The Council of the Federation, pharmacy and health care reform in Canada

ONE OF THE LEAST UNDERSTOOD BODIES IN Canadian politics is the Council of the Federation. Begun in 2003 under the leadership of then Quebec premier Jean Charest, the Council of the Federation has become a forum where Canada's provincial and territorial premiers get together via annual meetings, share information and engage in premier-to-premier discussions. The federal government is largely absent.

For many years, the Council of the Federation largely provided a forum for the provinces and territories to bash the federal government and ask for more money. However, a changing policy environment is forcing the Council of the Federation to evolve and take on an increasingly relevant policy role. Nowhere is this enhanced role for the Council of the Federation being witnessed more visibly than in the area of health care.

In December 2011, the federal Minister of Finance announced unexpectedly that at the expiration of the 10-Year Health Care Accord in 2014 (originally signed by former prime minister Paul Martin in 2004), the federal government was going to continue increasing federal transfers for health care but that it would do so without any accord, any strings or any direction from the federal government on future health care priorities. In short, any pan-Canadian effort at health care reform would be left to the provinces to tackle without the leadership of the federal government.

In reaction, the provinces and territories, through the Council of the Federation, picked up the ball. In January 2012, they met in Victoria to announce the creation of a new Health Care Innovation Task Force, chaired by the premiers of Saskatchewan and PEI, whose mandate would be to lead and drive health care reform across the provinces. Throughout the spring and early summer of 2012, the task force met and identified 4 initial topics for which recommendations to improve efficiency were sought: health human resources, clinical practice guidelines, team-based models of care and pan-Canadian generic drug tendering. In July 2012, at the annual Council of the Federation meeting in Halifax, the 2 co-chairs released a report with recommendations

in each of these areas. Since that time, working groups have been tasked with implementing these various recommendations; the Innovation Task Force is also considering its next series of actions and topic areas for effort.

So what does this all mean for pharmacy? Why should pharmacists care about the Council of the Federation? It's perhaps too soon to say with any certainty what long-term impact the Council of the Federation will have on health care in Canada. However, based on their early endeavours at coordinating health care policy in Canada, we can surmise the following:

- Health care practitioners are playing a more direct role in health care reform: One of the unique characteristics of this process is that health practitioners are directly involved in the work of the council. The Health Action Lobby, of which the Canadian Pharmacists Association (CPhA) is a member, is directly represented on the Health Care Innovation Task Force. CPhA is also directly involved in the generic pricing initiative (see below), and we have made a strong case to provincial governments that pharmacists should be involved in those team-based models of care and the pan-Canadian clinical practice guidelines that were recommended for adoption.
- There should be fewer discrepancies in interprovincial approaches to delivery of health care: Different provincial jurisdictions have very different models of care and professional scopes of practice for health providers practising in each jurisdiction. The work on team-based models of care and clinical practice guidelines aims to provide greater standardization of roles and responsibilities across provincial boundaries.
- Pharmacy will have greater input on pan-Canadian pharmaceutical tendering and/or purchasing arrangements: Over the fall of 2012, there was a great deal of activity among provincial governments to meet the premiers' stated goal of a new pricing

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or tendering plan in place by April 2013 for 3 to 5 generic molecules. Since this announcement was first made in July, CPhA has spoken out with our concerns about the impact of tendering on supply. Lately, CPhA has worked with other stakeholders to communicate our concerns more strongly. At a minimum, this opportunity for direct input on the process means pharmacy's voice is being heard more directly.

- There is an opportunity for a more central "go-to" place to pursue more complex health care reforms. Only time will tell if this Health Care Innovation Task Force approach will tackle more complex and politically sensitive topics such as pharmacare or electronic health records. It has the potential, but it will require political will and leadership for it to take on such a strengthened role. If so, pharmacy will be provided with a senior-level forum where discussions on pan-Canadian health

reforms can be explored; lack of such a forum is often the reason why reforms are difficult to achieve.

I should reinforce that it is still premature to pass any judgment on the Council of the Federation's health care efforts. There are many barriers in the way of the Council of the Federation becoming a catalyst for system-wide change in the health field—political commitment to the process, available resources and competing demands at a provincial level are just a few. Despite these barriers, the Canadian Pharmacists Association will continue to be at the table and involved in the work of the council to ensure that the voice of pharmacists is heard and the benefits that pharmacists can bring to improving health care are understood. ■

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