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B.C. pays pharmacists to save lives by not prescribing

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Vancouver Sun

Wednesday, March 07, 2007

Last year in British Columbia, thousands of people were saved from harm or even death because pharmacists refused to fill their prescriptions.

Sometimes they prevented a dangerous drug interaction; sometimes they prevented fraud or fixed a doctor's mistake.

The provincial government paid nearly \$700,000 to pharmacists last year for not filling prescriptions the health professionals believed might endanger the health of patients.

The unique and increasingly popular, yet low-profile, B.C. program gives a "professional intervention fee" to pharmacists that amounts to twice the normal dispensing fee.

On 39,721 occasions last year -- or more than 100 times a day -- pharmacists collected about \$17 each time they did not fill a prescription for reasons that included:

- The drug would cause a potentially dangerous interaction with other drugs patients were using.
- Patients had reported a prior adverse reaction to the medication.
- The dose prescribed by the doctor was too high or too low.
- The treatment was predicted to be ineffective for the particular indication.
- There was a suspicion or evidence from the electronic PharmaNet system that patients were multi-doctoring (getting the same drugs from more than one doctor).
- Prescriptions were fake or altered.

The special fees program, as it is called, gets a brief mention in the recently released annual Health Council of Canada report for its innovation in preventing the misuse and abuse of medications. Similar programs will soon be implemented by Saskatchewan and Ontario.

Ken McCartney, deputy chief executive officer of the B.C. Pharmacy Association, said the program, introduced several years ago, is a win-win concept for patients, pharmacists and the government (through Pharmacare), which saves money every time a medication is not prescribed since the average cost of medication is about \$40. In each of 2004 and 2005, the government paid about \$654,000 in such fees.

Pharmacare annually issues reimbursements for more than 21 million prescriptions, or \$867 million, so relative to that figure, the nearly 40,000 prescriptions not filled represent a paltry proportion of the number filled.

"For pharmacists, the fee is an incentive to maximize patient safety by intervening if they detect a potential danger to the patient," said McCartney, adding that while there are about 4,000 pharmacists in the province, they may not all be taking advantage of the double-dispensing fee because it does come attached with an "administrative burden."

"It's somewhat time-consuming to do the computer input ... but it's a positive program because pharmacists are being paid for what they know, not just what they do, and we like the program because it's an oversight process that helps catch errors."

Linda Chiu, a senior pharmacist with the government's Pharmacare program, said the program helps prevent inappropriate consumption of medication, prevents medication waste, and prevents patient visits to the emergency department and doctors' offices.

Depending on the pharmacy, dispensing fees can range from \$5 to about \$11 per prescription, but the intervention fees are capped at \$17.20, which is twice the average dispensing fee of \$8.60.

Alan Cassels, a researcher affiliated with the University of Victoria, said it's a good and necessary program.

Sun Health Issues Reporter

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