A call to action to implement prescribing authority to pharmacists for hypertension management

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Background: Increased blood pressure is a leading risk for death and disability globally and in Canada.¹ The World Health Organization HEARTS program outlines global best practices for cardiovascular disease prevention² and uses hypertension as a key entry for managing non-communicable disease and its risks in the health care system.

Enhancing primary care is one of the foundations to implementing the HEARTS and other interventions to prevent and control noncommunicable disease. One of the most important interventions in the HEARTS program is to use patient-centred team-based care. In Canada, pharmacists can play a critical role to enhance hypertension screening and management.

Recommendation: Pharmacist care, including prescribing, is recommended for adults with hypertension.

Purpose: This statement supports the advancement of a Pan-Canadian Framework for Healthy Blood Pressure and HEARTS that advocates for the utilization of human resources and expertise by expanding the role of pharmacists across Canada to aid in the prevention, diagnosis and management of hypertension.

On the basis that: Multidisciplinary collaboration in hypertension is a care delivery strategy that includes the patient, primary care providers (family physicians, pharmacists and/or nurse practitioners and/or other health professionals) working collaboratively to accomplish shared

goals in the prevention, screening, diagnosis and management of hypertension.^{3,4}

Current hypertension awareness and control rates in Canada are suboptimal, despite universal access to care and subsidization of medications.

Multiple factors, including lack of access and available consultation time for family physicians and lack of patient education, are driving factors in this suboptimal awareness and control.^{5,6} As a consequence, reductions on morbidity and mortality associated with blood pressure control remain unrealized in these patients.

Over 4.5 million Canadians are without a regular physician.⁷

In North America, patients visit pharmacists 5 to 7 times more frequently than physicians, positioning pharmacists and community pharmacies as additional touch points of health care contact.⁸

Pharmacists working collaboratively with physicians and/or nurses, conducting pharmacist-led patient education, feedback and suggested medication changes to physicians, and medication management, was associated with significant reductions in blood pressure, improved adherence to medications and a greater proportion of patients achieving target blood pressure compared with usual care.⁹⁻¹⁸

Pharmacist prescribing on top of usual physician care compared with usual physician care alone was associated with large reductions in blood pressure and a higher proportion of patients reaching target blood pressure.¹⁸

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In all cases, pharmacist care should involve the patient and other care providers.

Several provinces are moving towards expanding the role of pharmacists and Alberta legislated independent prescribing legislation for pharmacists over 10 years ago.

System support, including structured treatment algorithms, communication and sharing of electronic health records between providers, health professional training in hypertension diagnosis and management, access to appropriate and accurate blood pressure and laboratory monitoring, delineation of team roles, registries with performance reporting and availability of self-management support tools for patients are critical elements for effective team-based care.^{19,20}

Pharmacist prescribing and care is economically dominant (cost savings of \$15.9 billion over a 30-year time horizon) compared to usual care.²¹

Collaborative care may help address the issue of physician burnout.

Call to Action

Federal, provincial and territorial governments to:

- Support, develop and implement public and regulatory policies based on the best evidence to improve access to hypertension diagnosis and medication management

by optimally utilizing health professional skills including pharmacist prescribing.

- Monitor and evaluate the implementation and effects of utilization of pharmacists in collaborative practice environments.
- Support the training and education of pharmacists on hypertension diagnosis and medication management as part of cardiovascular risk reduction education.
- Support the sharing of electronic health records and diagnostic results between patients, physicians and pharmacists in collaborative practice environments.
- Increase funding for research on optimal use and implementation of team-based care in supporting Canadians for improved coordination of care and effective chronic disease management.

Nongovernmental organizations to:

- Act as advocates for improved access to team-based care, fully optimizing health professionals' skills including pharmacist prescribing.
- Promote and support the prioritization and integration of team-based care in health care delivery. ■

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