

# NOTES

## Patient care and health compromised by drug shortages in Canada: Survey of physicians and pharmacists

Ongoing drug shortages in the Canadian health care system are compromising patient care, as well as the health and safety of some patients, according to a recent survey of physicians and community and hospital pharmacists.

The survey was completed by 1070 members of the Canadian Pharmacists Association (CPhA), the Canadian Medical Association (CMA) and the Canadian Society of Hospital Pharmacists (CSHP). The respondents were polled in October 2012 and the results were unveiled on January 14, 2013.

While the negative effects of shortages have long been recognized and previous surveys have documented some of the pressures, this survey puts the scope of the problem in much sharper focus, says Jeff Morrison, Director of Government Relations and Public Affairs with the CPhA.

“Intuitively and through anecdotes, we understood the threats to patient health but this survey better quantifies some of these more dramatic impacts,” says Mr. Morrison.

Both physicians and pharmacists reported that drug shortages have compromised care, with up to 20% of patients impacted. Sixty-four percent of physicians indicated that drug shortages had consequences for patients, while 41% of pharmacists reported that their patients’ health had been compromised due to drug shortages.

“One of our biggest concerns is what the survey tells us about patient safety,” says Dr. Anna Reid, president of the CMA. “Physicians

are telling us that quite a few patients are having significant changes in their treatment and outcomes based on drug shortages. Treatment is being delayed or stopped, some patients are receiving a less effective medication, and we’re seeing adverse effects from alternative drugs.”

Additionally, 1 in 5 physicians reported that clinical deterioration had occurred in a patient.

“The survey reported that physicians have had to delay some operative procedures,” Dr. Reid says. “In the hospital where I work as an ER physician, we were short on certain anesthetic drugs and had to postpone some procedures. In some cases, such delays lead to poorer outcomes and extended hospital stays.”

Other consequences for patients that physicians noted in the survey were increased postoperative pain and admissions to hospital.

Physicians and pharmacists also reported that the shortages were leading to inefficiencies in the workplace and taking their time and energies away from patient care. For example, 67% of physicians reported an increase in time spent on research and consultation to source alternative medication—and 76% of community and hospital pharmacists indicated that drug shortages have a significant impact on their workload.

### The search for solutions

Through their national associations, pharmacists and physicians, along with pharmaceutical industry representatives, are part of a Health Canada working group on drug shortages. One of the group’s goals is to improve

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“One of our biggest concerns is what the survey tells us about patient safety”

—Dr. Anna Reid,  
President, Canadian  
Medical Association

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the monitoring of drug supplies and to come up with more efficient ways of sourcing alternatives when required.

A drug shortages database does exist, but according to Dr. Reid, it is incomplete and difficult to use. “We are calling for a properly funded and managed database on shortages and alternatives that actually has proper federal funding and that is easy to use and accessible to all pharmacists and physicians,” she says. The CMA also wants to see mandatory reporting of shortages, as opposed to the current voluntary system.

Over the longer term, both physicians and pharmacists want to see greater system transformation that addresses the complex causes and factors influencing shortages.

“We need national leadership on the pharmaceutical supply system,” says Dr. Reid,

who notes that drug shortages compromise key principles in health care, including accessibility and quality of care. “This is something very difficult for an individual province or territory to do even though health care is delivered at the provincial level. We need a pan-Canadian approach led by the federal government.”

The drug shortage problem is not confined to Canada; both the causes and impacts are evident in almost every part of the world. Mr. Morrison tells the *CPJ* that the International Pharmaceutical Federation (FIP) has invited the CPhA to host a global conference on the issue, and that planning is underway for such a conference to be held in the summer of 2013.

“Absolutely this is an international problem,” he says. “And because of the global nature of the supply chain, it’s an issue that needs international attention and dialogue.”

## Provincial/territorial governments join forces to make further cuts to generic drug prices



“This is a shaking of the foundations of the profession, with rapid changes in revenue and expense models that have been formed over the last 30 years”

—Dawn Martin,  
Executive Director,  
Pharmacists’  
Association of  
Saskatchewan

Provincial and territorial governments have agreed to jointly cap the prices of 6 widely used generic drugs at 18% of brand-name prices—a move that has generated considerable disappointment and concern among pharmacy stakeholders across the country.

The agreement—which involves the 3 territories and 9 provinces, excluding Quebec—covers drugs that account for approximately one-fifth of all public spending on generics in Canada. Included in the deal are atorvastatin, ramipril, venlafaxine, amlodipine, omeprazole and rabeprazole. The new prices were to take effect April 1, 2013.

### Concern about the impact on pharmacists and their patients

A number of national associations, including the Canadian Pharmacists Association (CPhA), the Canadian Association of Chain Drug Stores (CACDS) and the Canadian Generic Pharmaceutical Association (CGPA), were quick to publicly express disappointment with the announcement of further cuts to prices for generic prescription drugs.

When governments announced the new pricing arrangement on January 18, they spoke

of a desire to “ensure more dollars for provincial health care systems,” estimating that the lower prices would ultimately save \$100 million a year. At the same time, however, most governments said little or nothing about how the anticipated savings would be used.

“We were disappointed that no government other than the government of Saskatchewan committed to reinvest any portion of the savings from the lower prices into expanded pharmacy services,” says Jeff Morrison, Director of Government Relations and Public Affairs for the CPhA. “Our position had always been that any system of reduced generic pricing should address enhancements to patient care.”

Several provincial pharmacist associations also expressed concerns about the effect of further revenue hits, when many of them were still attempting to adjust to across-the-board pricing reductions brought in by individual provinces.

In New Brunswick, for example, generic prices were lowered from 50% to 70% of the brand-name price to 40% on June 1, 2012, and then to 35% on December 1 of the same year.