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OCP Council Member District#1

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Annie Schiefer, Project Manager
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Suite 806, Box 18
Toronto, Ontario, 2Y7

Dear Ms. Schiefer:

I am currently a clinical consultant pharmacist, who regularly works collaboratively with physicians in long term care for the benefit of all my frail elderly patients, who are among the most vulnerable in society. I have taken the time and effort to gain expertise and accreditations in different fields within the profession, including diabetes, geriatric, and pain management. I also have a varied perspective having been a pharmacy owner, regional pharmacy director, national speaker, board examiner, University of Toronto teaching assistant, and national pharmacy award winner. I would like to present to you an idea for the future of the pharmacy profession that takes the concept of patient care to new heights. I will describe a scenario that will initially seem farfetched, but which is merely the next evolutionary step in our ever-dynamic profession. The steps that OCP is currently taking will eventually lay the foundation for empowering the pharmacist to take full advantage of his/her skills, knowledge, and training for the benefit of all the patients of Ontario.

This ideal pharmacy is set up much like a physician's practice is today. The patient approaches the reception desk at the entrance of the pharmacy to consult with a pharmacist or to

check in for a previously made appointment to see his family pharmacist. The patient will then be directed to sit in the waiting room until his pharmacist is available. At the appointed time, the patient will be directed to a counseling room, where the pharmacist spends most of his day consulting with patients. The counseling room contains a desk, chairs, a bookshelf of references, and a computer with CDROM's and internet access. Since one pharmacist could not possibly handle the volume of prescriptions needing to be filled in a day, several pharmacists in similar counseling rooms will be performing the same task.

Receiving the prescription, the pharmacist no longer checks for the accuracy of the order as it is not an order at all. Lo and behold, it is the relevant portion of the patient's chart, which contains the signs and symptoms along with the diagnosis or the drug-related problem, if you will. It is now the pharmacist's task to choose the most appropriate medication and to design a pharmacy care plan. He has a 15-20 minute sit-down interview with the patient to determine such things as the clinical and pharmacotherapeutic outcomes. The pharmacist then pulls out the patient's chart which contains the patient's drug history and the care plans of previous consults - something that the patient can actually see. The chart allows the pharmacist to monitor the patient's progress, to follow-up on the results of previous therapeutic plans, and to make the most appropriate drug choice for this new consult. He evaluates the alternatives using criteria of efficacy, onset and duration, toxicity, interactions, convenience for the patient, and cost, and documents the result in front of the patient. Having decided the right medication, dose, frequency and duration of therapy, the pharmacist writes and signs the prescription, and hands it to a technician who performs the physical duty of entering and preparing the order. In the meantime, the pharmacist and patient continue with the remaining portion of the consult, whose purpose is life management of the patient's health problem, in part, with this new medication. When the

technician returns, the pharmacist checks the finished prescription, signs it in front of the patient and concludes the interview. The physician receives a copy of the prescription and care plan so that he is made aware of the outcome and so that he can continue to monitor the patient for the parameters stated within. This allows the pharmacist to be in constant contact with the doctor.

There will be no markup on the drug cost but the professional fee is in the neighborhood of \$75 for the consultation. Refills will have much shorter interviews if the patient wishes and the professional fee is adjusted accordingly. The patient's insurance or government plan will pay for this and for good reason too. If the patient needs a \$1000 hospital bed for the night because of a drug interaction or preventable adverse reaction, he could have consulted with his pharmacist over 10 times before the government incurred that cost. If a patient is on an expensive drug with marginal benefits over cheaper therapy, again, the patient could have consulted with his pharmacist several times before his insurer incurred the cost difference between the two medications. The bottom line is that it is becoming increasingly clear that paying pharmacists to be pharmacotherapists or health outcomes managers saves money and this is why insurers of all sorts will pay the consultation fee. Government and third-party payers have only just begun to see the cost savings of paying pharmacists for these kinds of cognitive services.

What does this whole scenario do? The advantages are numerous. First, it makes the invisible services that we currently perform for the patient visible. Second, the pharmacist is remunerated for his specific drug knowledge base, reasoning ability, and understanding. Third, it shifts the profession from being product-oriented to being completely patient-oriented - a move that will entrench our profession as a fundamental part of the healthcare team. Fourth, it takes the mundane technical aspects of dispensing out of the pharmacist's hands but still makes the

pharmacist responsible for them, so that the most qualified professional in drug distribution still retains that control and is able to maintain the proper safeguards. Finally, it gives us new opportunities to expand our role to health outcome managers. We, in essence, become responsible for achieving predetermined results for the patient. Patients will see their pharmacist for all sorts of minor ailments or simply to follow-up and monitor outcomes. Even if the patient is bedridden and cannot go to the pharmacy, his pharmacist will come to him. Once society sees the value of the services that pharmacists can provide, it would only be natural that government pays for these services.

While not all pharmacies will initially choose to follow this path, those that do will set the standards of practice for the whole profession. Eventually, all pharmacies will follow suit. We can benefit society by optimizing overall drug use and by engaging in health promotion activities.

Thank you for taking the time to review this submission and feel free to contact me if you have any further questions or comments.

Sincerely,

Joseph Hanna
Joseph Hanna

