



BC PALLIATIVE CARE BENEFITS PROGRAM APPLICATION

PharmaCare BC Palliative Care Drug Plan and Health Authority Palliative Care Medical Supplies and Equipment Component

By completing this application, the physician is requesting coverage under the BC Palliative Care Drug Plan and an assessment for Palliative Care Medical Supplies and Equipment.

This application is Doctor-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 application as a fax in error, please destroy it and notify the physician.

STEP 1 OF 3: APPLICANT'S PERSONAL INFORMATION (please print or type)

Form with fields: Last Name, First Name, Middle Name, Personal Health Number (PHN), Date of Birth (yyyy / mm / dd), Gender (Male/Female), Mailing Address, City, Province, Postal Code.

I understand the benefits that I am applying for under this program.

Form with fields: Signature of Applicant (or legal representative), Telephone Number (include area code), Date Signed (yyyy / mm / dd).

If the patient did not sign the above section, give name of legal representative or physician signing on behalf of applicant.

Form with fields: Last Name of Legal Representative or Physician, First Name, Initial, Relationship to Applicant, Telephone Number (include area code).

STEP 2 OF 3: CERTIFICATION BY PHYSICIAN - TO BE COMPLETED BY PHYSICIAN

Form with fields: Primary Diagnosis, Other Diagnosis, Palliative Performance Scale (PPS) Score, Reason for coverage if score above 50%.

I hereby request coverage under the BC Palliative Care Benefits Program for the above identified patient and certify that this patient meets the eligibility criteria for coverage as outlined on pages 2 and 3 of this form.

Form with fields: Name and Mailing Address, Signature of Referring Physician, Date of Application (yyyy / mm / dd), Physician College ID Number, Physician Tel Number (with area code), Physician Fax Number.

STEP 3 OF 3: FAXING INSTRUCTIONS FOR PHYSICIAN'S OFFICE

Fax ONE copy to Health Insurance BC at 250-405-3587 and ONE copy to the Home and Community Care Office of the local health authority. Contact numbers for each health authority service delivery area are available in the blue pages of your telephone book, 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".

Personal information on this form is collected 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.

BC PALLIATIVE CARE BENEFITS PROGRAM INFORMATION

What does this program do?

This program assists eligible palliative patients with access to palliative:

- drug benefits (through the BC Palliative Care Drug Plan).
- medical supplies and equipment (after assessment by the local health authority).

Who is eligible for the program?

This program is available to any BC resident who:

- 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*; and,
- consents to the focus of care being palliative rather than treatment aimed at a cure.

To determine a patient's medical eligibility, physicians will use the Palliative Performance Scale (PPS), available in the BC Palliative Care Benefits Program Physician Guide and on page 3. To qualify for the program, patients will usually have a PPS score of 50% or below.

What will be covered?

BC PalliativeCare Drug Plan

Once an application is received and eligibility established, PharmaCare will cover 100% of the eligible cost of prescribed medications and selected over-the-counter medications as listed in the BC Palliative Care Drug Plan formulary.

For the over-the-counter medications included in the formulary, the physician must write a prescription for the patient to receive coverage. Medications not included in the formulary may be covered under the patient's usual PharmaCare plan rules (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 prescription.

Medical Supplies and Equipment through the local health authority

When an application is received, a health professional from the local Home and Community Care office will contact the patient to assess their need for palliative supplies and equipment. Reassessments of the supplies and equipment required will be scheduled monthly or more often as indicated.

How to apply?

The applicant (or their legal representative) and their physician must complete the appropriate sections on page 1 of this form.

Physician's office to fax one copy of the application to Health Insurance BC at 250-405-3587 and one copy to the Home and Community Care Office of the local health authority. Contact numbers for each health authority service delivery area are available in the blue pages of your telephone book, 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".

When will coverage begin?

Drug coverage begins as soon as PharmaCare processes the application (normally within 12 hours).

Coverage of medical supplies and equipment begins as soon as the home and community care office of the local health authority completes an assessment of the patient's needs.

Need more information?

- For BC Palliative Care Drug Plan information, contact Health Insurance BC (HIBC) at:
Vancouver/Lower Mainland (604) 683-7151
Elsewhere in BC toll-free 1-800-663-7100
- For palliative medical supplies and equipment information, contact your local Health Authority. Health Authority contact information is available at:
 - <http://find.healthlinkbc.ca>
 - in the blue pages of your telephone book
 - from HealthLink BC (phone 8-1-1)

*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.

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

3. 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.

4. 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

5. 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

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