

August 12, 2008

Ms. B. Sullivan
Chair
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Suite 806, Box 18
Toronto, ON M4V 2Y7



Dear Ms. Sullivan:

My name is Jeff Chan and I am the Pharmacy Manager of Thunder Bay Regional Health Sciences Centre (TBRHSC) in Thunder Bay, Ontario. I would like to take this opportunity, as a practicing pharmacist to voice my support for the submission from the Ontario College of Pharmacists (OCP) to the Health Professions Regulatory Advisory Council (HPRAC) regarding pharmacist scope of practice optimization.

I am also pleased that HPRAC is reviewing barriers for members of professions to maximize scope of practice.

I support the recommended changes put forward that more accurately reflect pharmacist practice today including:

- New definition of pharmacy practice, especially the inclusion of monitoring and management of medication therapy
- Expanded scope of practice to include current controlled acts needed for education and demonstration purposes
- Adapting an existing prescription (dosage form, dosage regimen or dose strength)
- Adjusting dosage of medication in response to monitoring (e.g. lab tests)
- Authorizing prescription extensions for continuation of care

Most importantly, these changes will lead to the best health outcomes for Ontarians at a sustainable cost.

The collaborative care team model has been working very effectively for some time in hospitals where I practice. Health care professionals respect and rely on each other's unique and complementary expertise. Hospital pharmacists are partnering with physicians by prescribing under medical directives to ensure the best possible care for patients.

Pharmacists have the education, training and skills required to initiate, modify, monitor and manage drug therapy. Pharmacist effectiveness can be seen in many chronic disease states. Lee reported that a pharmacist led care program lead to increases in medication adherence, medication persistence and clinically meaningful reductions in BP.¹ Singh-Franco reported that a clinical pharmacist in a heart failure clinic was able to result in fewer hospital admissions and a reduction in hospital length of stay.² Pharmacists in diabetes clinics were able to significantly improve blood glucose values, blood pressure

and aspirin use.³ A Pharmacist managed anticoagulation service was reported to reduce warfarin adverse events requiring hospitalization.⁴ Finally, evidence shows that pharmacists are critical to improving patient health outcomes by reducing medication-related adverse events.⁵

Making the best use of skill sets of healthcare providers while containing costs is critical. Governments have acknowledged that pharmacists can and should play a more active role in this regard.⁶

A broad range of professional activities and responsibilities are involved for pharmacists to practice to the full scope of their abilities as medication management experts in a patient-centered collaborative environment. These services include, but are not limited to the following, according to the individual needs of the patient:

- a. Performing or obtaining necessary assessments of the patient's health status.
- b. Formulating a medication treatment plan.
- c. Selecting, initiating, modifying, or administering medication therapy.
- d. Monitoring and evaluating the patient's response to therapy, including safety and effectiveness.
- e. Performing a comprehensive medication review to identify, resolve, and prevent medication related problems including adverse drug events.
- f. Documenting the care delivered and communicating essential information to the patient's other primary care providers.
- g. Providing verbal education and training designed to enhance patient understanding and appropriate use of his/her medications.
- h. Providing information, support services and resources designed to enhance patient adherence with his/her therapeutic regimens.
- i. Coordinating and integrating medication therapy management services within the broader health care-management services being provided to the patient.

In addition to the above, I would respectfully ask that HPRAC consider the pharmacist initiation of medication therapy (i.e. prescribing) in a collaborative practice setting. As stated previously, hospital pharmacists have been prescribing under medical directive for quite some time. Models of pharmacist prescribing authority through collaborative drug therapy management or by protocol have been successfully legislated in a number of countries and are now being legislated in other provinces across Canada.

Finally, I would ask that HPRAC allow pharmacists who have obtained the advanced practice degree of Doctor of Pharmacy (PharmD) to permit the use of the title "doctor" while performing patient care. Ontario pharmacists undergo some of the most intensive training in Canada, if not the world. Ontario is a progressive province yet it remains one of the few jurisdictions to not permit the use of the title "doctor" while engaging in patient care. Yet others such as chiropractors, optometrists and now naturopaths are permitted to do so. This does not seem to be congruent with HPRAC's desire to optimize health care scope of practice.

I believe that pharmacists have the necessary education and competencies to work collaboratively with other health care providers within an expanded scope of practice, including prescribing, in order to meet the demands of the health care system, to contain system costs and, most importantly, to improve the health of Canadians.

Thank you for your consideration.

Sincerely,



J. Chan BScPharm PharmD RPh

References:

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3. Ragucci KR, Fermo JD, Wessell AM, et al. Effectiveness of diabetes mellitus education and management services. *Pharmacotherapy* 2005;25(12):1809-1816
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