Part 2: Roles and expertise needed to move the profession forward and improve health outcomes

Jonathan Penm, BPharm(Hons), PhD; Neil J. MacKinnon, BSc(Pharm), MSc(Pharm), PhD, FCSHP; Derek Jorgenson, BSP, PharmD, FCSHP; Jennifer Smith, MA

THIS IS THE SECOND OF 5 SHORT PAPERS REPORTING the results of a survey of pharmacy leaders and professionals from a broad range of practice settings and geographic locations across Canada. Ninety-six individuals who were invited to attend the Pharmacy Thought Leadership Summit on June 23-24, 2016, in Calgary, Alberta, were also invited to complete a survey prior to the summit. The goal of the summit was to reach agreement on priorities and actions that the Canadian Pharmacists Association (CPhA) can take forward with partner organizations to achieve an optimal future for pharmacy practice—a future that reflects the aspirations of pharmacy professionals and the health care needs of Canadians. Additional details on the survey methodology have been published previously.¹

Of the summit participants invited to complete the survey, 65 responded, for a response rate of 68%. Participants were asked to rank the 3 pharmacist practice activities that have the largest potential to impact patient health outcomes. Their responses are presented below (Table 1).

Participants had an opportunity to provide additional comments in this section of the questionnaire, which helped to provide context to the quantitative results in Table 1.

Legislation needs to be changed so I can practise to the full extent of my knowledge and skill. There are hundreds of thousands of individuals without a family physician. These individuals could likely be well served by primary care pharmacists for many of the most common ailments. —Pharmacist respondent

Participants who classified themselves as a practising pharmacy professional were also asked about their personal satisfaction with their current work environment. Of the 65 participants who responded to the survey, 38 classified themselves as a practising pharmacy professional. Their responses are presented in Table 2.

Participants had an opportunity to provide additional comments in this section of the questionnaire, which helped to provide context to the quantitative results in Table 2.

We need to invest in proper technology to free pharmacists from clerical work and to document the impact they have on health care utilization. —Pharmacist respondent

Most participants felt that chronic disease state management would have the largest potential to affect patient health outcomes. However, many participants also experience a high level of job stress in their work environment and feel restricted in their ability to offer expanded pharmacy services. These survey results were further echoed at the Pharmacy Thought Leadership Summit meeting, when the participants met in

TABLE 1 Practice activities that would have the largest potential to affect patient care

Practice activities, <i>n</i> = 65	%*
Chronic disease management (e.g., diabetes, hypertension, dyslipidemia)	73.8
Comprehensive medication reviews/medication assessments	41.5
Participation in interprofessional collaborative care models	36.9
Independent pharmacist prescribing	32.3
Preventive services (e.g., immunization/vaccines)	30.8
Minor ailment assessment and prescribing	18.5
Health education/health promotion	16.9
Medication reconciliation	15.4
Counselling patients at the time of dispensing	10.8
Screening programs (e.g., bone mineral density tests for osteoporosis, the Canadian Diabetes Risk Assessment Questionnaire, etc.)	10.8
Provision of drug information to the general public	1.5

*Each respondent could pick up to 3 choices.

TABLE 2 Work satisfaction or stress felt by practising pharmacy professionals

Work satisfaction or stress, <i>n</i> = 38	Participants who strongly agreed/agreed, %*
There is a high level of job stress in my work environment	76.3
I am restricted in my ability to expand pharmacy service offerings	63.2
I foresee myself working more as a member of collaborative health care teams	63.2
I am satisfied with how I see the pharmacy profession evolving	60.5
I experience role ambiguity on a regular basis	36.8

*The percentage of respondents who ranked their level of agreement with the item as “strongly agree” or “agree” on a 1- to 5-point Likert scale.

person to discuss and debate these issues. All participants at the summit voted on 11 priority areas that would have the greatest impact on advancing the profession over the next 10 years.² The priorities that received the most votes were 1) technology and workplace environments and

2) payer/policy issues. The final article in this series goes into more depth on these priority areas.³

The findings of both the survey and discussions at the Pharmacy Thought Leadership Summit meeting suggest that technology and

Editorial note

There is an old joke about how a statistician once drowned in a river that was—“on average”—6 inches deep. While survey data can be valuable, overreliance on them or any other single source of information for decision making can be problematic. This article highlights opinions of thought leaders regarding activities that have the largest potential to affect patient care and signposts the need for some deeper discussions with the profession about how pharmacy is and needs to evolve. General ideas related to chronic disease management or interprofessional care models are a necessary first step but insufficient to actually identify priorities and allow for the regulatory and practice changes needed to unleash the potential of pharmacists. This study provides us with an important first step, but only a first step, in launching a discussion across the profession to help us refine and articulate priorities that will guide our profession’s evolution.

—Zubin Austin
University of Toronto

alternative payment and delivery models around chronic disease state management are the primary facilitators for pharmacist role evolution and practice change. Advancements in these

areas would also enable the development of workplace environments that support innovative service models and ensure pharmacies remain a health care destination. ■

References

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