



Interprofessional Consultation Report

August 2008

**Professional Understanding and Support:
A Critical Element of Change**



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA

Blueprint for Pharmacy Task Force

Hill, David	CHAIR – Task Force on Blueprint for Pharmacy
Bozoian, Mary	Canadian Association of Pharmacy Technicians
Cavanagh, Gary	The Pharmacy Examining Board of Canada
Dolovich, Lisa	Canadian Pharmacy Practice Research Group
Eberhart, Greg	National Association of Pharmacy Regulatory Authorities (Alberta College of Pharmacists)
Famuyide, Omolayo	Canadian Association of Pharmacy Students and Interns
Farmand, Reza	Canadian Association of Chain Drug Stores
Gorecki, Dennis	Association of Deans of Pharmacy of Canada
Gregory, Erica	National Association of Pharmacy Regulatory Authorities (College of Pharmacists of British Columbia)
Malek, Allan	Ontario Pharmacists' Association
Meek, Warren	Canadian Pharmacists Association
Nisar, Kamran	Pharmacy Association of Nova Scotia
Rajesky, Allan	Canadian Association of Chain Drug Stores
Roy, Myrella	Canadian Society of Hospital Pharmacists
Schindel, Terri	Association of Faculties of Pharmacy of Canada
Ustupski, Margaret	Pharmacists' Association of Saskatchewan
Vaillancourt, Régis	Canadian Society of Hospital Pharmacists
Villeneuve, Denis	Canadian Pharmacists Association
Whetstone, Arthur	Canadian Council on Continuing Education in Pharmacy
Williams, Deanna	Ontario College of Pharmacists
Cooper, Janet	Secretariat – Canadian Pharmacists Association
Gagné, Marie-Anik	Secretariat – Canadian Pharmacists Association

The Task Force on a Blueprint for Pharmacy commissioned Ascentum Inc. to design, recruit, facilitate and draft the final report for this interprofessional consultation.



Funding provided by: Health Human Resource Strategies Division (Health Canada). The contents herein represent the feedback received from focus group participants as interpreted by Ascentum Inc. The views expressed herein do not necessarily represent the views of Health Canada or any provincial or territorial government.

Table of Contents

Executive Summary	4
Introduction	7
Methodology	7
Participant Overview	8
Participant Expectations of the Consultation	9
Results of Pre and Post-Questionnaire: Value of Pharmacists' Roles	10
Summary of Discussions on the Future Vision for the Pharmacy Profession	12
Theme 1: Interprofessional Collaboration is Important but Barriers Must be Overcome	13
Theme 2: Scope of Practice Needs to be Defined	13
Theme 3: Supportive Remuneration Models and Funding Sources are Required	14
Theme 4: Implications for Human Resources and Education Should be Addressed	14
Theme 5: Prescriptive Authority Needs to be Better Understood	15
Theme 6: Potential Conflict of Interest for Prescribing Pharmacists Needs to be Addressed	15
Theme 7: Education for Pharmacy Technicians Needs to be Enhanced	16
Theme 8: Pharmacists Play an Essential Role in Patient Education	16
Theme 9: Patient Interests Should be the First Priority	16
Suggestions for Supporting Change within the Pharmacy Profession	17
Summary of Identified Gaps in the Blueprint	19
Summary of Participants' Evaluation of the Consultation Process	19
Appendix A — Scenarios	20

Executive Summary

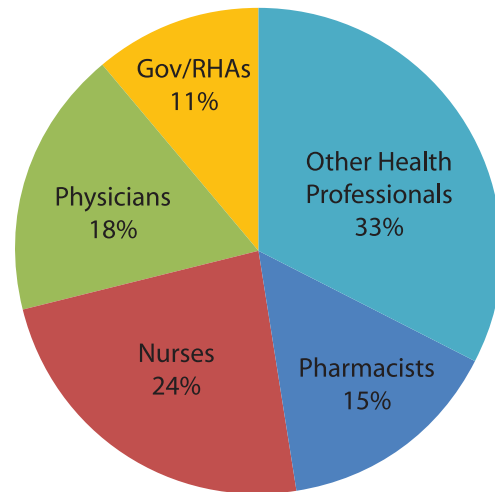
Pharmacists from across the country have collaborated on a strategic initiative to shape the future of the pharmacy profession. This initiative, known as the Blueprint for Pharmacy (henceforth referred to as the Blueprint initiative) charts a course that aims to strengthen the alignment of the pharmacy profession with the health care needs of Canadians. The interprofessional consultation was designed to bring together health care professionals to enhance interprofessional collaboration and encourage buy-in into the future scope of practice of pharmacists.

This report provides an overall summary of the key issues discussed across the six consultations and summarizes recommendations meant to support collaboration amongst pharmacists and other health care professionals to improve health outcomes for Canadians.

Consultations were held in six cities across the country (Edmonton, Halifax, Montreal, Ottawa, Thunder Bay and Vancouver). A total of 158 individuals participated (Figure 1). Each consultation lasted approximately 2 ½ hours.

A consistent framework was developed to engage participants in a discussion around the Blueprint for Pharmacy: Vision Document (June 2007 Draft) (Henceforth referred to as the Blueprint draft vision). Prior to each session, participants were provided with a session agenda

Figure 1: Participants by Profession



• Gov/RHAs: Government or Regional Health Authority

and Blueprint initiative reference materials. Participants were requested to complete a pre and post-questionnaire measuring attitudes towards the evolving roles of pharmacists. Four scenarios were developed based on key evolving roles for pharmacists that served to frame the discussion (Appendix A). Each scenario detailed the pharmacist’s level of professional and educational experience, team composition, key roles and responsibilities, workload level and overriding initiatives or objectives to his or her evolving role. The evolving roles were presented as follows:

Figure 2: Evolving Role of Pharmacists

Drug Therapy Management	<ul style="list-style-type: none"> • Spend more time managing drug therapy in collaboration with patients, physicians, and other health providers.
Public Health Outreach	<ul style="list-style-type: none"> • Play a more prominent role in health promotion, disease prevention, and chronic disease management.
Collaborative Prescribing and Monitoring Authority	<ul style="list-style-type: none"> • Have greater authority to initiate, modify and continue drug therapy (e.g., through collaborative agreements, delegated or prescriptive authority); to order tests; and to have access to relevant patient information through electronic health records (including test results, treatment indications).
Self-Care Patient Support	<ul style="list-style-type: none"> • Continue to be accessible and available to support patient self-care.
Drug Distribution Oversight	<ul style="list-style-type: none"> • Focus on clinical tasks related to dispensing prescriptions (the safety, security and integrity of the drug distribution system will be protected through the enhanced role of regulated pharmacy technicians and greater automation of dispensing and electronic health care records).

Pre and Post-Questionnaire Results

Each consultation session started with participants completing a pre-consultation questionnaire. It explored the value they felt pharmacists would bring in various roles (Figure 2). Participants were asked to rate how much they would value pharmacists playing each role on a scale from 1 – 5 with 1 being ‘low’ and 5 being ‘high’.

Overall participants valued pharmacists’ participation in each of the five roles, (Table 1). Over half the participants ranked the degree to which they valued the pharmacist’s role as ‘rather high’ (4) or ‘high’ (5).

Table 1: Valuing the Role of the Pharmacist

Pharmacist’s Role	“N”	Mean Ranking of Value
Drug Therapy Management	109	4.50
Public Health Outreach	109	3.98
Collaborative Practice	107	3.68
Self-Care Patient Support	109	4.53
Drug Distribution and Oversight	109	4.21

Participants ranked the pharmacist role for Collaborative Prescribing and Monitoring Authority the lowest. Physicians were less likely than the group overall to value the pharmacist’s role in this area (mean = 2.15). When asked to respond to the same questions at the conclusion of the session however, there was a marked increase in physician support for the pharmacist’s role in Collaborative Prescribing and Monitoring Authority with support increasing to 2.79.

Conversely, nurses were more likely than the group overall to value the pharmacist’s role in all areas. At least three-quarters of nurse and nurse practitioner respondents valued the pharmacist role at ‘rather high’ or ‘high’ for each of the 5 roles. In particular, the greatest support was for Drug Therapy Management and Self-care Patient Support.

Discussion Highlights

Each consultation started with a discussion of expectations for the session as well as the reasons participants chose to become involved in the consultation process. Generally participants indicated three main reasons for participating:

1. To learn and understand more about the evolving role of pharmacists;
2. To support their belief in interprofessional collaborative care; and
3. To partake in an interprofessional dialogue and work towards improving the health care system and overall patient care.

Following an overview presentation of the Blueprint initiative and Blueprint draft vision, breakout groups were divided and presented with a scenario that outlined the various roles pharmacists are either playing or could play in the future. There were four different scenarios compiled for the consultations (Appendix A). What follows is a summary of the key themes that emerged from the discussions of the Blueprint initiative and the scenarios presented to participants. Participants indicated that:

- 1) Interprofessional collaboration is essential** to improving health care delivery and patient health outcomes, **but barriers need to be overcome.**
- 2) Interprofessional collaboration can be improved by better defining and communicating the scope of practice** of pharmacists to other health care providers and patients.
- 3) Supportive remuneration models** are required to entice pharmacists to change their current service delivery approaches.
- 4) Pharmacists will require additional education, training, and experiential learning** to assume some of the roles and responsibilities outlined in the Blueprint draft vision and the four scenarios discussed.
- 5) The disagreement over the right to prescribe** for pharmacists **is largely due to a misunderstanding.** While physicians include diagnosing the illness in the

act of prescribing, pharmacists do not. Most concluded that pharmacist prescribing will have the best outcome for patients when there exists a strong collaborative relationship between the prescriber and the pharmacist. Physicians were more comfortable with pharmacists prescribing in an institutional setting with guidelines and protocols based on delegated authority from physicians.

- 6) **Conflict of interest is inherent** for pharmacists who profit from the dispensing of the medications they prescribe.
- 7) **Regulated pharmacy technicians will be required** to support the evolving role of pharmacists. Training and bridging programs will be required to support technicians with their increasing responsibilities.
- 8) Pharmacists play a critical role in **educating patients** on the safe and effective use of medications.
- 9) Ultimately, any changes to the health care system should be based on the **best interest of the patients and the public**, not the interest of individual health care professions.

Key Suggestions

What follows are highlights of key suggestions for strengthening the Blueprint draft vision in order to achieve the future vision for the pharmacy profession.

- Identify possible compensation models to support the evolving role of pharmacists.
- Promote Interprofessional Care. In particular, team members need to be ready to create and work in interprofessional relationships.
- Ensure that all health care professionals better understand the pharmacists' role and adjust their own role to allow for more integrated practice with pharmacists, and vice versa.
- Differentiate the role of pharmacists from the role of business owner to address conflicts of interest.
- Implement accredited education, training and certification for pharmacy technicians to ensure the skills and capacity are in place to support the expanded roles of technicians.
- Establish an ongoing monitoring mechanism of patient outcomes in relation to role evolution of pharmacists.

Introduction

Background

Federal and provincial governments are aware of the need to improve the health of Canadians and the health care system. They have launched initiatives in primary health care, chronic disease management, wait times reduction, and interdisciplinary collaboration. Pharmacists have played a key role in supporting these and other initiatives to help improve the delivery of health care services. The Blueprint for Pharmacy (henceforth referred to as the Blueprint initiative) is a strategic initiative to strengthen the alignment of the pharmacy profession with the health care needs of Canadians. Bringing together pharmacists' groups in Canada, the initiative will establish a common vision that will inform the future of pharmacy and will design a process to engage the profession in effecting practice change. The end goal is to realize the full potential of pharmacists and pharmacy technicians to better meet the health needs of Canadians.

The Canadian Pharmacists Association (CPhA) on behalf of the Task Force on a Blueprint for Pharmacy, engaged other health care professionals in six interprofessional consultations organized across Canada during the months of February and March of 2008.

These consultations were expected to:

- Explore the evolving role of pharmacists with other health care professionals;
- Promote collaboration by engaging other health professionals in a rich discussion on the skills and scope of practice of pharmacists and;
- Explore how, working together, health care providers can develop solutions that will improve patient access to health care and overall health outcomes.

Purpose of the Report

The interprofessional consultation process was designed to provide participants with an opportunity to:

- Learn about the Blueprint initiative and the vision proposed for the future role of pharmacists;
- Share their perspectives on this vision, including perceived benefits and drawbacks, opportunities and challenges;

- Collectively explore the conditions for the successful implementation of this vision; and ultimately;
- Enhance the Blueprint draft vision with their input.

The purpose of this report is to provide an overall summary of the discussions from the six consultations and the common suggestions that emerged to help support pharmacist collaboration with other health care professionals.

Methodology

The six interprofessional consultations were held in: Ottawa, Montreal, Halifax, Thunder Bay, Edmonton and Vancouver. Each session engaged approximately 25 health care professionals including pharmacists, physicians, nurses, nurse practitioners, occupational therapists, physiotherapists, dietitians, psychologists, social workers, dentists, respiratory therapists, government representatives and regional health authorities. The objective was to obtain approximately 15-25% representation each of physicians, nurses and pharmacists, with the remaining individuals drawn from other health care professionals. Pharmacists were invited to participate to promote a constructive dialogue between all health professionals.

Recruitment

A recruitment strategy was designed to reach and register participants for each of the sessions. The strategy used three complementary approaches to engage each of the target audiences:

1. Task Force on a Blueprint for Pharmacy member recruitment
2. Organization and Association Support
3. Participant peer-referrals

Task Force on a Blueprint for Pharmacy: Member Recruitment

In 2007, the Task Force was established to guide the Blueprint initiative, drawing on pharmacy leaders in community, hospital, academic and regulatory settings, with representation from across Canada. Members from this Task Force were engaged in the recruitment process to recommend key target participants from their respective provinces and to distribute invitation emails.

Each participant was contacted directly to provide more information on the session (if necessary) and to arrange registration.

Task Force members were instrumental in building successful participation profiles for each session, and deserve specific recognition for their contributions. Many devoted considerable time to supporting outreach and to identifying or recruiting members of these “hard-to-reach” medical, nursing and other health professions.

Task Force members played a pivotal role by ensuring that invitations sent to these professional communities came from a known and respected source in pharmacy. They added credibility to the consultation process and encouraged participation.

Association and Organization Support

Key associations and organizations were asked to reach larger groups of participants. These membership-based associations representing particular professions or interests within a community provided access to individual participants that could inform the dialogue.

Associations and organizations played a central role in the recruitment strategy for these interprofessional consultations, and engaged groups across Canada representing health professions, regulatory bodies and other perspectives. Each of these groups was contacted and provided full information on the Blueprint initiative and the consultation process. They were asked to support the recruitment effort by either providing the names of members who would be interested in taking part, or by distributing a “mass email” to their membership base.

These organizations and associations proved to be effective partners for disseminating information on the consultation to individual health professionals working at the “grassroots” level, who were more likely to pay close attention to the initiative if the message came from their respective association.

Participant Peer-Referral

The recruitment plan also included referrals from session participants. Once an individual had registered for one of the consultation sessions, they were asked if they could suggest 2-3 other health professionals who might also be

interested in participating. These personal referrals were a tool to tap into existing personal and professional networks in the community.

This strategy was successful and was an important part of ensuring effective representation at each session. Participants were happy to help raise the consultation’s profile, and many wrote enthusiastic emails to their colleagues.

Structure of the Consultation Process

A consistent framework for the consultation was developed in order to engage a broad set of health care professionals in a conversation around the Blueprint initiative. Prior to each session, participants were provided with a session agenda and reference materials. A series of four scenarios based on key emerging roles for pharmacists were developed. Each scenario detailed the pharmacists’ level of professional and education experience, team composition, key roles and responsibilities, workload level and overriding initiatives or objectives of his or her evolving role. These scenarios, plus supporting worksheets, were used to guide the breakout group discussions. (Copies of each scenario can be found in Appendix A).

The consultations ran from 6:30 pm to 9:00 pm with an optional networking session beginning at 5:30 PM.

Participant Overview

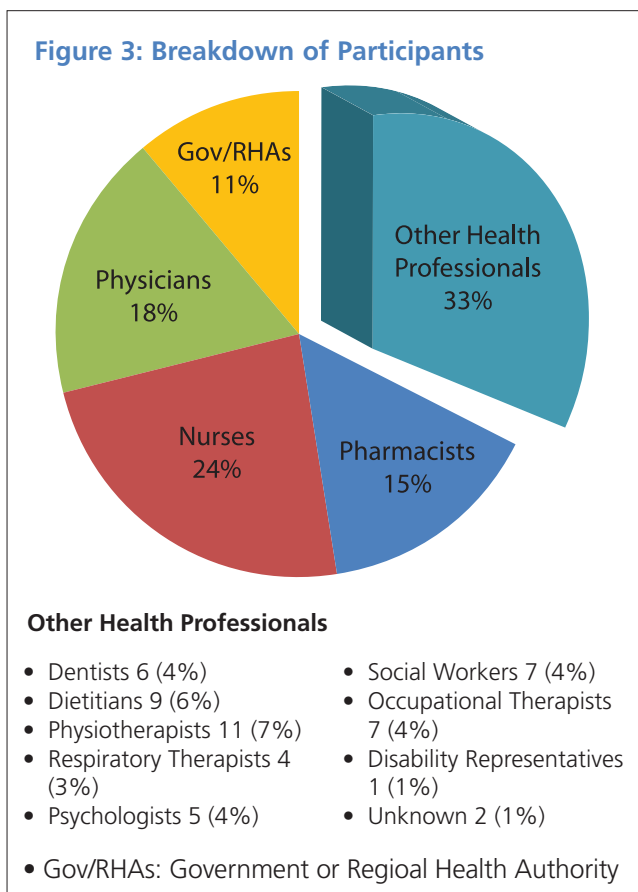
Six sessions were held across Canada with a total of 158 participants:

- Edmonton (31 participants)
- Halifax (29 participants)
- Montreal (15 participants)¹
- Ottawa (26 participants)
- Thunder Bay (27 participants)
- Vancouver (30 participants)

All sessions were conducted in English, with the exception of the session in Montreal, which was conducted in French. The target group size for each city was between 25-30 people. A major component of the session involved breaking the large group into 4 working groups to discuss the individual scenarios developed for the consultations. The chart below provides a breakdown of participants.

¹ Recruitment in Montreal was more challenging, achieving only about half the numbers in comparison to other cities.

Of the 158 participants, 23 (15%) were pharmacists, 38 (24%) were nurses and nurse practitioners, 28 (18%) were physicians and 17 (11%) were representatives of government or regional health authorities. The remaining 52 participants (33%) represented a wide-range of other health care professions (Figure 3).



More than half of the 158 participants (55%) indicated that they had over 20 years experience working in the field of health care. Two-thirds of the participants were female. When asked to identify their practice setting, 40% of health care professionals indicated “in hospital” while 30% practiced “in the community”. Most participants indicated they worked in an urban setting (approximately 80%) with a small number in rural (5%) and the balance (15%) indicating both.

Participant Expectations of the Consultation

Before leading participants through an overview of the proposed evolving roles of pharmacists, the group was asked to discuss the reasons they chose to become involved in the consultation process. Generally participants indicated three main reasons for participating:

1. To learn and understand more about the evolving role of pharmacists:

Participants were interested in finding out more about the potential role that pharmacists can play in the health care system. Many recognized that there were more similarities than differences in the issues faced by various health care professionals and that there is much to be learned from each other. It was also recognized that pharmacists have a key role to play in health care delivery. Their unique knowledge of medications should be better utilized.

Participants were also interested in learning more about how the role of pharmacists is expected to evolve and how they could integrate the evolving role of pharmacists into the delivery of care in their region or organization. This included some concerns around the role of pharmacists in prescribing and treatment, and the potential overlap or confusion of roles with other health care providers.

2. To support their belief in interprofessional collaborative care:

Many participants highlighted interprofessional collaboration and collaborative care models as a means to improving health care and patient outcomes. They agreed to participate with the hope of better understanding the role of the pharmacist within the collaborative model. There was interest in exploring the area of interprofessional education and how to ensure better patient-centred care.

3. To partake in an interprofessional dialogue and work towards improving the health care system and overall patient care:

Given the complexity of work within the health care system, there was a recognition that health care workers need to find new and more innovative ways of working together. A number of participants were interested in uncovering how current and expanded roles for pharmacists can be applied to deliver better health care services and address current health care challenges including shortages within various professions. A key concern was the identification of barriers that are currently impeding progress to achieving collaborative health care delivery. Given the interdependence of many health care professionals and shared standards of practice, more interprofessional dialogue was viewed as critical.

Results of Pre and Post-Questionnaire: Value of Pharmacists' Roles

At the start of the consultation, participants were asked to answer a series of questions around the five areas where the pharmacist's role is expected to evolve. These questions were presented without the benefit of supporting information or group dialogue.

Table 2 summarizes the key results from the pre-consultation questionnaire. Participants were asked to rate how much they would value pharmacists playing each role on a scale from 1 – 5 with 1 being 'low' and 5 being 'high'. Pharmacist responses were removed from the results below as the questions were phrased such

that they were directed to the other participants. All responses from the French questionnaires were removed due to a translation error in the questionnaires.

Overall, participants indicated that they valued pharmacists' participation in the five roles presented. For each role, over half the participants valued the pharmacist role at 'rather high' (4) to 'high' (5). A majority of participants gave a rating of 4 or 5 for each of the following roles: Drug Therapy Management (86%); Self-care Patient Support (88%); Drug Distribution Oversight (72%) and Public Health Outreach (70%) (Table 2).

Table 2: Valuing the Pharmacists' Roles

How much would you value Pharmacists playing a role in:	Groups	1 Low	2 Rather Low	3 Neutral	4 Rather High	5 High	Don't Know	Mean	N
<i>Drug Therapy Management:</i> Spend more time managing drug therapy in collaboration with patients, caregivers, physicians, and other health providers	All	1%	3%	7%	22%	64%	3%	4.50	109
	<i>Physicians</i>	-	5%	24%	33%	38%	-	4.05	21
	<i>Nurses/ NP</i>	-	-	4%	14%	82%	-	4.79	28
	<i>Other HCP</i>	2%	3%	3%	22%	65%	5%	4.60	60
<i>Public Health Outreach:</i> Play a more prominent role in health promotion, disease prevention, and chronic disease management.	All	4%	5%	17%	34%	36%	4%	3.98	109
	<i>Physicians</i>	19%	5%	29%	42%	5%	-	3.10	21
	<i>Nurses/ NP</i>	-	4%	15%	22%	59%	-	4.37	27
	<i>Other HCP</i>	-	7%	15%	37%	37%	5%	4.18	61
<i>Collaborative prescribing and monitoring authority:</i> Have greater authority to initiate, modify and continue drug therapy (e.g., through collaborative agreements, delegated or prescriptive authority); to order tests; and to have access to relevant patient information through electronic health records (including test results, treatment indications).	All	12%	8%	13%	27%	30%	10%	3.68	107
	<i>Physicians</i>	40%	20%	25%	15%	-	-	2.15	20
	<i>Nurses/ NP</i>	9%	-	4%	17%	70%	-	4.39	23
	<i>Other HCP</i>	5%	6%	13%	37%	27%	12%	4.08	64
<i>Self-care patient support:</i> Continue to be accessible and available to support patient self-care.	All	-	1%	8%	28%	60%	3%	4.53	109
	<i>Physicians</i>	-	-	19%	38%	43%	-	4.24	21
	<i>Nurses/ NP</i>	-	4%	-	21%	75%	-	4.68	28
	<i>Other HCP</i>	-	-	9%	28%	58%	5%	4.60	60
<i>Drug distribution oversight:</i> Focus on clinical tasks related to dispensing prescriptions.	All	3%	3%	12%	24%	48%	10%	4.21	109
	<i>Physicians</i>	5%	-	10%	35%	50%	-	4.25	20
	<i>Nurses/ NP</i>	-	7%	11%	11%	71%	-	4.44	27
	<i>Other HCP</i>	3%	3%	14%	27%	38%	15%	4.38	62

In the other area, Collaborative Prescribing and Monitoring Authority, just over a half (57%) of the participants valued the pharmacist role at 'rather high' (4) or 'high' (5).

When examining the results by two of the larger participant groups (physicians and nurses/nurse practitioners), the following notable results were observed:

- Physicians were less likely than other participants to highly value the pharmacists' role in all areas except for Drug Distribution Oversight. The difference was greatest in the area of Collaborative Prescribing and Monitoring Authority where 57% of all participants (including physicians) valued the pharmacist role, ('rather high' (4) or 'high' (5)), meanwhile, only 15% of physicians selected a 4 or 5 for their level of value for pharmacists collaboratively prescribing and having monitoring authority (Table 2).
- Conversely, nurses were more likely than other participants to indicate they valued the pharmacist role in all areas. At least three-quarters of nurse and nurse practitioner respondents rated the pharmacist value at 'rather high' (4) or 'high' (5) for each of the 5 roles. In particular, the greatest support was for Drug Therapy Management and Self-Care Patient Support where 96% of respondents indicated the pharmacist had a valuable role (4 or 5) to play in both of these areas (Table 2).

When asked to respond to the same set of questions at the conclusion of the session there was a notable shift in participant responses for 2 of the 5 roles: Collaborative Prescribing and Monitoring Authority and Public Health Outreach. Support for pharmacists playing a role in Collaborative Prescribing and Monitoring Authority and Public Health Outreach both increased amongst participants.

In examining the shift in responses amongst physicians and nurses/nurse practitioners, there was one shift of statistical significance. Physician responses to the value of the pharmacist's role in Collaborative Prescribing and Monitoring Authority (paired *t* test, *df*=19, *t*=2.292, *P*=0.33) saw a marked increases in support (Table 3).

Prior to the session, participants were also asked a few questions about their experiences working with pharmacists. Over two-thirds (68%) of the health professionals indicated that they are collaborating more with pharmacists today than 5 years ago. In addition, an overwhelming number of participating health professionals (97%) responded that they saw opportunities for greater collaboration with pharmacists in the future. This figure was consistent with the view of participating pharmacists (96%) who also saw opportunities for increased collaboration with other health professionals (Data not shown).

Table 3: Physician Responses (Pre and Post) to Collaborative Prescribing and Monitoring Authority

How much would you value Pharmacists playing a role in:	1 Low	2	3	4	5 High	Don't Know
PRE QUESTIONNAIRE						
<i>Collaborative prescribing and monitoring authority: Have greater authority to initiate, modify and continue drug therapy (e.g., through collaborative agreements, delegated or prescriptive authority); to order tests; and to have access to relevant patient information through electronic health records (including test results, treatment indications).</i> n=20 mean = 2.15	40%	20%	25%	15%	—	—
POST QUESTIONNAIRE						
<i>Collaborative prescribing and monitoring authority: Have greater authority to initiate, modify and continue drug therapy (e.g., through collaborative agreements, delegated or prescriptive authority); to order tests; and to have access to relevant patient information through electronic health records (including test results, treatment indications).</i> n=19 mean = 2.79	26%	11%	26%	32%	5%	—

Summary of Discussions on the Future Vision for the Pharmacy Profession

Participants were presented with an overview of the Blueprint initiative and the Blueprint draft vision. Discussion focused on the draft vision and whether participants saw an opportunity for collaboration with pharmacists to increase in the future.

Participants were also presented with an overview of the five areas where the pharmacy role is expected to evolve or expand (Figure 2).

The second half of the discussion focused on breakout group examination of four key scenarios depicting the implementation of expanded roles. The scenarios can be found in Appendix A. Below is a brief overview of each:

Scenario 1

Staff pharmacist in a community-based pharmacy.

This pharmacist provides leadership and oversight to the dispensing of medication and drug therapy management. She promotes health and wellness for seniors and is an active member of a health and wellness program which provides services in patients' homes.

Scenario 2

Pharmacist in an ambulatory care clinic.

This pharmacist is a pharmacotherapy specialist in an ambulatory care clinic within a rural hospital setting. He collaborates with other health professionals to make therapeutic decisions, provides patient education, reviews prescriptions, and is authorized to prescribe through delegated authority, following specific guidelines and protocols.

Scenario 3

Pharmacist who manages chronic disease.

This pharmacist works in a Government-funded Arthritis Program. He sees patients in a clinic setting, runs patient education programs, provides one-on-one patient consultation, and reviews and modifies prescriptions as required.

Scenario 4

Pharmacist in a primary health care team.

This pharmacist practices as a clinical pharmacist within a

Figure 2: Evolving Role of Pharmacists

Drug Therapy Management	<ul style="list-style-type: none">• Spend more time managing drug therapy in collaboration with patients, physicians, and other health providers.
Public Health Outreach	<ul style="list-style-type: none">• Play a more prominent role in health promotion, disease prevention, and chronic disease management.
Collaborative Prescribing and Monitoring Authority	<ul style="list-style-type: none">• Have greater authority to initiate, modify and continue drug therapy (e.g., through collaborative agreements, delegated or prescriptive authority); to order tests; and to have access to relevant patient information through electronic health records (including test results, treatment indications).
Self-Care Patient Support	<ul style="list-style-type: none">• Continue to be accessible and available to support patient self-care.
Drug Distribution Oversight	<ul style="list-style-type: none">• Focus on clinical tasks related to dispensing prescriptions (the safety, security and integrity of the drug distribution system will be protected through the enhanced role of regulated pharmacy technicians and greater automation of dispensing and electronic health care records).

primary health care team and is a certified diabetes educator. Her role has grown to include managing the smoking cessation program, providing diabetes and asthma education, and performing shared-care with other team members for home-bound elderly clients.

What follows is an overview of the key themes which emerged when discussing the four scenarios where the pharmacy role is expected to evolve or expand.

Theme 1: Interprofessional Collaboration is Important but Barriers Must be Overcome

Interprofessional collaboration was viewed by all as essential to improving health care delivery and patient health outcomes. A number of key challenges for interprofessional collaboration, however, were identified including: the isolation found in community-based pharmacy and the lack of opportunity for face-to-face contact with other health professionals and the lack of systems and processes for information sharing among health professionals. For community pharmacists, the electronic health record was viewed as essential for providing access to accurate patient health information and input from other health professionals. At the same time, it was noted that there are limitations with electronic health records in that they do not allow pharmacists and other health professionals to share and discuss patients' health information. These issues of privacy and proprietorship are still unresolved (e.g., a third party that manages the database).

Role evolution and enhanced interprofessional collaboration were seen as generally easier to implement and manage in hospital than in a community setting. Collaborative care in a community setting was identified as extremely difficult to deliver based on limited access to other health care professionals, limited access to patient information, and limited time and lack of supportive remuneration models to focus on patient care as opposed to drug dispensing. For example, it was suggested that the role described in Scenario 3 would not work in a community-based pharmacy but rather could only be undertaken in a hospital setting or specialized, larger centre.

There were also some questions about how pharmacists will be integrated into family health teams. For them to

Key Barriers to Interprofessional Collaboration:

- Lack of face-to-face opportunities to build collaborative relationships
- Lack of access to patient health information
- Lack of supportive remuneration models focusing on patient care
- Need pharmacists to acquire additional skills to practice in primary health care teams

be part of an integrated practice team it was suggested that the pharmacist's role and skills have to expand. Key concerns were also relayed in relation to accessibility (e.g., more complex cases may take more time, which may create waiting list to see a pharmacist) and financial sustainability.

In Edmonton it was noted that centralized teams, that work in close proximity tend to have more effective communications and working relations, as well as the supporting facilities and infrastructure that lead to better results. There was a general sense that community pharmacists are isolated and need more opportunities for collaboration with other health care professionals. They also need more time to take on more expanded roles.

Theme 2: Scope of Practice Needs to be Defined

Communicate whether the "Expanded Roles" are within the current scope of practice or require role evolution

There was some uncertainty about whether the envisioned role evolution is really about changing the scope of practice or supporting pharmacists in working to their full scope of practice. It was generally agreed that, in many cases, pharmacists are doing much of the work outlined in the draft vision and the four scenarios (with the exception of prescribing authority).

It was suggested that the scope of practice of pharmacists needs to be better defined and communicated to ensure all health care providers and patients understand it. For example, emphasis could be placed on how a team of multi-disciplinary professionals who complement one another are involved in the provision of patient care.

There was also some discussion of the need for the scopes of practice for all integrated health care providers to be clearly defined with supporting protocols. In Vancouver it was noted that the focus should not be on expanding scopes of practice but rather should focus on how the various scopes on a team of multi-disciplinary professionals interconnect with one another. In addition, it was suggested that role definition should move toward the model for chronic disease management.

There was a general sense that the roles of health care providers is unique to each practice setting and is largely based on the amount of contact, communications and trust between the health professionals. It was suggested that the role of health care providers would often be decided on a case-by-case basis depending on these settings.

“We should be clear that a diagnostic role would not be adopted by pharmacists otherwise pharmacists will do what doctors do.”

Session Participant

The Impact of Role Evolution on other Health Care Providers

A number of health care providers, particularly physicians and nurses, had concerns about their own professional roles in light of the potential evolving role for pharmacists and possible overlap with their scopes of practice. Some physicians expressed concern around diagnosing and prescribing while nurses were concerned with drug therapy management training.

Another question that arose was whether an expanded role for pharmacists will require a redefinition of the roles of other health care providers. The question of role evolution of multiple health care providers is challenged by the reality that most health professions are experiencing shortages in qualified professionals.

Theme 3: Supportive Remuneration Models and Funding Sources are Required

Funding and remuneration were viewed across the various consultations as two of the primary challenges facing the pharmacy profession in moving toward the future vision for pharmacy.

Throughout the discussions, questions emerged about where funding would come from and how pharmacists would be paid for the services they deliver.

“Who will pay for this type of service? Where will it come from? Will it come from other professions?”

Session Participant

There was agreement that the emerging roles for pharmacists will bring about the requirement for different remuneration models to ensure they are being appropriately paid for services provided (beyond dispensing). In community based pharmacies (see Scenario 1) it was suggested that funding, liability coverage and time would be a key to supporting pharmacists in providing services in patient’s homes. At the same time having pharmacists deliver home-based services would make it difficult to have a pharmacist available in the store-based pharmacy. In other cases such as those described in Scenarios 2, 3, and 4, it was suggested that more infrastructure was required, including appropriate office and consulting space.

Without changes to the remuneration model, it was strongly felt that there would be no incentive for pharmacists to change their current approach to service delivery.

“Where will the funding come from? There is a limited pot and it needs to come from somewhere within the system.”

Session Participant

Theme 4: Implications for Human Resources and Education Should be Addressed

The discussion in all sessions led many to question whether current health care models could support pharmacists taking on the e roles outlined in the scenarios. For example, it was suggested that home care programs, like that described in Scenario 1 would have to demonstrate cost-effectiveness, would need to be funded, and would need to find a balance between the pharmacist’s time on home visits and time in the pharmacy.

Key considerations when expanding the scope of practice of pharmacists:

- Manpower
- Funding, Liability
- Cost-Effectiveness
- Skills Training
- Accreditation

It was generally recognized that some pharmacists would require greater expertise and experience in order to assume new roles and responsibilities. Education, training, access to preceptors, bridging and mentoring opportunities were identified as means to achieving this end. In particular, advanced training and accreditation and an effective licensing college to ensure competency of standards (particularly in relation to prescribing and patient safety) were identified as key success factors. In some cases it was also noted that important infrastructure support was required, including, access to information (such as: patient and lab records; published literature to provide rationale for therapy; specialist health care providers; and the ability to set priorities

“In case something goes wrong who is liable? The pharmacist? The family physician? Currently there are a lot of safeguards to make it clear when pharmacists can make decisions and when they cannot. How would this be ensured in the future?”

Session Participant

within the context of budget-driven decision making).

Theme 5: Prescriptive Authority Needs to be Better Understood

The main challenge with physicians' acceptance of pharmacists' potential role in prescribing is that, for physicians, diagnosis is a fundamental part of the prescribing process. Participating physicians felt that while they are appropriately trained to diagnose (with regulatory oversight by the College of Physicians), pharmacists are not. Participating physicians also indicated reservations in supporting pharmacists having authority to renew prescriptions, arguing that physicians use prescription renewal as a means for follow-up and on-going monitoring of patient health. They expressed concern that pharmacists' ability to renew prescriptions will impede physicians' ability to ensure long-term follow-up with patients.

“Having protocols in place is a key requirement for physicians in terms of allowing pharmacists to have a role in prescribing.”

Session Participant

Others argued that pharmacists with advanced training, such as someone with a PharmD, have sufficient training to be qualified to prescribe. In most sessions pharmacists indicated that they would only prescribe when they had an established relationship with a physician and that the physician had confidence in their ability to undertake certain prescribing responsibilities. Physicians felt more comfortable when prescribing was placed in the context of institutions with appropriate protocols in place, and when prescribing was a delegated authority from physicians.

It was widely recognized that for pharmacists to take on more prescribing authority there would need to be a great deal of trust and collaboration with physicians.

Theme 6: Potential Conflict of Interest for Prescribing Pharmacists Needs to be Addressed

A key concern regarding the evolving role for pharmacists was the potential for a conflict of interest to emerge, particularly in relation to prescribing. It was argued that because pharmacists are paid dispensing fees they are too entwined in the distribution process and the pharmaceutical industry.

It was suggested that pharmacy is one of the few health care professions that has such an economic element (despite the fact that many other health care professions operate with a fee-for-service model).

This sentiment was viewed as being the case particularly in community based pharmacies where pharmacists need to sustain their business but, at the same time, need to control and manage drug intake. This is seen as a

“Pharmacists are too close to the pharmacy industry. They are health care professionals that are supposed to work as a team with other providers for the best of their patients, but at the same time, they are working as vendors in their pharmacy — these two roles are not compatible.”

Session Participant

significant challenge, given that approximately 70% of pharmacists work in the community and have different points of service and operate in a retail model. In some sessions, community-based pharmacists are seen as having responsibilities, liabilities, obligations and motivations that are vastly different from hospital-based pharmacists.

Theme 7: Education for Pharmacy Technicians Needs to be Enhanced

The role of regulated pharmacy technicians was recognized in each scenario as critical to pharmacists taking on expanded roles. In Vancouver, some participants were concerned with the necessary reliance on pharmacy technicians in the role of drug dispensing. Specifically, the question was raised as to whether pharmacy technicians have the skills to fulfill this role and whether training will be in place to support the required upgrading of skills. Participants in Thunder Bay noted that training for pharmacy technicians is not consistent across regions or provinces.

Theme 8: Pharmacists Play an Essential Role in Patient Education

Pharmacists are viewed as playing a key role in drug therapy management and in supporting patient self-care. It was widely recognized that pharmacists are not just prescription dispensers but are in charge of patients' pharmacotherapy. To continue with this role, pharmacists must continue to support strong relationships with patients in order to teach them how to use all drugs properly and to help them understand potential drug interactions. Patients today, are much more knowledgeable and have more questions about their own health and drug therapy than ever before and they want expertise to inform them about possible drug interactions and side effects. Therefore, patient education is seen as a critical part of pharmacist's role that will likely continue to increase as the patient knowledge base increases.

"Pharmacists have a vital and growing role in educating patients about the proper use of medications — Let's make sure this is not lost as the role of pharmacists evolves."

Session Participant

The scenario discussions noted that there is a growing problem with the use of natural products and drugs that are sold over-the-counter without understanding possible drug interactions. In the Montreal session it was suggested that patients should not be able to buy these products without some discussion with the pharmacist. Taking all of this into consideration, there was some concern, therefore, that the future role envisioned for pharmacists may dilute or distract the pharmacist from their important and demanding roles in patient outreach and education.

Theme 9: Patient Interests Should be the First Priority

It was strongly felt that any changes to health care models or providers' role needs to be based on what is in the best interest of the patient and the public. Participants agreed that it is important to better understand what patients need from their health care providers and whether they are interested in a more collaborative practice model. Many questioned whether the general public understands the roles of various health care providers, the opportunities to make changes to those roles, and how proposed changes might improve health care access, service delivery and overall patient health outcomes.

"Changes to the health care system, including scopes of practice should only be done if they are in the best interest of the patients and public."

Session Participant

It was suggested that the health care system look beyond the needs and desires of the various professions and focus specifically on improving patient health outcomes when deciding on new ways of delivering health services.

Suggestions for Supporting Change within the Pharmacy Profession

The interprofessional consultations revealed that most health professionals would appreciate having a pharmacist as part of their integrated health care team. Those who have already worked with pharmacists in collaborative settings have found the experience to be positive and rewarding both professionally and in terms of patient health outcomes. However, it was recognized that the inclusion of pharmacists within a more collaborative practice model is not widespread. It was suggested that the Blueprint draft vision needs to address the key challenges identified in the consultations and in particular ensure that legal ramifications for pharmacists and pharmacy technicians are taken into careful consideration.

What follows are highlights of participants' key suggestions and recommendations for strengthening the Blueprint draft vision in order to achieve the future vision for the pharmacy profession.

Identify Funding Sources

Take steps to identify possible compensation models to support the proposed changes to the role of the pharmacists within the Canadian health care system. New funding models are needed to support and encourage the integration of pharmacists into clinical care roles and to allow them to assume (and in some cases continue) roles that require them to provide advice and counseling regarding drug therapy management.

Ensure that other health care providers understand how the pharmacist's role is being funded and that there is not a perception that pharmacy is benefiting at the expense of other health care professions.

Improve Interprofessional Collaboration

Ensure that all health care professionals better understand pharmacists' roles, and vice versa, and know how to adjust their own role to allow for more integrated practice. This would require that health care provider roles be clearly defined and communicated to minimize overlap as health professions increasingly collaborate. Greater understanding and support among health care

providers is needed in order to establish a sound interprofessional relationship. Collaboration amongst health care professionals requires each group to be willing to accept some overlap between scopes of practice and to share certain responsibilities and accountability. Health care professionals need a common definition of collaborative care before moving forward.

Create Conditions to Support Interprofessional Care

Health care providers should be ready to create and work in interprofessional relationships. To do so, questions of liability must first be resolved. Pharmacists must have appropriate liability insurance to support the evolution of the pharmacist role and relevant protocols need to be in place to ensure a basic understanding of roles, responsibilities, and liabilities among health care providers.

Interprofessional care also needs to be promoted and incorporated in the education system. Opportunities for face-to-face interprofessional collaboration are needed to ensure the sharing of information across health care professions.

Develop technical infrastructure to support an expanded role for pharmacists. For example, the sharing of information through e-Health systems and IT infrastructure is key to supporting collaborative practice. However, privacy legislation challenges need to be overcome.

Communicate to various health care professionals, how collaborative care models are applied in community and retail pharmacies, and the factors that support these models.

Address Potential Conflicts of Interest

A conflict of interest is perceived within the pharmacist's current role, regardless of whether they assume a prescribing role or not. The pharmacy profession should differentiate the role of pharmacists and the role of business owner. This requires changes to the current

remuneration model so that professional services would be compensated rather than compensation based on drug distribution – as is currently the case in most Canadian provinces.

Ensure Pharmacy Technicians are Prepared to Assume an Expanded Role

The role of regulated pharmacy technicians is critical to pharmacists taking on new roles. Regulation and training, as well as bridging programs for technicians are critical to ensuring an adequate supply of trained technicians equipped to assume more “technical duties” related to dispensing.

Evaluate and Demonstrate Results

Establish and track outcome measures in relation to role evolution within the pharmacy profession. Participants in Ottawa and Edmonton agreed that evaluating and demonstrating results will help build the case for funding and provide evidence of better health outcomes and more efficient care.

Many participants reported that interprofessional collaboration is already happening in their region. Halifax participants suggested that it was important to learn from the successes and challenges of current interprofessional practice.

Summary of Identified Gaps in the Blueprint

While the consultations were designed to focus on the evolving role of pharmacists, and opportunities for interprofessional collaboration, participants in the various sessions also identified what they perceived as gaps in the Blueprint draft vision. These perceived gaps include:

Justify the Need for Change

Participants felt that the Blueprint draft vision provided neither enough evidence of a business case for change nor evidence of how the proposed changes would contribute to improving patient health outcomes. It was strongly suggested that the Blueprint initiative focus on how changes to the pharmacist's scope of practice will lead to better patient outcomes, improve medication management and decrease cost to the health care system.

Involve the Patient in Deciding on Changes to the Canadian Health Care System

Patients need to be involved in these types of consultations and help shape and define how pharmacists' roles can evolve in relation to other health care providers. The public needs to be consulted more extensively and be involved in helping shape the future of Canada's health care system by providing input as to how health care should be delivered and the role of the various health care professionals.

The Blueprint initiative should include consultations with the general public to understand the changes patients require and their willingness to accept a new service delivery model or new roles for the various health care professionals, particularly pharmacists. Public consultation would create the opportunity to communicate the

various roles of pharmacists in improving access to health care and patient care outcomes. Most participants recognized the need to bring together all stakeholders to discuss future of pharmacy so it is better understood within the broader context of health care and health care provider roles. This discussion needs to focus on identifying gaps in health care and determining how to fill those within various scopes of practice.

Reach out to the Public

More needs to be done to increase public awareness and understanding of the role of pharmacist and ways that the profession can help meet the health care needs of Canadians. This requires targeted and increased outreach and communications. Communication and outreach to other health care professionals is key to supporting role evolving role of pharmacists.

Clarify Key Terms in the Vision document

Key terms need to be defined in the Blueprint draft vision. For example, the definition of "prescribing" needs to be placed in the context of diagnosis and the roles of both pharmacists and physicians. In relation to this, the pharmacy profession should advocate for guidelines in relation to prescribing and outline the type of training pharmacists will receive in order to assume this role.

The Blueprint draft vision also makes no specific mention of "adherence" to medications and the role of pharmacists in helping patients understand the importance of following prescription direction. It was suggested that this is an area where the pharmacists can contribute greatly and one that should be elaborated further.

Summary of Participants' Evaluation of the Consultation Process

Overall participants valued the opportunity to hear the perspectives of colleagues in other fields and share their views and experiences. When asked whether or not the conversation focused on the right topics, 94% of participants agreed or strongly agreed. Ninety percent of participants also agreed or strongly agreed that they learned something about the evolving role of pharmacists in Canada's health care system.

Ninety-eight percent of participants indicated that the session was 'as good' or 'better' than they expected and a further 98% indicated they would participate in a similar session in the future. It is clear there is value in bringing health care professionals from across the various health care fields together. Continuing the conversation is a key part of forging ahead and looking to collectively bring about the change and betterment in our health care system, a goal that is consistent across all health care professions.

Appendix A – Scenarios

Scenario 1: Community pharmacists

The following describes one possible scenario based on the vision for pharmacy and the evolving role of the pharmacist.

- For the past 8 years Michelle has worked as a staff pharmacist for a local community pharmacy in Ontario.
- Michelle has a Bachelor of Science in Pharmacy from the University of Toronto and has also completed the graduate certificate program in Gerontology at Algonquin College. This program is designed to enhance the knowledge and abilities of professionals working with older people in the health and social care system. Michelle has also been actively engaged over the years as a volunteer in a number of initiatives that promote health and wellness for seniors.
- As a community pharmacist, Michelle combines her skills and experience on a daily basis to carry out her role in providing leadership and oversight to the dispensing of medications and overall drug therapy management. Michelle is also an active member in the pharmacy's Health and Wellness Program – a community-based pharmacy program that provides services in patients' homes (also including independent living or assisted living residences).
- In her role as a pharmacist with the Program, Michelle meets with patients or clients enrolled in the Program in their home or residence on a regular basis. There, she delivers prescriptions, counsels them on new prescriptions or other medications, monitors their compliance, and provides advice, education and support around the management of chronic diseases/relevant disease states such as asthma, diabetes, dementia, hypertension, hyperlipidemia, and osteoporosis.
- When Michelle visits a new client to the Program, she sets up and organizes a compliance package, reviews all the medications being used by the client (including non-prescription drugs, vitamins, inhalers, patches, etc.) and verifies that this is correct with the patient's



attending physician(s). She also identifies any problems the client might be having, and organizes delivery and payment systems. This initial visit normally takes 30-60 minutes, and is repeated when the patient's first medication is delivered. Subsequent visits are usually shorter, and are scheduled on an as-needed basis. However, she may schedule longer visits if a patient needs help (e.g. learning how to use a blood glucose meter) or closer monitoring (e.g., in the case of a hospital discharge with several medication changes). In addition, follow-up can be done by telephone.

- Michelle is in regular contact with the client's family and physician(s) to monitor and communicate the client's state and progress. In situations where the client's medications are handled by a caregiver (e.g. supervised housing for the mentally ill), Michelle communicates with the caregivers and physician(s). She also works with Home Care workers who administer medication to help ensure that medication is dispensed appropriately and accurately (Home Care services policy prohibits Home Care workers from administering medications from vials; however they are allowed to punch open blister packaging into a container, for the patient).

Scenario 2: Pharmacists in ambulatory care clinics — hospital setting

The following describes one possible scenario based on the vision for pharmacy and the evolving role of the pharmacist.

- Richard has over 12 years experience in pharmacy. For the past 2½ years, he has been working as a pharmacotherapy specialist in an ambulatory care Clinic within a rural hospital setting — after leaving the hustle and bustle of the big city behind.
- As a pharmacotherapy specialist, Richard spends the rest of his time collaborating with other health professionals to make therapeutic decisions to ensure the effective, safe and economical care of patients with chronic diseases, whether they are self-referred, in-patients or post-institutional patients.
- Richard also participates in the planning and development of patient treatment by working with the physician at the Clinic to discuss therapies that would be efficient for each patient. He also facilitates the necessary funding or application for funding for the therapy, if required. This may involve, for example, literature searches in order to provide the rationale for pharmacotherapy.
- Richard is the only pharmacist in the hospital, and spends one day per week working for the Clinic, along with one physician (for whom this role is part of her clinical practice functions). On a weekly basis Richard, sees between 10 to 14 patients.
- As part of his work, Richard also provides patient education and holds consultations with patients to review prescriptions written by the physician in order to explain any reactions, interactions with other medications or any noted adverse effects, as applicable. Richard may also consult patients' medical record or chart as part of this consultation, in order to establish a holistic context for drug therapy. Some patients may need two or three follow-up visits to these consultations.
- When necessary, Richard follows up with the patient's community pharmacist to inform them about the course of the treatment (to provide verbal and/or written therapeutic recommendations or to discuss various aspects of drug therapy) and answer their questions.
- As the Clinic physician became more knowledgeable about Richard's ability, Richard was authorized to prescribe through delegated authority, following specific guidelines and protocols. In such cases, Richard takes care of faxing prescriptions directly to the community pharmacy and documents prescribing decisions in the patients' medical records.



Scenario 3: Pharmacists managing chronic disease

The following describes one possible scenario based on the vision for pharmacy and the evolving role of the pharmacist.

- Martin is a Pharmacist with 17 years of experience. Since 1991, he has been working in the Arthritis Program, which is funded by the Ministry of Health. This chronic disease management program has been in operation for 20 years and integrates pharmacists and other health care professionals in a CDM team that operates out of a regional health centre (Martin's salary is covered by the Program, and not by the regional health centre's Pharmacy Department staffing budget).
- The Program's goal is to improve the quality of life for arthritis patients and keep them from needing hospital admission. Patients with the diagnosis of Inflammatory Arthritis are seen individually and then placed in a three-week education program combined with a Rheumatology Clinic. There are also formalized patient education programs for osteoarthritis, fibromyalgia and osteoporosis. The educational programs cover every aspect of the disease process so as to affect behavioural change in the patient and successful self-management of their disease.
- Under the auspices of the Program, Martin works with pharmaceutical industry, universities and clinics who are involved in projects geared towards arthritis research. He also contributes to the Arthritis Society's issues of the *Consumer Guide to Arthritis Medications* and the quarterly *Ask a Pharmacist* column. He is a member of the Arthritis Health Professions Association (AHPA).
- As a pharmacist, Martin's contribution to the CDM team is his understanding of the science of medicines and their utilization by the body, as well as his insights into patient behaviour related to drugs. He routinely provides medication sessions for the centre's patient education programs, including for example instruction in the self-injection of methotrexate for the treatment



of inflammatory arthritis. In addition, he provides one-on-one patient medication consultations and makes medication recommendations to the rheumatologists, while working closely with other team members. Martin also answers any phone inquiries that are received from previous and current patients for medication information and medication-related problems.

- On average, Martin will see approximately 200+ patients per month, either in group, individual or clinic settings.
- Martin is always on the alert to any barriers to care the patient may encounter, such as "fear of medication", misinformation, cost of medications, and those "wowed" by the "science" quoted in dietary supplement advertisements. In this role, he may act as a Medication Mediator when the physician's choice of medication is at odds with the patient's preference, or when there are complexities due to co-morbidities.
- Martin is a firm believer in teaching patients how to be their own advocate as an important component of self-management of their disease.

Scenario 4: Pharmacists within primary health care teams

The following describes one possible scenario based on the vision for pharmacy and the evolving role of the pharmacist.

- Deborah, a Pharmacist and certified Diabetes Educator, has worked in pharmacy for over 9 years in the Vancouver region.
 - However, her role has been evolving over the past few years, given changes in the health care system that have been largely driven by primary care reform and access challenges. For example, over the past 4 years, the Primary Health Care Transition Fund (established to foster collaboration among health care providers) and the launch of several projects that have contributed to pharmacists becoming members of front line primary health care teams have made it possible for Deborah to evolve her role as a pharmacist.
 - As a result, Deborah recently began to practice as a clinical pharmacist within a primary health care team.
 - Deborah's new role includes holding one-on-one meetings with patients and managing group sessions that teach patients to become sufficiently knowledgeable about their condition, prevention, and medication management, thereby making a positive impact on their health. Providing such supports to aid and improve patient self-management is something that is both personally and professionally rewarding for Deborah.
 - The team in which Deborah works consists of 1.5 FTE pharmacists, 3 mental health coordinators, a dietician, 2 chronic disease management nurses, a lactation consultant, an IM/IT tech, a business manager and an executive assistant. This team works with 40 physicians, working out of 7 community clinics. The team is established as a centralized team, i.e., all members work out of a common clinic and are not attached to any of the physician clinics.
- Deborah's duties as a pharmacist have grown from answering drug information questions and seeing some clients after their physician appointments, to managing the smoking cessation program, providing diabetes and asthma education, and performing shared-care with other team members for home-bound elderly clients. In addition, Deborah authorizes prescription refills and some dosage adjustments using a delegated protocol from physicians, including working with the chronic disease management (CDM) nurses to help adjust insulin for new insulin start patients. She also supervises the Warfarin (blood clot prevention) monitoring program.
 - The latest addition to Deborah's role was to work with the mental health coordinators to manage a support group for women with a metabolic syndrome, named WHIM (Women Health in Motion). The goal of this group is to support the development of self-management skills through weekly group educational sessions, lifestyle counselling and peer-supported discussions regarding self-care.





CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA

For more information:

- www.pharmacists.ca/blueprint
- **Canadian Pharmacists Association:** 1-800-917-9489; (613) 523-7877
 - Janet Cooper, Senior Director, Professional Affairs: x255; jcooper@pharmacists.ca
 - Marie-Anik Gagné, Director, Policy and Research: x225; mgagne@pharmacists.ca