The Blueprint for Pharmacy and Pharmacy Technicians: History and Future

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June 21st, 2012
Learning Goals and Objectives:

- Understand the evolution of Pharmacy Technicians: discussing the past, present and future roles.
- Learn about the national landscape to see what is happening across Canada with the role of the Technician.
- Learn about the ‘Blueprint for Pharmacy’ and the Canadian Pharmacy Services Framework (CPSF).
- Discuss the challenges facing the profession and how these affect change.
- Learn what technicians can do to assist in the promotion of the blueprint, and the ‘moving forward’ of the pharmacy profession.
Are pharmacy technicians doing what they should?

“It has been said that we do not suffer from a shortage of resources. We need appropriate utilization of talent, better management and better administration of the resources now available…

It is time that we stop performing the counting, pouring, packaging and labeling routines and delegate these functions to appropriately educated, trained and qualified technicians.”

Don Francke 1972
30 years later

“... pharmacists can play an increasingly important role as part of the primary health care team, working with patients to ensure they are using medications appropriately and providing information to both physicians and patients about the effectiveness and appropriateness of certain drugs for certain conditions.

In the future, there may also be a role for pharmacists who are not engaged in the retail sale of prescription drugs to prescribe certain drugs under specific, limited conditions.”

Royal Commission on the Future of Health Care in Canada Report 2002
Chronic diseases:

- 2.4M (6.8%) living with diabetes, 20% of cases undiagnosed. Will reach 3.7M by 2018/2019 *
- 3.5M Canadians (10.3%) living with respiratory chronic disease, e.g. asthma, COPD **
- 1.6M (4.7%) Canadians living with cardiovascular disease **
- The 24% of seniors living with three or more chronic conditions were responsible for 40% of health care use among Canadian seniors **

* Diabetes in Canada: Facts and Figures from a public health perspective, Public Health Agency of Canada, 2011
** Public Health Agency of Canada website
…and today

➤ Persons with chronic diseases (impoverished, seniors, rural communities) have a harder time accessing the health care system, and 90% of them use one or more prescription medication *

➤ 62% of seniors on public drug programs using five or more drug classes; 29% of seniors 85 and older claim for 10 or more drugs **

* How Do Sicker Canadians with Chronic Disease Rate the Health Care System? Health Council of Canada, December 2011
** Seniors and Prescription Drug Use, CIHI, 2010
The five-year prevalence rate for all cancers combined rose 2.1% per year from 1997 to 2008, linked to aging demographics *

Preventable ADEs: One of every nine ER visits were due to a drug-related cause – over two-thirds were deemed preventable **

* Statistics Canada
** Canadian Medical Association Journal, 2008;178(12):1563-9
Health expenditures (CIHI)
Health expenditures (CIHI)

- 2011 forecast: $5,811 spent on health per Canadian – up from about $500 in 1975, $1500 in 1985, $2000 in 1995, $4000 in 2005 (adjusted for inflation)

- Health spending accelerating as population ages. About 14% of the population was 65 and older in 2009
  - 2.6% increase in spending every year from 1975-1991, then 3.5% from 1996-2009
  - 6.8% of GDP in 1979, 8.3% in 1983, 10% in 1992, short drop, then 11.9% in 2009
Most increases have come in the private sector, paid out-of-pocket or by private health insurance: pharmaceuticals, dental, vision, long-term care (‘nursing homes’)

Largest public costs are hospitals, pharmaceuticals, physicians

Total spending on drugs will be about $32B in 2011 ($29.6B in 2009)

Recessions and tax cuts lessen money available to government. GDP growth slowing. ‘Unsustainable’ thrown around a lot.
Health accord expiring in 2014 - up to the provinces to tackle health expenditures
Are technicians doing what they should?

- Optimal use of human resources allows medication experts to prevent ADEs. Technicians practicing to the full extent of their knowledge contributes to protecting of the safety, security, and integrity of the drug distribution system and safe medication use.
Moving FROM... *Product-Focused Patient Care...*
… Moving TO Outcomes-Focused Patient Care.
The professions respond:
A time of change
Who are the players?

- Government and policy makers
- National and provincial associations and advocacy groups
- Regulators
- Educators
- Researchers
- Other health care providers and their representatives (e.g. nurses)
- Individual practitioners and the Canadian public
What is the Blueprint for Pharmacy?

- The Blueprint for Pharmacy is a **long-term collaborative initiative** for managing the changes required to strategically align pharmacy practice with the health care needs of Canadians.

- The Blueprint provides a credible brand, a **common Vision**, and an infrastructure under which to collect and support pharmacy practice research from across Canada.
What is the Blueprint for Pharmacy?

- The Blueprint for Pharmacy is not an organization – it is a change-management strategy owned by the entire profession.

- The Canadian Pharmacists Association provides offices and resources for the National Coordinating Office.

- There is no other initiative so broadly collaborative in the history of the profession in Canada.
A Blueprint for Pharmacy Steering Committee was formed. It’s mandate: **Monitor and Facilitate the Execution of the Blueprint for Pharmacy Implementation Plan**

Representation from students, provincial associations, regulators, chain pharmacy, deans and faculty, technician associations, hospital pharmacists, examiners
Steering Committee

- Canadian Pharmacy Technician Educators Association (CPTEA)
- Canadian Association of Pharmacy Technicians (CAPT)
- Association of Deans of Pharmacy of Canada (ADPC)
- Association of Faculties of Pharmacy of Canada (AFPC)
- Association des Pharmaciens des établissements de santé du Québec (APES)
- British Columbia Pharmacy Association (BCPhA)
- Canadian Association of Chain Drug Stores (CACDS)
- Canadian Association of Pharmacy Students and Interns (CAPSI)
- Canadian Council on Continuing Education in Pharmacy (CCCEP)
- Canadian Pharmacists Association (CPhA)
- Canadian Society of Hospital Pharmacists (CSHP)
- Ontario Pharmacists' Association (OPA)
- Pharmacists' Association of Newfoundland and Labrador (PANL)
- The Pharmacy Examining Board of Canada (PEBC)
- National Association of Pharmacy Regulatory Authorities (NAPRA)
A National Coordinating Office was formed at CPhA in order to provide:

- **Advocacy**: Tracks work in pharmacy practice research and advocacy across the country and performs knowledge translation to share results with stakeholders and the public.

- **Project Management**: Supports work collected under the Blueprint brand by coordinating and facilitating.

- **Support**: Liaises with the Blueprint for Pharmacy Steering Committee and the Fundraising Committee to support their efforts to create pharmacy practice change.
Commitment to Act

100% of National/Provincial pharmacy organizations have signed on.

78 organizations committed to act:

- National Pharmacy Organizations: 17
- Provincial/Territorial Advocacy Associations: 13
- Provincial Regulatory Authorities: 10
- Faculties of Pharmacy: 10
- Pharmacy Student Associations: 10
- Chain Pharmacy: 18
THE VISION FOR PHARMACY

Optimal drug therapy outcomes for Canadians through patient-centred care
In our Vision for Pharmacy

**Pharmacists and pharmacy technicians**
- practice to the full extent of their knowledge and skills, and are integral to emerging health care models.
- protect the safety, security and integrity of the drug distribution system through the enhanced role of regulated pharmacy technicians and greater automation of dispensing.
- lead the development of and participate in medication safety and quality improvement initiatives.

**Pharmacists**
- manage drug therapy in collaboration with patients, caregivers and other health care providers.
- identify medication use issues, take responsibility for drug therapy decisions and monitor outcomes.
- initiate, modify and continue drug therapy (e.g., through collaborative agreements, delegated or prescriptive authority), and order tests.
- access and document relevant patient care information in health records, including test results and treatment indications (e.g., in electronic health records).
- empower patients in decision-making about their health, and play a prominent role in health promotion, disease prevention and chronic disease management.
- conduct practice research and contribute to evidence-based health care policy and best practices in patient care.

**Pharmacists’ services**
- are compensated in a manner that relates to expertise and complexity of care.
Achieving the Vision

- In 2009, Working Groups produced an Implementation Plan for achieving the Vision, with 133 deliverables in 5 key action areas:
Accredited training programs and national board exams for pharmacy technicians

Skills development and continuing professional development
Changing scopes of practice:

- pharmacy technician regulation
- pharmacist prescribing
- injection & immunization
- order/interpret laboratory tests
Changing Pharmacy Business Models:
Iterative process that produces:
- Payment for medication management services and expanded scopes of practice
- Dependable Ratios of technicians to pharmacists
- Workflow analyses for optimal use of space
Shortages of regulated pharmacy technicians

Internationally educated pharmacists and pharmacy technicians
Technology:
- Electronic Health Records (EHR)
- Drug Information Systems (DIS)
- e-Prescribing
- Automated dispensing
Policy Changes by Region

*Click on the map to see the list of changes in your province*
The Vision for Pharmacy: Optimal drug therapy outcomes for Canadians through patient-centered care

www.blueprintforpharmacy.ca
Changes across the country

- Pharmacy technicians became regulated in a number of provinces (BC, AB, ON). Legislation is pending in Manitoba and Nova Scotia;
- Prescriptive authority was granted to pharmacists in Saskatchewan starting March 4, 2011. As of July 2011, pharmacists are permitted to assess and prescribe via Level 1 minor ailment prescriptive authority for acne, cold sores and insect bites.
- Fair Drug Pricing Act (Generic pricing) in Nova Scotia went into effect on July 1, 2011;
- Effective July 2011, the Council of the New Brunswick Pharmaceutical Society approved the Administration of Injections Policy.
Changes across the country (cont.)

- **Effective August 1, 2011**, the **British Columbia** Ministry of Health updated the policies and procedures for medication review services;

- Expanded professional pharmacy services in **Ontario**, effective September 1, 2011 include smoking cessation services and the Pharmaceutical Opinion Program;

- Bill 41, an Act to amend the Pharmacy Act was passed November 16, 2011 in **Quebec**: includes prescription renewal, adjustment; administration of meds for instructional purposes; preventative med therapy; request for lab analyses for appropriate med use.
Key Pharmacy Technician Projects
Consider that…

- Pharmacists site a lack of time as the primary reason why they do not practice differently.
- In some countries pharmacy technicians have the independent right to run the drug distribution system.
- The Blueprint for Pharmacy Implementation Plan lists several deliverables designed to enable pharmacy technicians to practice optimally, streamlining the whole system. Each of these can, and should, be developed into a project. They are in various stages of completion.
Key deliverables targeting PTs

» Ensure that all pharmacy technician programs meet the nationally defined competencies and are accredited to prepare pharmacy technicians to practice in expanded and innovative roles and to ensure positive patient health outcomes. (#1.9)

» Develop bridging programs to assist non-regulated pharmacy personnel to achieve the competencies required for pharmacy technician regulation. (#1.10)

» Define core competencies required by other pharmacy support personnel to protect the safety, security and integrity of the drug distribution system. (#1.12)
Key deliverables targeting PTs

- Define and achieve consensus on the future roles and responsibilities, and required skills and knowledge, of regulated pharmacy technicians to maximize their effectiveness in the delivery of professional pharmacy services. (# 2.2)

- Promote the availability of an appropriate number of regulated pharmacy technicians with higher qualifications to assume expanded responsibilities and accountability for the safety and security of the drug distribution system. (#2.5)

- Develop a model regulatory framework to grant more authority, responsibility and accountability to pharmacy technicians. (#4.2)
“More time can be spent speaking to the long term care agencies re: the medications and the three month medication reviews rather than checking the compliance packages (which the reg. tech now does). I can spend more time making sure the new therapeutic guidelines are implemented (i.e. Calcium, Vitamin D, etc.) rather than making sure the right pill is in the correct time spot.”
Quotes about regulated techs

“IT really is a time management and change management issue because having the regulated techs on staff is a real help and they are very accurate! I think Management needs to put the time in to allow for the work flow to change and the "team" to work better together in a different way. There is much "jealousy" on the part of "assistants" who have worked for many years and basically run the show, to be now checked by another, often younger technician rather than the pharmacist.”

“Work flow has not really changed yet in the pharmacy to allow for full use of the techs. Much of the checking is still done on the "back end" instead of up front. Doing it up front will increase efficiencies in the store.”
Priorities: 2012 and Beyond

- We need to do more to connect with pharmacy technicians! What are your concerns? How can we help?

  We want to hear from you
  blueprint@pharmacists.ca

- Expanded technician representation on the Steering Committee with CPTEA.

- Look out for more information of interest to technicians in our monthly stakeholder report, *Blueprint in Motion*.
Patient-centred care is enabled by regulations that support the delivery of expanded services and provide access to information:
- Pharmacist prescribing (initiate, adjust, discontinue)
- Medication injection
- Ordering lab tests
Now available for free on www.blueprintforpharmacy.ca:

1) An Environmental Scan and Gap Identification report of available resources;
2) A Legislative and Policy Framework report, summarizing the current state of pharmacy policy by province; and
3) Manager Toolkits, with worksheets for managing pharmacy practice change and human resources at a business level.

These materials are updated quarterly
Blueprint in Motion

Project updates are provided via our monthly report to stakeholders. All issues on www.blueprintforpharmacy.ca
Challenges
Politics
- Can all parties act in the interests of Canadians?
- What are the strategic priorities of business, academia, and not-for-profits? How do they differ?

Economics
- Differences between pharmacy practice environment v. other health care spheres
- Loss-leader models / dispensing v. expanded medication therapy

Practice standards and collaboration
- How do pharmacists and technicians stack up against the other health care professions re: patient outcomes?
Technology
- EHR integration
- “event fatigue”: drug systems built by non-pharmacists over-notify
- Costs and lack of transition support

Public perception
- Are pharmacists and technicians health care providers?

Will power
- Do pharmacists and technicians want to change the way they practice? “What’s in it for me?”
- Risk averse culture
How can technicians get involved?

The Blueprint for Pharmacy is home to our future leaders. The Blueprint for Pharmacy can help to focus, support, and provide a common vocabulary for these discussions.

1. Download the technician info kit from our website and give it to a friend
2. Sign the commitment to act
3. Read the Blueprint for Pharmacy documents
4. Share your practice experiences with us at blueprint@pharmacists.ca. We’ll share your story in our monthly stakeholder report.
QUESTIONS?

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