

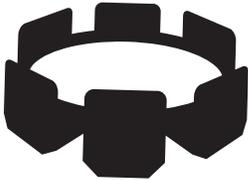


Optimizing Access to Cancer Drugs for Canadians

November 2009



Public Policy Forum
Forum des politiques publiques



Public Policy Forum
Building Better Government

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Executive Summary

On September 15th 2009, stakeholders from across the country gathered at Optimizing Access to Cancer Drugs for Canadians, a day-long symposium in Ottawa, to begin building consensus around how to improve Canadians' access to cancer drugs. The Public Policy Forum (PPF), working with its partners the Canadian Cancer Action Network (CCAN) and the Canadian Cancer Society (CCS), convened leaders from key federal and provincial government departments and agencies, health professional organizations, patients and patient advocacy groups, the medical and research communities and the insurance and pharmaceutical industries. It was the first time such a diverse group of cancer drug stakeholders in Canada had gathered to tackle the complex and sometimes contentious issues affecting access.

Specifically, participants addressed how to move towards pan-Canadian standards, what can be done to improve drug coverage, and how to offset the effects of high drug prices and ensure the sustainability of the system.

Several initial recommendations for further action emerged from the day's discussion. First, in moving towards pan-Canadian standards, participants agreed that a refined version of the Joint Oncology Drug Review (JODR) should be implemented, providing a single national recommendation that would bring greater consistency to drug approvals across the country. Second, to improve coverage and protect patients and families from financial burden, participants called for a transparent system of equitable, portable, mandatory and universal insurance, developed and managed by both private and public payers. And finally, on the issue of limiting the effects of high prices participants expressed support for an ethics-based threshold to determine what constitutes fair value for cancer drugs. The threshold would allow for a range of costs that reflects cancer patient diversity and would account for the total value of pharmaceutical innovation as an economic driver in Canada.

By bringing all cancer drug stakeholders together for the first time, the symposium set the stage for further dialogue. The event provided participants, as well as the wider cancer drug community, with direction for developing actions that will improve consistency of access to cancer drugs and build a sustainable system of coverage for Canadian cancer patients.

The PPF would like to acknowledge Susan Turner of Turner & Associates for her input and advice throughout the duration of this project.



Sommaire

Le 15 septembre 2009, des personnes concernées de tout le pays se sont réunies à Ottawa pour un symposium d'une journée intitulé Améliorer l'accès des Canadiens aux médicaments traitant le cancer dans le but de progresser vers un consensus quant aux façons d'améliorer l'accès des Canadiens à ces médicaments. En collaboration avec ses partenaires, le Réseau canadien de lutte contre le cancer (RCLC) et la Société canadienne du cancer (SCC), le Forum des politiques publiques (FPP) a réuni des dirigeants des principaux ministères et organismes fédéraux et provinciaux concernés, des représentants d'organisations de professionnels de la santé, des patients et des membres de groupes de défense des droits des patients, des représentants du corps médical et du milieu de la recherche ainsi que du secteur des assurances et de l'industrie pharmaceutique. C'était la première fois qu'un groupe aussi divers de personnes concernées par les médicaments pour traiter le cancer se réunissait au Canada pour s'attaquer aux questions complexes et parfois épineuses qui régissent l'accès.

Les participants se sont plus particulièrement penchés sur les façons de progresser dans le sens de normes pancanadiennes et sur ce que l'on peut faire pour améliorer l'assurance-médicament, atténuer l'effet du prix élevé des médicaments et assurer la viabilité du système.

Plusieurs recommandations initiales sont ressorties des discussions de la journée. Premièrement, pour ce qui est de se rapprocher de normes pancanadiennes, les participants se sont entendus pour dire qu'une version affinée de la Joint Oncology Drug Review (JODR) devrait être mise en œuvre, ce qui permettrait d'avoir une seule recommandation pour tout le pays et ainsi une plus grande uniformité des processus d'approbation des médicaments. Deuxièmement, pour améliorer la couverture et protéger les patients, les participants en ont appelé à un système transparent pour avoir une assurance universelle, obligatoire, transférable et équitable, en plus d'être gérée par des contribuables privés et publics. Enfin, pour ce qui est de limiter les impacts des prix élevés, les participants ont exprimé leur soutien pour un seuil éthique qui permettrait de déterminer ce qui constitue la juste valeur des médicaments pour traiter le cancer. Avec un tel seuil, on pourrait avoir une gamme de prix tenant compte de la diversité des patients et de la valeur totale de l'innovation pharmaceutique en tant que moteur de l'économie au Canada.

En réunissant pour la première fois toutes les parties concernées par les médicaments pour traiter le cancer, le symposium a préparé le terrain pour la poursuite du dialogue. Il a fourni aux participants, ainsi qu'aux autres intervenants dans ce domaine, des orientations pour concevoir des mesures qui amélioreront l'uniformité de l'accès aux médicaments pour traiter le cancer et bâtir un système viable d'assurance-médicament pour les personnes atteintes d'un cancer.

Le FPP désire remercier Susan Turner, de Turner & Associates, des conseils qu'elle a contribués tout au long de ce projet.

Introduction

According to the Canadian Cancer Society, over one in three Canadians will develop some form of cancer in their lifetime. Drugs are an important part of treatment, yet patients often lack access to the most effective drugs. This is especially true in certain provinces and socio-economic groups. That being said, the increasing strain on health care resources due to Canada's aging population and the rising cost of cancer treatments threaten to diminish access to cancer drugs for all Canadians. Solutions need to be found to ensure that patients have access to the most effective life-saving treatments available while limiting the financial burden these treatments impose on the health care system, employers and on patients themselves.

In an effort to begin to build consensus around possible solutions, the Public Policy Forum (PPF), with its partners the Canadian Cancer Action Network and the Canadian Cancer Society, convened a symposium on September 15th, 2009. The event brought together leaders from key federal and provincial government departments and agencies, health professional organizations, patients and patient advocacy groups, the medical and research communities and the insurance and pharmaceutical industries. The day marked the first time that representatives from all of these groups had gathered to discuss how to improve access to cancer drugs.

During the first half of the symposium, a number of speakers and panellists engaged participants on various issues. The BC Cancer Agency's Susan O'Reilly set the context for the day's discussion by outlining the challenges and opportunities. A panel, moderated by Louise Elliott from CBC Radio, discussed drug plan coverage and rising prices. Panellists included: Kong Khoo, from the Cancer Advocacy Coalition of Canada; Chris Bonnett, President of H3 Consulting; Kevin Leshuk from Celgene; and Brian Bockstael of Coughlin & Associates. Following the panel discussion, Dr. Carol Sawka of Cancer Care Ontario discussed the lack of pan-Canadian standards, and Kevin Wilson from Saskatchewan's Department of Health described the past, present and future of the Joint Oncology Drug Review (JODR).

The dialogue focused on two factors that adversely affect access: Inequities between Canadians' coverage, meaning some have less access than others; and increasing prices of cancer drugs, meaning that all Canadians are at risk for less than optimal access.

More specifically, the main issues participants addressed were:

- Gaps and inequities in coverage by private and public drug plans;
- Lack of pan-Canadian standards for coverage of specific cancer drugs; and
- The impact of high prices for newer cancer drugs on patient access and the sustainability of the system.

Drug Plan Coverage

Possibly the most contentious disparity is that between provinces. Each province uses its own evaluation system to assess the clinical-

The dialogue focused on two factors that adversely affect access: Inequities between Canadians' coverage, and the increasing prices of cancer drugs.



and cost-effectiveness of drugs, leading to wide variance in the types and numbers of drugs covered by provincial insurance plans. For example, compared to British Columbia, two provinces cover less than half of 21 new cancer drugs. Canadians also have highly divergent insurance coverage because the Canada Health Act does not require provinces to cover oral cancer drugs, meaning one in six do not have coverage for routine costs of cancer drugs taken at home.

No national plan

The Joint Oncology Review process, an interprovincial collaboration initiated in 2007, aims to reduce disparities by improving decision making and providing a single national recommendation for any new drug. The process represents a step in the right direction, although plans to expand it to a truly national level have yet to be revealed. Of course, without centralized funding for cancer drugs and because of jurisdictional issues, provinces will continue to make final decisions on what to include on their formularies, ensuring disparity in coverage.

Rising prices

The costs imposed by the use of cancer drugs are rising. This is partly due to greater use of drugs as part of cancer treatment and by the increasing numbers of cancer diagnoses that come with an aging population. As well, new, more effective and less toxic medicines that target specific cancers or are tailored to specific genetic traits have entered the market. Unsurprisingly, these new drugs cost more than their predecessors.

Reaching consensus in a single day on all issues was never the aim of the symposium; the goal of the gathering was to find some common ground among stakeholders and set the stage for further dialogue. By focusing on actions to address challenges, stakeholders absorbed other perspectives and gained a deeper understanding of the issues. This will hopefully lead to an achievable action plan that will bring improvements.

Discussion

Over the course of the day, a number of key themes emerged from the discussion, including rising drugs costs for payers, coverage, private insurance, pharmaceutical pricing, the unique needs of patients, drug uptake by government formularies, the JDOR and the Quebec model.

Rising drug costs for payers

Costs for both public and private insurers are being driven higher by a number of factors, including demographics. An aging population will require increasingly more medical care in coming decades. Another factor is the increased price of drug treatments, due in part to the trend towards medicine tailored to specific genetic characteristics. A third factor is the tendency of governments to shift costs to the private sector. Increasingly, private plans, of which there are thousands, are covering the costs of many cancer drugs that public insurers will not cover. Small business insurance plans are particularly vulnerable to this trend. Taken together, these factors suggest insurance plans will continue to flee from a growing pool of retirees. Put simply, the system is not sustainable over the long-run.

The nature of new drug treatments is also placing upward pressure on drug costs. New treatments tend to be less toxic and patients, who now often live longer due to better treatment, continue treatment longer than they did a decade ago. This raises the issue of “stopping rules”, guidelines on when to stop treatment deemed no longer effective.

The implication of this situation is financial strain not only on drug plan budgets but also on patients themselves.

Coverage

The three western-most provinces provide patients with the most comprehensive coverage. If a drug is listed, patients are fully covered, meaning no deductibles. In the seven other provinces, coverage varies significantly. Disparities are more a function of limits on who can access listed drugs, rather than selection of drugs listed on formularies. The Atlantic provinces are a case in point: their drug listings are comparable to other provinces, but due to eligibility restrictions, drug utilization restrictions or higher out-of-pocket costs, a smaller portion of their citizens can access drugs.

Significant provincial disparities exist between intravenous cancer drugs, administered in hospitals, and oral drugs, usually taken at home. In most provinces, oral drugs currently account for about 50% of cancer drug costs and represent the fastest growing segment of drug cost structure. The pharmaceutical industry has a large oncology drug pipeline that holds the potential for the introduction of many new oral drugs, meaning all stakeholders need to proactively plan how to pay for an increasing number of oral drugs.

New treatments tend to be less toxic and patients, who now often live longer due to better treatment, continue treatment longer than they did a decade ago.



Over the past few years, the total cost of drugs covered by private insurers has increased four times faster than the consumer price index.

Private insurance

The private payer community includes insurance companies, benefits consultants, pharmaceutical benefit managers and employers. With tens of thousands of private plans in Canada, the private insurance system is more complicated in some ways than the public system. As a group, private insurers are a significant player in this arena; the \$9 billion paid per year for drugs by private insurers equals that paid by the public drug plans. The industry faces the same issues public insurers do but lack the policy levers the public sector has to contain costs and access.

Cancer drugs matter to employers because nearly a third of Canadians diagnosed with cancer are of working age. Over the past few years, the total cost of drugs covered by private insurers has increased at four times the rate of Canada's consumer price index. Due to this reality, employers and the insurance industry have concerns about the sustainability of the current private insurance model. Drug plans work well when costs are low, but work less well for expensive cancer drugs. Many employers fear that rising premiums will further limit their capacity to cover employees' medical needs, leaving patients to pay for a large portion or the full cost of their cancer drug treatments.

Furthermore, health plans are not the core business of employers, and so in a weakened economy, employee drug coverage must compete with other expenditures.

Pharmaceutical pricing

As industry representatives described, the price of drugs reflects manufacturers' research and development (R&D) costs and their profits. R&D costs are significant, and getting more so; a single drug now costs \$1B to \$1.3B to develop. Companies face higher risks and greater unpredictability now that only 1 in 10 drugs under development will eventually prove successful.

Companies, with limited R&D budgets, must decide early on in the development process whether or not to continue work on a particular drug. There is significant risk that a particular drug, despite showing early promise, could prove ineffective. Oncology drugs pose especially large risks; even effective cancer drugs do not always bring the forecasted returns.

To determine prices, a company considers the probable pricing in markets throughout the world (Canada's market represents only a very small portion of the global market and so does not factor in considerations of pricing). It also considers the potential for access in various markets. This information informs a company's forecasts and helps it determine what products to pursue.

Patients

Patients want timely access to publicly funded drugs. Unfortunately, the rising costs of new, yet more effective treatments are making it harder to balance patients' needs with budgetary constraints. Both public and private payers continue to shift costs, leaving patients, as the "payers of last resort", to foot drug bills they and their families cannot afford. Along with the stress of dealing with a life-threatening disease, patients fear what might happen should they not get what they feel is adequate treatment, and worry about financial distress to themselves and their families. Navigating confusing and sometimes intrusive processes to get access to drugs, especially

for compassionate access programs, adds to patients' stress.

Even when drug price is not an issue, patients cannot always access the treatment they want because their specific insurance plan does not provide coverage. Often patients only discover they lack coverage after getting sick. Some people question the ethics of a situation in which patients from one region have access to life-saving treatments that others do not.

Drug uptake

Although pan-Canadian standards of clinical practice linked to drug funding would encourage more consistency in the use of drugs across the country, they would not automatically lead to equal access. Standards will not ensure uptake or adoption.

The adoption of a drug depends upon a number of other factors. First, physicians' and patients' perceptions of the value of a drug play an important role, especially when influenced by public pressure. Concordance with clinical practice guidelines also affects adoption. Ontario, for example, sees wide variation in concordance with its clinical practice guidelines across its fourteen health regions. Several factors could explain these differences across regions: physicians and patients together making decisions about the relative value of a treatment based on specific health circumstances; different co-morbidities of patients; and the historical use of particular and sometimes deeply rooted standard therapies. Administrative issues also affect the adoption of a particular cancer treatment. Naturally, both physicians and patients prefer less administrative costs; this is especially true for patients, who when receiving treatment, must take time off work and pay for other expenses like parking. The trend is towards treatment regimes that require fewer visits to the cancer centre.

Update on Joint Oncology Drug Review (JODR)

The Joint Oncology Drug Review (JODR) is a process by which all provinces (except Quebec) collaborate on reviewing submissions for funding of new cancer drugs and indications. JODR has given smaller provinces an opportunity to capitalize on existing expertise and established processes in larger provinces, while reducing duplication, both for the drug approval process and treatment guidelines to standardize patient care. By working closely together, the provinces have developed strong relationships and are keen to move forward.

Senior officials from participating provinces recognize the need to address the issues associated with oncology drugs. All continue to provide strong support to the JODR process, especially the deputy ministers of health, who it is hoped will extend the current interim process. The eventual goal is an interprovincial oncology drug review process. The principles guiding the process as it moves forward are: fairness and transparency for all patient groups; evidence-based decision making; clinically favourable balance of benefits versus toxicity; a consensus for the threshold used to determine cost-effectiveness; and stakeholder involvement.

JODR has faced a number of challenges, such as achieving consistent recommendations across provinces and variations in the level of coverage. Cost-effectiveness of novel drugs and impact on sustainability remain key areas to consider.

Some people question the ethics of a situation in which patients from one region have access to life-saving treatments that others do not.



In the next few months, deputy ministers of health will consider a refined list of options, informed by input from the wider oncology community, on how best to utilize resources to move the process forward.

The Quebec model

The Quebec drug insurance model is poorly understood outside Quebec. Every citizen in the province must have drug coverage. Seniors and those on social assistance are automatically covered by the public plan, but those with private group coverage available must be insured under that plan. Financing of public and private portions are totally independent. For high cost claimants, the private sector put together a pooling scheme to share the risks among insurers. Interestingly, the system developed through cooperation between public and private payers, who came together to solve perceived problems. Since its creation in 1997, the system has worked relatively well.

Policymakers need to thoroughly study the Quebec model to determine if and how it could be customized to meet the needs and realities of other provinces.

Breakout Sessions

Participants were assigned to one of three facilitated breakout groups, each of which dealt with one of the three topics of the day's discussion: Lack of pan-Canadian standards; inequities in insurance coverage; and the effects of rising drugs costs and system sustainability.

Breakout: Pan-Canadian standards

Participants agreed to frame the issue as: "Not all Canadians have equitable access to cost-effective cancer treatment on a timely basis regardless of where they live."

Discussion turned to the issue of standards. New knowledge and innovation require continual improvement and modification. With this in mind, some felt that standards were too rigid and difficult to achieve or even identify who sets them. The term standard also suggests a minimum to be achieved. With changes in health care treatment, doctors increasingly offer patients options rather than push them down a pre-determined path. Some participants suggested guidelines might be a better term because guidelines, unlike standards, would at least offer flexibility in dealing with changing circumstances.

The group settled on the following statement as a general solution: "Develop a single national review process that makes national recommendations that will inform and influence provincial funding decisions." Under such a process, a single group would review clinical evidence and another would review the cost-effectiveness; afterwards, a committee would make a single recommendation for all provinces. A national recommendation that represents the consensus of oncologists across Canada would be difficult for provinces to ignore. Any system of national guidelines would of course have to be maintained and updated, meaning a permanent secretariat of some kind would be needed. Criteria for any review process include transparency, buy-in from all stakeholders, timely implementation and input from patient groups.

Participants suggested that JODR could be scaled up to a national level, provided the process was more transparent. Of course, a single national recommendation process also means that any rejection of a treatment means the rejection is national; it would no longer be possible to leverage one province's decision to list against another's decision to not list.

Participants agreed that further discussion is needed to work out the details of the general solution proposed. Issues that require attention include how to measure outcomes, timeframes involved, other factors that cause a "patchwork" of standards and how to facilitate provinces' opting in.

With changes in health care treatment, doctors are offering patients options rather than pushing them down a pre-determined path.

Breakout: Insurance coverage

Participants agreed to frame the issue as: "Some Canadians are insured for the costs of innovative, non-hospital-administered cancer drugs, but some do not have access to insurance without financial hardship."

The discussion raised questions about the concept of "coverage".



An important issue is how to ensure all Canadians have equitable access and coverage for both oral and intravenous drugs, and can access them in a timely manner.

Some participants felt the term was not well understood and does not adequately capture the notion of insured and uninsured. Furthermore, is the issue of coverage really about adding new drugs to existing coverage models, timeliness or portability? On one hand, the term “coverage” relates to financial impact – whether a drug plan is affordable and covers catastrophic drug costs; on the other there is the scope of equity – universality. Added to this is the reality that health care is a provincial responsibility, meaning stakeholders need to take care to ensure buy-in from provinces.

An important issue is how to ensure all Canadians have equitable access and coverage for both oral and intravenous drugs, and can access them in a timely manner.

Participants disagreed on the issue of “evidence-based” criteria informing the breadth of coverage. Some felt that evidence-based criteria, while reflective of medical practice, were also a measurement tool used by insurance plans to limit coverage.

In reaching a consensus, participants called for a system of equitable drug insurance that is portable, mandatory and universal, with no annual or lifetime limits. It would include both private and public payers. Out-of-pocket expenses would be capped based on net household income. Evidence would inform all decisions, and the system would be transparent and open to appeals through an independent process. The best strategy would be to implement this system first as a pilot project for oncology drugs, expanding later to include a wider range of drugs.

Breakout: Drug costs and system sustainability

Participants in this session outlined three priorities. First, there is a need to find a balance between “value for innovations” and “value for money”, or put another way, the cost of innovation versus the benefits realized by all stakeholders. Of course, which side of the stakeholder spectrum someone sits on affects how they define value and cost.

Second, it is important to find an appropriate distribution of costs between government, industry (pharmaceutical and insurance) and individuals. No group or sector can be expected to shoulder all of the costs. Distribution of financial burden must be consistent with Canadians’ values of equity.

Third, the rising prices of cancer drugs means governments must ensure they optimize value for money within their drug budgets.

A threshold to determine what constitutes fair value for cancer drugs should include a number of elements. It cannot be a set formula; instead, it should provide a cost range, with a flexibility that reflects the diversity of cancer patients. It also needs to take into account the total value of the process of pharmaceutical innovation as an economic driver for Canada, and include an ethical perspective such as the “rule of rescue”. There is a need for consistent decision making about how public funds are spent to save lives.

All stakeholders should be involved in setting the threshold, with ethicists informing the dialogue. The public, as the ultimate payer, should have the strongest say in the system. This could be voiced through a citizens’ council, for example, allowing for input about societal values and trade-offs among other government spending priorities. Public and private drug plan sponsors, political

leaders, patients, oncologists and the pharmaceutical industry (both research-based and generics) must also play an active role. Success can only be achieved through a partnership approach.

Beyond setting a threshold of fair value for cancer drugs, participants also tackled strategies to improve the value of cancer drugs within existing budgets. Some suggested examples of negotiated agreements with provinces, such as bulk purchasing and pay-for-performance commitments. Others described proposals such as offsetting drug costs during reviews or trial periods. Participants from all sectors expressed strong interest in pursuing creative strategies to reduce risk for payers while improving access for patients. A few elements must play a part in any strategy, including learning from the successes across jurisdictions, ensuring full accountability of the system, establishing capabilities to measure outcomes, and developing mechanisms to learn and improve.



Conclusion

The dialogue that took place on September 15th was an important first step towards improving access to cancer drugs for Canadians. The often contentious issues related to access to cancer drugs have tended to divide stakeholders, preventing the dialogue, compromise and collaboration needed to find workable solutions. The event was the first time that all stakeholders had come together, set aside their differences and engaged each other. This will hopefully establish the pattern for subsequent discussion.

Following the conference, the heads of the three groups involved in convening the event wrote a letter to provincial and territorial health ministers, who were meeting in Winnipeg at the time, describing the success of the conference. The letter asked them to address cancer drug access. See Appendix 3 to read the letter.

The conversations that resulted from bringing together the diverse range of cancer drug stakeholders – public and private payers, patients, patient advocacy groups, oncologists and pharmaceutical companies – highlighted the complexities of the issues, whether inequities in coverage by private and public drug plans, lack of pan-Canadian standards for coverage of specific cancer drugs, or the impact of high prices for newer cancer drugs on patient access and the sustainability of the system.

Although the event was only a first meeting, participants established some common ground and developed outlines for further action in each of the three areas addressed during the day.

- **Pan-Canadian standards:** A refined version of JODR should be implemented nationally. This would bring more consistency to drug approvals across the country by providing a single national recommendation for all provinces to consider. Although a single recommendation would end the opportunity to lobby for a drug approval in one jurisdiction when rejected in another (a “no” would mean a “no” nationally), a national recommendation would be hard for provinces to lightly ignore.
- **Coverage:** Addressing the issue of coverage will require a transparent system of insurance that is equitable, portable, mandatory and universal. Both private and public payers need to be involved in developing and managing the system, just as they are in Quebec. Ultimately, patients and their families would be protected from bearing the financial burdens of drug costs.
- **Drug prices and system sustainability:** All stakeholders need to work together to develop an ethics-based threshold to determine what constitutes fair value for cancer drugs. Public and private drug plan sponsors, political leaders, patients, oncologists and the pharmaceutical industry (both research-based and generics), must play an active role. The public, through a citizens’ council, should provide input about societal values and trade-offs among other government spending priorities. The threshold should be flexible enough to allow for a range of costs that reflects cancer patient diversity; and it would account for the total value of the

process of pharmaceutical innovation as an economic driver in Canada.

Governments, working with stakeholders, must seek and find consensus on what is a reasonable level of investment for cancer drugs funding. This debate has yet to happen in a systematic manner. And the federal nature of Canada's health care system cannot be overlooked; provinces will continue to have final say over what drugs are available to which of their citizens.

Ideally, all stakeholders will continue the dialogue and build upon these directions for further action to improve consistency in access and sustainability in coverage.



Annex 1: Agenda

Optimizing Access to Cancer Drugs for Canadians

September 15th, 2009

National Arts Centre, Ottawa

8:00 a.m. **Registration/breakfast**

8:30 **Welcome/opening remarks**

- David Mitchell, President and Chief Executive Officer, Public Policy Forum
- Jack Shapiro, President, Canadian Cancer Action Network (CCAN)

8:45 **Keynote speaker**

Cancer Drugs in Canada: The Challenges and Opportunities

- Susan O'Reilly, Vice-President, Cancer Care, BC Cancer Agency

9:45 **Break**

10:00 **Panel discussion: Drug plan coverage and rising prices**

- Kong Khoo, Vice Chair, Cancer Advocacy Coalition of Canada
- Chris Bonnett, President, H3 Consulting
- Kevin Leshuk, General Manager, Celgene
- Brian Bockstael, President, Coughlin & Associates Ltd.
- **Moderator:** Louise Elliott, CBC

Provincial insurance plans vary in the types and numbers of drugs covered. With drug prices rising, provinces and other insurers will face even more pressure to limit their coverage. Panelists will discuss and debate what concrete actions can be taken to address both the disparities in insurance coverage and rising prices.

11:15 **Speaker and respondent: Lack of pan-Canadian standards**

- Dr. Carol Sawka, Vice President, Clinical Programs & Quality Initiatives
Cancer Care Ontario
- **Respondent:** Kevin Wilson, Executive Director, Drug Plan and Extended
Benefits Branch, Department of Health, Government of Saskatchewan

Despite the ongoing work of the Joint Oncology Review process, disparities in coverage across Canada remain. Provinces will for the foreseeable future continue to make final decisions on what to include on their formularies. This panel will discuss what actions can be taken to improve standardization of coverage across the country.

12:15 p.m. **Lunch**



1:00 Roundtable sessions

After spending the morning engaging with expert speakers and panellists, participants will join one of three working groups for an afternoon of facilitated dialogue. The goal is to develop concrete actions, based on the morning's discussion, that various stakeholders can take to improve Canadians' access to cancer drugs. To encourage open conversation, dialogue will take place under the Chatham House Rule, meaning all comments will remain unattributed.

2:45 Roundtable summary

3:00 Wrap-up

3:15 Adjourn



Annex 2: Participant List

Speakers

Brian Bockstael
President
Coughlin and Associates Ltd

Chris Bonnett
President
H3 Consulting

Ms. Louise Elliott
World Reporter
CBC/Radio-Canada

Kong Khoo
Vice Chair
Cancer Advocacy Coalition of Canada

Kevin Leshuk
General Manager
Celgene

Susan O'Reilly
Vice President, Cancer Care
BC Cancer Agency

Carol Sawka
Vice President, Clinical Programs and Quality Initiatives
Cancer Care Ontario

Jack Shapiro
Chair
Canadian Cancer Action Network (CCAN)

Kevin Wilson
Executive Director
Drug Plan and Extended Benefits Branch
Government of Saskatchewan

David Mitchell
President and Chief Executive Officer
Public Policy Forum

Participants

Lesia Babiak
Director of Federal Affairs and Health Policy
Janssen Ortho Inc

Cheryl Bielicz
Pharmacist
Green Shield Canada

Larry Broadfield
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Cancer Care Nova Scotia

Alyssa Burkus Rolf
Chair
Lymphoma Foundation Canada

Lisa Callaghan
Acting Vice-President
Product Development and Group Benefits
Sun Life Financial

Toni Codispoti
Chair
CCAN Ontario

Gord Croucher
Associate Director, Patient Access
Pfizer Canada Inc

Carlo De Angelis
President
Canadian Association of Pharmacy in Oncology (CAPHO)

Dan Demers
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Canadian Cancer Society

Graeme Fraser
Director, Health Policy
BIOTECanada

Peter Goodhand
President and Chief Executive Officer
Canadian Cancer Society

Murray Gordon
Patient representative
Prostate Cancer Canada

Christine Harminc
Senior Communications Officer
Canadian Cancer Society

Jessica Hill
Chief Executive Officer
Canadian Partnership Against Cancer

Christine Hoyt
Director, Operations
Canadian Cancer Society – New Brunswick Division

Christine Jackson
Executive Director
Canadian Skin Patient Alliance

Gerry Jeffcott
Principal Consultant
Health and Pharmaceutical Consulting

Tanya Jelley
Analyst
Federal Public Service Health Care Plan Administration Authority

Leanne Kitchen-Clarke
Vice-President, Strategy, Performance Measurement and Communication
Canadian Partnership Against Cancer

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Eshwar Kumar Co-Chief Executive Officer, New Brunswick Cancer Network Department of Health Government of New Brunswick	Mark Murphy Vice-President, Customer Service ESI Canada Inc	Susan J. Turner Turner & Associates Inc.
Sam Lanctin Manager, Pharmacy Consultant Services Medavie Blue Cross	Tanny Nadon Representative Canadian Skin Patient Alliance	Gene Vayda Primary Prevention Action Group Canadian Cancer Action Network
Christine Lennon Head, Policy and Reimbursement Oncology Business Unit Novartis Pharmaceuticals Canada Inc	Femma Norton Chair Canadian Alliance of Brain Tumour Organization	Gary Warwick Economist PMPRB
Aaron Levo Manager, Public Issues National Public Issues Office Canadian Cancer Society	Marie Pineau Manager, Medmap Brogan Inc	Liz Whamond Vice-Chair Canadian Cancer Action Network
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Elaine MacPhail Program Advisor Canadian Agency for Drugs and Technologies in Health (CADTH)	Jeff Rochweg Parliamentary Assistant House of Commons	Richard York Manager, Reimbursement & Policy Merck Frosst Canada Ltd
Michael McBane National Coordinator Canadian Health Coalition	Barbara Rotter Director, Bureau of Metabolism, Oncology, and Reproductive Science Therapeutic Products Directorate Health Canada	Public Policy Forum Dianne Gravel-Normand Senior Project Administrator Public Policy Forum
Archie McCulloch Nova Scotia Division Office Canadian Cancer Action Network	Chander Sehgal MBA Student Richard Ivey School of Business	Linda Kristal Vice President, Public Affairs Public Policy Forum
Judy McPhee Acting Director, Pharmaceutical Services Department of Health Government of Nova Scotia	Ellen Snider Senior Manager, Public Issues Canadian Cancer Society	Matt LeBlanc Project Administrator Public Policy Forum
	Tracy Tarnowski Health Operation Assembly of First Nations	John Macaulay Research Associate Public Policy Forum
	Laura Thorpe Strategic Partnership Manager, Eli Lilly Canada Inc	



Annex 3: Letter to Health Ministers

In the days following the conference *Optimizing Access to Cancer Drugs for Canadians*, the provincial and territorial ministers of health met in Winnipeg for their annual meeting. The heads of the three groups involved in convening the event wrote a letter to the ministers describing the success of the conference and their support for commitment by provincial and territorial governments to address cancer drug access.

September 16, 2009

To Provincial and Territorial Ministers of Health:

Re: Access to Cancer Drugs for Canadians

A remarkable gathering took place in Ottawa on September 15th. Sixty stakeholders – from oncology, cancer control, the pharmaceutical industry, public and private drug plans and patient groups – came together to discuss how to enhance Canadians’ access to cancer drugs. The symposium, convened by the Canadian Cancer Action Network (CCAN), the Public Policy Forum and the Canadian Cancer Society, addressed three topics: pan-Canadian standards, disparities in coverage and drug prices.

Although they came to the meeting with divergent opinions on how to address these complex and often emotion-laden issues, the spirit of deliberation throughout the day encouraged participants to find common ground and seek real solutions.

A general consensus emerged around certain key principles. First, Canadians need universal, equitable and affordable cancer drug access. Above all, cancer drug treatment should not impose added emotional strain or financial hardships on patients and their families. And second, stakeholders, including governments, need to develop strategies to increase the sustainability of cancer drug coverage.

The symposium marked the start of what will be an ongoing national dialogue on cancer drug access. It clearly demonstrated that together we can overcome differences between stakeholders, find compromises and achieve workable solutions.

We send our best wishes for a productive meeting of the provincial health ministers this week in Winnipeg. We hope at the conclusion of your discussion you will publicly commit to addressing cancer drug access and to taking an active part in the dialogue. We stand ready to assist you in any way we can.

Sincerely,

Jack Shapiro
Chair
Canadian Cancer Action Network

Peter Goodhand
President & CEO
Canadian Cancer Society

David J. Mitchell
President & CEO
Public Policy Forum



Annex 4: Supporting Organizations

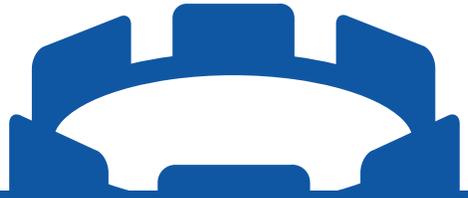
The Public Policy Forum would like to acknowledge Canadian Cancer Action Network and Canadian Cancer Society for their support.





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