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**SENATE COMMITTEE
SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY**

Wednesday, March 26, 2014

**Study on Prescription Pharmaceuticals in Canada
TOPIC: The nature of unintended consequences in the use of
prescription pharmaceuticals**

WITNESSES

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SPEAKING NOTES

Thank you Mr. Chair. My name is Janet Cooper, I am the Senior Director, Professional and Membership Affairs with the Canadian Pharmacists Association. With me is Phil Emberley, CPhA's Director of Pharmacy Innovation. We are pleased to speak on this topic on behalf of the Canadian Pharmacists Association, which is the national organization representing pharmacists across Canada. CPhA is also Canada's leading publisher of evidence-based, drug and therapeutic information for practitioners.

CPhA is very pleased that your Committee is undertaking this study and that the federal government has taken a keen interest in improving drug safety and effectiveness. The announcement in the 2014 Budget that \$45 million over five years will be spent to prevent prescription drug abuse, and the introduction in December 2013 of Bill C-17, otherwise known as Vanessa's Law, are steps in the right direction, and CPhA supports these initiatives.

For pharmacists, patient safety is a top priority, and pharmacists do all they can to ensure that medications are taken safely and effectively. However, the fact is that unintended consequences can, and do, occur. Canada's population is aging and with one quarter of seniors taking 10 drugs or more each day, the risk is high. According to the Institute for Safe Medication Practices Canada, 1 in 9 emergency room visits are due to an adverse drug related event, with 70% of these events preventable. Not only do these unintended consequences cause harm to the patient, they represent avoidable costs to the overall health care system. For example, these ER patients have higher hospital admission rates and longer lengths of stay.

Clearly we need to do more to address these challenges. There are a number of actions and strategies that could be implemented to address unintended consequences. We'll discuss three recommendations that we believe could improve patient outcomes.

First, one of the clear trends that has occurred across Canada in pharmacy over the past several years is an expansion in pharmacists' scope of practice. Among the

services that pharmacists can now provide are such things as comprehensive medication reviews, flu shots, treatment of minor ailments, smoking cessation counselling, and chronic disease management, such as for diabetes and heart disease. Research shows that pharmacists' services improve patient adherence, outcomes and reduce hospitalization.

However, whereas provincial jurisdictions are increasingly providing the regulatory and compensation frameworks for pharmacists to provide a greater number of services, the federal government is not following suit for its own programs. For example, the federal government has not kept up with provincial jurisdictions in covering the cost of expanded medication management services for First Nations peoples covered through the Non-Insured Health Benefits program. This is putting these patient populations at a disadvantage, and is preventing them from receiving the same high quality pharmacy care services that are available provincially. Therefore, CPhA is recommending that the federal government extend coverage for expanded pharmacists' services for those populations to whom it provides health services.

Second, CPhA believes that one of the ways to address unintended consequences is for better information sharing and collaboration between health care providers. Provincially integrated and interoperable Drug Information Systems (DIS) that include electronic-prescribing would ensure that physicians, pharmacists and other practitioners can share valuable information on each patient's medication history and use. Access to a complete drug record and e-prescribing will help lower the incidence of preventable adverse drug events and also reduce inappropriate use and drug diversion.

In 2013, the Canadian Medical Association and Canadian Pharmacists Association released a joint position statement with a vision that e-prescribing would be in place across Canada by 2015, in which all prescriptions would be created, signed and transmitted electronically. This currently is not the case, and fax machines continue to be the most important means of electronic communications between pharmacists and prescribers. CPhA is therefore recommending that the federal government, through Canada Health Infoway, work with the jurisdictions to accelerate adoption of electronic-prescribing.

Third, CPhA recognizes that not only is electronic, patient-specific information for providers invaluable in improving care and preventing unintended consequences, so too is the need for up-to-date, evidence-based clinical information on medications and their therapeutic use. This information needs to be available at the point-of-care as part of clinician's electronic medical records systems.

There are various sources of clinical and drug information currently being used by practitioners. However, in the push to automation over the last several years, many of the technical platforms in use today incorporate sources that are non-Canadian, don't include Health Canada approved monographs and new drug safety information, and/or do not include the best available evidence to support clinical decision making. Several years ago, CPhA partnered with Health Canada to create e-Therapeutics, an innovative, made in Canada clinical decision support tool providing drug and therapeutic information for health professionals. Today, practitioners need just-in-time access to Canadian, evidence-based drug therapy and new drug safety information, integrated into their electronic patient record systems. Therefore, CPhA recommends that all governments support and facilitate point-of-care integration of reliable, comprehensive, Canadian content into systems such as physician's electronic medical records, hospital systems, pharmacy software and future e-prescribing systems. We would like to work with Health Canada to make this happen.

Mr. Chair, we recognize that the problem of unintended consequences of medication use is a complex one, with no easy solutions, and one that requires a multi-faceted approach. The recommendations we have presented today are three of the ways CPhA feels we can work together to address the issue. By expanding coverage of new pharmacist-provided services to federal populations, implementing interoperable drug information and e-prescribing systems, and integrating Canadian drug therapy resources into electronic patient record systems, all Canadians will benefit.

Thank you, Mr. Chair, for the opportunity to present. We look forward to your questions and to the Canadian Pharmacists Association working with you to play a key role in implementing solutions.