Primary Care Developments in Canada: 
*Implications for Education & Practice*

Derek Jorgenson, BSP, PharmD
August 5, 2011
Objectives

- Discuss the drivers of change in the Canadian health system with respect to pharmacists’ role primary care
- Environmental scan of new pharmacist services in primary care system in Canada
- Discuss implications on education and practice
Drivers of Change in Canada

1. Shift towards concept of primary health care

Movement away from primary care
Primary Care

- Focus on provision of health services
- A “reactive” system
- Deals mainly with treatment of illness
- “Front line care” (traditionally provided by a physician)
Primary Health Care

1. **Teams**
   Health providers working in teams

2. **Information**
   Sharing of info among providers and with pts

3. **Access**
   Goal to provide 24/7 access to teams

4. **Healthy Living**
   Creating a healthy community/encouraging self-care
Drivers of Change in Canada

2. Expanded scope of regulated technicians

3. Reduced profitability of dispensing

4. New funding for clinical pharmacist services
Pharmacist surplus in urban Ontario?

The so-called pharmacist shortage of yesteryear has now become a pharmacist surplus, say pharmacy leaders.

WRITTEN BY SONYA FELIX ON JULY 26, 2011 FOR CANADIANHEALTHCARENETWORK.CA

Just a few years ago, pharmacy graduates not only had their pick of jobs but often got hefty signing bonuses. But it seems the so-called pharmacist shortage of yesteryear that drove up wages and inspired other perks has now become a pharmacist surplus—at least in large urban centres in Ontario.
Drivers of Change in Canada

5. Roadmap for change: Blueprint for Pharmacy

VISION FOR PHARMACY
Optimal drug therapy outcomes for Canadians through patient-centred care

In our Vision for Pharmacy

Pharmacists and pharmacy technicians

- practice to the full extent of their knowledge and skills, and are integral to emerging health care models.
- protect the safety, security and integrity of the drug distribution system through the enhanced role of regulated pharmacy technicians and greater automation of dispensing.
- lead the development of and participate in medication safety and quality improvement initiatives.

Pharmacists

- manage drug therapy in collaboration with patients, caregivers and other health care providers.
- identify medication use issues, take responsibility for drug therapy decisions and monitor outcomes.

- initiate, modify and continue drug therapy (e.g., through collaborative agreements, delegated or prescriptive authority), and order tests.
- access and document relevant patient care information in health records, including test results and treatment indications (e.g., in electronic health records).
- empower patients in decision-making about their health, and play a prominent role in health promotion, disease prevention and chronic disease management.
- conduct practice research and contribute to evidence-based health care policy and best practices in patient care.

Pharmacists’ services

- are compensated in a manner that relates to expertise and complexity of care.
Summary – A Perfect Storm for Change in Primary Care in Canada

Drivers of Change

1. Movement towards concept of primary health care
2. Expanded role of regulated technicians
3. Reduced profitability of dispensing
4. New funding for clinical pharmacist services
5. A new vision for pharmacy in Canada
What do pharmacists think about change?

- National survey of 1003 Canadian practising pharmacists
- 62.5% felt an urgency to change what they do for pts
- >70% wanted to be providing additional pt services
- 88.4% felt practice change would improve job satisfaction
- Only 43.5% felt prepared to take on new pt care services

**BOTTOM LINE** – pharmacists responded very positively to practice change...but don’t feel prepared or confident

Jorgenson, D, et al. CPJ 2011; 144:125-31
So...what has changed so far??
### Services & Reimbursement Vary Across Provinces

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1. Impact of Prescriptive Authority Legislation

- Significant changes in pharmacist scopes of practice in many provinces in last 1-2 years

- Has led to many new clinical services in primary care

- Most just getting started – few evaluations performed
### Prescriptive Authority Services Varies by Province

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Prescriptive Authority

Examples of new services:

- Providing emergency Rx refills
- Rx renewals / extensions
- Rx adaptation (change of dose / formulation)
- Therapeutic substitution
- Initiating Rx drug therapy
- Minor ailment management
- Administering a drug by injection
## Prescriptive Authority Service Summary

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2. Comprehensive Medication Management

- *aka – Medication Therapy Management*
- *aka – Pharmaceutical Care*

- Comprehensive service where the pharmacist performs an assessment of patient medication history to ensure drug therapy needs are being met (and identify DTPs); create care plans to resolve DTPs; monitor/follow up on outcomes; communicate/collaborate with other members of the team.

- *Common in hospitals – not common in primary care...until recently (now expanding quickly in Canada)*
2. Comprehensive Medication Management

Can be provided in multiple primary care practice settings

1. Pharmacists in community pharmacies
2. Pharmacists hired on interprofessional teams
3. Independent consultant pharmacists
2. Comprehensive Medication Management

Provided by pharmacists in community pharmacies

- Occurring on a very limited basis in very few provinces

- *Alberta* – *Pharmacy Practice Models Initiative* (pilot project completed, funding **NOT** continued, service has mostly not been continued)

- *B.C.* – *Medication Management Pilot Project* (pilot project **beginning**)

- *Otherwise CMM not common in community pharmacy*
Alberta – Pharmacy Practice Models Initiative

Uptake by pharmacists poor...but impact was encouraging

- 1 year pilot project
- Community pharms able to bill gov’t for CMM services for any pt with >1 chronic meds
- **95% of pharmacists in province did not take part**
- 11,326 pts assessed by the 190 pharmacists who did take part (<5 pts/mo./pharm) over the 1 year
Alberta – Pharmacy Practice Models Initiative

Results encouraging

- No difference in ‘hard’ clinical outcomes
- 1.9 DTPs found / resolved per pt
- Improved pt confidence in managing own meds
- High rates of pt satisfaction
- Improvements in pt self-reported health status
2. Comprehensive Medication Management

Provided by pharmacists in community pharmacies

- BOTTOM LINE – not being provided much in community pharmacies

- MAJOR barriers with respect to work flow, space, time, staffing, management priorities
2. Comprehensive Medication Management

Provided by pharmacists on primary care teams

- Pharmacists paid a salary by the public health system
- Popularity has dramatically expanded in last 3-5 years
- Fueled by IMPACT Trial and movement of entire system towards “Primary Health Care” model
- Most common in Ontario, Alberta and Saskatchewan
- Currently ~200 pharms in Canada employed this way (maybe 3-4 pharms doing this 5 years ago)
2. Comprehensive Medication Management

Provided by consultant pharmacists

- Not really being done
- Small pilot project starting in Saskatchewan
3. Medication Reviews

- NOT same as Comprehensive Med Management
- Provided in a community pharmacy (in 5-10 minutes)
- VERY common service that drug plans are reimbursing (despite almost NO evidence that intervention is useful)
- Non-comprehensive review – details vary by province
  - Focused on single problem / condition
  - Cursory overall review (similar to Med. Rec.)
3. Medication Reviews

- “Meds Check” in Ontario
- “Compliance packing with medication review” in Saskatchewan
- “Therapeutic Evaluation” in Quebec
- “Pharmacheck” in New Brunswick
- “Medication Review Service” in Nova Scotia
3. Medication Reviews

- General theme:
  - Pharmacist uptake of these services is not great, despite the fact that in many cases there is a fee provided
4. Smoking Cessation Counseling

Pharmacist great choice for smoking cessation counseling

- Requires little extra training (re: counseling skills) & training courses available (CPhA, PAS)
- Have great knowledge of cessation products
- Have existing strong pt relationship / trust
- Very accessible to pts
4. Smoking Cessation Counseling

- Likely provided by many pharms in Canada
- Only organized program is in Saskatchewan
  - PACT Program *(Partnership to Assist with Cessation of Tobacco)*
  - After taking a short training program, pharmacists can provide counseling and bill gov’t for the service
Summary of New Primary Care Services in Canada

1. Various services related to prescriptive authority legislation (Rx renewals, emergency fills, Rx adaptations, therapeutic substitution, initiation of Rx drugs, minor ailment management, injecting drugs)

2. Comprehensive medication management

3. Medication reviews

4. Smoking cessation counseling
Implications for practice

- Convincing pharmacists to implement the new services
- Need to consider new practice sites in primary care
- Dealing with variability in pharmacist services in the eyes of the public and other HCPs
- What is the new minimum standard of pharmacist practice and should this be regulated?
- Who pays for all of these new services?
Implications for Education / Academia

- Training / continuing professional development
- Curriculum revision must occur more frequently
- Revising entry to practice credentials
- Need for high quality evaluations of new services
QUESTIONS...