



MARKET INSIGHTS

Beyond 2010



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THE PHARMACIST'S EXPANDING ROLE

There has been a great deal of publicity on the new and expanded role of pharmacists in the selection of pharmaceuticals across Canada. This article will clarify exactly what has changed and what the pharmacist is empowered to do.

PHARMACY: THE FACTS

There are approximately 9,000 retail pharmacies and 1100 hospital pharmacies in Canada. There are over 28,000 practising pharmacists dispensing over 500 million prescriptions annually.

WHAT CAN PHARMACISTS DO?

ADAPTATIONS: FORMULATION AND DURATION OF THERAPY

Generally defined as adapting or altering the dosage, regimen or formulation, prescription adaptation allows pharmacists to complete incomplete prescriptions or adjust the order to allow formulary coverage or better dosing regimens for the patient. Extending the duration

of a prescription for a limited time period in the best interest of patient care has long been a professional function of the pharmacist. Legislation now "legitimizes" this cognitive function in British Columbia, Alberta and New Brunswick, better serving patients and avoiding the inconvenience and cost of a physician visit. Expect such legislation to eventually be passed in all provinces.

PRESCRIBING: PRODUCT SELECTION AND INITIATION

British Columbia, Alberta and New Brunswick permit independent prescribing but only Alberta regulations allow full independent prescribing (initiation and management of ongoing therapy) following training. To date, just over 100 of Alberta's 3900 pharmacists have the qualifications for additional prescribing authority. One might speculate that lack of compensation for expanded scope is limiting uptake. Alberta, British Columbia and New Brunswick also permit therapeutic substitution. After four years of delays, Manitoba has just approved the regulations and will now set to work on Standards of Practice. Ontario's Bill 179 touted

remote dispensing, pharmacist prescribing and product selection. In the end, it looks like remote dispensing (PharmaTrust) will be viable in hospitals only. After all the fanfare, smoking cessation will be the only therapeutic category authorized for independent prescribing by Ontario pharmacists. Obstacles to this expanding scope of practice include: lack of time, lack of compensation, lack of confidence, lack of opportunity to build clinical skills, lack of collaborative opportunities and lack of information highway.

INJECTING

While pharmacists are injecting in British Columbia, Alberta and New Brunswick, those in British Columbia are currently limited to vaccines only. Authority to inject in Nova Scotia is expected in 2011 with Ontario's Bill 179 permitting "injection for the purposes of education and demonstration only." We'll need to wait for the Standards of Practice to learn what that means. For specialty products, vaccines and categories such as diabetes care, the pharmacist and pharmacy chains may now, more than ever, become important partners to Brand Pharma.



HEAD OFFICE VERSUS FRONT LINE PHARMACISTS

CPhA studies have demonstrated that pharmacists in the frontline are in fact adhering to professional ethics, that is, putting patient care first. Understandably, Corporate Pharmacy must keep a keen eye on the bottom line so the two, while inextricably teamed, are also vastly apart when it comes to objectives. This should be kept in mind when brand plans are being prepared for this audience.

INTERACTION WITH PHYSICIANS

Physicians are now accustomed to patients arriving with articles

from the net on both disease state as well as treatment options. This encourages collaborative interaction between pharmacists and physicians. In fact, surveys demonstrate that physician acceptance of pharmacist recommendations range from about 75% in community settings to 95% in collaborative care settings.

IMPLICATIONS FOR BRAND PHARMA:

At the very least, Brand Pharma should keep a close eye on the changes in scope of practice for pharmacists as this accessible professional is the last touch point to the patient before a medication is taken. As pharmacy navigates these new authorized acts of initiating therapy and

product selection, there are opportunities for new alliances between pharmacy and industry. No one knows how these might look. Is industry ready to take the lead? **CPM**

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