

Friday, August 12, 2011

Mrs. Madeleine Dube,
Minister of Health,
N.B. Government,
Fredericton, NB

Dear Mrs. Dube:

I have been a practicing community pharmacist in New Brunswick for 11 years now, inspired by my mother who has been a community pharmacist in this province for 39 years. We both had the pleasure of meeting you at the recent MLA Breakfast held in Fredericton.

We would like to express our thoughts on the Department's request for input based on the article "Fair Drug Prices for New Brunswickers".

While we can certainly appreciate that the provincial debt is an enormous burden, which has to be addressed, the viability of community pharmacy is also an important issue for the residents of the province so that they can continue to receive the excellent pharmacy-related services to which they have become accustomed.

New Brunswick pharmacists deserve a negotiated agreement for payment, as is the case in **every** other province in the country. We need a reimbursement framework that includes Fair Drug Prices, Fair Fees for Services such as dispensing and prescription adaptation, and Fair Incentives for New Services such as NB Pharmacheck_{TM} and Immunization.

We expect that there will be many submissions from concerned citizens about the need for increased access to drugs. We support that. But no other province has paid for their universal / catastrophic drug programs on the backs of community pharmacists.

Here are some points for your consideration:

- Pharmacists are the **MOST TRUSTED** professionals (January 2011 Ipsos-Reid poll).
- Pharmacists are also the most **accessible** health care professionals. For many years, we have offered valuable counseling services to our patients without reimbursement. These services have undoubtedly played a significant role in keeping health care costs from escalating even more than they are today by reducing unnecessary visits to physicians and to hospitals.
- Pharmacists need to be treated **fairly** with respect to drug prices, fees for services, incentives for new services such as pharmacist prescribing, adapting prescriptions, N.B. Pharmacheck and Immunization.
- In other provinces where price measures were implemented, governments have negotiated service agreements to recognize pharmacists' costs to operate. These

reinvestments in pharmacy services were done **at the same** time as prices were regulated, and transition time was part of every agreement.

- The costs of dispensing are higher than the dispensing fees being paid by NBPDP. A BCPhA / CACDS study from 2007 established the cost of dispensing at \$13.60 per prescription. In 2008, noted economist Dr Wade Locke from Memorial University, completed a study that established the dispensing costs at \$12.01 in that province. Currently in New Brunswick we are paid \$9.40.
- Trade allowances from generic companies have served to subsidize many of the unpaid services we have provided over time, as well as the inadequate fees paid to us. Any reductions in this area need to be offset with **fair** and **appropriate** compensation. NBPDP has increased fees on **only two** occasions in the last decade. This has not come close to keeping pace with inflation, with our costs to operate, or with other provinces. The mark-up also needs to be re-instated in the reimbursement model, to cover the rising costs of inventory management.
- Our pharmacy makes significant contributions to local charities annually.
- Our pharmacy provides prescription adaptation and continuation on a daily basis, following the 2008 amendments to the Pharmacy Act. This is currently an unfunded service, essentially subsidized by trade allowances. It is possible that these and other services will have to be rationalized if not directly funded, as a result of pending government cuts.

So, what can our Government do to reduce the increased costs of the Prescription Drug Program?

1. We are of the opinion that the focus on generic drugs should be accompanied by a similar focus on BRAND NAME drugs, sold by multinational manufacturers. These products contribute heavily to the \$180 million spent in 2010 by the Government in providing drugs to its clientele. Consider entering into discussions with these manufacturers in an effort to reduce the cost of these products as well.
2. The article "Fair Drug Prices for New Brunswickers" states that 'People are Taking More Drugs'. One important cost-saving measure would be the implementation of a 30-day trial prescription program for those drugs prescribed for chronic conditions. This program alone would result in a significant reduction in wastage, thereby saving valuable dollars. This suggestion has been offered to Government on many different occasions but has never been embraced.
3. The article also notes that 'Prescription Drug Costs are Increasing'. Non-compliance with prescriptions is another common problem, which contributes significantly to the increased costs to the drug program. We have always done our due diligence in this

regard, but more funding needs to be directed for greater education and counseling of the province's residents.

4. Investigate a faster approval process for new generic drugs. Months pass with the province of New Brunswick still paying for a brand name drug, while other provinces in the country are saving money paying for only the generic price.
5. Provide adequate funding to support Therapeutic Substitution so that the less expensive generic equivalent can be dispensed.
6. Give pharmacists greater responsibility with respect to immunization. We have an immunizing pharmacist on staff, we have a proven track record of managing inventory, and almost half the people who got their flu shot in pharmacy, did so on 'impulse'.
7. Make amendments to the Regional Health Authority Act and hospital committees that would allow pharmacists to order lab tests and receive results electronically so that the system becomes more efficient and cost-effective.
8. Consider revisiting both the quantity limit program (which costs pharmacists and doctors valuable time, and will soon be obsolete when the provincial drug information system is in place), and the special authorization program. How much are these programs costing, and how many times is a drug actually refused? These programs could certainly be made more efficient, and still guide appropriate prescribing, while saving valuable pharmacist and physician time.

Respectfully submitted,

Lee-Ann A. Ritchie, Pharmacist
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