

The Honourable Adriana LaGrange
Minister of Health
423 Legislature Building
Edmonton, Alberta



Sent via email: health.minister@gov.ab.ca

December 5, 2024

Dear Minister LaGrange,

Re: Impact of Recent Changes to Pharmacy Fees & Visits on Seniors in Continuing Care

We are writing to express our concerns regarding the recent changes to pharmacist compensation and practices, particularly as they affect seniors residing in supportive living and continuing care.

Firstly, we want to acknowledge and express our appreciation for your commitment to ensuring that healthcare services are delivered efficiently and responsibly. We understand the necessity of promoting system sustainability while addressing challenges.

Based on feedback from members of the Alberta Seniors & Community Housing Association (ASCHA)'s Seniors Housing and Continuing Care Task Force, we are concerned that the number of covered visits to pharmacists may inadvertently affect the quality of care for our most vulnerable seniors. Specifically:

- **Reduction in Funded Services:** Effective November 1, 2024, the initial assessment fee has been reduced from \$100 to \$70, and the number of funded follow-up visits for comprehensive annual care plans and standard medication management assessments has been reduced from twelve to four visits per patient annually. While the memo from Alberta Blue Cross indicated that most Albertans receive an average of five care plan follow-up visits per year, seniors in continuing care often require significantly more due to their complex health needs.
- **Increased Care Complexity:** Our members report that many residents require 8 to 15+ follow-up visits annually. These visits are essential for managing chronic conditions such as diabetes, hypertension, and mental health issues, including cognition issues, and for monitoring medications that require frequent adjustments, like antipsychotics and blood thinners. For example, residents participating in the Appropriate Use of Antipsychotics (AUA) program, which mandates monthly reviews by Alberta Health Services (AHS), may be adversely affected by the funding reductions.
- **Medication Management is Complex:** Data from the Canadian Institute for Health Information's (CIHI) report on Drug Use Among Seniors, 2016, tracks the number of prescribed drug classes. It is broken down by percentage of the senior population below:
 - **Five or more different drug classes:** 65.7% of seniors
 - **Ten or more different drug classes:** 26.5%
 - **Fifteen or more different drug classes:** 8.4%¹
- **Risk of Adverse Drug Events:** Seniors are particularly vulnerable to adverse drug events (ADEs). The number of drugs being prescribed to seniors is the factor deemed most responsible for ADE-related hospitalizations, with seniors using ten or more different drug classes (21.1% of the seniors population) accounting for 58.6% of related hospitalizations. Geographic location also

¹ [Drug Use Among Seniors in Canada, 2016, Canadian Institute for Health Information](#)

plays a part, with 20.4% of seniors living in rural and remote neighbourhoods using ten or more drug classes, compared to 16.8% of seniors in urban neighbourhoods; according to CIHI, Reduced pharmacist interactions could increase the risk of ADEs, leading to more emergency visits and hospitalizations².

- **Essential Pharmacist Services at Risk:** The reduction in funding jeopardizes critical services provided by pharmacists, including:
 - **Medication Reviews:** Quarterly and annual medication reviews help prevent polypharmacy and adverse drug events. Pharmacist-led medication reviews have reduced the risk of ADEs and improved patient outcomes.
 - **Care Conferences:** Regular care conferences involving pharmacists are vital for adjusting care plans based on residents' changing health conditions.
 - **Monitoring and Follow-ups:** Pharmacists conduct follow-ups to monitor blood pressure, lab results, and medication effectiveness, which are crucial for residents with complex medical needs.
- **Potential Impact on Resident Care:** If services are scaled back to align with the new funding model, without access to regular pharmacist support, residents may experience increased medication errors, side effects, and gaps in continuity of care. The reduced pharmacist involvement could lead to higher hospitalization rates, imposing additional costs on the healthcare system. Preventable medication-related hospital admissions impose a substantial financial burden on the healthcare system¹.
- **Additional Burden on Housing Providers/Operators:** Without adequate pharmacist support, care homes and AHS partners may assume additional responsibilities without corresponding resources, potentially straining the system further.
- **Timeline and Uncertainty:** The changes implemented are due for review in April 2025. Until then, pharmacies are uncertain about the sustainability of their services. There is concern that services may be cut without adjustments, and clinical pharmacist positions may be reduced.

We are mindful of the ongoing contract negotiations between the Ministry and pharmacy providers and do not wish to interfere. Our primary concern is the well-being and safety of the seniors in our care, especially given that, unlike facility-based care, our member sites often do not have personnel specialized in pharmaceutical monitoring and are reliant on partnerships with pharmacies for their residents. We believe a collaborative approach can address system sustainability challenges while ensuring seniors receive the necessary comprehensive pharmacy services. We welcome the opportunity to discuss this matter further and explore solutions that uphold the quality of care for seniors.

Thank you for your attention to this critical issue.



James Nibourg, ASCHA President

CC: Honourable, Jason Nixon, Minister of Seniors, Community and Social Services

² CIHI, 2016