



Pharmacare: Lost in Translation

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By: Melisa Foster and Steve Long

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Executive Summary

What are Canadians really talking about when they talk about pharmacare?

In many ways, national pharmacare remains an opaque concept in Canada. The mechanisms used vary, with some jurisdictions offering access to medications in a fully publicly funded and administered system, while others use mandatory private insurance. As a result of this varied application, the word pharmacare seems to be lost in translation.

Given the renewed national appetite for a prescription drug strategy and innovative policy development, Global Public Affairs set out to answer this question. We believe it is critical for stakeholders to not only understand the policy process attributed to a pharmacare strategy, but also to appreciate the intricacies of the politics surrounding such a pan-Canadian framework. A comprehensive understanding of both components will increase the likelihood of effective stakeholder engagement.

Canadians, governments, employers, private health insurance providers, the pharmaceutical industry, and health professionals all have variable perspectives on how best to provide the public with access to necessary prescription drugs. While there are many differences in each of these stakeholder's approaches, there are also many parallels and opportunities for collaboration.

Since the inception of Medicare in the 1960s – the celebrated underpinning of Canada's health care system – discussions about the inclusion of prescription medications have ebbed and flowed. Despite the work done to date, there is still much to be done from coast-to-coast if Canada is to see a national prescription drug strategy implemented in the near future.

Section 1: What are we really talking about, when we talk about pharmacare?

Since the inception of Medicare in the 1960s – the celebrated underpinning of Canada’s health care system– discussions about the inclusion of prescription medications have ebbed and flowed. Recently the debate to include prescription drugs in Medicare has resurfaced in remarks from the health ministers in Ontario and Alberta, in stump speeches by federal Health Minister Jane Philpott and in the House of Commons Standing Committee on Health. Public opinion also seems to support such an inclusion, with a recent Angus Reid poll citing that nine-in-ten (91%) Canadians surveyed indicated overall support for “pharmacare” in Canada.¹

However, one must stop and ask, what are Canadians really talking about when they talk about pharmacare?

In many ways, national pharmacare remains an opaque concept in Canada. By the same token, developed countries around the world employ a variety of pharmacare models to provide their citizens access to medically necessary prescription drugs. The mechanisms used vary, with some jurisdictions offering access to medications in a fully publicly funded and administered system, while others use mandatory private insurance. As a result of this varied application, the word pharmacare seems to be lost in translation.

To many stakeholders, national pharmacare implies a minimal level of federal engagement. The federal government would be a partner and, at the very least, fund or provide guiding principles to help construct a national program that supports access to medically necessary prescription drugs for all Canadians. Despite the recent change in federal leadership, the government remains hesitant to engage. Health Minister Philpott argues that there is already enough money being spent on health care in Canada and that the current government does not have a mandate to interfere with provincial or private funding of medications for Canadians.

Given the renewed national appetite for a prescription drug strategy and innovative policy development, Global Public Affairs is taking a step back to dissect both the concept and the discourse surrounding pharmacare. We believe it is critical for stakeholders to not only understand the policy process attributed to a pharmacare strategy, but also to appreciate the intricacies of the politics surrounding such a pan-Canadian framework.

Section 2: Current landscape

Canada’s system remains fragmented with provinces, territories, and the federal government each funding drug therapy for a distinct portion of the population. Comparisons are often made between jurisdictions to highlight the benefits enjoyed by some Canadians that remain absent for many others. Prescription drug coverage generally becomes a concern for individuals when they cannot access medically necessary drugs due to cost, and to governments when public expectations increase for equity in access. Currently, provincial drug programs fall into three structures (Figure 1).

¹ <http://angusreid.org/prescription-drugs-canada/>

Figure 1.

Provincial Drug Programs



In addition to these three broad types of coverage, the provinces also differ in their provision of funding and treatment options for individuals seeking cancer therapies, as well as other special needs populations. The federal government also manages programs for Inuit and First Nations peoples, the military, federal inmates, veterans and RCMP, and contributes to employee benefits for the federal civil service. This lack of consistency in policy processes continues to pose unique challenges and barriers for the public, professionals, and industry.

In response to this longstanding patchwork system, there is increasing momentum for real change. Canada's aging population and the increasing cost of therapies are further compounding access issues (Figure 2). The current pharmacare debate reflects the belief that this patchwork coverage model should be replaced with a catastrophic coverage or 'universal pharmacare' model – "the provision of a general level of coverage that protects individuals from drug expenses that threaten their financial security or cause undue financial

hardship."² The level of hardship could be set either as a fixed dollar figure or as a percentage of personal or family income.

The federal and provincial governments have recently formed a working group that will explore new and innovative ways to improve Canadians' access to pharmaceuticals. Arguably, the word pharmacare is being employed because it is a familiar term to professionals, patients and industry alike. However, there remains a lack of consensus on what it actually implies, the possible implications, and what the intended or unintended consequences would be to Canadians.

² <http://www.lop.parl.gc.ca/content/lop/researchpublications/prb0906-e.htm>

Figure 2.

Program Spending	Proportion of Paid Beneficiaries (%)	Proportion of Total Program Spending (%)
<\$500	56.1	6.3
\$500–\$1,499	22.8	16.7
\$1,500–\$2,499	8.9	14.0
\$2,500–\$4,999	7.7	21.6
\$5,000–\$9,999	2.8	15.0
\$10,000+	1.6	26.3

Source: Canadian Institute for Health Information, 2015

Section 3: What does pharmacare mean to Canadians?

The Canadian Institute for Health Information (CIHI) pegged the expenditure for prescription drugs at roughly \$29 billion in 2014, which includes wholesale, markups and other costs beyond what the manufacturer receives. This cost is shared among individuals, private plans, federal government plans, and provincial/territorial plans. Public drug plans pick up about 42% of those costs and 58% is paid by individuals, either through employer-supported benefits or out-of-pocket. Prescription drug costs represent 13.4% of total health care expenditures.

Any expenditure of this magnitude is prone to influence from large vested interests and prescription drug spending is no exception. A shift to pharmacare will require significant political will. There will be winners and losers. Current expenditure includes the product, as well as the industry staff required to create, produce and deliver those products and as such, a significant reduction in spending may result in job loss. Changes in design will also result in a shift in costs between the provinces and the federal government, between governments and employers, or benefit providers and their employees.

Policy discussions often start with defining the interests and values of all contributors and then requires management of the trade-offs to create a widely acceptable balance. In this vein, it is essential that policy makers look beyond discussions concerning the cost of such a program and incorporate a focus on value. In health care debates, stakeholders often turn to arguments concerning cost of programs and treatment, instead of taking the time to consider the additional non-monetary value. For example, a basic value statement may be ascribed to each stakeholder group:

1. The **public** values an improvement in their quality of life;
2. **Employers** seek the increased productivity associated with the good health of their employees;
3. **Governments** are after improved population health, individual satisfaction, and system sustainability (triple-aim);
4. **Industry** hopes to have timely access, and an ability to sell their products and invest in future development;
5. **Private insurance** providers aim to minimize the number of clients on long-term disability; and,
6. **Health professionals** want to cure illness and reduce suffering.

Public

As a result of Canada's current economic and fiscal environments, as well as subsequent unemployment and underemployment rates, an increasing number of Canadians have lost, or have been forced to go without work related benefits including prescription drug coverage. In Canada, one out of 10 people cannot afford their prescriptions, and that's one in four if uninsured.³ Currently, individuals between the ages of 18 and 34 who receive low to middle incomes, or work part-time, are most likely to be underinsured or to have no insurance at all.⁴

The majority of the public do not require medication and therefore may not seek coverage proactively. As a result, it is possible that they may not be able to access coverage when the need arises. Despite this, patients remain supportive of having access to clinically necessary products, regardless of their ability to pay and expect that "the system" be responsive and timely with minimal delays. As a result of systemic barriers to access, advocacy has come to be not only prominent, but also necessary for many patient subsets. This is especially true for those who rely on long-term therapies for chronic conditions such as rare disease and autoimmune disorders.

Therefore, from a patient's perspective, the objective of a universal pharmacare system is to remove obstacles to ensure that everyone has access to medically necessary treatments, irrespective of their financial situation. This includes individualized care that allows patients to access exceptional therapies should the usual and customary not be tolerated or prove ineffective.

Given the lack of national data and research, pharmacare proponents have commissioned various research initiatives to help advance their cause. As previously noted, a recent poll by the Angus Reid Institute found a staggering 91% of Canadians favour the creation of universal pharmacare.⁵ Further, some Canadians said they would even agree to pay more in taxes to implement a national pharmacare program that ensures access for those who need it most. Patients have noted that they are willing to pay "a reasonable" amount for coverage, provided it is transparent, fair and equitable, and expect to be protected from catastrophic loss. That said, while there are high levels of overall support for the concept of a universal drug program, research also highlighted a much lower degree of consensus in terms of what the specific elements of such a program might look like.⁶

Federal, Provincial and Territorial Governments

Since Canada began exploring options for universal drug coverage, prescription drug policy has been developed in multiple stages. Provinces developed independent drug insurance programs as supplemental health benefits during the 1970s and 1980s to satisfy public concerns. While public health insurance programs have financed nearly all expenditures on medical care and hospital care since the 1970s, private insurance coverage grew and adapted to fill the gaps for access to prescription drugs.⁷ Additionally, significant technological advancements and scientific developments made pharmaceuticals the fastest-growing component of health care costs from the mid-1980s through to the late

³ <http://www.cmaj.ca/content/early/2012/01/16/cmaj.111270.abstract>

⁴ <http://www.lop.parl.gc.ca/content/lop/researchpublications/prb0906-e.htm>

⁵ <http://policymagazine.ca/pdf/15/PolicyMagazineSeptemberOctober-2015-Yale.pdf>

⁶ <http://angusreid.org/wp-content/uploads/2015/07/2015.07.09-Pharma.pdf>

⁷ http://pharmacare2020.ca/assets/pdf/The_Future_of_Drug_Coverage_in_Canada.pdf

1990s.⁸ Despite the increasing calls for change and improvement, there has been little expansion to provincial programs.

In the last 15 years, there have been several federal proposals for a national catastrophic prescription drug plan, from the Romanow Commission, the Kirby Senate Committee, and the ministerial task force on the National Pharmaceuticals Strategy. However, the majority of pressure for real change has been driven at the provincial level.

In 2006, Ontario led the way in implementing a pricing and cost containment strategy with Bill 102, *Transparent Drug System for Patients Act*, 2006.⁹ When announced, the government plan was expected to save up to \$277 million per year, with cost savings being reinvested into the provincial drug system to support improved patient access to drugs. Bill 102, which was fought vigorously by pharmacy owners, as well as brand and generic pharmaceutical companies, became a defining moment in Canadian drug policy. Ontario, buoyed by cost savings, convinced politicians to step back from the decision-making process, leaving listing decisions in the hands of expert committees and a newly created Executive Officer position.

The goals of Bill 102 were expanded when the Council of the Federation provided a platform for Premiers to lead discussions on pharmaceutical strategy through the Health Innovation Working Group. To date, the Working Group has achieved a number of successes, including lowering the cost of prescription drugs to participating provinces, with a stated combined annual savings of over \$490 million.

In 2010, the Working Group established the pan-Canadian Pharmaceutical Alliance (pCPA) to conduct joint provincial/territorial negotiations for brand name drugs to achieve greater value for publicly funded drug programs and patients. As of May 31, 2016, 107 joint negotiations have been completed through this process. Canadians have also benefited from decreases in the prices of generic drugs, as those commonly used have been reduced in price. As of April 2016, 19 generics have been added to this list.

In advance of the January 2016 Health Ministers meeting in Vancouver, the Premier of British Columbia, Christy Clark, and Ontario's Health Minister, Eric Hoskins, reopened the debate on a national pharmacare plan. They argue that Canada needs a national prescription drug plan that goes beyond an agreement by provinces and the federal government to buy drugs in bulk.

Any federal and provincial initiatives are increasingly driven by triple aim; improved population health, patient satisfaction, and sustainable spending. It is expected that governments will continue to use health technology assessments (HTAs) to define use and funding for the most appropriate therapies. A key issue for governments is managing the uncertainty around the effectiveness and safety of products, as portrayed by the manufacturer, and the relative value, affordability and impact, as an incentive for future research and the development. Governments continue to grapple with how to measure the outcomes and value that result from the money they spend.

⁸ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3430151/>

⁹ http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=412&isCurrent=false&ParlSessionID=

Employers

Despite increased debate, employers, who are a key stakeholder and drug coverage provider through employee benefit plans, have been largely absent from national debate. Given the rising costs of prescription drugs, employers are increasingly concerned about the future of private coverage. That said, employers continue to fund benefits, as they believe they offer a competitive advantage in recruitment, maintain wellness and support a productive workforce, and assist in preventing long-term disability. As costs have increased, employers' views are converging with those of government, including, a shift in focus to outcomes and creation of mechanisms to measure impact of spending for sustainability.

In early 2016, Aon, a leading provider of Health & Benefits advisory services, surveyed Canadian human resources leaders to gather their opinions on national pharmacare. The survey showed employers generally agree with the same principles of pharmacare as the general public, but also acknowledge that they still feel the need to offer supplemental coverage over and above a public program to differentiate themselves in a competitive employment market.

Like all stakeholder groups, part of the challenge expressed by employers in moving forward is the uncertainty around how the program would actually work. While there is agreement that a program is needed, there is no consensus on how the program would be structured and implemented. Aon found that when employers were asked about their opinions on a fully government-run program, as well as a government-mandated employer-run program, employers were undecided. However, it was clear that employers would prefer a dedicated funding approach to one where funding came from general revenues or led to reductions in other program spending.¹⁰

Private Health Insurance

Many Canadians rely on private coverage to access prescription drugs in Canada, however the lack of consistency in provincial reimbursement has manifested into long-standing fragmentation across the country. Initially designed as a supplemental benefit to meet employer's needs to address competitive recruitment and wellness strategies, private insurance has continued to play an increasingly important role in the care plans of most patients. Private health insurance is not sold as insurance, but as a benefit plan with an administrative fee based on transaction volume and total cost. This funding structure poses a low risk to carriers, as costs flow through with increasing expenditure and increased revenues.

Generally, the life and health insurance industry supports a national pharmacare system and has long been advocating for federal, provincial and territorial governments to select a method to reduce the price of prescription drugs for all Canadians. The Canadian Life and Health Insurance Agency (CLHIA) argues that a single government monopoly is not necessary to achieve a successful national strategy. Instead, it believes the bulk purchasing of drugs would lead to major savings and that these savings could be achieved through greater cooperation between public and private sectors.¹¹ The agency has also called for a review of the Patented Medicine Prices Review Board (PMPRB), as well as a common national minimum formulary.

¹⁰ http://www.aon.ca/surveys/rr/Aon_Pharm_2016_EN.pdf

¹¹ https://www.clhia.ca/domino/html/clhia/CLHIA_LP4W_LND_Webstation.nsf/d461566217d207788525781d0072d2be/aa2597e98a11a70085257e140047580c!OpenDocument

It is likely that private insurance companies would be the most negatively affected stakeholders if a universal drug program was adopted and centralized with government, since a profitable percentage of their business would disappear.

Pharmaceutical Industry

Industry argues that research-based pharmaceuticals contribute substantially to Canada's knowledge-based economy and to hospitals, universities, and patients. Further, effective and innovative medicine is an essential part of Canadians' overall health and wellbeing.

The general shift to focus on outcomes and health technology assessments (HTAs) across all markets is forcing increased competition for scarce funding and increased demand by manufacturers for non-transparent pricing to protect international markets from comparison. This competition to reduce prices in established classes of medication may result in the creation of room for funding of new therapies that address significant unmet patient needs. However, there remain long lead times and significant risk associated with the development of new products for companies and an expectation of return on investment, driven by shareholders.

Following a November 2015 pharmacare roundtable discussion between the Ontario government and Innovative Medicines Canada, members of Canada's innovative pharmaceutical industry offered 10 key principles that they agree are key to a successful program. These principles include:

1. Ensure best outcomes
2. Maintain the prescriber-patient relationship and choice
3. Address the gaps in care and access
4. Direct public funding to those most in need
5. Consider the economic and societal benefit
6. Help Canada's health care system innovate
7. Provide the best standard of care
8. Respect provincial jurisdiction and autonomy
9. Recognize the need for flexibility
10. Take a holistic approach¹²

The generic pharmaceutical industry is also experiencing pressure across markets. There has already been significant price erosion, and this is expected to continue as a result of pressures from international comparisons. The notorious patent cliff supported the increased use of generics for key, large patient populations; however, the opportunity for excess revenues was curtailed through price reduction. The further lowering of prices could result in supply security issues. Potential opportunities exist through pharmacare for increased use of generic equivalents in private payer markets and increased access to medications for those currently not filling prescriptions due to cost.

Industry continues to be open to working with varying levels of government to ensure Canada has a strong and sustainable framework in place. In short, there is support for a national pharmacare program that would ensure timely, improved, and consistent access to medicines across Canada.¹³

¹² <http://innovativemedicines.ca/blog/2015/11/27/canadas-innovative-pharmaceutical-companies-share-insights-at-ontarios-roundtable-on-national-pharmacare/>

¹³ <http://innovativemedicines.ca/innovative-medicines-canada-statement-on-the-house-of-commons-health-committee-study-of-pharmacare/>

Health Professionals

Commentary on pharmacare has been provided by many health care professional associations and organizations.

The Canadian Medical Association (CMA) adopted a policy resolution at their 2015 Annual Meeting to support the development of an equitable and comprehensive national pharmacare program. The association believes there are scalable solutions that may be adopted with federal and provincial funding to meet this standard. CMA emphasizes that pharmacare should be supported by e-prescribing linkages and include optimal prescribing:

- provision of a prescription medication that is the most clinically appropriate for the patient's condition;
- safe and effective;
- part of a comprehensive treatment plan; and,
- cost effective to meet the patient's need.

Canadian Doctors for Medicare believes patients' access to prescription drugs should be based on need, not on their ability to pay. There has been a fundamental change in the medical practice since Medicare began in Canada. Doctors, along with many health practitioners, use medication as a primary component of treatment; it is an essential part of a patient's treatment plan and substantially improves outcomes. The organization agrees with the belief that bulk purchasing is not enough and a strategy must be developed at a federal level to identify gaps in the system.

The Canadian Federation of Nursing Unions (CFNU) defines pharmacare as "a national drug plan that would be publicly funded and administered."¹⁴ CFNU argues that over the last five years, provincial governments have come a long way in improving drug access, but emphasizes that federal leadership is imperative to any successful national strategy and continues to push for bold change. In this vein, the union recently indicated that "the answer to dealing with increasing costs and decreasing access...is not a system that leaves prices high and only kicks in when people are in crisis. Only a full prescription drug program can secure a system that is able to negotiate lower costs, increase efficiency, ensure access and coordinate appropriate use."¹⁵ The federation continues to advocate for a cohesive prescription drug plan in Canada.

Pharmacists, despite their integral role in advising on the use of, and dispensing of prescription drugs, have, until recently, remained outside of the ongoing pharmacare debate. The Canadian Pharmacists Association (CPhA), the national voice of Canadian pharmacists, has publicly acknowledged the importance of a pan-Canadian pharmaceutical strategy. In June 2015, CPhA launched Pharmacare 2.0 – a leading consultation process to cultivate national consensus for a pan-Canadian pharmacare framework. The organization believes that a sustainable and affordable pharmacare model must be based on optimal health outcomes and patient-centred care.¹⁶ More recently, the CPhA has highlighted that pharmacists are not for or against any specific model, but rather committed to:

1. Addressing gaps between private and public systems;
2. Protecting Canadians from undue financial hardship;
3. Protecting patient access to a stable supply of clinically and cost-effective drugs; and,

¹⁴ <https://nursesunions.ca/political-action>

¹⁵ <https://nursesunions.ca/news/canada-s-nurses-push-bold-vision-prescription-drugs>

¹⁶ <http://www.pharmacists.ca/advocacy/pharmacare-20/>

4. Providing access to the full range of pharmacy services to achieve better health, better care and better value.¹⁷

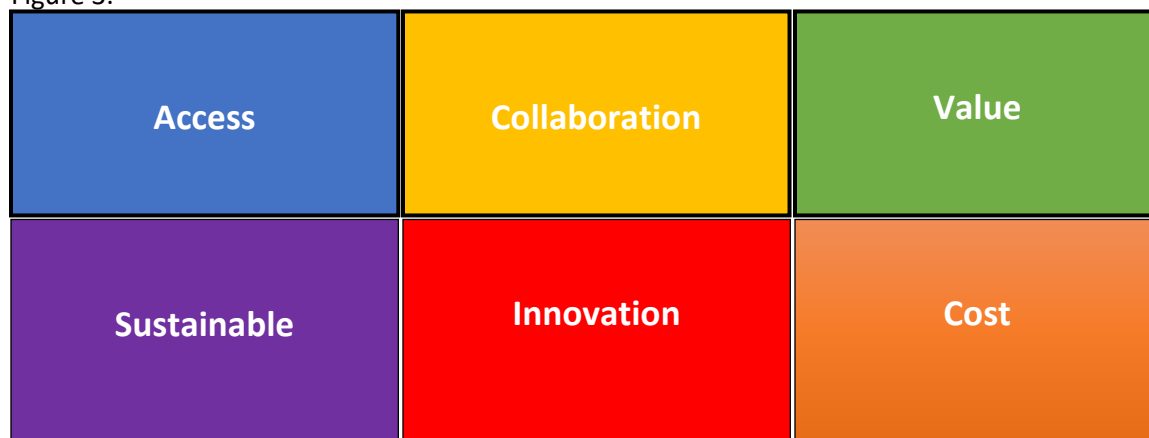
Increased access to a stable supply of prescription drugs may result in a 10% increase in the total number of prescriptions dispensed, as those currently unable to afford medications gain access.¹⁸ Pharmacists believe that an increased scope of practice supports the role for them in managing adherence, monitoring outcomes, and supporting patient management of chronic disease. At the core of the argument, they see the pharmacy as a location well suited to support evidence-informed use of prescription drugs, known to support population health. If this is to prove successful in practice, pharmacists must be recognized as front-line medical professionals, not just distributors of products.

Section 4: What do Canadians agree on?

Today's disjointed pharmaceutical policy may be described as a "tragedy of the commons" – a shared resource that is overused and being depleted by all players acting in their own self-interest for the greatest short term gain. We all need to recognize that there is only one payer. Individual Canadians pay for access to prescription drugs through taxes, as part of their compensation package, or out of pocket directly, as premiums, deductibles or co-payments.

While there is tremendous variation in stakeholder viewpoints regarding what pharmacare should look like and who should fund it, there is clear consensus on many overarching principles. Our reliance on prescription drugs as a key tool in the maintenance and restoration of health has increased greatly since the inception of Medicare. Our current fragmented approach for funding of therapies has led to inequities in access, and health outcomes. Canadians are seeking equitable and timely access to proven medically necessary prescription drugs without undue financial hardship. The principles of value, access and collaboration, built on a foundation that addresses sustainability, quality, innovation and cost, provide policy makers with the building blocks of a successful strategy (Figure 3).

Figure 3.



¹⁷ <http://www.pharmacists.ca/advocacy/pharmacare-20/>

¹⁸ <http://www.cmaj.ca/content/184/3/297>

Section 5: Looking ahead

There is still ample work to be done from coast-to-coast if Canada is to see a national prescription drug strategy implemented in the near future. It is evident that Canadians remain divided on the details of such a strategy, but align on the key overarching principles. As such, if the current patchwork system is to be successfully modified, or replaced, the change must align with the principles outlined in section four, to appeal to the masses, maximize the wins and mitigate the losses.

1. **Canadians** who rely on the health system must become engaged in the debate and be prepared for change to the benefits they receive.
2. **Governments** must continue to recognize the value and efficiency of a national, collaborative approach to address defined gaps in coverage.
3. **Employers and labour organizations** must recognize the need for change and support the evolution to a pharmacare structure. They must engage to ensure definition of value and benefits of such programs are extended beyond an offset of hospital and health system costs to value for individuals and employers in terms of health, productivity and workplace engagement.
4. The **private health insurance** industry must restructure their offerings to incent improved health behaviours and better coordinate with publically funded programs to address gaps in coverage.
5. The **pharmaceutical industry** must be engaged as true partners by government. Drug makers are an important partner in helping government control drug costs and in making remarkable discoveries to improve patient outcomes.
6. **Health care professionals** must become more accountable for health system sustainability. They must work to ensure prescribing, dispensing and ongoing monitoring of care is informed by evidence and value, shifting from an emphasis on volume of service to quality.

Given the current political environment, health ministers must continue to explore a variety of options to help shape the future of a national prescription drug strategy. It is essential that the various levels of government review all possible opportunities, their pros and cons, as well as the overlap and variance in models before committing to a long-term strategy. In order to do this effectively, stakeholders must engage in a thoughtful, strategic, and transparent manner to ensure that their message is heard. Canada does not need to reinvent the pharmacare wheel, but rather needs to improve harmonization from coast to coast.

In order to give greater meaning and clarity to national pharmacare in Canada, we must define it in a way that best reflects its true significance to Canadians. We can't afford to have it lost in translation any longer.

About Global

Global is Canada's largest specialist public affairs firm. With offices across the country, an international network of affiliates, we work with an ever-expanding list of Canadian and international clients in multiple aspects of their business, providing comprehensive strategic communications counsel and services - from research to tactical support to full program implementation. Whether through research, strategic communication planning, advocacy, or conducting community consultation, pursuing the many elements of effective public affairs is fundamental to the success of any organization.

Steve Long, Senior Associate

As Senior Associate, Steve principally focuses on health policy development, including pharmacy regulation, health technology assessment (HTA), and product reimbursement.

Prior to joining Global, Steve held progressively-senior pharmacy leadership positions in hospitals, government and community pharmacy. As Director of Pharmacy, he held operational and practice leadership responsibility within the Calgary Health Region. As Executive Director, Pharmaceutical Funding and Guidance at Alberta Health, he directly supported the Health Minister in policy creation and implementation of the Alberta Government's pharmaceutical strategy including expanded pharmacy services reimbursement and drug price and listing agreement policies.

Steve maintains his registration as a pharmacist with the Alberta College of Pharmacists. He attained a Bachelor of Science and Bachelor of Science in Pharmacy from the University of Alberta, a Residency in Hospital Pharmacy from the Ottawa General Hospital and his Master of Business Administration from the University of Calgary.

Email: slong@globalpublic.com

Melisa Foster, Consultant

Melisa provides strategic and tactical, policy and communications solutions for clients' issue specific initiatives. She has extensive knowledge in public affairs, strategic communications and public policy. She actively monitors policy development related to her files, both provincially and nationally, providing detailed research support to clients.

Melisa holds a Bachelor of Public Affairs and Policy Management from Carleton University and a Master in International Public Policy from the Balsillie School of International Affairs, Sir. Wilfrid Laurier University.

Email: mfooster@globalpublic.com