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Expanded Roles for Pharmacists

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Background

The traditional view of the role of the pharmacist was perceived as being primarily a distributor of drug products. In recent years, this view and role has been changing dramatically. Since the introduction of the concept of pharmaceutical care by Hepler and Strand in 1990, pharmacy practice changes have been occurring across North America. "Pharmaceutical care" is defined as the direct responsible provision of medication-related care for the purpose of achieving definite outcomes that improve a patient's quality of life.¹ **Other health care professionals including physicians and nurses have valuable, well-established and recognized roles in the medication use process.**

The pharmaceutical care concept does not diminish the roles or responsibilities of other health professionals, nor does it imply any usurping of authority by pharmacists.² The pharmacists' role should be valued and recognized as being an integral part of the health care team, working collaboratively within a multidisciplinary team environment to improve health care.

Today's pharmacists are increasingly seen as distributors of knowledge, patient educators, health promoters, counselors and in some jurisdictions prescribers, in addition to still being a provider of medication. Pharmacists consult with patients to assist them with drug usage and information and general health care in addition to providing specialized services such as:

- product compounding
- health monitoring
- medication and disease management
- home health care
- long term care services
- in store educational seminars and clinic days

Expanding pharmacy services such as these takes pharmacists far beyond being primarily distributors of drug products and allows pharmacists to practice the profession of pharmacy at its highest level and to its fullest extent.

Pharmacists embark in a life long learning process. Often referred to as "drug experts" they have more training in prescription and non-prescription medications than any other health care professional. Pharmacists undergo in-depth university education, including one year of a science related prerequisite and a four year pharmacy degree, which covers chemistry, biology, microbiology, biochemistry, applied pharmacotherapy, pharmacokinetics, pharmacology, therapeutics and non-prescription and natural products.³ In addition to successfully completing their degree, pharmacists must pass comprehensive licensing exams before beginning to practice. It takes constant dedication and hard work to keep up with the continuing changes in drug therapies and medications.

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position statement



British Columbia
Pharmacy Association

Many pharmacists have voluntarily decided to acquire additional education in a particular area of disease state management (i.e. asthma, diabetes, anticoagulation and cholesterol management). By formalizing (with certification) advanced education pharmacists will be recognized as “specialists” with patients, peers, health care professionals, government and third party payers. Efforts to ensure pharmacists’ competence to care for specific types of patient’s disease state management are now focused on credentialing. In 2001, the College of Pharmacists of B.C. established an Advanced Practitioner Credentialing Committee (APCC) to develop and maintain standards for certifying pharmacists in B.C. who possess advanced education, skill and experience and are qualified to undertake advanced pharmacy practices. Four areas of disease management have been selected as the first focus for APCC:

- Anticoagulation management
- Asthma management
- Diabetes management
- Advanced pharmacotherapy management⁴

The importance of the role of the pharmacist in the management of drug related problems has increased significantly due to the introduction of many new and complex drug therapies. Drug related problems can contribute to additional physician visits, emergency room visits and hospitalizations.

In 1995 it was estimated that the inappropriate use of medications cost Canadians between \$7 to \$9 billion a year.⁵ Inappropriate or non-compliant use of medication may include:

- not having a prescription filled or refilled
- taking too much or too little of the medication
- altering dosage times or omitting a dosage
- stopping or discontinuing medications too soon.

In 2002, the Commission on the Future of Health Care in Canada report supported the increasingly important role of pharmacists as members of the primary health care team. The report highlights the value of pharmacists working with patients, physicians and related health care providers to ensure optimal patient outcomes through the effective use of medications. The Romanow Commission supported an expanded role for pharmacists that would allow them to consult with physicians and patients, monitor patients’ use of drugs and provide better information and communication on prescription drugs.⁶ When it comes to monitoring the adverse effects of medication and prescribing practices, pharmacists are well situated to take a primary role.

The *Fredericton Pharmacy Initiative* study results reaffirm the value of pharmacists. Pharmacists worked closely with 262 patients diagnosed with asthma or gastrointestinal disease for one year. The pharmacist-patient interactions focused on the provision of enhanced medication education, suggestions and tools designed to improve patient compliance with the taking of their medications as prescribed, the importance of complementary life style changes and an ongoing follow-up process. These expanded pharmacist services resulted in:

- a significant decrease in the frequency of physician’s visits (24%)
- a decrease in specialists visits (47%) because of better symptom control through improved medication use
- less emergency room visits due to improved medication management
- less absenteeism at work due to patients having a better management of their diseases

Besides patients feeling empowered to self manage their medications and disease states, the estimated total dollars saved through reduced absenteeism and improved job performance was significant at approximately \$16,500.⁷

Many pharmacists are taking on an increasingly active role in the area of prevention and wellness.

Recent results from projects such as the *Richmond Hill Wellness Program*⁸ and the *Timmins Project* demonstrate the importance of pharmacist's involvement with their patient's health care. In the *Timmins Project*, pharmacists working collaboratively with employers, physicians and other health care professionals created a health and wellness program for employees. The focus was on wellness education, individual patient counseling, medication interventions and disease state management. The outcome was very positive, as total drug costs dropped 5.7%, the total number of prescriptions per family dropped 14.9 % and employee absenteeism was reduced. An extra benefit with this project was an improved level of communication between patient, prescriber and pharmacist.⁹

Results from these studies prove that by implementing the pharmaceutical care approach, pharmacists have found solutions for improving the delivery of health care services. By formally recognizing and compensating pharmacists for these expanded services, pharmacists will be recognized and acknowledged as an integral part of the primary health care system.

BCPhA Position

- BCPhA supports and encourages expanded roles for pharmacists.
- The BCPhA believes expanded roles of pharmacists should be recognized as an integral part of the primary health care system and recommends that the Ministry of Health include a pharmacist representative on all health care programs being developed in British Columbia.
- The BCPhA recommends that the Ministry of Health and other payers of pharmacy services recognize pharmacists as an integral part of the health care system and compensate pharmacists for the professional services they offer at an appropriate and acceptable level.

BCPhA cross reference Position Statements

- Advanced Practitioner Credentialing
- Professional Fees

References

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