NATIONAL ASSOCIATION OF BOARDS OF PHARMACY (NAPB) / AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY (AACP) DISTRICT V MEETING

THURSDAY, AUGUST 4, 2011
7:30-8:30 PM

SHERATON CAVALIER HOTEL SASKATOON

SPEAKING POINTS PREPARED FOR DAN FLORIZONE DEPUTY MINISTER OF HEALTH
Hello everyone, and thank you Mr. Joubert for the invitation to address the participants at the District V Annual Meeting.

This is an opportunity to highlight health care quality improvement initiatives and health system reforms underway throughout the province of Saskatchewan, and how the reforms may affect pharmacists and pharmacy practice.

It is also an opportunity to acknowledge the contribution pharmacists make to the health system and how they can further contribute in the future.

Health Care Quality Improvement Initiatives and Health System Reforms in Saskatchewan

Our health system is faced with both quality and financial concerns. Health care costs continue to rise, and despite this, quality concerns remain.
In Saskatchewan, we are committed to adopting a patient- and family-centered care approach.

In 2009 we released the *Patient First Review* and we are currently implementing a series of health care quality improvement initiatives and health system reforms.

**Lean/Quality Improvement**

Over the past two years we have been implementing LEAN in the Saskatchewan health system.

LEAN provides a proven and effective approach to optimizing quality and value, from the perspective of the “customer” while improving efficiency.

LEAN is a culture change and a methodology; effort now results in payback later.
• Early results are promising and show these efforts to be improving the patient experience, enhancing staff morale and engagement, increasing system productivity, and freeing up provider time for patient care and improved service delivery.

• Some examples of improvement results include:

  ▪ **Patient Experience** - Breast cancer patients will see a 20% reduction in wait time from the time the plan for radiation therapy is complete to when therapy begins. Breast cancer patients will see a 50% reduction in exposure to radiation achieved by reducing the number of radiation treatments they require.

  ▪ **Cost Savings/Avoidance** - Provincial Vaccine Program saved over $1 million in 2009-2010 in reduced product loss and staff time through the application of lean to their inventory management practices. The team expects to see additional annual savings as they spread the new practices to other health regions.
- **Capacity** - Regina Qu’Appelle Health Region reduced cancelled MRIs from 12 to 1 per week, representing a 7% increase in productivity or capacity to perform an additional 650 scans / year using existing resources.

In addition, Regina Qu’Appelle Health Region reduced the number of ambulance trips for patients requiring transport to receive MRIs from 9/week to 1/week by using more appropriate transportation services.

- Based on the experience in the Ministry of Health, Saskatchewan will be the first provincial government in Canada to incorporate the LEAN approach throughout its public service.

*Releasing Time to Care*

- Saskatchewan has accelerated the expansion of a program that puts patients first: Releasing Time to Care.
• The program helps health care providers in hospitals spend more time with patients and families and improve the quality of care patients receive.

• Releasing Time to Care gives health care staff strategies for improving processes, so they spend less time doing paperwork or searching for supplies and more time on direct patient care.

• On a related note, last month Saskatchewan’s Health Quality Council announced that twenty new indicators from an ongoing patient survey were added to the Quality Insight website.

• This survey collects information about how Saskatchewan patients feel about the care they are receiving in hospital. The new information includes patient responses to questions about whether they would recommend the hospital to family and friends, pain control and communication by health professionals including communication about medicines.
**Saskatchewan Surgical Initiative**

- Saskatchewan is making progress on its plan to transform surgical care for patients.

- The Saskatchewan Surgical Initiative is striving to improve surgical patients' care experience. We are working to ensure that by 2014, all patients have the option of receiving their surgery within three months.

**Clinical Practice Redesign**

- The Clinical Practice Redesign is an initiative developed in partnership by the Health Quality Council, the Saskatchewan Ministry of Health and the Saskatchewan Medical Association. It is being delivered as part of the Saskatchewan Surgical Initiative.

- Most office processes simply become habit over time, and rarely do we step back and think about why things are done in a certain way and how they can be improved.
• Clinical practice redesign is a set of tools and methodologies designed to improve access to care, improve office efficiencies and improve communication and efficiency between office settings and health care providers.

_Chronic Disease Management Collaboratives_

• The Saskatchewan Chronic Disease Management Collaborative is a major initiative established in 2005 by the Health Quality Council to facilitate quality improvements in diabetes, coronary artery disease, and access to primary care.

• The Collaborative has helped to foster teamwork among health care providers, patients, and regions.

• Through the use of a Chronic Disease Management (CDM) Toolkit patients living with coronary artery disease and/or diabetes have their care managed and monitored according to clinical guidelines.
• The CDM Toolkit is used by physicians, authorized office staff and health care providers as an electronic patient registry, it stores and retrieves patient medical information and it provides reminders to providers to perform important tests for patients.

• 12,757 people living with diabetes and 5,650 people living with coronary artery disease were followed in the CDM Toolkit as of March 2009.

• In 2009 the Health Quality Council launched the Saskatchewan Chronic Disease Management Collaborative II. This collaborative is designed to improve care and access to appointments for people living with depression and/or chronic obstructive pulmonary disease.

• You may be interested to know that the 3rd Provincial Chronic Disease Prevention and Management Conference will be taking place in Saskatoon on June 7 and 8, 2012 here in Saskatoon.
• Before I speak about Primary Health Care Redesign, I would like to share some details regarding the current role of pharmacists in Saskatchewan’s primary health care teams.

• Pharmacists have played a key role on Primary Health Care teams. In Saskatchewan, steps have been taken to incorporate pharmacists into the province’s 73 primary health care teams.

• In 2008, the province funded a pilot program to integrate pharmacist services into each of the province’s central primary health care teams.

• The pilot continues today, with 27 pharmacists being recruited into teams in 9 of the province’s regions. They remain integral parts of Saskatchewan’s Primary Health Care system.

• Emphasis on inter-professional collaboration means a vital role for pharmacists. By including pharmacists as members, teams ensure improved medication management, particularly for patients with chronic diseases.
Pharmacist interventions have been shown to result in better patient outcomes and more efficient utilization of the health system.

A high degree of collaboration between team members is consistent with best practice. This means that pharmacists and their interprofessional colleagues need to practice shared decision-making.

Primary Health Care Redesign

Saskatchewan is embarking on a major initiative arising from the province's 2009 independent Patient First Review.

In response to the Patient First Review, the Ministry of Health is collaborating with patients and health and community leaders to redesign primary health care service delivery.
• As health systems have looked at innovative ways to improve their primary health care settings, increasing emphasis has been placed on the importance of collaborative care models that are designed to meet the needs of the patient, family and community with mechanisms for input from all of these key customers.

• I would like to mention that Mr. Ray Joubert is a member of the Ministry’s “Core Team for Primary Health Care Redesign”.

• He is also the co-lead of the “Primary Health Care Redesign - Chronic Disease Prevention and Management Through Inter-Disciplinary Teams” working group. This group had representation from patient and community groups as well as providers.

• Thank you Mr. Joubert for your contribution.
Saskatchewan Health System Reforms and Implications for Pharmacists and Pharmacy Practice

Medication Management

- Pharmacist leadership and support in the medication management process are integral to improving safety, efficiency and quality patient care.

- Pharmacists are already established experts in medication management processes.

- Medication ordering, preparation, and delivery are multidisciplinary processes. Several checkpoints and safeguards are required in order to eliminate errors before the medication reaches the patient.

- Pharmacists are involved in the continuous monitoring of medical care processes, including medication management, in order to identify and prevent errors.
• Use of the Pharmaceutical Information Program (PIP) by pharmacists enhances patient safety and helps to prevent dangerous or inappropriate use of drugs.

• PIP provides access to medication histories of Saskatchewan patients as well as other tools to help make drug therapy decisions.

• Pharmacists have an important role to play in helping providers select the best medication, avoid drug interactions, avoid duplication of therapy, and identify inappropriate dosages.

*Pharmacist Prescriptive Authority*

• Recent decision to grant pharmacists prescribing authority is consistent with key principles of primary health care, including access to essential health services. This is especially important in rural settings where pharmacists may be the most accessible health care provider.
• Enhancing pharmacists' prescribing authority, and having them work to their full scope of practice, puts patients first by giving Saskatchewan residents greater and more timely access to health care services.

• Of note, Saskatchewan is one of the first provinces in Canada to enable pharmacists to prescribe for certain minor ailments. This can occur when a pharmacist believes a minor condition can be better treated with a prescription medication rather than an over-the-counter medication.

• This is a significant enhancement to the role of pharmacists in Saskatchewan and demonstrates the importance of leadership in influencing change through consultation, feedback and collaboration with physicians and other health care providers.

• Greater interdisciplinary collaboration between physicians and pharmacists, as is occurring through the prescriptive authority framework and the Interdisciplinary Advisory Committee on Prescriptive Authority, is an essential step toward a patient-and family-centred health system.
To conclude

- Pharmacists play an increasingly important role in an evolving health care system. They are a front-line resource for the public and are important members of the healthcare team in hospitals and community settings.

- Pharmacists are vital to a safe and effective health care system as prescription drugs, medication management, and monitoring drug therapy outcomes play an increasingly significant role.

- Pharmacists have the ability to empower patients in decision-making about their health, and play a prominent role in health promotion, disease prevention, chronic disease management, and quality improvement initiatives.

- I understand that the main vision for pharmacy outlined in the national initiative “Blueprint for Pharmacy” is optimal drug therapy outcomes for Canadians through patient-centred care.
• By working towards this goal, I am confident that pharmacists will make the changes required to align pharmacy practice with the health care needs of patients, and respond to the stresses on the health care system.

• The hard work, professionalism, and leadership of pharmacists have never been more important than today.

• We will continue to work with pharmacists to enhance patient care and to maximize pharmaceutical services in the province.

• Thank you very much for your attention. I would be happy to take any questions.

(Q&A)