PHARMACY THOUGHT LEADERSHIP INITIATIVE

Summit Report

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Introduction

The Pharmacy Thought Leadership Initiative Summit, convened by CPhA on June 23–24, 2016, provided an opportunity for 106 pharmacy leaders from across Canada to discuss the barriers that pharmacists and pharmacy technicians face in working to their full scope in every day practice, and engage in identifying goals and actionable solutions to help move the profession forward.

Summit participants considered background research as well as a series of panel presentations and discussions in order to reach agreement on three priority areas that will be the focus of the next phase of the Thought Leadership Initiative. For each area, participants proposed ten-year strategic goals and broad action steps that CPhA might take forward with partner organizations to achieve an optimal future for pharmacy practice that reflects the health care needs of Canadians and aspirations of pharmacy professionals.

Summit Presentations and Priorities

Session One – Thursday, June 23, 2016

Jennifer Smith, Derek Jorgenson and Neil Mackinnon from Intergage Consulting Group Inc. were commissioned to complete background research to provide a foundation for dialogue and discussion at the Thought Leadership Summit. Their research is published in the report *Toward an Optimal Future: Priorities for Action*. The research and accompanying discussion paper (Appendix B) identified nine possible priority areas of focus for the Thought Leadership Initiative:

1. **Education:** Support the evolution of the education system and continuing professional development to improve the development of the required skills, knowledge and attitudes to support professional role evolution
2. **Regulation:** Remove regulatory barriers to pharmacy role evolution
3. **Payers and Policy Makers:** Payers and policy makers should explore alternative payment and delivery models
4. **Awareness among Key Stakeholders (excluding the public):** Increase key stakeholders' awareness of their role in supporting pharmacy role evolution
5. **Public Awareness and Education:** Increase public awareness of pharmacy services
6. **Workplace Environment:** As shifts in pharmacy professional roles occur, capacity, deployment of resources and workplace settings must meet the requirements of changing business and service models
7. **Technology:** Ensure that all available technology and health informatics solutions are used to support role evolution
8. **Collaborative Care:** Expand opportunities for pharmacy professionals to work as members of interprofessional teams
9. **Evidence-based Research:** Utilize evidence-based research to understand the return on investment for professional pharmacy services. Ensure that remunerated pharmacy services are supported by evidence demonstrating positive health, societal and economic outcomes. Evaluation plans should be in place to measure outcomes following service design and implementation.

During Session One, participants listened to several presentations that were given to help introduce the Summit and evoke reflection about key priorities for the profession of pharmacy to address over the coming years. These included a research presentation by Intergage Consulting Group Inc., perspectives from international colleagues (American Pharmacists Association [APhA], National Pharmacy Association [NPA – United Kingdom]) and six leaders in the profession, each of whom advocated for the priority they felt merited Thought Leadership Initiative attention.

The presentation by Kelly Goode from APhA demonstrated that community-based pharmacist practitioners are increasingly helping to address critical gaps in the US health care system, and efforts are being made by a coalition of pharmacy organizations to promote patient access and coverage of pharmacist services. Collaborative practice agreements and state-wide protocols for specific services are key focus areas being advocated by pharmacy organizations, which provide pharmacists with expanded practice authority.

Ian Strachan from NPA and Mark Burdon from the Pharmaceutical Services Negotiating Committee (PSNC) focused their presentation on impending cuts to pharmacy from the UK's National Health Service (NHS). A joint campaign by NPA, PSNC and other organizations is underway to negotiate with the NHS and propose cost savings by better utilizing pharmacists and integrating community pharmacy services into primary care.

Session One also had participants discuss, debate and choose three priorities that would be the focus for Session Two discussion as well as for the next phase of the Initiative in advancing the profession over the next ten years. In choosing the three priorities, participants considered the Summit research and nine priorities proposed within it. They also heard from a panel of pharmacy leaders who identified their priorities for the profession. The panel of pharmacy leaders included Bob Nakagawa (Registrar, College of Pharmacists of British Columbia), Colleen Norris (President, Canadian Association of Pharmacy Technicians), Glen Pearson (President, Canadian Society of Hospital Pharmacists), Heather Boon (Professor and Dean, Leslie Dan Faculty of Pharmacy, University of Toronto), Heather Foley (New pharmacy practitioner and winner of the Thought Leadership Summit Challenge) and Jimy Mathews (President, Alberta Pharmacists' Association). The six issues identified as key priorities and discussed by the panel were research, collaborative care practice, regulation, public awareness and education, consistency within the profession and pharmacist confidence.

The panel discussion led to an open discussion by summit participants on priorities to address through the Thought Leadership Initiative. Highlights that emerged from this discussion include the following:

Valuing Pharmacy Services

The value proposition for pharmacy services must overcome the argument that payers (public, private and consumers) cannot afford them. Remuneration must transcend product and consider service.

Dispensing and Counseling

Where does dispensing fit into pharmacy practice over the next 10 years? Who will be doing what with respect to the enhanced role of regulated pharmacy technicians? How do we optimize and leverage the skills and abilities of all pharmacy professionals?

Technology

The influence of technology will continue to increase in pharmacy, e.g. wearables, pharmacogenomics and point-of-care testing. Much existing software is dispensing-based and does not promote the pharmacist's value.

Managing Change

Change will come regardless of whether the profession is ready. Pharmacy's task must be to actively shape its own future, not remain passive to whatever comes.

Confidence

Many pharmacists still lack the confidence to expand their practices into more contemporary roles, leaving questions about how future practice models might ever be implemented.

Moving the Bell Curve

Pharmacists who view their practices as jobs rather than as professions will continue to hold the profession back. Pharmacy must find ways to move the profession forward and stop catering to those who are content with jobs. Incentives should also be explored that would move the bell curve to the right.

Disruptors

What will be the "Uber" for pharmacy? A research priority might be to learn from other industries that have experienced dramatic change to understand and prepare for disruptors.

Inconsistent Service Delivery

The profession's ability to influence the public and payers/policy makers rests with demonstrating to them that pharmacy consistently provides value. This will be influenced by the individual experiences of Canadians with frontline pharmacists and regulated pharmacy technicians.

Best Practices

It is important to showcase best practices and examine what worked well and why. E.g. why has immunization been so successful? What led to its rapid uptake by pharmacists? What might be applied from this experience to enhance uptake of other services and scopes?

Barriers as Excuses

Research should be undertaken to uncover the factors that prevent the average pharmacist from embracing their professional mandate. Consider organizational behavioural theories.

The wide-ranging discussion and identification of priorities for the Thought Leadership Initiative could easily have continued for some time. Ultimately, participants identified a list of topics that would have the greatest impact on advancing the profession over the next 10 years and would be most feasible in achieving. They agreed to select their top three priorities from the following list (presented here in no particular order):

1. Education
2. Regulation
3. Payer/policy issues
4. Awareness
5. Technology & Workplace environments
6. Collaborative care
7. Research
8. Confidence
9. Cultural change (understanding who we are)
10. Ensuring quality care (accreditation?)
11. Innovation

Results from the vote (using voting technology) were as follows:

Technology and workplace environments	18.2%
Payer/Policy issues	16.0%
Research	11.7%
Collaborative care	10.8%
Confidence	10.0%
Cultural change	8.7%
Innovation	6.1%
Awareness	6.1%
Education	5.2%
Ensuring quality care	3.9%
Regulation	3.5%

The vote served to confirm the top three priorities chosen for Session Two discussions and for action in the next phase of the Thought Leadership Initiative.

A Plan for Advancing the Profession

Session Two – Friday, June 24, 2016

Session Two of the Summit focused on the three priorities selected in Session One, with a series of focus questions to guide the work of 106 participants in 13 discussion groups. For each of the three priorities, participants reflected on the following:

1. What are the preferred solutions for this priority?
2. Where does pharmacy need to be in ten years? (Strategic Goal)
3. What, in broad steps, needs to happen in order to achieve the strategic goal? (Action Plan)
4. Which actors need to be engaged in making this happen? (Organizations and Individuals)

To provide context for the discussion groups, the facilitator highlighted some cross-cutting themes from Session One that were seen as relevant to each of the three priorities:

- Cultural Change
- Confidence

- Innovation
- Disruption

- Awareness
- Education
- Quality

Following are themes and highlights that emerged from wide-ranging discussions in each priority area.

Priority 1: Technology and Workplace Environments

Technology was emphasized as an enabler for role evolution, collaborative care practices, and various specific aspects of practice and innovation. Technology was also proposed as a way to enable workplace environments that support optimal deployment of human resources and meet the requirements of changing business and service models. Below are discussion highlights for this priority, generated from the following questions: 1) Where does pharmacy need to be in ten years? 2) What actions should be considered in moving this priority forward? 3) Which actors should be engaged to move this priority forward? Note that the highlights, ten-year goals and actions presented for this priority are reflective of the ideas discussed at the Summit and are not necessarily shared by all Summit participants, CPhA or our partners.

Highlights

- Relevant technology is the gateway to optimal scopes of practice. It will affect how we interact with payers and patients. Patients want control and technology is a way to enable this.
- Like all professions, pharmacy will be faced with disruptors, e.g. Uber within the taxi industry. The profession must identify, plan for and manage disruptors, such as automation, mail-order pharmacy, etc.
- Pharmacy's unique offering is identification, prevention and resolution of drug therapy issues; everything else can be offered by others.

"Technology and disruptors: those are the main points I've taken away from this Summit. We need to break down barriers and identify opportunities to use these concepts to improve collaborative care, connecting with our health care colleagues while remaining patient focused in all practice settings."

— Summit Participant

"Pharmacy cannot move forward building upon an archaic professional practice model. We need a disruptor to blow the system up. Pharmacists need to step up to be part of the system in a collaborative practice model to contribute to the overall improvement in patient health. We need to contribute to a new and evolving health system and be leaders in our ability to provide patient care."

— Summit Participant

Ten-year Goals

Patient-centric Workflow

- Pharmacists will be the first line of contact in private environments.
- Dispensaries will reflect a health clinic model.
- Workflow and workspace design will put patients first and support professional autonomy and optimal scopes of practice. Workspace design will identify the pharmacist as the clinician. e.g. 1. Pharmacist Intake → 2. Dispensing → 3. Tech check tech → 4. Pick up.
- Collaborative practice agreements will see pharmacists removed from dispensing; they will receive the diagnosis from a prescriber and choose the right drug in collaboration with their patients.
- Employers will enable optimal scopes of practice and support professional autonomy, holding pharmacy professionals accountable for their scopes of practice and quality of care.

"Too often, our workplaces shape our practice rather than our practice shaping the workplace. We need to remember that it is the patient that suffers when a pharmacist is not practising to their full ability and it is unacceptable that a patient would receive suboptimal pharmaceutical care because of workplace issues."

— Summit Participant

Holistic Health Care Providers

- Pharmacy will be a point of access for primary care and a health care hub with more focus on preventative health care beyond treating sick people. Pharmacists will be health navigators who focus on the patient's whole health profile and provide ongoing care.
- Pharmacists will be holistic health care providers as the collectors, coordinators, and analyzers of all patient medication history for better patient health.

"I look forward to the day that Canadians from coast to coast go to their pharmacy health hub to get a pharmacist health consultation to review their wellness care plan, follow up assessments, diagnostics, immunizations, etc., with updated medication reviews accessed by Cloud by the patient & other health care providers."

— Summit Participant

Technology as an Enabler

- Pharmacies will operate as high performing teams of pharmacists, regulated technicians and pharmacy assistants, with staffing and workflow optimized through technology to foster patient care.
- Technologies will be aligned and integrated to support patient care and empowerment and the evolving roles of pharmacists and technicians, e.g. pharmacogenomics/genetics, wearable technology and robotics/automated dispensing.

Integrated Information Systems

- Information systems will be patient-focused, integrated into daily practice, collaborative, interdisciplinary and inclusive of all relevant clinical information.
- Pharmacy software will link to a universal electronic health record (EHR) and include e-prescribing to foster information sharing and collaboration, replacing paper and fax-based communications.
- Pharmacy software standards will focus first on the patient and support clinical role evolution, including decision support, patient information, prescribing, automated dispensing, clinical notes from all relevant health care providers, lab data, pulmonary data, ECG, etc.
- Systems will extract data for pharmacist performance indicators so that documentation of interventions and their impact can be generated seamlessly.

Actions & Actors

National Standards

1. Develop national minimum technology standards.
   - Influence/incentivize vendors to meet these standards
   - Build evaluation of technologies from the perspective of the patient first and then the pharmacy team

Potential Partners:

- Provincial pharmacy associations
- Pharmacy regulatory authorities
- Canada Health Infoway
- Vendors/software developers
- National pharmacy associations
- Patient groups
- Pharmacy technician associations

2. Develop national standards for workspace design.
   - Include demonstration projects

Potential Partners:

- Provincial pharmacy associations
- Pharmacy workspace innovators
- Patient groups
- National pharmacy associations
- Pharmacy regulatory authorities
- Pharmacy owners/employers

Global EHR and DIS

3. Advocate for global health electronic health records (EHR) & drug information systems (DIS).

4. Enact policies and standards to regulate/enable EHR & DIS in the workplace.

Potential Partners:

- Patient groups
- National pharmacy associations
- Other health care practitioners (HCPs)
- Provincial pharmacy associations
- Pharmacy regulatory authorities

Translating Knowledge and Innovation into Practice

5. Lead a pharmacy business and culture initiative to encourage risk-taking, confidence and investments in technology.
    - Showcase innovators that model and consult in new and innovative workflow/workspace design
    - Consider Naylor Report recommendations – Report of the Advisory Panel on Health care Innovation (2015)
    - Include peer mentoring

Potential Partners:

- Health care sector (or other) business leaders
- Pharmacy owners/employers/professionals
- National pharmacy associations
- Other HCPs
- Pharmacy workflow/design innovators
- Provincial pharmacy associations
- Patient groups

Advocacy

6. Advocate and educate around the value of technology in pharmacy and patient care, access to health records, privacy and confidentiality, etc.

Potential Partners:

- Canada Health Infoway
- National pharmacy associations
- Pharmacy owners/employers/professionals
- Provincial pharmacy associations
- Patient groups
- Other HCPs

Priority 2: Payers and Policy Makers

The need to demonstrate value to payers and policy makers was repeatedly highlighted during the Summit discussions, as was the importance of raising awareness with this stakeholder group. Participants pointed specifically to working with payers and policy makers to explore ways to leverage patient accessibility to pharmacy health and preventive care services. The need for alternative payment and delivery models was also stressed. Below are discussion highlights from this session, generated from the following questions: 1) Where does pharmacy need to be in ten years? 2) What actions should be considered in moving this priority forward? 3) Which actors should be engaged to move this priority forward? Note that the highlights, ten-year goals and actions presented for this priority are reflective of the ideas discussed at the Summit and are not necessarily shared by all Summit participants, CPhA or our partners.

Highlights

- Value is earned, people are sceptics and title does not bestow value. Pharmacists will be held accountable for patient outcomes. The profession must move to new payment models that reward value and be ready for the implications. Provinces cannot be expected to pay for all pharmacy services; some hybrid of public, private and consumer payers must emerge.
- Shifts are needed, for example, in language from minor ailments to common ailments, and in focus from sustainability to transformation. Why would pharmacy strive to sustain a broken system?

Ten-year Goals

Access to Pharmacy Services

- Pharmacies will be established wellness providers and health care hubs that leverage the profession's strengths of accessibility and convenience.
- Empowered patients will understand the services provided by pharmacies, what they can access and what to expect.
- Patients will actively choose pharmacists as health care service providers and will be willing to pay for standardized services.
- Pharmacists will be responsible for selecting the appropriate drug in collaboration with patients and other HCPs.
- National Pharmacare will include drugs and pharmacist care as *medically necessary.*

“How can pharmacy improve health care in Canada? It doesn’t matter to Canadians who is providing care, but that we are providing the most effective care.”

— Summit Participant

Provision of Pharmacy Services

- Pharmacy will have the culture and confidence to provide valued services and charge for them.
- Pharmacy will demonstrate consistent quality of services, building patient demand, and will not be dependent on any single payer.
- Pharmacy will have clearly demonstrated its value, including, and perhaps especially, with vulnerable populations who are high cost users of the health care system.
- Payers will understand the value of pharmacy services and employers will expect a minimum level of service and quality across Canada.
- Pharmacists will be independent practitioners with billing numbers, practising separately from pharmacies and receiving direct compensation for services. This model will enable risk-takers.
- The profession will move away from internal competition and meet patients’ needs in a practice model that is remunerated based on positive outcomes for patients, the health care system and society.

“Collectively, we must determine a completely different model for how pharmacists and pharmacy is compensated, focusing not on products or services but solely focused on health outcomes and indicators that we can manage to improve and assign economic models to place values on those outcomes.”

— Summit Participant

“We cannot tie our future as a profession to the will of government and payers. We need to drive our own advancement by being willing to set payment models for services and be willing to charge patients.”

— Summit Participant

Actions & Actors

New Business Models

1. Identify and propose new business models for different types of pharmacy practices, e.g. specialty pharmacy, LTC.

Potential Partners:

- Economic/business consultants
- Policy makers/provincial governments
- Pharmacy owners/employers/professionals

2. Work with economists and payers to define and propose new reimbursement models that reflect role evolution.

- Ensure patient focus and work collaboratively with other HCPs to define services that are most appropriate for pharmacists to provide
- Understand value from the perspective of all stakeholders (patients, payers, policy makers)
- Create a clear inventory of services and standardize fees for services of consistent quality across Canada
- Consider that universal coverage of services is not likely
- Avoid restrictions that prevent pharmacy organizations from negotiating with private payers
- Establish separate funding/billing streams for pharmacy practice/services and drugs. Fund services from a separate budget from drugs, e.g. health spending accounts
- Establish separate funding/billing streams to remunerate pharmacists, technicians and pharmacies
- Identify alternative reimbursement at all levels of supply chain

Potential Partners:

- Economic consultants
- Provincial pharmacy associations
- Other HCPs
- Policy makers
- Patient groups
- Pharmacy technicians associations
- Pharmacy owners/employers/professionals

Advocacy

3. Establish a Joint Commission of all pharmacy groups to align core patient offerings and advocate for a minimum standard of coverage across Canada.

- Ensure offerings are aligned with provincial priorities
- Examine deprescribing as a primary service offering

4. In collaboration with patients, other HCPs and health care organizations, advocate for:

- A national pharmaceutical/Pharmacare strategy that ensures value for drug expenditures
- Regulations to prohibit the practice of waiving co-pays
- Pharmacists to be recognized as independent practitioners, with direct compensation for patient care tied to positive health outcomes

5. Campaign to:

- Promote access and scope and to raise awareness of the "Pharmacy FIRST" approach, i.e. pharmacy as a health care hub.
- Motivate patient advocates to demand that their insurer cover pharmacy services
- Allow advertising for services (restricted in certain jurisdictions)
- Encourage and enable pharmacists to access funding already available (e.g. MedsChecks, HSAs)

6. Collaborate with the federal government to set national standards in federal health programs on pharmacy care to achieve better patient outcomes.

Potential Partners:

- Patient groups
- National pharmacy associations
- Other HCPs
- Payers
- Provincial pharmacy associations
- Pharmacy technicians associations
- Pharmacy owners/employers/professionals
- Pharmacy regulatory authorities

Demonstrate Value

7. Create partnerships with patient groups to better understand and meet patient needs and expectations.
   - Examine and identify methods for patients to rank pharmacy services and providers

8. Invest in evidence methodologies to meet payer and policy maker needs.
   - Include payers and policy makers in research design and execution
   - Understand and respond to scepticism around the value of services currently being offered
   - Bring solutions to Payers:
     - Research aggregation: quality care, cost savings, effectiveness, adherence
     - Forestalled/diminished re-admissions
     - Reduced LTD/STD – absenteeism
     - Interventions that will prevent use of expensive therapy

Potential Partners:

- Patient groups
- Policy makers
- National pharmacy associations
- Payers
- Provincial pharmacy associations
- Other HCPs
- Researchers (including researchers from third party payers)

Priority 3: Research

Discussions around research highlighted the importance of understanding the return on investment for professional pharmacy services. The profession must ensure that remunerated pharmacy services are supported by evidence of positive health, societal and social outcomes. In order to move forward, pharmacy must embed evaluation plans into new services and programs to measure outcomes following implementation. Note that the highlights, ten-year goals and actions presented for this priority are reflective of the ideas discussed at the Summit and are not necessarily shared by all Summit participants, CPhA or our partners.

Highlights

- There is a clear need to generate and share evidence that supports the value of pharmacy services. Research must be accessible to researchers, individual pharmacists, advocacy associations and other stakeholders via a central repository.
- Each pharmacy in Canada must be considered a potential evidence hub. Each pharmacist can be a gatekeeper for keeping people well and must be encouraged to gather data on interactions, interventions and outcomes. Pharmacy must measure the impact of its activities and interventions on patient outcomes, health system sustainability and society in general.
- Research into pharmacist behaviour is needed. Is pharmacy recruiting the right candidates to meet the health needs of Canadians? How best to mentor pharmacists and make sure they have the right skills, abilities and expectations?

“Pharmacy needs to structure its approach to research so it can be conducted by frontline pharmacy practitioners, within their work plans. We need to find what works — not just for patients, but what worked well in allowing the practice-based research to occur in the real world — and understand why. Those that made it work need to take the message to their peers.”

— Summit Participant

“When we talk about the progression of the pharmacy profession, we first turn to our external circumstances and the “not enough” excuse. I’d like for us to first look inward at ourselves, our attitudes, confidence and comfort.”

— Summit Participant

Ten-year Goals

Research Generating Evidence of Positive Impact and Value of Pharmacy Services

- Evidence will demonstrate that pharmacy services have a positive impact on patient, health system and societal outcomes.
- Qualitative research will be valued as equal to quantitative research.
- Evidence will specifically target value and impact for vulnerable populations; this will support ROI improve public awareness in a measurable way.

"Pharmacy's future will be founded in the patient's experience and the patient's perception of the value of that experience."

— Summit Participant

Inclusive and Collaborative Research

- Research will assess the impact of care provided by a collaborative team of health care professionals. Pharmacy's value within the health care team will focus on team and interdisciplinary contributions over pharmacy contributions.
- Pharmacy will be considered a valuable hub for gathering data.
- Standardized indicators and data collection will be implemented across the country.
- Collaborative research will take place across Canada with researchers working together to determine research priorities, ensure that technology and data collection are harmonized, and avoid duplication of efforts.

"Optimal patient outcomes will only be realized when collaborative care occurs, including all health care professionals and pharmacy technicians. Research needs to include patients at the centre. It also needs to include data on perception of the health professional and their ability to provide optimal patient care outcomes."

— Summit Participant

Relevant, Timely and Accessible Evidence

- Processes will be in place to integrate community pharmacy into academic research, encapsulating real world experience for new protocols that are meaningful and relevant.
- Effective knowledge translation will allow knowledge users to receive information when they need it, which may include sharing data before publication.
- A national repository of information and research results will be available to stakeholders across the country.

Actions & Actors

Integrated National Approach to Research

1. Create a collaborative national plan for pharmacy practice research.
    - Develop structures and guiding principles.
    - Standardize intervention data collection and software platforms (e.g. ICD coding standards).
    - Leverage the diversity in provincial scopes of practice to create models for data/research collection.
    - Divide and conquer to demonstrate ROI.
    - Pool resources, e.g. information, research funding, in-kind work at the association level to benefit the national research plan.

    Research Plan
    - Consider first and foremost global health priorities and the needs and priorities of patients, payers and the health system.
    - Target vulnerable populations in research.
    - Target pharmacy professionals and students for behavioural research.
    - Collect qualitative data, e.g. patient experience and satisfaction.
    - Ensure that processes for implementing evidence into practice are built into each research plan.
    - Ensure that collaborative practice models are utilized in research so as to avoid silos. Obtain buy-in from other HCPs because they are part of the value build and identification of care gaps.

Research Funding

2. Advocate and negotiate for new outcomes-focused pharmacy practice research funding.
    - Develop multi-stakeholder/association research proposals.
    - Identify and align research with funders' priorities.

Frontline Data Collection

3. Support pharmacy-level participation in research by demystifying and inspiring practice-based research that includes local trials and micro pilot projects.
    - Focus on evidence demonstrating local impact.
    - Ensure that data gathering at the community level is "simple", collaborative and practically implemented.
    - Establish necessary processes and funding to enable local research activities and knowledge sharing.
    - Build data gathering processes into technology/software and current primary care workflow processes.
        - E.g. questionnaire at ER to assess which providers the patient has consulted for care

Evaluation and Analysis

4. Partner with research bodies specializing in algorithms and data analysis to facilitate frontline data gathering and implementation of outcomes research.
   - Free pharmacists from analysis and allow them to focus on using research to guide interventions for clinically relevant outcomes
   - Examine ROI and implications of research for all stakeholders and across silos, e.g. patients, other HCPs, owners, payers, etc.

Knowledge Sharing and Users

5. Develop and implement a national knowledge sharing strategy for pharmacy practice research.
   - Identify knowledge users and research implications for these stakeholders.
   - Ensure that evidence is accessible to all stakeholders and value propositions are framed appropriately for each knowledge user.
   - Negotiate access to information that is currently stored with businesses, policy makers and payers.

Knowledge into Practice

6. Work with researchers, collaborators and knowledge users on a strategy to ensure that evidence is translated to frontline delivery by pharmacies.
   - Ensure that all research is followed by an examination of processes for implementing evidence into practice.
   - Use research to optimize programs and policies by scaling up from small success stories. Turn these into pilot projects. Measure and build on them.

Potential Partners:

- CFP
- CIHI
- Provincial pharmacy associations
- Pharmacy regulatory authorities
- Researchers/academia
- Payers, policy makers, government
- Canadian Foundation for Healthcare Improvement
- Technology/software vendors
- CIHR
- Patient groups
- National pharmacy associations
- AFPC
- Other HCPs and associations
- Pharmacy owners/employers/professionals

Highlights from the Great Debate

Topic 1: The pharmacy practice model of the future (and how to achieve it)

Debaters: Danielle Paes and Derek Jorgenson

Question 1

As pharmacists' scope of practice has advanced, practice models are evolving. The reality could be that a tiered profession may be emerging, with complex interrelationships, with a range of generalist, specialist and hybrid practitioners in the primary care space. This challenges our thinking, begging us to pose the question **are all pharmacists equal?**

Debate Highlights:
Below are key points and opinions discussed by the debaters.

- Pharmacists are all equal in that our roles are equally important. They are not all equal in the competence, confidence and ability to fulfill their roles.
- Pharmacy is shifting towards interprofessional primary care teams.
- Pharmacy services are beginning to receive funding from third party payers, which will seed innovative practices.
- All pharmacists are "clinical" if they are doing their job.
- If you are not willing to practice to full scope, then you are not a pharmacist.

Audience Poll:

Where do you think the practice model is evolving?

1. ***A hybrid role: generalists integrating advanced scopes of practice***

Other choices:

2. Generalist role & specialist role: Continued focus on core dispensing by some, focus on specialist advanced scope model by others
3. Specialist role only: Focusing on one or more elements of advanced scope, moving away from dispensing as tech role evolves

Question 2

The shift from a traditional dispensing model to one that is pharmacy service driven has challenged us to critically examine the concept of professional autonomy as it relates to our remuneration model. In this new environment, it is more important than ever to ask **what is our value?**

Debate Highlights:
Below are key points and opinions discussed by the debaters.

- It is pharmacy's responsibility to create value that patients are willing to pay for.
- Compensation for the pharmacist is required as separate from compensation for the pharmacy; this will drive behaviour change and payment will be linked directly to value.
- Pharmacy cannot know its value until an evaluation of existing services is performed.
- Pharmacists must value themselves as health professionals. Pharmacists need to be clear about their value and walk away from practices that attempt to devalue their services.

Audience Poll:

What is the best model for the reimbursement of pharmacy services?

1. ***A mix of elements of fee for service and bundled services***

Other choices:

2. Today's fee for service model
3. New reimbursement model promoting delivery of quality services

Topic 2: Accountability

Debaters: John Shaske and Kristine Petrasko

Question 1

With an expanded scope, pharmacists are now able to do more for patients than ever before. But as primary care providers, the environment in which pharmacists work is unique—patient needs, pharmacists' scope, and business models continue to shift and challenge us to reflect on what is and should be driving us. **Are we truly meeting the needs of our patients?**

Debate Highlights:
Below are key points and opinions discussed by the debaters.

- A significant range of value exists from count, pour, lick and stick to clearly meeting the needs of patients.
- A standard level of care for all patients is needed.
- The third highest cause of death in North America is the health care system and the vast majority of errors leading to death are medication errors. Pharmacy is clearly not meeting patients' needs.
- Pharmacy should really be asking patients if we are meeting their needs.
- Pharmacists should look beyond medications and work with other health care providers to manage health conditions.

- Pharmacists need to evolve toward accountability for the choice of medications beyond passively dispensing what physicians prescribe.

Audience Poll:

What is the biggest factor influencing the care and services you provide?

1. ***A work environment that prevents me from working to the full extent of my scope***

Other choices:

2. Changing needs of patients
3. A work environment that enables me to work to the full extent of my scope
4. Government cutbacks
5. Lagging provincial legislation

Question 2

When discussing barriers to practice change, a familiar list of examples consistently emerges, such as time constraints, remuneration models, and role ambiguity (e.g. questioning whether this is a pharmacist's role or one of another HCP). While each of these has significant implications, some in our profession have approached this from a different angle, citing attributes like lack of confidence, complacency, fear of new responsibilities or risk aversion as observable aspects of pharmacy culture to consider when discussing barriers to practice change. Considering these aspects of pharmacy culture, we need to challenge ourselves with the question **is our culture holding us back?**

Debate Highlights:
Below are key points and opinions discussed by the debaters.

- Pharmacy's culture is characterized by lack of confidence, risk aversion and perfectionism. The profession must build on its strengths and acknowledge what is holding it back.
- Pharmacy needs to stop thinking of the business side as a bad thing; all health care providers have to have a sustainable reimbursement model.
- It is unacceptable that any Canadians receive suboptimal care from their pharmacists.
- Every profession has its "heroin" in terms of issues or metrics that are given undue attention, possibly to the detriment of the profession itself. Pharmacy's "heroin" includes number of scripts dispensed, number of medication reviews and dispensing fees.

Audience Poll:

What are the biggest barriers to pharmacist practice change?

1. ***Complacency***

Other choices:

2. Stuck in the old ways
3. Afraid to take risks
4. Lack of confidence
5. Fear of new responsibilities

Topic 3: Disruptors

Debaters: Ross Tsuyuki and Sean Simpson

Question 1

Our third and final topic comes from Session One of the Thought Leadership Summit. We are calling it "The Disruptors" and it is all about those things that can upend the status quo – for good or bad. E.g. taxis did not see Uber coming and it has totally disrupted that industry. What is the Uber movement facing pharmacy? **What are the current disruptors in pharmacy and are they having a positive or negative impact?**

Debate Highlights:
Below are key points and opinions discussed by the debaters.

- Does pharmacy have the courage to change to respond to the disrupters or will it be Uber-ized?
- Pharmacists must have the courage to shift away from receiving a pay cheque to receiving payment for positive health outcomes.
- Pharmacy must acknowledge that it is in trouble if it doesn't change, and it must move from talking about change to actually changing.
- Many disrupters can be enablers, e.g. regulated pharmacy technicians, pharmacogenomics, medical marijuana.

Audience Poll:

What are the top disrupters in pharmacy today having the greatest impact?

1. Government intervention in drug reimbursement policy

Other choices:

2. Government intervention in drug reimbursement policy
3. Changing demographics
4. Distrust of traditional health care
5. Prevalence of chronic conditions

Question 2

What are the future areas within pharmacy that have the greatest potential for disruption?

Debate Highlights:

Below are key points and opinions discussed by the debaters.

- Digital health technology in the hands of patients themselves – will pharmacists be ready to help patients take charge of their own health?
- Positive health disrupters: deprescribing, 3D printing of drugs in pharmacies.
- QA and related technology, e.g. IBM's Watson, could take over Pharmacist "cognitive" roles.
- New revenue streams will be generated by wearable and connected heath devices, enabling pharmacists to screen for health conditions in their pharmacy.
- The pharmacy system exists in a broken health system. The system itself is not sustainable and needs to be disrupted.

Audience Poll:

What are the potential areas for future disruption?

1. ***Technology/innovation***

Other choices:

2. Regulatory change
3. Workplace environments

Next Steps

CPhA would like to thank everyone involved in making the 2016 Pharmacy Thought Leadership Summit a success, including the pharmacy leaders from across Canada who contributed their unique perspectives at the Summit and Great Debate.

This Report will be supplemented by the Summit research and further consultations with pharmacy leaders and patient and health care groups to develop detailed strategies for achieving the goals and actions outlined for the three priorities:

1. Technology and workplace environments
2. Payers and policy
3 Research

The result will be the creation of an Action Plan that details the profession's plan to implement the necessary actions and solutions to achieve the goals for each priority, including partnerships, accountabilities, timelines and measures of success.

If you have any questions or comments about this Summit Report, or if you would like to receive email communications and be included in further consultations and updates about the Pharmacy Thought Leadership Initiative, please contact Kelsey Skromeda (kskromeda@pharmacists.ca).

About CPhA

The Canadian Pharmacists Association (CPhA) is the uniting national voice of pharmacy and the pharmacist profession in Canada. As pharmacists undertake an enhanced role in the delivery of health care services, CPhA ensures that the profession is recognized as a national leader in health care, influencing the policies, programs, budgets and initiatives affecting the profession and the health of Canadians.

More information is available at www.pharmacists.ca.

Canadian Pharmacists Association
1785 Alta Vista Drive, Ottawa, ON K1G 3Y6
1-800-917-9489 613-523-0445 advocacy@pharmacists.ca