Cognitive pharmaceutical services (CPS) are strategies and initiatives that improve the quality of drug therapy and the health care delivery system by using pharmacists to the fullest extent of their training and education as medication experts. Health care systems around the world have shifted resources to providing CPS in order to realize savings elsewhere in the system.

For example, in its 2012 Community Pharmacy Services Agreement, New Zealand introduced a number of initiatives for pharmacists to better manage complex patients (Central TAS 2012). Switzerland created physician-pharmacist quality circles to offer structured, continuous, quality improvement and education processes that improved outcomes and reduced costs (Niquille 2010). And the rigorously studied Asheville project in North Carolina showed how CPS for chronic disease patients led to significantly better health outcomes (Cranor, Bunting et al. 2003).

These experiences, which have taken place in publicly-funded systems and within clinical contexts similar to British Columbia’s, suggest that implementing various CPS initiatives in our province can lead to significant cost savings. The CPS initiatives proposed by the BC Pharmacy Association have the potential to save over $134 million per year (Figure 1). Furthermore, they build on pharmacists’ training and expertise, allowing them to provide high quality, clinical services, freeing up the time of other clinicians, such as physicians who are more expensive and in short supply.

A lack of time, trained personnel, and reimbursement have been identified as barriers to pharmacists providing CPS (Chui, Mott et al. 2012). Implementing a successful CPS program in British Columbia will require legislative, regulatory, and organizational changes to overcome them. An important first step is to continue the expansion of pharmacists’ scope of practice to permit prescribing for minor ailments, initiating prescription drug therapy, and ordering and interpreting lab tests—steps that have already been taken in several Canadian provinces. Similarly, providing targeted funding to support CPS and administering that funding within a joint Ministry of Health-BC Pharmacy Association “Pharmacists Services Committee” will allow both parties to make evidence-informed decisions about how best to target such funding.

References:


More details available online at: www.bcpharmacy.ca/policy