

Pharmacy Services In Long-Term Care Homes

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We are often asked about pharmacy services in long-term care homes (LTCHs) as there are a number of issues which can arise related to pharmacy fees and services. Recent investigative articles by Moira Welsh in the *Toronto Star* have raised serious questions about how pharmacy services are delivered in Ontario's LTCHs.¹ This article will look at these issues and what you should be aware of when dealing with these pharmacy services.

Pharmacy Service Requirement

The regulations to the *Long-Term Care Homes Act* require that a LTCH retain a pharmacy service which will provide medications to the residents of the LTCH on a 24-hour basis, seven days a week, or will ensure that such services are available, and will perform all responsibilities of a pharmacy service as required under the regulations.² All medications provided to LTCH residents must be supplied by this service provider, unless there are exceptional circumstances where a medication cannot be provided by that particular pharmacy service provider.³

Access to Prescribed Medications

For residents, this means that all of their medications must be dispensed by the LTCH's contracted pharmacy and no external pharmacy can be utilized, except in exceptional circumstances. Residents who bring prescriptions with them to the LTCH on admission will generally be told that they cannot be given medication from their old supply and that they will have to wait until the LTCH can obtain the medications from the LTCH's pharmacy. The underlying reason for this is related to the LTCH's duty to provide medical services to the resident. By ensuring that all medications are obtained from one source, medications and their interactions can be easily tracked and monitored.

¹ See Welsh, Moira. "Pharmacies Pay Millions in 'bed Fees' to Ontario Nursing Homes | Toronto Star." Thestar.com. October 17, 2016. Accessed November 07, 2016. online:

<https://www.thestar.com/news/canada/2016/10/17/pharmacies-pay-millions-in-bed-fees-to-ontario-nursing-homes.html> See also Welsh, Moira. "Dispensing Fees Exceed Drug Cost in Seniors Homes | Toronto Star." Thestar.com. September 10, 2016. Accessed November 07, 2016. online: <https://www.thestar.com/news/canada/2016/09/10/dispensing-fees-exceed-drug-cost-in-seniors-homes.html>

² O. Reg. 79/10, s. 119

³ *Ibid.*, s. 122

However, this can also cause problems. On admission, a LTCH may not have sufficient time to have medications dispensed from its pharmacy, which can be problematic for certain medications which either have to be administered at a certain time or cannot be skipped. This can also be an issue when residents are sent to an emergency room, and return either with a new medication or prescription. In many cases, the LTCH may refuse to allow the medication to be dispensed because of the regulation, despite the medical need of the resident. This refusal raises significant concerns where LTCHs contract with pharmacy services which specialize in filling prescriptions for LTCHs, which may not be local or open after hours or on weekends. In these cases, the pharmacy provider **must** have coverage through another provider who can fill the prescription quickly.

However, it can be argued that if this is a medication that cannot wait, that the exception outlined in the regulations will apply, namely that “exceptional circumstances exist such that a drug prescribed for a resident cannot be provided by, or through an arrangement made by, the pharmacy service provider.”⁴ Although LTCHs are reluctant to do so, we would argue that if the LTCH cannot obtain the medication, the resident’s health is paramount and that outside medication should be allowed in limited situations. Another exception to the requirement to obtain medications from the contracted pharmacy are medications which general pharmacies are unable to supply under their licence, such as chemotherapy drugs, which can only be obtained from a hospital pharmacy. Residents should not be refused prescriptions based on these unusual medication requirements.

Services to be Provided by Pharmacy

Under the regulations to the *Long-Term Care Homes Act*, the pharmacy must provide the following services:

1. Develop medication assessments, medication administration records and records for medication reassessment, and the maintenance of medication profiles for each resident;
2. Evaluate the therapeutic outcomes of drugs for residents;
3. Participate in risk management and quality improvement activities, including the review of medication incidents, adverse drug reactions and drug utilization;
4. Develop audit protocols to evaluate the medication management system;
5. Provide educational support to the staff of the LTCH in relation to drugs;
6. If required by the licensee’s policy, destroy and dispose of drugs;⁵ and,
7. Participate in quarterly and annual evaluations with the multi-disciplinary team to evaluate the effectiveness of the medication management system in the LTCH and to recommend any changes necessary to improve the system.

⁴ *Ibid.*, s. 122(2)

⁵ *Ibid.*, s. 120

However, these are not the only services that the pharmacy must provide. As set out by the Ontario College of Pharmacists, pharmacists are required not only to meet the special requirements related to LTCHs, but are also required to meet general standards, such as those set out in the *Standards of Practice*, the *Standards of Practice for Pharmacy Managers*, the *Code of Ethics* and the *Ontario College of Pharmacists (OCP) Documentation Guidelines*.⁶

What many residents and their substitute decision-makers are not aware of is that they are entitled to speak to the pharmacist and discuss the medications directly with them. In fact, it is our opinion that the pharmacist has a duty to counsel the patient (or their substitute decision-maker on their behalf). This is generally not made clear, despite a requirement in the regulations that the following information be available in every resident home area or unit in a LTCH:

1. Recent and relevant drug reference materials.
2. The pharmacy service provider's contact information.
3. The contact information for at least one poison control centre or similar body.⁷

In most cases, the pharmacy staff deals only with the LTCH staff, and never speak to the resident or their substitute decision-maker about the medication, despite their duty to counsel patients. Residents and their families should contact the pharmacist as necessary to obtain information and clarification about any medication issues that they have.

It is also important for residents and their substitute decision-makers to be aware that informed consent must be obtained **before** any medication can be given. It is up to the prescribing health practitioner, usually a doctor, to ensure that informed consent is obtained. The doctor does not have to do this personally, and can assign it to another regulated health practitioner, if they have the requisite knowledge. If the resident or their substitute decision-maker are not satisfied with the information they are being provided about the medication, its interaction with other medications, or other pertinent facts, they can require the health care practitioner obtaining consent to get this information for them, or seek the information themselves through the pharmacist.

Fees for Prescriptions

The issue of fees for prescriptions in LTCHs continues to be problematic. Residents in LTCHs can only be charged a \$2.00 co-payment for each prescription, no matter their age or income level.⁸ However, even this fee can be a burden for some residents.

⁶ Ontario College of Pharmacists, *Standards for Pharmacists Providing Services to Licensed Long-Term Care Facilities*, January 1, 2007, online: <http://www.ocpinfo.com/regulations-standards/standards-practice/ltc-standards/>

⁷ O. Reg. 79/10, s. 118.

⁸ O. Reg. 201/96, s. 20.1

Residents of LTCHs who are entitled to a rate reduction are generally entitled to keep at least \$143.00 of their income as a “comfort allowance”.⁹ Out of this money, residents may have to pay for clothes, sundries, phone, cable, wheelchairs, dental care, and chiropody, as well as the \$2.00 co-payment for medication. A large portion of LTCH residents are on multiple medications, so the co-payment can eat up a large portion of their remaining funds.

In the community, many pharmacies waive the \$2.00 co-payment for low income customers, to attract these customers who often are on multiple medications and are form an important part of their business. However, in LTCHs, not only do they not need to waive the fee in order to get the business as they have a monopoly in the home, there are disincentives to do so, as will be discussed later.

This does not mean that residents or persons managing their finances cannot ask for this fee to be waived. Residents or the person who is managing their finances can contact the pharmacy provider directly and ask that the co-payment be waived. Some pharmacy providers require proof of hardship, and may ask for documentation of the resident’s income. As the fee is legal, it will be up to the requestor to decide whether they wish to provide this information.

Frequency of Prescriptions

In recent years, prescriptions in LTCHs are being dispensed on a more frequent basis, often weekly. This is an exception to the general rule that limits the number of prescriptions that will be paid for monthly under the Ontario Drug Benefits Program.¹⁰ The argument made is that there are savings and less waste of medication with frequent prescribing, as medications may change; LTCH residents may pass away or move, etc. However, most residents are on stable doses of medications for long periods of time due to chronic illness, and it is not proven that there are, in fact, any savings. As pointed out in the article in the *Toronto Star*, \$1 billion in pharmacy fees were paid in the past five years (\$750 million by the province, \$250 million by the residents), to dispense only \$800 million worth of drugs.¹¹

The other reason for frequent dispensing is for the ease of the staff. Medications may be delivered in weekly dose packages, making it easier for the staff to administer the medication with fewer errors. While this is an important goal, this should not result in a quadrupling of fees, as discussed below.

We have seen residents being charged the \$2.00 co-payment weekly, which is four times what they would pay in the community. In other cases, the fee is only charged once at the beginning of the month.

⁹ There will be a small minority of residents who have complex income issues and may not be left with the comfort allowance.

¹⁰ O. Reg. 201/96, s. 18(11.1)(a)(i).

¹¹ Welsh, *Dispensing Fees*, *supra*, note 1

We urge all residents and those managing their money to ensure that they are not paying the co-payment more frequently than once a month, unless there is a legitimate medical reason for multiple prescriptions.

We also question the practice overall, and whether it is, in fact, both necessary and of value to the tax-payer.

Bed Fees

In October 2016, Ms Welsh of the *Toronto Star* reported on her investigation into the payment of “bed fees” by pharmacies to secure contracts for LTCHs.¹² These fees, which can range from \$10.00 to \$70.00 per bed per month, are paid for the “right” to have the lucrative LTCH pharmacy contract. This fee does not represent a reduction in fees for the residents or the Ministry (which pays both a dispensing fee and the cost of the prescription), but goes directly into the coffers of the LTCH. How this money is spent is not clear: many LTCHs indicate they use the money for extras, education purposes, provision of internet or Wi-Fi services, etc. However, not all LTCHs require the payment of these fees in order to secure the contract, as some do not feel that it is appropriate.

While we do not disagree that LTCHs require more money, this is not an appropriate way to increase revenues. Ms Welsh estimated that pharmacy services are paying more than \$20 million annually to secure these contracts. This finding makes it clear that the way that we are paying for LTCH pharmacy services presently is not working, and that the system needs to be changed.

Conclusion

Residents, their families and substitute decision-makers should inform themselves and ask questions about medications and the pharmacy services within the LTCH, to ensure that they are receiving appropriate services and information. They should be aware of allowable fees, and ensure that they are not overpaying, and ask for reductions as needed.

We believe that the Ministry should review the entire fee payment system related to pharmacies and LTCHs, and restructure it so that:

1. LTCH residents no longer pay a co-payment;
2. Taxpayers are not overpaying for pharmacy services in LTCHs;
3. Pharmacy services are able to provide high quality services at a reasonable cost;
4. Bed-fees or other similar schemes are out-lawed; and,
5. All savings are redistributed equitably across the LTCH sector.

We encourage residents, their families and substitute decision-makers to speak to their MPPs to ask for change in the system, to make it fair and equitable for all.

¹² *Ibid*, Welsh, Pharmacies Pay Millions.