, many participants noted that pharmacies are making a difference in the healthcare system via the increased penetration of vaccines in the market place. Flu vaccine administration is already part of the pharmacists' scope of practice in five provinces: Nova Scotia, New Brunswick, Ontario, British Columbia and Alberta. In Alberta, where the role of the pharmacists as an administrator of flu vaccines has been underway since 2011, this practice has increased by 274 percent (from 89,324 to 334,418).¹² A participant pointed out that at this rate of growth pharmacies will soon surpass the public health administration of vaccines in that province.

This upcoming flu season (2014-2015), three more provinces will allow the provision of vaccines to be added to the list (MB, PEI and NL). Several Summit participants highlighted this expansion of pharmacists' scope of practice as a clear example of successful leadership on the part of all four Atlantic Provinces.

Overall, Summit attendees agreed that neighbourhood pharmacies can be an important partner in providing healthcare accessibility and affordability to all of their regions and communities and they can do so in a way that makes healthcare more sustainable in the long-term.

10 Health Council of Canada. (2014). Where you live matters: Canadian views on health care quality Results from the 2013 Commonwealth Fund International Health Policy Survey of the General Public. http://www.healthcouncilcanada.ca/content_lm.php?mnu=2&mnu1=48&mnu2=30&mnu3=56

11 9000 Points of Care: Improving Access to Affordable Healthcare. (2013). <http://9000pointsofcare.ca/>

12 Mark Fleming. (2014). Regional Cooperation to Improve Access to Medicines. Presentation made at the Atlantic Summit On Healthcare And Drug Cost Sustainability, October 30, 2014. <http://www.ppforum.ca/sites/default/files/Mark%20Fleming%202014-10-PPF-Access%20and%20Partnership.pptx>

In addition to expanding the role of pharmacies, Summit attendees also identified several quick-wins that could easily facilitate the work of physicians while producing positive healthcare outcomes. Many participants emphasized the need for quality and unbiased drug information and suggested that generic companies or governments' health departments could take the lead in filling the knowledge gaps. , Physicians would be better informed to respond to the various needs of their patients if they could more easily access unbiased information on the pharmaceutical value and actual cost of drugs.

Some participants also stressed that provincial governments should strive to reduce red tape for healthcare professionals. In the time-sensitive environment in which physicians work, the choice between two equivalent drugs might come down not to their cost to the patients, but to the amount of paperwork that they require. Any opportunities should then be used to reduce disincentives to select the better option for the patients.

Engage employers through health promoting workplace

There was a general consensus among Summit participants that good health means good business and that investing in health is crucial. As one speaker put it: poor health is not only an immense burden on the sick, but on families, society and employers.

Chronic diseases represent significant costs to employers, not only via the provision of benefits plan, but also in the loss of productivity. Considering the amount of

time that Canadians spend at work, many participants believed that workplaces offer the ideal setting to address chronic diseases and that coordinated efforts need to replace "random acts of wellness." The concept of health promoting workplace (HPW) is becoming increasingly relevant as more private and public organizations recognize that future success in a globalizing marketplace can only be achieved with a healthy, qualified and motivated workforce.

Several participants emphasized the need for governments to provide the leadership to leverage existing programs and bring them into the workplace. Some suggested the provision of tax incentives to employers who support workplace health promotion and provide health resources and training to their employees. Finally, the importance of measuring results and outcomes was also a key focus of discussion. Participants stressed that governments and employers should work together to measure the total cost/ impact of diseases.

Engage patients' group to help patients with self-management of chronic diseases and increase drug adherence

In addition to healthcare professionals and employers, patients can also play a crucial role in improving the sustainability of the healthcare system. Many Summit participants mentioned, however, that self-monitoring is not enough and that more support and education need to be provided to patients.

Hon. Doug Currie, Minister, Health and Wellness, and Minister responsible for Sport, Recreation and Healthy Living, Government of Prince Edward Island



Self-management education refers to a “systematic intervention that involves active patient participation in self-monitoring and/or decision-making.” One speaker mentioned that case managers can help support patients, especially those suffering of chronic diseases, with a variety of needs, including finding entry points to more directed care, dietary resources and social services.

Areas of Action

In addition to the recommendation outlined above, Summit participants recommended the following steps to further engage with healthcare stakeholders and improve the implementation of services:

- Make physicians a part of the consultative and implementation processes
- Use the capacity of pharmacies to improve healthcare outcomes
To achieve this, a four point plan was suggested:
 - Acknowledge pharmacists as a primary healthcare provider in all jurisdictions;
 - Move to full and consistent scope of practice for pharmacists across Canada with appropriate compensation;

- Improve referral and data sharing systems between health practitioners, including pharmacists; and
- Develop strategies that focus on the patients with certain conditions, and use a patient perspective
- Implement better communication tools and techniques to help patients understand the value of pharmacies in managing their chronic diseases beyond providing them medications

Safe and Efficient Delivery

Leveraging pharmaceutical distributors to address challenges in delivery

A safe and efficient drug distribution system is essential to healthcare in Canada. A Summit participant was happy to report that Canada’s distribution system is recognized as one of the best in the world because of its safety, unique security and efficiency.

The distribution system for pharmaceuticals in Canada is extensive: 95 percent of pharmaceuticals found in pharmacies have come through a distributor and deliveries are made five to six days a week to the 9,000 Canadian pharmacies, as well as hospitals, long-term care facilities, and other registered locations.¹³

Jim Keon, President and CEO, Canadian Generic Pharmaceutical Association



Photo credit: Brian Simpson, Province of PEI Photographer

This distribution system helps ensure prompt access to medicine for all Canadians. A participant noted that the distribution system is not only used to deliver products, but also to bring them back to the distributor when they become expired or are recalled, allowing for the safe disposal of pharmaceutical products. By controlling the flow of medicine to, from and between facilities, Canadian distributors are ultimately better able to respond to the needs of patients and control reserves for emergency use.

Summit participants agreed that Canada's distribution system presents considerable opportunities to improve healthcare sustainability and accessibility, but that the system is currently underutilized. An enhanced system would provide many opportunities for the long term benefit of patients, provinces and government finances.

Best practice: Canadian Blood Services: Delivery of care across jurisdictions

Discussions are taking place around the country on the need for pan-Canadian solutions and finding collaborative and sustainable ways of delivering quality healthcare. Canadian Blood Services (CBS) exemplifies the benefits of integrated delivery models, by taking what was 16 independent, decentralized and unintegrated operations and creating a single, highly integrated national network that is streamlined and standardized.

“We have an opportunity in Atlantic Canada to do some things because in our smallness we can test drive a lot of areas... [Atlantic Provinces] have the opportunity to become one of the strongest healthcare systems collectively.”

- The Hon. Minister Leo Glavine, Minister of Health and Wellness, and Seniors for the Government of Nova Scotia

Through the consolidation of services, CBS has been able to achieve several positive results to reach higher levels of quality; manage the deployment of state-of-the-art technology and infrastructure; and achieve an economy of scale leading to reduced drug prices and enhanced security of supply. Further, this national model eliminated the duplication of services, thus improving the efficiency of service delivery. These transformative changes resulted in increased savings over the past five years and reduction of headcount in the administrative and management layers.

The following characteristics also contributed to the success of the CBS model:

Unique governance model – with a bi-cameral system, CBS operates at arm's length, outside of the political interest but inside the best interest of the citizens that they serve.

This also provides them with the ability to react to crises outside of the budget cycle by using a contingency fund reserved for an emergency-safety threat.

Openness and transparency – CBS engages the public in its decision-making process and also allows consumer groups to participate in consultations.

Patient-centred, patient-outcome model – this allows many jurisdictions to achieve what one region cannot do on its own.

Flexible – the model can adapt to different needs: operating as a central agency or in a federated, coordinated approach with multiple agencies involved in the delivery of care.

A pan-Canadian approach promotes the integration and co-creation of solutions: acting as a catalyst for leveraging resources that are scarce in jurisdictions; facilitating the creation and sharing of best practices and knowledge across jurisdictions; connecting and convenes those who work on common healthcare challenges no matter where they are from; and can driving system-wide improvements.

Strengthening stakeholder partnerships

The role of stakeholders and the importance of strengthening collaboration and partnerships between them were key themes during the Atlantic Health Summit. One participant provided several examples of “value demonstrating initiatives” that brought together multi-sector stakeholders (i.e., industry, government, academia, health care professionals and patients) to improve patient and healthcare-wide outcomes in a way that is both efficient and cost-effective.

For example, the PEI Chronic Obstructive Pulmonary Disease (COPD) Project, which was completed in 2011, aimed to improve the quality of care, access, efficiency and patient self-management of COPD by involving four partners from different sectors: Harbourside Family Health Centre, the PEI Lung Association, the Government of PEI and Rx&D member companies. This project was a success, leading to a 50 percent decrease in ER visits, a 30 percent reduction in return visits to the ER, and the average length of hospital stay dropping by one day. Following these positive results, this initiative was expanded across the province in 2012 and is now being implemented across the country (in its pilot stage in Ontario).

Some additional examples of current/ongoing projects include:

NB Diabetes Clinical Order Sets (DCOS)

- Objective: Improving glycemic management and outcomes for hospitalized diabetes patients

- Partners: Vitalité Health Network, Horizon Health Network, New Brunswick Department of Health, Rx&D/Rx&D Health Research Foundation, 5 member companies
- **NB Drug Program Partnership**
 - Objective: Partnership to study and measure the impact of the government of New Brunswick’s Catastrophic Drug Coverage Program
 - Partners: New Brunswick Health Research Foundation, New Brunswick Department of Health, Rx&D Health Research Foundation

Summit participants agreed that such examples of cross-sectoral collaboration provide real opportunities for the improvement of healthcare outcomes, the realization of additional savings and also the creation of a “real world evaluation of healthcare and societal impact of innovative health technologies.”

Province to province

In addition to broader collaboration between stakeholders, Summit participants emphasized the need for greater inter- and intra-governmental cooperation. Strengthening relationships among and between governments would provide the opportunity to manage systems more effectively. A participant mentioned that provinces might first wish to focus on the “low hanging fruits,” such as the streamlining of programs and services to lighten the administrative burden on provinces, but that they also should examine how they interact in the healthcare system. For example, they may review how they procure different instruments and drugs, how they align their forms and how they interact with buying groups to identify some additional areas of improvements. Atlantic Provinces could take the leadership in addressing these issues and finding ways in which healthcare costs can be reduced.

With the private sector

Summit participants overwhelmingly agreed that there needs to be better partnerships with private payers and drug companies and that they need to be more involved in healthcare processes. Public payers currently represent a third of purchasing, yet they are usually not part of the decision-making process; governments continue to set policies that have direct impacts on the private sector. Increasing collaboration with the private sector could benefit all stakeholders.

CONCLUSION

Today, the Canadian healthcare system is facing unprecedented pressure due to the rapid aging of the population and increased government fiscal restraints. There is a growing need for Canadian leaders to take a strategic approach in managing health to ensure positive healthcare outcomes for all Canadians.

As Summit participants explored some of the healthcare challenges that the Atlantic region is facing, it became clear that there are significant opportunities for Atlantic Provinces to come together, share best practices and tackle these issues. Many areas of opportunity can be found in drug adoption, or the implementation and delivery of healthcare services, and the Atlantic Provinces must leverage their unique strengths as a small region to drive healthcare sustainability and accessibility.

The success of any individual or policy depends on the people that are dedicated to that success.”

- The Hon. Minister Doug Currie, PEI’s Minister of Health and Wellness and Minister responsible for Sport, Recreation and Healthy Living

It also became clear that increased collaboration and leadership are needed to meet the healthcare needs and expectations of Canadians. Governments, employers, private insurers and drug companies are joint custodians of Canadians’ health and play a crucial role in improving healthcare in this region. Moreover, it will take leadership at the highest level to achieve positive changes. Improving healthcare while effectively and efficiently using healthcare resources cannot be achieved from a single approach. New approaches will be needed and governments will need the help from experts, policy-makers, industries and healthcare professionals to implement these changes.

This Atlantic Summit on Healthcare was a step in the right direction, providing an opportunity for stakeholders from various sectors, jurisdictions and perspectives to exchange ideas and solutions on healthcare issues and establish new relationships. The attendance of the four Atlantic Health Ministers also gave a clear signal of the political leadership in the region and the desire to tackle healthcare challenges jointly and cooperatively. Given the strong interest expressed in future conversations on these issues, the Public Policy Forum will seek opportunities to engage participants in further dialogues in the months ahead.

AGENDA

WEDNESDAY OCTOBER 29, 2014 | ROW HOUSE LOBSTER CO

- 05:30 p.m. Cocktail reception**
- 06:00 p.m. Words of welcome**
Hon. Doug Currie, Minister, Health and Wellness, and Minister responsible for Sport, Recreation and Healthy Living, Government of Prince Edward Island
- 07:30 p.m. Adjourn**

THURSDAY OCTOBER 30, 2014 | RODD CHARLOTTETOWN HOTEL

Registration will be open from 7:30-8:45 a.m. and located in the lobby of the Rodd Charlottetown Hotel

- 07:30 a.m. Arrival and breakfast**
- 08:45 a.m. Summit Opening**
Paul Ledwell, Executive Vice President, Public Policy Forum
- 09:00 a.m. Opening plenary session**
Hon. Doug Currie, Minister, Health and Wellness, and Minister responsible for Sport, Recreation and Healthy Living, Government of Prince Edward Island
- 09:15 a.m. Session #1 : “Getting to the Heart of Drug Sustainability – The Issues”**
Moderator: Paul Ledwell, Executive Vice President, Public Policy Forum
- Jim Keon, President and CEO, Canadian Generic Pharmaceutical Association
 - Walter Robinson, Vice President, Government Affairs, Canada’s Research-Based Pharmaceutical Companies (Rx&D)
- 10:15 a.m. Coffee break**
- 10:30 a.m. Session #2 : “Responding to the Drug Sustainability Issue in Atlantic Canada: Addressing Generic Usage”**
Moderator: Chris Bonnett, Principal, H3 Consulting
- Michael Mayne, PhD, Deputy Minister of Health and Wellness, Province of PEI
 - George Carruthers, MD, Family Physician
 - Matthew Burnstein, MD, Chief Medical Director, Bell Aliant Health and Wellness
- 12:00 p.m. Lunch**

- 12:15 p.m. Keynote Speech – How Pan-Canadian Healthcare Can Be Done**
Graham Sher, Chief Executive Officer, Canadian Blood Services
- 01:15 p.m. Keynote Presentations: Moving to Meaningful Innovation and Collaboration in Healthcare**
- Vivek Sood, Chair of the Board, Neighbourhood Pharmacy Association of Canada and General Manager, Sobeys Pharmacy Group: *Neighbourhood Pharmacies – Delivering Sustainable Healthcare Closer to Home*
 - David Johnston, President and CEO, Canadian Association for Pharmacy Distribution: *Better Patient Outcomes and Value Through Supply Chain Partnerships*
 - Mark Fleming, Director, Federal Affairs, and Health Policy, Janssen Inc.: *Regional Cooperation to Improve Access to Medicines*
- 02:15 p.m. Coffee break**
- 02:30 p.m. Panel Discussion #2: “Beyond Drugs: Opportunities for Regional Collaboration in Chronic Disease Management”**
Moderator: Brian Stutt, Managing Director, CommonMarkets
- Matthew Burnstein, MD, Chief Medical Director, Bell Aliant Health and Wellness
 - Shelley L. Jones, Outreach Diabetes Case Manager, Horizon Health Network
 - Perry Eisenschmid, President & CEO, Canadian Pharmacists Association
- 3:30 p.m. Panel Discussion #3: “The Patients’ Group Roundtable on Health Care and Drug Cost Sustainability”**
Moderator: Dawn Binns, Partner, Insight Marketing
- Susan Tilley-Russell, Executive Director (Maritime Region), The Arthritis Society
 - Jane Farquharson, Executive Director (PEI), Canadian Cancer Society
 - Jake Reid, Director of Government Affairs (Atlantic Region) Canadian Diabetes Association
- 04:30 p.m. Session summary**
Paul Ledwell, Executive Vice President, Public Policy Forum
- 04:35 p.m. Closing remarks**
Hon. Doug Currie, Minister, Health and Wellness, and Minister responsible for Sport, Recreation and Healthy Living, Government of Prince Edward Island
Hon. Victor Boudreau, Minister of Health, Government of New Brunswick
Hon. Steve Kent, Minister of Health, Government of Newfoundland and Labrador
- 05:00 p.m. Adjourn and reception at the Rodd Charlottetown Hotel**

ANNEX II – PRESS RELEASE

OCTOBER 30, 2014
FOR IMMEDIATE RELEASE

Atlantic Drug Summit sets out path for regional cooperation in pharmacare

Health care in Atlantic Canada can benefit from acting collaboratively as a region to improve services, says Prince Edward Island Health and Wellness Minister Doug Currie.

Today, Minister Currie hosted the Atlantic Summit on Healthcare and Drug Cost Sustainability, which was sponsored by the four Atlantic Provinces and convened by the Public Policy Forum. The event involved patient groups, representatives from the drug industry, health providers, the private sector, and other health stakeholders. All four health ministers were in attendance for the session and more than 100 participants attended this regional event.

A focal point of the Summit enabled discussions on the ways in which regional cooperation can help enhance the sustainability of health delivery with a key emphasis on better management of drug costs. The Summit also gave participants the opportunity to share best practices in chronic disease management and innovation in drug policy cooperation.

Key outcomes of the Summit include working collaboratively to:

- develop a plan to increase generic uptake in public and private drug plans;
- develop and implement a strategy for improving regional cooperation in drug purchasing and enhance drug access for Atlantic Canadians.

As a result, Ministers will direct their officials to provide detailed timelines to define potential savings and re-investment objectives. Ministers have asked for an update for their next regional meeting.

“In New Brunswick, we are committed to making life more affordable for our citizens and righting our financial situation. We think there is real opportunity to cooperate with our Atlantic neighbors in the area of prescription drugs to help achieve both of those goals,” says NB’s new Minister of Health, Victor Boudreau.

“Newfoundland and Labrador has experienced firsthand the benefit associated with developing strategies to improve the affordability of pharmaceuticals through wellcoordinated group purchasing and increasing the focus on finding savings from generic drugs,” says the Honourable Steve Kent, Deputy Premier and Minister of Health and Community Services.

“The growing cost of pharmaceuticals continues to place significant pressure on health care budgets and can impact our citizens’ ability to access and afford the medications they need,” says Leo Glavine, Nova Scotia’s Minister of Health and Wellness. “Lowering drug costs depends on our continued success in working with our Atlantic partners and at the national level, and we continue to see further opportunities to engage the Federal government in a national pharmacare program.”

“As jurisdictions struggle with the rising cost of health care, regional cooperation offers Atlantic Canada a tangible means for savings and re-investment,” said Minister Currie.

Media Contact:

Connie McNeill
cbmcneill@gov.pe.ca | (902) 368-5610



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