Expanded pharmacy practice: Where are we, and where do we need to go?

THE ISSUE OF AN EXPANDED ROLE FOR PHARMACISTS is not new—it has been a key priority for most pharmacy associations in Canada for several years and lies at the heart of the Blueprint for Pharmacy. When we observe the lay of the land on this issue, there are 2 dominant themes: One, most pharmacists probably do not appreciate the significant progress that has been made in expansion of pharmacists' scope of practice and payment for medication management services in a relatively short period of time. Two, despite this progress, there remain serious gaps in the practice model that must be addressed before pharmacists will be in a position to properly deliver expanded health care services to Canadians. Filling in these gaps remains a top advocacy priority for pharmacy associations, and several initiatives are underway in that regard.

Although each jurisdiction in Canada is at a different stage in its evolution of expanding pharmacy services, the overall trend lines are clearly in the right direction. As Figure 1 demonstrates, most jurisdictions have adopted regulatory changes that permit pharmacists to provide a much greater range of services. This chart would have looked much emptier just a few years ago. By embracing these services, governments are sending a clear signal that they understand and support the position that pharmacists can offer accessible, quality care in a number of service areas, often at less cost than the typical physician or hospital setting.

So what are the barriers to pharmacists' ability to provide high-quality, expanded care, and what is being done to overcome these? Unfortunately, there are still many barriers, but they must be addressed if we want pharmacists to practise to their full scope. These include the following:

- Lack of adequate compensation to perform the service (or, in some jurisdictions, no compensation at all).
- Lack of a team-based approach with other health providers (many physicians in particular remain unconvinced about the value that pharmacists can deliver).

- Lack of private insurance/third-party payer coverage for expanded pharmacist-provided services.
- Lack of uniformity or standardization of scope of practice and funded services between Canadian jurisdictions.
- Weak electronic communications infrastructure (i.e., Electronic Health Records, in particular Drug Information Systems and electronic prescribing), which prevent pharmacists' interventions from being shared and communicated with other providers.
- Low levels of understanding among the general public that pharmacists are able to provide these new services.
- Pressures on the pharmacy business model, precipitated by lower generic drug prices, making it difficult for pharmacists to retain the capacity to deliver high-quality expanded services.
- Lack of confidence by some frontline pharmacists, and the challenge in getting pharmacy owners to embrace new services to improve patient outcomes. Several articles in this issue of *CPJ* touch on this.

Clearly, these are not easy barriers to overcome, nor can they all be dealt with on a national basis. However, several initiatives are underway aimed directly at addressing some of these barriers. These include the following:

- CPhA has been actively involved over the past year with the Council of the Federation's (CoF) Health Care Innovation Working Group. At the CoF meeting in July 2013, the Premiers asked the working group to examine opportunities within the team-based model framework to increase the important role that paramedics and pharmacists can play in providing frontline services. We are currently working with officials to identify for health ministers innovative, leading edge practices in expanded pharmacist

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FIGURE 1: Summary of pharmacists' expanded scope of practice activities across Canada

 CANADIAN
PHARMACISTS
ASSOCIATION

 ASSOCIATION DES
PHARMACIENS
DU CANADA

		Province/Territory												
		BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	NWT	YT	NU
✓	Implemented in jurisdiction													
P	Pending legislation or regulation or policy													
●	Not implemented													
Pharmacist Scope of Practice	Provide emergency prescriptions refills	✓	✓	✓	P	✓	P ^{6,7}	✓	✓	●	✓	✓	●	●
	Renew/extend prescriptions	✓	✓	✓	✓ ³	✓	P ⁶	✓	✓	✓	✓	✓	●	●
	Change drug dosage/formulation	✓	✓	✓	P	✓	P ^{6,7}	✓	✓	P	✓	●	●	●
	Make therapeutic substitution	✓	✓	✓	●	●	P ^{6,7}	✓	✓	●	✓ ¹⁰	●	●	●
	Prescribe for minor ailments	●	✓ ¹	✓	P	●	P ^{6,7}	P	✓	P	●	●	●	●
	Initiate prescription drug therapy	●	✓	✓ ²	P	✓ ⁴	P ^{6,7}	✓ ⁹	✓ ²	●	●	●	●	●
	Order and interpret lab tests	●	✓	●	P	P	P ⁶	✓	✓	●	●	●	●	●
	Administer a drug by injection	✓	✓	●	P	✓ ⁵	P ^{6,8}	✓	✓	P	P	●	●	●

1. AB: pharmacists in Alberta who have "additional prescribing authority" can prescribe a Schedule I drug (prescription-only) for the treatment of minor ailments

2. SK & NS: only as part of assessment and prescribing for minor ailments

3. MB: as per Continued Care Prescriptions policy

4. ON: restricted to prescribing specified drug products for the purpose of smoking cessation (effective October 2012)

5. ON: administration of influenza vaccination to patients five years of age and older (effective October 2012). Administration of all other injections and inhalations for demonstration and educational purposes

6. QC: pending Orders in Council (activity enabled by passage of Bill 41, an Act to amend the Pharmacy Act, December 8, 2011; regulation for this activity was planned for September 3, 2013, however it was postponed by Orders in Council on August 22, 2013)

7. QC: when authorized by a physician by means of a "collective prescription" (i.e., collaborative practice agreement)

8. QC: for demonstration purposes only

9. NB: prescribing constitutes adapting, emergency prescribing or within a collaborative practice; independent prescribing or as part of minor ailments prescribing is pending

10. NL: limited to non-formulary generic substitution

service delivery with the aim of encouraging all jurisdictions to implement similar leading edge practices. Initial reports from provincial officials have been positive, and we look forward to working with the ministers to identify how services can be more effectively implemented. These efforts include a focus on the need for fair and adequate compensation in the delivery of services.

- The Pharmacy Advisory Committee on Private Payers, a joint committee of CPhA and the Canadian Association of Chain Drug Stores, is engaging with private payers to convince them to extend coverage plans to include new pharmacist-provided services.
- CPhA will be engaging more closely with the Canadian Medical Association and

Canadian Nurses Association to promote a team-based approach to delivery of various new services.

- Starting with the introduction of Pharmacists Awareness Month in March 2013, there will be a continued focus on promoting to the general public the changes in services that pharmacists can now offer.
- Earlier in 2013, CPhA and the Canadian Medical Association issued a joint statement on e-prescribing that calls on implementation of full e-prescribing capability by 2015. We will continue to work with other practitioner groups, governments and other stakeholders to continue advancing this goal.
- Several provincial pharmacy associations have issued reports calling for expanded

pharmacy services to be implemented and compensated in their respective jurisdictions. At a national level, earlier this year the Canadian Generic Pharmaceutical Association and the Canadian Association of Chain Drug Stores issued a report titled *9000 Points of Care*, which made a strong case for service expansion within pharmacy.

The Blueprint for Pharmacy Steering Committee has identified the top 10 strategic priorities for moving the profession forward to achieve the Vision for Pharmacy. Examples of priorities include a national public relations campaign, incorporating new patient care services into the business model and clinical decision support

software for documentation of patient care. Action plans and fundraising strategies will support progress.

So where does this all leave pharmacists? Overall, it is clear that pharmacists are on the right track—the vision of pharmacy as a more patient-centred profession is being realized, albeit perhaps not as uniformly or quickly as some would like. However, it is clear that barriers remain that must be overcome. It will take time, effort and resilience to tackle these barriers, but your national and provincial associations are actively working on strategies and initiatives designed to move pharmacists ever closer to the point where they will be able to practise to the fullest extent possible in order to deliver optimal quality care to Canadians. ■

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