



Pharmacare: the Achilles heel

In January 2019, *The Globe and Mail* published a series of editorials over four weeks under the headline *Let's make 2019 the year of pharmacare*. The Health Care in Canada (HCIC) Survey team took great interest in the editorials and understood that the HCIC data, analyses and peer-reviewed publications that have arisen out of our research would inform the dialogue on the country's movement toward a national pharmacare program.

What follows is our original letter to the editor, the abridged version that appeared in both print and electronic editions of the *Globe* as well as a link to the editorial that initiated our response.

As submitted to the Globe and Mail

January 29, 2019

Re: Let's make this the year of pharmacare (4), Jan 26, 2019

Non-adherence: Pharmacare's Achilles Heel

In the January 26, 2019 *Globe and Mail* editorial on Pharmacare, 'Big Bang' versus 'Small Change' options are explored. Canadians support both according to results of the 2018 Health Care in Canada (HCIC) Survey, a bi-annual report card on the health of our healthcare system over the last 20 years: 32% favor 'fill in the gaps' and 29% support a single national public plan. The rest want separate regional plans or are unsure. Irrespective of the approach, the elephant in the room is medication non-adherence.

About half of Canadians are non-adherent to their medications in some way and one-third of prescriptions are never even filled to begin with. Research has also shown that medication non-adherence is an equal opportunity condition that crosses all socio-demographic groups, chronic and acute diseases, symptomatic and asymptomatic conditions, adults and children. A World Health Organization report estimated medication non-adherence costs the Canadian healthcare system \$4 billion annually. While the cost of medication can be a driver for some non-adherence (approximately one in ten), the most common reasons cited in serial HCIC surveys (and research) has been forgetfulness and purposeful decision-making not to take a medication, often based upon how someone feels or their beliefs.

Intentional or not, fixing the non-adherence epidemic is a must before we move towards a universal Pharmacare plan, otherwise we risk wasting many more billions, but more importantly, the health of Canadians will suffer unnecessarily. We need broad stakeholder collaboration of patients, healthcare professionals, administrators, researchers and payors, as well as health system that can readily monitor and communicate adherence patterns. It won't be an easy solution, but while the Pharmacare debate continues, our priority *right now* should be addressing the medication non-adherence challenge.

Joanna Nemis-White, BSc, PMP provides project management leadership and support to the Health Care in Canada survey on behalf of multiple partners that include the Canadian Medical Association, the Canadian Nurses Association, the Canadian Hospice Palliative Care Association and some dozen others. She is principal, Strive Health Management Consulting Ltd., Halifax, Nova Scotia.

The Health Care in Canada survey is Canada's health care report card. For the last 20 years it has surveyed Canadians and collated and interpreted their responses to key questions in health care. The next survey will be conducted in the spring of 2020. Survey results and analysis are available at <https://www.mcgill.ca/hcic-sssc/hcic-surveys>

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<https://www.theglobeandmail.com/amp/opinion/letters/article-feb-2-sentenced-to-plus-other-letters-to-the-editor/>

RX FOR AN ELEPHANT

Irrespective of the various approaches to pharmacare, which you discussed in your editorial last Saturday, the elephant in the room is medication non-adherence ([Let's Make This The Year Of Pharmacare](#) – Jan. 26).

About half of Canadians are non-adherent to their medications in some way, and one-third of prescriptions are never filled to begin with. Medication non-adherence crosses all socio-demographic groups, chronic and acute diseases, symptomatic and asymptomatic conditions, adults and children. A World Health Organization report estimated that medication non-adherence costs Canada's health-care system \$4-billion annually.

While the cost of medication figures in about one in 10 cases, the most common reasons are forgetfulness, and deliberately deciding not to take a medication, often based upon how someone feels or their beliefs.

Intentional or not, fixing the non-adherence epidemic is a must before we move toward a universal pharmacare plan, otherwise we risk wasting more billions. More importantly, the health of Canadians will suffer unnecessarily. We need broad stakeholder collaboration of patients, health-care professionals, administrators, researchers and payors, as well as a health system that can readily monitor and communicate adherence patterns.

It won't be an easy solution, but while the pharmacare debate continues, our priority right now should be addressing the medication non-adherence challenge.

Joanna Nemis-White, Strive Health Management Consulting Ltd., Halifax.