



Ministry of
Health

BC PALLIATIVE CARE BENEFITS PROGRAM

PHYSICIAN GUIDE



VERSION 2.1

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CHANGE RECORD

DATE	AUTHOR	VERSION	CHANGE DETAILS
December 1, 2009	Pharmaceutical Services Division	1.0	<ul style="list-style-type: none">• Original version
June 21, 2011	Pharmaceutical Services Division	2.0	<ul style="list-style-type: none">• Updated details on revised application form• Clarified definition of “home”• Updated contact information for ordering paper forms• Updated list of eligible medical supplies and equipment• Updated contact information for Health Authorities and Home and Community Care offices
April 17, 2012	Pharmaceutical Services Division	2.1	<ul style="list-style-type: none">• Revised Palliative Care Consultation Line service for BC physicians

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INTRODUCTION

The BC Palliative Care Benefits Program was developed to support individuals of any age who have reached the end stage of a life-threatening disease or illness, and want to receive medically-appropriate palliative care at home.

Through this program, B.C. residents who are eligible to receive palliative care services at home can:

- receive PharmaCare assistance with the cost of palliative medications
- access some palliative medical supplies and equipment from their health authority

ELIGIBILITY

The individual's physician makes the determination as to a patient's medical eligibility for palliative care benefits.

The program is available to all B.C. residents who:

- are living at home¹
- have been diagnosed with a life-threatening illness or condition
- have a life expectancy of up to six months, and
- consent to the focus of care being palliative rather than treatment aimed at cure.

For guidance in determining a patient's medical eligibility, please refer to the Palliative Performance Scale (PPS) appended to the BC Palliative Care Benefits Program Application at <https://www.health.gov.bc.ca/exforms/pharmacare/349fil.pdf>.

Eligible patients usually have a PPS score of 50% or less.

In some circumstances, patients with a PPS score of over 50% qualify for Plan P as long as they meet the eligibility criteria above.

PROGRAM BENEFITS

The BC Palliative Care Benefits Program has two components:

- PharmaCare BC Palliative Care Drug Plan (Plan P)
- Health Authority Palliative Medical Supplies and Equipment Component

¹ For the purposes of this program, "home" is defined as wherever the patient is living, whether in their own home or with family or friends, or in a supportive or assisted living residence or hospice that is not a licensed residential care facility covered under PharmaCare Plan B.

BC PALLIATIVE CARE DRUG PLAN (PLAN P)

The BC Palliative Care Drug Plan (Plan P) provides 100% coverage of the eligible costs of the prescription drugs and selected over-the-counter (OTC) drugs needed for care and treatment at home.

Medications covered by the plan include:

- prescription medications prescribed for pain, symptom control and improved quality of life; and,
- selected over-the-counter (OTC) drugs required to supplement the prescription drugs and considered to be medically necessary adjuncts for quality palliative care.

Medications covered are listed in the BC Palliative Care Drug Plan formulary. The most recent version of this formulary is available on the PharmaCare website at:

www.health.gov.bc.ca/pharmacare/outgoing/palliative-formulary.pdf.

Plan P does not cover items not listed in the plan formulary such as vitamins, herbs, nutritional supplements or medical marijuana.

To receive coverage of the OTC drugs in the Plan P formulary, the physician must write a prescription for the medication. This allows the pharmacy to enter the medication in the PharmaNet system, which enables PharmaCare to cover the eligible costs.

Note: Needles and syringes for administration of injectable medications are provided by the health authorities as medical supplies and equipment benefits.

BC PALLIATIVE CARE DRUG PLAN FORMULARY

The drug formulary defines which prescription and over-the-counter (OTC) drugs are covered under this plan.

The purpose of the drug plan is to provide patients receiving palliative care at home with access to the same palliative drugs they would receive at no charge if they were in hospital.

Medications are selected for inclusion in the BC Palliative Care Drug Plan formulary based on the following criteria:

- the prescription medication or OTC drug is prescribed for pain and symptom control; and,
- the prescription medication or OTC drug is prescribed to improve quality of life for palliative patients; and,
- provision of this drug to palliative patients supports and enables patients to remain at home.

Drugs not included in the Palliative Care Drug Plan formulary may be covered under the patient's usual PharmaCare plan (e.g., Fair PharmaCare or, for recipients of B.C. Income Assistance, Plan C).

The most recent version of the formulary is on the PharmaCare website at

www.health.gov.bc.ca/pharmacare/outgoing/palliative-formulary.pdf.

PAYMENT OF DRUG COST

When a drug or over-the-counter medication prescription for an individual registered for the BC Palliative Care Drug Plan is processed, the pharmacy enters a claim for the prescription on PharmaNet. PharmaCare will then pay the pharmacy directly for:

- drug costs up to the PharmaCare maximum price, and
- a dispensing fee (up to the maximum allowable dispensing fee).

WHEN PATIENTS DO NOT MEET THE BC PALLIATIVE CARE DRUG PLAN ELIGIBILITY CRITERIA

For patients who do not meet the criteria for the BC Palliative Care Drug Plan (Plan P), coverage options through other government insurers (such as Veterans Affairs Canada) and private insurers can also be considered.

Please note that individuals covered by the Non-Insured Health Benefits (NIHB) Program of Health Canada or Veterans Affairs Canada (VAC) require coverage under the BC Palliative Care Drug Plan only if a medication is not covered by NIHB or VAC.

Members of the Canadian Forces and RCMP receive coverage through their employers and are, therefore, not eligible for this drug plan.

Patients should register for BC's Fair PharmaCare plan at www.health.gov.bc.ca/pharmacare/fpcreg.html if they have not already done so. Fair PharmaCare covers PharmaCare benefits not included in Plan P.

MEDICAL SUPPLIES AND EQUIPMENT BENEFITS

This component is designed to provide individuals who are receiving palliative care at home with access to some of the same medical supplies and equipment they would receive at no charge if they were in hospital. The Ministry of Health funds health authorities to deliver this component of the BC Palliative Care Benefits Program.

Health Authorities provide medical supplies and equipment benefits at no charge to eligible palliative individuals based on need as assessed by the health authority's designated health professional(s). Coverage includes access to certain medical supplies and equipment that support the delivery of safe palliative care at home.

Eligible patients are those who

- are in the last six months of their lives, and
- may potentially require care in a hospital if their palliative medical supplies and equipment are not provided.

A patient's palliative needs are assessed on a monthly or more frequent basis. If it is determined that a patient no longer needs palliative supplies and equipment, he/she may then be charged for supplies and equipment provided by the health authority.

Health Authorities may provide equipment in a variety of ways, including arrangements:

- with medical supply companies for lease or rentals,
- with organizations such as Red Cross Loan cupboards
- for actual purchase of technology such as CAD pumps by a Community Health Services Society with a contract for repair and maintenance with the Community Health Council

A list of medical supplies and equipment provided by the health authorities is included in [Appendix A – Medical supplies and equipment](#).

SUBMITTING AN APPLICATION

OVERVIEW

Once a physician has certified that a patient meets the medical criteria, the physician completes a [BC Palliative Care Benefits Program Application](#) (HLTH 349) and faxes it to both Health Insurance BC (for drug coverage) and the health authority (for assessment for palliative medical supplies and equipment).

The *Freedom of Information and Protection of Privacy Act* requires that the patient or the patient's legal representative consent to the release of personal information such as basic demographic data and diagnosis. For this reason, the patient or their legal representative must sign the application.

To ensure prompt processing, please complete all sections of the application form. Incomplete information will require Health Insurance BC and/or the health authority to return the form to the physician to obtain the missing information.

Please fax the application form to:

- Health Insurance BC at **250-405-3587**, and
- the Home and Community Care office of the local health authority, as listed in the blue pages of your telephone directory.

ORDERING APPLICATION FORMS

To obtain a supply of printed forms (HLTH 349), please contact the Ministry of Labour, Citizens' Services and Open Government:

Contact: Sean Johnson

Phone: **250-952-4008**

Fax: **250-952-4559**, or

e-mail: Sean.Johnson@gov.bc.ca

Alternative e-mail contact: Leigh.Campbell@gov.bc.ca

Please provide your address and the number of pre-printed forms you need.

For your convenience, the application form, this guide, a patient information sheet and the plan formulary are also available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/outgoing/palliative.html

ENROLMENT IN THE BC PALLIATIVE CARE DRUG PLAN (PLAN P)

Coverage under the BC Palliative Care Drug Plan begins as soon as Health Insurance BC (which delivers operational services for PharmaCare) processes the application and enters the information in the PharmaNet system. Please allow 12 hours for processing.

To confirm enrolment in the BC Palliative Care Drug Plan, the individual, physician or pharmacist may contact Health Insurance BC (HIBC). The public can contact HIBC at:

- 604-683-7151 (Vancouver and the Lower Mainland)
- 1-800-663-7100 (toll free, for the Rest of B.C.)

Once the application is processed, prescriptions can be filled at any pharmacy in British Columbia.

Benefits under the BC Palliative Care Drug Plan continue for as long as the person is diagnosed as requiring palliative care.

ENROLMENT FOR MEDICAL SUPPLIES AND EQUIPMENT BENEFITS

Once the health authority receives the application, health authority staff contact the individual or their family. Arrangements will be made for a home visit to assess both the person's eligibility and equipment/supplies needs. Once the patient's care plan and needs are confirmed, health authority staff will arrange for the provision of the approved palliative medical supplies and equipment.

PALLIATIVE CARE RESOURCES

PALLIATIVE CARE CONSULTATION LINE

Physicians throughout BC have access to a 24/7 toll-free phone line for palliative care consultation. The phone line is staffed by palliative care physicians who offer timely clinical advice on pain and symptom management.

For this physician-to-physician palliative care consultation, call **1-877-711-5757**.

ADDITIONAL INFORMATION

GENERAL INFORMATION FOR PATIENTS AND CAREGIVERS

Patients or caregivers can consult the following for general information on the program:

- The Health and Seniors' Information Line 250-952-1742 or toll-free at 1-800-465-4911.
- Ministry of Health's PharmaCare website at www.health.gov.bc.ca/pharmacare, for information about drug coverage and basic eligibility requirements.

- Health Insurance BC from Vancouver at 604-683-7151 or from elsewhere in B.C. at 1-800-663-7100—for information on medications included in the formulary.
- Local health authorities—for information on medical equipment and supplies. See **Health Authority Contact Information** for contact information.

INFORMATION FOR PHYSICIANS

Status of a Patient’s Application and Information on the Formulary

To find out if a patient is eligible for Plan P, whether or not a patient’s application has been processed, or which medications are included on the formulary, physicians can contact Health Insurance BC at the usual physician telephone numbers.

Special Authorities

Most drugs in the BC Palliative Care Drug Plan (Plan P) formulary are regular PharmaCare benefits; drugs not included in the [Plan P formulary](#) may be covered under another PharmaCare plan (e.g., Fair PharmaCare). However, if a drug that is not included in the formulary is needed to alleviate patient discomfort—and there is no substitute for that drug in the formulary—PharmaCare will consider a request for Special Authority Plan P coverage.

To request Plan P coverage of a medication not included in the formulary:

- Send a completed [General Special Authority Request Form](#) (HLTH 5328) by fax. The Special Authority Program fax number can be found on the request form. Fax is the quickest method.
- Clearly mark “For Palliative Care Registrant” on the request form to ensure it receives priority attention.
- Include adequate documentation with the request. A decision on coverage may be delayed if PharmaCare needs to call the physician and/or consultant for additional information.

Medical Supplies and Equipment

For information regarding medical supplies and equipment contact the Home and Community Care office of your local health authority.

Health Authority Contact Information

Contact information for the Health Authorities is available on the Ministry of Health website at www.health.gov.bc.ca/socsec/contacts.html. This list is updated regularly.

Home and Community Care offices of the local health authorities are listed in the blue pages of the telephone directory. Contact information may also be obtained from the Ministry of Health’s Health and Seniors’ Information Line at:

- 250-952-1742 (from Victoria)
- 1-800-465-4911 (from the rest of B.C.)

APPENDIX A - MEDICAL SUPPLIES & EQUIPMENT

Health authority staff assess the patient's initial and ongoing eligibility and specific needs for palliative supplies and equipment and make arrangements for the provision of approved supplies and equipment.

MEDICAL SUPPLIES

Health authorities provide medical supplies to eligible palliative care patients at no charge based on assessed need.

Supplies to be provided to eligible patients include:

Routine dressing supplies

- sterile dressing supplies
- bandages, including elastic and adhesive, and tape
- trays (disposable or re-usable)
- solutions and ointments (unless covered by the Palliative Care Drug Plan component of the BC Palliative Care Benefits Program)

Medication administration supplies

- needles, syringes, swabs

Intravenous therapy and subcutaneous supplies

- hydration solutions: Normal saline, 2/3 & 1/3, D5W
- mini-bags, tubing, cathlons, syringes, needles, heparin locks and caps
- Hypodermoclysis equipment

Urinary catheter care supplies

- urinary catheter equipment including drainage tubing, drainage bags,
- connectors, leg bag drainage set
- catheterization tray
- disposable gloves (non-sterile)

Incontinence supplies

- incontinence briefs and pads
- condom drainage sets
- disposable gloves (non-sterile)

Medical supplies not approved under the Palliative Care Benefits Program:

- **ongoing diabetic supplies**—Covered by PharmaCare. Coverage is subject to the rules of a patient’s primary plan: Fair PharmaCare, Plan C (B.C. Income Assistance) or Plan F (Children in the At-Home-Program)—except blood glucose monitoring strips which are covered by the local health authority.
- **ostomy supplies**—Covered by PharmaCare. Coverage is subject to the rules of a patient’s primary plan: Fair PharmaCare, Plan C (B.C. Income Assistance) or Plan F (Children in the At Home Program).
- **wound care ointments** requiring a prescription (see the BC Palliative Care Drug Plan formulary for these items).

EQUIPMENT

Health authorities provide equipment to eligible palliative patients based on assessed need and at no charge to the patient.

Equipment includes:

- hypodermoclysis equipment
- computerized ambulatory drug delivery (CADD) pump equipment, including cassettes and other approved pain control delivery technologies
- pressure redistribution mattresses
- mechanical lifts with slings – may include ceiling lifts with installation (client must have a Palliative Performance Scale score of 30% or less)
- commodes, transfer boards, bath seats, floor-to-ceiling poles, wheelchair shower chairs
- walkers
- non-motorized wheelchairs
- hospital beds (client must have a Palliative Performance Scale score of 30% or less)

APPENDIX B – PALLIATIVE PERFORMANCE SCALE

Palliative Performance Scale

PPS Level	Ambulation	Activity Level & Evidence of Disease	Self-care	Intake	Conscious level
PPS 100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
PPS 90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
PPS 80%	Full	Normal activity & work <i>with effort</i> Some evidence of disease	Full	Normal or reduced	Full
PPS 70%	Reduced	Unable normal activity & work Significant disease	Full	Normal or reduced	Full
PPS 60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance	Normal or reduced	Full or confusion
PPS 50%	Mainly sit/lie	Unable to do any work Extensive disease	Considerable assistance	Normal or reduced	Full or drowsy or confusion
PPS 40%	Mainly in bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or drowsy +/- confusion
PPS 30%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Reduced	Full or drowsy +/- confusion
PPS 20%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Minimal sips	Full or drowsy +/- confusion
PPS 10%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Mouth care only	Drowsy or coma
PPS 0%	Death	-	-	-	-

Instructions: PPS level is determined by reading left to right to find a 'best horizontal fit.' Begin at left column reading downwards until current ambulation is determined, then, read across to next and downwards until each column is determined. Thus, 'leftward' columns take precedence over 'rightward' columns. Also, see 'definitions of terms' below.

Definition of Terms for PPS

As noted below, some of the terms have similar meanings with the differences being more readily apparent as one reads horizontally across each row to find an overall 'best fit' using all five columns.

- Ambulation** (Use item **Self-Care** to help decide the level)
 - Full** — no restrictions or assistance
 - Reduced ambulation** — degree to which the patient can walk and transfer with occasional assistance
 - Mainly sit/lie vs Mainly in bed** — the amount of time that the patient is *able* to sit up or *needs* to lie down
 - Totally bed bound** — unable to get out of bed or do self-care
- Activity & Evidence of Disease** (Use **Ambulation** to help decide the level.)
 - Activity** — Refers to normal activities linked to daily routines (ADL), house work and hobbies/leisure.
 - Job/work** — Refers to normal activities linked to both paid and unpaid work, including homemaking and volunteer activities.
 - Both include cases in which a patient continues the activity but may reduce either the time or effort involved.

Evidence of Disease

- No evidence of disease** — Individual is normal and healthy with no physical or investigative evidence of disease.
- 'Some,' 'significant,' and 'extensive' disease** — Refers to physical or investigative evidence which shows disease progression, sometimes despite active treatments.

Example 1: Breast cancer:

- some** = a local recurrence
- significant** = one or two metastases in the lung or bone
- extensive** = multiple metastases (lung, bone, liver or brain), hypercalcemia or other complication

Example 2: CHF:

- some** = regular use of diuretic &/or ACE inhibitors to control
- significant** = exacerbations of CHF, effusion or edema necessitating increases or changes in drug management
- extensive** = 1 or more hospital admissions in past 12 months for acute CHF & general decline with effusions, edema, SOB

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- Self-Care**
 - Full** — Able to do all normal activities such as transfer out of bed, walk, wash, toilet and eat without assistance.
 - Occasional assistance** — Requires *minor* assistance from several times a week to once every day, for the activities noted above.
 - Considerable assistance** — Requires *moderate* assistance every day, for *some* of the activities noted above (getting to the bathroom, cutting up food, etc.)
 - Mainly assistance** — Requires *major* assistance every day, for *most* of the activities noted above (getting up, washing face and shaving, etc.). Can usually eat with minimal or no help. This may fluctuate with level of fatigue.
 - Total care** — Always requires assistance for all care. May or may not be able to chew and swallow food.
- Intake**
 - Normal** — eats normal amounts of food for the individual as when healthy
 - Normal or reduced** — highly variable for the individual; 'reduced' means intake is less than normal amounts when healthy
 - Minimal to sips** — very small amounts, usually pureed or liquid, and well below normal intake.
 - Mouth care only** — no oral intake
- Conscious Level**
 - Full** — fully alert and orientated, with normal (for the patient) cognitive abilities (thinking, memory, etc.)
 - Full or confusion** — level of consciousness is full or may be reduced. If reduced, confusion denotes delirium or dementia which may be mild, moderate or severe, with multiple possible etiologies.
 - Full or drowsy +/- confusion** — level of consciousness is full or may be markedly reduced; sometimes included in the term stupor. Implies fatigue, drug side effects, delirium or closeness to death.
 - Drowsy or coma +/- confusion** — no response to verbal or physical stimuli; some reflexes may or may not remain. The depth of coma may fluctuate throughout a 24 hour period. Usually indicates imminent death