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The Role of Pharmacists in Health Care

The value of pharmacists to the health care system

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The focus of the profession of pharmacy has shifted from technical, product-oriented functions to patient-oriented, health outcome counseling, information and professional services. This shift, generally referred to as “pharmaceutical care”, embraces the notion that pharmacists, working in collaboration with other health care providers, undertake responsibility for patient outcomes with respect to their drug therapy. The principal task of the modern pharmacist is to identify, resolve and prevent drug-related problems.¹

Pharmacists have more training in medications than any other health care professional, and are the acknowledged medication experts. The 2001 Select Standing Committee on Health Report, *Patients First: Renewal and Reform of British Columbia's Health Care System*, stated that “Pharmacists are highly trained individuals who are best situated to know about the chemistry of medications...their skills are underutilized, their time taken up with non-pharmaceutical duties...” (pg.48) and the Committee Report declares:

Your Committee recommends that the following actions be taken to expand the efficiency and effectiveness of community pharmacists:

- Explore the establishment of new areas of pharmaceutical practice and counseling and negotiate an appropriate reimbursement fee. This will free up pressures on physicians and hospitals and allow pharmacists to more fully serve patients.
- Find ways to reduce over-regulation and excess paperwork — such as drug plan adjudication,

administration and other regulatory work – thereby freeing up pharmacists, so they can spend time helping with drug therapy. (pg. 49)

Costs of the misuse of prescription drugs

Drug therapy has become the most common treatment modality in medical practice, with a vast and ever-increasing potential for alleviating illness. As a result of the increasing prevalence of drug use and the complexity of therapeutic regimens, in combination with the fact that most non-institutionalised patients are left to manage their own medications, misuse of the prescription drugs has reached alarming proportions:

- It is estimated that 40% of all prescriptions may be inappropriate (*Einarson et al, 1989*) and that 81% of elderly receive inappropriate or unnecessary prescriptions (*Shimp et al, 1985*)
- 50% of patients do not take their prescriptions as directed (*Lebovits et al, 1990*)
- 30% to 40% of seniors' admissions to hospital are due to prescription-related problems (*Col et al, 1990; Kam, 1999*)
- Reports of adverse drug reactions (ADRs) are 2 to 3 times more frequent in the elderly and 4 times more frequent in patients over the age of 75, (*Geriat Nurs 1995*).

One large American study proved that the costs of drug-related morbidity and mortality exceed drug sales.² In Canada, with (1999) drug sales of \$9.6

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position statement

billion, the annual cost to our health care system of drug-related morbidity and mortality is approximately \$10.75 billion.

Pharmacists save health care costs

Even today in the course of day-to-day activities in pharmacies, in spite of the fact that there is little economic incentive to do so, pharmacists routinely intervene in the drug prescribing/dispensing process to prevent harm from coming to their patients. One study estimated that in 1993 these interventions saved the Canadian healthcare system an annual minimum of \$268.2 million, or \$44,000 per pharmacy.³ Another study evidenced a 9% decrease in visits to general practitioners, a 17% decrease in visits to specialist doctors, and direct patient-productivity savings of \$16,500 were attributed to the initial counselling and follow-up consultations provided by pharmacists.⁴ In view of this it is difficult to accept that professional pharmacist skills remain severely under-utilised in Canada.

New areas of pharmacy practice

It is clear that employing community pharmacists more proactively results in a significantly more efficient use of health care resources, increased patient productivity arising from reduced absence from work, and improved job performance.

A recent study by the American Pharmaceutical Association shows that an average benefit of US\$16.70 of value to the health care system was realized for each US\$1 invested in clinical pharmacy services. This benefit was observed in a variety of health care settings including community pharmacies, government and university hospitals and clinical settings, and included drug dosing and drug therapy management services provided by pharmacists. (*"Evidence of the Value of the Pharmacist"*, APhA: <http://www.aphanet.org>)

Accordingly, the BCPHA and the Chain Drug Association of British Columbia jointly commissioned a July 2001 study entitled *"Community Pharmacy-Based Solutions For British Columbia Health Care"*.

The study assumes the new BC provincial government's declared health priorities as the operative context requiring an active search for more effective and cost efficient methods of delivering health care.

Although many worthy opportunities exist, this study describes six specific community pharmacy-based programs that are practical and can be implemented with relative ease:

- Duration of Treatment Management
- Dose Management in Asthma
- Dose Management of Anticoagulants
- Reducing Cardiovascular Disease Risk
- Travel Medicine in Pharmacy
- Reducing Drug-Related Problems in Seniors

Evidence of the need for programs in these areas is clear, program frameworks already exist and training systems are in place. The impact of utilizing pharmacists in these new areas, with professional pharmacist service fees covered by Pharmacare and other third-party payers, there would be an annual net saving of \$100 million to the British Columbia health care system.

BCPhA Position

The Minister of Health Planning should establish a committee to structure a plan to implement the recommendations of the *"Community Pharmacy-Based Solutions For British Columbia Health Care"* study.

Footnotes

1. Hepler & Strand, American Journal of Pharmacy, Vol. 47, March 1990
2. Johnson & Bootman, 1995
3. Community Pharmacist Intervention Study, Canadian Pharmacy Association, Canadian Pharmaceutics Journal, Feb. 1996, pp 43-45.
4. Fredericton Pharmacy Initiative, Canadian Association of Chain Drug Stores & the Government of New Brunswick, February 2001.