Pharmacist Prescribing
The Alberta Experience

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Objectives

By the end of this presentation attendees will be able to:

• Understand prescribing and its implications for the pharmacist scope of practice.

• Differentiate pharmacists prescribing practices worldwide, and specifically in Alberta, Canada

• Describe prescribing uptake by pharmacists working in hospital and community settings.

• Identify factors influencing pharmacists adoption of prescribing
Prescribing

Giving directions (verbal or written) for the preparation and administration of a remedy to be used in the treatment of a disease.

- Requires an informed decision about the treatment of choice for a particular patient.

- Four-step process:
  1. Information gathering
  2. Clinical decision-making
  3. Communication of prescribing information
  4. Monitoring and follow-up
Prescribing Competencies

There are many "generic" competencies that relate to the four parts of the prescribing process.

- Clinical decision-making
  - Often the most controversial
  - The level of clinical training in diagnosis and therapeutics knowledge vary amongst HCPs
  - Clinical decisions must be made within the professional’s scope of practice
Scope of Practice

Defines the procedures, actions, and processes that are permitted for the licensed individual.

- Limited by what the law allows for specific education and experience, and specific demonstrated competency.
- Each jurisdiction has laws, licensing bodies, and regulations that describe the requirements for education and training, and define scope of practice.
In order to improve quality health care access and delivery, healthcare systems around the world are expanding scopes of practice for healthcare professionals to be able to meet patient health care needs.

Redefining the scope of practice for pharmacists to introduce prescribing also aims to improve patients’ access to medicines, better utilisation of pharmacists’ skills, as well as easing the burden of general practitioners in primary care.
Prescribing Models

## International Experience

<table>
<thead>
<tr>
<th>Prescribing Model</th>
<th>Definition and Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplementary Dependent</td>
<td>Partnership between an independent prescriber (i.e. doctor) and the Rx aimed at implementing an agreed patient specific clinical management plan where doctors make the diagnosis while pharmacists prescribe according to the agreed plan. UK (2002)</td>
</tr>
<tr>
<td>Collaborative</td>
<td>The doctor diagnoses, while the Rx selects, initiates, monitors, modifies and continues or discontinues therapy (Collaborative Drug Therapy Management) 45 states in USA have adopted this model since 2001</td>
</tr>
</tbody>
</table>
The legislative framework for expansion of the scope of practice for Rxs in Alberta was put in place in 2006.

**Health Professions Act (HPA)**

- Provincial legislation governing most regulated health professions in Alberta
- Each distinct health profession in Alberta has a regulation under this Act
- Ensures competency of regulated health professionals

HPA was amended to allow Rxs to prescribe medications requiring a prescription excluding narcotics or controlled drugs.
Major Features of the HPA

Protects the public through

- Mandatory registration and standards for registration;
- Continuing competence;
- Liability insurance requirements;
- Enforcement of standards of practice and codes of ethics;
- Disclosure of decisions from disciplinary processes;
- Public representation on Regulatory College Councils
How Does the HPA Impact Scope of Practice?

• BEFORE 2006
  ❖ “Exclusive scopes of practice”
  ❖ Certain clinical activities could only be performed by a single profession (e.g. prescribing) and delegated to others

• NOW
  ❖ “Overlapping scopes of practice” to provide flexibility
  ❖ Focus is on competencies to safely provide care and guide decision making
Regulations for Rxs Under the HPA

1. Prescribing for the purposes of:
   a. Adapting a prescription
      ✓ Alter dose, formulation, or regimen
      ✓ Renew a prescription
      ✓ Therapeutic substitution

   b. Initial Access/Manage Ongoing Therapy (Additional Prescribing Authorization)

2. Emergency Prescribing

3. Administering injections

4. Order laboratory tests (as of July 1, 2010)
Pharmacist Prescribing - Adapting

Only permitted on **newly written** orders

☑️ Dose – if not commercially available or required due to impaired organ function (renal/hepatic)

☑️ Formulation

☑️ Regimen or timing of administration

☑️ Therapeutic substitution

☑️ Extending therapy for continuity of care (i.e. discharge prescriptions)
Pharmacist Prescribing - Adapting

Only within the following parameters:

- Within a Rxs’ area of clinical competence
- Adequate access to required patient information
- Approved indications
- Documentation occurs (rationale, details of assessment, history)
- Communication with original prescriber as soon as possible
Pharmacist Prescribing – Initial Access and Managing Ongoing Therapy

• Additional prescribing authorization (APA) required

• Application requirements include
  - An applicant profile and self-evaluation
  - An education and training report
  - An experience and practice report
  - Proof of a collaborative practice environment
  - Examples of care plans and supporting clinical documentation
APA Uptake in Alberta

As of February 28 2014:
Total number of registered Rxs in AB = 4550
# of Rxs with APA = 435

Pharmacists with additional prescribing authorization (as of Feb. 28)

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>2013</td>
<td>435</td>
</tr>
<tr>
<td>2012</td>
<td>220</td>
</tr>
<tr>
<td>2011</td>
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<td>2009</td>
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</tr>
<tr>
<td>2008</td>
<td>44</td>
</tr>
<tr>
<td>2007</td>
<td>15</td>
</tr>
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</table>

The college received 257 applications for additional prescribing authorization in 2013, compared to 95 in 2012. Interest is building in all areas of pharmacy practice, most notably among community pharmacists.

APA Uptake in Alberta

The majority of Rxs with APA work in community practice settings. 62% of Rxs are also authorized to administer injections.

Practice settings at time of additional prescribing application:

- Clinic
- Community
- Continuing Care
- Hospital
- PCN

<table>
<thead>
<tr>
<th>Year</th>
<th>Clinic</th>
<th>Community</th>
<th>Continuing Care</th>
<th>Hospital</th>
<th>PCN</th>
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<td>2012</td>
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<tr>
<td>2010</td>
<td>16</td>
<td>19</td>
<td>2</td>
<td>20</td>
<td>9</td>
</tr>
</tbody>
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* Applicants may identify multiple practice settings

Pharmacists offering injections up 39%

Pharmacists authorized to administer drugs by injection (data as of Feb. 28):

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
</tr>
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<tbody>
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<td>2842</td>
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<tr>
<td>2012</td>
<td>2044</td>
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<td>2011</td>
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<td>2009</td>
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<tr>
<td>2008</td>
<td>157</td>
</tr>
<tr>
<td>2007</td>
<td>20</td>
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Adoption of Prescribing Rights

Since 2007, less than 10% of Rxs in Alberta have obtained their APA.

Why are Rxs so reluctant towards adopting their prescribing rights?

Diffusion of Innovation Theory*:

- Seeks to explain how, why, and at what rate new ideas (and technology) spread through cultures.
- Innovations are not adopted by all individuals in a social system at the same time.
- Adopters can be classified based upon how long it takes for them to begin using the new idea

Rogers Innovation Adoption Curve
# Research Overview: Pharmacists’ Views

<table>
<thead>
<tr>
<th>Authors (Ref)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hutchinson et al. Survey of Alberta hospital Rxs’ perspectives on APA</td>
<td>APA Rxs: Had more confidence in their ability to follow-up with patients and provide proper documentation. Believed APA increased efficiency in their practice and job satisfaction, and decrease time spent contacting physicians. Rxs without APA felt application process was lengthy and tedious, and felt there was a potential for increased liability.</td>
</tr>
<tr>
<td>Charrois et al. Stories from the trenches: Experiences of Alberta Rxs in</td>
<td>Rxs were motivated by their desire to improve patients’ health, improve relationships with other health professionals, validate current practices, and ensure timely patient care. They cited the time requirements of the application, documentation requirements, and their lack confidence in prescribing as challenges. The outcomes supported by Rxs were timely patient care and strengthened professional relationships.</td>
</tr>
<tr>
<td>obtaining APA (Can Pharm J. 2012; 145(1):30-4)</td>
<td></td>
</tr>
<tr>
<td>Makowsky et al. Factors influencing Rxs’ adoption of prescribing: qualitative</td>
<td>Prescribing served to legitimize or facilitate what Rxs were doing prior to prescribing implementation. Community Rxs valued being able to prescribe in emergencies or extend prescriptions. Working closely with other health professionals in a hospital or PCN setting was seen as conducive to prescribing. However, some hospital Rxs felt this professional proximity eliminated the need to prescribe. Some Rxs cited physician opposition to pharmacist prescribing as affecting their prescribing practices.</td>
</tr>
<tr>
<td>application of the diffusion of innovations theory. (Implement Sci. 2013,</td>
<td></td>
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<tr>
<td>8:109)</td>
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</tbody>
</table>
Explore the experiences of hospital pharmacists with APA to characterize pharmacist prescribing and their attitudes and beliefs towards APA.

The insight gained through this study was used to:

- Engage and support pharmacists to help them obtain APA; and
- Help pharmacists with APA to integrate prescribing into their routine practice for the purpose of optimizing patient care.
Appreciative Inquiry

• Looks into the best of what currently exists in order to imagine what it could be
• Builds on the positive instead of focusing efforts on fixing the negative
• Qualitative exploration using:
  ➢ Face-to-face interviews
  ➢ Observation of settings and events (researcher’s notes)
  ➢ Personal document such as cases, portfolios, and documentation
Method, cont’d

Interview questions focused on aspects such as:

- Pharmacist communication of their prescribing rights
- Confidence with prescribing
- Perceived benefits, challenges and opportunities related to pharmacist prescribing
- Desired support systems
Findings - Dominant Themes

The “pros”

• Efficiency: *Improvement of workflow + Reduction of workload*
• Experience: *Increased confidence due to familiarity*
• High Standards: *More conscientious when they prescribe*
• Scope of Practice: *Satisfied with expanded role and increased accountability*
• Collaboration: *Validated + strengthen previous collaborative practices*

The “cons”

• Devaluing: *Perceived prescribing practice as not complex*
• Integration challenges: *Increased workload (documentation) + inability to follow up*
Resulting Recommendations

- Peer mentoring and support program
- Skill development through CPD programs (e.g., documentation).
- Creating recognition and incentives for those with APA (e.g., priority for educational funding, increased proportion of clinical time).
- Working with pharmacists with APA to help them define and establish their prescribing role within their practices.
- Setting a deadline for eligible pharmacists to achieve APA.
Pharmacists Prescribing in Qatar?

Robust practice models are a cornerstone of the pharmacist prescribing agenda, thus a number of critical issues would need to be addressed:

- Work force capacity
- Training and credentialing (e.g., scope of practice)
- Access to and sharing of medical records
- Local and national legislation
- Professional identity.
There is an increasing acceptance of the development and implementation of pharmacist prescribing models internationally.

Despite prescribing rights for Alberta pharmacists were granted in 2006, prescribing by pharmacists remains at an early adoption phase, particularly among hospital pharmacists.

Researching the factors influencing adoption of prescribing rights can help pharmacists understand what they need to change in their practice before considering practice advancement.
Questions?

References:


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