

I am a pharmacist at London Health Sciences Centre (LHSC) in London, ON. I am writing in support of the OCP and OPA submissions proposing the expansion of the scope of pharmacy practice.

I am one of 5 pharmacists at LHSC who operate an outpatient anticoagulant monitoring clinic (approximately 150 patients). We are covered by a Medical Directive which defines how we can make warfarin dosage adjustments to maintain patients' INR's in a safe and therapeutic range. Our medical directive limits us to hematology outpatients, specifically those with a history of DVT.

We have been asked by physicians to take on non-hematology patients (eg. atrial fibrillation patients). However, we are unable to do so since outside the hospital, anticoagulant monitoring is not within the scope of current pharmacy practice and is not supported by OHIP funding. Studies of pharmacist run anticoagulant clinics in American centres have shown that these services provide superior anticoagulant therapy (Chest 2005;127:1515-1522). As well, pharmacists in other Canadian provinces such as Alberta currently monitor warfarin therapy.

The expansion of pharmacists' role to include ordering laboratory tests (INR) and adjusting doses of chronic medications (warfarin) under a set protocol, and reimbursement for these services would enable us to care for more patients. These patients would be provided with safer, more effective warfarin therapy which would decrease the incidence of both DVT's and warfarin related bleeding. Also, physicians would have assistance in the care of their warfarin patients.

Sincerely,  
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