



Pharmacists Prescribing Across Practice Areas in Alberta

Welcome
We will begin shortly.

Please ensure your computer speakers are
turned on.



Before we begin...

- Welcome!
- Housekeeping Notes
- Polls
- Speaker Introduction

Pharmacists Prescribing Across Practice Areas in Alberta

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CPPRG Webinar
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UNIVERSITY OF ALBERTA
FACULTY OF PHARMACY AND
PHARMACEUTICAL SCIENCES

Poll Questions



- Electronic Health Record
- Order Lab Tests
- Injections
- Regulated Technicians
- Reimbursement Model
- Prescribing

Alberta ph

| Last Updated

Alberta ph
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(CBC)

CBC

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Health

B.C

Health M

| Last Upd

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NEWS

Canada's doctors assail pharmacist prescribing

A longer version of this article was published at www.cma.ca on Aug. 22, 2007.

From allowing pharmacists to prescribe, to allowing other health professionals to head collaborative team practices, reforms have been introduced that physicians believe are slowly eroding their leadership.

Delegates to the Canadian Medical Association (CMA) 140th General Council in Vancouver on Aug. 21, 2007, struck back with a series of resolutions demanding that they lead all collaborative care teams and that pharmacists be precluded from all manner of "independent" prescribing.

Canadian Pharmacists Association Executive Director Jeff Poston later wondered whether doctors might feel slighted if pharmacists had the temerity, at their annual general meeting, to define the suitable duties of doctors.

Delegates approved 12 desired principles of a patient-centred collaborative care model, based on a CMA discussion paper. At the core of the model lies the conviction that doctors should



Mark Holden

Then-CMA President Dr. Colin McMillan says the goal is enhanced patient care.

collaborative team, there's a need for clear lines of authority and clearly defined roles for all members.

Nowhere was that expressed more forcefully than during a discussion of the role of pharmacists. In a series of resolutions, delegates unequivocally took the stance that the role of pharmacists must be limited. One resolution stated, point-blank, that the CMA "recommends that pharmacists not be given independent prescribing authority."

Delegates of the Canadian Pharmacists Association

ew prescript

Stay Connected



Mobile Facebook Pod

Heart disease
women.







KEEP
CALM
AND
CALL A
PHARMACIST



KEEP
CALM
YOU ARE A
PHARMACIST

aazalzahrani.tumblr.com



KEEP
CALM

AND

CARRY ON
TAKE THE
PILLS



Pharmacists' Use of Prescribing

What you need to know about...

Pharmacist Prescribing

Types of Pharmacist Prescribing

Adapting a Prescription

ALL clinical pharmacists may:

Alter the dose,
formulation, or
regimen*

Adapt for
therapeutic
substitution*

Renew a
prescription for
continuity of care

Prescribe in an
emergency**

** For new prescriptions only*

*** Only when it is not reasonably possible to see another prescriber and there is an immediate need for drug therapy*

Initial Access Prescribing

Only clinical pharmacists with additional prescribing authorization may:

Prescribe based on their assessment
at initial point of access

Manage ongoing therapy
(i.e., adapt a refill)

The Stats

Pharmacists in Alberta with additional prescribing authorization: 172

Number of pharmacists prescribing:[†]

Dec. 2007 - 1,620

Dec. 2011 - 2,491

Number of Albertans[†] prescribed for by pharmacists:

Dec. 2007 - 9,426

Dec. 2011 - 20,870

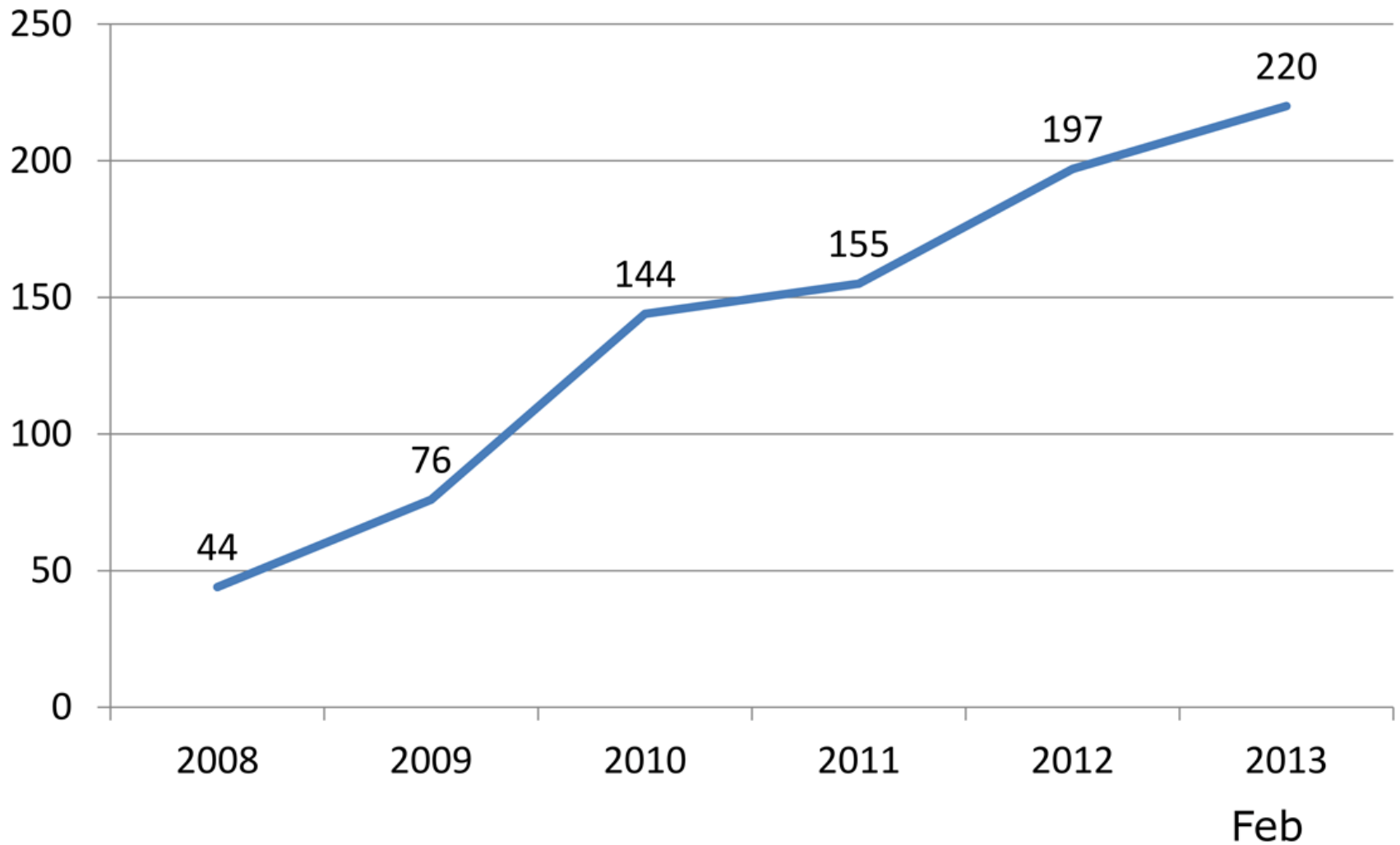
Pharmacists who ordered lab tests in the first quarter of 2012: 71

[†] *Based on Alberta Blue Cross claims data*

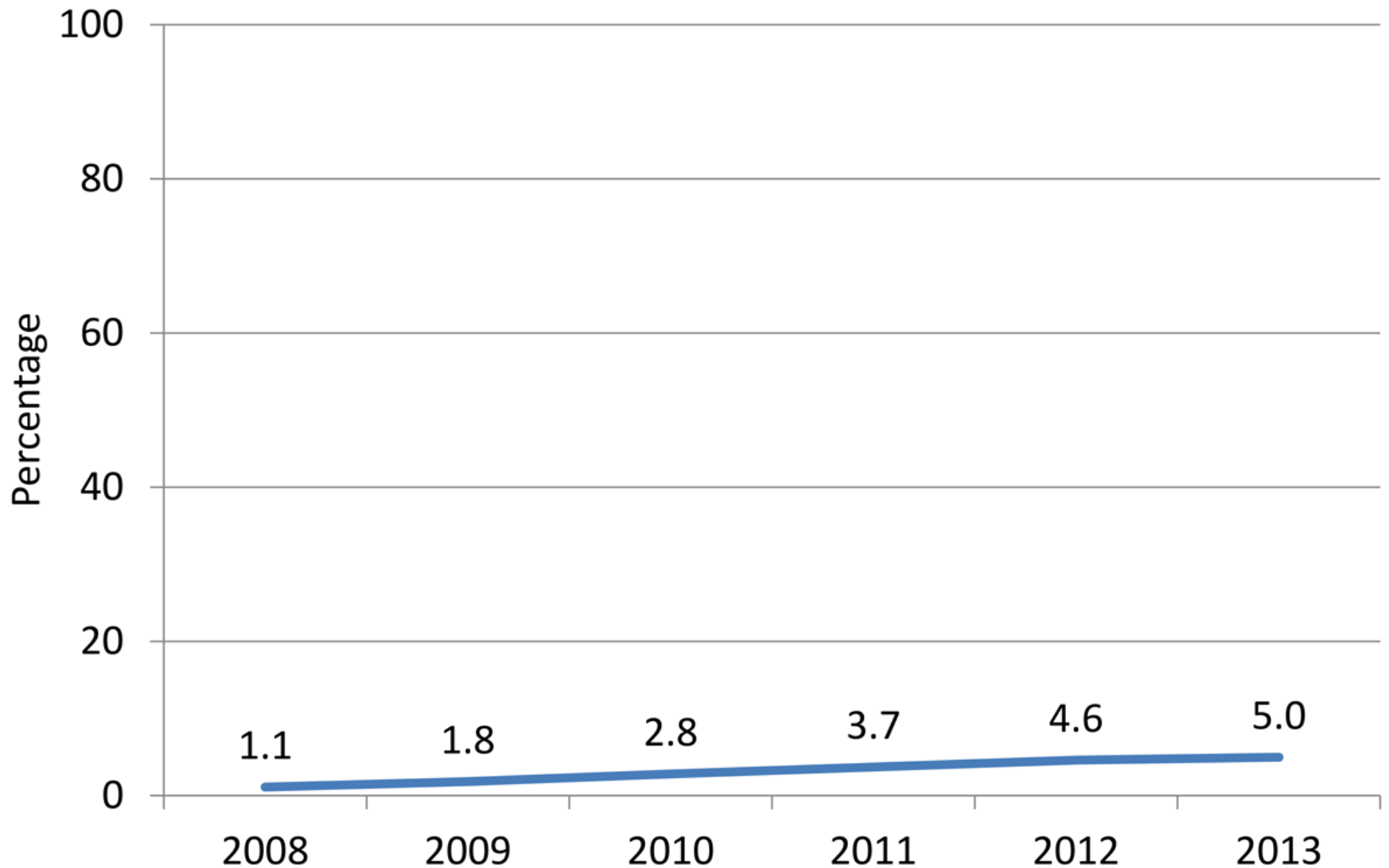
Additional Prescribing Authorization (APA)



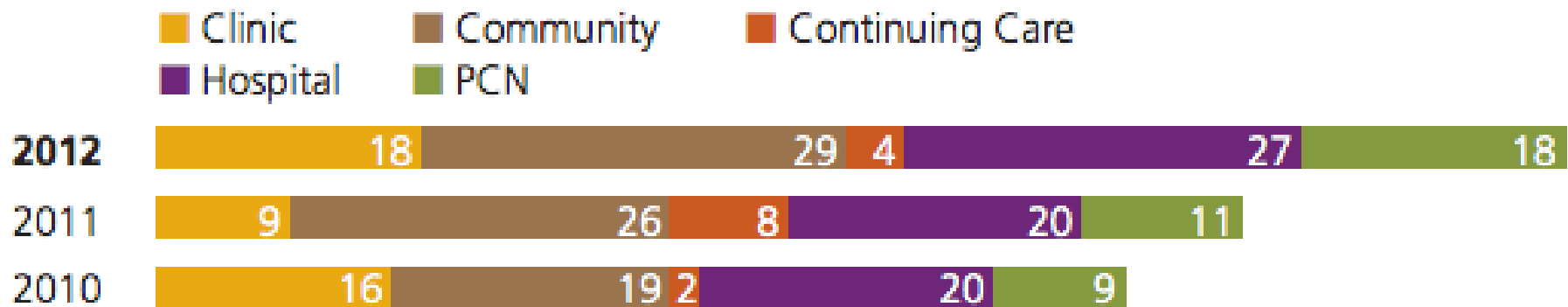
Number of Pharmacists with APA is increasing.



...but not too fast.



Practice settings at time of additional prescribing application*



* applicants may identify multiple practice settings

Studying Pharmacist Prescribing

Program Overview



Qualitative exploration (Alberta and Ontario)

- Open-ended semi-structured interview guide for focus groups and interviews
- ~70 pharmacists purposefully selected to maximize variation
- Interpretive description approach to analysis



Survey development and trials (Alberta)

- Data collected in Stage 1 used to develop survey
 - Drawing on diffusion of innovation theory
 - Feedback from advisory committee
- Small sample trial survey (purposive sample ~10 pharmacists) for cognitive interviews
- Large sample survey
 - 300 surveys mailed/e-mailed/faxed to participants with an expected response rate of 30%
 - Analyze for descriptive statistics, validity and reliability



Mixed-methods survey (Alberta)

- Using the survey developed in Stage 2
 - Potential respondents contacted using a mixed-methods approach (telephone, e-mail, fax, mail) to maximize response rates
 - Random sampling of 670 pharmacists required, with an anticipated response rate of 60%; approximately 400 completed surveys for analysis
 - Conducted by the Population Research Lab at the University of Alberta
 - Descriptive statistics, chi-square, *t*-test and ANOVA, and regression used to analyze data
 - Return to Stage 1 and 2 data to compare and contrast results and create a rich description of pharmacist prescribing

How Have Pharmacists in Different Practice Settings Integrated Prescribing Into Practice in Alberta?

A Qualitative Exploration

Team:

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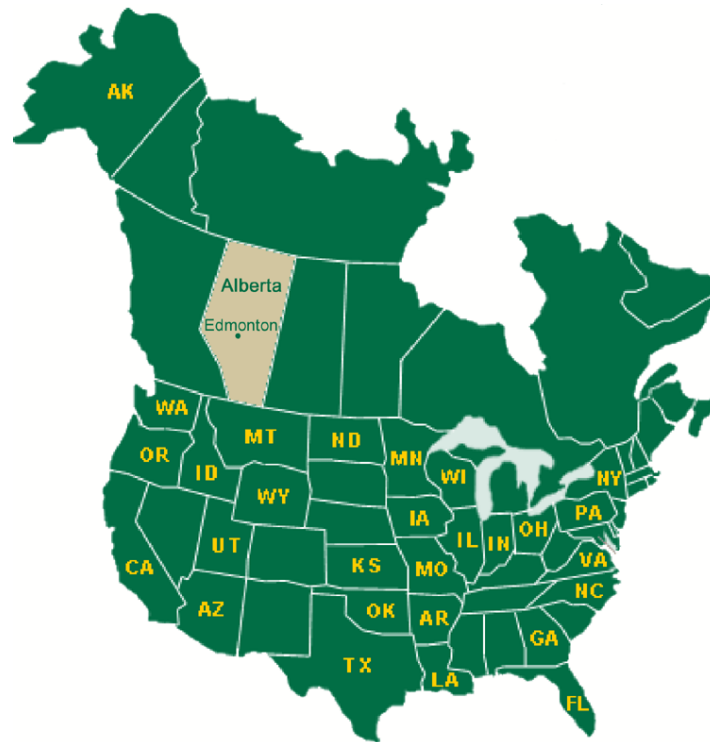
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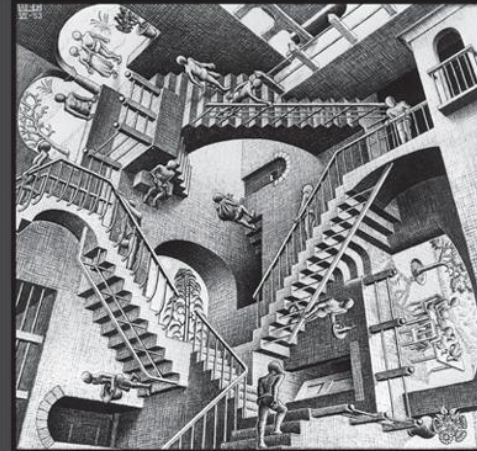
Objective: To explore & characterize
how pharmacists have used
prescribing in their practices



Pharmacists were purposively or randomly selected & discussed their prescribing practices in semi-structured interviews.



Interpretive Description
approach which
recognizes professional
knowledge and the
applied nature of
addressing practice
issues in health care



**INTERPRETIVE
DESCRIPTION**

SALLY THORNE

38 pharmacists (n=14 with APA) were recruited from a variety of settings



Community
Pharmacist
(n=23)



Primary
Care
Network
(n=9)



Hospital
Pharmacists
(n=7)



Other (n=9)

Participant Characteristics

	%
Gender (male)	34.2
Years in Practice	
1-10	29.0
11-20	26.3
21-30	23.7
30+	21.1
Work Status	
Owner/Director	21.1
Manager	13.2
Staff Pharmacist	57.9
Other	7.9

	%
Pharmacy Setting	
Rural	28.9
Large Urban	47.4
Urban Other	23.7
Frequency of Prescribing	
No*	10.5
Infrequently	13.2
Weekly	13.2
2 times per week	5.3
3-4 times per week	13.2
Daily	15.8
Multiple times a day	28.9

The majority of pharmacists were prescribing at least on a weekly basis.

PRODUCT FOCUSED



N=16
42%

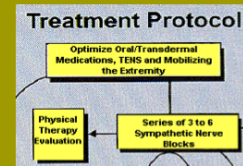
NOT PRESCRIBING

N=10
24%



N=7
24%

DISEASE FOCUSED



N=5
11%



PATIENT FOCUSED



Product

- Extend stable therapy or ensure adequate supply



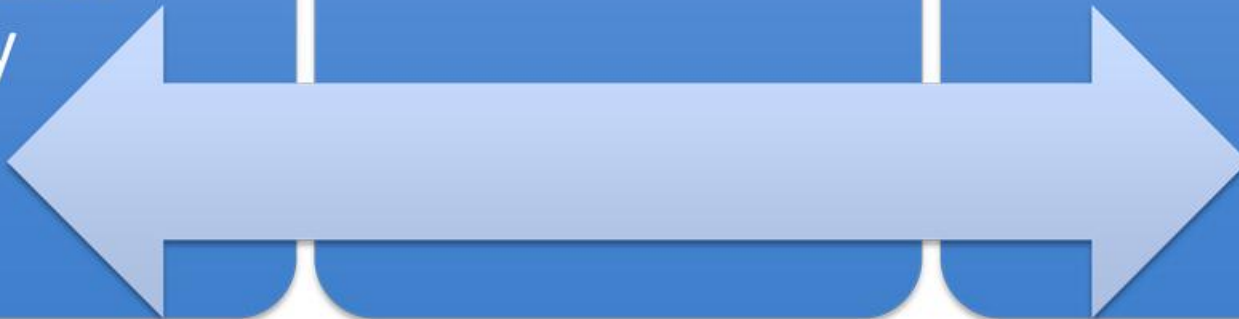
Disease

- Adapting
- Protocol or disease driven



Patient

- Focus on initial patient assessment



PRODUCT FOCUSED

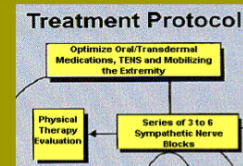


N=16
42%

“If [the patient] says they have an appointment coming up and they just need so many pills to get them through, then I explain that I can extend it for that time. We usually do a couple extra days to get them past that day.” (P22, Chain Pharmacy, No APA)

“I am prescribing warfarin as part of the anticoagulation clinic at least 10 to 30 patients a day that we are following with the anticoagulation service. I am prescribing a warfarin dose depending on who has had lab work...”

(P3, Specialty Clinic, APA)



**N=7
24%**

**DISEASE
FOCUSED**



“We did an assessment of what she has taken in the past and what she is currently taking..... And then we discussed a couple of different options that we could switch her to...then we decided on a medication... I wrote a prescription for the new medication.” (P8, PCN, APA)

**N=5
11%**



PATIENT FOCUSED

**NOT
PRESCRIBING**

**N=10
24%**



"... We've taken it slowly and probably still I check with [the physicians] a little bit more ... because it is a fairly new procedure and I am not just kind of taking it on totally because [the physicians] are ultimately still coming to the facility at least once a week and seeing their residents."
(P1, Long term care, APA)

Why “Not” Prescribe?

Collaborative Teams

- Pharmacists’ recommendation for medication therapy are integrated into the physician’s prescription.
- Not approved by hospital or region.

Community Pharmacist

- Delayed prescribing by faxing the doctor for a refill request.
- Reminding patients to come in early to avoid running out a vital medications.

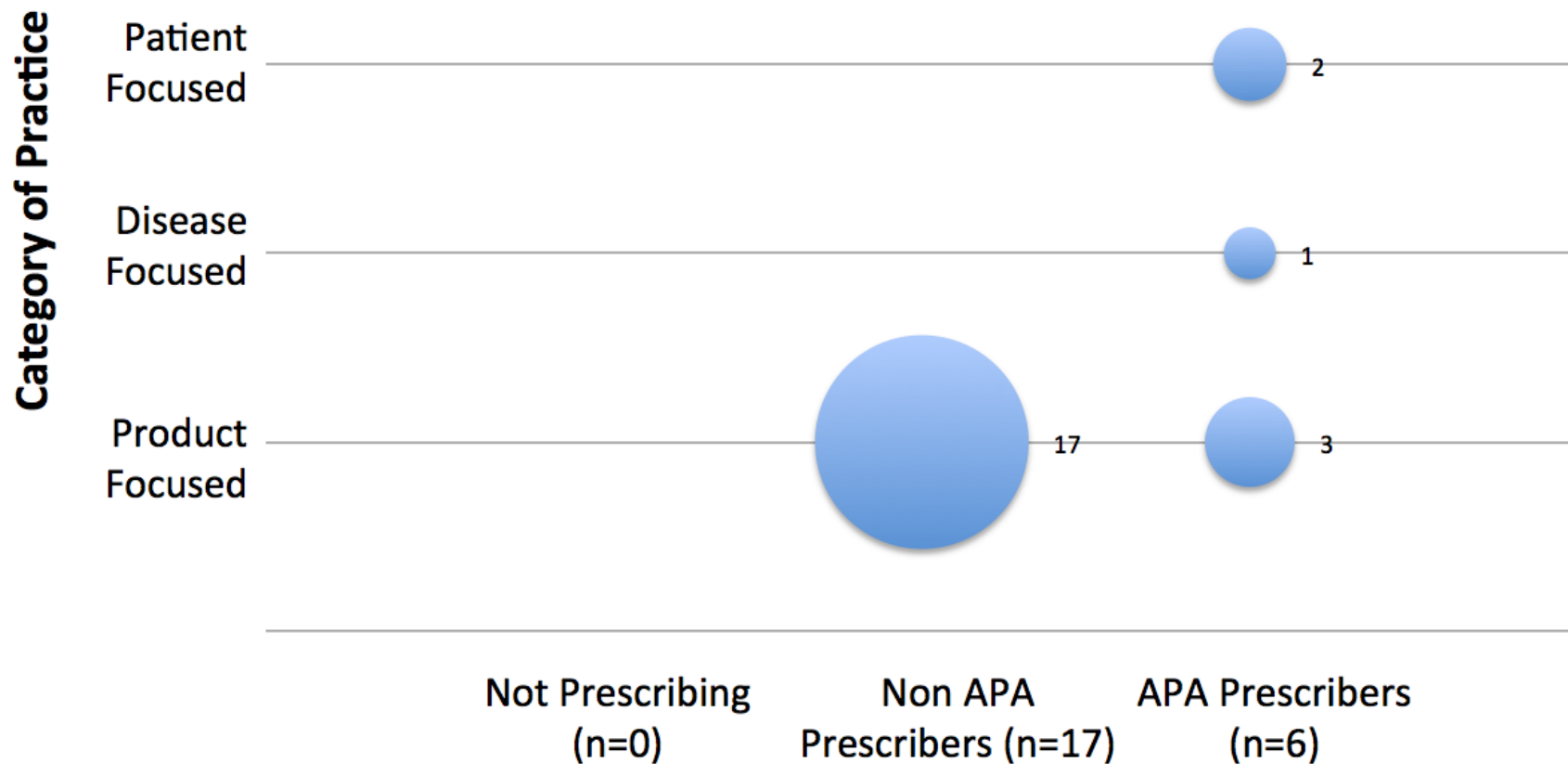
Personal Choice

Prescribing Means Many Things to Pharmacists

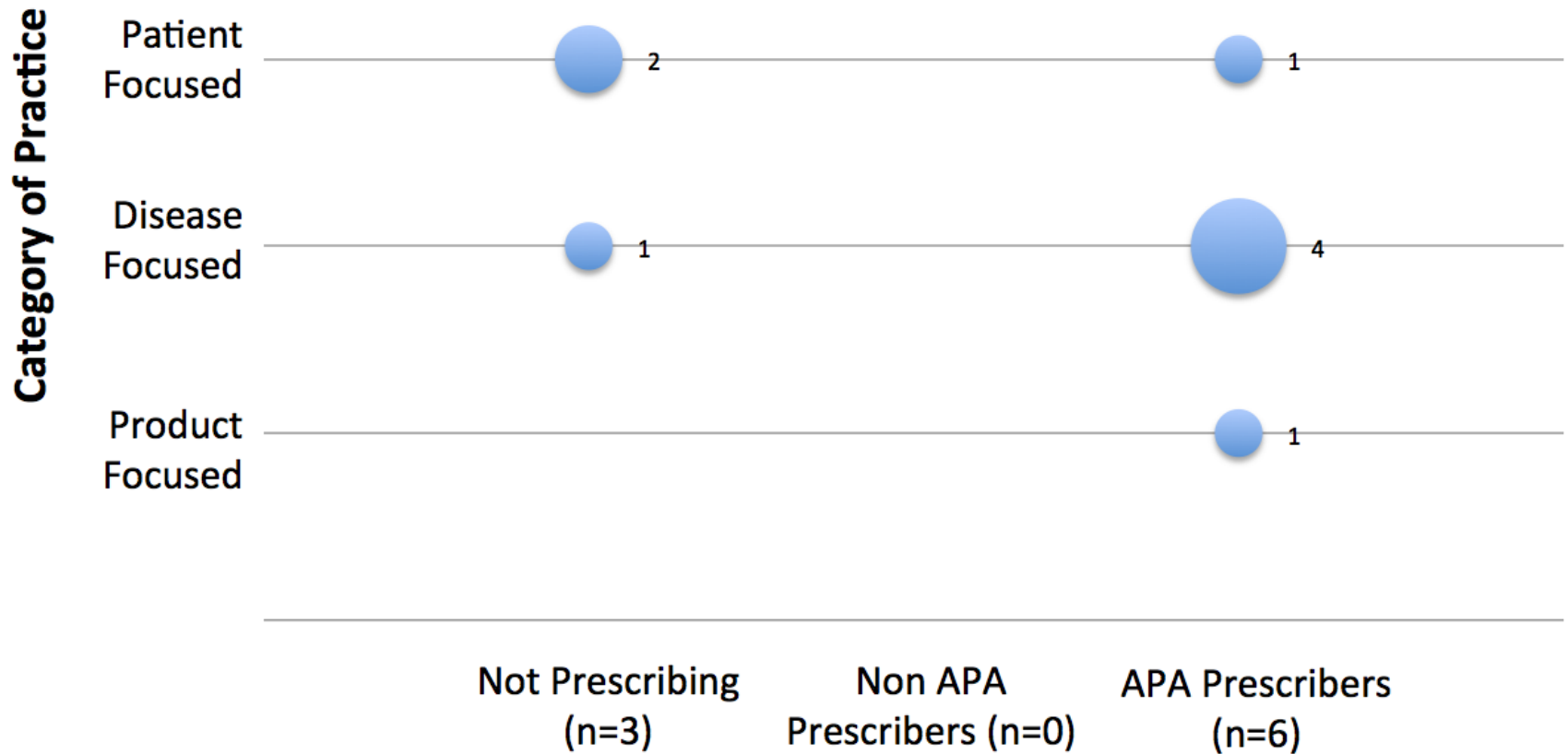
- Writing a new prescription
- Extending an existing prescription
- Advising on non-prescription medications
- Physical act of writing the prescription
- Part of the patient care process
- Legislated definition



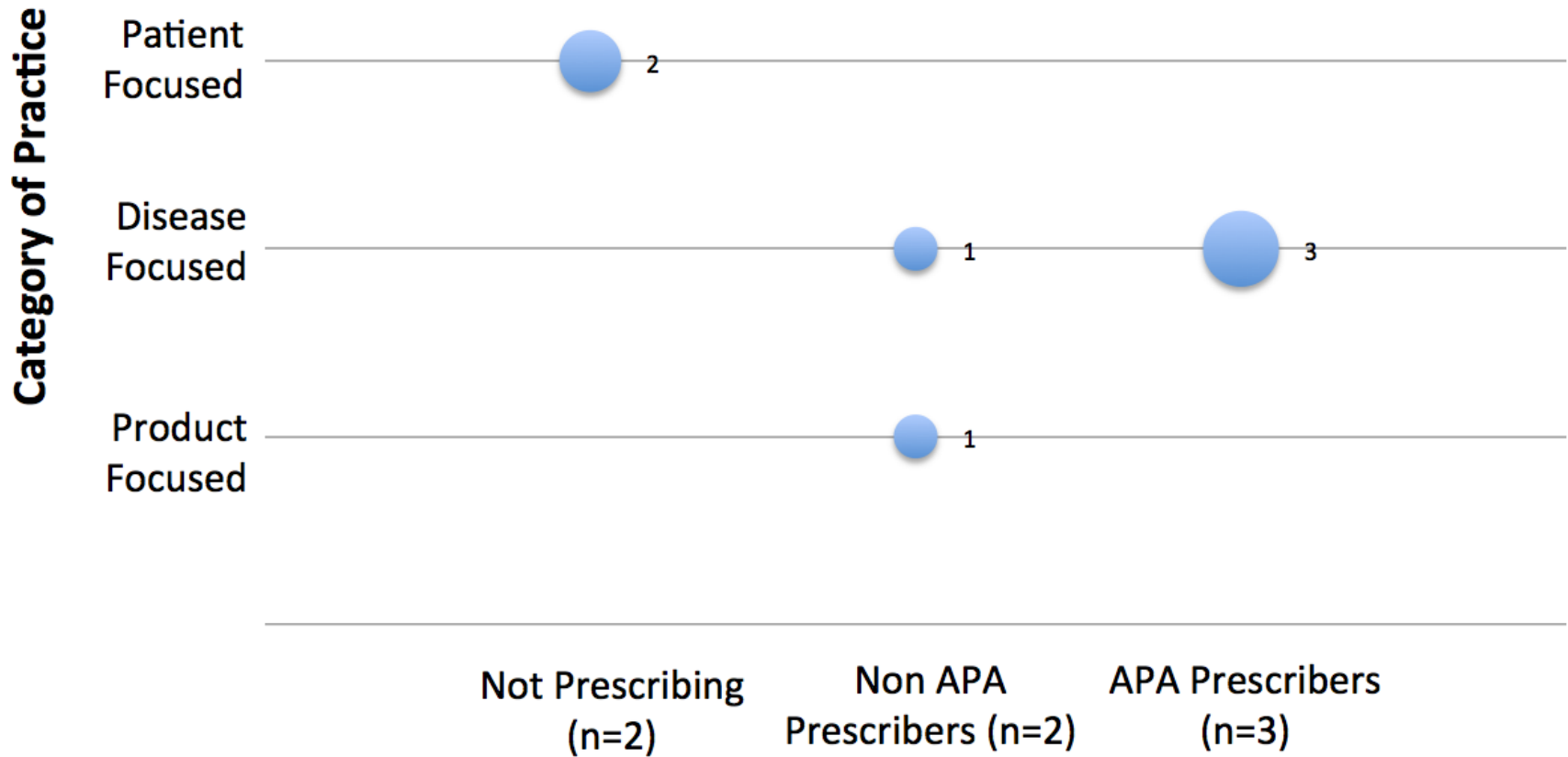
Community Pharmacy (n=23)



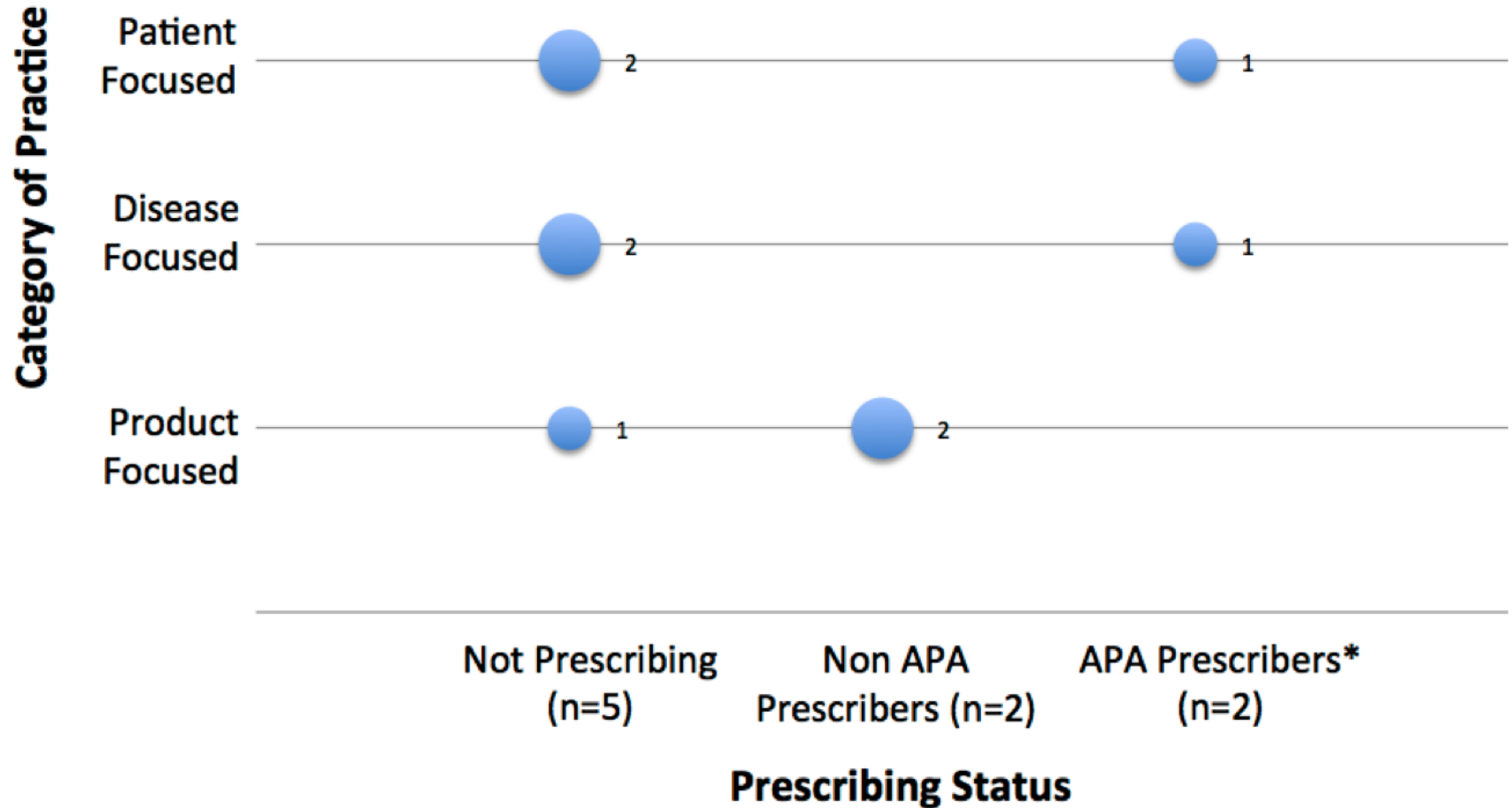
Primary Care Network (n=9)



Hospital (n=7)



Other (n=9)



Summary

- Pharmacists across practice settings were prescribing in product, disease & patient focused ways
 - Community pharmacists: product-focused prescribing
 - Hospital & PCN pharmacists: more likely to use a disease-focused prescribing approach
- Categories should not be viewed as a hierarchy
- Many pharmacists not directly prescribing still reported having involvement in drug therapy decision-making.



- Many pharmacists focused their prescribing in a clinical area such as anticoagulation, hypertension, or diabetes.
- It appears that Alberta's pharmacists are focussing APA prescribing in many of the same therapeutic areas as pharmacists in the UK & USA.



Limitations

- Telephone interview at one point in time
- Pharmacists' accounts of prescribing are sensitive to how pharmacists define prescribing
- Categorization was sensitive to the Alberta College of Pharmacists model of prescribing
- Categorization of pharmacist prescribing was based on primary practice site

Conclusions

- Pharmacists in all studied settings have engaged in prescribing activities using three approaches.
- There are context-related differences in uptake across practice settings & not all pharmacists have taken up prescribing activities to their full scope or potential.
- Many pharmacists not directly prescribing, reported involvement in drug therapy decision-making.



Next Steps

- Mixed-mode questionnaire using web and telephone
- Target: 400 pharmacists



Research Questions:

- What predicts prescribing focus?
- How are pharmacists prescribing in Alberta?

This research was made possible
by funding from:



Canadian Foundation
for Pharmacy



Alberta
College of
Pharmacists





Questions

- Please type your questions into the Q&A pod on the right-side of your screen.
- Please contact Kristina Allsopp at research@pharmacists.ca





Upcoming Pharmacy Research Webinars

- Ontario Pharmacy Research Collaboration (OPEN)- Deprescribing Project – (Date: TBA)



Thank you!

- This presentation will be available on the Canadian Pharmacists Association's website at <http://www.pharmacists.ca/index.cfm/education-practice-resources/pharmacy-practice-research/canadian-pharmacy-practice-research-group/cpprg-webinars/>
- Thank you to Canadian Pharmacy Practice Research Group (CPPRG) Executive Committee for hosting this pharmacy research webinar series.