

# PHARMACARE BIG CHALLENGE WITH BIGGER PAYOFF

A universal national pharmacare program makes sense for Canada. But are Canadians willing to pay the price?

Currently the country has more than 500 private drug plans and 100 public drug plans. What and who they cover depends largely on different criteria and different jurisdictions. What is the net result of this patchwork system?

According to research done in 2017, 730,000 people skimped on food and another 238,000 spent less on home heating in 2016. The same research says more than 1.6 million Canadians - a little more than 8 per cent of those who were prescribed medication in 2016 - didn't fill the prescription or skipped doses because they couldn't afford to do otherwise.

Inconsistent use of prescription medicine makes it less effective and often useless. People who sacrifice nutrition for prescription costs are at greater risk of serious illness, with expensive acute care including hospitalization required to mitigate the damage.

Clearly, a universal plan like the one proposed last week by the National Advisory Council on pharmacare makes sense from a health care prospective.

But can Canada afford it? The council proposing this plan says it will ultimately cost governments about \$15 billion a year. That has credible critics, including former Parliamentary budget officer Kevin Page, warning that taxes would need to increase to cover some of the higher costs. Otherwise, he warns, deficits for the federal government and the provincial governments taking part would grow significantly.

But consider this: Research shows provincial, federal and territorial governments currently spend up to \$34 billion on drug costs every year. Fifteen billion overall is a bargain by comparison.

And no one is disputing that Canadians would save money as well as receive better pharmaceutical care. Estimates from the advisory council and other credible sources say the savings for would be between \$4 billion and \$5 billion each year. That's money that stretched consumers could keep in their wallets or spend on other necessities.

Moving quickly on implementation would be good, but it's unlikely. Not only is the plan expensive, but the logistical challenges are enormous. First, a successful universal plan would have to be a joint effort on the parts of provincial and federal governments, and many provinces say they're only interested if Ottawa foots the entire bill. And while the potential of using Canada's united buying power to reduce drug costs is enormous, it's by no means simple.

So it's a big, complicated challenge. But it makes sense, which is why pharmacare was always envisioned as part of universal health care. No government so far has had the fortitude to undertake the challenge. Will the Trudeau Liberals be different?

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## WAIT TIMES FOR PATIENTS A GROWING PROBLEM

**BOLD GOVERNMENT REFORM NEEDED, WRITES NADIA ALAM**



NADIA ALAM  
Column

Patients often ask me what "wait times" are. "Wait time" is an unfortunately benign term for a big problem. Some patients wait months for a surgical consultation and years for the surgery itself. Some have waited years to get a family doctor. In fact, Canadians wait longer, compared with other countries.

Wait times mean someone isn't getting the treatment they need when they need it.

Consider the reasons why you go to the doctor's office. Waiting for health care is not like standing in line at the grocery store. Patients waiting for a family doctor

or a specialist are often in distress - stress, pain, uncertainty, suffering, disability. Waiting can be life-altering. Patients miss work, family obligations, community events. Some patients even die while waiting.

Patients on a wait-list don't function at their best. The cost in lost productivity alone was estimated at \$2.1 billion in 2018.

Access to a wait-list is not access to health care, to paraphrase a 2005 Supreme Court ruling. Despite that ruling, wait-lists are common. Thirty per cent of Canadians wait for medically necessary care. Our wait-lists now number in months to years. Despite that, one in five specialists are unable to find work. One in 13 Ontarians do not have a family doctor. And 31 medical students were unable to get placements after graduation, unable to take the final step to becoming a doctor.

Wait times are a complex issue that has to do with

how the health-care system is planned, managed and funded. There is a straight line between the health care you see today and the decisions the government made over the past decade. Underfunded hospitals. Disorganized and siloed community services. Lack of integration between in-patient and outpatient care. Physician unemployment and underemployment.

As our population grows and gets older, health-care needs increase. Over the past decade, patient visits increased for MRIs and CTs, ophthalmologists, cardiologists, general surgeons, and so on. Even though doctors work more, wait-lists continue to grow.

The solution? Creating more resources when our provincial government is in deep debt is tough. But at least the government is making moves toward reform. Time will tell whether those moves are bold enough.

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