

# Physicians' Views on a Publicly Funded Prescription Drug Program for Ontario Seniors

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# Agenda

- \* Purpose of research
- \* Research questions
- \* Introduction/what is the ODB program?
- \* Methodology
- \* Results
  - \* Themes from interviews
- \* Discussion
- \* Conclusions

# Purpose

- a) Explore and analyze the advantages and disadvantages of the Ontario Drug Benefit (ODB) program,
- b) Explore how the ODB impacts primary care physician prescribing behaviour for Ontarians aged 65 and older who qualify for coverage under the ODB program.

# Research Questions

1. What is the Ontario Drug Benefit Program?
2. What is the purpose of the Ontario Drug Benefit Program?
3. Who is eligible to receive services under the Ontario Drug Benefit Program and Why?
4. How can the Ontario Drug Benefit Program be improved?
5. What are the strengths and weaknesses of the Ontario Drug Benefit Program from the physicians' perspectives?

# Healthcare Funding in Canada

- \* **Publicly funded but privately delivered**
  - \* 30% private 70% public in terms of total health expenditure in Canada (CIHI, 2010)
- \* ***The Canada Health Act (1984)***
  - \* In terms of services delivered in hospitals and by doctors
  - \* Provincial/territorial governments cover prescription drugs when delivered in the hospital
  - \* Coverage does not continue upon discharge from hospital



(Irvine, Ferguson, & Crackett, 2005; Laupacis, 2002; Godwin et al., 1996; CHA, 1984).

# ONTARIO DRUG BENEFIT PROGRAM

- \* Ontario government does provide:
  - \* The Ontario Drug Benefit Program (ODB) → 1974 for seniors 65 and older.
  - \* Not all drugs are covered by the ODB.
    - \* Challenging for seniors to privately fund drugs not covered by ODB
    - \* Challenging for prescribing physicians



# The ODB Formulary:

MOHLTC responsible for decisions:

- \* Determines which drugs make it to formulary
  - \* Committee to Evaluate Drugs (CED)
    - \* Made up of ten physicians, 2 pharmacists

(Laupacis, 2002; PausJenssen, Singer, & Detsky, 2003; Ministry of Health and Longterm Care, 2002).

# Three Categories:

- \* General Benefit
- \* Limited Use (LU) and
- \* Section 8/Exceptional Access Program (EAP)



# Overview of the Drug Categorizing Process for the ODB Formulary

Drug manufacturer produces drug

The Committee to Evaluate Drugs (CED) reviews clinical effectiveness

Drug is categorized:

Limited Use (LU)

General Benefit

Section 8

Physician prescribes drug

ODB formulary

Physician prescribes drug only covered with EAP

Patient qualifies for Limited Use criteria

Physician submits section 8 form

Limited Use (LU) code on prescription

CED reviews request

Patient receives insured drug

Request approved coverage

Request denied coverage

Patient receives insured drug

Patient does not receive insured drug

Patient must pay out of pocket to receive drug

# Importance of Studying ODB



Seniors in Ontario fastest growing population

- \* Highest rates of healthcare use
  - \* 2009 → 14% of Canada's population → 65 years or older
  - \* By 2036 → 24% of Canadian population
  - \* The majority live with multiple chronic conditions and require access to prescription drugs to address these conditions (CIHI, 2010)



(Grootendorst, et al., 1997; ICES, 2011).

# Why examine and describe the ODB?

- \* **Seniors – fastest growing population in North America**
  - \* Increased interest in policy for this age group
- \* **Evidence that health and well being of Canadians compromised without proper drug treatment**
- \* **Primary care physicians affected by policy decisions**
  - \* They decide what drugs to prescribe to patients
  - \* Many of them feel their opinions and perspectives should be taken into consideration when making policy decisions

(Godwin et al., 1996; Grootendorst, O'Brien, & Anderson., 1997; Kapur & Basu, 2005; Romanow, 2002).

# Methodology: Case Study Approach

- \* **Case study approach:**

- \* Achieve understanding of the phenomena of which little is known
- \* No control over behavioural events

- \* **Important when investigating important policy questions in health care**

- \* Case study allows us to ask “how” and “why” questions to research problem
  - \* Why do some physicians find it challenging to prescribe some medications for seniors in Ontario?
  - \* How can ODB program be improved?

(Keen & Packwood, 1995; Yin, 2003)

# Methodology Cont'd

- \* Data collection: interviews
  - \* 10 primary care physicians in small town in Eastern Ontario
  - \* Interviews audio recorded and transcribed
- \* Is not representative of all primary care clinics in Ontario or Canada
- \* Results are not generalizable as this is not in the intent of the study



# RESULTS - Themes



1. Varying views
  - a. Positive and negative
2. Advantages/Disadvantages of ODB program
3. Generic vs. Branded medications
4. Policy/regulations with ODB
  - a. LU
  - b. EAP/Section 8
    - a. Timely review
5. Overall recommendations/suggestions

# RESULTS: Physician's Views

THEME	KEY QUOTES
<b>More transparency</b>	“...it would be great if we can get as clinicians, what ODB has done in terms of the research and how they came to the decision; a synopsis of the decision making...”
	“It needs to be evidence based. Review the formulary more frequently than it is being reviewed from my experience, I mean I have only been here 6 years but I haven't seen big changes in the formulary over the last six years, and medication that is already gone generic that shouldn't be too costly, I can't see on the program.”
	“Lack of evidence based, and lack of timely review. We do not get any notice of reviews, doctors are not aware of it.”
	“I would like to see more transparency in how they make decisions, right now it is really a black box...”

# RESULTS: Physician's Views

THEME	KEY QUOTES
<b>Questioning sustainability</b>	"The problem is that, our whole healthcare system has a problem – we just don't have enough money to fund everything."
	"The biggest challenge is the affordability of the strategy in the long term. You know as we have a population that is aging, a larger percentage of elderly, our use of this system will keep growing and what does that mean for the system as a whole?..."



## Questioning Sustainability Cont'd

“...it's like we live in 8 different countries in one country. That's the biggest problem. I think if they can have their buying power consolidated and have a single formulary for the whole country, that can be cost containment. The way they do it now is very expensive.”

“... you can imagine if you had one buyer for the whole 30 million people rather than 7 million here and one million there, you can argue much better pricing, you would have better medication on the formulary you wouldn't be able to afford otherwise.”

# So what does this all mean?

## \* **HEALTH PROMOTION: POPULATION HEALTH**

- \* Government is aware of aging population (implementation of ODB 1974)
  - \* Health promotion
    - \* Goal to improve QOL
- \* Problems with policies and regulations surrounding ODB, which can influence negatively health promotion aspects of program for seniors
  - \* Being able to target the problems or disadvantages can help provide room for improvement

# Conclusion

- \* Results from interviews have provided further clarifications on challenges that exist with the ODB program from physicians' perspectives
- \* Inform policy decision making in reference to ODB
  - \* Improve ODB program
  - \* Help close the gaps
  - \* Reveal advantages and disadvantages of ODB program
- \* Transparency discussion
- \* More education

# Future Recommendations

- \* Results are not generalizable
  - \* First step in developing bigger study
- \* Future: Examine the views of:
  - \* Patients, More doctors, Nurses, Policy makers and pharmacists
- \* Future study include:
  - \* Development of a questionnaire
    - \* administered electronically
  - \* Partner with provider associations or regulatory Colleges
    - \* OMA, College of physicians of Ontario
  - \* Comparison of programs across Canada

# Questions?



References Available Upon Request