NATIONAL PHARMACARE: SERIOUS STEP IN THE RIGHT DIRECTION FOR CANADIANS

The potential for a national Pharmacare plan has been set in motion after the federal government announced the creation of a national advisory council on Pharmacare as part of the 2018-19 budget.

While no funding has been attributed as yet, the creation of the advisory council chaired by previous Minister of Health and Long-term Care, Eric Hoskins, is a serious step in the right direction according to health policy expert and professor at IHPME, Gregory Marchildon.

“National Pharmacare addresses the unfinished business of Medicare, including not only improved access to medications for the working poor and part-time workers, but also lowered drug costs, and increased mobility for workers looking for jobs in other provinces. These individuals would no longer be limited in terms of career movement, by their drug coverage in a particular region or employment benefit plan,” said Marchildon, who is also Director of the North American Observatory on Health Systems and Policies.

According to Marchildon a national coverage plan could fit one of two models, a single-payer plan implemented by the provinces and territories under a set of federal standards similar to our current Medicare coverage, or a federal program, regulated, financed, and administered by the federal government, and provided to Canadians directly.

“Now is the time to develop a comprehensive structure, as the differences in federal, provincial and territorial coverage plans grow, and as the breadth and depth of coverage in private, employment-based drug plans continues to decline,” said Marchildon.

Watch Greg Marchildon on CTV National’s federal budget coverage

IHPME’s Rebecca Biason spoke with Marchildon about his thoughts on the next stages in the process of a national Pharmacare plan.

What does the advisory council need to focus on to move forward?

The Parliamentary Committee on Health is about to release its report on a national Pharmacare program. Assuming the all-party committee recommends in favour, there may still be a need for a follow-up study on how a national plan might work so that we can construct the best administrative machine and determine what national Pharmacare would look like in terms of the breadth and depth of coverage.

The breadth of coverage would likely have to be broad as we take into consideration the variety of current plans available throughout the country. Any proposed Pharmacare plan would have to meet the expectations of those living with fairly good private or public coverage. Hopefully the recommendation would be to provide better coverage than that which the majority of Canadians have at present.

What about co-payments or deductibles?

This is probably the most difficult decision when it comes to building a national plan, and falls under the depth of coverage. The council would need to decide whether certain medications are free at the point of access, or whether they will require

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co-payments or deductibles. A tiered system might even be discussed, with classes of drugs, some free, some needing a minimal payment, and others a more substantial co-payment.

How does Canada compare with other countries?

Countries like Australia and New Zealand already have national drug coverage plans, but they are managed in different ways, such as by agencies or crown corporations while many European countries already have drug coverage worked into their universal health plans.

The council will need to assess the way these countries have structured their plans and determine what will be most suitable for Canadians.

What are some of the barriers ahead in creating a comprehensive plan?

Pharmaceutical companies are going to be affected, as drug prices fall and cost controls come into effect under either coverage model. These companies can choose to work with the new plan, and maximize their benefits including providing drugs at lower prices but gaining the benefits of a larger market as more people have access to the medications they need. Or, they can choose to fight national Pharmacare from the beginning.

They are more than capable of sowing the seeds of doubt about the development of the plan and its impact on job losses, particularly in Ontario and Quebec, where most Canadian pharmaceuticals are manufactured. They can also lobby or otherwise influence politicians, ministers, provincial governments or other groups who might oppose such a plan.

There will likely be a very long road ahead leading into the 2019 election and the establishment of national Pharmacare.
and health policy to health economics and health systems research, the rounds have proven to be successful and encourage participation directly from the students themselves. Lebenbaum highlights a recent student rounds event focused on proposal defenses and comprehensive examinations which was led by a panel of three students. “There was a great turnout for this event, and it provided a truly unique perspective for students on this particular subject area, as the panelists were all from different programs/concentrations, and were able to learn about what is required in each one,” he said.

The new IHPME GSU HSR Alumni Mentorship program, led by students Lydia Sequeira and Julia Ho, has also been a great success. Almost 20 alumni have been recruited so far to act as mentors, and the student response has been increasingly positive. “It is very satisfying to be surrounded by the leadership of my fellow GSU executives and to work with them this year to plan and launch initiatives that positively influence our fellow students,” said Lebenbaum.

The many opportunities to learn are one of the key reasons that Lebenbaum chose to not only pursue student politics but also a PhD at IHPME. A big draw for him was the Institute’s faculty, the caliber of its courses, as well as the many events and opportunities to network and learn from researchers, practitioners in the field, and students from other disciplines.

“It is very important for me to be involved in the student community and be an advocate for a better student experience,” said Lebenbaum.

For his doctoral thesis, Lebenbaum has chosen to draw on theories from economics and examine the causal relationship between mental health and how it affects a person’s social capital. “Working with other people in these types of social settings such as student politics, helps inform my thinking about my own research and allows me to better understand some of the abstract theories I have studied,” he said.

So what is next for the IHPME GSU?

Lebenbaum acknowledges there is still a lot of work to be done to engage as many of our students as possible, and work on collaborative relationship building with the Public Health students within our wider faculty.

“I think we have made a lot of progress this year, and I am so grateful to have made an impact on the student experience. It is very exciting to be able to set forth a vision and build on that with your fellow students,” said Lebenbaum.

For more information about the IHPME GSU visit http://gsu.ihpme.sa.utoronto.ca/.

NEW RESEARCH

Community Paramedics Offer an Alternate Resource for Chronically Ill Patients

Can paramedics fill the gaps in primary care for chronically ill patients? According to researcher and patient outcomes expert Katie Dainty and her recent qualitative study, providing advanced training to paramedics so that they can treat patients with chronic diseases, is not only meeting the psychosocial needs of these patients but is also improving their health outcomes.

The goal of this trial training program involving York Region Paramedic Services and Grey Bruce Paramedic Services, was to effectively reduce the number of times chronically ill patients found themselves in emergency care or hospitals waiting rooms.

“Patients with chronic illnesses have an array of complex needs but they don’t always require hospital visits or emergency care” said Dainty, who is a professor at IHPME and Research Chair in Patient Outcomes at North York General Hospital. “But there is often no other way for them to get the care they need, and they are forced to call 911.”

In fact most chronically ill patients surveyed did not want to end up in emergency rooms, where they can experience long wait times and end up exposed to illnesses that can complicate their own conditions further. Yet with the way our primary care system is structured, there is often little choice in the way of alternate resources.

“That’s where the use of community paramedics can play a role in helping our health system to address this gap in accessible primary care,” said Dainty.

Community paramedics have been around for a long time in various forms, across the province and the country. In rural areas of Nova Scotia, paramedics are often the only resource for care where transportation to a hospital is not always an option. “These are highly trained individuals, who in rural areas, often have a lot of down time between calls. If we can reallocate these resources in Ontario, we will be able to provide patients with better care solutions,” said Dainty.

The qualitative study, looked at not only whether the program was working, but also how it affected the health outcomes for these patients, many of whom suffered from a variety of
complex care needs associated with congestive heart failure, diabetes, and other conditions.

Throughout the trial paramedics would visit the homes of these patients every three months and using special equipment, would conduct complete physical assessments, all without the patient having to be transported out of the home.

Dainty’s study also revealed additional benefits of this type of care. “We found that patients were developing a social relationship with the paramedics as they were helped through the rough patches of their illnesses,” said Dainty.

The paramedics were also able to assess the entire home situation, speak with caregivers, spouses and children, and determine if the patient needed further assistance, such as with nutrition or home care. “That type of care isn’t something doctors in emergency rooms are able to provide,” said Dainty.

So, while physicians are currently doing the best they can within our primary care system to provide the best care to their patients, utilizing the skills of community paramedics may be key to improving our health system, and providing not only better patient outcomes but an enhanced quality of care to those who need it most.

The study will be published in the March issue of Health Services Research.

FACULTY APPOINTMENTS

New Faculty
Lisa Cranley - Assistant Professor, NB Cross Appointment
Aaron Drucker – Assistant Professor, Status
Lihi Eder – Assistant Professor, Status
Lisa Lix – Professor, Status
Michael Zywiel – Assistant Professor, Status

Renewal Faculty
Hans Kreder - Professor, Status
Brian McCrindle - Professor, Status
Michael Schull - Professor, Status

Grants
Congratulations to IHPME faculty members who have successfully received the following grants:

2018-2021 The health outcomes and quality of life for cancer patients receiving incidental genomic results: A randomized controlled trial. Bombard, Y. Canadian Cancer Society, Quality of Life Research Grant ($1.5 million)
IHPME IN THE NEWS

Childhood Cancer Survivors Found to be at Higher Risk of Mental Illness - Study led by Dr. Sumit Gupta.

National Pharmacare First Steps: CTV National News - Gregory Marchildon comments on potential for Pharmacare plan

Startlingly High Mortality Among Single Dads in Canada - Study led by Dr. Maria Chiu

Purdue Pharma Given Free Rein in Canada as it is Sanctioned in the United States - Op-Ed by Dr. Andrew Boozary and Dr. Nav Persaud

PUBLICATIONS


CALL FOR APPLICATIONS

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The application deadline is Friday, May 4th, 2018 at 5:00 pm. For application forms and more information about the program, please visit our website at www.publichealthpolicy.utoronto.ca, or send your information request to publichealthpolicy@utoronto.ca

EVENTS

CCHE Seminar Series

Fridays | 11:00am - 1:00pm | HS 100 | Free

Muhammad Pulock - March 9

Arthur Sweetnam - March 16

Hope Corman - March 23

Health Informatics Seminar: Mustafa Al-Durra

March 6 | 12:00pm - 1:00pm | HS 208| Free

Mustafa Al-Durra, a Ph.D. Candidate in Health Informatics at IHPME and a software engineering consulting manager at Avanade, will be delivering a hands-on workshop to build and run machine learning experiments in the Microsoft Azure Cloud, followed by a brief introduction to existing Cognitive Services and APIs.

DLSPH Celebrates International Women’s Day

March 8 | 9:00am - 11:00am | WCH Auditorium, C.L Burton Conference Centre| Free

Join members of the Dalla Lana School of Public on International Women’s Day at Women’s College Hospital for Conversations for Change: Women’s Health and Rights Trajectories. The morning presentation features Suzanne Stewart, Erica Di Ruggiero and MHI graduate Allie Margaret May.

Health Services, Systems and Policy Research Seminar Series

March 21 | 4:00pm - 5:30pm| HS 412| Free

Alicia Bungar, PhD, MSW is an Associate Professor at the College of Social Work at The Ohio State University. Her research examines inter-organizational relationships, social
networks among clinicians, and implementation of evidence-based practices within children’s behavioral health organizations and systems. Webinar also available, details at: http://ihpme.utoronto.ca/events/health-services-systems-policy-seminar-series-alicia-bunger/

**In the Loop: PHAA Alumni Event**

March 22 | 5:30pm - 9:00pm | Ontario Public Health Conference, Beanfield Centre | $20-30

The Dalla Lana School of Public Health’s Alumni Association (PHAA) presents the third annual In The Loop featuring Professor Timothy Caulfield, a self-proclaimed science geek and lover of evidence who enjoys integrating a wide range of perspectives in the pursuit of health and science policies to benefit all Canadians. Author of two national bestsellers: The Cure for Everything: Untangling the Twisted Messages about Health, Fitness and Happiness and Is Gwyneth Paltrow Wrong About Everything?: When Celebrity Culture and Science Clash, he also hosts A User’s Guide to Cheating Death. Register Now: https://www.eventbrite.ca/e/timothy-caulfield-on-science-ploitation-tickets-42754697451

**NAO Lecture Series: Katherine Boothe**

March 21 | 9:00am - 10:00am | HS 412 | Free

Canada is the only country with a broad public health system that does not include pharmaceuticals. This talk considers Canadian pharmaceutical insurance policy in comparison to England and Australia, providing a historical explanation for the different paths of policy development in these three liberal welfare states. It summarizes their current differences in pharmaceutical policy, and reflects on the ways our ability to “learn from abroad” is enhanced by an understanding of the historical contexts in which health policies develop.

**SUPPORT IHPME**

The Institute of Health Policy, Management & Evaluation, as part of the Dalla Lana School of Public Health, is the first Canadian public health school to launch its own fundraising campaign. With the support of our generous donors, our Boundless Campaign will enable IHPME to continue shaping training and research in health systems, management and policy.

For more information on how you can get involved, give annually, create a named fund, or consider the School in your estate planning, please contact Annette Paul, Director of Advancement at annette.paul@utoronto.ca or visit IHPME Donate or Support/Campaign. Thank you for your support!

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**WE’D LIKE TO HEAR FROM YOU**

We’re pleased to receive submissions of 400 words or less for consideration in upcoming editions. If you’d like your event listed, please send full details.

Contact: rhonda.cockerill@utoronto.ca and rebecca.biason@utoronto.ca