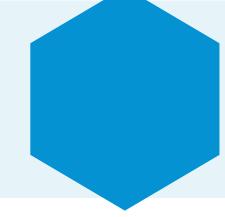


From Disruption to Empowerment:

Mood Disorders Society of Canada Société pour les troubles de l'humeur du Canada Transforming Mental Illness Medication Reviews for Positive Impact



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Executive Summary

Mood Disorders Society of Canada (MDSC) commissioned a recent data research review report, System Broken, with a key finding that medications for mental illnesses face a dramatically higher rate of negative reimbursement recommendations from the Canadian Drug Agency (CDA-AMC, formerly CADTH) compared to those for other disorders. To address this gap, MDSC led a roundtable of health system experts, including the CDA-AMC and other stakeholders, which resulted in three Roundtable Recommendations, listed below, for the path forward. Improvement in the front-line voice within the reimbursement review process is at the core of the recommendations. MDSC is actively collaborating with the CDA-AMC to address this gap.

- Increasing and enhancing representation of front-line voice (People With Lived/Living Experience (PWLE) and Psychiatrists) in the
- Creating guidance and education for reimbursement review expert committees on "clinically meaningful endpoints" for mental illness
- Improving transparency around the reimbursement review process and final decisions

Problem

Medication is a crucial part of mental illness recovery (as part of a holistic approach*), but Canadians face access issues, impacting treatment effectiveness and societal wellbeing. Since mental illnesses vary for each person, successful treatment requires an individualized trial-and-error approach, making accessibility to all medications essential.

*MDSC emphasizes the importance of timely access to effective medicines alongside holistic care, including psychotherapy, peer support, education, exercise, sleep, nutrition, housing security, and addressing other social determinants of health.

Solution: MDSC Working Group

MDSC is establishing a pan-Canadian, multi-stakeholder working group (WG) to advance its Health System Roundtable Recommendations. MDSC will continue to collaborate with the CDA-AMC in achieving the goals of the WG.

Canadian HTA Drug Reimbursement Recommendations

54% of assessments in for new medications for mental illnesses received a negative recommendation, while only 17% of all other non-oncology medications received a negative recommendation

Canadian Drug Agency: In the past 10 years,

Quebec/INESSS: From the Quebec assessment agency INESSS, 64% of new medications for mental illnesses received negative recommendations

Untimely

Unacceptable delays 2 Average time in 4 key provinces 3 Longer than other similar countries

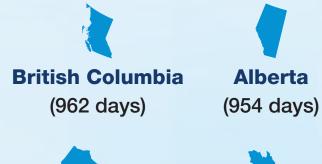
Average "time-to-patient" from Health Canada approval to public



Quebec

(907 days)



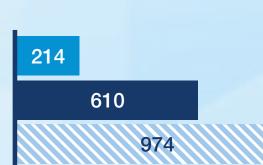


Ontario

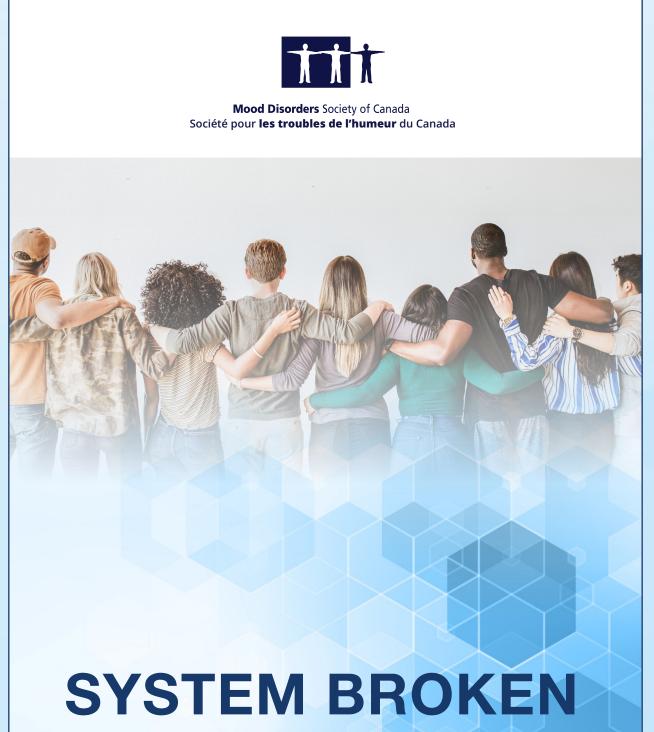


in Australia (214 days) and

Scotland (610 days)



The Evidence: MDSC Commissioned Report



How Public Drug Coverage is Failing Canadians with Mental Illness

Data analysis: Report, System Broken: How Public Drug Coverage is Failing Canadians with Mental Illness, found a significantly higher rate of negative reimbursement recommendations for psychiatric medications compared to medications for other medical disorders (54% vs 17%), substantial delays (average 2.5 years), and an inequality of publicly funded medications (38% not publicly reimbursed) across Canada's most populated provinces (accesstomedication.mdsc.ca). Central to these gaps is the need to improve the front-line voice in the reimbursement review process, from PWLE and clinicians that treat them.

Conducted by an independent third-party life sciences firm, System Broken examined Canada's public reimbursement review process for psychiatric drugs approved by Health Canada between 2012 and 2022. The report serves as a pivotal tool in both defining and validating the challenges, contributing to a more nuanced comprehension of the complexities associated with HTA reviews for psychiatric medications; however, the reasons for the variation of the identified HTA reviews remain unclear.

Published in November 2023, System Broken was led by a steering committee made up of PWLE, caregivers, physicians, and patient organizations from across Canada representing mental illness and non-mental illness diseases. The steering committee also represented both official languages as well as diverse perspectives, including lived experience, and background with dimensions that took into consideration race, ethnicity, gender, ability, age, geography, role within the health system, nationality, and socioeconomic status, among others. The steering committee guided work to draft the objectives, parameters of data collection, and reviewed and edited the final report. Steering committee members also participated in knowledge translation activities within their communities and nationally. Two of the knowledge translation team (Dr. Khullar and Aimée Tran Ba Huy) are co-authors for this poster.

Addressing Gaps: MDSC Health System Roundtable

MDSC hosted a first-of-its-kind health system roundtable in May 2024 where participants from different points of view within the reimbursement review system (CDA-AMC, other government, industry, patient organizations, PWLE, caregivers, students, health researchers, health economists) discussed ways to amplify the front-line voices of PWLE and clinicians within the reimbursement review process to ensure equitable access to publicly funded medications for mental illnesses. A set of three clear recommendations stemmed from the roundtable – as shown in the Executive Summary.



Pathways to Equity Roundtable

Read the Report Here: AccessToMedication.mdsc.ca Comparison of CDA-AMC HTAs for mental illness medications vs non-mental illness (non-oncology) medications, undergoing HTA review between 2012-2022.

	CDA-AMC HTAs for selected mental health indications in System Broken report	CDA-AMC HTAs for non- mental health indications*		
Total number of assessments	13	384		
Number of negative recommendations	7	67		
Percentage of assessments that received a negative recommendation	54%	17%		

*Excluding oncology

NB: This table only looked at if there were differences between HTA recommendations for mental illness vs. other non-oncology disorders – it did not explore the reasons why those differences may exist.

Access to medications is a critical factor that impacts not only health outcomes for PWLE, but also societal wellbeing and the overall cost to the health system. Ensuring that individuals can obtain the right medications without undue barriers is essential for fostering a healthier, more productive society and reducing long-term healthcare expenses.

KEN PORTER



As someone who has lived through the ordeal of trying multiple medications before finally finding a treatment that worked for me, I can say firsthand that the process is exhausting and disheartening. People who experience the daily reality of mental illness, should have a place at the table in the drug reimbursement review process. Including us ensures that decisions reflect real-world challenges and promote a more empathetic and effective healthcare system.

AIMÉE TRAN BA HUY

Overview of reimbursement outcomes for mental illness medications in Canada compared to three other countries with similar HTA processes, 2012-2022.

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	Canada								
	CDA- AMC	INESSS	ВС	АВ	ON	QC	Australia	Scotland	UK
HTA assessment									
Number of HTA reviews conducted	13	13	n/a	n/a	n/a	n/a	12	8	4
Negative HTA recommendations given (#)	7	8	n/a	n/a	n/a	n/a	4	3	2
Negative HTA recommendations given (%)	54%	62%	n/a	n/a	n/a	n/a	33%	38%	50%
Reimbursement									
# of medications and v		rwent HTA eimbursed	7	7	6	8	4	3	2
% of medications and v		rwent HTA eimbursed	54%	54%	42%	62%	33%	38%	50%
Time-to-patient for medications und (# of days from regulatory approval to pu			962	954	962	907	214	610	1,414

Mental Illness by the Numbers

In any given year, 1 in 5 Canadians experiences a mental illness. 20

1 in 3 Canadians will experience a mental illness in their lifetime. 21

Nearly 50% of caregivers to loved ones living with mental health problems and illnesses report their role has a negative impact on their own mental health. 22 An estimated 3 million Canadians have a mood (such as depression) and/or anxiety disorder, making these disorders among the most common in the country. 23

5% of Canadians report having received a post-traumatic stress disorder (PTSD) diagnosis. 24

2.2% of Canadians will experience bipolar disorder at some point in their lifetime. 25

More than 360,000 Canadians have some form of schizophrenia and 3% of the population will experience psychosis at some time in their lives. 26 Up to 80% of people with mental illnesses are affected by poor sleep, including falling asleep, staying asleep, or waking up earlier than intended. 27

> By the time Canadians reach 40 years of age, 1 in 2 have – or have had – a mental illness". 28 References 20-27 can be found in the System Broken report. 28 Smetanin et al. (2011). The life and economic impact of major mental illnesses in Canada: 2011-2041.

> > Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica.



drugs.

Due to the heterogeneity of mental illnesses, successful treatment often requires an individualized trial-and-error approach, making access to all medications essential. This is precisely why it's crucial to have psychiatrists with specific expertise in the drug being reviewed and the particular mental illness in question involved in the reimbursement review process. Our insights are vital to ensure a comprehensive range of accessible treatment options for our patients.

DR. KHULLAR

Public drug plans convene via pCA to negotiate with the manufacturer on what public reimbursement could look ike in the participating jurisdictions 6-12 months Approval by Letter of Intent (LOI) issued Health Canada HTA recommendations **Regulatory Review** Health Canada assesses for 4 to 8+ months Variable timeline safety, efficacy and quality in its <u>regulatory review.</u> **Health Technology Assessment Product Listing Agreements (PLA)** Canada's two <u>HTA</u> bodies (<u>CADTH</u>, for all of Canada Each <u>regional public drug</u> plan signs its own PLA except Quebec, and <u>INESSS</u>, for Quebec) conduct clinical and economic reimbursement reviews and make recommendations on public coverage

(typically more quickly than public drug plans) for employer-based coverage. pan-Canadian Pharmaceutical Alliance (pCPA) **Time-to-Patient** Medication is accessible through public drug plans for patients who qualify

Canada's Regulatory and Reimbursement Pathway

(for Non-oncology Drugs) From data **Private Drug Plans** in the report System Broken, average timeto-patient is about 2.5 years from **Health Canada** approval and can be as long as six years – longer than for non-mental illness (nononcology)

Mood Disorders Society of Canada (MDSC) is a national, not-for-profit, Lived Experience driven, health charity committed to ensuring Canadians impacted by mental illness, their family members and caregivers are heard on issues relating to mental illness and mental health. MDSC advocates to improve access to treatment, inform research, and shape program development and government policies to improve the quality of life for people affected by mood disorders.