

ADVENT OF MAIL-ORDER PHARMACY CAUSES CONCERN AMONG SOME PHARMACISTS

David Spurgeon

In Brief • En bref

MEDITrust, a major mail-order pharmacy, promises low drug prices and dispensing fees for people who order drugs via mail. Its arrival has created some strong opposition in Quebec. The Canadian Pharmaceutical Association says the arrival of mail-order companies may give community pharmacists an opportunity to promote the benefits of face-to-face contact with pharmacists. The CMA's Dr. Anne Carter says there will always be a need for community pharmacists, who can provide drugs on short notice and provide personal counselling for patients.

Une importante pharmacie de vente par correspondance, MEDITrust, promet des prix de médicaments et des frais d'ordonnance peu élevés aux gens qui commandent des médicaments par correspondance. Son arrivée sur le marché a provoqué une vive opposition au Québec. L'Association pharmaceutique canadienne affirme que l'arrivée des entreprises de vente par correspondance pourra permettre aux pharmaciens locaux de promouvoir les avantages du contact personnel avec les pharmaciens. Le Dr. Anne Carter, de l'AMC, affirme qu'on aura toujours besoin de pharmaciens communautaires qui peuvent fournir des médicaments rapidement et donner des conseils personnels aux patients.

A Toronto mail-order pharmacy called MEDITrust, which is promoting its services within the medical profession and to businesses, is receiving mixed reactions from doctors and pharmacists.

In its promotional literature, MEDITrust emphasizes cost savings. It claims that both patients and the government health system could benefit — patients by as much as 50% on medication costs and the Ontario government, for example, by up to \$100 million annually under its drug-benefit program.

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To doctors it offers a telephone hot line, customized fax sheets for patients' prescriptions, an information and ordering kit for waiting rooms, centralized patient profiles, consultation with its pharmacists and other services.

To business, it suggests that clients can be made happy through cost savings. "You become a hero — increased service!" says one of its brochures.

How does it get business? A MEDITrust account manager will call a company to promote its "cost-containment pharmacy service." The company, in search of lower drug costs, advises its em-

ployees or clients to use the service.

First established in Toronto, MEDITrust now also operates in New Brunswick. Its two "superpharmacies" are accredited under the regulations of the Ontario College of Pharmacists and the New Brunswick Pharmaceutical Society.

"These facilities are in excess of 20 000 square feet and are devoted exclusively to medication distribution," says the company's Physician Information Kit. "Through leading-edge technology, MEDITrust is capable of delivering over 20 000 prescriptions per day. Although [we provide] patients with predominantly chronic or maintenance medication, MEDITrust carries and delivers all types of medication, including acute-care products. To order, patients can mail us their prescriptions or physicians can phone or fax in their prescriptions. [The company] is owned and operated by pharmacists dedicated to improving the service and cost of medication."

Patients are charged a \$5 dispensing fee, compared with the Ontario government formulary charge of \$6.47 and what MEDITrust calls "usual and customary fees" of \$7 to \$14. A 90-day supply of medication is provided where appropriate for the same \$5 fee. The mark-up is 10% on all prescription medications. Generic drugs are promoted, but doctor and patient may request

brand-name products. Delivery to home or workplace is usually made within 2 business days.

"We are not always the suitable choice for an emergency drug and our pharmacists counsel customers accordingly," the company advises.

Leroy Fevang, executive director of the Canadian Pharmaceutical Association (CPA), says the association "looks upon mail order as another type of pharmacy-delivery service." However, MEDITrust has had problems in Quebec, where the province's Order of Pharmacists has asked at least two Ontario-based businesses to stop telling their Quebec employees to use its services.

Quebec pharmacists obtained a temporary injunction against the company in 1993, when customers in the province were being served through the firm's New Brunswick centre. They claim that MEDITrust is not a pharmacy as defined in the Quebec Pharmacy Act and, therefore, not entitled to practise in the province.

The injunction was lifted in January 1994 by the Quebec Superior Court, but subsequently reinstated by the Quebec Court of Appeal. After the reinstatement, the Order of Pharmacists wrote to the Canadian Tire Corporation and Klockner Moeller Ltd., asking them to cease using MEDITrust. Both companies refused.

Last year, the Toronto-Dominion Bank withdrew a recommendation that its employees use MEDITrust, saying it had underestimated the impact the recommendation might have on local pharmacists who are bank customers.

When a Montreal pharmacist, Marcel Dubuc, was licensed by MEDITrust to use the company's computer system to fill Quebec prescriptions, officials from the Order of Pharmacists made repeated visits, seizing prescriptions relating to the company. They were later returned.

MEDITrust's president, Norman

Paul, characterizes actions like that as an attempt to limit competition. He told the *Globe and Mail* his company plans to seek leave to appeal to the Supreme Court of Canada.

Fevang qualifies the CPAs' acceptance of mail-order pharmacies with a caveat: "We do believe that pharmacists should provide drug-related information to their patients on a face-to-face consultation basis rather than more anonymously or impersonally over the telephone or through written records" — both of which are methods used by MEDITrust.

Fevang thinks pharmacists will be in a better position to draw conclusions about customers in a face-to-face meeting. "This can often play a very important part in their responsible and effective use of the medications. We do have that concern . . . and anybody who uses the services should be aware of that limitation."

Dr. Anne Carter, the CMA's associate director of health care and promotion, says MEDITrust does provide "a certain form of counselling" and "I don't think it matters terribly much to the physician whether pharmacists are in the community or on the end of a phone line somewhere as long as they are reachable and they can be communicated with and as long as they perform their functions."

Speaking from the physician's perspective, Carter said "physicians need certain functions from the pharmacist as another health care provider, as a member of the team." Those roles are to stock, store and dispense medication, provide medication-related information to patients and provide a safety check on prescriptions to make sure they pose no danger.

"Doctors are not infallible," she said. "They can make errors and it's really nice to know that there's another pair of eyes going over [the prescription] and checking it, and also looking at other medication that

the doctor might not even be aware of that had been prescribed by another doctor."

This drug might be incompatible with the new prescription, and a pharmacist with a complete record of the patient's medication could spot that immediately.

"Those are the roles that doctors really need pharmacists for. I think MEDITrust could fulfil those roles, from what I have seen of how they operate, but there are other roles — nonprescription drugs, patient counselling — and I'm not sure they can fulfil them. Certainly I know they can't provide medication on very short notice."

Carter said this means the community pharmacist will still be needed, for example, for urgent delivery within an hour or so, and for short-term, single prescriptions such as an antibiotic.

As for nonprescription drugs, Carter said she knows that MEDITrust stocks them, but this form of medication is sold in tremendous volume and requires a lot of counselling.

"Patients who think they have a minor, self-limiting ailment that they're not willing to go see their doctor about will very often wander into a pharmacy and discuss it with the pharmacist. It's a common scenario, and I don't really know if MEDITrust is prepared to fill that need. I think they stock nonprescription medication mostly for people who already know what they need — for example, 222s for tension headaches about which they've already seen a doctor."

Fevang said mail-order houses hold few implications for the pharmaceutical industry, but for the pharmacist they provide an opportunity "to market themselves more aggressively on the advantages that are inherent in the local, face-to-face environment, and provide that type of tangible service that may have been taken for granted in the past." ■