



# The cost of medication

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**T**he Canadian Institute for Health Information recently published a report on national health expenditure trends from 1975 to 2017.<sup>1</sup> It reported that total health expenditures were expected to reach \$242 billion, or 11.5% of the gross domestic product, in 2017.

Drug spending growth has increased the fastest. In 2017, drug spending was forecast to reach \$33.9 billion. This represents a 5.5% increase since 2016.<sup>2</sup> Of all health expenditures, drugs (16.4%) rank second behind hospital spending (28.3%).<sup>1</sup> Indeed, drugs are an important medical tool used to reduce mortality and improve patients' quality of life. However, looking at these statistics, I cannot help but wonder how we might contribute toward limiting drug spending.

Could we more effectively encourage lifestyle changes before prescribing medication for certain chronic diseases? Are there ways of helping some of our patients through nonpharmacologic methods before prescribing medication? Could we prescribe fewer antibiotics for conditions that are probably viral?

Should we review our patients' medications with greater regularity to try to reduce them? Are they all still useful? Have they really helped our patients, and do they continue to help them? Are there drugs that serve only to counter the side effects of other medications?

Opioids are ranked seventh out of the 10 most expensive drugs. We already know that we need to reduce the number of pills we prescribe to address the current opioid-related public health crisis. This will also contribute toward cost reduction.

The practice of family medicine is a demanding one. As generalists, we are already quite cost-effective. Every day, we solve multiple problems within a single visit that would otherwise require consultations with several other specialists. As a result, our schedules are busy. Furthermore, our primary objective is to improve the health of our patients. These 2 factors mean that there is often little time to reflect upon the effect of our prescriptions on total health spending. Despite these challenges, I believe that it is important to help limit rising drug spending.

I have 2 suggestions to address this challenge.

## Work within the Patient's Medical Home model

Since the foundation of a family medicine group (Quebec's Patient's Medical Home model) within my own community in 2011, we have had the opportunity to work with many other health care professionals. The nurses have heavily contributed to treating chronic diseases and they assist patients in improving their lifestyle habits before we prescribe any new medications. Social workers have helped us avoid using certain medications to treat mental health conditions. The kinesiologist helps our patients become more active, and our pharmacist reviews our medication lists.

## Understand the cost of medication and limit the pharmaceutical industry's influence

On the one hand, it is not easy to know the cost of medication in our practice. Some electronic medical records include it, but the information is not organized in a way that is easily accessible. Last year at Family Medicine Forum, a resident introduced an application called "PrescribeSmart" that allows us to compare medication prices. I encourage you all to take a look at it—it is very interesting.

On the other hand, we must be aware of the effect the pharmaceutical industry's marketing techniques can have on our prescriptions. Some of us might be interested in meeting with representatives to receive information on new products. We must be aware of the effect that this relationship has on our prescribing habits and ensure that our primary sources of information are without conflicts of interest. All other things being equal, the least expensive product should be our first choice.

Our primary concern is improving the health of our patients. Nevertheless, the financial effect of our prescriptions is not negligible. Given that drug prices increase annually, we must do our part to address this challenge that continues to undermine our public health care system.

### References

1. Canadian Institute for Health Information. *National health expenditure trends, 1975 to 2017*. Ottawa, ON: Canadian Institute for Health Information; 2017. Available from: [https://secure.cihi.ca/free\\_products/nhex2017-trends-report-en.pdf](https://secure.cihi.ca/free_products/nhex2017-trends-report-en.pdf). Accessed 2018 Feb 27.
2. Canadian Institute for Health Information. *Prescribed drug spending in Canada, 2017. A focus on public drug programs*. Ottawa, ON: Canadian Institute for Health Information; 2017. Available from: [https://secure.cihi.ca/free\\_products/pdex2017-report-en.pdf](https://secure.cihi.ca/free_products/pdex2017-report-en.pdf). Accessed 2018 Feb 28.