

August 20, 2015

Suzanne McGurn
Executive Officer of Ontario Public Drug Programs
Ministry of Health and Long-Term Care
80 Grosvenor Street, 9th Floor
Hepburn Block, Queen's Park, Toronto ON M7A 1R3

Re: Proposed Amendments to Ontario Regulation 201/96 made under the Ontario Drug Benefit Act

Dear Ms. McGurn,

We are writing from the Schizophrenia Society of Ontario (SSO) in response to the proposed amendments to Ontario Regulation 201/96 made under the Ontario Drug Benefit Act. We appreciate the opportunity to provide feedback on these important proposed changes, and commend the Ontario Public Drug Programs' continued commitment to improving access to medications for Ontarians.

The Schizophrenia Society of Ontario is a non-profit health organization that supports individuals, families, caregivers and communities affected by schizophrenia and psychosis across the province. For over 30 years we have made positive changes in the lives of people affected by schizophrenia by building supportive communities through services and education, promoting system change, and by researching the psychosocial factors that directly impact mental illness.

Access to a wide range of treatments and supports has been a long standing policy priority for SSO. We believe that all treatment types should be easily accessible to individuals and families, including community services, social supports, and psychiatric treatments, such as medications. It is for this reason that we have concerns about the proposed amendments to the Ontario Drug Benefit Act which would make accessing medications more challenging by requiring individuals to try two or more generic medications before a brand-name medication is reimbursed by the Ministry as a “no substitution” claim.

Mental Illness and Medications

Medications are used to treat a wide range of mental health conditions and illnesses. Medication treatment is not a “one size fits all” model. Response to psychiatric medications is highly individualized, variable, and related to several factors such as genetics, age, gender, and socio-environmental factors. As a result, individuals often have to try several medications, and dosages, before they find an effective treatment. Even once an effective medication, or combination of medications, is found, changes in response can occur over time, as medications may stop working, or their effectiveness may be impacted by changes in diet and lifestyle, stress, interaction with other medications, and other similar factors. Due to presence of other concurrent physical and mental health conditions, people with mental illnesses

often use more than one medication thus requiring prescribing physicians to determine treatment options with minimal drug interactions. Medication efficacy and side-effects that it causes for the individual using it, further influence which medication the doctor prescribes considering that currently available medications used to treat mental illness are not ideal and can cause serious, and sometimes dangerous, side-effects. In addition periods of adjustment to new medications or dosages can be highly stressful and anxiety-inducing for individuals and families, as changes to medications can impact on how a person feels and behaves, and on how they tolerate side effects.

Barriers to Medication Treatment

Individuals with mental illnesses are disproportionately affected by poverty and many rely on the provincial social assistance system for financial support and medication coverage. As of October 2014 over a third of all Ontario Disability Support Program (ODSP) recipients were individuals with a mental illness and this demographic group is increasingly becoming the largest group of social assistance recipients in Ontario.¹ For these individuals, access to medications through public programs is often the only option.

Current lowest-cost policies which mandate pharmacists to dispense lower-cost generic medication for reimbursement, unless the prescribing doctor indicates 'no substitution' on the prescription, already create a barrier to access. In many cases, one's ability to afford medication affects doctor's prescribing practices. Doctors sometimes choose not to prescribe the most effective medication if it is not covered by either public or private insurance.² Moreover, research shows that even small direct costs to filling a prescription, such as dispensing fees, co-payments and/or deductibles, may dissuade a person from taking recommended medications.^{3,4} As a result, people often have to try medications that they can afford, rather than medications that they and their doctor determine are best for them. This impacts treatment efficacy and treatment adherence and ultimately undermines recovery.

For these reasons, it is imperative to ensure that all treatment decisions, including which medications one uses and/or tries first, are made between the individual and their health care provider. Providing access to a range of evidence-based treatments and supports is a cost-effective way to promote overall health and well-being and simultaneously reduce costs to the health system, and other social systems. As such, administrative cost-containment policies should not inform treatment decisions. With this in mind, we have serious concerns about the proposed amendment to the Ontario Regulation 201/96 which in some cases would contradict the recommended course of treatment determined by the physician. While we recognize the need for managing system costs, we do not think it is reasonable to contain costs by requiring that individuals try two or more generic medications before brand-name medications recommended by one's physician are reimbursed. Moreover, we do not think that it is

¹ Ministry of Community and Social Services (MCSS). (2014). Key ODSP Statistics. (Updated 2014/10/27).

² Schizophrenia Society of Ontario (SSO). (2009). *Psychiatrist survey*. Prepared by: Innovative Research Group, Inc.

³ Dewa, C.S., Hoch, J.S., & Steele, L. (2005). Prescription drug benefits and Canada's uninsured. *International Journal of Law and Psychiatry*, 28, 496-513. doi 10.1016/j.ijlp.2005.08.003

⁴ Morgan, S.G., Daw, J.R., & Law, M.R. (2013). *Rethinking pharmacare in Canada* (Commentary No. 384). Retrieved from C.D. Howe institute website http://www.cdhowe.org/pdf/Commentary_384.pdf

reasonable to commence any changes in treatment, or new treatments, without ample opportunity for meaningful consultation between the individual and their doctor. This is contradictory to a “patients-first” approach which Ontario’s Action Plan for Healthcare strives for, and undermines the person-centered focus of the Ontario Mental Health and Addiction’s Strategy.

Recommendations

We ask that you reconsider this proposed amendment to ensure that our healthcare system continues to put the patient, and not the system, first. Specifically we strongly recommend that:

- Prior to making any amendments, conduct further consultation with stakeholders, such as individuals and families, patient groups, and doctors, to ensure that any changes made are truly person-centered, and amendments are made in such a way that do not create barriers for people.
- Ensure that any amendments made reflect the principle that healthcare treatment decisions need to be made between individuals and their health care provider. For example, when 'no substitution' is written on the prescription, the requirement could be that the pharmacist calls the doctor to ensure that they are aware of any alternative generic options available, and that they are making an informed treatment recommendation.
- Along with any amendments made, increase access to specialized supports for individuals and families who are starting new psychotropic medications, or whose medications have been changed or adjusted. This support could be provided through programs which already exist, such as through expansion of the MedsCheck program.

SSO appreciates this opportunity to participate in this consultation and we look forward to meeting with you in September to discuss access to medications for Ontarians. For your convenience, a copy of our report: *Prescription for Holistic Care* – which explores the issue of access to medications in Ontario – is attached with this letter. In the meantime, if you would like more information, please do not hesitate to contact Irina Sytcheva, Manager of Policy and Community Relations, at 416-449-6830 x.255 or isytcheva@schizophrenia.on.ca.

Yours sincerely,



Mary Alberti
CEO
Schizophrenia Society of Ontario

CC: Honorable Eric Hoskins, Minister of Health and Long-Term Care
Brent Fraser, Drug Program Director, OPDP
Derrick Araneda, MOHLTC Director of Stakeholder Relations