Canadian Pharmacists Conference 2017 pharmacy practice research highlights

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CANADIAN PHARMACISTS CONFERENCE 2017, the largest annual gathering of Canadian pharmacists, is a unique opportunity for more than 700 researchers, practitioners and industry representatives to interact face to face with thought leaders in the field and to share practical information and tools relevant to front-line pharmacists, as well as the latest in pharmacy practice research.

Results from local trials and multisite research projects, including new approaches to medication management, innovative care models and patient services under expanded scope of practice, were presented in 20 oral and more than 50 poster research presentations featured at this year's conference in Quebec City, June 2-5, 2017.

Two research studies stood out as the winners in this year's research competition: the UBC research on perceptions of pharmacy students involved in preventative health and wellness events (Best Poster) and the University of Waterloo research on pharmacist perceptions of a changing scope of practice before it happens (Best Oral Research Presentation).^{1,2}

Below are some other highlights of the research findings presented at this year's conference. In some cases, studies presented were considered preliminary. Many will be analyzed more thoroughly, and likely published in peer-reviewed journals.

Explore abstracts and view posters in the 2017 Pharmacy Practice Research Abstracts Supplement (<http://journals.sagepub.com/doi/pdf/10.1177/1715163517719855>) and in the CPhA ePoster Library (<https://cpa.multilearning.com/cpha/register>).

Exploring the role of pharmacists in medication management

Pharmacists in Canada have the authority to leverage their scope of practice to optimize the medication regimens of their patients. Findings presented at the conference from research studies from around the world demonstrate that pharmacists can have a positive impact on patient outcomes and the health care system.

Cost-effectiveness of pharmacist intervention for managing hypertension in Canada

With funding from CPhA, Dr. Carlo Marra (School of Pharmacy, University of Otago, New Zealand) and colleagues evaluated the economic impact of pharmacist management of hypertension in a Canadian setting. Pharmacist intervention was found to be cost-effective, as demonstrated by the \$6364 cost saving over a lifetime with an 18.3 mmHg reduction in systolic blood pressure.

Exploring the clinical reasoning processes of pharmacist and nurse independent prescribers

Dr. Aseel Abuzour and colleagues (University of Manchester, United Kingdom) developed an innovative clinical reasoning prescribing model, a central component of prescribers' competence and professional autonomy when reaching a clinically appropriate decision. Findings from this study could inform on the training required for independent prescribers to expand their professional development and clinical reasoning skills.

Innovative pharmacy care models

The role of pharmacists in the management of patients with complex needs and the impact on interprofessional collaboration was explored as

a way to further improve care and collaboration between physicians, patients and community pharmacists. Featured pharmacy practice research studies highlight the facilitators and perceived barriers for implementation of the new care models.

Impact of pharmacist activities on medication regimen complexity of patients monitored by pharmacists in family medicine groups (GMF-UMF)

Research teams from Laval University, Quebec and UBC are making headway toward demonstrating opportunities to deprescribe for patients with complex needs from integration of pharmacists in the interdisciplinary family medicine groups. Results from Laval University suggest that the medication regimen complexity for patients with complex needs decreases after pharmacist interventions. According to the UBC study results, both patients and physicians agreed that the co-located pharmacist model in primary care is a valuable addition to the health care team.

The out-of-pocket cost burden of prescription drugs

Dr. I fan Kuo and colleagues (College of Pharmacy at the University of Manitoba) made a pan-Canadian comparison of provincial drug plans. Differences in out-of-pocket (OOP) costs were found to be largely attributed to cost-sharing strategies under each provincial drug program, while drug costs remain fairly consistent across provinces. The researchers suggest that future policy should focus on minimizing the disparity in cost-sharing schemes between provinces to improve equitable prescription drug access for all Canadians.

Patient services and education under expanded scope of practice

Pharmacists' expanded scope of practice has created a number of unique opportunities for patient care, including pharmacist-led pharmacogenomics services, deprescribing, travel consultations and other advanced practice services. Featured studies demonstrate that patient needs are being met with improved, timely and consistent access to care by community pharmacists, and patients are satisfied and demonstrate high adherence to recommended therapies.

Pharmacist-delivered cognitive behavioural therapy for chronic insomnia

Dr. Fred Remillard and team from University of Saskatchewan reported that pharmacist-delivered CBTi had a positive impact on patients' sleep patterns and use of hypnotics in both community and primary health care settings. Reported barriers to providing the service include time constraints, lack of reimbursement and difficulty recruiting and retaining patients.

Pharmacist-led antimicrobial stewardship activities

Several studies demonstrated that pharmacist-led antimicrobial stewardship to tackle widespread prevalence of unnecessary antimicrobial use goes hand in hand with improving patient access to advanced pharmacist practice. Dr. Cheryl Sadowski and her team (Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta) reported that a community-based pharmacist intervention to address lower urinary tract infections could potentially lead to improvements in patient outcomes. In addition, efforts are advancing to measure the impact of interprofessional education and clinical decision tools on the prescriptions for urinary tract infections in long-term care facilities. After evaluating potential harms of reducing antibiotic use (including hospital admissions, mortality), a cluster randomized trial at 42 long-term care facilities in rural Alberta concluded that a multimodal, interprofessional antimicrobial stewardship intervention could significantly reduce prescription rates, antibiotics dispensed and urine cultures performed.

A record number of submissions to this year's conference and the largest research program ever presented suggests the growing importance of practice-based research in the pharmacy community. By focusing on key areas of advanced pharmacist practice, the pharmacy practice research community has demonstrated that pharmacists can make a significant positive contribution to patient care, in a timely and cost-effective manner. ■

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References

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