



Getting the Most out of Community Pharmacy.

Recommendations for Action

UNDER EMBARGO

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At a Glance

- The scope of community pharmacy services has expanded in recent years, with each province and territory taking a different approach to practices and programs.
- By 2035, Canada-wide implementation of three community pharmacy services—smoking cessation, advanced medication review and management for cardiovascular disease, and pneumococcal vaccination—could yield significant health care system efficiencies and increased labour force productivity.
- Opportunities to optimize community pharmacy include enhancing evidence and understanding of impact; addressing legislation and regulation challenges; creating supportive operating environments; supporting the evaluation of pharmacy practice quality standards; and implementing appropriate funding models.

Executive Summary

The scope of pharmacists' practice and community pharmacy services has expanded in recent years, with each province and territory taking a different approach to adapting practices and programs for better health and value for payers (including government, private insurers, and individuals); pharmacists; other health care providers; and all Canadians.

This *Value of Expanded Pharmacy Services Research Series* examines this expanded scope of practice and services and the implications for the Canadian health care system. The first report in the series, *A Review of Pharmacy Services in Canada and the Health and Economic Evidence*, published by the Canadian Pharmacists Association, provides a snapshot of how pharmacists' scope of practice and pharmacy services have evolved and how certain services have and can have an impact on population health and well-being.¹

The second report, *The Value of Expanded Pharmacy Services in Canada*, published by The Conference Board of Canada, presents the results of an economic modelling exercise focused on the potential impact of greater uptake of three pharmacy services—smoking cessation, advanced medication review, and pneumococcal vaccine administration.² It was estimated that by 2035, Canada-wide implementation of just these three pharmacy services could yield total health care system efficiencies and increased labour force productivity valued between \$194 million and \$2.03 billion. From the perspective of the provincial/territorial government payer, a large return on investment (ROI) of scaling up services is estimated at \$9.10 for smoking cessation, \$2.30 for advanced medication review and management for cardiovascular disease, and \$72.00 for pneumococcal vaccination for every dollar invested over this forecast period.

1 The Conference Board of Canada, *A Review of Pharmacy Services in Canada and the Health and Economic Evidence*.

2 Gagnon-Arpin and others, *The Value of Expanded Pharmacy Services in Canada*.

Opportunities for optimizing community pharmacy include identifying and implementing appropriate funding models to support expanded service.

This final briefing of the series focuses on the policy and practice implications for getting the most out of community pharmacy by leveraging the insights that were generated in the second report and the opportunities to further expand upon services that have the potential to optimize the health care system for better population health and value for money. The briefing also elaborates on guiding principles from a research, program, and policy perspective, including how to address the main challenges to and opportunities for realizing community pharmacy potential.

Opportunities for optimizing community pharmacy in Canada include:

- enhancing the current body of research and evidence of impact beyond traditional services;
- addressing the perceived barriers associated with legislation and regulation of the pharmacy profession;
- creating supportive operating environments;
- identifying and implementing appropriate funding models to support expanded service;
- monitoring and evaluating pharmacy practice quality standards.

Further, a number of principles could be used to ensure that the health care system and society get the most out of community pharmacy. These principles, which apply to all health services delivery settings, include the following:

- provide population needs-based services at the right time and in the most cost-effective way;
- facilitate increased coverage of the population currently without access and improve the timeliness of care to optimize effectiveness;
- provide supports for pharmacists, pharmacy owners, and administrators to facilitate practice to expanded scope if desired or where community needs are present;
- adopt a funding (payment) structure that ensures equitable, accessible, patient-centred, high-quality, and cost-effective services;

Stakeholders must work toward achieving the best care for patients, delivered by the right provider, at the right time, and in the most cost-effective way.

- optimize the use of communications technology, physical space, and other infrastructure and environmental supports to facilitate services delivery and improve collaboration with other primary care providers;
- adopt and implement a quality standards framework or approach to ensure measurable and accountable quality care.

This research series only scratches the surface of what has been and can be done to optimize community pharmacy services. From a research, policy, and practice perspective, there is much more to examine, and it will take time and many people and organizations to come together to improve understanding in this area. Stakeholders must work toward achieving the best care for patients, delivered by the right provider, at the right time, and in the most cost-effective way. This report series aims to provide an important step toward this end.

Many services have already been implemented in several jurisdictions and have been and continue to be evaluated in terms of feasibility, acceptability, and health and economic impact. Moving forward, we see even greater potential in predicting the full value of expanded community pharmacy practice from a broader health care system and societal benefits perspective.

From a policy perspective, health care system decisions are influenced by many factors. There is no one-size-fits-all solution to optimizing community pharmacy practice, but there are principles that can be applied where value for money is only one piece. Equally important is providing services that best meet the needs of the communities with the current capabilities and resources available on a pharmacy-by-pharmacy basis.

Introduction

The scope of pharmacists' practice and community pharmacy services has expanded in recent years, with each province and territory taking a different approach to adapting practices and programs for better health and value for payers (including government, private insurers, and individuals); pharmacists; other health care providers; and all Canadians.

This *Value of Expanded Pharmacy Services Research Series* examines this expanded scope of practice and services and the implications for the Canadian health care system.

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This final briefing focuses on the policy and practice implications for getting the most out of community pharmacy by leveraging the insights that were generated in the second report and the opportunities to further expand upon services that have the potential to optimize the health care system for better population health and value for money. The briefing also elaborates on guiding principles from a research, program, and policy perspective, including how to address the main challenges to and opportunities for realizing community pharmacy potential.

1 The Conference Board of Canada, *A Review of Pharmacy Services in Canada*.

2 Gagnon-Arpin and others, *The Value of Expanded Pharmacy Services in Canada*.

The Value of Expanded Community Pharmacy Services

Health and Economic Benefits From Expanding Just Three Pharmacy Services

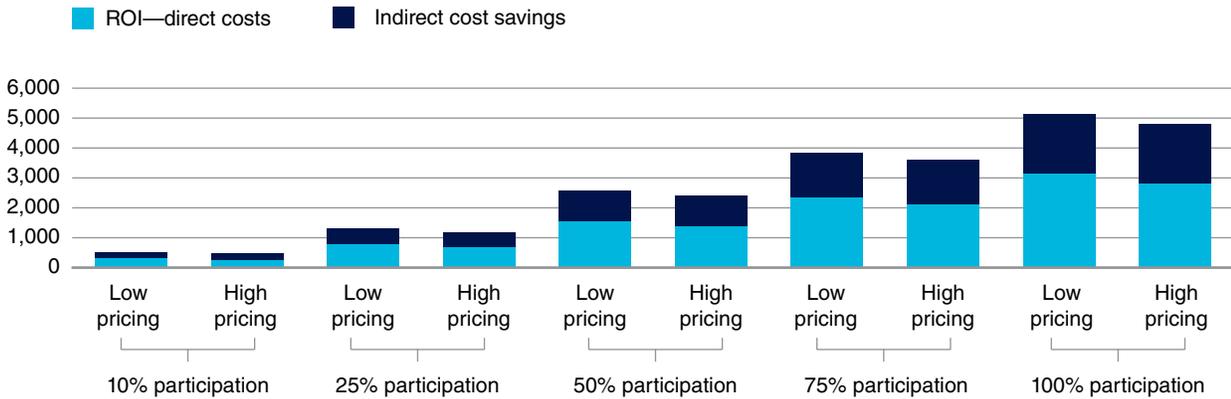
The results from our analyses in *The Value of Expanded Pharmacy Services in Canada* revealed that the potential for scale and spread of expanded pharmacy services across Canada, including smoking cessation, advanced medication review and management for cardiovascular disease, and pneumococcal vaccination, in community pharmacy services could result in significant health care efficiencies, improved health outcomes for Canadians, and greater labour productivity. Specifically, it was estimated that by 2035, Canada-wide implementation of just these three pharmacy services could yield total health care system efficiencies and increased labour force productivity valued between \$194 million and \$2.03 billion. From the perspective of the provincial/territorial government payer, a large return on investment (ROI) of scaling up services is estimated at \$9.10 for smoking cessation, \$2.30 for advanced medication review and management for cardiovascular disease, and \$72.00 for pneumococcal vaccination for every dollar invested over this forecast period. We saw that the ROI of services is influenced by the cost of the service (pricing) and the level of participation of the target population. (See charts 1, 2, and 3.) It should be noted that even with high-cost scenarios, there was always a positive return.

Although the second report focused on value from a health outcomes and economic perspective, the value of community pharmacy services extends beyond what has been studied. It includes the health and economic value of other pharmacy services as well as other benefits, including improved access to care, reduced adverse health events, increased quality of life, and greater convenience and patient/consumer satisfaction. Additional evidence on the effectiveness, uptake, and value of other expanded services is starting to emerge that will provide additional insights over time.

Chart 1

Cumulative Direct Cost ROI and Indirect Cost Savings From Smoking Cessation, by Pricing Scenario, 2016–35

(C\$ millions)



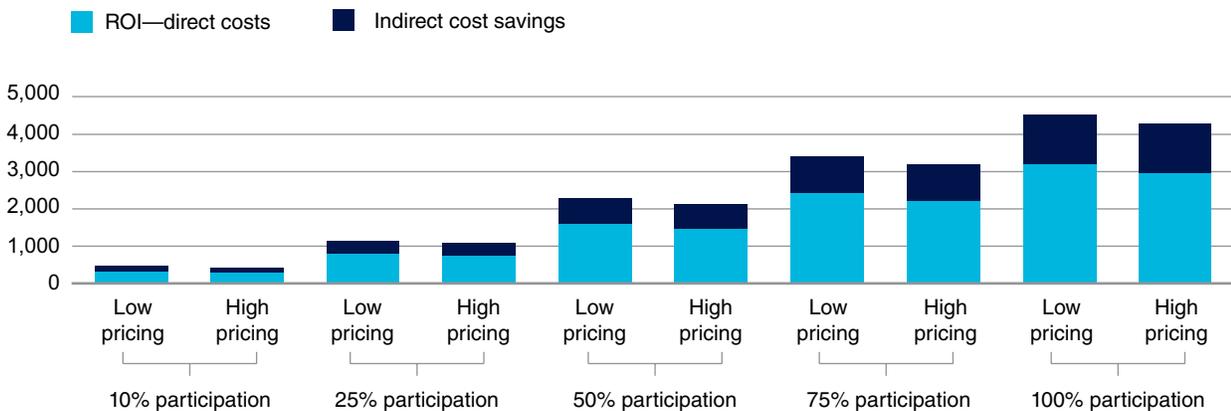
Note: Smoking cessation intervention includes initial visit and four follow-up visits. Average low-pricing scenario is \$95; average high-pricing scenario is \$153.

Source: The Conference Board of Canada.

Chart 2

Cumulative Direct Cost ROI and Indirect Cost Savings From Advanced Medication Review and Management for CVD, by Pricing Scenario, 2016–35

(C\$ millions)

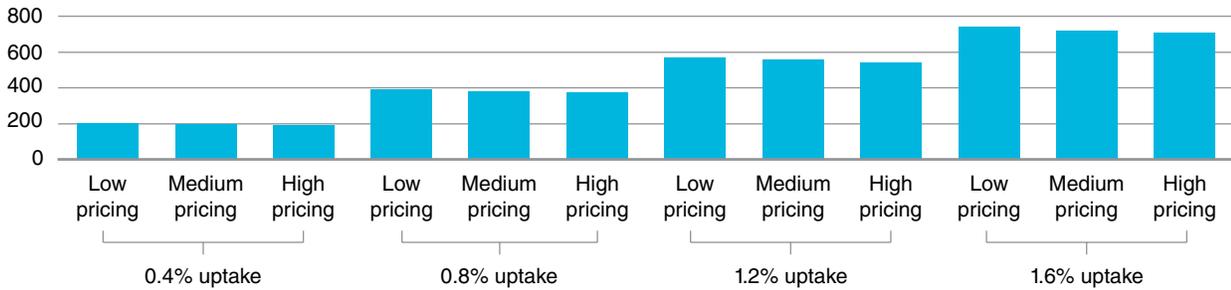


Note: Advanced medication review and management for CVD intervention is defined as an initial visit and two follow-up visits. Average low-pricing scenario is \$154; average high-pricing scenario is \$190.

Source: The Conference Board of Canada.

Chart 3

Cumulative Direct Cost ROI for Pneumococcal Vaccination, by Pricing Scenario, 2016–35
(C\$ millions)



Note: Average low-pricing scenario is \$7.50/vaccination; average medium-pricing scenario, \$15/vaccination; average high-pricing scenario, \$20/vaccination.
Source: The Conference Board of Canada.

An Overview of Canadian Pharmacists' Expanded Scope of Practice

The following services are examples of areas of expanded practice among pharmacists across many Canadian jurisdictions:³

Renew/Extend Prescriptions for Continuity of Care

To ensure continuity of care, pharmacists can renew a prescription after clinically assessing a patient's need for the medication. They then provide an update to the patient's original prescriber to ensure the patient's chart is updated. All provinces and the Northwest Territories have enabled this service; however, each province has its own set of regulations concerning the types of drugs/conditions allowed and the quantity of medication that can be renewed.

Change Drug Dosage/Formulation

To enhance patient outcomes, pharmacists can provide a patient assessment and adapt a prescription to change the dose, formulation, or regimen of the prescription. This is allowed in all provinces.

3 The Conference Board of Canada, *A Review of Pharmacy Services in Canada*.

Make Therapeutic Substitutions

To best suit the needs of the patient, pharmacists can make a therapeutic substitution to another drug, provided the drug falls within the same therapeutic class. Most provinces have standards, limits, and conditions related to therapeutic substitutions, and they are currently allowed in all provinces except Manitoba, Ontario, and Quebec.

Initiate Prescription Drug Therapy

Pharmacists in Alberta have independent prescriptive authority for *any* Schedule 1 drug, not including controlled drugs and substances, provided they have obtained additional prescribing authorization through the College. Within or under a collaborative practice setting or agreement, pharmacists in New Brunswick, Nova Scotia, Saskatchewan, and Manitoba may also initiate prescriptions. (Manitoba also limits this authority to pharmacists with additional authorization through the College.) In case of emergency—where there is an immediate need but no existing prescription—pharmacists in Alberta, Saskatchewan, Manitoba, New Brunswick, Nova Scotia, and Prince Edward Island may also initiate Schedule 1 prescription drug therapy (limitations apply).

Prescribe and Provide Behavioural Counselling

Pharmacists in all provinces except British Columbia and Ontario can assess and prescribe Schedule I drug therapy for the treatment of specific minor ailments outlined in jurisdictional legislation/regulation. (Additional training and/or authorization through the College may apply.) All provinces can also provide non-prescription and non-pharmacological counselling and options. Minor ailment conditions for which pharmacists are allowed to prescribe vary across the provinces. Pharmacists in every province except British Columbia and Saskatchewan can also prescribe Schedule I drug therapy for smoking or tobacco cessation; additional training and/or authorization through the College may apply.

Administer a Drug by Injection

For routine injections or immunizations and other preventative measures, pharmacists in most jurisdictions are able to administer a drug or substance by injection, although jurisdiction-specific regulations apply (e.g., training requirements, age limitations). Pharmacists in Alberta, Saskatchewan, Manitoba, New Brunswick, Newfoundland and Labrador, and Prince Edward Island have injection authority for most drugs. (Limitations apply.) In all provinces except the territories and Quebec, pharmacists can administer vaccines. (Limitations apply.)

Ontario pharmacists are currently authorized to inject the influenza vaccine and, more recently, travel vaccines.⁴ Quebec is the only province that does not currently allow pharmacists to administer any drug or vaccine other than for demonstration/education purposes.

Order and Interpret Lab Tests

For the purpose of medication monitoring, pharmacists in some jurisdictions are authorized to order, receive, and interpret the results of a laboratory screening. Regulations authorizing these activities have passed in Alberta, Manitoba (authority to order tests only), Quebec, and Nova Scotia. Implementation is pending legislation, regulations, standards of practice, and/or education in Saskatchewan, Prince Edward Island, and New Brunswick.

Opportunities for Optimization

Overall, findings from the two previous reports in this research series suggest several challenges in establishing optimal community pharmacy practice in Canada from the societal perspective. As such, the responsibilities in addressing these challenges are in the domain of multiple stakeholders, including governments, pharmacist associations and regulatory colleges, research and academia, and the community pharmacy industry. While no one “best practice” model has emerged, this briefing identifies and discusses several principle-based recommendations and guiding principles that could serve as a foundation on which to build an approach to optimizing community pharmacy services.⁵

This section reviews some of the main opportunities for optimization that were originally framed as challenges in the first two reports. These opportunities were informed by a series of key informant interviews, public payer consultations, and a review of the literature.

4 Ontario Ministry of Health and Long-Term Care, *Ontario Making It Easier*.

5 The principles included in this report are adapted from those included in the Conference Board’s report by Dinh, Stonebridge, and Thériault, *Recommendations for Action: Getting the Most out of Health Care Teams*.

Defining Optimal Community Pharmacy Practice

We use the term *optimize* to mean to increase or improve the value, quality, and uptake or implementation of community pharmacy services. *Optimization* is the “act, process, or methodology of making something (as a design, system, or decision) as fully perfect, functional, or effective as possible.”⁶

Optimal is a term that can be interpreted differently depending on the perspective being taken. In the context of this briefing, which places a greater focus on value from the health care system perspective, *optimal community pharmacy* can be described as health services delivered within a community pharmacy setting that achieves the following:

- Services provided generate greatest value-for-investment, where value represents improvements in health outcomes, patient/consumer satisfaction, appropriateness of care, quality of life, access, health care system cost-efficiency, labour force productivity, etc.; and investment represents the funding required to cover the cost of services as well as the opportunity costs of that investment.⁷
- The environment creates both capacity and motivation to deliver expanded services in community pharmacy, such as pharmacists having the time, skills, and motivation (e.g., appropriate funding) to provide additional services beyond base services.
- The environment supports large uptake in the population that can benefit the most from services provided. For example, patients/consumers are motivated to access services due to, for instance, a high level of trust in the pharmacist, convenience, lack of other opportunities to receive the same services in other settings and by other providers, and low or no cost to patients/consumers, with funding provided by provincial and private payers.
- Community pharmacies work more collaboratively and effectively with other health care providers and sectors in the health care system to enhance continuity of care and to ensure best experiences for patients/consumers.
- Community pharmacies deliver, and are accountable for, the highest quality of care.

6 Merriam-Webster, *Optimization*.

7 *Opportunity cost* is defined as the benefit that could have been gained from an alternative use of the same resource. Collins English Dictionary, *Opportunity Cost*.

- Community pharmacies can provide equitable access to services across Canadian jurisdictions based on the availability of pan-Canadian pharmacy regulations.

These characteristics are examples of what could describe optimized services in any health care delivery setting, including community pharmacy. Further work in establishing a vision for community pharmacy that includes input and engagement from key stakeholders would assist in better defining optimal in this context.

Adding to the Current Body of Evidence

The previous two reports discussed the need for more research on and real-life evidence of the value and impact of expanded pharmacy services. At the time of our research, there were knowledge gaps in terms of population health impact (improvements in clinical and health status outcomes compared to standard or status quo care, improvements in quality of life, reductions in adverse events, extended life expectancy, etc.) and economic value (reduction in physician visits, emergency department visits, lower administrative costs, etc.).⁸ Part of this information gap is due to the recent implementation of expanded pharmacists' scope of practice and pharmacy services, resulting in a lag of evaluation and research data.

We expect to see more evidence emerge on value and impact; however, concerns remain about the metrics used that would allow for estimation of value-for-money or value-for-investment from the perspective of the government payer or private insurer. (Some private insurers include pharmacy services coverage within their employee drug plans.) The challenge from an evidence point of view is ensuring the appropriate metrics are being captured that can justify funders starting or continuing to cover expanded services for their client population and that enable an economic evaluation (making the business case) as The Conference Board of Canada did in the second report of this research series.

8 The Conference Board of Canada, *A Review of Pharmacy Services in Canada*.

The challenge is finding ways to ensure that cost-efficiencies or cost-offsetting can be realized when new services are being funded by the public purse.

Health care funding and delivery is predominately a provincial/territorial responsibility. As such, there are 13 regional health care systems in Canada, and community pharmacy is only one component of a patchwork of health care delivery settings, professionals, and funding models. Value, from the perspective of the government payer, represents a cost-benefit from a whole health care system point of view. There is a desire for reassurance that investing in expanded services will truly result in cost-savings or efficiencies, or at least reach government targets (e.g., public health targets for population vaccination). Further, the benefits of expanded pharmacists' scope of practice and pharmacy services can be realized only if costs are taken out of other parts of the system because of efficiency gains and improved patient health outcomes.

Consultations with government payers, particularly drug plan managers, reveal that the value-for-money based on current data is not easily accessible due to misalignment between the costs of administration and returns. For example, many of the estimated cost-savings would be assumed by other government departments (e.g., department or ministry of health or finance). Finally, government payers continue to voice concerns about cost-savings that do not materialize as expected in the shorter term, such as investments in primary health care and innovation technology to save on downstream costs (physician services, specialty care, emergency department visits, and hospitalizations), which are returns that would require longer periods of time to be realized. The short-term cost or investment for many health policy and system changes usually result in longer-term benefits, resulting in a delayed gratification that current governments are not always interested in waiting for. The challenge here is finding ways to ensure that cost-efficiencies or cost-offsetting can be realized when new services are being funded by the public purse, and being able to anticipate when these benefits would be realized over the short, medium, and long term.

Legislation, Regulation, and the Pharmacy Profession

Expanded scope legislation varies considerably across different jurisdictions. Some provinces have already legislated a range of expanded scope services, whereas others are still in the process of determining which new services to include.⁹ Stakeholders we interviewed discussed the different stages of implementation and uptake for the services that are currently legislated across jurisdictions—in some cases, standards of practice are still being developed or implementation has not yet caught up with legislation.¹⁰ This has posed a challenge to determining the full financial and health impacts of current expanded pharmacy services. However, national standards of practice do exist and can be leveraged, as opposed to the need for additional assessment. An example of a national standard may include the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards of Practice for Canadian Pharmacists.¹¹ Our interviews revealed that many jurisdictions have not yet established internal evaluation methods or devoted the necessary resources for these types of assessments, and provincial and territorial governments want these data before investing additional public funding for these services.¹²

Expanded pharmacists' scope of practice does not translate into expanded community pharmacy services overnight. However, pharmacists have noted that there have been many opportunities to optimize their skills and training, and that more pharmacists are attracted to working in jurisdictions that allow more advanced practice where funding models exist to support it.¹³

The learning curve required for pharmacists to implement expanded scope was identified as a challenge in our previous research. Some jurisdictions require specific certification and training courses for particular areas (e.g., injection training), while some offer online

9 Canadian Pharmacists Association, *Pharmacists' Expanded Scope of Practice*.

10 The Conference Board of Canada, *A Review of Pharmacy Services in Canada*.

11 National Association of Pharmacy Regulatory Authorities, *Model Standards of Practice for Canadian Pharmacists*.

12 The Conference Board of Canada, *A Review of Pharmacy Services in Canada*.

13 Ibid.

modules (often with a fee for individual pharmacists) and others are still working through the standards of practice and implementation plans for expanded scope that has been legislated. There are also differences in the uptake of new training, processes, and education, as independent pharmacies may not have the same resources or standards as larger chain stores.

In our previous interviews, stakeholders noted that challenges remain with being able to optimize community pharmacists in their work with other health care providers within the health care system. Some health care providers may see expanded pharmacists' scope of practice as a possible threat because of similar or overlapping competencies.¹⁴ The main challenge is finding a way to support multi-professional collaboration and communication that will allow for better services delivery and health care system efficiencies by reducing duplication of services across multiple providers; better information for providers to make appropriate clinical decisions; and improved coordination and continuity of care for the patient/consumer.

Evaluating and Monitoring Quality Standards

One of the challenges identified by government funders of pharmacy services is a lack of understanding of how quality, impact, and value can be evaluated, monitored, and included in an accountability framework. Consultations with drug plan managers identified some specific questions. For example, when someone receives medication and associated health care services at their local pharmacy, how can the quality of that care and service be gauged? What are the quality indicators that should be measured for community pharmacy services? How can routinely collected pharmacy claims data be leveraged for the purpose of assessing performance on quality indicators?

Many of the expanded pharmacy services that provincial/territorial governments fund, such as medication reviews and care plans, have been designed to leverage the expertise and expanded scope of pharmacy practice to ensure appropriate medication use and prevent

14 Ibid.

There is no one experience for a Canadian pharmacist or community pharmacy.

medication-related issues and events (e.g., avoidable trips to emergency rooms). Although inappropriate use of medications and errors can occur (not unlike with other health care providers and service delivery settings), community pharmacists as medication experts have a significant role to play in preventing adverse events and promoting appropriate medication use, particularly through programs like medication reviews. The design of these programs has been evolving and will continue to do so as experience builds and evidence of impact on outcomes becomes known through research and evaluation, which includes identifying and measuring the appropriate quality metrics.¹⁵

Supportive Operating Environments

Community pharmacies operate in a variety of management models, including independent stores, chain stores, and as part of interprofessional practice such as a general practice (family medicine), or in independent specialty practice in the care of specific health conditions. There is no one experience for a Canadian pharmacist or community pharmacy; many practise in isolated and rural communities as solo practitioners and others operate in larger urban areas where there may be an abundance of providers and resources to deliver expanded services. The location and constraints of the operating environment of a community pharmacy can impact the extent to which it can be optimized.

Community pharmacists cited both benefits and challenges of working within a chain store model—what has been called the “corporate conundrum.”¹⁶ Benefits include supports to facilitate broad and effective uptake of expanded pharmacists’ scope and pharmacy services (which has been particularly strong with the implementation of influenza vaccinations), such as providing:

- professional development and training (e.g., fund or provide reimbursement support for training that facilitates scope expansion);
- practice tools to facilitate delivery of services by pharmacists (e.g., policy and procedures manuals, patient consent forms);

15 For example, see Kolhatkar and others, “The Impact of Medication Reviews.”

16 The Conference Board of Canada, *A Review of Pharmacy Services in Canada*.

- service support (e.g., providing answers to questions on service regulatory requirements);
- professional affairs and government relations services (e.g., liaising with provincial associations and governments and providing support and tools for pharmacists to reach out to local public health units and other health care providers);
- procurement (e.g., determining the best processes for provincial wholesaler distribution);
- pharmacy systems support (e.g., setting up central pharmacy dispensing systems), social marketing and media, and other health solutions (e.g., building relationships with employers and insurers to raise awareness).

On the other hand, these types of supports may not be as prominent for independent pharmacies; and pharmacists working in these environments may find it challenging to practise to expanded scope, much less meet demands for currently offered services. Although this can be more of a challenge within the independent pharmacy operating environment, pharmacists working in a chain store model have reported the same concerns.

In our interviews, we also heard that chain store pharmacists are sometimes challenged by pressures to meet the volume of core dispensing targets due to the for-profit model. It was noted, however, that this type of pressure is consistent with any fee-for-service health service delivery model, including physician-led private practices, and can also occur in an independent pharmacy operating environment.

Supportive Funding Models

The first report in this series indicated that payment for pharmacy services—both expanded and core services—can be through public payer compensation, insurer coverage, or out-of-pocket (by the individual patient/consumer) payment.¹⁷ Public payer compensation varies significantly across jurisdictions—some pay for many services while others pay for none, and not all services are the same, which may reflect

17 Ibid.

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some variation in fees paid. For example, as we discussed in the second report, advanced medication review and management services can differ from one jurisdiction to the next, with most comprehensive services in Alberta reflecting the higher fees set in that province.¹⁸

From the perspective of the pharmacist and pharmacy, the main challenge concerning funding is that the ability or motivation to deliver on expanded services is contingent upon the funding available to do so. There is a sentiment that there is little incentive to deliver expanded, non-core services if compensation for such services is inadequate.

On the other hand, public payers have identified a challenge in determining how to leverage their investment in pharmacy services for the highest-need, highest-cost patient populations in order to achieve real impacts on health and system sustainability. Some noted that existing criteria and payment frameworks for complex, high-needs patients are not delivering the results expected and that a need exists for flexible funding models to reflect these challenges. In addition, there is interest in exploring how to better target vulnerable populations.

Some governments have voiced reluctance in creating a new fee-for-service model for other professional groups, with some government payers questioning the sustainability of their current funding models for pharmacy services. This challenge speaks to the need to show value-for-money with existing funding models before decisions to fund additional services can be made.

In our consultations it was discussed that similar to other professions such as physiotherapy, pharmacists and pharmacies could charge a fee to the patient/consumer for services that are not covered by public or private insurance, and that there may be an untapped interest and willingness to pay among the public (e.g., travel medicine clinics). However, others cited the public's general desire to avoid out-of-pocket payments, especially for services they feel should be publicly funded or that they know they can access at no out-of-pocket cost in another health care setting, even though it is inconvenient or they may have to wait longer to access this care. Some stakeholders have argued that

18 Gagnon-Arpin and others, *The Value of Expanded Pharmacy Services in Canada*.

if the same service is a reimbursable benefit under the government funding schedules, it should be covered no matter which qualified health care provider is delivering the service.

Among private insurers, there appears to be limited appetite for including pharmacy services in the basket of benefits that make up employer plans. From the insurer perspective, this is partly because many of the services are seen as being part of the public realm and partly because the cost of coverage for things like specialty medicines are crowding out other potential items in benefits plans. That being said, private insurers historically have demonstrated a willingness to pay for services that plan members want (such as massage therapy, vision care, orthodontics). For this to happen for pharmacy, there needs to be a clear demonstration of the value that pharmacy services bring to the population. A few initiatives are breaking ground in the private insurance world, including Green Shield Canada's new "health coaching" service provided by pharmacists and offered to plan members who meet certain criteria. Quebec's new pharmacy legislation, *Bill 41*, requires insurers to pay for the same pharmacy services that the public payer compensates. Further, there is an effort under way to offer plan members with health spending accounts the option to submit claims for pharmacy services.

Getting the Most out of Community Pharmacy: Guiding Principles

As previously mentioned, identifying a best practice model for optimal community pharmacy practice—taking into account the perspective of health care system payers (provincial/territorial governments, private insurers, and all Canadians)—is a difficult task. From this viewpoint, the following principles are key in supporting better practices in health services delivery, from primary care to palliative and end-of-life care, regardless of the setting. These principle-based recommendations relate to the challenges to optimizing community pharmacy discussed earlier as well as those identified in The Conference Board of Canada's previous work on optimizing multi-professional primary health care.¹⁹

19 Dinh, Stonebridge, and Thériault, *Recommendations for Action*.

These principles apply to any health services delivery organization, institution, provider, or setting.

Provide population needs-based services at the right time and in the most cost-effective way.

Appropriate medication management is critical to the health and well-being of patients/consumers and is a shared responsibility between these individuals and their health care providers. Community pharmacy services are a key component of the basket of primary health care services and can contribute to optimal services delivery, particularly in medication review and management, as well as other related services that ensure best outcomes for individuals and populations.

Community pharmacists are moving from the medication-dispensing model of the past to a client-focused primary care model. Expanded scope provides additional opportunity to, for example, administer vaccines, order and review laboratory tests and results, adjust medications, and prescribe new medications. As part of this care, community pharmacists could, for instance, run blood pressure or diabetes screening and monitoring clinics or offer these services to individuals as part of their medication management. In some cases, this scope overlaps with other primary care providers like physicians and nurses.

When medication services are delivered by the right provider, at the right time, in the most cost-effective way, value is optimized. When governments pay for pharmacy services, value should be understood relative to the costs and outcomes for service regardless of provider (e.g., for vaccination administration or prescribing).

It is important therefore to continue to leverage the expertise of community pharmacists and to support their optimal practice in order to deliver the services that patients/consumers need the most and can most benefit from. It is equally important to leverage the environment in which they work—community pharmacies have the advantage of providing greater accessibility for certain populations via extended hours of operation and convenience of location. It is also essential that the costs of services delivered by community pharmacists are the same or less than other health care providers, to ensure value-for-money.

Pharmacists require supports to enable transition from legislated and regulated expanded scope into expanded practice.

Facilitate increased coverage of the population currently without access and improve the timeliness of care to optimize effectiveness.

Community pharmacies are abundant across Canada, which means there are excellent opportunities to provide services to individuals who cannot or do not have adequate access service through other means (such as through a physician-led primary care practice) or who want a more convenient access point for service. Expanded scope for pharmacists provides opportunities to engage in proactive case-finding of medication use needs and problems; medication care management and support; and opportunities for better management, such as through de-prescribing in cases of inappropriate use. Community pharmacies that offer expanded scope, such as vaccine administration, provide an added benefit of increasing access and offering convenience to individuals seeking that service. Government-sponsored programs should consider targeting populations where access and timeliness of care are lacking, in addition to populations that stand to benefit most from services addressing appropriate medication use.

Provide supports for pharmacists, pharmacy owners, and administrators to facilitate practice to expanded scope if desired or where community needs are present.

Regardless of whether pharmacists work in a chain store model or an independent pharmacy, they require supports to enable transition from legislated and regulated expanded scope into expanded practice, should they choose to engage and where there is need in their community to engage. It was noted earlier that these supports are more readily available in a chain store model than in an independent pharmacy.

Adopt a funding (payment) structure that ensures equitable, accessible, patient-centred, high-quality, and cost-effective services.

Many community pharmacy services are provided in a retail environment atypical of other primary care professionals. Payment for pharmacist services comes from a mix of sources and in some jurisdictions may include government- or insurer-sponsored remuneration for select services. Government-sponsored remuneration²⁰ can be an effective

²⁰ *Remuneration* refers to how, how much, and by whom a service provider is paid.

means to drive desired behaviours, but requires appropriate design, within each jurisdiction's needs, interests, and capacity to offer it. When provided, government-sponsored remuneration for services related to expanded scope (e.g., vaccine administration) or targeted medication management programs should be cost-effective, facilitate improved access, and include quality and performance mechanisms to help inform on value and any required adjustments. Evidence-based programs that facilitate appropriate medication use are of paramount interest to governments because of the impact on health, health system efficiency, and costs. Government policy, programs, and remuneration should be monitored and evaluated to ensure the desired outputs, outcomes, and efficiencies are being attained.

Optimize the use of communications technology, physical space, and other infrastructure and environmental supports to facilitate services delivery and improve collaboration with other primary care providers.

As the role of community pharmacists changes, so too must the environment they work in and the way they work—both inside the pharmacy and outside with their primary care colleagues and other health care institutions. Pharmacies require appropriate care delivery space (ensuring privacy and comfort) for assessments and consultations conducted by pharmacists. Standardized care planning tools, processes for care hand-offs, referrals, and care coordination among health service providers and across organizations and sectors are essential to ensure quality and continuity of care. Additional human resource supports in community pharmacies, such as the use of regulated pharmacy technicians for dispensing, could allow pharmacists greater opportunities to provide expanded scope services.

Adopt and implement a quality standards framework or approach to ensure measurable and accountable quality care.

Winslade and others investigated methods to measure community pharmacy performance for quality-of-care indicators.²¹ This work helps to inform the pharmacy regulatory colleges about the types of data

21 Winslade and others, "Monitoring Community Pharmacist's Quality of Care."

Performance measures allow for benchmarking and comparison across organizations.

they can use in their quality assurance work measuring pharmacist and community pharmacy performance. They reference the Pharmacy Quality Alliance (PQA) in the United States, which has developed condition-specific quality indicators, with specific conditions targeted by PQA because of the high frequency of associated medication use problems. PQA notes that performance measures allow for benchmarking and comparison across organizations and can be used by governments for public reporting and pay-for-performance, while quality improvement indicators help organizations to understand efficiency and outcomes of their internal processes.²² PQA's medication use performance measures focus on safety, appropriateness, and adherence. Examples include:

- statin use in persons with diabetes (the percentage of individuals age 40–75 who were dispensed a medication for diabetes, who receive a statin medication);
- use of benzodiazepine sedative/hypnotic medications in the elderly (the percentage of individuals age 65 and over who received two or more prescription fills for any benzodiazepine sedative/hypnotic for a cumulative period of more than 90 days);
- use of opioids at high dosage in persons without cancer (the proportion—XX out of 1,000—of individuals without cancer receiving a daily dosage of opioids greater than a 120 mg morphine equivalent daily dose for 90 consecutive days or longer).²³

Winslade and others' research used some of the PQA indicators (with adaptations) and routinely available claims data for performance assessment at community pharmacies in Quebec. They determined that these data are useful for measuring quality-of-care indicators and, furthermore, that the results showed variation in performance across community pharmacies. They note that these findings are important for regulators with the current interest on monitoring performance proactively versus passively through complaints.

22 Pharmacy Quality Alliance, *Quality Improvement Indicators Differ*.

23 Ibid.

Considering the strong interest in this theme identified in our research, pharmacy stakeholders including colleges, associations, and pharmacy owners and managers would benefit from moving forward with the quality agenda.

Health Standards Organization and Accreditation Canada's Community Pharmacy Standard

Health Standards Organization (HSO) and Accreditation Canada have done international work on community pharmacy services that will be published as part of a global program in 2018.²⁴ The standard will apply to independent pharmacies and hospital outpatient pharmacies. The standard requirements promote a collaborative approach to safety and quality by addressing all aspects of the medication management process—from storage, selection, and preparation to dispensing medication and following up with clients about their medication needs where required. Organizations would be responsible for ensuring that the functions outlined in the community pharmacy standard are completed by qualified individuals in line with their scope of practice and applicable regulations.

The requirements will address:

- investing in pharmacy services
 - having the right people
 - delivering quality pharmacy services
 - engaging clients in medication safety
 - maintaining efficient information systems
 - monitoring the quality and safety of pharmacy services
-

²⁴ Janice McVeety (Program Manager, Global Programs, Standards, Health Standards Organization (HSO) & Accreditation Canada), e-mail communication on February 9, 2017.

Conclusion

This research series only scratches the surface of what has been and can be done in optimizing community pharmacy services. We have provided an understanding of the pharmacist profession, expanded scope of practice, expanded pharmacy services, and challenges to and opportunities for enhancing practice to allow for greater value to the health care system and to all Canadians from a health, wellness, and economic perspective.

We identified some areas of focus and action to ensure optimized community pharmacy services. From a research, policy, and practice perspective, there is much more to examine, and it will take time and many stakeholders to come together to improve understanding in this area and to work toward achieving the best care for patients, by the right provider, at the right time, in the most cost-effective way.

Many services have already been implemented in several jurisdictions and have been and continue to be evaluated in terms of feasibility, acceptability, and health and economic impact. Moving forward, we see much more potential in predicting the full value of expanded community pharmacy practice from a broader health care system and societal benefits perspective.

Throughout this series of research conducted by The Conference Board of Canada, we not only provided an understanding of pharmacists and pharmacy services in Canada, but also applied a “what if” perspective in valuing the health and economic benefits of expanding just three services at a national scale. From a policy perspective, health care system decisions are influenced by many factors. There is no one-size-fits-all solution to optimizing community pharmacy practice, but there are principles that can be applied where value for money is only one piece. Equally important is providing services that best meet the needs of the communities with the current capabilities and resources available on a pharmacy-by-pharmacy basis.

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APPENDIX A

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