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The Changing Environment

- Patient needs and expectations, and the delivery of health care are changing.
- Rising costs of health care leading to greater emphasis on self-care, disease prevention, health promotion and patient safety.
- The evolution of technology is leading to better informed patients, shared electronic health records, an increase in the number of pharmaceuticals available, and the development of biomonitoring and genomic forecasting.
- Population demographics are also shifting: the population as a whole is aging, and the divide between rich and poor is increasing.
- Societal changes, such as the advent of the “24/7 society”, are also coming into play.
Addressing medication use challenges

Most relevant to this discussion is the increase in the number and sophistication of medications available. Although drug therapy has been proven to prolong and increase qualify of life, and is often more cost effective and less invasive than surgery, it has also contributed to the rising costs of health care and adverse events. As such, there is an increased need for professionals with special skills in drug therapy, that is, pharmacists. Examples abound of the high direct and indirect costs of pharmaceuticals in Canada:

Pharmaceuticals represent the second-largest, and fastest-growing, health care expenditure, with retail costs forecasted to reach $25.2 billion in 2006 or 17% of the total.[i]
Pharmacies dispense over 414 million prescriptions each year, which represents 84% of total drug costs. Studies have estimated that 5% to 10% of all hospitalizations are drug-related. A large proportion (4% to 28%) of all emergency department visits are also drug-related, and 38% to 70% of these visits are preventable. In a recent Canadian study, 24% of patients were admitted to a hospital’s internal medicine service for drug-related causes, and over 70% of these admissions were deemed preventable.

Addressing medication use challenges

- Adverse events are not uncommon in Canada. A major Canadian study estimated that of the almost 2.5 million annual hospital admissions in Canada, about 185,000 were associated with adverse events; close to 70,000 of these were potentially preventable.[v] The second most common type of adverse events were associated with drug- or fluid-related events.

- Adverse events after hospital discharge are also of concern, with 23% of patients experiencing an adverse event within 30 days; 50% of these adverse events were deemed preventable and 72% were due to medications.[vi]

- The estimated cost of misuse, underuse, and overuse of medications ranges from $2 billion to $9 billion per year.[vii]

Evolving Pharmacy Practice Models

- Pharmacists employed by family health teams (FHTs): collaborative prescribing, chronic disease management (CDM), drug information
- Community pharmacists: prescribing, CDM, health promotion and wellness
- Consultant pharmacists: to FHTs, community pharmacies, home-care, long-term care
- Hospitals: medication reconciliation, specialists in ambulatory care, emergency medicine.
How should we respond to change?

- Limitations to removal of single barriers:
  - Reimbursement
  - Legislation
  - Education and training
  - Interprofessional collaboration

- Need an integrated approach
- Need to plan and manage change
Why a Blueprint?

The Blueprint for Pharmacy is a strategic action plan for the pharmacy profession to strengthen its alignment with the health care needs of Canadians and to respond to the stresses on the health care system.

- Change of this magnitude requires leadership.
- Change requires a common vision.
- Health care system level changes are required.
- The pharmacy profession needs to make a Commitment to Act.
Progress to Date

In 2005

- **Concept paper** is written on “A Blueprint for Action for the Pharmacy Profession” to guide action over the next 5-10 years so that pharmacy profession is “fit for purpose”.

- **Blueprint Background Paper** is drafted to answer: Where are we now? Where do we want to be? What are the challenges or barriers? What are the enablers?

- **December 2005: Think Tank** of 26 pharmacy stakeholders discuss: societal benefits, roles and responsibilities of pharmacists in a “preferred future”; and action and considerations for seven critical elements for change.
Progress to date

In 2006

- **Blueprint Background Paper** is revised and **Blueprint Framework** is drafted based on the results of the December workshop.

- **June 2006: Pharmacy stakeholder consensus workshop** with 85 individuals from 46 organizations is held in Ottawa to provide input in crafting a consensus-based, actionable plan for the future of pharmacists in Canada.
Task Force on a Blueprint for Pharmacy

December 2006

- The Task Force on a Blueprint for Pharmacy was established to articulate a common vision and a clear action plan for the future of pharmacy.

- Led by the Canadian Pharmacists Association, in partnership with national/provincial pharmacy organizations.
Organizations represented on the Task Force

- Association of Deans of Pharmacy of Canada
- Association of Faculties of Pharmacy of Canada
- Canadian Association of Chain Drug Stores
- Canadian Association of Pharmacy Students and Interns
- Canadian Association of Pharmacy Technicians
- Canadian Council on Continuing Education in Pharmacy
- Canadian Pharmacists Association
- Canadian Pharmacy Practice
- Canadian Society of Hospital Pharmacists
- National Association of Pharmacy Regulatory Authorities represented by: Alberta College of Pharmacists, College of Pharmacists of British Columbia
- Ontario College of Pharmacists
- Provincial advocacy associations: Ontario Pharmacists’ Association, Pharmacy Association of Nova Scotia and Pharmacists’ Association of Saskatchewan
- The Pharmacy Examining Board of Canada
Blueprint Outline

- Introduction – Vision for Pharmacy
- A changing pharmacy profession in Canada
- Addressing medication use challenges
- Pharmacy responds
- The Blueprint for Action
- Commitment to Act
What Pharmacists Do

It is important to note that pharmacists do more than just verify a prescriber’s order, check for drug interactions, and confirm dosages. They collaborate with patients, their families, and other health care providers to benefit the health of Canadians by:

- Ensuring convenient access to medications and drug therapy expertise.
- Managing medication distribution systems to ensure safety, accuracy, quality, and integrity of pharmaceuticals.
- Providing information about the optimal use of medications and promoting the cost-effectiveness of medications through evidence-based decision-making.
- Reducing harm by decreasing unnecessary, unsafe, or inappropriate use of medications.
What Pharmacists Do (continued)

- Optimizing health outcomes by identifying, resolving, and preventing actual and potential drug-related problems; initiating or modifying drug therapy; and monitoring and evaluating response to drug therapy, in a collaborative framework with physicians, and other health care providers.

- Supporting patient self-care by assessing symptoms, providing advice on the management of minor symptoms and the use of nonprescription medications, and referring patients to other health care providers, where appropriate.

- Promoting immunization and other public health services.

- Providing education and interventions to prevent disease and disability, thereby promoting healthy
Pharmacists are medication experts committed to patient-centred, outcomes focused care. Pharmacists take increased accountability and responsibility for the safe and effective use of medications. Pharmacists promote wellness and disease prevention, and empower patients, in collaboration with other health professionals.
The demands on the health care system and the changes in the delivery of health care require pharmacists to shift more attention to patient-centred, outcomes-focused care to optimize the safe and effective use of medications.
Pharmacists will respond to medication use issues by spending more time managing drug therapy in collaboration with patients, caregivers, physicians and other providers. Pharmacists will have greater responsibility for prescribing decisions and monitoring drug therapy outcomes. They will have greater authority to prescribe, order and perform tests, and have access to relevant patient information through electronic health records (including test results, treatment indication). Pharmacists will play a prominent role in health promotion, disease prevention, and chronic disease management.
The safety, security and integrity of the drug distribution system will continue to be protected through the enhanced role of regulated pharmacy technicians and greater automation of dispensing.
5 Key Action Areas

Based on the December 2005 and June 2006 consultations, the Task Force is focusing on five key action areas:

- Pharmacy human resources
- Education and continuing professional development
- Information and communication technology
- Financial viability and sustainability
- Legislative, regulation and liability.
Blueprint Next Steps

✵ Designing the Future Together
   – For the first time in Canadian history, pharmacists and pharmacy organizations are working to articulate a common vision and implement a coordinated plan of action.

✵ Making it Work Together
   – Blueprint Working Groups
   – Communication / Consultation
   – Funding Strategy
The Task Force will establish working groups to articulate the implementation plan for the key actions in the five areas:

- Pharmacy human resources
- Education and continuing professional development
- Information and communication technology
- Financial viability and sustainability
- Legislative, regulation and liability.

The plans will provide more detail regarding each action:

- Who will be the lead to take action?
- Who will be the partners of these actions?
- What will be the timelines and deliverables?
- What will be the measures of success?
Contact Information

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