



CANADIAN PHARMACY SERVICES FRAMEWORK

October 2011



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA

cacds

Canadian Association of Chain Drug Stores
Association canadienne des chaînes de pharmacies

Shared Pan-Canadian Vision for Pharmacy



**“Optimal Drug Therapy Outcomes for
Canadians through Patient-Centered Care”**

— Blueprint for Pharmacy Vision Statement

The Blueprint for Pharmacy is a collaborative initiative designed to catalyze, coordinate and facilitate the changes required to align pharmacy practice with the health care needs of Canadians and to achieve the Vision for the future of pharmacy in Canada. The Blueprint is led by the Canadian Pharmacists Association, as Secretariat for the National Coordinating Office. A Steering Committee, comprised of representatives from national and provincial pharmacy organizations, monitors and facilitates implementation.

VISION FOR PHARMACY

Optimal drug therapy outcomes for Canadians through patient-centred care

In our Vision for Pharmacy

Pharmacists and pharmacy technicians

- practice to the full extent of their knowledge and skills, and are integral to emerging health care models.
- protect the safety, security and integrity of the drug distribution system through the enhanced role of regulated pharmacy technicians and greater automation of dispensing.
- lead the development of and participate in medication safety and quality improvement initiatives.

Pharmacists

- manage drug therapy in collaboration with patients, caregivers and other health care providers.
- identify medication use issues, take responsibility for drug therapy decisions and monitor outcomes.

- initiate, modify and continue drug therapy (e.g., through collaborative agreements, delegated or prescriptive authority), and order tests.
- access and document relevant patient care information in health records, including test results and treatment indications (e.g., in electronic health records).
- empower patients in decision-making about their health, and play a prominent role in health promotion, disease prevention and chronic disease management.
- conduct practice research and contribute to evidence-based health care policy and best practices in patient care.

Pharmacists' services

- are compensated in a manner that relates to expertise and complexity of care.

What is the Canadian Pharmacy Services Framework?

- The Canadian Pharmacy Services Framework (CPSF) is an implementation project of the Blueprint for Pharmacy, developed in collaboration between CACDS, CPhA and provincial pharmacy associations
- It outlines a roadmap to deliver increased patient-centred care – pharmacy services that are cost-effective, and based on the needs of Canadians and value to the healthcare system
- The Framework recognizes the value of professional pharmacy services while ensuring a financially viable and sustainable pharmacy business model – it provides a method and understanding for establishing fees for different categories of services
- The Framework supports the development of financially-viable services that are scalable across jurisdictions – it is intended to be adapted to align with jurisdictional needs

Guiding Principles of the Framework

- Pharmacy services are patient-centred, cost-effective, and are based on the needs of patients and value to the healthcare system
- Therapeutic outcomes are optimized through enhanced interprofessional collaboration and communication
- The Framework creates a common approach to describing and understanding professional pharmacy services
- The Framework aligns with existing pharmacists' standards of practice and with emerging scope of practice activities (*see Appendix I: mapping of CPSF to NAPRA Model Standards of Practice*)
- Provinces can adapt and implement the Framework in alignment with jurisdictional scopes of practice, healthcare priorities and available resources
- Pharmacists will practice in accordance with jurisdictional legislation and policy, and recognized standards and scope of practice
- The Framework creates a common, unified and strong voice for pharmacy across Canada

Pharmacy Services: Ideal Final State...

Pharmacy practice includes patient-centred services that are harmonized, scalable and sustainable

- Adapted for each province
- Funded appropriately by payers with an acceptable ROI
- Value demonstrated through innovative services

- Enhanced health outcomes for Canadians
- Desired by patients
- Implemented by pharmacists

- Integrated technology solutions
- Enhanced interprofessional collaboration
- Coordinated with educators and researchers

CACDS

CPhA

CSHP

NAPRA

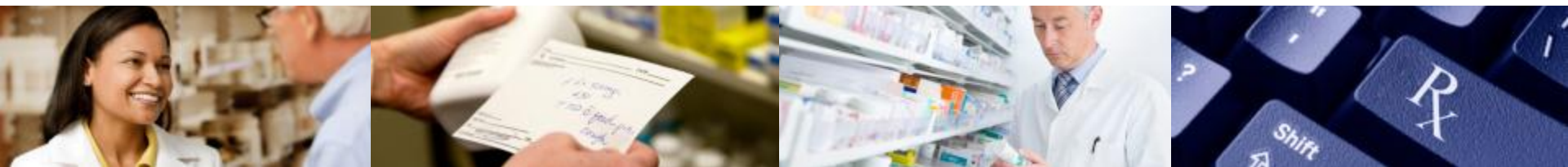
PPAs

PRAs

AFPC

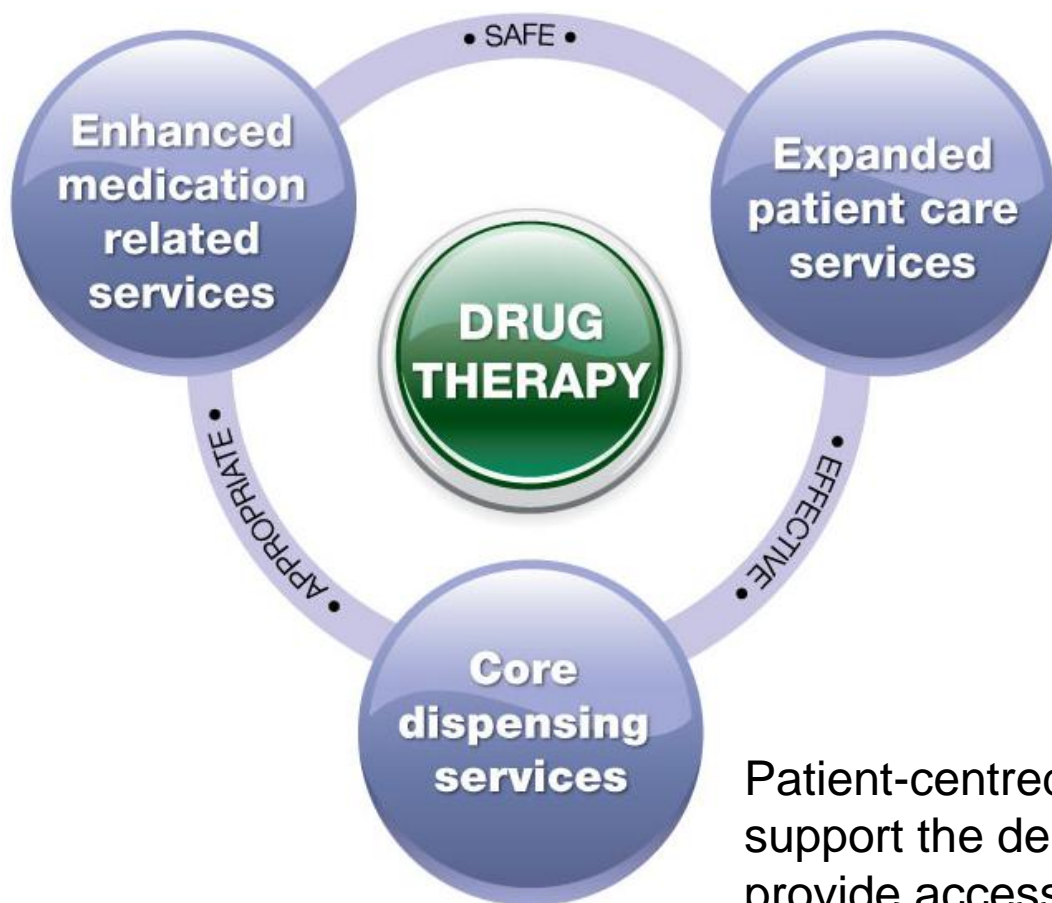
Government

Payers



Pharmacy Services: the FRAMEWORK

Creating a Framework for Pharmacy Services



Patient-centred care is enabled by regulations that support the delivery of expanded services and provide access to information:

- Pharmacist prescribing (initiate, adjust, discontinue)
- Medication injection
- Ordering lab tests

Creating a Framework for Pharmacy Services

1. Core Dispensing Services*	
Pharmacists' Services	<ul style="list-style-type: none">• Provision of prescribed medication (appropriate, safe, effective, accurate)• Assess for adverse drug events, interactions, allergies• Assess for accessibility (e.g., formulary coverage, affordability)• Patient dialogue• Patient call-back
Factors	<ul style="list-style-type: none">• Prescription-focused• Reimbursement: professional fee per Rx• Workflow driven• Impact of pharmacy technician regulation

** These services are not all inclusive of the dispensing process; they are focused on the pharmacist's therapeutic role in core dispensing services, to ensure safe, appropriate and effective medication therapy; they do not include technically-focused, non-clinical dispensing services.*

Creating a Framework for Pharmacy Services

2. Enhanced Medication-Related Services

	2. Enhanced Medication-Related Services
Pharmacists' Services	<ul style="list-style-type: none">• Additional prescription intervention if required:<ul style="list-style-type: none">○ Adapting Rx○ Therapeutic Substitution○ Renewing Rx for continuity of care of chronic medications○ Pharmaceutical Opinion○ Refusal to Fill○ Emergency Prescribing○ Adherence monitoring and compliance programs• Personal medication record – medication reconciliation• Medication injection
Factors	<ul style="list-style-type: none">• Workflow adjustment required• Reimbursement: Fee-for-Service• May lead to referral to other healthcare professionals (HCP)• Toolkit required – to facilitate implementation

Creating a Framework for Pharmacy Services

3. Expanded Patient Care Services

Pharmacists' Services	<ul style="list-style-type: none"> • Comprehensive Medication Management (CMM): <ul style="list-style-type: none"> ○ Assessment ○ Drug-related problems (DRPs) identified & resolved ○ Care Plan developed ○ Monitor & follow-up 	<ul style="list-style-type: none"> • Management of Minor Ailments : <ul style="list-style-type: none"> ○ Assessment ○ Triage/referral ○ Treatment ○ Monitor & follow-up • Health Promotion – Disease Prevention <ul style="list-style-type: none"> ○ Immunization ○ Disease screening ○ Smoking cessation ○ Wellness – lifestyle
Factors	<ul style="list-style-type: none"> • Appointment based • Workflow adjustment required • Interprofessional collaboration and documentation • May lead to referral to other healthcare professionals (HCP) • Reimbursement: Resource Based Relative Value Scale (RBRVS) & Fee-for-Service • Toolkit required – to facilitate implementation 	

Comprehensive Medication Management

Assessment

- Interview patient & create database
- Review medication for indication, effectiveness, safety, and adherence
- List drug-related problem(s) & prioritize

Create and Implement Care Plan

- Goal of therapy
 - Intervention and/or referral
 - Plan for follow-up
- Possible referral of patient to physician, another pharmacist or other healthcare professional
 - Interventions directly with patients
 - Interventions via collaboration (physician and other healthcare professionals)

Evaluation

- Monitor results
- Documentation
- Continuous follow-up

***Pharmacy services
and/or interventions***

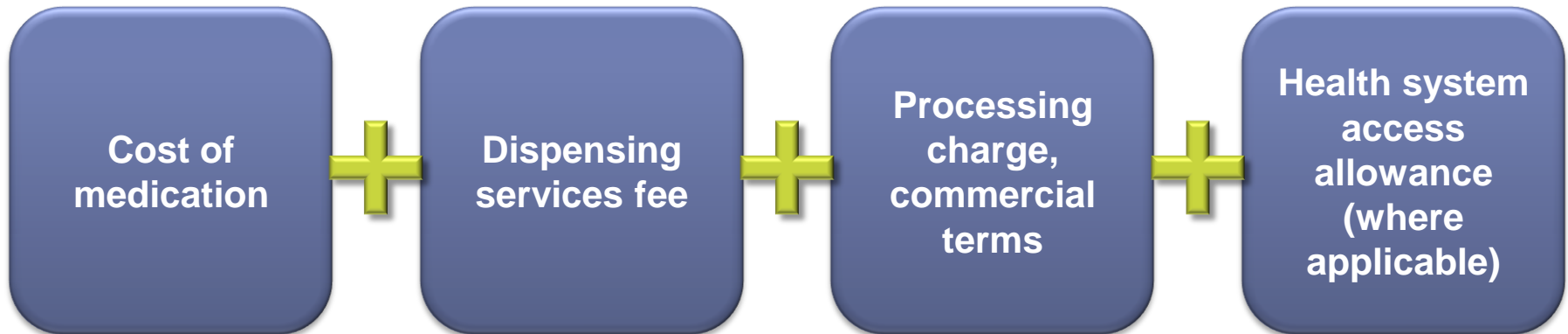
***Reassess
as needed***



COMPENSATION

The Evolving Pharmacy Economic Model

Funding for Core Dispensing Services



Funding for Additional Professional Services



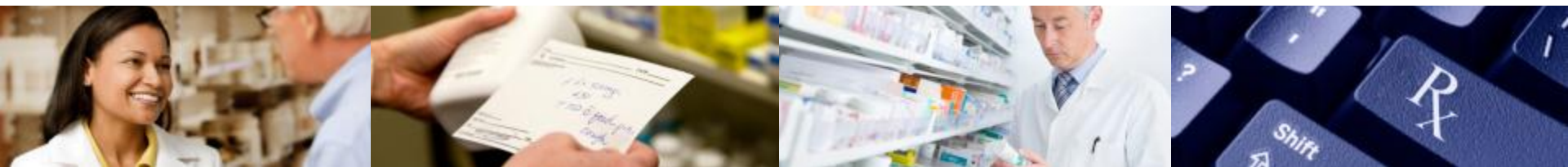
Potential Funding Models

- Resource-Based Relative Value Scale (RBRVS)
- Fee-for-Service (FFS)
- Fee for Time
- Primary care health team



Funding Considerations

- Must consider pharmacist's time to provide service and follow-up
 - Need Standard Operating Procedures (SOPs) to estimate time requirements across jurisdictions
- Services may be provided to patients as the need arises
- Consideration should be given to the accountability of the pharmacist in providing patient care
- What other costs does the service save the healthcare system?
 - Additional physician visits, ER visits, hospital admissions
- Consideration of evolving funding models of other healthcare professionals



DESCRIPTION OF SERVICES

Specific Pharmacy Services

- Adapting a Prescription
- Therapeutic Substitution
- Prescribing in an Emergency
- Refusal to Fill
- Administration of a Medication by Injection and Immunization
- Comprehensive Medication Management
- Interpreting and Ordering Laboratory Tests
- Minor Ailments Assessment and Management
- Medication Reconciliation
- Chronic Disease Management

NOTE: the timelines indicated for each individual service are approximate and may vary based on patient, workflow, regulatory factors, etc.

Adapting a Prescription

- For existing prescriptions:
 - Pharmacist may alter the dosage, formulation, duration or regimen without prescriber consent but with patient consent, and follow up with an update to the prescriber
 - Pharmacist must meet all ethical, legal and regulatory requirements involved in this patient care activity

Adapting a Prescription: **BENEFITS**

Patients

- Optimizes therapeutic outcomes for patients
 - Improves efficacy & safety
 - Adherence
 - More efficient access to medication
 - Improves access to treatment

Prescribers

- Reduces burden on physicians and other healthcare professionals

Payers

- Reduce employee absenteeism as a result of efficient resolution of prescription issues
- May contribute to cost-reduction within drug plans

Health System

- Efficient and effective health care system
- Optimizing use of health human resources
- Potential for cost containment and cost avoidance for the overall healthcare system

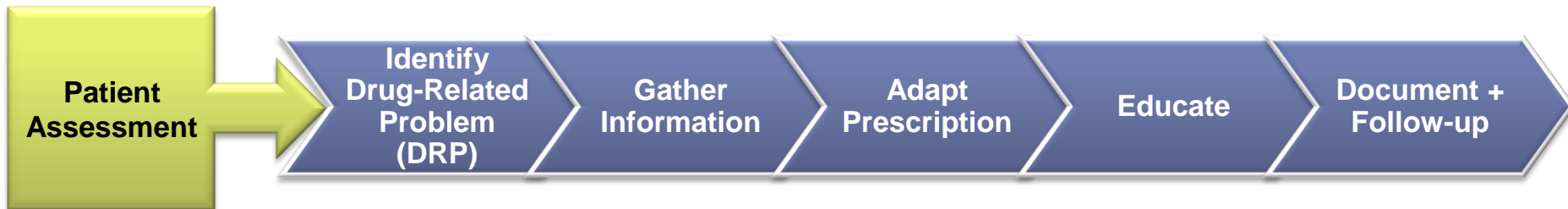
Adapting a Prescription: Standard Operating Procedures

- Key considerations
 - Applies to all pharmacists
- Training
 - May require training for therapeutic substitution
- Location requirements
 - Privacy
- Equipment and supplies requirements
 - Documentation tools
- Technology requirements
 - Integrated documentation
- Documentation requirements
- Patient education, monitoring and follow-up
- Provider notification when required/relevant



Adapting a Prescription: WORKFLOW

- Need to consider medication, dose, route, regimen for appropriateness; as well as availability of the medication and cost/coverage



Therapeutic Substitution

- For existing prescriptions:
 - Pharmacist can substitute a drug within a defined therapeutic class (e.g., provincial formulary), substituting another drug that is expected to have an equivalent therapeutic effect with the goal of meeting the patient's therapeutic goal
 - Pharmacist must meet all ethical, legal and regulatory requirements for this patient care activity

Therapeutic Substitution: BENEFITS

Patients

- Optimizes therapeutic outcomes for patients
 - Improves efficacy & safety
 - Adherence
 - More efficient access to medication
 - Improves access to treatment

Prescribers

- Reduces burden on physicians and other healthcare professionals

Payers

- Reduce employee absenteeism as a result of efficient resolution of prescription issues
- May contribute to cost-reduction within drug plans

Health System

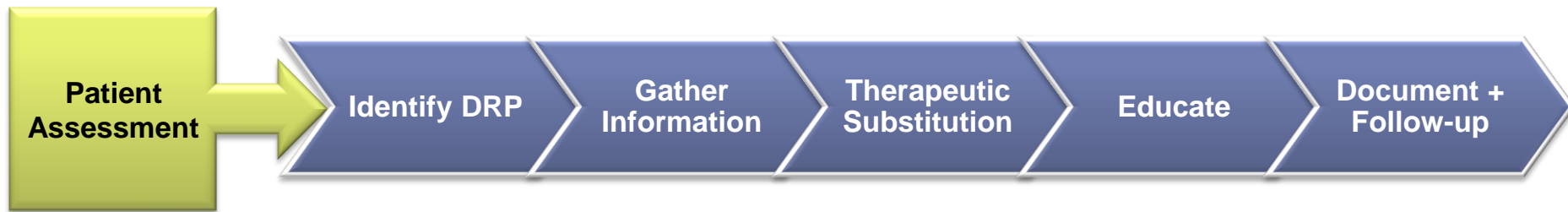
- Efficient and effective healthcare system
- Optimizing use of health human resources
- Potential for cost containment and cost avoidance for the overall healthcare system

Therapeutic Substitution: Standard Operating Procedures

- Training
 - May require training for therapeutic substitution
- Location requirements
 - Privacy
- Equipment and supplies requirements
 - Documentation tools
- Technology requirements
 - Integrated documentation
- Documentation requirements
- Patient education, monitoring and follow-up
- Provider notification when required/relevant



Therapeutic Substitution: WORKFLOW



Prescribing in an Emergency

In the absence of an existing prescription, but when there is an immediate need for drug therapy (in an emergency), a community pharmacist can prescribe a Schedule 1 drug:

- When it is not reasonable, according to the pharmacist's professional judgment, for the patient to seek emergency healthcare elsewhere
- When there is an immediate, high-risk to the patient's health if immediate treatment is not provided (e.g., asthmatic attack, anaphylactic reaction)
- The pharmacist will only prescribe the minimum amount to safely treat the immediate need until medical care can be sought
- The pharmacist must meet all ethical, legal and regulatory requirements involved in this patient care activity
- Narcotics and controlled medications cannot be prescribed

Prescribing in an Emergency: **BENEFITS**

Patients

- Provides immediate healthcare access to patients
- Improves efficacy & safety
- Optimizes therapeutic outcomes for patients by providing efficient access to medications

Prescribers

- Encourages collaboration amongst healthcare providers to provide quality healthcare to patients

Payers

- Reduce employee absenteeism as a result of efficient resolution of prescription issues
- Employers could see reduction in overall healthcare costs

Health System

- Reduces the burden on emergency rooms
- Promotes an efficient and effective healthcare system
- Makes the best use of human resources in the healthcare system

Prescribing in an Emergency: Standard Operating Procedures

- Key considerations
 - Applies to all pharmacists
- Training
- Location requirements
- Equipment and supplies requirements
 - Assessment guide, prescription pads
- Technology requirements
 - Integrated documentation
- Documentation requirements
- Patient education, monitoring and follow-up
- Provider notification when required/
relevant



Prescribing in an Emergency: WORKFLOW



Refusal to Fill

- Pharmacists may choose NOT to dispense a prescription when in their professional judgment it is deemed not to be in the patient's best interest
- Reasons may include but are not limited to:
 - Significant drug interaction (drug-to-drug)
 - Prior adverse reaction
 - Therapeutic duplication
 - Sub-therapeutic dose
 - Dangerously high dose
 - Treatment failure
 - Potential overuse/abuse
 - Suspected poly-pharmacy/multi-doctoring
 - Falsified/altered prescription
 - Consulted prescriber – changed dose
 - Consulted prescriber – changed instructions for use

Note: This service does not include refusal to fill for moral reasons or early refills.

Refusal to Fill: BENEFITS

Patients

- Optimizes therapeutic outcomes for patients
 - Reduces the risk of overuse, underuse or other inappropriate use of medications

Prescribers

- Improves medication safety and effectiveness
- Leverages the educational and professional competencies of pharmacists as medication experts.

Payers

- Prescriptions not dispensed which could have a negative outcome for patients.
- Prevents prescription drug wastage

Health System

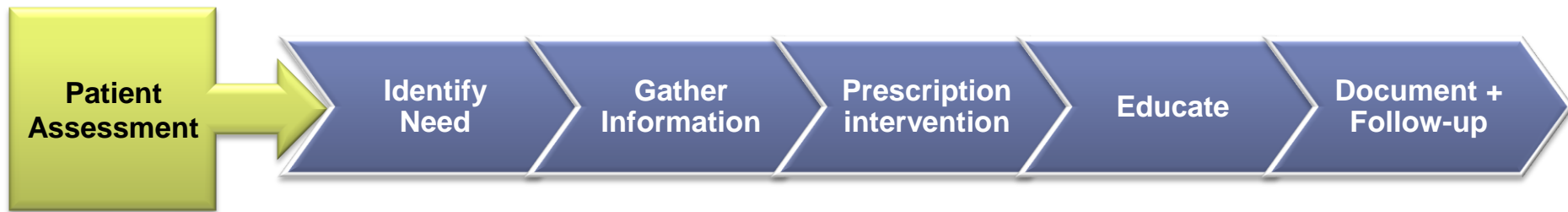
- Addresses the increasing concerns about overutilization, diversion, hospitalization for drug-related problems
- May decrease overall healthcare costs as a result

Refusal to Fill: Standard Operating Procedures

- Drug utilization review & assessment
- Training
- Equipment and supplies requirements
 - Standardized documentation forms
- Technology requirements
 - Integration of claim transmission, credit and billing
- Documentation requirements
- Patient education, monitoring and follow-up
- Provider collaboration and notification



Refusal to Fill: WORKFLOW



Administration of a Medication by Injection and Immunization

- A qualified/authorized pharmacist may administer a medication by injection:
 - Pursuant to either an existing prescription, or as needed in an emergency, or within a collaborative or independent prescribing framework
 - As delegated by provincial public health agencies

Note: Jurisdictional/regulatory restrictions apply (e.g., may be limited to immunization only)

Administration of a Medication by Injection and Immunization: **BENEFITS**

Patients

- Optimizes therapeutic outcomes for patients
 - Improves patient adherence to therapy
 - Provides quicker and more efficient access to medication and vaccines
 - Improves choice, convenience and access to treatment and immunization
 - Fills gaps that may exist where other providers are not available within a community

Prescribers

- Reduces burden on physicians and other healthcare professionals

Payers

- May reduce absenteeism as a result of increased access to immunization (e.g., mass vaccination clinics in the workplace) and routine injectable medications

Health System

- Improves vaccination rates as a result of better access and increased promotion
- Decreases wait times

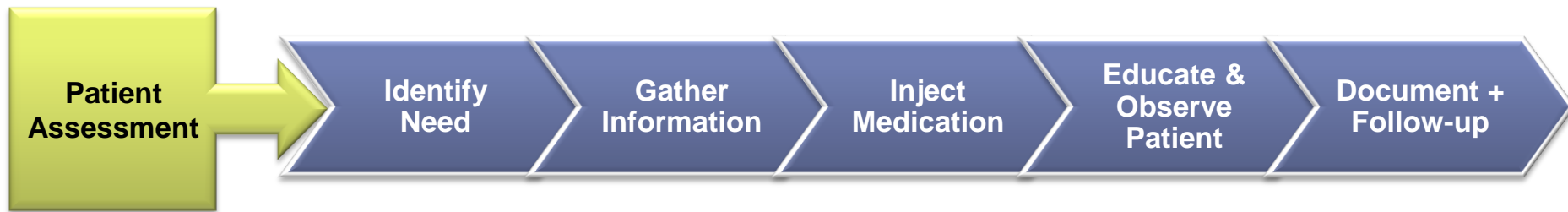
Administration of a Medication by Injection and Immunization: Standard Operating Procedures*

- Personnel qualifications
 - First aid, CPR, hepatitis B
- Training
 - As required by pharmacy regulatory authority
- Location requirements
 - Cold chain, patient seating
- Equipment and supplies requirements
 - Injection supplies
- Technology requirements
 - Integrated documentation
- Documentation requirements
- Provider collaboration and/or notification
- Patient education, monitoring and follow-up (patient consent)



** SOPs may vary as per jurisdictional and regulatory requirements*

Administration of a Medication by Injection and Immunization: **WORKFLOW**



Comprehensive Medication Management (CMM)

- A patient-centred, systematic process of:
 - Patient assessment
 - Assessment of medication therapies for appropriateness, effectiveness, safety and adherence
 - Identification of drug-related problems
 - Create and implement care plan, with patient
 - Collaboration and communication with other healthcare professionals
 - Evaluation, documentation and continuous follow-up
- For more complex patients requiring ongoing monitoring and follow-up, and at transitions of care
- Can include:
 - Chronic disease prevention and management
 - Performing a medication reconciliation or best possible medication history
 - Pharmacist prescribing
 - Ordering/evaluating lab tests

Comprehensive Medication Management (CMM)

Assessment

- Interview patient & create database
- Review medication for indication, effectiveness, safety, and adherence
- List drug-related problem(s) & prioritize

Create and Implement Care Plan

- Goal of therapy
 - Intervention and/or referral
 - Plan for follow-up
- Possible referral of patient to physician, another pharmacist or other healthcare professional
 - Interventions directly with patients
 - Interventions via collaboration (physician and other healthcare professionals)

Evaluation

- Monitor results
- Documentation
- Continuous follow-up

*Pharmacy services
and/or interventions*

*Reassess
as needed*

Comprehensive Medication Management: **BENEFITS**

Patients

- Optimizes therapeutic outcomes for patients
 - Appropriate medication use
 - Adherence
 - Awareness of medication and treatment needs
 - Knowledge and empowerment
- Optimizes patient understanding of their medication:
 - Transitions of care
 - New medication regimens
 - Multiple conditions or medications
 - History of non-adherence
 - Limited health literacy
 - Financial constraints

Prescribers

- Reduces burden on physicians and other healthcare professionals
- Ensures prescribers have access to a best possible medication history

Payers

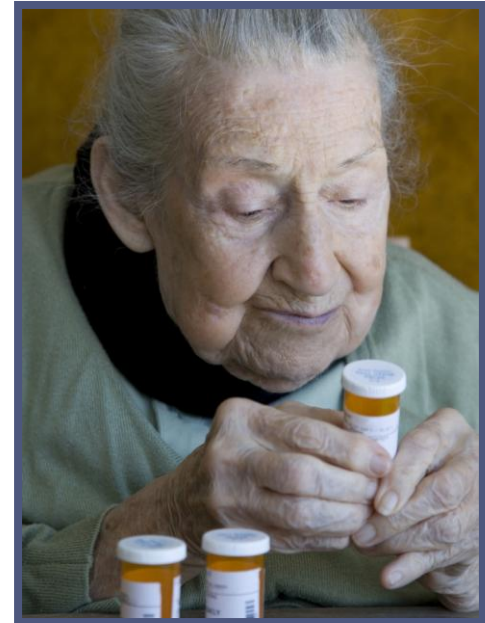
- Private insurance companies and employers can access pharmacy services to improve health outcomes for their employees

Health System

- Efficient and effective healthcare system
- Optimizes human resources
- Improves collaboration amongst providers
- Contributes to medication error prevention

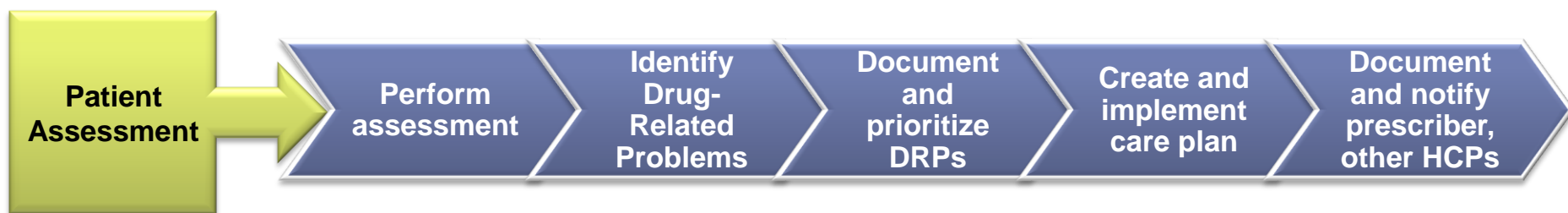
Comprehensive Medication Management: Standard Operating Procedures

- Key considerations
 - Consistent definition of the service
 - Can involve medication review to obtain best possible medication history
- Training
 - New or advanced patient assessment skills
- Location requirements
 - Privacy
- Equipment and supplies requirements
 - Filing of documentation, forms
- Technology requirements
 - Automation, patient health record
- Documentation requirements
 - Consider all stakeholders
- Patient education, monitoring and follow-up
 - Patient consent
- Provider collaboration
 - Follow-up as required



Comprehensive Medication Management: **WORKFLOW**

- Patient care provided over time
- Initial appointment may be 60 minutes or longer; follow-up appointments can be less
- May be managed as part of the dispensing or independent of filling a prescription in an appointment-based counseling session



Interpreting and Ordering Laboratory Tests

- As part of the process of Comprehensive Medication Management, pharmacists collect and apply relevant information to help respond to the patient's health needs; this includes laboratory data
 - The pharmacist accepts the responsibility and accountability for the application of the laboratory data collected
 - Laboratory data should be accessible to pharmacists via the patient's electronic health record; in the absence of such EHR access, the pharmacist will apply due diligence to avoid duplication
 - The pharmacist takes appropriate action based on results (e.g., recommends treatment; communicates with other providers or refers the patient for follow-up where appropriate)
 - The pharmacist must remain competent in the interpretation of laboratory data
 - Use of laboratory data for dosage adjustments or diagnosis is subject to jurisdictional regulations

Interpreting and Ordering Laboratory Tests: **BENEFITS**

Patients

- Optimizes outcomes for patients
 - Ensures that drug and dose are appropriate for the individual
 - Monitors response to therapy
 - Monitors for adverse drug effects
 - Screens patients for untreated health conditions

Prescribers

- Allows physicians and other HCPs to focus on those patients that require their expertise
- Reduces burden on physicians and other providers

Payers

- Monitoring and timely intervention to identify/resolve drug-related problems resulting in decreased absenteeism.

Health System

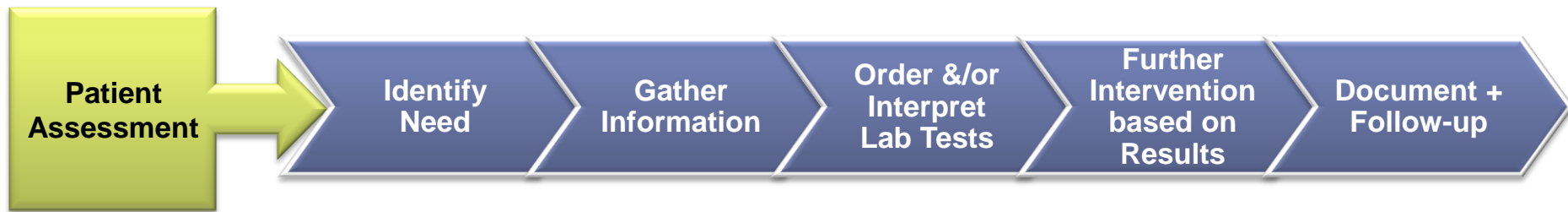
- Creates efficiencies with timely interventions and referrals
- Reduces adverse effects (enhanced patient safety) and associated costs of treating them
- Reduces complications (and associated costs) with more specific therapeutic monitoring of chronic conditions.

Interpreting and Ordering Laboratory Tests: Standard Operating Procedures

- Key considerations
 - For monitoring drug therapy; not to diagnose
 - Need to avoid duplication of lab tests
 - Time required for coordination with other providers
- Training
 - How to order lab data, interpret data
- Location requirements
 - Privacy
- Technology requirements
 - Ordering lab data and laboratory receipt of pharmacist's lab orders
- Documentation requirements
- Patient education, monitoring and follow-up
- Provider collaboration
 - Communicate to/from primary care provider



Interpreting and Ordering Laboratory Tests: **WORKFLOW**



Minor Ailments Assessment and Management

- Pharmacists can assess symptoms and prescribe for the treatment of certain minor and self-diagnosed ailments, as determined by legislation/regulations
 - The minor ailments that can be treated vary from jurisdiction to jurisdiction (e.g., head lice, coughs, colds, allergies, rashes, cold sores, hay fever)
 - A pharmacist is authorized to assess the patient's self-diagnosed condition, and prescribe from a defined list of medications
 - The pharmacist recommends treatment or refers to the another healthcare provider, if unable to confirm the patient's diagnosis and/or the patient's symptoms are severe

Minor Ailments Assessment and Management: **BENEFITS**

Patients

- Optimizes therapeutic outcomes for patients
 - Enhances patient's ability to self-manage minor ailments
 - Provides more efficient access to healthcare professional and faster assessment
 - Improves choice, convenience and access to treatment, and timely referral to another HCP if needed
 - Fills gaps that may exist where other providers are not available within a community

Prescribers

- Focus on more seriously ill patients
- See patients that have been assessed, triaged and referred by pharmacist
- Reduces burden on physicians and other healthcare professionals

Payers

- Reduce employee absenteeism as a result of timely assessment and management of self-limiting conditions
- Earlier intervention may contribute to cost-reduction

Health System

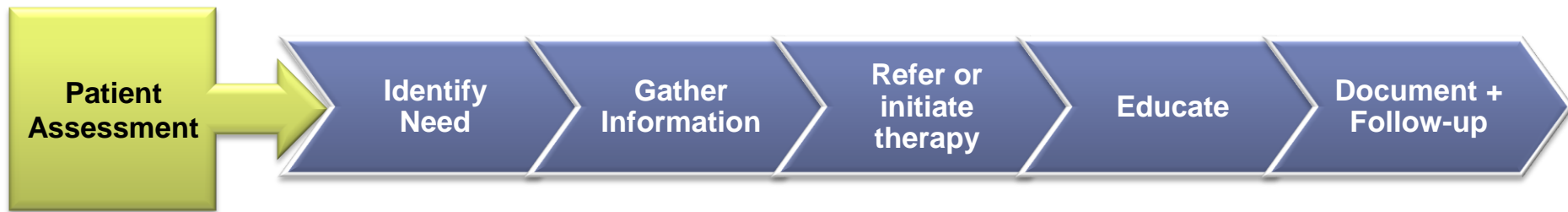
- Improves utilization of human resources, reduces stress on walk-in clinics, family physicians, urgent care facilities and emergency rooms
- Improves access to primary care, in particular during evenings and weekends, and results in a more efficient patient care process

Minor Ailments Assessment and Management: Standard Operating Procedures

- Key considerations
 - Provincial minor ailments service definitions (e.g., formulary, list of minor ailments)
- Training
 - The pharmacist must remain competent in the assessment of minor ailments and be knowledgeable about established treatment protocols
- Location requirements
 - Privacy
- Technology requirements
 - Integrated documentation
- Documentation requirements
- Patient education, monitoring and follow-up
- Provider collaboration
 - Refer to physician or other HCP, if required



Minor Ailments Assessment and Management: **WORKFLOW**



Medication Reconciliation

- Medication reconciliation (MedRec) is the provision and maintenance of an accurate and current record of what medications a patient is taking (best possible medication history – BPMH)
 - it requires comparison and reconciliation of prescriber-ordered medications versus what the patient is taking
- Medication reconciliation is a practice designed to prevent medication errors and adverse drug events from occurring when patients are at risk for problems with their medications, e.g.,
 - at transition points in care, such as admission to, or discharge from, a hospital
 - complexity of medication regimes
 - change in physicians

Medication Reconciliation: **BENEFITS**

Patients

- Optimizes therapeutic outcomes for patients
 - Reduces the risk of adverse events and potential patient harm
 - Prevents misuse, overuse or underuse of medications

Prescribers

- Improves medication safety and effectiveness
- Leverages the educational and professional competencies of pharmacists as medication experts through collaborative efforts

Payers

- Decreased absenteeism as adherence to prescribed treatment enhanced

Health System

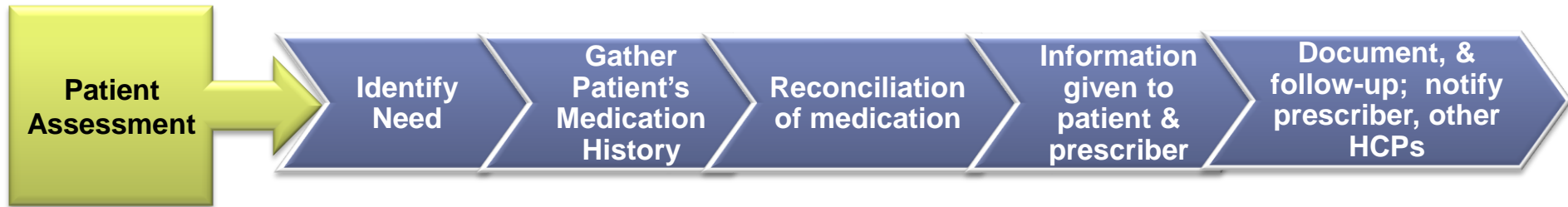
- Addresses the increasing concerns about overutilization, diversion, hospitalization for drug-related problems
- Enhanced patient outcomes may decrease overall healthcare costs as a result

Medication Reconciliation: Standard Operating Procedures

- Key considerations
 - Consistent definition of the service
 - Can result in more detailed medication review
- Training
 - New or advanced patient assessment skills
- Location requirements
 - Privacy
- Equipment and supplies requirements
 - Filing of documentation, forms
- Technology requirements
 - Automation, patient health record
- Documentation requirements
 - As per regulatory and program policies
- Patient education, monitoring and follow-up
 - Patient consent
- Provider collaboration
 - Follow-up as required



Medication Reconciliation: WORKFLOW



Medication Reconciliation: **WORKFLOW** (cont'd)

- Creation of the patient's best possible medication history (BPMH) via interview of patient, family and/or other healthcare practitioners, and documentation
- Comparison of BPMH and the prescriber's current orders, with the goal of identifying, preventing, and resolving drug-related problems (DRPs)
- Documentation of discrepancies between the BPMH and the prescriber's orders
- Reconciliation of medications within a specified time frame
- Communication of information in a clear and concise form to the next healthcare provider and patient



Chronic Disease Management

- Pharmacists apply the principles of comprehensive medication management to optimize drug therapy and improve outcomes
 - An interprofessional, collaborative approach to managing patients with chronic long-term illness (e.g., diabetes, hypertension, heart disease, lung disease)
 - It may include the provision of enhanced services such as a medication therapy review

Chronic Disease Management: **BENEFITS**

Patients

- Improves health outcomes by empowering the patient and optimizing drug therapy outcomes
- Identifies patients at risk
- May contribute to slower disease progression
- Increases awareness and understanding of disease and its management

Prescribers

- Shared responsibility in managing patients with chronic disease
- Pharmacist's drug therapy expertise is utilized in a collaborative care approach

Payers

- Cost savings through better management of chronic disease, as such patients are high users of the healthcare system
- Decreased absenteeism and increased productivity when disease is better managed
- More cost-effective drug therapy

Health System

- Contributes to more cost effective use of healthcare dollars
- Results in more effective use of human resources (collaborative, patient-centred approach)
- Can result in earlier detection and prevention of disease, slowing the progression and resultant costs

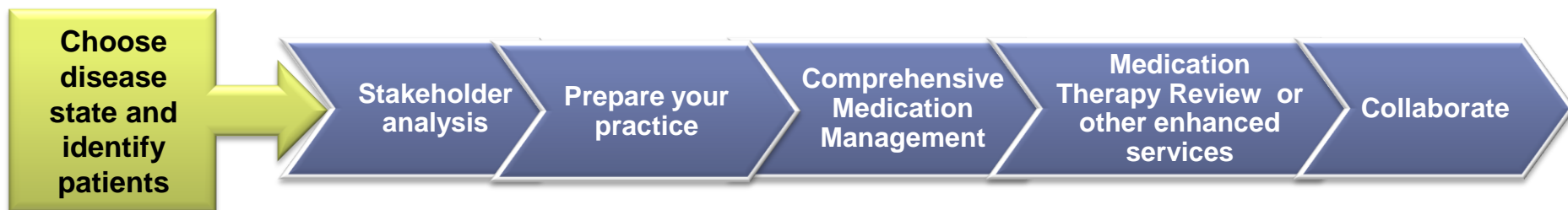
Chronic Disease Management: Standard Operating Procedures

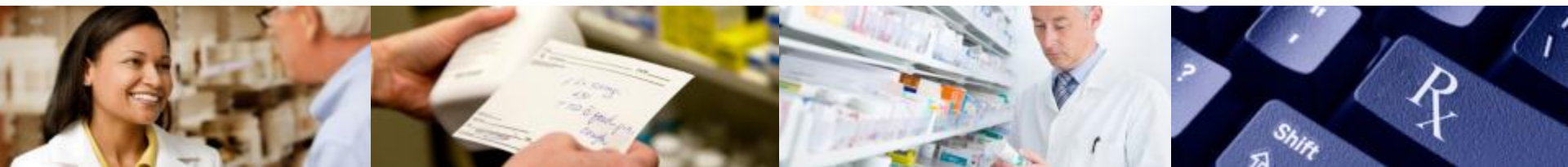
- Key considerations
 - Applies principles of comprehensive medication management
- Training
 - Specialized areas of practice
- Location requirements
 - Privacy
- Equipment and supplies requirements
 - Filing of care plans and medication records
- Technology requirements
 - Integrated documentation
- Documentation requirements
- Patient education, monitoring and follow-up
 - Patient consent
- Provider collaboration
 - Shared patient chart



Chronic Disease Management: **WORKFLOW**

- Workflow as per Comprehensive Medication Management
- An initial variable investment of time and resources are required to set up this service, as outlined below





IMPLEMENTATION OF PHARMACY SERVICES

Overall Implementation Considerations

- Change management issues:
 - Delineation of technical dispensing functions from pharmacists' clinical services related to dispensing
 - Understanding and acknowledgement of pharmacists' role in patient care by other healthcare professionals
 - Promotion and patient education regarding the scope of a pharmacist's capabilities
 - Pharmacist focus on patient outcomes and ongoing monitoring of patient over time
 - Pharmacist acceptance of accountability
 - Pharmacist vision of self as a primary care provider
 - Availability of regulated pharmacy technicians to provide additional time for pharmacists' medication management services
 - Change in workflow and scheduling appropriate time for pharmacists' clinical services

Overall Implementation Considerations (cont'd)

- Other factors:
 - Access to and documentation of relevant patient care information in health records
 - Enabling pharmacy practice legislation and regulations
 - Pharmacist therapeutic knowledge, training and ongoing professional development
 - Availability of suitable patient consultation area
 - Patient consent
 - Integrated clinical services technology solution with a common platform using standard data classifications

Description of Pharmacy Services TEMPLATE

This Template can be used as a standardized tool to further describe specific services that are being implemented in a jurisdiction.

Framework Element	Description
Description	A brief description of the activity in simple terms
Responsibility	Role of who will provide or oversee the activity, and accountability for service
Eligibility	Patients for whom the activity is provided
Desired Benefits/Value	How the activity will add value to the patient, the healthcare system, payers and the population
Standard Operating Procedures (SOPs)	Key considerations, personnel qualifications, training, requirements of location, equipment, technology, quality indicators and process mapping
Time Estimate	Window for amount of time with patient, preparation, and follow-up
Compensation	Recommended compensation model most well suited for achieving desired outcomes
Change Management	Potential change management issues with pharmacists, physicians, other HCPs, patients, the public
Other Factors	Environmental, infrastructure, capacity or regulatory barriers
Technology Considerations	Pharmacy practice development should be aligned with an integrated patient technology solution.

Role & Considerations TEMPLATE

This Template can be used as a standardized tool to further describe service requirements, eligibilities and other considerations specific to a particular jurisdiction

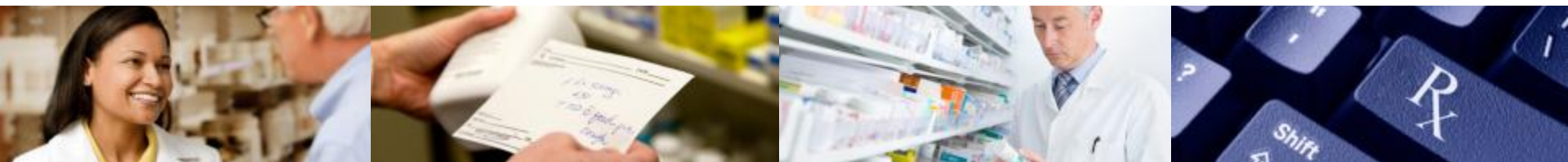
Role	Jurisdictional Considerations
Pharmacist	
Technician/Assistant	
Pharmacy Manager	
Pharmacy	
Patient	
Prescription	



SUMMARY

Summary

- The Canadian Pharmacy Services Framework (CPSF) is an implementation project of the Blueprint for Pharmacy, developed in collaboration between CACDS, CPhA and provincial pharmacy associations
- It outlines a roadmap to deliver increased patient-centred care – pharmacy services that are cost-effective, and based on the needs of Canadians and value to the healthcare system
- The Framework recognizes the value of professional pharmacy services while ensuring a financially viable and sustainable pharmacy business model
- CPSF supports the development of financially-viable services that are scalable across jurisdictions – Provinces can adapt and implement the Framework to align with jurisdictional scopes and standards of practice, healthcare priorities and available resources
- Standard operating procedures will help to ensure that professional services are delivered and measured consistently across the country



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CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA

cacds

Canadian Association of Chain Drug Stores
Association canadienne des chaînes de pharmacies

CPSF – Appendix I



Canadian Pharmacy Services Framework

Mapping to the National Association of Pharmacy Regulatory Authorities' (NAPRA) Model Standards of Practice for Canadian Pharmacists (MSOP)

NAPRA Model Standards of Practice (MSOP)

Mapping to CPSF

- MSOP were released by the National Association of Pharmacy Regulatory Authorities' (NAPRA) in March 2009.
- MSOP are minimum standards of practice that all pharmacists must meet.
- Implicit in the description of the pharmacy services in the CPSF document is the need for pharmacists to meet or exceed NAPRA's MSOP in order to optimize their delivery of direct patient care.
- The following table maps only the MSOP that relate directly relate to the services identified in the CPSI Framework.

CPSF Service	Applicable Model Standard of Practice (NAPRA)
<p>Adapting a Prescription</p>	<p>10. Rectify prescriptions for medications that patients are taking for the first time that pose risks to a patient by:</p> <ul style="list-style-type: none"> • Making changes to the prescription in accordance with authorities granted to pharmacists by laws/regulations/policies/guidelines, and/or • Contacting the prescriber to recommend changes in the prescription, and/or • Refusing to dispense the prescription <p>11. Assess the appropriateness of providing a refill of a medication requested by a patient by collecting and interpreting relevant patient information to ensure:</p> <ul style="list-style-type: none"> • There are no significant drug interactions, contra-indications or adverse effects, and • The medication is still required, and • The dose and instructions for use of the medication are correct, and • That the patient is receiving appropriate monitoring for this medication and disease <p>12. Manage patient's requests for refills of medications which pose risks to the patient by:</p> <ul style="list-style-type: none"> • Making changes to the prescription in accordance with authorities granted to pharmacists by law/regulations/policies/guidelines, and/or • Contacting a prescriber to recommend changes in the prescription, and/or • Refusing to dispense the medication

CPSF Service	Applicable Model Standard of Practice (NAPRA)
<p>Adapting a Prescription (continued)</p>	<p>13. Assess the patient’s compliance when providing refills for medications for treatment of chronic disease</p> <p>14. Address problems with compliance that pose risks to the patient or can affect the efficacy of the medication by:</p> <ul style="list-style-type: none"> • Educating the patient, and • Making changes to their medications and/or medication therapies in accordance with authorities granted to pharmacists by laws/regulations/policies/guidelines, or • Contacting a prescriber or recommend changes in therapy <p>15. Extend refills on medications for chronic disease only:</p> <ul style="list-style-type: none"> • Under conditions specified by, and in accordance with authorities granted to pharmacists by applicable laws/regulations/policies/guidelines, and when it is in the patient’s best interest to do so <p>16. Extend refills on medications for chronic disease appropriately, having collected and interpreted relevant patient information to ensure:</p> <ul style="list-style-type: none"> • The patient’s chronic condition is sufficiently stable to warrant extension without evaluation by physician, and • There are no significant drug interactions, contra-indications or adverse effects, and • The medication is still required, and • The dose and instructions for use of the medication are correct, and • That the patient is receiving appropriate monitoring for this medication and chronic disease

CPSF Service	Applicable Model Standard of Practice (NAPRA)
Prescribing in an Emergency	<p>20. Prescribe medications independently or according to collaborative prescribing agreements, protocols, delegation agreements or medical directives only:</p> <ul style="list-style-type: none">• Under conditions specified by, and in accordance with authorities granted to pharmacists by, applicable laws/regulations/ policies/ guidelines, and• When it is in the patient’s best interest to do so <p>21. Prescribe medications based on the pharmacist’s own assessment of the patient only having collected and interpreted relevant patient information to ensure:</p> <ul style="list-style-type: none">• There are no significant drug interactions or contra-indications, and• The medication is the most appropriate in view of patient characteristics, signs and symptoms, other conditions and medications, and• The dose and instructions for use of the medication are correct.

CPSF Service	Applicable Model Standard of Practice (NAPRA)
Administration of a Medication by Injection	<p>33. Administer medications by injection only:</p> <ul style="list-style-type: none">• In accordance with authorities granted to pharmacists by laws/regulations/policies/guidelines, and• When there are policies and procedures established for handling emergencies• The environment in which the injection is to be administered is appropriate, and• The pharmacist can take all appropriate steps to ensure that the injection is administered safely

CPSF Service	Applicable Model Standard of Practice (NAPRA)
Interpreting and Ordering Laboratory Tests	<p>30. Order laboratory tests for patients and/or access patient's laboratory results:</p> <ul style="list-style-type: none">• Only under conditions specified by applicable laws/regulations /policies/guidelines, and• Only when it is in the patient's best interest to do so, and• When necessary to ensure that a patient's medication therapy is safe and effective <p>31. Interpret patient's laboratory results to identify if patients need changes to their medication therapy</p> <p>32. Manage required changes to patient's medication therapy as identified via interpretation of laboratory results by:</p> <ul style="list-style-type: none">• Making changes in therapy in accordance with authorities granted to pharmacists by laws/regulations/policies/guidelines, or• Contacting a prescriber to recommend changes in therapy

CPSF Service	Applicable Model Standard of Practice (NAPRA)
<p>Comprehensive Medication Management</p>	<p>26. Complete medication reviews with patients who are at risk of experiencing problems with their medications to identify:</p> <ul style="list-style-type: none"> • Significant drug interactions, contra-indications or adverse effects, and • Medications which are no longer required, and • Incorrect dose or instructions for medication use, and • Noncompliance, and • Lack of appropriate monitoring for medications being used <p>27. Rectify medication-therapy problems that pose risks to the patient or can affect the efficacy of the medication by:</p> <ul style="list-style-type: none"> • Educating the patient, and • Making changes in therapy in accordance with authorities granted to pharmacists by laws/regulations/ policies/guidelines, or • Contacting a prescriber to recommend changes in therapy