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Opening Statement

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Standing Committee on Health Antimicrobial Resistance

June 15, 2017

CPhA Witnesses

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Good morning everyone, and thank you for the opportunity to be here today.

My name is Shelita Dattani, and I'm the Director of Practice Development and Knowledge Translation at the Canadian Pharmacists Association (CPhA), which is the national voice of Canada's 42,000 pharmacists. I am also a practicing hospital and community pharmacist and have significant experience leading and participating in antimicrobial stewardship initiatives in the hospital setting.

Since the discovery of penicillin by Sir Alexander Fleming in 1945, antibiotics have made an enormous contribution to the treatment of infectious disease and have made so many other treatments and procedures – such as surgeries and transplants – possible.

Antimicrobial resistance (AMR) has been described as a “slow moving disaster.” As others have said, it is a serious threat to human health and public safety. If left unchallenged it could lead to 10 million deaths a year by 2050. And with few new antibiotics in development, it's frightening. It's everyone's problem and everyone must be part of the solution.

Stewardship is a team sport – and our collective goal in antimicrobial stewardship is ensuring that patients get the right antibiotics when they need them – and ONLY when they need them.

As the medication experts, pharmacists are fundamental to antimicrobial stewardship. Hospital pharmacists throughout this country have demonstrated leadership in antimicrobial stewardship activities and programs for years. Just as I spent much of my time in hospital practice ensuring that patients were receiving the right antibiotics and only if they needed them, I work with my primary care colleagues to do the same when I practice at the neighbourhood pharmacy. So, pharmacists can act as stewards throughout the continuum of care – including hospital, long-term care, primary care teams, public health and the area that I will predominantly focus on today, community pharmacy.



Hospitals and long-term care environments have established or evolving stewardship programs, but over eighty percent of antibiotics are prescribed in the community where there are few formal antimicrobial stewardship programs in place. One large study (published last year in the Journal of the American Medical Association) demonstrated that 30 percent of antibiotic use in non-hospitalized patients is unnecessary.

Antibiotic prescribing in the community is driven by the tendencies of individual prescribers and consumer demand. Community pharmacists have the skills and knowledge to make a difference. And pharmacists, like me, in communities across this country have established relationships with their patients and prescriber colleagues. Pharmacists can affect real change in community-based antibiotic prescribing.

There are five key areas in which pharmacists are demonstrating leadership as antimicrobial stewards in the community —these include public education, immunization, prescribing for minor ailments, counselling patients and optimizing prescribing by other health care providers.

Many Canadians are unaware of the impact and risks of inappropriate antibiotic use. – Pharmacies are the hub of their local communities and pharmacists can play a big role in health promotion and transforming patients into stewards. Educational campaigns in Canada, such as the community-based education program “Do Bugs Need Drugs?” and Choosing Wisely campaign, have antibiotic-related information. Pharmacists have participated in the development of these campaigns and are relaying the messages to their patients each and every day.

For several years, Canadians have been able to go to their community pharmacy to get their flu shot. One of the best opportunities that I have to talk to my patients about infection prevention, symptomatic management of viral infections, or their hesitancy in getting vaccinated is during flu shot season. I tell my patients that vaccinations don’t just prevent primary infections, but they can also prevent secondary infections from antibiotic-resistant



bacteria – for example, pneumonias that can follow influenza infections. I use the opportunities around flu season to talk about the importance of all vaccinations.

Beyond this, pharmacists are also taking on more active, targeted and patient-specific interventions, which includes assessment, treatment and follow up. Because pharmacists see their patients on average 14 times per year – at 9 o'clock on a Thursday night or at 4 pm on a Sunday – they are well placed to provide direct care to patients.

In one province, pharmacists can independently prescribe broadly and in a few others, specifically for minor ailments like urinary tract infections and strep throat. Pharmacists are guideline-oriented practitioners and invested in campaigns like Choosing Wisely, and “more is not always better.” So, as drug experts, prescribers, and antimicrobial stewards, they are conscious of responsible prescribing and more importantly NOT prescribing if not needed.

In certain provinces, pharmacists can substitute one antibiotic for another – for example, if a patient comes in and has allergies to the antibiotic prescribed or if the initial antibiotic prescribed does not resolve an infection, we can substitute a more appropriate antibiotic.

These expanded scopes mean that pharmacists have a very direct opportunity to lead in antimicrobial stewardship. There is currently research underway in the province of New Brunswick to capture outcomes in patients assessed and treated by their pharmacist for uncomplicated urinary tract infection.

Pharmacists can also help support physicians that use delayed prescribing. So, if a patient gets a prescription from their doctor and is instructed to start antibiotics if symptoms do not improve after a specified time, I can reinforce symptom management with my patient to ensure that we don't jump to antibiotics too quickly. I can counsel my patient on when to follow-up with her prescriber. If the patient does end up needing antibiotics, I will talk to her in detail about benefits, adverse effects and other unintended consequences.



Rapid strep tests are now offered in some pharmacies. Pharmacists can administer these tests and intervene immediately either through prescribing or recommending antibiotics or over the counter treatments for viral illnesses, as appropriate. Expanding these services would further relieve pressure on the health care system if patients are able to avoid emergency departments or urgent care clinics. A UK demonstration study showed that 49 percent of patients would have sought care from a family doctor if strep tests were not available in community pharmacies.

Pharmacists, as evidence-based practitioners, play a role in educating prescribers to support them in optimal prescribing for their patients. Pharmacists educate prescribers informally on a regular basis and have formal roles where they lead in individual educational outreach to prescribers.

Pharmacists also have established roles in integrated primary care teams and collaborate every day with their colleagues to ensure optimal prescribing of antibiotics through more direct and individual feedback on prescribing practices, a practice which has met with much success in the hospital environment.

CPhA participates in the interdisciplinary AMS Canada steering committee and the Canadian Roundtable on AMS. We have demonstrated leadership in increasing awareness and importance of antimicrobial stewardship for all pharmacists in Canada. We are engaged in continuing to shape the significant role of pharmacists as part of the team in the fight against antimicrobial resistance.

Pharmacists are doing a lot but we could be doing more to help as primary care providers. Pharmacists need to have the authority to act to make an impactful difference. Our skills, scope and access have enabled us to improve outcomes in chronic disease and evidence is building in other areas. We also need enabling tools to be even more effective antimicrobial stewards.



It doesn't make sense to me that a 32-year-old woman in New Brunswick can be treated by a pharmacist for a simple urinary tract infection but a similar patient in Ontario can't, and might have to wait longer to access treatment.

We recommend action in four specific areas

Firstly, and most critically, we recommend that ALL jurisdictions, including the federal government as a provider of health services, promote harmonization of pharmacists' expanded scope of practice and associated remuneration for these services across the country to include prescribing for minor ailments, as well as therapeutic substitution.

Secondly, the implementation of a fully integrated Drug Information System, and Electronic Health Record in every province and territory would ensure that pharmacists have access to the information they need (such as medication profiles and culture and sensitivity reports) to help us care for patients and work more effectively with our colleagues to ensure safe and effective antibiotic use.

Thirdly, the Canadian Pharmacists Association, through our work with the AMS steering committee, supports the development of national prescribing guidelines. We also commit to leading the development of knowledge mobilization tools and mentorship networks for pharmacists to ensure that they are armed with the most current knowledge and skills to act as antimicrobial stewards in the interest of public safety.

Finally, we recommend that all antibiotic prescriptions include the indication for the medication on the prescription. This information would help us promote optimal and safe antibiotic use ensuring that the patient receives the correct drug, dose and duration of therapy for that indication.



Every interaction that I have with a patient or a prescriber is an opportunity to “get my patient the right antibiotic if he needs it” and an opportunity for all pharmacists to embrace their role as antimicrobial stewards.

We need to continue to work together to solve this problem. Pharmacists are committed to being a major part of the solution in this shared responsibility of stewardship, and we ask for the Committee’s support in advancing the role of the pharmacist as antimicrobial stewards as described today.

Thank you, I would be pleased to take your questions.