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## Pharmacists' precautions save lives and money

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Pharmacists rarely win recognition for saving lives the way doctors, firefighters or North Shore Search and Rescue do. But the folks in the white lab coats working behind the prescriptions counter may prevent hundreds of deaths a year in British Columbia and keep thousands more from harm.

They quietly carry out this important and sometimes lifesaving task by refusing to fill prescriptions when they foresee a dangerous drug interaction, suspect fraud or detect a doctor's error. Each time they don't fill a prescription for those reasons, the provincial government pays them about \$17.

It happens more often than you'd think. There were 39,721 occasions last year for a total payout of roughly \$667,000, compared with \$651,000 in 2005 and \$657,000 in 2004.

These special services fees, as they are called officially, are paid at double the rate of PharmaCare's reimbursement of a pharmacy's dispensing fee (to a maximum of \$8.60).

It's hard to put a price on harm that didn't happen, hospital visits that were avoided and drugs that weren't wasted. But the benefits that accrue from such a small expenditure clearly outweigh the cost. For less than \$1 million a year, the government administers a program that provides better health care for patients by improving its delivery by pharmacists and other health care professionals. It's a trifling amount compared with PharmaCare's annual reimbursement for 21 million prescriptions totalling \$867 million, but the small sum leverages a far greater value in improved services.

At the micro-level, a patient might save the cost of medication to which he or she might be allergic or that might interact with another previously prescribed drug. At the macro-level, the taxpayer saves on the cost of a trip to the emergency room for treatment of an allergic reaction or drug interaction. It's a major problem. Studies have shown that one out of every four seniors admitted to hospitals in B.C. is there because of medication interactions, duplications or misuse of prescription drugs.

Through PharmaNet, the computer database system linking 4,000 pharmacies as well as hospital emergency rooms and -- as of May 2006 -- doctors' offices, health care professionals can access patient records anytime, anywhere. This is part of the government's broader strategy around e-health, an expansion towards full electronic medical records that proponents argue will improve patient health and safety.

B.C. is a Canadian leader in e-health and other provinces, seeing the success of the PharmaNet program, are looking to do something similar.

Stories about B.C.'s ailing health care system abound -- from wait lists, to doctor shortages to funding shortfalls. But the PharmaNet experience shows there can be creative, innovative and inexpensive solutions to problems and gives us hope that higher quality health care is both achievable and affordable.

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