Rx: Admit to Medicine & Consult Pharmacy. Are Pharmacist Ready to Prescribe?

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Disclosures

I am a pharmacist & have been a long-standing supporter of prescriptive authority for the profession

- Chairman of CSHP Task Force on Pharmacist Prescribing -- 1995-2002

Personally, have had formal recognition of my role as a prescriber in my practice for years

- Clinical Pharmacotherapy Practitioner, University of Alberta, Department of Medicine, since 2002
Overview

- Historical Highlights
- Legislative Changes Across Canada
  - Focus on Alberta – leading change!
  - Other jurisdictions
- Balanced Review
  - Arguments in Favour of Pharmacist Prescriptive Authority
  - Arguments Against Prescribing Authority for Pharmacist
- Examples of Practice Change Possible with new Legislation
- Questions
The Journey …

“… It has even been suggested that the ultimate goal should be to give the pharmacist the responsibility for prescribing medication and monitoring the patient’s response to this therapy regimen.”

The Journey ...

“If pharmaceuticals are a key cost driver in the system, isn’t it simply common sense to make better use of those who are experts in pharmaceuticals? To tap their knowledge, use their skills and bring their expertise to bear in creating a more rational system of drug therapy. Leaving pharmacists on the sidelines is like having Wayne Gretzky on your team – and benching him. It makes no sense and it must change.”

Roy Romanov
CPhA Conference, May 13th, 2002
“The next logical step in the evolution of pharmacy within the health care facility setting for the purpose of achieving improved medication management and continuity of patient care is the recognition of pharmacists as prescribers.”

An orderly transition and constructive evolution of the profession toward the expansion of prescribing authority for pharmacists should be followed to ensure success.

“CSHP advocates the role of pharmacists as capable prescribers and supports the pharmacist’s role in a collaborative prescribing model to improve patient health outcomes and increase the successful and efficient delivery of pharmaceutical care.”

Pharmacist-Managed Drug Therapy Programs: CSHP Survey 1996

Pharmacist Prescribing in Hospitals

“Evidence from Canada demonstrates that hospital pharmacists are already involved in and assume a significant amount of responsibility for prescribing drug therapy for their patients.”

- 63% of institutions report the approval of prescribing rights for pharmacists
  - dose adjustments
  - order labs
  - management by clinical protocols – i.e., anticoagulation
  - individual Pharmacist/Physician collaborations
  - Advanced Practice Roles
  - Specialty Practice Clinics

- dependent prescribing for dosage adjustment (79%) and new therapy (42%) were most common types approved

2. 2005/06 annual report – hospital pharmacy in Canada.
What is Driving Legislative Change?

The impetus of legislation enabling pharmacist prescribing in many jurisdictions has been:

- the desire to make greater use of the unique knowledge and skills that pharmacists possess
- to develop a more flexible healthcare system for the prescribing, supply and administration of medications.

Pharmacist Prescribing in Alberta

Legislative opportunity and change:

Pharmacists Profession Regulation to the Health Professions Act (May 2006)

- expanded scope of practice for pharmacists:
  - prescribe Schedule 1 drugs and blood products
  - administer medications for SQ and IM injection

The Pharmacy and Drug Act (October 2006)

- specifically defines the new standards for pharmacy practice in Alberta
3 Types of Prescribing

1. ADAPTING A PRESCRIPTION
   - Altering dose, formulation or regimen
   - Therapeutic substitution
   - Renewing prescription to continue care

2. EMERGENCY
   - Only when it is not possible to see another prescriber and there is an immediate need for drug therapy

3. CLINICAL PHARMACIST WITH ADDITIONAL AUTHORIZATION
   - INITIAL ACCESS PRESCRIBING OR MANAGING ONGOING THERAPY
     - Pharmacist’s assessment at initial point of access
     - Recommendation of another authorized prescriber
     - Consultation with another health professional

Fundamental Principles to all Levels of Prescribing

- Individual Competence
  - Disease being treated
  - Drug being prescribed
- Adequate information
- Patient Informed Consent
- Approved Indication
- Documentation
- Notification of other Health Professionals
- Take responsibility for prescribing decisions
“Additional” Prescribing
Who can apply?

Pharmacists on the clinical register may apply for additional prescribing authorization after meeting these criteria:

- Currently in good standing on the clinical register of the ACP.
- Have at least 2 years full-time experience (or the equivalent) in direct patient care.
- In the last 5 years, have completed education or training related to the area(s) in which they anticipate prescribing.
- Have developed collaborative relationships with at least 2 regulated health professionals who are not pharmacists, one of whom is an authorized prescriber.
- Have the necessary competencies (knowledge, skills and attitudes) and clinical judgment as well as the required supports in your practice (e.g., access to information, communication, documentation processes) to enable you to safely and effectively manage patients’ drug therapy.
“Additional” Prescribing
The Entire Application

3 components submitted to ACP:

- Application Form
- 3 Care Plans
  - Real patients with actual documentation
- 2 Letters of Collaboration
  - one collaborator must have independent prescribing authority
  - another health professional with whom you have a collaborative practice relationship
Process for Pharmacists Choosing to Seek “Additional” Prescriptive Authority

1. Determine Eligibility
2. Complete the “Additional Prescribing Authorization Self-Assessment Form”
   • Identifies key activities with indicators for measurement
3. Address identified gaps from #1
4. Complete the application form + 3 care plans
5. Submit documents to ACP
6. Participate in peer review or interview panel
Self-Assessment for “Additional Prescribing”
Activities with Indicators for Assessment

Activities describe basic responsibilities pharmacists perform when prescribing, including:

- **Activity A**: Form and maintain professional relationship with the patient.
- **Activity B**: Assess the patient.
- **Activity C**: Develop and implement care plan.
- **Activity D**: Follow-up with the patient to monitor progress.
- **Activity E**: Document patient information, assessment, interventions and communications with other healthcare professionals.
- **Activity F**: Make professional judgments to maximize patient safety and desired health outcomes.

Panel identified ‘Critical Indicators’ to determine if the activity is performed well

- Describes the expected outcome or key process of performing the activity
Contents of the Application Form

- **Contact Information**
  - Practice area / setting / duration (minimum 2 years)

- **Education & Training**
  - Narrative (≤500 words)

- **Experience & Practice**
  - Narrative (≤500 words)
  - 2 Questions

- **Collaborative Working Relationships**
  - Narrative (≤500 words)
  - Letters of collaboration & Contact information for collaborators

- **Declaration of Pharmacist**
# ADDITIONAL PRESCRIBING AUTHORIZATION APPLICATION FORM

Detailed instructions for completing this form are contained in the Guide to Receiving Additional Prescribing Authorization. Review these instructions carefully before completing this application form.

## Applicant Profile

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<thead>
<tr>
<th>PHARMACIST NAME</th>
<th>REGISTRATION NUMBER</th>
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## IN WHAT PRACTICE AREAS DO YOU ANTICIPATE PRESCRIBING?

- Cardiovascular diseases
- Dermatological diseases and conditions
- Endocrinological diseases and conditions
- Eye, ear, nose and throat conditions
- Fluid and electrolyte abnormalities
- Gastrointestinal diseases and conditions
- Gynaecological conditions
- Infectious diseases, including immunization
- Mental health conditions
- Neurological
- Osteo articular diseases and conditions
- Nutritional disorders
- Oncological diseases
- Pediatric diseases
- Psychiatric diseases
- Renal diseases
- Respiratory diseases and conditions

## Education and Training

List each of the education and/or professional development strategies you have completed relevant to your ability to prescribe and provide details as requested. Use additional paper if required.

**1. Continuing Professional Development (CPD) and additional training and/or certificates applicable to prescribing**

Accredited and non-accredited learning may be included. For each learning activity provide the following information:

<table>
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<tr>
<th>Name of course, seminar or event</th>
<th>Awarding Organization or Institution and Location</th>
<th>Date(s) Completed</th>
<th>Expiry Date (if applicable)</th>
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An Evolutionary Process

Transitional process in Alberta

Status:

- 15 pharmacists granted additional prescribing authority effective December 2007 – pilot group
  - First pharmacy practitioners in Canada to receive this authority
- First call for applications May 2008
- July 31 and August 31, 2008
  - an additional group of 15 pharmacists have been granted additional prescribing authority
- 10 of the first 15 pharmacists practice in an acute care facility or affiliated ambulatory clinic practice
Other Jurisdictions in Canada

Saskatchewan:
- October 2006 -- Sask. College of Pharmacists released consultation paper proposing prescribing authority for pharmacists in a “collaborative framework”
- No legislation approved to date.

Manitoba:
- December 2006 – Pharmaceutical Act (Bill 41) approved allowing pharmacists to prescribe and order diagnostics tests
- regulations and effective date still TBD
- Clinical Assistant regulations

Other Jurisdictions in Canada

BC:

- Bill 25 – The Health Professions (Regulatory Reform) Amendment Act, 2008
  - Bill 25, specific to the pharmacy profession, formalizes a pharmacists authority to “renew existing prescriptions”
- College of Pharmacists of BC’s Professional Practice Policy #58 (PPP-58) developed -- this document has been entitled “Protocol for Medication Management – Adapting a Prescription”
  - approved by BC College Council in September 2007; date of enactment ??
  - this policy provides “a framework to guide pharmacists in the safe and effective adaptation, including renewals, of existing prescriptions.
  - policy applies to all practitioners in all practice settings; individual pharmacist discretion.

Other Jurisdictions in Canada

New Brunswick:

• September 2007 – NBPA Board approved position statement in support of pharmacists prescribing
• The enabling legislation (NB Pharmacy Act) became effective October 30th, 2008
• changes in the Pharmacy Act allow pharmacists to do the following:
  – renew existing prescriptions
  – issue a new prescription for a pre-existing condition, such as allergies
  – does not apply to narcotics or controlled substances
  – no authority to initiate therapy or begin something new.

Other Jurisdictions in Canada

♥ Ontario:

- June 2008 – Health Professions Regulatory Advisory Council Submission on the Scope of Practice of Pharmacy
- Request to amend existing scope of practice to:
  - “The practice of pharmacy is the promotion of health, prevention and treatment of diseases, dysfunction, and disorders through medication and no-medication therapy; monitoring and management of medication therapy; the custody, compounding and the dispensing of drugs; the provision of health care aids and devices.” and information related to their use
- Requesting approval for:
  - pharmacists to be able to dispense without further authorization from a prescriber, under certain circumstances
  - pharmacists to be permitted to administer drugs, including through injection and inhalation, for patient education.

OCP HPRAC Submission: June 19th, 2008 (accessed 2/11/2008)
Other Jurisdictions in Canada

Ontario:

- circumstances identified where pharmacists would be permitted to "dispense without further authorization from a prescriber":
  - adapting an existing prescription to facilitate patient compliance:
    * changing the dosage form – capsule or tablet to oral liquid
    * changing the dosage regimen – BID to daily regimen
    * Changing the dosage form to one reimbursable by the patient’s third-party drug benefit plan
    * when the prescribed dose is not commercially available – 50 mg ordered and only comes as 52.5 mg
  - authorizing further extension of a prescription where there are no existing refills – to promote continuity of care
  - providing Schedule II and III drugs as a prescription where required for reimbursement under drug plans

OCP HPRAC Submission: June 19th, 2008 (accessed 2/11/2008)
Arguments in Favour of Pharmacists Prescribing

Prescribing is a logical extension of the provision of comprehensive pharmaceutical by pharmacists\(^1\); it is a natural extension of the current role of pharmacists in direct patient care.\(^2\)

Pharmacists have developed expertise in evidence-based pharmacotherapy and patient-centred care that make it appropriate for them to assume responsibility for prescribing\(^2\).

Significant pharmacist prescribing already occurs within collaborative practices – hospital practice environments.

References:
Arguments in Favour of Pharmacists Prescribing

Prescribing by pharmacists will promote a more flexible health care system for the prescribing, supply and administration of medications.

- improve access to drug therapy and optimize patient outcomes from such therapy;
- reduce redundancy and interruptions in drug therapy that currently occur in the delivery of health care services;
- increase collaboration and synergy among pharmacists, physicians, and other health care professionals for an improved service delivery model.

Arguments Against Pharmacists Prescribing

- Pharmacists lack the knowledge and skills to prescribe
  - physical assessment and differential diagnostic abilities
  - limited structural practical experience compared to MD’s and RN’s
- Perceived conflict of interest – prescribing and dispensing functions
- Pharmacists will become more susceptible to marketing and drug manufacturer influence – bias profession as DI source
- Pharmacists current not practicing to their full scope of practice – pharmaceutical care
- Lack of a seamless health information system – pharmacists not able to follow patients along the continuum of health care delivery

Arguments Against Pharmacists Prescribing

- Prescribers must have hospital privileges to prescribe within institutions – provincial legislation may not translate into institutional prescriptive authority for pharmacists
- Paucity of literature to support an expanded scope of practice for pharmacists – lack of RCT’s to demonstrate pharmacist prescribing improves patient outcomes
- Many health professionals prescribe – no others provide PC
- Pharmacy human resource shortage – not the right time to take on expanded roles and responsibilities
- Lack of remuneration strategies for prescribing activities

Legislative Changes Providing Pharmacists with Prescriptive Authority

- change should be viewed as an opportunity, enabling professional practice advancement
- ensures pharmacists are able to participate as key participants in a reformed health care delivery model
- provides pharmacists with another tool to contribute to the optimization of medication use and improved patient health outcomes
Cardiovascular Risk Reduction Clinic (CRRC)

Central Patient Referral

Triage

Clinic Assessment

Follow-up Labs

Risk Reduction Plan Developed

Nurse: 1.0 FTE

Telephone Follow-Up RN (or Pharm)

Follow-Up In Clinic MD or PharmD

Secretary: 0.5 FTE
Cardiac EASE Clinic

1. Physician Referral
2. Single Point of Contact → Triage
3. Diagnostic Testing, Labs
4. Clinic Appointment
5. Final Diagnosis & Treatment Plan

Follow-Up (Clinic or remote)
Alberta Telehealth + Digital Stethoscope

Target ≤4 wks
Questions?
That's all folks!
Any questions?