

BCPhA Submission: Select Standing Committee on Finance and Government Services Budget 2017 Consultations



British Columbia
Pharmacy Association



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Executive Summary

The British Columbia Pharmacy Association (BCPhA) is a not-for-profit association that represents more than 3,000 pharmacists and over 900 pharmacies in the province. Our mandate is to support and advance the professional role and economic viability of our members so that BC's community pharmacists may continue to provide enhanced patient-centred care.

This mandate includes advocating for government policies that ensure:

- Pharmacists are recognized as an integral part of the health care team and are appropriately compensated for the full range of services they are able to provide.
- Pharmacy is recognized and treated as an integral part of the inter-disciplinary health care team and vital to the planning and provision of health care to the public.
- Pharmacists are able to practice the profession of pharmacy at the highest levels and fullest extent.

Given this mandate, BCPhA is pleased to make this submission to the Select Standing Committee on Finance and Government Services regarding Budget 2017.

BC faces growing demands on health resources and services due to an aging population, reduced access to family physicians, and challenges in recruitment and retention of health professionals in remote and rural areas of BC. At the same time, in 2016-17, total health-care spending is forecast to be more than \$19 billion, or 42% of all government spending.¹ The BCPhA believes that the provincial government can access untapped value out of the existing BC health system by better leveraging the health human resources and technology infrastructure that is currently in place, and that doing so will improve access to health care in rural and remote regions particularly.

As community pharmacists, our members have identified a number of opportunities for BC to improve access to primary health care by supporting increased collaboration between health professionals and encouraging greater use of health technology.

In this submission, we recommend the BC government:

- Integrate community pharmacists into the provinces' rural incentive programs and service agreements for health professionals.
- Increase access to primary care by leveraging community pharmacists' training, infrastructure and expertise through expanded prescribing authority and integration of pharmacists into the province's Primary Care Hubs initiative.
- Leverage existing technology, together with health human resources, to maximise value and improve patient health outcomes.

Integrating Pharmacists: Rural & Remote Primary Care

The BC government has an opportunity to improve patient outcomes and to improve access to primary care in remote and rural regions by promoting greater collaboration between health professionals to deliver primary care.

This move would also generate savings for BC's health system. In the 2015 BC health budget, the ministry identified encouraging "a provincial system of primary and community care built around inter-professional teams and functions" as a key objective.ⁱⁱ

BCPhA agrees with this objective and has identified a number of areas where BC can make better use of health human resources in order to maximise value from BC's health budget.

Expanding Prescribing Authority, Improving Access in Rural & Remote Regions

The potential for community pharmacists to meet the gaps in BC's primary care system is particularly clear in rural and remote regions of the province. There are 183 communities in BC that have been designated by the province as rural. These regions have been found to have difficulty recruiting and retaining physicians and other health professionals, and have health outcomes that lag behind those of the rest of the province.

Allowing community pharmacists to use their training and expand their scope of practice to include prescribing for minor ailments beyond simply dispensing medications would increase access to primary care for citizens with reduced access to family physicians.

Minor ailments include common conditions such as headaches, back pain, insect bites, diaper rash, heartburn or indigestion, and nasal congestion. With BC physician billing for treatment of minor ailments estimated at \$95 million in 2010/11, allowing community pharmacists to prescribe for minor ailments could result in annual savings to BC's health care system of more than \$32 million. These cost savings are in addition to the value of optimizing physicians' time by enabling them to manage patients with more complex conditions.

Pharmacists already have the authority to treat minor ailments in a number of provinces in Canada and internationally.

Saskatchewan allows pharmacists to prescribe certain medications for specific minor ailment conditions, including: minor acne, insect bites, cold sores, allergic rhinitis, oral thrush, diaper rash, and canker sores.

Alberta's health care system relies on pharmacists to provide services such as: altering prescriptions based on a patient's health needs; authorizing medication in a medical

Implementing a program that allows BC pharmacists to prescribe for minor ailments is an important step toward improving access to primary care in the face of reduced access to family physicians.

emergency; creating care plans to help Albertans understand and manage their medications better; and prescribing medication (if the pharmacist has additional prescribing authority).

Expanded prescribing authority in these provinces allows pharmacists to work to the full scope of their practice while freeing up doctors' time to see more patients and handle more complex cases. Implementing a program that permits BC pharmacists to prescribe for minor ailments will be an important step toward improving access to primary care across the province.

Community Pharmacists & Primary Care Hubs

In 2014, the Ministry of Health released its report "Setting Priorities for the B.C. Health System," which outlines the broad strategy and future direction of the British Columbia health-care systemⁱⁱⁱ. In it, the province identified the significant role of primary and community care for patients in BC. In fact, primary and community care deliver more than 30 million health-care services each year to BC's 4.5 million residents. This expenditure of primary and community care is approximately \$5.4 billion annually.^{iv}

At the same time, the report acknowledged the need for change and suggested a consensus is developing around the critical impact that community based health care can have on improving patient and population health outcomes. Since that time, the Ministry of Health has developed comprehensive, strategic plans, directing the regional health authorities to establish a network of community based "primary care homes" across BC.^v

While the BC Pharmacy Association agrees with this recognition of the important role of community care, we are concerned that solutions be not limited to only opportunities that physically co-locate various health practitioners in common physical spaces.

As the province considers mechanisms to encourage greater use of interdisciplinary health teams, the BCPhA recommends a focus on virtual care hubs with strong inter-professional collaboration. Moving beyond bricks and mortar centres and using existing community-based facilities, such as community pharmacies, extends scarce medical resources. Existing technology allows for the connectivity needed to deliver on the promise of interdisciplinary team-based care.

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This model of inter-professional collaboration puts patients' needs first.

As the government has rightly noted, the consequences for patients in a fragmented health-care delivery system can range from merely inconvenient to downright dangerous.^{vi} Patients today commonly receive health care from multiple providers, whether for an acute episode or as part of the management of a chronic condition. A patient may be under the care of not only a pharmacist, nurse or physician, but also physiotherapists, dieticians and mental health workers all at the same time. British Columbians require greater sharing of information between the health-care providers overseeing their treatment regimens and paths to wellness.

Health Minister Terry Lake has stated, “B.C. has more family doctors than ever — and more than the Canadian average — but we also face increased demand from an aging population. In addition, we have many doctors working fewer hours or in walk-in clinics rather than in full-service family practices. Good primary care is more than simply connecting a doctor and patient.”^{vii}

Yet too often patients experience care as if it were provided not by a tightly integrated team of professionals, but rather by a collection of individual providers offering disjointed, or even conflicting, advice.^{viii} Removing inefficiencies in the delivery of health-care services and leveraging existing health resources toward patient-centered care will enhance cost-effectiveness of the system and improve patient access to primary care.

Community pharmacists exist in every region of the province. But because health-care delivery is planned, managed and delivered through health authorities, there has been a failure to effectively integrate community pharmacists as a key patient resource.

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Health Technology: Leveraging Existing Investments

Sustaining Rural Pharmacy Services

In 2015, the BC Ministry of Health published a cross-sector policy discussion paper that identified the unique challenges BC faces in providing appropriate access to health care in rural areas of the province. These ranged from “geographic remoteness, long distances, low population densities, less availability of other providers and inclement weather conditions.”^{ix} Individuals in rural communities were found to have poorer health outcomes compared to their urban counterparts, a finding that is consistent with the rest of Canada.

Community pharmacists help to rectify this imbalance by using technology to meet the needs of patients in remote areas.

Telepharmacy is a practice that uses videoconferencing software to communicate with pharmacy assistants working in remote areas. This allows pharmacists to check off finished prescriptions and provide face-to-face counselling with patients via video. Launched in 2002, telepharmacy services have expanded to 11 remote telepharmacy sites in British Columbia. These remote locations being served, have generally a population of less than 1,000 people.

While praised by local doctors and residents, the future of telepharmacy in BC is in doubt. The College of Pharmacists of BC has put in place staffing requirements that telepharmacy operators are not able to meet because of the difficulty recruiting and retaining staff in these remote locations. Additionally, the College has identified federal legislative barriers related to dispensing of controlled substances that would require discontinuing telepharmacy services as they are currently offered.

The BC Pharmacy Association believes that the loss of telepharmacies in the province would further restrict access to health care in rural and remote communities. While we respect the College’s role as

regulator to protect the public, we believe that technology solutions provide an important means of access to point of care for patients in remote areas.

We urge the BC government to direct the College of Pharmacists to work with telepharmacy operators and BCPhA to find solutions to protect the provision of pharmacy services in rural communities currently serviced by telepharmacies. BCPhA also encourages the government to assess where an expansion of telepharmacies could increase access to pharmacy services for rural communities.

PharmaNet and E-Prescribing: Building on Best Practices

Another use of technology that can help patients in rural areas is electronic prescribing. E-prescribing is an unrealized opportunity to improve efficiency and access to care in BC and across Canada.

One particularly important area in which the province can help is to facilitate e-prescribing pilots in rural communities. BCPhA was pleased by Minister Terry Lake's announcement this spring that the government has reactivated its work on the PharmaNet modernization program and is committed to moving this vital work forward. We urge the government to support seven e-prescribing pilots in early 2017 and we commit to working with the Ministry of Health in recruiting pharmacies and pharmacists to help deploy such a pilot program.

In order to be prepared for broader implementation of e-prescribing in the province, regulatory and College of Pharmacists of BC bylaws will need to be amended. BCPhA urges the province to support efforts to move these regulations forward.

Conclusion

Community pharmacists are committed to contributing positive solutions to help improve and sustain the BC health system for the long-term. As front-line health care workers, we want to do our part to help the province achieve the goal of ensuring British Columbians continue to have access to the best health care system in Canada.

We believe community pharmacy can play an integral role in achieving this goal by providing access to high quality health services that contribute to better patient outcomes. Additionally, we believe community pharmacies present BC with an opportunity to avoid costs, achieve service delivery efficiencies and improve continuity of care for patients.

BC has already realized progress in health service delivery by expanding pharmacy-based care to include immunizations, medication reviews and prescription adaptation services. But as other provinces and publicly funded health systems are successfully demonstrating, more can be achieved.

Budget 2017 presents an opportunity for BC to achieve more. By promoting and investing in pharmacy-based health services, the government can lay the foundation for advancing the long-term sustainability of the province's health care system and meet the challenge of improving health outcomes for residents in rural and remote communities of BC.

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We strongly urge the BC government to act now and begin maximizing using the expertise of community pharmacists to benefit British Columbians. For further information on the recommendations outlined in this submission please contact Geraldine Vance, CEO, BC Pharmacy Association, by phone at 604-269-2860 or email at Geraldine.Vance@bcpharmacy.ca.

Endnotes

ⁱ BC Government News Release: September 15, 2016 <https://news.gov.bc.ca/releases/2016FIN0037-001698>

ⁱⁱ Objective 2.1 <http://bcbudget.gov.bc.ca/2015/sp/pdf/ministry/hlth.pdf>

ⁱⁱⁱ Setting priorities for the B.C. health system: Supporting the health and well-being of B.C. citizens, delivering a system of responsive and effective health care services for patients across British Columbia, ensuring value for money.

^{iv} British Columbia, Ministry of Health. (2015). *Primary and Community Care In BC: A Strategic Policy Framework* <http://www.health.gov.bc.ca/library/publications/year/2015/primary-and-community-care-policy-paper.pdf>

^v Ministry of Health – Strategic Initiatives Policy Objective 1 – Establish Primary Care Homes available at <http://sgp.bc.ca/wp-content/uploads/2016/03/MOH-Primary-Care-Home.pdf>

^{vi} Wynia, M. K., & Classen, D. C. (2011). Improving Ambulatory Patient Safety. *JAMA*, 306(22). doi:10.1001/jama.2011.1820

^{vii} Lake, T. (2016, July 15). Health minister says teams are the future. *Kamloops This Week* <http://www.kamloopsthisweek.com/health-minister-says-teams-are-the-future/>

^{viii} Schoen, C., Osborn, R., Squires, D., Doty, M., Pierson, R., & Applebaum, S. (2011). New 2011 Survey of Patients With Complex Care Needs In Eleven Countries Finds That Care Is Often Poorly Coordinated. *Health Affairs*, 30(12), 2437-2448. doi:10.1377/hlthaff.2011.0923

^{ix} British Columbia, Ministry of Health. (2015). *Rural health services in BC a policy framework to provide a system of quality care: Cross sector policy discussion paper*. Victoria, B.C.: Ministry of Health.