



BC's reference-based pricing policy faces criticism

The Canadian Cardiovascular Society (CCS) has spoken out against the BC government's reference-based pricing policy that lumps a group of drugs together and sets a single price — equivalent to the cost of the least expensive product in the category — for all drugs in the group. When BC extended its reference-based pricing policy to include medicines for hypertension, heart failure and other cardiac illnesses, the CCS responded with a position paper that sharply criticized the “ill-considered policy,” which it said could place lives at risk.

“Heart medicines, such as those used to control high blood pressure, heart failure and angina, are very complex medications,” CCS president Dr. Peter McLaughlin said. “There can be marked variations in the effectiveness and side effects of these drugs from one patient to another. It is not like switching brands of toothpaste.” The CCS said the initial savings on drug costs that result from the policy are offset by corresponding increases in physician visits and hospitalization, and cautioned other governments against enacting similar policies.

Few physicians on NS hospital boards

Nova Scotians can't complain that physicians have undue influence in their new hospital-governance system. Last fall the province appointed more than 60 citizens to 4 regional health boards to oversee operations at hospitals outside the Halifax and Sydney regions; only 5 board members were physicians, and the Eastern Regional Health Board, based in North Sydney, had no medical representation. Drs. Murray Nixon, Michael Cook, David Rippey, George Ferrier and Meera Prakash represent the medical community in the western, northern and central regions.

Price Club meets health care: new American company promises patients discounts on their care

Consumer discounts for health care products and services have emerged as the newest entrepreneurial trend in American medicine. On Jan. 1, the California Group Health Program (CGHP) began operating a health care membership discount network similar in philosophy to Price Club. (At Price Club, an annual fee allows members to shop for a huge array of items, which are usually priced well below those found at more traditional stores.) CGHP is operating in southern California, and hopes to expand to 10 more states within 10 months.

Although the program cannot be used for emergency services or take the place of regular health insur-

ance, it is designed for people without health insurance or whose coverage is restricted or carries a high deductible. For an annual membership fee of \$42 per adult (\$20 for children aged 11 and younger), CGHP provides access to a national network of health care businesses and professionals who will offer services at substantial discounts “in exchange for no third-party interference, no corporate manipulation and to receive direct payments at the time of service.”

Members who call the CGHP information centre are given a list of local providers, their specialties, hours, location, languages spoken, qualifications, discounts and incentives. A discount card entitles them to

pay lower cash prices for services covered by the program, ranging from medical care provided by physicians to use of spas, alternative therapy and transportation for the disabled.

“Americans are tired of paying more for health care, getting less services and helping insurance executives and stockholders to reap the benefits,” president and founder Gary Lawson stated. “Doctors, hospitals and health care services and working more and getting paid less and government continues to promote managed care's expansion of the health care crisis.

“The CGHP changes the term managed care to mean a savings of 20–50%, which goes directly to the individual consumer rather than to added profits for a stock-held corporation or insurance company.”

