Session 095: Drug Claim Management - Lessons from Canada

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Drug Claim Management Lessons from Canada

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Presentation Disclaimer

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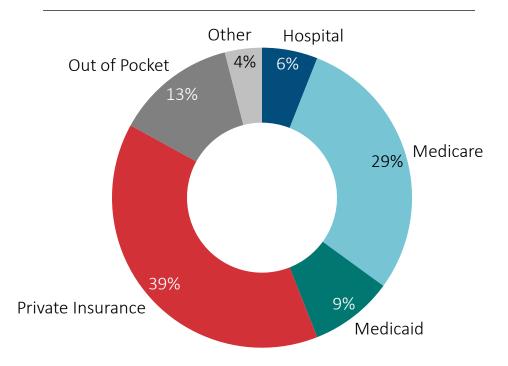
Common Border, Uncommon Economics

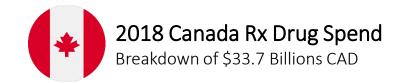
| Comparator | us 🏥 | Canada 💠 | Ratio US : Canada | Source(s) |
|-----------------------------|-----------|----------|----------------------|--|
| Population (M) | 327.2 | 37.1 | 8.8 : 1 | US Census Bureau, StatsCan |
| GDP Per Capita | \$70,488 | \$56,273 | 1.25 : 1 | OECD |
| Total GDP (\$T) | \$23.1 | \$2.1 | 11.1 : 1 | OECD, US Census Bureau, StatsCan |
| Health Care Spend (\$B) | | | | |
| Voluntary (ins, OOP, other) | \$693.9 | \$72.4 | 9.6 : 1 | OECD |
| Gov't / Compulsory | \$3,793.5 | \$166.5 | 22.8 : 1 | |
| Total | \$4,487.4 | \$238.9 | 18.8 : 1 | |
| Rx Drug Spend (\$B) | \$470.5 | \$33.7 | 14 : 1 | CIHI, Kaiser Family Foundation, StatsCan, US Census Bureau |

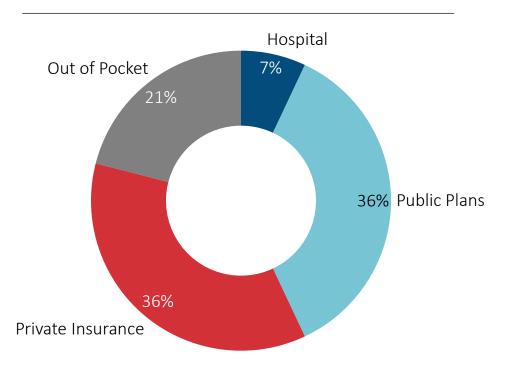


Drug Spend Comparison







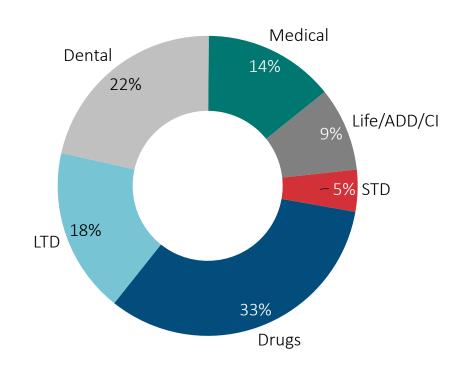


Sources: CIHI, kff.org (Kaiser Family Foundation), OECD, StatsCan, US Census Bureau



Spend By Benefit





Sources: Fraser Group Universe (private group insurance)

Assumption: Drugs = 70% of Total Medical



What are the trends in drug plan costs in Canada?





What are we doing to mitigate rising drug costs?



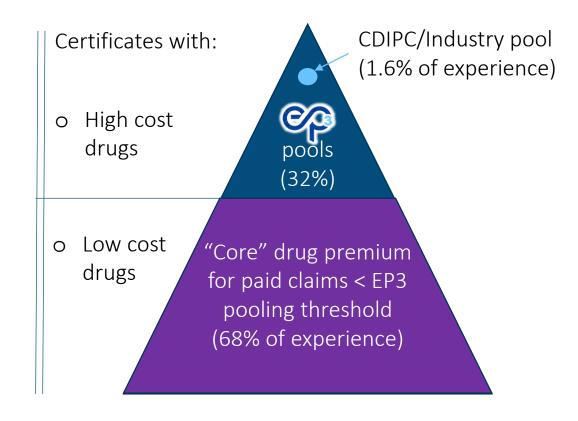


CDIPC opoling

Attributes

- One or more EP3 pools per participating member insurer.
- No experience rating is permitted under any circumstance.
- Pools often created to represent risks driven off of non-coverage by provinces.
- EP3 protection moves with the sponsor if the it changes insurers.
- Not for profit. Money in = money out.
- Pooling costs recovered through pooling charges

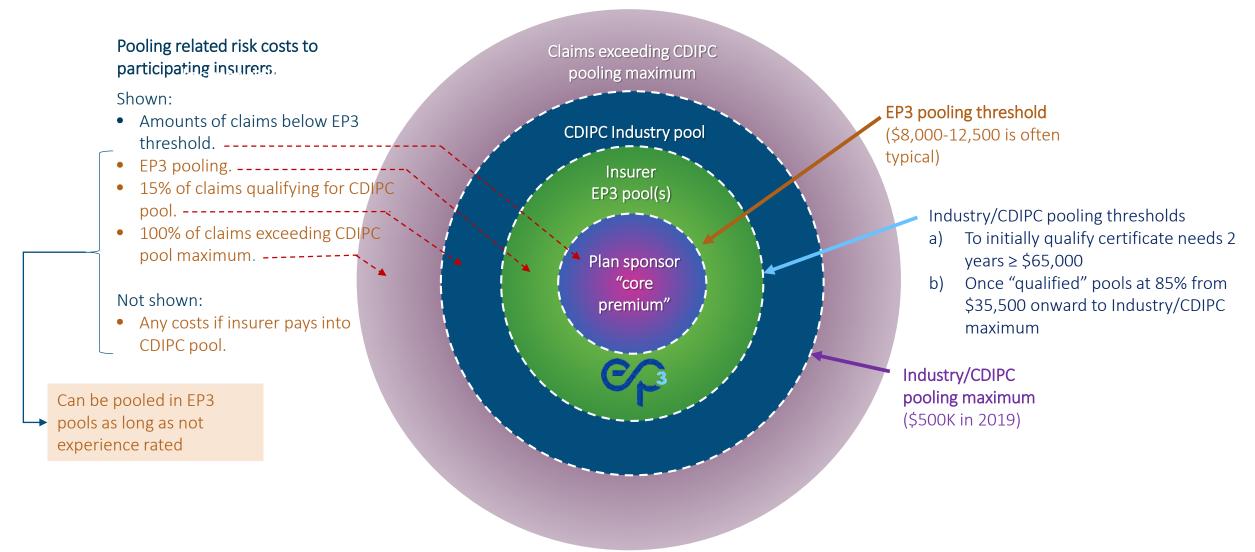
• Structure







Pooling mechanics Private drug claims paid per certificate





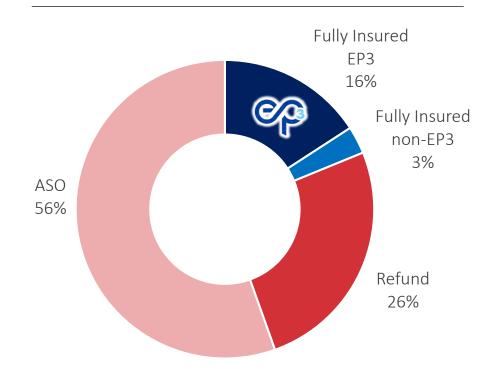
What are we not doing, or not doing enough of?





Private drug funding basis





Source: CDIPC market review (2017)



National Pharmacare?







Questions?



