BRITISH COLUMBIA | Ministry of Health

BC PALLIATIVE CARE BENEFITS REGISTRATION

For palliative care drug coverage and requesting an assessment for medical supplies and equipment

BC Palliative Care Benefits support individuals of any age at the end stage of a life-threatening disease or illness who wish to receive palliative care at home.

Note: Submit ONLY page 3 of this form. Please do not submit duplicate registration forms.

Not sure if your patient is already registered? Contact the Palliative Care confirmation line at Health Insurance BC (HIBC) at 250-405-3612.

You will need: medical or nurse practitioner license number and the patient's PHN, date of birth, primary diagnosis, and address.

HOW TO REGISTER YOUR PATIENT FOR BC PALLIATIVE CARE BENEFITS:

MEDICAL OR NURSE PRACTITIONER

1. Confirm your patient's eligibility - see "Who is eligible" below (also refer to the SPICT tool on page 2 to support assessment).
2. Have an "advance care plan conversation" with the patient and/or legal representative. (See "My Voice" under **Links** below)
3. Complete all sections of page 3 of this form, and ensure there are two signatures on the form (one in Step 2 - Patient's Consent and one in Step 4 - Medical or Nurse Practitioner Certification).
4. Provide your patient with the Patient Information Sheet (see **Links** below)
5. Fax the form to TWO locations: one copy to HIBC; one copy to the local Home and Community Care office (see Faxing Instructions on page 3).
6. If patient is still receiving benefits after 1 year, re-assess your patient's eligibility.

PATIENT

1. Receives a copy of the Patient Information sheet.
2. Receives coverage of drugs within 24 hours of receipt of form by HIBC.
3. Is contacted by local health authority to schedule assessment of their requirements for medical supplies and equipment.

BC PALLIATIVE CARE BENEFITS INFORMATION:

Who is eligible? Any BC resident who:
- is diagnosed with a life-threatening illness or condition, and
- has a life expectancy of up to 6 months, and
- wishes to receive palliative care at home**; and,
- consents to the focus of care being primarily palliative rather than treatment aimed at a cure.

** *For the purposes of this program, "home" means wherever the person is living, whether in their own home, with family or friends, or in a supportive/assisted living residence, or in a hospice unit of a residential care facility (e.g., a community hospice bed that is not covered under PharmaCare Plan B). Your care facility can advise you whether you are covered by PharmaCare Plan B.*

What will be covered?

BC Palliative Care Drug Plan

PharmaCare covers 100% of the eligible cost of prescriptions (including selected over-the-counter medications) listed in the Plan P formulary.

Practitioners must prescribe the over-the-counter medications in the formulary for the patient to receive coverage. Medications not included in the formulary may be covered under the patient's usual PharmaCare plan (e.g., Fair PharmaCare).

Please note: "Eligible costs" include the cost of the drug (up to a maximum recognized by PharmaCare) and the dispensing fee (up to a maximum recognized by PharmaCare). If a pharmacy charges more than the PharmaCare maximum price or dispensing fee, the patient may still be required to pay for a portion of the cost.

Medical Supplies and Equipment through the local health authority

A health professional from the local Home and Community Care office will contact the patient to assess their need for palliative supplies and equipment. The patient's needs will be reassessed as required. For a list of approved supplies and equipment, see **Links** below.

When will coverage begin?

Drug coverage begins as soon as HIBC processes the registration (normally within 24 hours). Coverage of medical supplies and equipment begins after the patient's needs have been assessed by the home and community care staff of the local health authority.

Need more information?

- For BC Palliative Care Drug Plan, contact Health Insurance BC (HIBC): Vancouver/Lower Mainland: (604) 683-7151, elsewhere in BC toll-free: 1-800-663-7100.
- For palliative medical supplies and equipment, contact your local Home and Community Care office. Contact information available from HealthLink BC (phone 8-1-1) or at http://find.healthlinkbc.ca

LINKS

My Voice Advance Care Planning Guide: www.gov.bc.ca/home-community-care/advancecareplanningguide
Patient Information Sheet: www.gov.bc.ca/pharmacare/palliativecarebenefitspatientinfo.pdf
Plan P Formulary: www.gov.bc.ca/pharmacare/palliativecareformulary.pdf
Approved Supplies and Equipment: www.gov.bc.ca/home-community-care/policymanual

Please use the numbered indicators below, based on the Supportive and Palliative Indicators Tool (SPICT TM), to support your assessment (Step 3, last two fields). To see the source document, go to http://www2.gov.bc.ca/assets/gov/health/forms/349_spict_tool.pdf

1. LOOK FOR ANY GENERAL INDICATORS OF POOR OR DETERIORATING HEALTH

1.a. Unplanned hospital admission(s).
1.b. Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
1.c. Depends on others for care due to increasing physical and/or mental health problems.
1.d. The person's carer needs more help and support.
1.e. The person has had significant weight loss over the last few months, or remains underweight.
1.f. Persistent symptoms despite optimal treatment of underlying condition(s).
1.g. The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

2.LOOK FOR CLINICAL INDICATORS OF ONE OR MULTIPLE LIFE-LIMITING CONDITIONS

2.a. Cancer

2.a.(1) Functional ability deteriorating due to progressive cancer.
2.a.(2) Too frail for cancer treatment or treatment is for symptom control.

2.b. Dementia/ Frailty

2.b.(1) Unable to dress, walk or eat without help.
2.b.(2) Eating and drinking less; difficulty with swallowing.
2.b.(3) Urinary and faecal incontinence.
2.b.(4) Not able to communicate by speaking; little social interaction.
2.b.(5) Frequent falls; fractured femur.
2.b.(6) Recurrent febrile episodes or infections; aspiration pneumonia.

2.c. Neurological Disease

2.c.(1) Progressive deterioration in physical and/or cognitive function despite optimal therapy.
2.c.(2) Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.
2.c.(3) Recurrent aspiration pneumonia; breathless or respiratory failure.
2.c.(4) Persistent paralysis after stroke with significant loss of function and ongoing disability.

2.d. Heart / Vascular Disease

2.d.(1) Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.
2.d.(2) Severe, inoperable peripheral vascular disease.

2.e. Respiratory Disease

2.e.(1) Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.
2.e.(2) Persistent hypoxia needing long term oxygen therapy.
2.e.(3) Has needed ventilation for respiratory failure or ventilation is contraindicated.

2.f. Kidney Disease

2.f.(1) Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.
2.f.(2) Kidney failure complicating other life limiting conditions or treatments.
2.f.(3) Stopping or not starting dialysis.

2.g. Liver Disease

2.g.(1) Cirrhosis with one or more complications in the past year:
- diuretic resistant ascites
- hepatic encephalopathy
- hepatorenal syndrome
- bacterial peritonitis
- recurrent variceal bleeds

2.g.(2) Liver transplant is not possible.

2.h. Other conditions

2.h.(1) Deteriorating and at risk of dying with other conditions or complications that are not reversible; any treatment available will have a poor outcome.

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BC PALLIATIVE CARE BENEFITS REGISTRATION

For – 1. palliative care drug coverage, reassessent or cancellation, and
2. requesting an assessment for medical supplies and equipment

For full information on these benefits, see the Prescriber Guide at www.gov.bc.ca/pharmacare/palliativecareprescriberinfo.

NOTE: FORMS THAT ARE INCOMPLETE, UNSIGNED OR SUBMITTED BY UNAUTHORIZED PERSONS WILL BE RETURNED.
If no medical or nurse practitioner fax number or address is provided, Health Insurance BC (HIBC) will be unable to send a response.

This form is Practitioner-Patient privileged and contains confidential information intended only for the recipient. Any other distribution, copying or disclosure is strictly prohibited. If you have received this form in error, please destroy it and notify the practitioner.

FAXING INSTRUCTIONS: **1.** Fax **ONE** copy of this page to HIBC at 250-405-3587. **2.** Fax **ONE** copy of this page to the local Home and Community Care Office. Contact numbers are available from HealthLink BC (phone 8-1-1), or by visiting http://find.healthlinkbc.ca and, in the Find Services "**What?"** field, entering "home and community care".

☐ **New Patient** ☐ **Reassessment (required after 12 months)** ☐ **Cancellation (patient no longer qualifies) – *complete Step 1 and 4 only***

STEP 1 OF 4: PATIENT'S INFORMATION (please print or type)

Last Name	First Name	Middle Name

Personal Health Number (PHN)	Date of Birth (yyyy / mm / dd)	Gender	Telephone Number (include area code)
		☐ Male ☐ Female	

Mailing Address	City	Province	Postal Code

STEP 2 OF 4: PATIENT'S CONSENT (MANDATORY) - *SIGNATURE IS REQUIRED IN OPTION 1 **OR** 2*

Option 1: Patient's Signature *(a signature is required here **OR** in Option 2 below)*

I consent to registering for drug coverage and an assessment of medical equipment and supply needs.

Signature of Patient	Date Signed (yyyy / mm / dd)

OR

Option 2: Signature of Substitute Decision Maker - Legal Representative or Practitioner *(a signature is required here **OR** in Option 1 above)*

If the patient is unable or unavailable to sign the above section (Option 1)

Signature of Legal Representative or Practitioner	Date Signed (yyyy / mm / dd)	Telephone Phone Number (include area code)	
Last Name (print or type)	**First Name (print or type)**	**Initial**	**Relationship to Patient**

STEP 3 OF 4: CERTIFICATION BY MEDICAL OR NURSE PRACTITIONER - MUST BE COMPLETED BY PRACTITIONER (MANDATORY)

Primary Diagnosis	Other Diagnosis

☐ I certify this patient meets all four eligibility criteria as defined below (**all four criteria must be met**):

- is diagnosed with a life-threatening illness or condition
- has a life expectancy of up to 6 months
- wishes to receive palliative care at home (home as defined on page 1)
- consents to the focus of care being primarily palliative rather than treatment aimed at a cure

Supporting Assessment Using SPICT Tool on page 2 **(required)**

List at least 2 General Indicators (for example, 1.a., 1.d.):	List at least 1 Clinical Indicator (for example, 2.d.(1)):

STEP 4 OF 4: SIGNATURE OF MEDICAL OR NURSE PRACTITIONER (MANDATORY)

Name and Mailing Address	**Signature** of Medical or Nurse Practitioner to certify eligiblity and to request coverage	
	Date of Registration (yyyy / mm / dd)	Practitioner College ID Number
	Practitioner Tel Number (with area code)	Practitioner Fax Number

Personal information on this form is collected under the authority of section 22 of the *Pharmaceutical Services Act* for the operations of the BC Palliative Care Benefits Program, Ministry of Health. The personal information will be used to support the applicant to be a beneficiary of the Program. Personal information will be released to PharmaCare for the provision of drug benefits and, where necessary, to the local Home and Community Care office for the determination of medical supplies and equipment needs. If you have any questions about the collection of personal information on this form, contact Health Insurance BC (HIBC) from Vancouver at 604 683-7151 or, from elsewhere in BC, toll-free at 1 800 663-7100. This information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* and the *Pharmaceutical Services Act.*