Pharmacists Prescribing Across Practice Areas in Alberta

Welcome
We will begin shortly.

Please ensure your computer speakers are turned on.
Before we begin...

- Welcome!
- Housekeeping Notes
- Polls
- Speaker Introduction
Pharmacists Prescribing Across Practice Areas in Alberta

Mark Makowsky, BSP, PharmD, ACPR.
Lisa M Guirguis, BScPharm, PhD.

CPPRG Webinar
January 16th, 2014
Poll Questions
• Electronic Health Record
• Order Lab Tests
• Injections
• Regulated Technicians
• Reimbursement Model
• Prescribing
Canada’s doctors assail pharmacist prescribing

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

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

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

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

Delegates approved 12 desired principles of a patient-centred collaborative care model, based on a CMA discussion paper. At the core of the model lies the proposition that pharmacists should head collaborative team, there’s a need for clear lines of authority and clearly defined roles for all members.

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

President of the Canadian Pharmacists Association, B.C. pharmacist James Hrynycky, said the only way that model can work is if a pharmacist is the lead in the team, and that extends to the role of prescribing. ""
KEEP CALM AND CALL A PHARMACIST
KEEP CALM AND CARRY ON

TAKE THE PILLS
Pharmacists’ Use of Prescribing
What you need to know about...
Pharmacist Prescribing

Types of Pharmacist Prescribing

<table>
<thead>
<tr>
<th>Adapting a Prescription</th>
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<tbody>
<tr>
<td>ALL clinical pharmacists may:</td>
</tr>
<tr>
<td>Alter the dose, formulation, or regimen*</td>
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* For new prescriptions only
** Only when it is not reasonably possible to see another prescriber and there is an immediate need for drug therapy

<table>
<thead>
<tr>
<th>Initial Access Prescribing</th>
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<tbody>
<tr>
<td>Only clinical pharmacists with additional prescribing authorization may:</td>
</tr>
<tr>
<td>Prescribe based on their assessment at initial point of access</td>
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https://pharmacists.ab.ca/Content_Files/Files/prescribing_fact_sheet.pdf
The Stats

Pharmacists in Alberta with additional prescribing authorization: 172

Number of pharmacists prescribing:†

Dec. 2007 - 1,620
Dec. 2011 - 2,491

Number of Albertans † prescribed for by pharmacists:

Dec. 2007 - 9,426
Dec. 2011 - 20,870

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

† Based on Alberta Blue Cross claims data
Additional Prescribing Authorization (APA)
Number of Pharmacists with APA is increasing.
...but not too fast.
Practice settings at time of additional prescribing application*

2012
- Clinic: 18
- Community: 29
- Continuing Care: 4
- Hospital: 27
- PCN: 18

2011
- Clinic: 9
- Community: 26
- Continuing Care: 8
- Hospital: 20
- PCN: 11

2010
- Clinic: 16
- Community: 19
- Continuing Care: 2
- Hospital: 20
- PCN: 9

* applicants may identify multiple practice settings
Studying Pharmacist Prescribing

Program Overview

**Stage 1**
- Qualitative exploration (Alberta and Ontario)
  - Open-ended semi-structured interview guide for focus groups and interviews
  - ~70 pharmacists purposefully selected to maximize variation
  - Interpretive description approach to analysis

**Stage 2**
- Survey development and trials (Alberta)
  - Data collected in Stage 1 used to develop survey
    - Drawing on diffusion of innovation theory
    - Feedback from advisory committee
  - Small sample trial survey (purposive sample ~10 pharmacists) for cognitive interviews
  - Large sample survey
    - 300 surveys mailed/e-mailed/faxed to participants with an expected response rate of 30%
    - Analyze for descriptive statistics, validity and reliability

**Stage 3**
- Mixed-methods survey (Alberta)
  - Using the survey developed in Stage 2
    - Potential respondents contacted using a mixed-methods approach (telephone, e-mail, fax, mail) to maximize response rates
    - Random sampling of 670 pharmacists required, with an anticipated response rate of 60%; approximately 400 completed surveys for analysis
    - Conducted by the Population Research Lab at the University of Alberta
    - Descriptive statistics, chi-square, t-test and ANOVA, and regression used to analyze data
    - Return to Stage 1 and 2 data to compare and contrast results and create a rich description of pharmacist prescribing

Guirguis L et al. CPJ 2011;144:240.
How Have Pharmacists in Different Practice Settings Integrated Prescribing Into Practice in Alberta?

A Qualitative Exploration

Team:
Dale Cooney, BSP MBA
Lisa Dolovich BScPhm PharmD MSc
Greg Eberhart, BscPharm CAE
Lisa M. Guirguis, BScPharm, MSc, PhD
Christine A. Hughes, BScPharm, PharmD, FCSHP
Mark J. Makowsky, BSP, PharmD
Cheryl A. Sadowski, B.Sc.(Pharm), PharmD
Theresa J. Schindel, BSP, MCE, FCSHP
Nese Yuksel, BScPharm, PharmD, FCSHP, NCMP

1 University of Alberta
2 Alberta College of Pharmacists
3 McMaster University
Objective: To explore & characterize how pharmacists have used prescribing in their practices.
Pharmacists were purposively or randomly selected & discussed their prescribing practices in semi-structured interviews.
Interpretive Description approach which recognizes professional knowledge and the applied nature of addressing practice issues in health care
38 pharmacists (n=14 with APA) were recruited from a variety of settings

- Community Pharmacist (n=23)
- Primary Care Network (n=9)
- Hospital Pharmacists (n=7)
- Other (n=9)
## Participant Characteristics

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

<table>
<thead>
<tr>
<th>Pharmacy Setting</th>
<th>%</th>
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<tbody>
<tr>
<td>Rural</td>
<td>28.9</td>
</tr>
<tr>
<td>Large Urban</td>
<td>47.4</td>
</tr>
<tr>
<td>Urban Other</td>
<td>23.7</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency of Prescribing</th>
<th>%</th>
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<tbody>
<tr>
<td>No*</td>
<td>10.5</td>
</tr>
<tr>
<td>Infrequently</td>
<td>13.2</td>
</tr>
<tr>
<td>Weekly</td>
<td>13.2</td>
</tr>
<tr>
<td>2 times per week</td>
<td>5.3</td>
</tr>
<tr>
<td>3-4 times per week</td>
<td>13.2</td>
</tr>
<tr>
<td>Daily</td>
<td>15.8</td>
</tr>
<tr>
<td>Multiple times a day</td>
<td>28.9</td>
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</tbody>
</table>

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

Product
- Extend stable therapy or ensure adequate supply

Disease
- Adapting
- Protocol or disease driven

Patient
- Focus on initial patient assessment
“If [the patient] says they have an appointment coming up and they just need so many pills to get them through, then I explain that I can extend it for that time. We usually do a couple extra days to get them past that day.” (P22, Chain Pharmacy, No APA)
“I am prescribing warfarin as part of the anticoagulation clinic at least 10 to 30 patients a day that we are following with the anticoagulation service. I am prescribing a warfarin dose depending on who has had lab work…”

(P3, Specialty Clinic, APA)
“We did an assessment of what she has taken in the past and what she is currently taking…. And then we discussed a couple of different options that we could switch her to…then we decided on a medication… I wrote a prescription for the new medication.” (P8, PCN, APA)
“... We’ve taken it slowly and probably still I check with [the physicians] a little bit more ... because it is a fairly new procedure and I am not just kind of taking it on totally because [the physicians] are ultimately still coming to the facility at least once a week and seeing their residents.”  
(P1, Long term care, APA)
Why “Not” Prescribe?

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

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

**Personal Choice**
Prescribing Means Many Things to Pharmacists

• Writing a new prescription
• Extending an existing prescription
• Advising on non-prescription medications
• Physical act of writing the prescription
• Part of the patient care process
• Legislated definition
Community Pharmacy (n=23)

Category of Practice

- Patient Focused
  - Not Prescribing (n=0)
  - Non APA Prescribers (n=17)
  - APA Prescribers (n=6)

- Disease Focused
  - Not Prescribing (n=0)
  - Non APA Prescribers (n=17)
  - APA Prescribers (n=6)

- Product Focused
  - Not Prescribing (n=0)
  - Non APA Prescribers (n=17)
  - APA Prescribers (n=6)
Primary Care Network (n=9)

Not Prescribing (n=3)  Non APA Prescribers (n=0)  APA Prescribers (n=6)

Category of Practice:
- Patient Focused: 2 Prescribers
- Disease Focused: 1 Prescriber
- Product Focused: 1 Prescriber
Other (n=9)

Prescribing Status

- Not Prescribing (n=5)
- Non APA Prescribers (n=2)
- APA Prescribers* (n=2)

Category of Practice

- Patient Focused
- Disease Focused
- Product Focused

Counts:
- Patient Focused: 2, 1
- Disease Focused: 2, 1
- Product Focused: 1, 2
Summary

• Pharmacists across practice settings were prescribing in product, disease & patient focused ways
  – Community pharmacists: product-focused prescribing
  – Hospital & PCN pharmacists: more likely to use a disease-focused prescribing approach

• Categories should not be viewed as a hierarchy

• Many pharmacists not directly prescribing still reported having involvement in drug therapy decision-making.
• Many pharmacists focused their prescribing in a clinical area such as anticoagulation, hypertension, or diabetes.

• It appears that Alberta’s pharmacists are focusing APA prescribing in many of the same therapeutic areas as pharmacists in the UK & USA.
Limitations

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

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

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

Research Questions:
• What predicts prescribing focus?
• How are pharmacists prescribing in Alberta?
This research was made possible by funding from:

Canadian Foundation for Pharmacy

Alberta College of Pharmacists
Questions

• Please type your questions into the Q&A pod on the right-side of your screen.

• Please contact Kristina Allsopp at research@pharmacists.ca
Upcoming Pharmacy Research Webinars

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


- Thank you to Canadian Pharmacy Practice Research Group (CPPRG) Executive Committee for hosting this pharmacy research webinar series.