out, the same amount will be saved by private drug payers, which adopt government pricing.

“A large portion of the savings is coming right out of pharmacy,” he says. “It doesn’t take too much to figure out that with hundreds of millions of dollars spread out over 1100 pharmacies, it is a huge hit.”

In July, government and pharmacy did put in place a new clinical services framework, but according to RxA, the revenue from those services can’t replace the hit from the price cuts—particularly at this stage. It takes time for pharmacies to train staff and get the processes in place to deliver services, notes Mr. Bergh. Meanwhile, he says, dispensing fees in the province have increased by only \$0.52 since 1991.

“Ironically, the government wants pharmacists to help with access to health care with injections, refill authorizations and care plans but these price reductions are forcing a lot of pharmacy owners to re-examine staffing and wage levels, so that starts to defeat the purpose of the services framework, without proper planning.”

Pharmacists hold protest rally and province adds 30-day washout period

Around 300 pharmacists and pharmacy students communicated their displeasure with the government’s generic policies at a demonstration in front of the legislature on March 21. During that week, RxA held meetings with government in an effort to find ways to ease the transition.

On March 28, Health Minister Fred Horne announced that pharmacists would be given a 30-day “washout” period (until May 31), in which they would be reimbursed at the previous, higher levels for pharmaceuticals in their stockpiles. This reprieve is somewhat helpful, says Mr. Bergh, but the association doesn’t consider it a major concession.

“A washout period is standard practice and there’s no reason why it wasn’t put in place in the first place,” he says. “It’s really a stop-gap measure.”

Meanwhile, the tensions between the province and pharmacists rose further in early April, when the government launched a radio and newspaper advertising campaign that touted the fact that beginning May 1, “Albertans will pay the lowest price in Canada for generic drugs” and stated the province was “supporting pharmacists to provide you with many services to keep you healthy.”

Claiming the campaign told only one side of the story, the pharmacists’ association criticized the province for spending \$400,000 on an ad campaign, while claiming it had to cut costs. A letter from Edmonton pharmacist Jasbir Singh Bhui, written to his MLA, was posted on the RxA website. “If the primary objective of the budget is to balance the books, why would the government take money from the backs of the pharmacists and waste it in advertisements to buy votes for your next election?” the letter asked.

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BC pharmacists propose new clinical services to save millions in health care budget

In the lead-up to a hotly contested provincial election, the BC Pharmacy Association (BCPhA) presented MLAs and candidates from all parties with proposals for 7 new clinical services the association would like to see delivered by pharmacists.

As British Columbians prepared to go to the polls on May 15, 2013, the association made the case for significant expansion of pharmacists’ scope of practice—saying the new services would increase access to primary care and reduce the province’s swelling health care budget.

Health care has been one of the key issues in the election campaign; in its February budget, the Liberal government announced plans to curb growth in health care spending to its slowest rate in almost a decade.

“We felt it was essential for pharmacists to be part of the public discussion on health care in a way that we perhaps haven’t been in past campaigns,” says Geraldine Vance, CEO of the BCPhA. “Whatever government is elected needs to have a serious look at better using pharmacists in the system.”

“Whatever government is elected needs to have a serious look at better using pharmacists in the system”

—Geraldine Vance, CEO, BC Pharmacy Association

The association argues that the new pharmacist services will be more cost effective, and help the province deal with a shortage of family physicians and unnecessary use of costly resources for less serious health issues. The proposed per-unit fees for the 7 clinical services range from \$5 to \$70.

The proposed services are modelled after programs that have been successful in other jurisdictions, explains Ms. Vance. They include a minor ailments program similar to the one implemented for pharmacists in Saskatchewan. Based on an estimate of \$95 million in BC physician billings for treatment of minor ailments in 2010-11, the BCPhA says empowering pharmacists to deal with many of these matters could save more than \$32 million a year.

“We argue that when dealing with something minor, such as insect bites or your baby’s diaper rash, your first port of call should be your community pharmacist,” says the association CEO. “Instead of ending up in an ER, for example, on a weekend, see your pharmacist, who will be trained to determine the best option for you—taking on a role of community-based triage.”

It is estimated that BC pharmacists delivered around 200,000 flu immunizations during the 2012-13 influenza season and according to Ms. Vance, that’s a good track record upon which to build.

“Certainly the ease of access for patients has been a big driver in flu immunizations,” she says. “And pharmacists are the low-cost provider of this service—at the end of the day these kinds of economic savings mean there is money in the health care system to meet other needs.”

BCPhA's proposed clinical services

- Trial prescription program
- Treatment of minor ailments
- Medication adherence services
- Self-monitoring of blood glucose in type 2 diabetes
- Community pharmacist-led anticoagulation management service
- Pharmacist-led smoking cessation services
- Asthma consultation service

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Pharmacy colleges in BC and Alberta still favour inducement bans, but not right away

“The [College of Pharmacists of BC] has long held the view that such a ban would be in the best interests of the public’s health”

—Mykle Ludvigsen, Director of Public Accountability and Engagement, College of Pharmacists of BC

Pharmacy regulators in British Columbia and Alberta say they remain committed to ending consumer inducements for pharmacy services, but both colleges have put the controversial changes on the back burner for the time being.

In the fall of 2012, the Alberta College of Pharmacists (ACP) proposed banning inducements on the grounds that rewards, loyalty-program points and coupons can lead patients to make unhealthy choices and that they undermine the patient-pharmacist relationship.

“Pharmacists cannot provide the best care when their patients transfer from pharmacy to pharmacy in pursuit of inducements,” said the ACP in a backgrounder on the issue. The College also expressed concern about patients delaying getting their medication or interrupting drug therapy to capitalize on an upcoming inducement campaign.

The College invited feedback on the proposal and by early December, had received a flood of comments. Meanwhile, a public debate on the issue played out in the media, with some consumer organizations and pharmacies expressing opposition to the ban.

“Given the large volume of information received and the complexity of the issue, council has decided that they need more time to consider it before they proceed with any decisions,” the ACP announced on its website after a council meeting on December 6, 2012.

The inducements issue was on the agenda once again as the council met April 4, 2013, but the College still wasn’t ready to move forward. Karen Mills, the ACP communications director, told *CPJ* that the College would take more time to determine timing and the appropriate