



Meeting: Best Medicines Coalition Annual Meeting

Date: November 16-17, 2016

Location: Toronto, Ontario

Author: Linda Wilhelm

Best Medicines Coalition now has twenty seven members with The Canadian Council of the Blind and the Canadian Psoriasis Network recently joining. There are three arthritis patient organizations members: the Canadian Spondylitis Association (CSA), Arthritis Consumer Experts (ACE) and CAPA. A full list of members and the Board is on [their website](#). An annual meeting of the Best Medicines Coalition is held every year.

The first session was an update from the private payer perspective. Joan Weir from the [Canadian Health and Life Insurance Association](#) (CHLIA) presented on emerging trends with private payer who are more than ever before implementing cost containment strategies such as special authorization and certain criteria for access that have previously only been used in the public payer domain. CHLIA publishes an annual insurance fact book that is available on their website.

Kim MacFarlane from Manulife presented next. She spoke about their Drug Watch program. It is used for drugs that have the potential to cost significantly more than what is currently listed. They do take into consideration the impact of a treatment on disability costs since they are often insuring both. Manulife and CAPA have discussed how their policies impact arthritis patients and co-published [an article](#) for our members this past year.

The second session was an update on the public drug programs with a presentation by Imran Ali and Angie Wong from Ontario. They gave an update on the pan Canadian Pharmaceutical Alliance (pCPA) and talked about the Opioid Summit that was happening the following day in Ottawa. Unfortunately there was very little patient representation from the world of chronic pain at the summit.

The third session was Kathy Kovacs Burns is drafting a National Survey on Key Indicators and Performance Measures for Drug Programs/Coverage. She wanted input from the members on the survey development.

This was followed by an update on biosimilars where CAPA's [video](#) was highlighted as an excellent resource for patients. An update was provided on drug shortages and BMC is now a member of the drug shortages working group that has been in existence for a number of years with no patient representation. Suzanne Nurse from Epilepsy, a community that has been hit hard by shortages will be representing patients and BMC. There have been tools developed for pharmacists and physicians but none for patients. Suzanne raised this at her first meeting and it will be the next

priority for the working group.

Global Public Affairs provided an update on National Pharmaceutical Reform. The current Federal government would like to keep the previous governments funding limits in place which is tied to growth, a minimum of 3%. New money will be targeted at identified priorities such as senior/home care. The Provinces want more however the next meeting will be in Alberta early next year. A re-negotiated Health Accord will be in effect for five years instead of the previous Health Accord which was in effect for ten years. No one really knows how the negotiations will go. The CMA is currently doing work around how to quantify how many Canadians are uninsured and under-insured.