Getting Control of Health Care Costs: start with pharmaceuticals

The Advisory Committee on the Implementation of a National Pharmacare Program, chaired by Dr. Eric Hoskins, recommended on June 12, 2019 that Canada proceed with such a program. John Ivison covered the topic well in Tuesday's Telegraph Journal.

Canada's drug spending growth outpaces the rate of growth in costs incurred by hospitals and doctors and amounts to $33.7 billion in 2018 according to the Canadian Institute of Health Information. This is up $4 billion from the previous year! The New Brunswick public purse pays $283 million for drugs; it is fair to estimate that total spending on pharmaceuticals in NB in any year are in the order of $650 million.

That is a lot of money for pills that often do not work or are overpriced, and Canada has the second highest per capita drug costs in the world! Canada is also the only developed country with universal health coverage that does not also have universal pharmacy coverage.

New Zealand has had a national program in place for several years and their cost for drugs pales in comparison to Canada; the cost of some drugs dropped by 99%! A W-5 documentary from January 13, 2017 sends chills down the spine of a health analyst. It is a sobering comparison of Canada and New Zealand drug costs.

The documentary showed one common blood pressure drug that at that time apparently sold for $1.60 per pill was $.10 in New Zealand.

In 1981 Dr. Sidney M. Wolfe, Christopher M. Coley and the Health Research Group in Washington, DC published "Pills That Don't Work", outlining an analysis of 610 commonly used medications that lack evidence of effectiveness. Those drugs just did not do all that the manufacturer's labels said they would do.

CBC also carried a story in June 20, 2017 that reminded the public that drug companies often use payments directly to doctors as part of the marketing processes in order to get doctors to prescribe their products. Payments are reported to have included a wide array of things but since that documentary, apparently those marketing tactics have been moderated.

But following the logic of the two documentaries, and based on the experience from New Zealand, it could be suggested that there are potential savings to the health system in the order of 40% or $15 billion. Much could be done to improve health service with that level of savings.

Members of the public that watch US television are now subject to direct advertising of drugs in which benefits are extolled with fine print about side effects sometimes a challenge to recognize. This can have the effect of patients applying pressure directly to their physician in order to obtain access to "that miracle drug". This can serve to place unnecessary pressure on physicians in their physician-patient relationship; but it is real.

Ken McGeorge, BS,DHA,CHE is a career health care executive and now consulting, based in Fredericton; he is a Telegraph Journal columnist. Please visit www.KenMcGeorge.com to learn more.

In New Brunswick in the 1990's Dr. Warren Davidson of Moncton did some ground-breaking work that showed some serious variations in drug prescribing practices by physicians. In one study that got much attention at the time, he showed large variations in usage of many common medications amongst nursing homes.

This was then borne out again in 2013 when, through the Seniors Quality Leap Initiative, York Care Centre commenced a process of reducing the use of Anti-Psychotic Medications. That process was successful and led to a province-wide project coordinated by the New Brunswick Nursing Homes Association. The number of costly drugs prescribed for nursing home residents is thankfully declining.

What has been shown is that these powerful and expensive medications, intended for use with patients with serious Psychiatric problems, have been used for behavior control and sedation of persons with no psychiatric diagnosis. The results of the reduced usage of these strong medications are happier residents, happier families, and happier staff!

The issue of polypharmacy is a well-known serious issue in the care of seniors across the continent and certainly in New Brunswick. This simply means that seniors often take multiple drugs and over the counter medications that offset the effectiveness of each other. Sometimes such a collection of drugs is the result of multiple physicians treating the patient at different times. Seniors are often found, on admission to nursing home, to be regularly consuming up to 25 pills per day.

Often persons admitted to nursing homes have compromised mobility; some may not have actually walked for months. Often the mobility challenge is drug-related and what is often seen is that reduced reliance on medication and improved mobility go hand in hand.

Nursing homes are mandated to conduct regular medication reviews in order to reduce the number of drugs used by residents. This is a formal process in which the physician, nurses and others involved in the care of the resident collaborate and share information; this often leads to reduce numbers of drugs and reduced dosages.

Using drugs as the major focal point of symptom relief is often the route of choice in the short term; but great health care suggests that an intense effort to get beyond symptoms to actual cause of symptoms and dealing with the cause is essential.

So as we move to make New Brunswick's system of health care more efficient, one major area of emphasis must be on the use of medication. If approached as in New Zealand, the public could become strong beneficiaries.

Ken McGeorge,B.S.,D.H.A.,C.H.E.: Retired health executive and contributor to the Telegraph Journal.

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Ken McGeorge, BS,DHA,CHE is a career health care executive and now consulting, based in Fredericton; he is a Telegraph Journal columnist. Please visit www.KenMcGeorge.com to learn more.