



## SECTION ON PALLIATIVE MEDICINE

### JANUARY 2008 NEWSLETTER

#### **PCFA/Individual Clinical Review/Section 8 Update**

The following letter is being sent to all physicians who are added to the list for Palliative Care Facilitated Access (PCFA). If you are already on this list, please review the contents of this letter as a refresher regarding what the program has been designed for. It is imperative that we all take care not to abuse this system to ensure it's ongoing success.

If you are a Primary member of the Section on Palliative Medicine and are not already on the PCFA list and feel this would be an important tool to use in your practice, please contact Ina Nesbitt.

If you are not a primary member of the Section on Palliative Medicine or are only occasionally caring for palliative patients in the home, please be reassured that the expedited Individual Clinical Review (ICR) for palliative medications remains accessible for all physicians. Stayed tuned for further details regarding the PCFA/ICR process as Dr. Burke has been working hard to get a few more medications added to the list. The most recent form has been posted on the Section's OMA website.

Dear Physician,

Your name has been added to the list at the Ministry of Health facilitated access to palliative care drugs for Ontario Drug Benefit eligible persons. By having your name on this list, you are able to write prescriptions for patients who are deemed palliative (persons with a diagnosis where you as the physician has determined that you would not be surprised if the person were to pass away with in the next six months). You must identify that the patient is palliative on the prescription and include your College of Physician and Surgeon of Ontario number with your signature. The medications that are eligible are listed on the new Individual Clinical Review's Palliative Care Medications form.

It is very important to note that once any drug is used on this program, the six-month time limit starts. At day 180, any and all medications that need filling, will need to have the expedited Section 16 form filled out for continued coverage. If there are any new drugs added to this program, we will try and communicate that with you, so please let the Ontario Medical Association know your email address for the most efficient way to obtain notification.

Please remember that this program is for palliative care patients only. It specifically is not for patients with chronic pain. Abuse of this program jeopardizes it for all patients and physicians who are using it. If there are any questions about the program, please feel free to Ina Nesbitt at the Ontario Medical Association (Ina\_Nesbitt@OMA.ORG), who will pass the question on to the appropriate person.

#### **COMMONLY BILLED PALLIATIVE CODES**

The following is a summary of the most commonly used palliative medicine codes. Details regarding these codes have been posted on the Section's OMA website.

K023	Palliative care support	51.70
A902	Pronouncing death at home	41.75
G511	Telephone management	17.75
G512	Weekly case management	51.70
B998	Special visit to the home	63.80
A945	Palliative care consultation	132.50

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