How will future health funding policies affect pharmacists?

THERE HAS BEEN A GREAT DEAL OF DISCUSSION IN THE NATIONAL MEDIA over the past several months regarding federal health funding and the future of health care in Canada, including the role of pharmacists' services. Much of this attention was the result of a surprise announcement by Finance Minister Jim Flaherty in December 2011 and subsequent events that followed. In order to understand the impact that these developments may have on pharmacy and pharmaceutical policy in Canada, it's important to step back a moment to understand the context of the health policy issue over the past several years.

In 2004, then-Prime Minister Paul Martin signed a 10-year Health Accord with his provincial and territorial counterparts. This Accord achieved 2 fundamental goals. First, it guaranteed that federal health transfers to the provinces and territories would increase by 6% per year for the 10-year life of the agreement. Second, the Accord set out benchmarks and objectives to enhance health care in 10 key areas (which included the implementation of a National Pharmaceuticals Strategy). Since that time, evaluations conducted by the Health Council of Canada and the House of Commons Standing Committee on Health have concluded that some progress has been made on the objectives set forth in the Health Accord, although progress has varied from one province to the next.

The 10-year Health Accord is set to expire in 2014. It had long been assumed by the health community that a successor accord would be negotiated by 2014. Health associations, including CPhA, had begun discussions on position statements and an overall vision for health care that would feed into the health accord negotiations. A recent CPhA members' consultation on pharmacare was part of that strategy.

Events in December 2011 have changed these assumptions. At a meeting of federal-provincial-territorial finance ministers in Victoria, Finance Minister Jim Flaherty announced the federal government was unilaterally changing the federal health funding formula. The 6% escalator would remain in place until 2017, after which time it would be based on the rate of inflation growth plus gross domestic product growth (usually in the 4%–5% range). Furthermore, the federal government stated that no strings or national conditions would be tied to the funds — provinces would be free to pursue their own priorities. Minister Flaherty announced this arrangement as a “take it or leave it” offer — the arrangement was not up for discussion. This announcement would appear to preclude the notion that a successor Health Accord will be negotiated. The Minister of Health, however, did send 2 letters to her provincial and territorial counterparts, suggesting that the federal government is interested in talking to the provinces about health care renewal, and to discuss how the system can be made more efficient and sustainable.

At a Council of the Federation meeting in January 2012, provincial and territorial premiers took the federal government to task for this unilateral approach. The premiers convened 2 task forces: one that would look at alternatives to the funding arrangement proposed by Minister Flaherty, the second to look at pan-Canadian health innovation. The health care innovation working group would examine 3 specific issues: scope of practice, human resources management and clinical practice guidelines. Reports from both task forces are to be presented to the premiers at their next meeting in July 2012.

So what does this all mean for pharmacy and pharmaceutical policy? Although it's likely too early to state with certainty, we can surmise the following:

- With the premiers' focus on scope of practice as a means to enhance health care efficiency, there may be a golden opportunity for CPhA and its provincial counterparts to promote enhanced scope of practice for pharmacists.
- It may be more difficult to convince the federal government to implement any sort of national pharmacare program. Efforts may need to be directed more at provincial governments, which could lead to a greater patchwork of health and pharmaceutical policies by province.
- A decreased federal health transfer escalator beyond 2017 may limit the ability of provinces to invest in health care services, including pharmacists' services.
- The premiers' focus on accelerating the development and adoption of best clinical guidelines may result in more effective care guidelines and better evidence for use by pharmacists and other providers. There may also be a requirement for greater streamlining of guideline content between professional groups.

It's also important to note that CPhA will continue to work very closely with its health care partners, including groups like the Canadian Medical Association, Canadian Nurses Association and the Health Action Lobby, to develop positions and policies that will lead to transformation of the health care system. CPhA's efforts on pharmacare, which were well informed by a recent consultation of members, will be front and centre as part of this expanding dialogue on health care transformation.

This is a pivotal moment in the debate over the future of health care in Canada. Pharmacists must work closely with other health professionals and with governments to ensure that the voice of pharmacists, the policies that pharmacists care about and the role they can play in patient care is front and centre in the debates that are set to occur. ■

Jeff Morrison is the Director of Government Relations and Public Affairs for the Canadian Pharmacists Association. Contact jmorrison@pharmacists.ca.