Politicians', bureaucrats' drug plans deemed too costly for public formularies

Call a spade a spade, says Lillian Morgenthau, president of Canada's Association for the Fifty Plus (CARP).

Politicians and bureaucrats whose taxpayer-funded drug plans include medications that they've deemed too expensive for the formularies of public plans for seniors, Aboriginals, veterans and soldiers are being nothing short of "hypocritical," Morgenthau told *CMAJ*.

A study conducted for CARP, a non-profit advocacy group, by consultants Wyatt Health Management, a for-profit provider of consulting services in market access and reimbursement, found that public drug plans for federal, Ontario and BC politicians and civil servants was far more expansive than other public plans administered by governments.

"It's unbelievable," says Morgenthau. "There's no necessity for this double standard, especially when we're paying for it. If it's too costly to include us, then it's too costly to include them."

Wyatt assessed the status of the 73 drugs that have been approved by Health Canada and submitted to the Common Drug Review, an independent, intergovernmental body that recommends whether a medication should be included in federal and provincial formularies (except in Quebec).

With the exception of 2 drugs that manufacturers haven't yet made available in Canada, 71 of the 73 drugs were automatically included in benefit plans of politicians and civil servants the moment they received Health Canada approval for sale in Canada.

The Common Drug Review, which assesses the cost-effectiveness of new drugs, recommended that 28 of the 73 be made available in the non-political plans. All but 1 (which isn't yet sold in Canada) are in the veteran's plan but only 20 are in the soldier's plans, while only 15 are reimbursed by the Ontario, BC and federal Aboriginal drug benefits plans.

Of the 26 drugs the Common Drug Review recommended not be listed, 1 is unavailable for sale, and 3 are included in the soldiers and Aboriginals plans. The BC plan covers 2 and Ontario 1. The remaining 19 drugs in the list of 73 are still under CDR review.

Wyatt Health Management founder and managing director George Wyatt argues it's disingenuous for administrators to say the discrepancies are incidental because an individual can seek "special authorization" to have a drug covered. "Those mechanisms can be onerous and it depends on the motivation of the physician," Wyatt says. "Sometimes it depends on the physician's writing skills. The people in the public sector don't have to exactly go through the same hoops."

It's also inefficient, Wyatt adds. "We have a physician shortage in this country and physicians only have so many hours. If they have to spend more time on administration, it's not a good use of resources." — Wayne Kondro, *CMAJ*

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Montréal clinic uses public–private payment scheme

Controversy has erupted over a new "semi-private" medical clinic in Montréal that many believe crosses the line to create a two-tier medical system in Quebec.

The clinic, critics say, violates provisions of both the Canada Health Act and Quebec's Bill 33, which, although not yet enacted, allows for the creation of specialized medical centers that contract with public hospitals to provide hip and knee replacement, as well as cataract surgery, in cases where they haven't been performed within established wait time guarantees. The centres can bill the provincial health plan for the surgeries, as well as charge fees for items and services that aren't covered by medicare.

Bill 33 was passed by the Quebec legislature in December 2006 in response to the landmark Supreme Court of Canada ruling (*Chaoulli and Zeliotis* v. *A G Quebec et al.*) in 2005 that the province's ban on private health insurance for medically necessary services violated human rights law. While Bill 33 has not yet come into force, it states that physicians in permitted clinics must "post in view of the public ... the rates for services, supplies and accessory fees."

It's unclear, though, exactly what accessory fees will be allowed and that won't be known until the provincial government completes negotiations with medical federations.

In the interval, though, the newly-minted 50 000 square foot Rockland MD Medical and Surgical Centre opened its doors on Jan. 22 to conduct knee arthroscopies, hernia repairs and other day surgeries, including varicose vein, hemorrhoids, orthopedic, and diagnostic endoscopies. The province's health plan is billed for the surgeries, while patients are being charged $1300 for the use of the facilities and equipment.

Critics are concerned the wider range of surgical procedures available at the clinic contravenes the Canada Health Act and that the lack of clarity regarding accessory fees contravenes a provincial Health Insurance Act provision that says "no person may exact or receive any payment from any insured person for a service, the supplying of something or costs accessory to an insured service." The provincial government's health insurance board has been asked "to clarify the question of the incidental expenses," provincial health minister Phillippe Couillard said.

Couillard also expressed concern about doctors who've opted out of medicare and physicians who are still part of the government health plan operating under the same roof. "It is not allowed to have participating doctors and non-participating doctors under the same roof," Couillard said. "It is clearly indicated in the law."

Former family physician and Rockland's president, Dr. Fernand Taras told *CMAJ* that the clinic "will benefit not only the patient, but the public system, by allowing it to offload some of the work." — Margot Andresen, Ottawa

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