

Key Findings & Next Steps of the National Pharmacy Thought Leadership Summit

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Disclosure Statement:

Neil MacKinnon was part of the Intergage team which conducted the research report for the *Pharmacy Thought Leadership Summit*.

Neil's co-authors on the report were Dr. Derek Jorgenson, Dr. Jon Penm and Jennifer Smith.

Learning Objectives

- Discuss the main findings of the research report for the *Pharmacy Thought Leadership Summit*.
- Describe the main priorities to optimize pharmacy practice in Canada.
- Apply these findings to your own career and future growth as a pharmacist.



UNIVERSITY OF 
Cincinnati

Congratulations on your 50th anniversary!

Canadian Society of
Hospital Pharmacists



Société canadienne des
pharmaciens d'hôpitaux



*New Brunswick Branch
Section du Nouveau Brunswick*



In 1969, Gloria Francke wrote:

“First references [to clinical pharmacy] to any significant degree, appear in 1967 and 1968.”

“As we move into the next decade [the 1970s], it is evident that clinical pharmacy will be one of the important aspects in the practice of the profession.”



Gloria Niemeyer Francke, Pharm.D.
(April 28, 1922 - August 2, 2008)

We've Made Incredible Progress as a Profession...

Pharmacists' Scope of Practice in Canada

Scope of Practice ¹		Province/Territory													
		BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	NWT	YT	NU	
Prescriptive Authority (Schedule 1 Drugs) ¹	Independently, for any Schedule 1 drug	X	✓ ⁵	X	X	X	X	X	X	X	X	X	X	X	
	In a collaborative practice setting/agreement	X	✓ ⁵	✓ ⁵	✓ ⁵	X	X	✓	✓	X	X	X	X	X	
	Initiate ²	For minor ailments/conditions	X	✓	✓	✓ ⁵	X	✓	✓	✓	✓ ⁵	✓	X	X	X
		For smoking/tobacco cessation	X	✓	P	✓ ⁵	✓	✓	✓	✓	✓ ⁵	✓	X	X	X
		In an emergency	X	✓	✓	✓	X	X	✓	✓	✓	X	X	X	X
Adapt ³/Manage	Independently, for any Schedule 1 drug ⁴	X	✓ ⁵	X	X	X	X	X	X	X	X	X	X	X	
	Independently, in a collaborative practice ⁴	X	✓ ⁵	✓ ⁵	✓ ⁵	X	X	✓	✓	X	X	X	X	X	
	Make therapeutic substitution	✓	✓	✓	X	X	X	✓	✓	✓	✓	X	X	X	
	Change drug dosage, formulation, regimen, etc.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	X	
	Renew/extend prescription for continuity of care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	
Injection Authority (SC or IM) ^{1,5}	Any drug or vaccine	X	✓	✓	✓	X ⁷	X ⁷	✓	X	✓	✓	X	X	X	
	Vaccines ⁶	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	X	X	
	Travel vaccines ⁶	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	X	X	
	Influenza vaccine	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	X	X	
Labs	Order and interpret lab tests	X	✓	P ⁸	✓ ⁹	X	✓	P	P ⁸	P	X	X	X	X	
Techs	Regulated pharmacy technicians	✓	✓	✓	✓ ¹⁰	✓	X	✓	✓	✓	✓	X	X	X	

1. Scope of activities, regulations, training requirements and/or limitations differ between jurisdictions. Please refer to the pharmacy regulatory authorities for details.

2. Initiate new prescription drug therapy, not including drugs covered under the *Controlled Drugs and Substances Act*.

3. Alter another prescriber's original/existing/current prescription for drug therapy.

4. Pharmacists independently manage Schedule 1 drug therapy under their own authority, unrestricted by existing/initial prescription(s), drug type, condition, etc.

5. Applies only to pharmacists with additional training, certification and/or authorisation through their regulatory authority.

6. Authority to inject may not be inclusive of all vaccines in this category. Please refer to the jurisdictional regulations.

7. For education/demonstration purposes only.

8. Ordering by community pharmacists pending health system regulations for pharmacist requisitions to labs.

9. Authority is limited to ordering lab tests.

10. Pharmacy technician registration available through the regulatory authority (no official licensing).



...but our dream has not been
completely achieved


What is hospital pharmacy's dream?

Dr. Charles D Hepler, "the father of
pharmaceutical care" articulated this dream
in his 2010 Whitney Award address:

*This is a noble dream: to prevent harm and
promote good, to help people make the best use
of medications. Except for an energetic and
fortunate minority, this is still pharmacy's
dream deferred.*

Which seat are we in?





So, how can we achieve our
dream of hospital pharmacy
practice in Canada?

Pharmacy Thought Leadership Summit

- Canada's pharmacy associations and organizations came together in June 2016 for a 2-day Summit.
- The goal was to generate the top priorities for the profession over the next decade.
- Research report completed in advance of the Summit.
- Action plan post-Summit.



Background Report Objectives

- Our goal was to summarize the research on why many pharmacy professionals still lag behind in terms of scope of practice and provision of patient care services.
- Research objectives were to identify: (1) unique barriers that are blocking pharmacists from operating at full scopes of practice; as well as enablers; (2) the views of the pharmacy profession in relation to role evolution; and, (3) priorities to optimize pharmacy practice in Canada.

Methodology

- Extensive review of literature and documents including a review of academic/government documents and grey literature.
- The research also included a survey of two groups:
 - An expert advisory panel (i.e., the individuals invited and registered to attend the *Pharmacy Thought Leadership Summit*)
 - Representatives from the broader pharmacy community.

Who completed the survey?

- An expert advisory panel
 - 66 individuals completed the survey out of 100 summit attendees for a response rate of 66%.
 - Respondents were pharmacists (49%), academics (18%), pharmacy manager/supervisors/directors (16%) and other (17%).
- Representatives from the broader pharmacy community
 - 629 individuals completed the survey; response rate?
 - Respondents were pharmacy technicians (50%), pharmacists (33%), pharmacy managers/supervisors/directors (16%) and other (1%).
- Limitations/strengths of our approach & quantitative/qualitative analysis.
- Expert-based, not necessarily evidence-based.

Figure 1: Pharmacy Role Evolution Framework Document

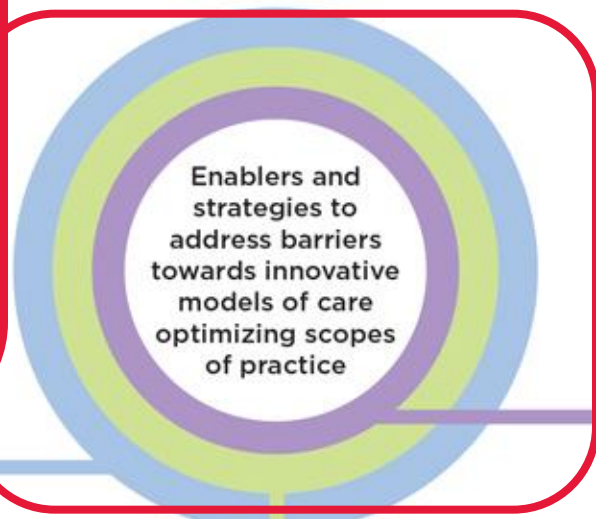
SYSTEM CHALLENGES AND HEALTHCARE NEEDS

- Unsustainable healthcare spending, including spending on drugs
- Lengthy wait times
- Accessibility - access to care
- Patient safety
- Public health - emergency preparedness
- Chronic disease prevention and management
- Aging population
- Need for expanded homecare services
- Patient engagement
- Aboriginal health
- Transition care

PHARMACY PROFESSION - WHERE ARE WE NOW?

- Significantly expanded scopes of practice in most provinces
- Many new services remunerated by public and private payers
- Patient-centered care still not provided by all pharmacists to all patients
- Dispensing still consumes majority of pharmacist time
- Limited interprofessional collaboration
- Limited public understanding of expanded pharmacy services
- No process for recognizing specialization
- Workplace environment that may not support new services

HOW WE CAN GET THERE - KEY ENABLERS



PHARMACY PROFESSION – WHERE DO WE NEED TO BE?

At the system level:

Pharmacy professionals leading and working with other health professionals to ensure a safe and effective medication-use system that enhances access to care and optimizes costs of care for Canadians

At the institution level:

Enabling practice settings where pharmacy professionals can use their full scope of practice and where pharmacy professionals feel supported and positive about their evolving roles

At the practice level:

Pharmacy professionals providing proactive, interprofessional or team-based, patient-centered care that optimizes drug therapy outcomes

STRUCTURE/SYSTEM LEVEL ENABLERS

- Regulations to expand scopes of practice
- Reimbursement mechanisms for new services
- Specialty certification and recognition
- Intergovernmental collaboration
- Entry to practice doctor of pharmacy programs
- Admission requirements for pharmacy students
- Residency programs, including community settings
- Expanded IPE and CE
- Clinical skills development
- Leveraged health and informatics technology
- Public awareness, communications and marketing
- High quality pharmacy practice research

INSTITUTION LEVEL ENABLERS

- Business models and work structures that support role evolution
- Workflow and workplace resources to facilitate integration of expanded scope
- Leveraged health and informatics technology
- Support for IPC
- Communications and marketing of new and existing services
- High quality pharmacy practice research

PRACTICE LEVEL ENABLERS

- Patient engagement
- Inter-professional collaboration
- Team composition
- Diverse clinical, business and soft skills
- Team goals and aspirations
- Personal satisfaction
- Collaborative patient-centred care
- Expanded clinical care and services
- Role clarification

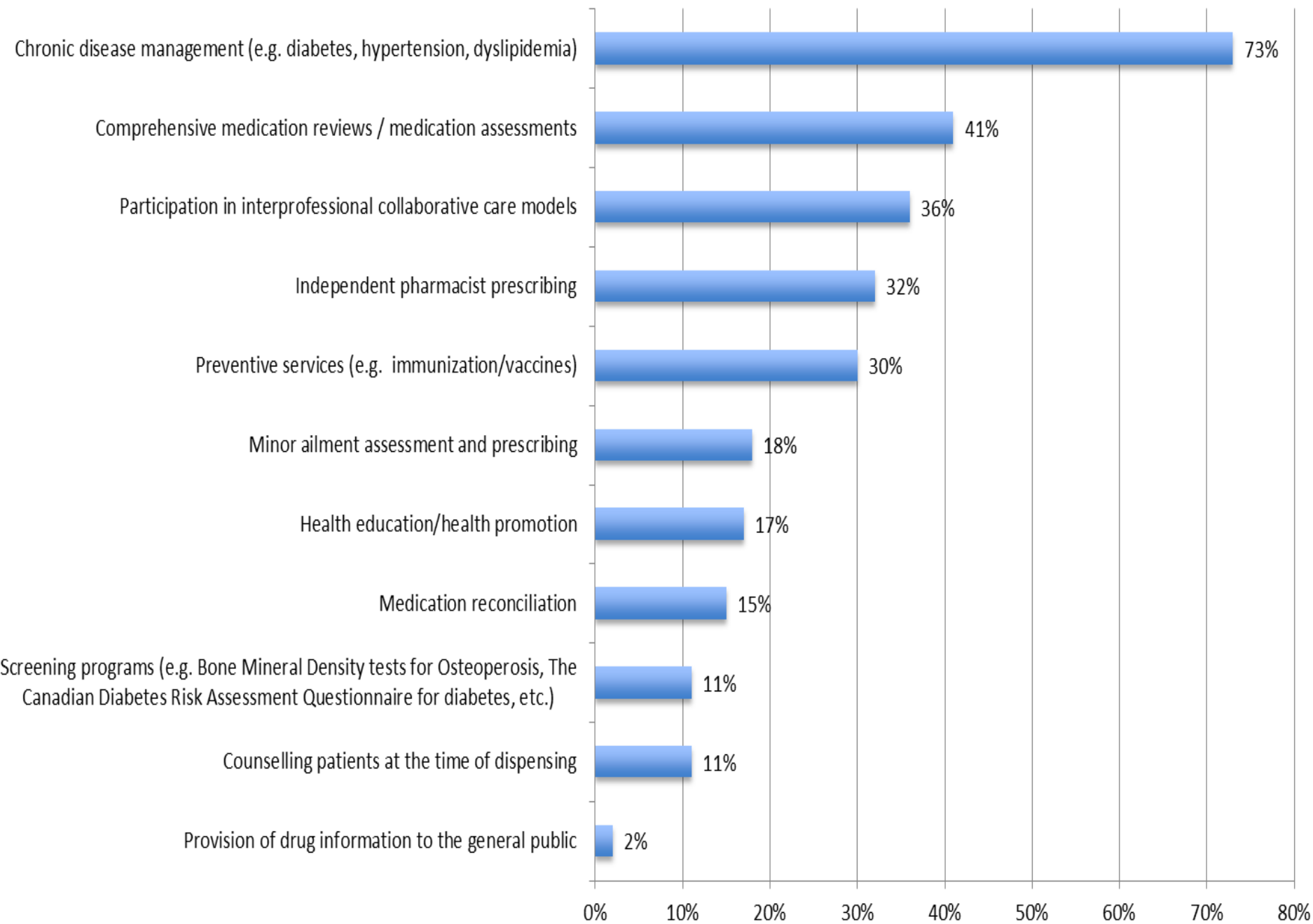
You may have not been able to attend the *Pharmacy Thought Leadership Summit*, but now it is your turn to share what you think using *Kahoot*.

<https://play.kahoot.it/#/intro?quizId=10630ce2-bcc0-4f16-b30f-99902be64dce>



Which practice activities
have the largest potential to
impact patient health
outcomes in Canada?





Penm J, MacKinnon NJ, Jorgenson D, Smith J. Roles and expertise needed to move the profession forward and improve health outcomes. *Canadian Pharmacists Journal*. 2017; 150(3): 153-5.

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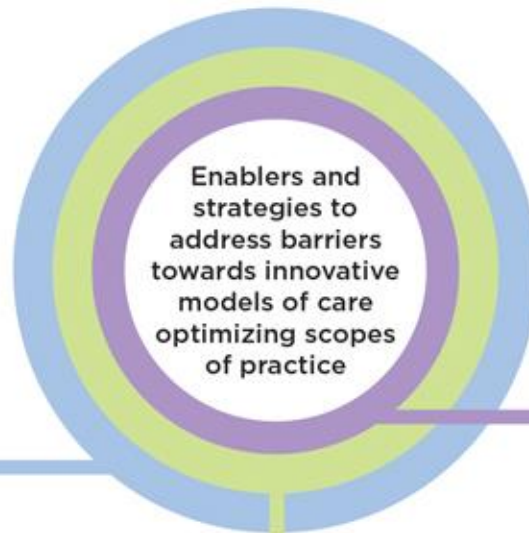
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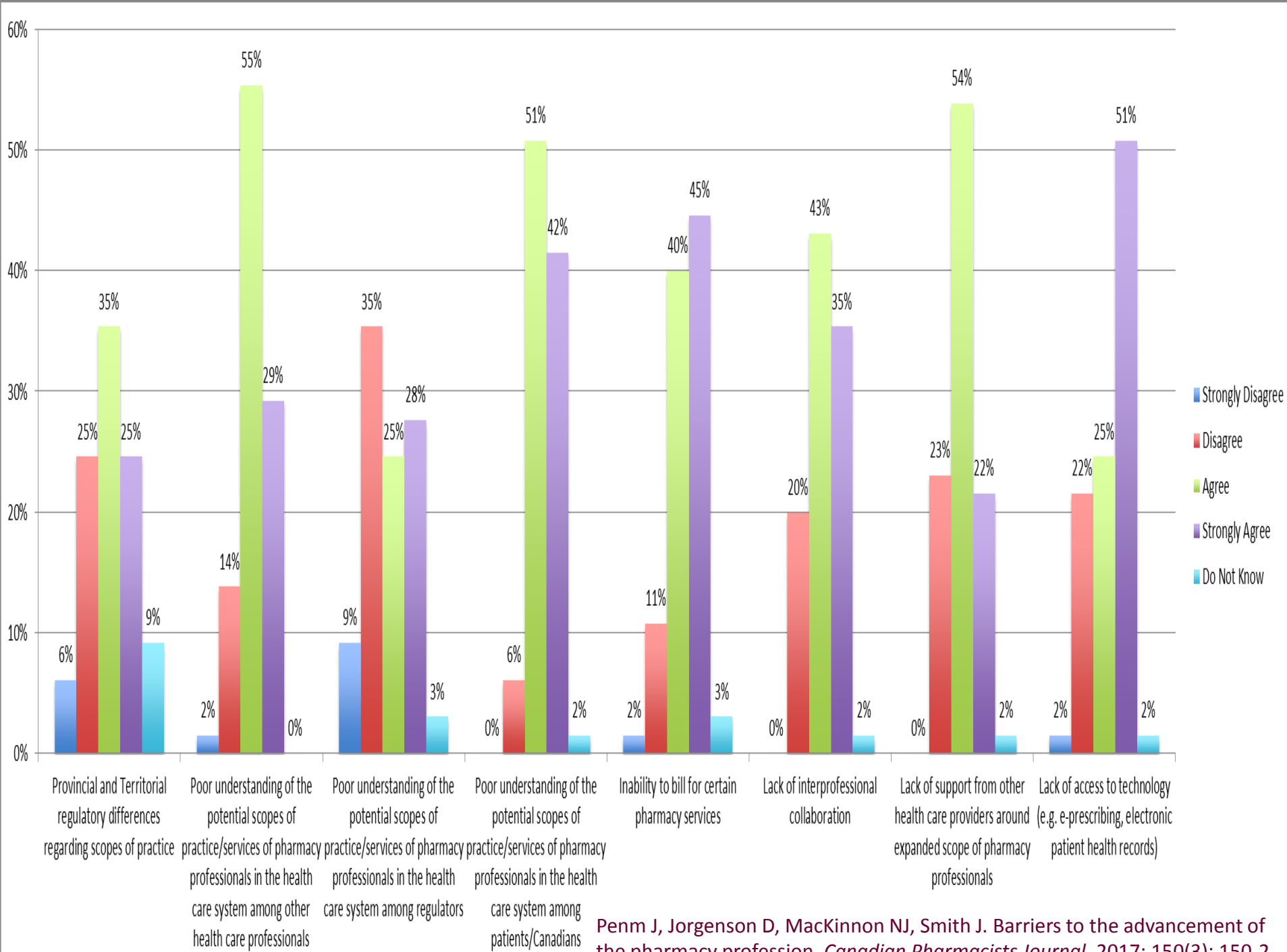
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What are the most significant **system**-level barriers to pharmacy professionals using their expertise to optimally improve patient care?





Penm J, Jorgenson D, MacKinnon NJ, Smith J. Barriers to the advancement of the pharmacy profession. *Canadian Pharmacists Journal*. 2017; 150(3): 150-2.

System-Level Barriers Preventing Optimal Patient Care

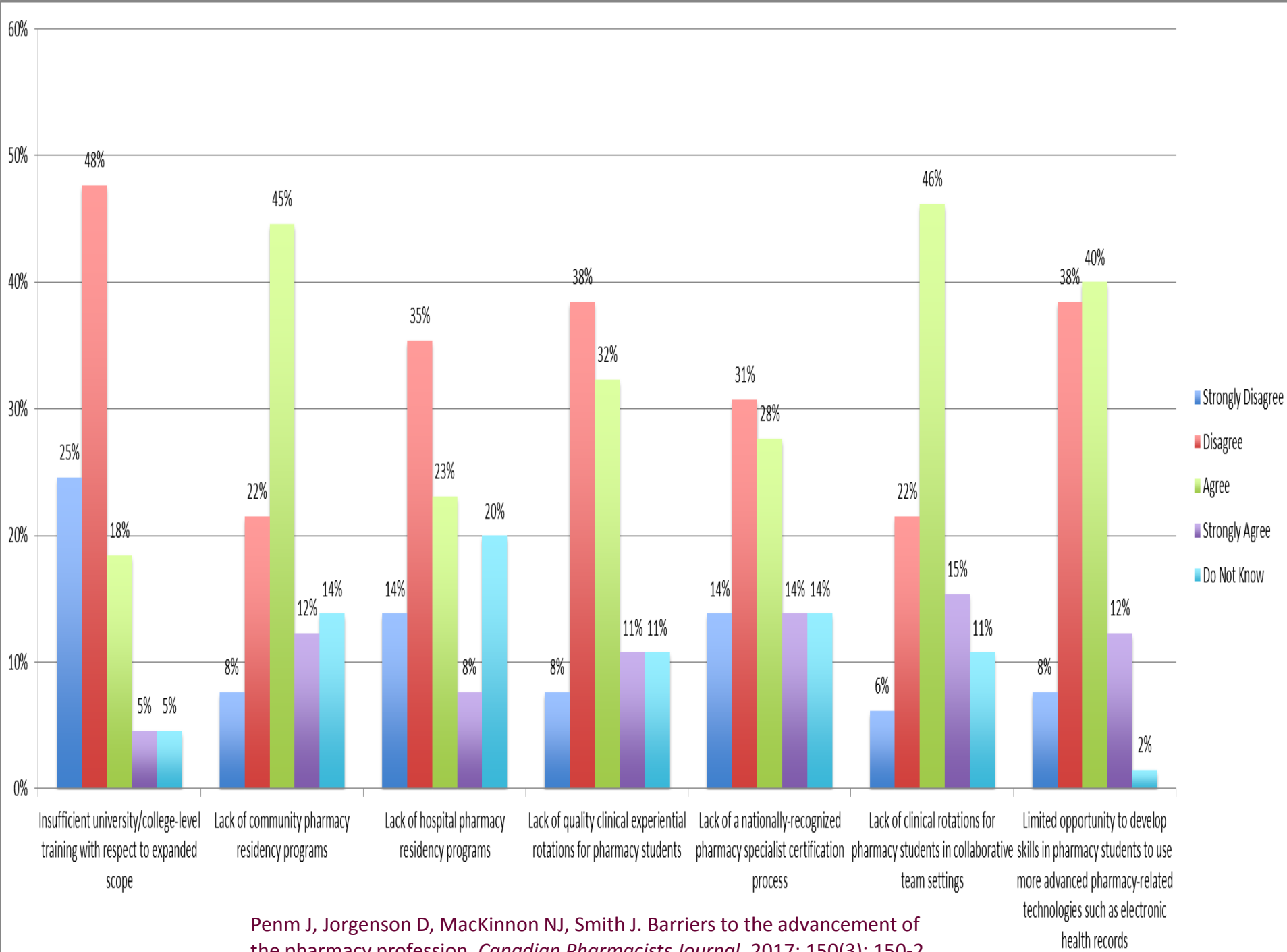
“Inability to bill for professional services is by far the biggest barrier. There is just no incentive at all for retail pharmacies to hire more staff to provide more comprehensive services” (Pharmacist)

“The traditional model of funding pharmacist services still relies on the provision of products. This rewards dispensing above all other activities. [We] need to create another model outside the traditional practice setting to allow for innovative practice to be funded and flourish” (Pharmacist)

“[We need] access to a [patients’] EHR, including clinical findings and labs. It is very difficult to manage patients appropriately when care is divided between hospital and community.” (Pharmacist)

What are the most significant **education**-level barriers to pharmacy professionals using their expertise to optimally improve patient care?





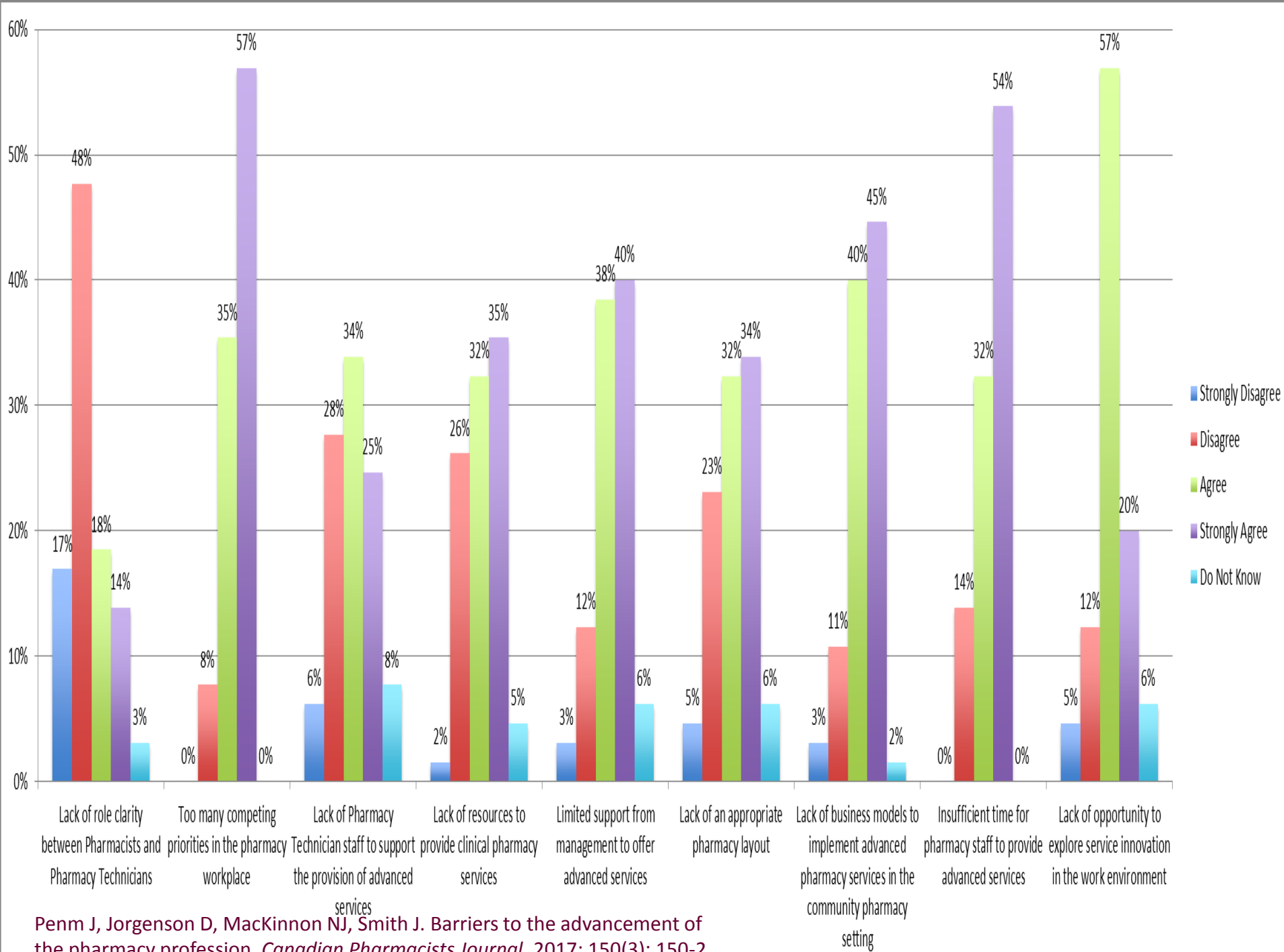
Education-Level Barriers Preventing Optimal Patient Care

“There needs to be more inter-professional education, so doctors understand what community pharmacies need and can offer” (Pharmacy Technician)

“[We need to] educate each health care professional about the scope of all health care professionals relevant to their practice so that there is no doubt, hesitation, or resentment amongst them.” (Pharmacy Technician)

What are the most significant
workplace-level barriers to
pharmacy professionals using
their expertise to optimally
improve patient care?





Workplace-Level Barriers Preventing Optimal Patient Care

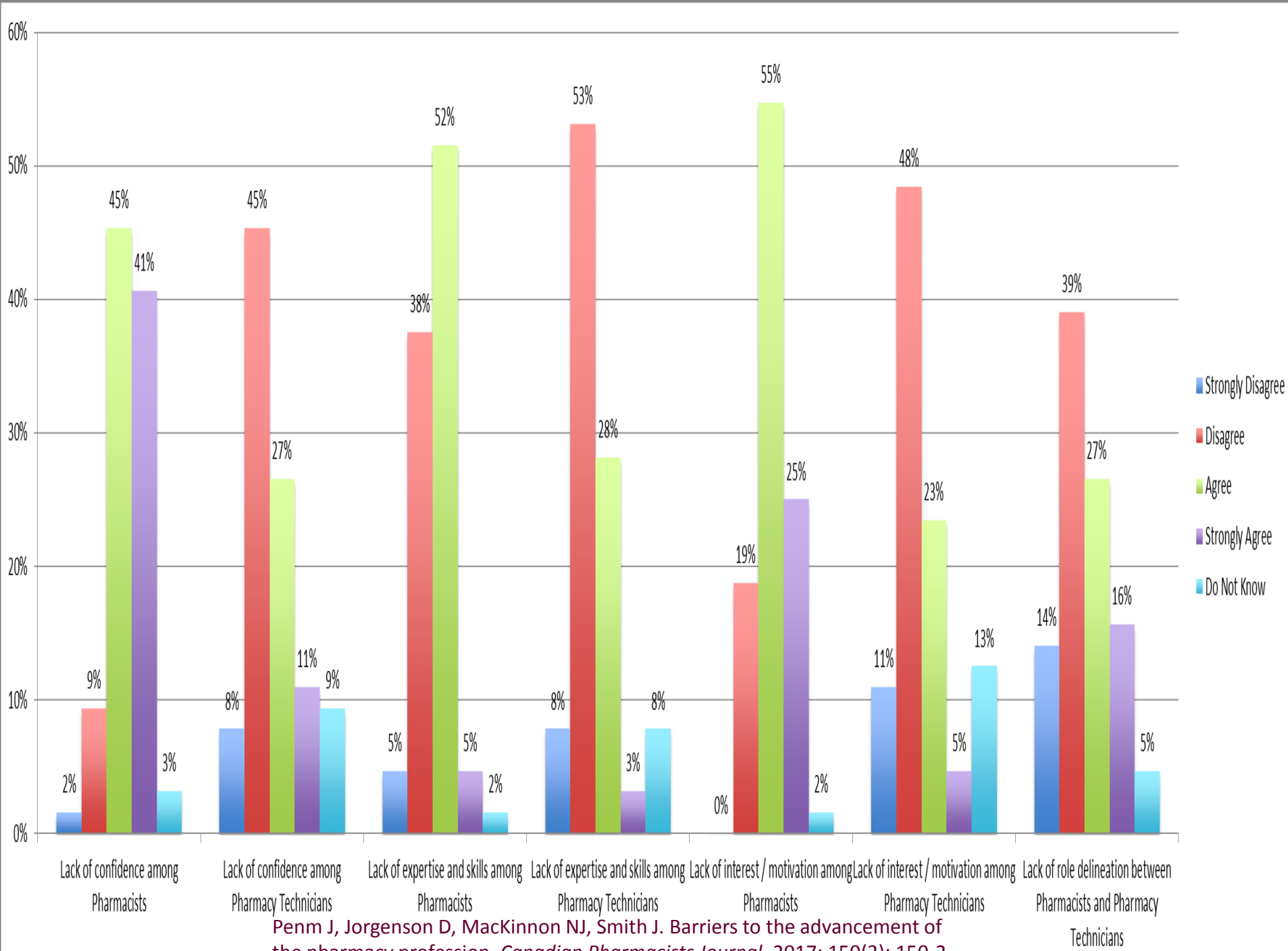
“More and more we are expected to perform extra tasks with no extra time or remuneration” (Pharmacy Manager)

“Pressure for quotas to be met by pharmacies and their owners poses a risk to our reputation ... Pharmacists have some of the worst working conditions seen in Canada as a profession, which puts both them and their patients’ health at risk” (Pharmacist)

“The community pharmacy model that allows non-clinicians to govern how the practice of pharmacy is performed transforms the practice from a clinical to a business model. This impacts the time, availability, and the setting in which pharmacists can do their job - their real job - which is patient care.” (Pharmacist)

What are the most significant **individual**-level barriers to pharmacy professionals using their expertise to optimally improve patient care?





Penm J, Jorgenson D, MacKinnon NJ, Smith J. Barriers to the advancement of the pharmacy profession. *Canadian Pharmacists Journal*. 2017; 150(3): 150-2.

Individual-Level Barriers Preventing Optimal Patient Care

“Many Pharmacists lack the courage, and in some cases the ability, to make the necessary changes in their practice to embrace and utilized the systems currently in place. It may be the fear of doing something wrong, or the lack of confidence.” (Pharmacist)

“I feel most pharmacists are content in what they are doing, and don't have motivation to change.” (Pharmacist)

“Rewards for innovation are not clear or consistent. If a pharmacist is still paid the same for the traditional work of product dispensing as for harder, more complicated innovative practice, it is less likely that many pharmacists will pursue the innovative model.” (Pharmacist)

What is the perspective of pharmacy technicians?

TABLE 1 Pharmacy technician level of agreement with workplace barriers in the pharmacy

Please rate the extent to which you agree that the following are workplace barriers to pharmacy professionals using their expertise to optimally improve patient care:	Agree/strongly agree* (n = 183)
Insufficient time for pharmacy staff to provide advanced services	87.4
Too many competing priorities in the pharmacy workplace	86.9
Lack of pharmacy technician staff to support the provision of advanced services	76.0
Lack of role clarity between pharmacists and pharmacy technicians	67.8
Limited support from management to offer advanced services	67.8
Lack of opportunity to explore service innovation in the work environment	67.8
Lack of an appropriate pharmacy layout	61.2
Lack of business models to implement advanced pharmacy services in the community pharmacy setting	61.2
Lack of resources to provide clinical pharmacy services	59.0

*The percentage of respondents who ranked their level of agreement with the item as *strongly agree* or *agree* on a 1 to 5 Likert scale.

Pharmacy techs tell us what they really think of pharmacists

[One of the largest threats to my professional satisfaction] is pharmacists who treat pharmacy technicians as inferiors and continually put them down every work day.
—Pharmacy technician

As a regulated pharmacy technician, I am still surprised at times when pharmacists display a superiority complex and feel they can do my job better than I can just because they are a pharmacist. My job is not their expertise any more than their job is my expertise. —Pharmacy technician



Pharmacy technicians feel that there are too many competing priorities in the pharmacy workplace.

Pharmacy techs tell us what they really think of pharmacists

“[Pharmacy Technicians] are considered a wishy-washy nice to have quasi-professional. Technicians have no "power", they are paid poorly and continue to cow-tow to mediocre pharmacists.”

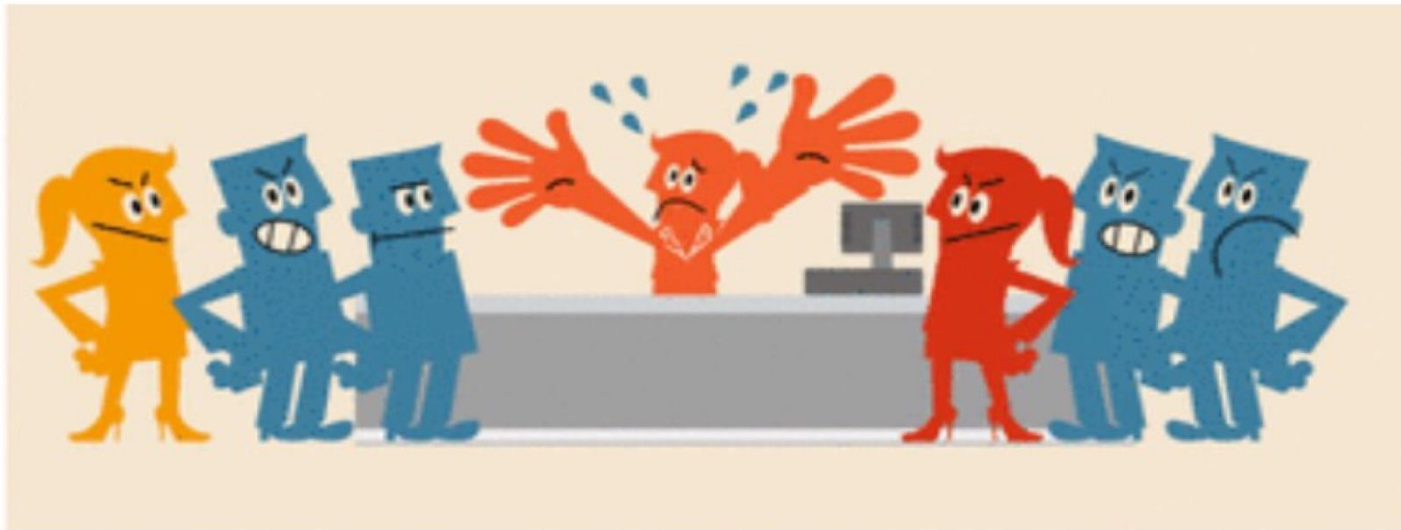
(Pharmacy Technician)

Part 4: Professional satisfaction and the priorities to advance the pharmacy profession

Neil J. MacKinnon, BSc(Pharm), MSc(Pharm), PhD, FCSHP; Derek Jorgenson, BSP, PharmD, FCSHP; Jonathan Penm, BPharm(Hons), PhD; Jennifer Smith, MA

THIS IS THE FOURTH OF 5 SHORT PAPERS REPORTING the results of a survey of pharmacy leaders and professionals from a broad range of practice set-

invited to complete the survey, 64 responded to this section of the questionnaire, for a response rate of 67%.



Pharmacies need to be adequately staffed in order to offer advanced services.

Cincinnati

MacKinnon NJ, Jorgenson D, Penm J, Smith J. Professional satisfaction and the priorities to advance the pharmacy profession. *Canadian Pharmacists Journal*. 2017; 150(5): 282-4.

What are the main factors related to career satisfaction of pharmacists?

TABLE 1 Indicators of professional satisfaction

What value do you place on each of these as indicators of professional satisfaction today?	Very important/important* (%; n = 64)
Adequate staffing in the workplace	100.0
Support to offer advanced services	98.4
Continuing education opportunities	95.3
Innovation in the workplace	95.3
Professional autonomy (e.g., employer/payer influence on service provision)	90.6
Opportunities for advancement	89.1
New technology in the workplace	89.1
Role delineation in the workplace	71.9

*The percentage of respondents who rated the item as very important or important on a 1 to 5 Likert-type scale.

What do pharmacists say are the key priorities for our profession moving forward?

TABLE 2 Key priorities to advance the profession over the next 10 years

What do you feel are priorities to advance the profession of pharmacy over the next 10 years?	Very important/important* (%, n = 64)
Integration of expanded scope into daily practice	100.0
Development of reimbursement framework	96.9
Increased payer support for the role evolution of pharmacy professionals	95.3
Increased patient/general public support for the role evolution of pharmacy professionals	95.3
Increased government/regulators' support for the role evolution of pharmacy professionals	93.8
Opportunities for interprofessional collaboration	93.8
Increased support among other health care providers for the role evolution of pharmacy professionals	92.2
Expansion of reimbursement framework	89.1
Continued research on the value of pharmacists	85.9
Opportunities for interprofessional education/training	79.7
Professional credentialing of specialization	50.0

*The percentage of respondents who rated the item as very important or important on a 1 to 5 Likert-type scale.

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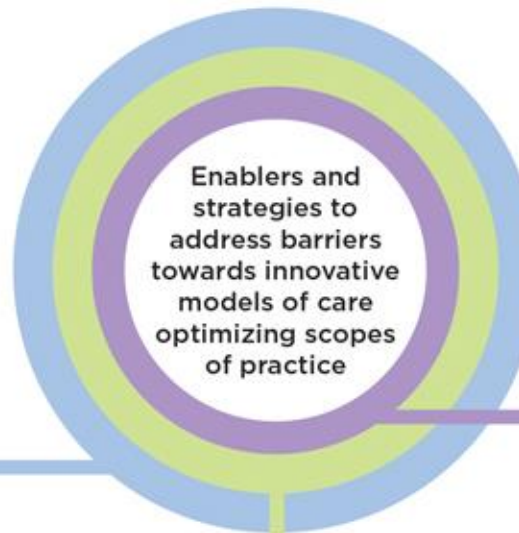
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Priorities Identified in the Research

1. Education

- Support the evolution of the education system and continuing professional development to improve the development of the required skills, knowledge and attitudes to support professional role evolution

2. Regulatory

- Remove regulatory barriers to pharmacy role evolution

3. Payer/Policy Makers

- Payers and policymakers should explore alternative payment and delivery models

4. Awareness among Key Stakeholders (excluding the public)

- Increase key stakeholders' awareness of their role in supporting pharmacy role evolution

Priorities Identified in the Research

5. Public Awareness and Education

- Increase public awareness of pharmacy services

6. Workplace Environment

- As shifts in pharmacy professional roles occur, capacity, deployment of resources and workplace settings must meet the requirements of changing business and service models

7. Technology

- Ensure that all available technology and health informatics solutions are used to support role evolution

Priorities Identified in the Research

8. Collaborative Care

- Expand opportunities for pharmacy professionals to work as members of interprofessional teams

9. Support Evidence-Based Research

- Utilize evidence-based research to understand the return on investment for professional pharmacy services. Ensure that remunerated pharmacy services are supported by evidence demonstrating positive health, societal and economic outcomes. Evaluation plans should be in place to measure outcomes following service design and implementation.

Next Steps

- The Priorities were discussed and debated at the *Pharmacy Thought Leadership Summit* over 2 days
- The consensus-based top priorities:
 - ✓ Technology and workplace environments
 - ✓ Payer/policy issues
 - ✓ Research
- Summit Report
- Follow up on Action Items

Achieving the Dream

Finally, I believe the dream is attainable and take comfort in Dr. Hepler's encouragement to hospital pharmacists everywhere:

If pharmacists will take responsibility for managing medication use, we can contribute greatly to the welfare of our patients and the nation as a whole. There will never be a better time for us to make our dream deferred into a vision achieved.

Dr. Neil MacKinnon
Dean and Professor

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@RxDeanMac



**Pharmacy
Thought
Leadership
Summit**

