

Panel of Peers – Reflections From Select Panel Members Feb 11, 2022



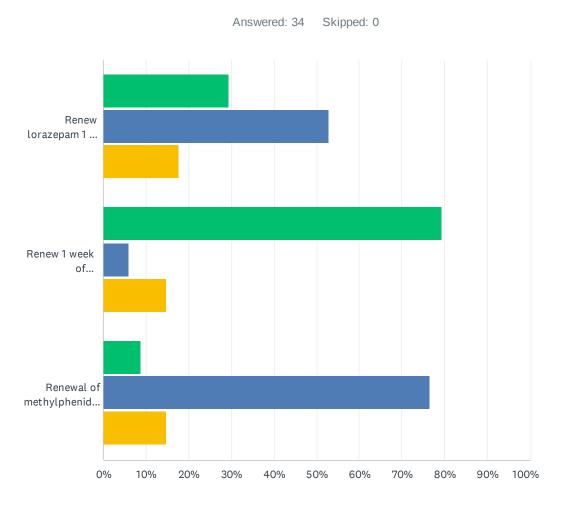
## Question 1

- The big story from this week is that 30% of the respondents for the first situation chose an option that is not allowed according to NSCP regulations. The results are in the table.
- Only the second option was appropriate.
- We cannot provide more than a 30-day supply of controlled substances INCLUDING refills. This also applies to benzodiazepines.
- After 30 days, the pharmacist must complete a new assessment and write a new prescription.
- Many respondents indicated they would have written for more than a 7-day supply of Hydromorph Contin, up to a 30-day supply.

## Question 2

Please review the comments from respondents.

## Q1 Assuming each of the following are clinically appropriate, which of the following would be an appropriate pharmacist renewal for controlled drugs?



📕 Appropriate 🛛 📕 Not Approp... 📒 OK but I wo...

	APPROPRIATE	NOT APPROPRIATE	ok but i Wouldn't Do it	TOTAL
Renew lorazepam 1 mg once daily as previously filled M: 30 tablets with 2 refills.	29.41% 10	52.94% 18	17.65% 6	34
Renew 1 week of hydromorphone sustained release 6 mg bid for a patient using it for cancer pain. Has been using it for 4 months. Last fill 30-day supply.	79.41% 27	5.88% 2	14.71% 5	34
Renewal of methylphenidate controlled release 27 mg daily as with last prescription M: 60 $\ensuremath{NR}$	8.82% 3	76.47% 26	14.71% 5	34

Q2 (YOUR SUBMISSION) Too many patients come in with no medication left, no appointment and expect the pharmacist can help in all cases. Or they expect us to prescribe out of our scope? How do you deal with patients that are starting to expect us to help when it's not appropriate? Please share your comments. The posts are anonymous but they are publicly available.

Answered: 16 Skipped: 18

#	RESPONSES	DATE
1	Describe the assessment process in detail and let them know it is by appointment only. If the patient's realize all that is involved in the process they will realize we can't do it like an OTC counsel. Renewal prescribing forms help people appreciate the workload with the service.	3/31/2022 12:59 PM
2	If it's not appropriate, I refer them to a walk-in clinic, and also remind them politely that they shouldn't be waiting until they are out of medication	3/30/2022 6:45 PM
3	Make the best decision you can based on each unique situation and look at it from an ethical/balancing empathy. Not always cut and dry. Consider also what a respected pier might do. Can be very challenging with the shortage of prescribers	3/29/2022 10:20 AM
4	Explain the situation as best as possible. It is getting more and more frequent a situation as many patients are without a family practice.	3/28/2022 12:42 PM
5	We only help when it is legally within our scope of practice. There really aren't any exceptions to that. appointment based services has also improved workflow.	3/27/2022 1:24 AM
6	I try to explain what we are able to do and what we aren't able to do. Refer if need be, and prescribe where possible. These surveys really help break down the what is acceptable and what isn't.	3/26/2022 10:06 PM
7	I explain to them while we can help in multiple situations and are happy to when we can but unfortunately cannot always provide a prescription. If we need to provide a referral for a prescription it is because we are doing what is safest and ultimately in their best interest. I typically explain the specific reason why I cannot prescribe for them as well.	3/26/2022 8:49 PM
8	Our pharmacy has created a renewal and services binder where we write down all such requests and give patients a standard wait time of 1-2 days for an assessment call from a pharmacist (except for time-sensitive issues such as UTI or cold sore prescribing, etc). If this is not acceptable to them, we direct them to walk-in or online prescribing services.	3/26/2022 6:36 PM
9	We have always had patients requesting illegal or impossible things. I don't see this as an issue. We are in the service industry. Set expectations and explain limitations.	3/26/2022 5:31 PM
10	I kindly but firmly let them know what I can and cannot do. If I can't help I tell them their options (Lyte Medical, Maple, Virtual Care NS, local walk in clinics).	3/26/2022 12:42 PM
11	I try to explain that there are some limitations on what we can and can't do and WHY. Eg we can't prescribers for a complicated UTI for several reasons, a big one being we can't order urinalysis/culture and or blood work to best treat the UTI. I've always found in customer service and pharmacy practice it's helpful to give people two options (even if they're not great options) so that way the ball is in their court and they have some say in the matter. Eg. you can try outpatients or I can call the walk in clinic for you to see if they're open today.	3/26/2022 11:40 AM
12	Tell them appointment is necessary for all renewals. It is unreasonable to expect same day service when they knew in advance they would run out of medication. Advice them when you have a pharmacist available to address their concerns.	3/26/2022 11:18 AM
13	Take time to explain why not appropriate and provide info for walk-in clinic	3/26/2022 9:22 AM

14	Explain to them why it is not appropriate and refer them, I try to give them a few options to access what they are looking for such as virtual care, walk in etc	3/26/2022 8:39 AM
15	We need to educate the public on our role and what services we can provide to them under our scope of practice. Too many are unaware of what we can do for them. I find the opposite to be more of a problem, in that people tell me they've gone without medication and didn't realize we were able to renew for them.	3/25/2022 8:12 PM
16	On a positive note, this is a great thing. Managing expectations in a positive manner, letting the public know our scope of practice. Coaching patients on accessing health care appropriately, and giving patients reasonable wait time expectations. For unburnt health care professionals who have management's support, it is manageable, even on the busiest of pharmacies.	3/25/2022 6:01 PM