

# Budget 2018 Consultations

BC Pharmacy Association Submission to the Select  
Standing Committee on Finance and Government  
Services

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British Columbia  
Pharmacy Association

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## Introduction

The British Columbia Pharmacy Association (BCPhA) is a not-for-profit association that represents more than 3,200 pharmacists and more than 900 pharmacies in the province. Our mandate is to support and advance the professional role and economic viability of our members so that B.C.'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; and
- Pharmacy is recognized and treated as an integral part of the interdisciplinary health care team and vital to the planning and provision of health care to the public; and
- Pharmacists are able to practice the profession of pharmacy at the highest levels and fullest extent

Given this mandate, the BCPhA is pleased to make this submission to the Select Standing Committee on Finance and Government Services regarding the Budget 2018.

## Executive Summary

B.C. faces growing demands on health resources and services due to an aging population, continued barriers in accessing family physicians, and challenges in recruitment and retention of health professionals in remote and rural areas of B.C. At the same time, in 2017-18, total health care spending is forecast to be almost \$18.9 billion, or 41 per cent of all government spending.<sup>1</sup>

The BCPhA believes community pharmacists are the most underutilized health care professionals within the health care team. Successive provincial government administrations have failed in leveraging the health human resources and infrastructure that is currently available in community pharmacies. As a result, the province has missed opportunities to both better serve the needs of patients and garner savings in the health care budget.

Pharmacists are trained to do more than dispense pills. By expanding pharmacists' scope of practice, promoting collaboration between health professionals, and leveraging technology to share information and to link patients to primary-care providers, B.C. can realize more value from our health system.

By more fully utilizing the existing resources available in the health care system, the province would be able to increase the emphasis on preventative health initiatives and services, expand the use of team-based health care, so that people have better access to the type of care they need, and provide

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<sup>1</sup> BC Government News Release: September 15, 2016 <https://news.gov.bc.ca/releases/2016FIN0037-001698>

vulnerable populations — such as seniors — with greater supports and the right care at the right time. By utilizing resources in place, the province would be able to deliver increased services with minimal added costs and none of the challenges in training, recruiting and retaining new health professionals.

As the province looks to find ways to deliver services that will help British Columbians deal with an ever-increasing cost of living, the pharmacists of British Columbia look forward to partnering with the government to find solutions that would bring better health care while saving money. Money that could be spent on other initiatives to make life more affordable.

## Question #1: What are your top priorities to help make life more affordable in British Columbia?

B.C. has the healthiest population in Canada. British Columbians are the beneficiaries of a health care system that performs well on measures of patient outcomes, life expectancy, cancer mortality and heart-related mortality.

On these measures, B.C. is in the enviable position of achieving good patient outcomes while managing spending relative to other provinces. According to the Canadian Institute for Health Information (CIHI), in 2016 B.C.'s total health expenditure per capita (both public and private) is expected to be the third lowest in the country at \$6,214 per person, or 43 per cent of the province's total budget. Canada as a whole is averaging roughly 10 percent of its GDP on health spending, which is just above the average of 9 per cent spent by countries in the Organization of Economic Co-operation and Development (OECD). This shows a good return on the dollars that we spend on health care, but also demonstrates there is room for improvement.

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*Despite the investment of billions of dollars by previous governments, the primary-care system is failing the needs of thousands of British Columbians.*

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As the province faces the challenges of replacing aging infrastructure, ensuring the education system is well-resourced to meet the needs of B.C.'s families, investing in innovation to create new jobs that are sustainable and able to help British Columbians address the housing affordability crisis, innovative ways must be found to manage health care costs.

Community pharmacists believe there is an urgent need and an opportunity to leverage existing resources to improve health outcomes by using community pharmacists to their maximum potential. Despite the continued, and increased, investment of billions of dollars by previous governments, in the primary-care system, it is failing to meet the needs of thousands of British Columbians. Primary-care doctors are simply not available to treat thousands of patients who need them daily.

B.C. pharmacists dispense nearly 70 million prescriptions annually. But more than dispensing medications, pharmacists in British Columbia have continued to advance primary care, serving the needs of patients in a cost-effective way through expanded scope of practice.

In 2009, pharmacist scope of practice was expanded to include adapting prescriptions written by authorized prescribers as well as administering injections. During the 2016-2017 flu season, pharmacists gave more than 550,000 flu shots – up from nearly 30,000 in 2009. They also provided more than 30,000 other immunizations for such infectious diseases as measles, pneumonia and HPV. These numbers demonstrate that patients have confidence in their pharmacists serving as a key member of the primary-care team and the delivery of much needed services.

But British Columbia has fallen behind in terms of making the best use of the expertise pharmacists have to offer. The province has not advanced from the innovative position it took in 2009 when it granted pharmacists the right to provide immunizations. Now in the majority of Canadian provinces pharmacists have the authority to prescribe for minor ailments, initiate drug therapy and order and interpret lab tests. As limited access to family doctors continues to grow, B.C. has not deployed community pharmacists to respond to the province’s growing needs. Community pharmacies can and should serve as community-based triage centres. Over the years, pharmacists in British Columbia have submitted proposals to the government on how to truly integrate pharmacists into the primary-care team to provide more access to patients, but have yet to be developed into transformative policies. We are hopeful this submission will be recognized for the potential role pharmacists can offer to help manage overall government costs and assist in dealing with affordability challenges in the province.

## **Question #2: What service improvements should be given priority?**

### **1. Implement Pharmacist Prescribing for Minor Ailments in Rural Communities**

Individuals in rural communities have long been found to have poorer health outcomes compared to their urban counterparts. Going as far back as to the Commission on the Future of Health Care in Canada, it was noted in its final 2002 report, that people in rural parts of Canada face lower life expectancy than other parts of Canada and face higher disability rates. In remote northern communities, people are the “least healthy and have the lowest life and disability-free life expectancies.”<sup>2</sup>

It has been found that problems accessing health care services quite often stem from shortages in health providers in rural communities.

The Commission also noted that “keeping health care providers in rural areas is an ongoing problem, and territories compete to attract and retain the supply of health care providers they need.”<sup>3</sup>

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<sup>2</sup> Romanow, R. J. (2002). *Building on values: The future of health care in Canada* (Commission on the Future of Health Care in Canada.). Saskatoon, Sask.: Commission on the Future of Health Care in Canada.

<sup>3</sup> Ibid.

In B.C., various governments have worked hard to address the issues related to attracting and retaining needed health care professionals to rural communities, notably physicians. In 2001 the Joint Standing Committee on Rural Issues (JSC) was established to develop strategies to look at the challenges associated with providing physician service to rural communities across the province.

Through the JSC's efforts, the Rural Practice Subsidiary Agreement <sup>4</sup> (RSA) was established. The agreement designates 183 rural communities in the province where practicing physicians are eligible to receive financial incentives. The 183 communities are separated into three groupings for purposes of determining the level of incentives. Of the total, 124 communities are in the "A" ranking associated with highest need for support to attract and retain physicians.

The BCPhA has previously advocated that the work of the JSC and the RSA are important models for how targeted programming can attract and retain crucial health practitioners to B.C.'s underserved rural communities. These can provide insight into how programs can be developed to attract other health care providers to fill primary-care gaps that remain in rural communities.

B.C.'s community pharmacists believe that government strategies aimed at fixing the rural health deficit are missing an important opportunity. Community pharmacists are an underutilized resource that is already present in the majority of B.C.'s rural and remote communities.

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There are currently 109 community pharmacies in the 124 communities designated in the RSA "A" group of communities. Communities in this group include such remote areas as Chetwynd, Fraser Lake and Port McNeill, to name a few. These communities are clearly challenged in having access to the health care services they need.

The BC Pharmacy Association believes that there should be an alignment of the rural incentive program for physicians with that provided to community pharmacists.

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<sup>4</sup> Rural Practice Subsidiary Agreement. (n.d.). Retrieved July 26, 2016, from <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation/rural-practice-programs/rural-practice-subsidiary-agreement>

We have previously approached the B.C. government to implement policy changes that would permit pharmacists to prescribe for minor ailments and dispense the appropriate medications in those communities designated as the highest priority for the RSA.

A minor ailment is commonly defined as a self-limiting medical condition that will resolve itself on its own and can be reasonably self-diagnosed and managed without medical intervention. It is also generally accepted that lab tests are not needed to diagnose the condition; that treating the condition as a minor ailment will not mask underlying more serious health conditions; that medical and medication histories can reliably differentiate more serious conditions; and that only minimal or short-term follow-up with the patient is necessary. Minor ailments include common conditions like headaches, back pain, insect bites, diaper rash, cold sores, acne, athlete's foot, heartburn or indigestion and nasal congestion.

The province can demonstrate its commitment to responding to the problems in primary-care access by immediately implementing a program of pharmacist prescribing for minor ailments, something already embraced in eight of the other provinces that have granted this authority to pharmacists.

2. Use existing community pharmacies to augment planned urgent family-care centres across the province

In the Minister of Health's mandate letter, it states that priority be given to "the provision of team-based primary care by establishing urgent family-care centres across the province." While the BC Pharmacy Association agrees that innovative ways must be found to meet the primary-care needs of British Columbians, care should be taken not to overlook existing opportunities to deliver better primary care.

While we recognize the important role of integrated primary-care facilities, we are concerned that solutions not be limited to only opportunities that physically co-locate various health practitioners in common physical spaces.

As the province considers how to develop and create its urgent family-care centres, the Association recommends both better utilization of community pharmacies and pharmacists and the use of technology to create "virtual" care teams.

Dr. Linda Strand, a pharmacist and university educator who has published extensively on the issue of how best to increase cooperation between health professionals to improve patient care, champions interdisciplinary health practice. She gives this description of a model primary-care hub:

"The medical home is best described as a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible,

and focused on quality and safety. It has become a widely accepted model for how primary care should be organized and delivered throughout the health care system, and is a philosophy of health care delivery that encourages providers and care teams to meet patients where they are, from the most simple, to the most complex conditions. It is a place where patients are treated with respect, dignity, and compassion, and enables strong and trusting relationships with providers and staff. Above all, the medical home is not a final destination; instead, it is a model for achieving primary-care excellence so that care is received in the right place, at the right time, and in the manner that best suits a patient's needs.”<sup>5</sup>

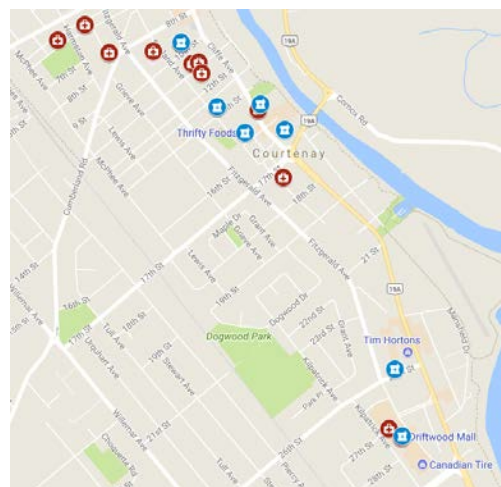
This model of interprofessional collaboration puts patients' needs first.

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. Virtual primary-care hubs — beyond bricks and mortar — will facilitate access to the range of health practitioners British Columbians seek for treatment and for health advice in a way that is accessible to them.

The more than 1,300 community pharmacies across the province are within easy reach of physician offices. In fact, 80 per cent of all pharmacies in British Columbia are approximately two city blocks from a physician's office.<sup>6</sup>

The average distance between a community pharmacy and a physician's office in the province is 389 metres, or about two city blocks. And in more populated cities like Vancouver, that distance drops even more significantly with 87 per cent of all Vancouver pharmacies within 150 metres of a doctor's office.

*Courtenay pharmacy locations*



*Above: The average distance of Courtenay pharmacies (blue) from physicians' offices (red) is 111 metres.*

<sup>5</sup> Defining the Medical Home. (n.d.). Retrieved July 26, 2016, from <https://www.pccpc.org/about/medical-home>

<sup>6</sup> 1,078 of the 1,339 pharmacies in British Columbia have distances of 300 metres or less to physicians' offices, according to September 2017 data from both the College of Pharmacists of British Columbia and College of Physicians and Surgeons of British Columbia.



The BCPhA strongly believes that opportunities should be explored to better use pharmacists to deliver primary care. Increasingly, pharmacists in other provinces can initiate drug therapy independently, order and interpret lab tests and make therapeutic substitutions. In Alberta, where pharmacists have full prescribing authority, they work with patients to develop annual care plans. The better use of pharmacists has the potential to address gaps in primary care in rural and remote areas of the province and free up capacity for primary-care physicians.

We have long advocated for the use of community pharmacies as community based triage centres. Pharmacists currently manage about 1,300 patients in their community and on average see a patient 14 times a year. That's five to seven times more often than patients see their family doctor. It seems a missed opportunity to not build on these existing patient interactions to offer a broader range of primary-care services that have been tested and deliver results in other parts of Canada.

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### 3. Share Information Across the Health System

Health technology can also be used to bridge gaps in the delivery of care as patients move from one health provider to another. As patients transition from hospital to community, information about medicines prescribed, adverse reactions, and/or changes in status from the acute care facility to home may be difficult to track.

Community pharmacists can help increase patient care by initiating 'prescriber referral to pharmacist' services. This is an opportunity that has not been explored in British Columbia to date. The BCPhA is currently working with the Ministry of Health to revamp the province's existing Medication Review Services program to place greater emphasis on patient transitions in care and on patients with chronic health conditions, who would benefit from additional support in managing their medication regimens.

One example of a community-based pharmacy service that is meeting primary-care needs by providing chronic disease management to patients is a pharmacist health coaching for cardiovascular disease. This program, funded by Green Shield Canada, allows patients with high blood pressure and cholesterol to work with a community pharmacist to track and manage their medication, boost adherence to their treatment course, and work to keep these chronic disease conditions in check.

The Green Shield program is just one example of how community pharmacists are equipped to provide medication reconciliation, patient counselling and coaching for individuals with chronic diseases. We urge the province to make better use of the health human resources that are being underutilized in B.C.

#### 4. Better Use Pharmacists to Address the Opioid Crisis

In 2016, more than 900 British Columbians lost their lives to illicit drug overdoses<sup>7</sup>, and that number is expected to rise to more than 1,500 by the end of 2017.<sup>8</sup> Many those deaths were associated with non-prescription fentanyl that has found its way into street drugs like heroin. It's estimated that 67 per cent of illegal drugs circulating in B.C. in 2016 contained fentanyl.<sup>9</sup> The provincial government has declared the state of overdose deaths to be a public health emergency.

B.C.'s community pharmacists work with people dealing with addiction through the dispensing and patient support provincial programs associated with Methadose, Suboxone, and Kadian treatment. With the support of the BC Centre for Disease Control (BCCDC), community pharmacists now also distribute Take Home Naloxone kits to individuals who qualify for the free kits. As well, many community pharmacies also offer naloxone kits for sale to people who do not qualify for the BCCDC subsidized kits. However, community pharmacists' expertise has yet to be fully engaged in the campaign to stop the needless of deaths of British Columbians.

In its August 2017 "BC Overdose Action Exchange II" report, the BC Centre for Disease Control (BCCDC) set forth 10 key recommendations. Of particular interest to B.C.'s community pharmacists is the recommendation to increase access to prescription drugs as an alternative to the contaminated drug supply that is leading to overdose deaths.

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<sup>7</sup> Illicit Drug Overdose Deaths in BC (January 1, 2007 – August 31, 2017), BC Corners Service, October 12, 2017, <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>

<sup>8</sup> Woo, A. (2017). Opioid death toll hits record in B.C. despite push on prevention. The Globe and Mail, [online] pp.A1-4. Available at: <https://beta.theglobeandmail.com/news/british-columbia/number-of-overdose-deaths-in-bc-has-surpassed-2016-total-coroners-service/article36571265/?ref=http://www.theglobeandmail.com&> [Accessed 13 Oct. 2017].

<sup>9</sup> Illicit Drug Overdose Deaths in BC (January 1, 2007 – August 31, 2017), BC Corners Service, October 12, 2017, <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf>

The Centre recommends piloting low-barrier, rapidly scalable models of distributing a regulated supply of pharmaceutical opioids to those at risk of opioid overdose due to illegal drug supply.<sup>10</sup> The report suggests such pilots could involve community pharmacists.

In many places in B.C., people struggling with addictions who are in danger of taking fentanyl tainted drugs, do not have access to safe injections sites or other services that assist those who have overdosed from illicit drugs. In these communities and in areas with high concentrations of illegal drug use, the community pharmacy has the potential to support the BCCDC's proposed dispensing of injectable hydromorphone. The BCPhA supports the Centre's recommendation and stands ready to work with the provincial government through all its agencies to play an active role in addressing the growing opioid epidemic and the associated preventable deaths. In our view, this initiative should be an immediate priority for the government.

B.C.'s pharmacists have clearly shown that they can scale up to deliver needed health care services. This has been amply demonstrated by the immunization program. In 2014, pharmacists in the Fraser Health Authority were called on to combat a measles outbreak in the Fraser Valley. Our members gave nearly 1,300 vaccines in the Fraser Health Authority that year, a more than three-fold increase over average years, helping to contain the outbreak. They have the existing physical infrastructure and expertise to be quickly engaged to fight the opioid crisis. We can make a real difference if allowed to join the team working hard to stem the escalating toll the illegal and tainted drug supply is having on our province.

The BCPhA also supports the BCCDC's recommendation to expand the ability for people who use drugs to test their own drugs. In its report, the Centre notes this is especially important in rural areas. There is a potential role for pharmacies in rural and remote areas of the province to distribute drug testing kits to patients in need.

The BCPhA believes that efforts to address the opioid crisis in the province will need to be innovative and health care providers will need to use their maximum expertise to reverse the alarming problem that exists.

To participate in the BCCDC's proposed initiatives, community pharmacists will need to receive training and support and retain the right to choose not to participate in such programs. The BCPhA has a track record of training pharmacists to meet new practice opportunities and will

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<sup>10</sup> BC Overdose Action Exchange II, BC Centre for Disease Control, August 2017, <http://www.bccdc.ca/resource-gallery/Documents/bccdc-overdose-action-screen.pdf>

develop and implement needed training programs so pharmacists can meet the needs of British Columbians.

### **Conclusion**

The BCPhA and its members are hopeful they can forge a strong working partnership with Premier Horgan's new government to find solutions that deliver the highest quality health care to all British Columbians for the lowest cost per person in the country. We genuinely believe that pharmacists are the most underutilized member of the primary health care team and that our members can have a real and immediate impact on the health outcomes of British Columbians.

Managing health care costs, while improving access to care is critical if the province is to meet the challenges of affordability and sustainability we face. By activating pharmacists—and other health professionals already in place throughout the province—to provide services that use their full capacity, the province can deliver better, preventative, more equal, and more cost-effective health care services to British Columbians in every corner of the province.

We strongly urge the B.C. government to act now and begin maximizing 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  
(604) 269-2860  
[Geraldine.Vance@bcpharmacy.ca](mailto:Geraldine.Vance@bcpharmacy.ca).