



# INSIGHTS

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## The Merits of a National Drug Plan

### Would it be easier and cheaper if we just had a national drug plan?

Amalgamation always seems like a good idea. After all we do it with municipalities, in order, we believe, to prevent duplication and save money.

I don't know much about municipal amalgamation, but joining forces for the same reasons has been suggested for pharmacare programs. A study released in July 2015 – Pharmacare 2020 – The Future of Drug Coverage in Canada, makes a compelling case for expanding our universal public health care system to include the cost of prescription medicines. Canadians appear strongly supportive. A recent poll by the Angus Reid Institute found that more than 90 per cent of Canadians back the concept of pharmacare. The wide-ranging survey also found that more than one in five Canadians say they themselves or someone in their household resorted to saving money this past year by not buying drugs ordered by a doctor or by skimping on doses. That's a prescription for ill health.

Canada has at least 16 separate public drug plans: each of the provinces, plus ones for the RCMP, veterans, Aboriginals and others, as well as hundreds of private drug plans.

Wouldn't it be easier and cheaper if we just had one national drug plan? Earlier this summer, at least eight provinces got together to discuss the merits of a national drug plan. Cost efficiencies, a better ability to negotiate drug prices and other economies of scale make a compelling idea, but if not done well, a national drug plan could be an utter disaster. There could be more waste and more politics, with the possibility of a greater disconnect with pharmacy than we have now.

Let's take a look at a major new drug to see how we might fare with a national drug plan. The diabe-

tes drug Januvia (generic name Sitagliptin) globally earns about \$6 billion per year for its manufacturer, Merck. It costs about \$3.50 per pill and lowers blood sugar on par with older, cheaper diabetes drugs.

Proponents of a national drug plan would assert that with the buying power of one big agency we could negotiate much better prices for Januvia. Instead of paying \$3.50 per pill maybe we could get it for \$2 a pill, which is about what Australia pays with its national buying power. On the face of it this sounds good doesn't it?

Of course, but only if Januvia had advantages over older, cheaper diabetes drugs. Sadly, independent experts say that drugs like Januvia are less effective than older diabetes medications. This makes me think that the first priority of a national drug plan shouldn't be price, but rather it should be evidence.

If the best available evidence suggests that a new, more expensive drug like Januvia does not perform better or worse than a comparable drug, you would need strict rules in place to make sure the drug was only covered for the subset of people who can't tolerate other diabetes drugs. You'd then use the money you saved to expand coverage for cost-effective drugs so that more Canadians could be covered for the higher costing drugs.

While taxpayers in Ontario and Quebec pay tens of millions a year for Januvia, the B.C. government recently made a hard decision not to bend to lobbying



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...continued on reverse

## Eye Strain Prevention in the Digital Age

Move over, summer – a new school year is coming! Along with new clothes and school supplies, now is a great time to have your child's vision checked. And in case you weren't aware, parental advice to stop reading under the covers has an update for the digital age.

Toronto optometrist Naeem Abdullah says he hears the question nearly every day: Does reading in dim light really worsen your eyesight?

"I think it started when people started reading under candlelight. That would have been a very difficult way to read with a flickering light," Abdullah says.

His advice? "Turn the lights on because it's easier to read. It's always better to get the eye to be working under the best conditions that it can, but it doesn't do any physical damage to the eye."

Abdullah compares reading in dim light to driving a sports car in the mud instead of a street. Photoreceptors in the eyes called cones are responsible for central vision tasks like reading. Bright light activates the cone receptors in our eyes.

"When light is dim, you're using the rods more and they're not quite as sensitive as the cones," he explained. "It just causes you to work harder to do something that is quite simple."

Another question Abdullah often hears is about the strain from laptops, cellphones and other screen devices.

"When we're on computer screens, we forget to blink. Our natural tendency with our eyes is to look straight ahead, but when we read or look at a computer screen, your eyes have to turn in .... over a prolonged period of time, it becomes quite difficult to do."

The symptoms of what is known as digital eye strain include redness, irritation or dry eyes, blurred vision and eye fatigue.



### Some tips to help your eyes:

- **Remember to blink.** Blinking may seem like a simple action, but it's key to ensuring your eyes don't dry out
- **Use the 20-20-20 rule** — every 20 minutes, take a 20 second break and look 20 feet ahead to force your eyes to relax before they return to their job.
- **Set colour and contrast tones** to suit your eyes.
- **Minimize reflected glare** on your screen.
- **Keep your screen clean** - free of fingerprints and dust.
- **Eat well** - include: berries, beans, green, leafy vegetables, nuts and fish rich in omega-3 fats to nourish your eyes.
- Ensure that your room has **good lighting**.
- **Get your eyes checked regularly.** If you need glasses and are staring at a computer screen without them, you could be straining your eyes unnecessarily.

Source: [CBC.ca/Health](http://CBC.ca/Health)

### National Drug Plan ... continued from reverse

pressure when it decided BC Pharmacare would not pay for Januvia. Why? Because there is little evidence the drug could extend the quality or the length of a diabetic's life and the fact that Merck refused to lower the price to bring it on par with other diabetic inhibitors. That's the kind of backbone that will be essential in a national drug plan.

To date, other federal health-related organizations like Health Canada, the Canadian Institutes of Health Research and the Canadian Agency for Drugs and Technologies in Health have not demonstrated that they have the spine that's required. We have a watchdog that doesn't bite, a national health research funder that encourages Canadian researchers to partner with drug companies, and a technology evaluator that takes money from drug companies in the form of 'fees', thus making them beholden to the very industry they are supposed to assess.

Any national pharmacare program would need an absolute firewall to protect it from the inevitable politics of drug coverage. Otherwise you would be left with even more irrational and expensive drug coverage decisions.

Municipal amalgamation and a national pharmacare program both sound good in theory, but are they in practice? The strongest argument for pharmacare, however, doesn't concern the money it would save. It is about giving all Canadians fair and equitable access to the medicines they need – drugs that work to keep them healthy, ease their pain, and save their lives.

Working collaboratively and efficiently in making evidence-based drug choices has to be the goal of a national pharmacare program. It must also be able to make those choices without interference, free from politics. Until that's done the promise of Canada's publicly-funded health care system will remain only partially delivered.

Until next time...

Sources: [EvidenceNetwork.ca](http://EvidenceNetwork.ca)

*Pharmacare 2020 – The Future of Drug Coverage in Canada*