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Professional Fees

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Background

Traditionally, pharmacists have been compensated for services associated with the filling of a prescription through the collection of a dispensing fee. Pharmacist services covered through dispensing fees would include:

- Prescription verification and authentication
- Review of the patient's medication profile
- Consultation with prescribers and patients to resolve identified problems with the prescription
- Selection, packaging and labeling of the medication
- Submission of claims to applicable third party prescription plans
- Patient counseling and demonstration of appropriate use of the medication

Growing numbers of drug related problems, increasingly complex drug therapies, the introduction of countless new medications to the marketplace and advancements in technology have all contributed to circumstances that enable and require pharmacists to offer a much broader range of professional services than ever before.

Advancements in technology and access to a variety of medication management tools assist pharmacists as they perform countless activities that benefit patients, physicians and other professionals within the health care system and offer solutions in lowering health care costs. In addition to the dispensing of

medications, pharmacists are actively involved in assisting patients and healthcare providers with:

- Disease and medication management
- Health outcome monitoring
- Complementary care consultation
- Creation and delivery of health and wellness programs
- Home care management
- Development and preparation of specialty dosage forms

Pharmacists providing professional services need to be formally recognized and fairly compensated for their efforts in providing additional patient care and efficient management of scarce health care resources. The BCPhA recognizes that pharmacists currently may be providing these services for little or no additional compensation, as these programs are being created, implemented and refined. However, the development and recognition of appropriate pharmacist compensation in the form of new **professional fees**, apart from the usual and customary dispensing fees, will be required to sustain the ongoing provision of these valuable professional services. **Professional fees** place direct value on the clinical skills and knowledge of the pharmacist.

Pharmacists are highly trained healthcare professionals, having a minimum of 5 years of university training. In addition to their basic training in pharmaceutical

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position statement



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sciences, pharmacists maintain a position of life long learning through completion of continuing education programs, advanced pharmacy education courses and participation in self-assessment programs. With continual changes and new enhancements to disease therapies, some pharmacists have voluntarily decided to obtain advanced education in specific areas of disease state management (i.e. asthma, diabetes, cholesterol, anticoagulation management). Upon successful completion of recognized advanced education courses and the meeting of defined practice requirements, certifications (credentials) will be issued to recognize pharmacists who have qualified as a “specialist” in a specific area of pharmacy practice.

As well-respected members of the healthcare team, pharmacists are medication experts. They understand the use, composition and clinical effects of drugs. Pharmacists play a key role in all aspects of drug discovery, development, preparation, use and the ongoing monitoring of the drug’s effects. Professional activities such as these make pharmacists invaluable resources within the health care system.

Over this past decade pharmacists have made remarkable progress in developing and implementing pharmaceutical care services for patients that range from preventative care to disease state management. **“Pharmaceutical care” is defined as the direct responsible provision of medication-related care for the purpose of achieving definite outcomes that improve a patient’s quality of life.**

¹ By using the pharmaceutical care approach, pharmacists can identify, prevent and resolve drug related problems, reduce negative medication outcomes, monitor patient’s progress and enhance health and wellness for the patient. Evidence shows that planned, proactive care can lead to a longer and better quality life for patients with chronic disease.²

Some provinces in Canada have implemented reimbursement programs for pharmacists providing expanded professional services and recognition of the value of these services from the public, government and private payers is growing.

The Ontario Pharmacists Association has created a suggested professional fee guide detailing suggested levels of compensation for the professional services provided by pharmacists in Ontario. In British Columbia, PharmaCare offers reimbursement for pharmacist interventions in accordance with a specified list of billable interventions only in situations where PharmaCare contributes towards the cost of the patient’s prescription. There is no payment of **professional fees** by PharmaCare if the patient is responsible for the entire cost of the prescription. PharmaCare does not compensate pharmacists for the provision of disease management programs or for health and wellness counseling sessions.

To encourage the expansion of sustainable professional services by pharmacists, they should be reimbursed for all professional services regardless of the payer. Any professional fees paid by an individual should contribute towards annual deductible levels that may exist under their personal health insurance plans.

Since December 2000, B.C. pharmacists who have completed a required training session and are registered with the College of Pharmacists of British Columbia have been granted the authority to prescribe emergency contraceptive pills (ECP). Pharmacists engage in one-to-one consultations with patients before prescribing and dispensing ECP prescriptions where ECP treatment is deemed to be appropriate. In acknowledgement of this professional intervention, pharmacists charge a professional fee for the consultation. Prior to receiving ECP through pharmacists, the patients’ most common alternative was to visit a hospital emergency department. The provision of ECP services through pharmacies improves patient access to the treatment and is more cost efficient for the health care system.

In British Columbia, the Select Standing Committee on Health in their 2001 report recommended that the B.C. Government **“Explore the establishment of new areas of pharmaceutical practice and counseling and negotiate an appropriate reimbursement fee. This will free up pressures on physicians and hospitals and allow pharmacists to more fully serve patients.”**³

Pharmacists' interventions can influence positive patient outcomes and lower health care costs. It has been estimated that the savings to the Canadian health care system for prescription interventions is \$6.16 million per year and savings to the health care system for over the counter medication interventions is an additional \$15.28 million a year.⁴

It has been estimated in Canada that 50% of prescriptions are not taken properly and as many as 20% of hospitalizations of people over 50 years old have been attributed to adverse reactions to medications or noncompliance with drug use instructions.⁵ Drug-related problems may include situations where the patient is:

- not having a prescription filled or refilled
- taking an inappropriate drug for a medical condition
- consuming too much or too little of the medication
- altering dosage times or omitting a dosage
- taking a drug with no indication for use
- stopping or discontinuing medications too soon
- having an adverse drug reaction
- experiencing a drug-drug interaction

Pharmacists are one of the most accessible health care professionals. They are in an excellent position to help identify and prevent non-compliant or inappropriate medication use and help with a patient's disease management.

Evidence of pharmacists' positive impacts is beginning to accumulate. Many projects and studies have been performed around North America measuring the impact of pharmacists' interventions on health care costs and the quality of patient care. Studies such as:

- The B.C. Community Pharmacy Asthma Study; British Columbia, Canada

- The Fleetwood Project; USA
- The Asheville Project; North Carolina, USA
- The Excellence in Health Seniors Medication Project; British Columbia, Canada
- The Timmins Project; Ontario, Canada
- The Town of Richmond Hill Wellness Program; Ontario, Canada
- The SCRIP Study; Alberta, Canada

are only a few of the published projects⁶ that demonstrate the value and worth of pharmacists in the health care system and ultimately for the patient by improving the quality of their life. Cost benefit analyses from studies conducted in various health care environments have suggested that for every \$1 spent on a pharmacist's services, between \$6 - \$25 in hospital costs were saved or avoided.⁷

The SCRIP study demonstrated that pharmacist interventions can improve cholesterol management in high risk patients, decrease the risk of cardiovascular disease and stroke and showed the value of pharmacists working as part of a team with patients and their physicians.⁸

Although there is an increased acceptance for **professional fees** by the public, government and private payers, there are still obstacles to overcome. In addition to recognizing pharmacists as valuable members of the health care team, adequate compensation for the delivery of these types of professional services needs to be established. Redesigning the health care system to recognize and compensate pharmacists with an appropriate **professional fee** structure will encourage pharmacists to continue to deliver new and innovative professional services resulting in improved patient health outcomes.

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BCPhA Position Statements

- The BCPhA encourages the development and recognition of appropriate levels of compensation in the form of *professional fees* (in addition to the payment of dispensing fees where applicable) for all professional services provided by pharmacists.
- The BCPhA agrees with the recommendation made by the Select Standing Committee on Health in their 2001 report and encourages the B.C. Government to act upon the committees' recommendation to "*Explore the establishment of new areas of pharmaceutical practice and counseling and negotiate an appropriate reimbursement fee.*"
- The BCPhA recommends that any *professional fees* paid by an individual for a pharmacist provided professional service should contribute towards applicable annual deductibles associated with health insurance plans.

BCPhA Cross Reference Position Statements

- Advanced Practitioner Credentialing
- Expanded Roles for Pharmacists

References

1. World-wide developments in pharmaceutical care; The Pharmaceutical Journal, Vol 260; April 18, 1998.
2. Chronic Disease Management; Ministry of Health Services CDM for Practitioners document www.healthservices.gov.bc.ca/cdm/practitioners/index.html
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5. National Advisory Council on Aging Bulletin Vol 15, No. 1 Winter 2001-2002.
6. Evidence of the Value of the Pharmacist paper for the Fleetwood Project and Asheville Projects, Excellence in Health Seniors Medication Project 1993-2001, Pharmacy Connects; Timmins group begins disease management; Jan. 1997 and Timmins project measures up, June 1999, Town of Richmond Hill Wellness Program Backgrounder; Jan 2002 and Town of Richmond Hill Healthy Outcomes Conference 2003 outcome measurements models document.
7. CSHP Advocacy — Pharmacy Facts — Pharmacists making a difference on healthcare costs.
8. CPJ/RPC How much evidence is enough? Neil. J. MacKinnon, July/Aug 2002, American College of Cardiology Scrip clinical trials, Sept 12, 2003, Pharmacists Association of Alberta, Scrip Fact Sheet.