



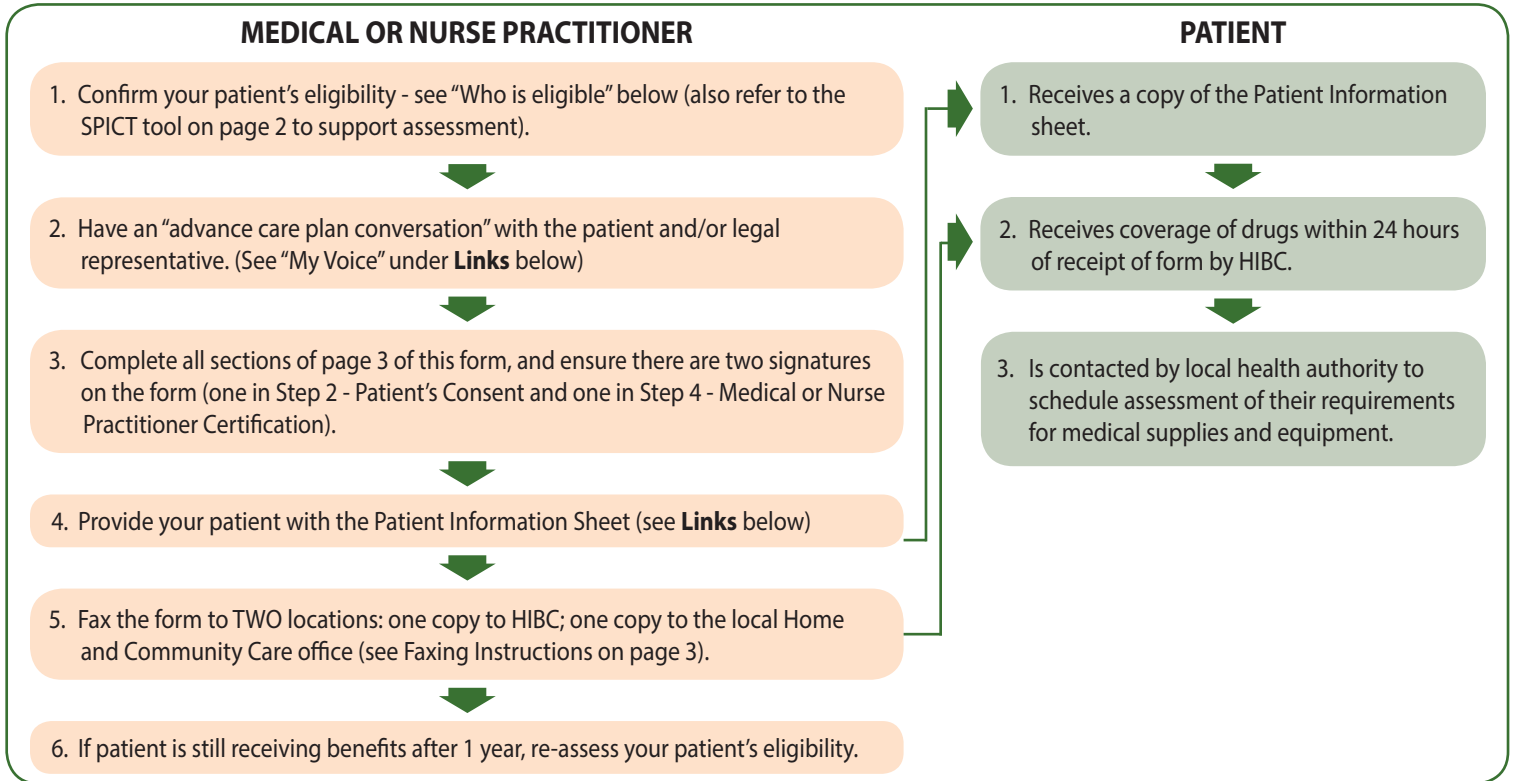
BC Palliative Care Benefits support individuals of any age at the end stage of a life-threatening disease or illness who wish to receive palliative care at home.

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:



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™), 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. GENERAL INDICATORS OF DETERIORATING HEALTH

- 1.a. Performance status is poor or deteriorating (the person is in bed or a chair for 50% or more of the day); reversibility is limited.
- 1.b. Dependent on others for most care needs due to physical and/or mental health problems.
- 1.c. Two or more unplanned hospital admissions in the past 6 months.
- 1.d. Significant weight loss (5-10%) over the past 3-6 months, and/ or a low body mass index.
- 1.e. Persistent, troublesome symptoms despite optimal treatment of underlying condition(s).
- 1.f. Patient asks for supportive and palliative care, or treatment withdrawal.

2. CLINICAL INDICATORS OF ONE OR MORE ADVANCED CONDITIONS

2.a. Cancer

- 2.a.(1) Functional ability deteriorating due to progressive metastatic cancer.
- 2.a.(2) Too frail for oncology 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; swallowing difficulties.
- 2.b.(3) Urinary and faecal incontinence.
- 2.b.(4) No longer able to communicate using verbal language; little social interaction.
- 2.b.(5) Fractured femur; multiple falls.
- 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 swallowing difficulties.
- 2.c.(3) Recurrent aspiration pneumonia; breathless or respiratory failure.

2.d. Heart / Vascular Disease

- 2.d.(1) NYHA Class III/IV heart failure, or extensive, untreatable coronary artery disease with:
 - breathlessness or chest pain at rest or on minimal exertion.
- 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 exertion between exacerbations.
- 2.e.(2) Needs 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 dialysis.

2.g. Liver Disease

- 2.g.(1) Advanced cirrhosis with one or more complications in past year:
 - diuretic resistant ascites
 - hepatic encephalopathy
 - hepatorenal syndrome
 - bacterial peritonitis
 - recurrent variceal bleeds
- 2.g.(2) Liver transplant is contraindicated.

The SPICT™ is a guide to identifying people at risk of deteriorating health and dying. Assess these people for unmet supportive and palliative care needs.

Look for two or more general indicators of deteriorating health.

- Performance status is poor or deteriorating (the person is in bed or a chair for 50% or more of the day); reversibility is limited.
- Dependent on others for most care needs due to physical and/or mental health problems.
- Two or more unplanned hospital admissions in the past 6 months.
- Significant weight loss (5-10%) over the past 3-6 months, and/ or a low body mass index.
- Persistent, troublesome symptoms despite optimal treatment of underlying condition(s).
- Patient asks for supportive and palliative care, or treatment withdrawal.

Look for any clinical indicators of one or more advanced conditions

Cancer

Functional ability deteriorating due to progressive metastatic cancer.

Too frail for oncology treatment or treatment is for symptom control.

Dementia/ frailty

Unable to dress, walk or eat without help.

Eating and drinking less; swallowing difficulties.

Urinary and faecal incontinence.

No longer able to communicate using verbal language; little social interaction.

Fractured femur; multiple falls.

Recurrent febrile episodes or infections; aspiration pneumonia.

Neurological disease

Progressive deterioration in physical and/or cognitive function despite optimal therapy.

Speech problems with increasing difficulty communicating and/ or progressive swallowing difficulties.

Recurrent aspiration pneumonia; breathless or respiratory failure.

Heart/ vascular disease

NYHA Class III/IV heart failure, or extensive, untreatable coronary artery disease with:

- breathlessness or chest pain at rest or on minimal exertion.

Severe, inoperable peripheral vascular disease.

Respiratory disease

Severe chronic lung disease with:

- breathlessness at rest or on minimal exertion between exacerbations.

Needs long term oxygen therapy.

Has needed ventilation for respiratory failure or ventilation is contraindicated.

Kidney disease

Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.

Kidney failure complicating other life limiting conditions or treatments.

Stopping dialysis.

Liver disease

Advanced cirrhosis with one or more complications in past year:

- diuretic resistant ascites
- hepatic encephalopathy
- hepatorenal syndrome
- bacterial peritonitis
- recurrent variceal bleeds

Liver transplant is contraindicated.

Review supportive and palliative care and care planning

- Review current treatment and medication so the patient receives optimal care.
- Consider referral for specialist assessment if symptoms or needs are complex and difficult to manage.
- Agree current and future care goals, and a care plan with the patient and family.
- Plan ahead if the patient is at risk of loss of capacity.
- Record, communicate and coordinate the care plan.



BC PALLIATIVE CARE BENEFITS REGISTRATION

For - 1. palliative care drug coverage, reassessment 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".

Form with checkboxes: 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)

Form for patient information: Last Name, First Name, Middle Name, Personal Health Number (PHN), Date of Birth, Gender, Telephone Number, 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

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, Telephone Number, Last Name, First Name, 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, wishes to receive palliative care at home, has a life expectancy of up to 6 months, 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 eligibility and to request coverage, Date of Registration, Practitioner College ID Number, Practitioner Tel Number, 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.