

[www.arthritis.ca/capa](http://www.arthritis.ca/capa)

# Canadian Arthritis Patient Alliance

*Working with The Arthritis Society to make a  
difference in the lives of people with arthritis*



## Atlantic Canadians and Catastrophic Drug Costs

**Halifax, NS**

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CAPA Steering Committee Member

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# A Huge Need

↑ Arthritis  
awareness

↑ Access to  
medication

↑ Access to  
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professionals

↑ Patient  
involvement  
in arthritis  
research

↑ Support  
people  
disabled with  
arthritis

- **Patients in Atlantic Canada are being harmed by our governments not addressing catastrophic drug costs**
- **There is no program in place to help those impacted by high drug costs**

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# Current situation in NB

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**Patients must apply for a health card through  
Family and Community Services**

**Many are working full time and doing the best  
they can, but have no private health  
insurance**

**Going to Family and Community Services  
(Income assistance) makes them feel that  
they were in some way responsible for their  
current situation just because they cannot  
afford to pay for their medications**



# What Happens to un-under insured

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- It is only logical to assume that many choose not to apply for assistance and as a result, do not take their prescribed medication
- Without their medication, people are more likely to become disabled and frequent users of the healthcare system
- With the inability to work, they can end up on income assistance, the very thing they tried to avoid in the first place and ironically once receiving income assistance, they receive a health card, but no longer pay taxes

# The Process

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- Applying for financial assistance puts your whole life under a microscope
- Requires extensive paperwork by both patient and treating physician
- Many do not even know they are eligible to apply and some are told they are ineligible when they are, in fact eligible

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# CASE Study

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- A couple from NB
- 65 year old married man, recently retired
- Spouse has Rheumatoid Arthritis (RA), well controlled, pre-retirement by Enbrel
- Husband's company only insures employee post retirement
- Purchasing private health insurance for people with RA is not an option
- She is 57, does not qualify for senior plan

## Case Study (contd)

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- **Spouse must now apply for assistance through Family and Community Services**
- **She is told that she must first use a \$30,000 spousal RRSP before she will receive any help**
- **They do not own a home, this \$30,000 is their only cushion against financial hardship for the rest of their lives**
- **Worker from Family and Community Services told her “not to even think about hiding the money, they will find out”**



## Case Study (contd)

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- Without her medication, the probability of spouse requiring excessive medical intervention, being hospitalized and possibly losing her independence is close to, if not 100%
- Where is the cost saving to government in this case?



# Costs of not treating

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- The ten year cost for my treatment of RA, pre-Enbrel was approximately \$576,826
- Ten year cost for Enbrel approximately \$150,000
- In Atlantic Canada right now, many people with inflammatory arthritis are not receiving appropriate medications
- The costs to the healthcare system and to society are enormous

# Solutions

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- In 2006-07 the NB Government will spend \$2.45 Billion on health and senior care
- Despite their complaints about the rising costs, they must bear some of the responsibility for them
- Even though the warning signs were obvious, they failed to adequately prepare for the baby boom generation

# It's not too late

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- **Governments need to create a patient centered healthcare system**
- **Silos must be removed, both in budgeting and in the healthcare setting**
- **Acknowledgement that timely access to appropriate medications can save dollars**
- **Common sense tells us that in moving away from hospital based care to models of community care, better health interventions will be required, such as access to new therapies and medications**



# Everyone working together

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- **Governments in Atlantic Canada have excluded patients from the table in discussions on health policy development and implementation**
- **Without input from all stakeholders, health promotion and disease prevention strategies will not be successful**

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# Successful Collaboration

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- **British Columbia Ministry of Health has patient representation on working groups developing their Chronic Disease Management Strategy**
- **Health Canada included patient representatives on The Expert Advisory Panel that conducted the public review of The Cox 2 Inhibitors**
- **Health Canada invited representatives from patient organizations to a consultation on The National Pharmaceutical Strategy, Strengthening Real World Drug Safety and Effectiveness, with plans to include patients in further consultations**
- **Patient representatives were include in Health Canada's Consultations on Ensuring a Safe and Adequate Drug Supply for Canadians and defining the patient/practioner relationship**

# New Initiatives in Collaboration

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- **The Ontario Drug Benefit program recently announced major changes, one of which is to include patient on their expert advisory committees**
- **Recent announcement of The Ontario Self Management Network, including patients in the planning and execution**



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- **We need a voice for patients on pharmacare policy**

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# Working with you... for us



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*“Never doubt that a small group of thoughtful committed citizens can change the world: Indeed it's the only thing that ever has.”*

*- Margaret Mead*

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