

BC PharmaCare - Special Authority
MAID stats

Maid

<u>Jan-17</u>	<u>Feb-17</u>	<u>Mar-17</u>	<u>Apr-17</u>	<u>May-17</u>	<u>Jun-17</u>	<u>Jul-17</u>	<u>Aug-17</u>	<u>Sep-17</u>	<u>Oct-17</u>	<u>Nov-17</u>	<u>Dec-17</u>
						75	82	46			



Ministry of Health Consolidated Analytics Services

Title Medical Services Plan claims for Medical Assistance in Dying (MAiD) services, July 1 to September 25, 2017.

Completion Date 2017-12-05

Client Freedom of Information Request: Julianne Letawske

Program Area

Question being asked

Records regarding statistics related to medical assistance with dying and deaths in British Columbia for the period of July 1 2017 to September 25 2017.

Summary of Analysis

MAiD Services (July 1 2017 to September 25 2017)

- 256 patients received 1475 paid Medical Assistance in Dying services
- 80 practitioners provided MAiD services
- Medical Services Plan expenditure on MAiD services was \$80,836

Pcare Spend and Beneficiaries (July 1 2017 to September 25 2017)

- 127 patients receive PharmaCare coverage for Medical Assistance in Dying services
- PharmaCare expenditure on MAiD services was \$28,333

SME = Subject Matter Expert

PAS # 2017.1009 **Filename** Medical Assistance in Dying FOI HTH-2017-73138.xlsx

The information contained in this/these spreadsheet(s) is of a summary nature and may be released in its entirety (Cover Sheet and relevant Tabs) for the purpose for which it was provided. However, as it was prepared to address a specific question, other use or manipulation of the data is not permitted.

Medical Services Plan claims for Medical Assistance in Dying (MAiD) services, July 1 2017 to September 25, 2017.

Filename Medical Assistance in Dying FOI HTH-2017-73138.xlsx

Data source

- 1 Medical Services Plan
- 2 PharmaNet

Extract date 2017-12-03

Notes

- 1 Extract searched for claims records for service dates and paid dates between July 1 2017 to September 25 2017.
- 2 Medical Assistance in Dying fee items are:
 - 13501 MAiD Assessment Fee – Assessor Prescriber
 - 13502 MAiD Assessment Fee – Assessor
 - 13503 Physician witness to video conference MAiD Assessment – Patient Encounter
 - 13504 MAiD Event Preparation and Procedure
- 3 PharmaCare beneficiaries were identified as the patients who received approved special authority for clinical services fees for MAiD and reimbursed by PharmaCare for at least one claim on the MAiD therapies.

PAS 2017.1009

**Medical Services Plan claims for Medical Assistance in Dying (MAiD) services, July 1 to September 25, 2017
by patient health authority**

Patient Health Authority	Number of Patients	Number of Practitioners	Paid Services	Expenditure
01 Interior	36	25	208	\$10,466.03
02 Fraser	37	14	202	\$10,677.48
03 Vancouver Coastal	34	12	209	\$11,287.88
04 Vancouver Island	131	25	752	\$41,395.47
05 Northern	13	7	76	\$5,399.43
Unknown	5	7	28	\$1,609.30
Total*	256	80	1475	\$80,835.59

*Note that the total number of practitioners is less than the sum of practitioners. The total figure represents the number of distinct practitioners providing MAiD services. Individual practitioners provided services for patients in more than one health authority.

PharmaCare benefits paid for MAiD services, July 1 to September 25, 2017, by patient health authority

Patient Health Authority	Number of PC Beneficia ries	PC Expenditure
01 Interior	23	\$ 5,295.46
02 Fraser	20	\$ 5,588.99
03 Vancouver Coastal	23	\$ 3,680.59
04 Vancouver Island	56	\$ 13,487.52
05 Northern	5	\$ 280.62
Total	127	\$ 28,333.18

Data pulled 2017-12-01; HealthIdeas

Date range = 2017-07-01 to 2017-09-25

FACT SHEET

Medical Assistance in Dying

ISSUE

Medical assistance in dying (MAiD) is legal in Canada, with federal legislation in place since June 17, 2016, when Bill C-14 *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* received royal assent, ending the prohibition on MAiD in Canada. The Federal legislation allows for both practitioner-administered (intravenous) and self-administered (oral) MAiD, when specific eligibility criteria are met and safeguards are followed.

KEY FACTS

Exemptions from Criminal Liability

- Physicians and nurse practitioners (NP) who assess persons for eligibility and provide MAiD.
- Pharmacists who dispense drugs for the purpose of MAiD.
- Persons (e.g., a registered nurse or social worker) who aid a physician/NP to provide MAiD.
- Persons (e.g., a family member or friend) who aid a patient to self-administer.

Eligibility for MAiD - Is limited to persons who meet all of the following criteria:

- Eligible for health services funded by a government in Canada.
- At least 18 years of age, and capable of making decisions with respect to their health.
- Have a grievous and irremediable medical condition (i.e., a serious and incurable illness/disease/disability; advanced state of irreversible decline in capability; intolerable physical or psychological suffering that cannot be relieved by means that are acceptable to the person; and, natural death is reasonably foreseeable).
- Have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure.
- Give informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care.

Safeguards for MAiD - Before providing MAiD, the physician/NP must ensure the following:

- A written request must be signed and dated by the person (or their proxy, if person is unable to sign) before two independent witnesses, who must also sign and date the request.
- The person must be informed they may withdraw their request at any time, in any manner.
- Two independent physicians/NPs must assess the person's eligibility for MAiD, and confirm in writing that the person meets all of the eligibility criteria.
- There must be 10 clear days between the day of the signed request and the day on which MAiD is provided, unless death or loss of capacity to provide informed consent is imminent.
- Immediately before providing MAiD, the person must be given an opportunity to withdraw their request, and must provide express consent to receive MAiD.
- All necessary measures must be taken to provide a reliable means by which the person may understand the information provided to them, and communicate their decision.

Implementation of MAiD in BC

- The Minister of Health made amendments to the Medical Practitioners Regulation, Nurses (Registered) and Nurse Practitioners Regulation, and Pharmacists Regulation under the *Health Professions Act*, to give regulatory college Standards for MAiD the force of provincial law.
- BC's Additional Safeguards - in BC, the prescribing physician or NP must: 1) Receive the drugs directly from the dispensing pharmacist and return any unused drugs to the pharmacy; and 2) Be present with the patient for MAiD (including for self-administration) until death is confirmed. This approach ensures the patient is capable of providing consent, the management of any possible

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adverse events, proper disposal of any unused medications, and emotional support for the patient and others present.

- Amendments were made to the Drug Schedules Regulation to allow NPs the ability to prescribe certain drugs which may be used for MAiD under BC's drug protocol.
- A provincial approach to privileging physicians for health authority-based MAiD was developed and implemented.
- A revised physician payment schedule was approved by the Medical Services Commission in June 2017, following development by the Section of General Practice and approvals from Tariff Committee and the Board of the Doctors of BC.
- Processes and policy were put in place to ensure individuals receiving MAiD are able to access required pharmaceuticals and supplies as insured benefits.
- The Provincial MAiD Working Group (Ministry of Health, Ministry of Justice, BC Coroners Service, health authorities, and regulatory colleges) meets regularly to provide advice and guidance related to the implementation of MAiD from a service delivery and operational perspective.
- Sub-committees of the MAiD Working Group have developed drug protocols (including the prescription form and guidance document), a nursing clinical decision support tool and education resources, standard provincial forms for data collection, and indicators for oversight/monitoring.
- On July 20, 2016, regulatory changes came into force to provide the BC Coroners Service with the authority and responsibility to collect and report on deaths resulting from MAiD. The role of the Coroners Service is to ensure compliance with federal/provincial laws and regulations, and to gather information about MAiD deaths for aggregate reporting.
- The Coroners Service chaired the first BC MAiD Review Panel on February 22, 2017; release of a report from the Panel to the Chief Coroner is pending.
- Health authorities have delivered education sessions for physicians, NPs, and registered nurses.
- The Ministry maintains an active role in federal/provincial/territorial discussions, including issues pertaining to reporting and oversight.
- In January 2017, the federal government initiated three independent reviews into complex issues currently excluded from MAiD: 1) mature minors; advance requests; and, 3) mental health as the sole underlying medical condition.

Access and Care Coordination of MAiD in BC

- MAiD Care Coordination Services are in each health authority to ensure reasonable access.
- The Ministry continues to assist health authorities and regulatory colleges with policy questions and working through issues as they arise, and is aware of areas of concern (i.e., resistance to MAiD in some hospice and palliative care settings, physician compensation, and patient transfers from denominational facilities). There continues to be media attention in these areas.
- Demand for MAiD in BC has been higher than expected. As of May 31, 2017, a total of 435¹ persons had received MAiD (Vancouver Island - 186; Vancouver Coastal - 115; Fraser - 54; Interior - 66; Northern - 14).

FINANCIAL IMPLICATIONS

N/A

Approved by:

Ian Rongve, Hospital, Diagnostic and Clinical Services Division; July 5, 2017

Nancy South, obo Teri Collins, Health Sector Information Analysis and Reporting Division; July 10, 2017

¹ Source – BC Coroner's Service

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Medical Assistance in Dying

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- Have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure.
- Give informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care.

Safeguards for MAiD - Before providing MAiD, the physician/NP must ensure the following:

- A written request must be signed and dated by the person (or their proxy, if person is unable to sign) before 2 independent witnesses, who must also sign and date the request.
- The person must be informed they may withdraw their request at any time, in any manner.
- Two independent physicians/NPs must assess the person's eligibility for MAiD, and confirm in writing that the person meets all of the eligibility criteria.
- There must be 10 clear days between the day of the signed request and the day on which MAiD is provided, unless death or loss of capacity to provide informed consent is imminent.
- Immediately before providing MAiD, the person must be given an opportunity to withdraw their request, and must provide express consent to receive MAiD.
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adverse events, proper disposal of any unused medications, and emotional support for the patient and others present.

- Amendments were made to the Drug Schedules Regulation to allow NPs the ability to prescribe certain drugs which may be used for MAiD under BC's drug protocol.
- A provincial approach to privileging physicians for health authority-based MAiD was developed.
- New physician fees for MAiD were approved by the Medical Services Commission in June 2017, following development by the Section of General Practice and approvals from Tariff Committee and the Board of the Doctors of BC. As part of normal process, the new fees will be reviewed (estimated to be completed by March 31, 2018).
- Processes and policy were put in place to ensure individuals receiving MAiD are able to access required pharmaceuticals and supplies as insured benefits.
- The Provincial MAiD Working Group (Ministry of Health, Ministry of Justice, BC Coroners Service, health authorities, and regulatory colleges) meets regularly to provide advice and guidance related to the implementation of MAiD from a service delivery and operational perspective.
- Drug protocols (including the prescription form and guidance document), a nursing clinical decision support tool, education resources and standard provincial forms for data collection have been developed.
- On July 20, 2016, regulatory changes came into force to provide the BC Coroners Service with the authority and responsibility to collect and report on deaths resulting from MAiD. The role of the Coroners Service is to ensure compliance with federal/provincial laws and regulations, and to gather information about MAiD deaths for aggregate reporting.
- The Coroners Service chaired the first BC MAiD Review Panel on February 22, 2017; release of a report from the Panel to the Chief Coroner is pending.
- Health authorities have delivered education sessions for physicians, NPs, and registered nurses.
- The Ministry is participating in federal/provincial/territorial planning regarding MAiD reporting.
- The Ministry and Coroners Service contributed to the interim report on MAiD released by Health Canada in April 2017. The second report is expected to be released by end of September 2017.
- In January 2017, the federal government initiated 3 independent reviews into complex issues currently excluded from MAiD: 1) mature minors; advance requests; and, 3) mental health as the sole underlying medical condition.

Access and Care Coordination of MAiD in BC

- MAiD Care Coordination Services are in each health authority to ensure reasonable access.
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- Demand for MAiD in BC has been higher than expected. As of July 31, 2017, a total of 568¹ persons had received MAiD (Vancouver Island - 236; Vancouver Coastal - 147; Fraser - 77; Interior - 91; Northern - 17).

FINANCIAL IMPLICATIONS

N/A

Approved by:

Ian Rongve, Hospital, Diagnostic and Clinical Services Division; September 11, 2017

Nancy South obo Teri Collins, Health Sector Information Analysis and Reporting Division; September 13, 2017

¹ Source – BC Coroners Service