

Topic Overview

Exploring Models for Pharmacist Prescribing in Primary and Community Care Settings in Ontario

Stakeholder Dialogue 16 June 2015

The McMaster Health Forum convened a stakeholder dialogue on the subject of exploring models for pharmacist prescribing in primary and community care settings in Ontario. With the support of Government of Ontario through two Health System Research Fund grants: 1) “Fostering innovation and evaluating the effectiveness of Ontario pharmacist-led medication management programs,” an interdisciplinary multi-site research program known as OPEN – the Ontario Pharmacy Research Collaboration – based at the University of Waterloo; and 2) “Harnessing evidence and values for health system excellence,” an interdisciplinary research and knowledge-translation program at McMaster University, the dialogue brought together 20 participants – one policymaker, one manager, nine healthcare professionals, four researchers, one patient representative, and four stakeholders – from across Canada to examine the problem, options for addressing it, and key implementation considerations.

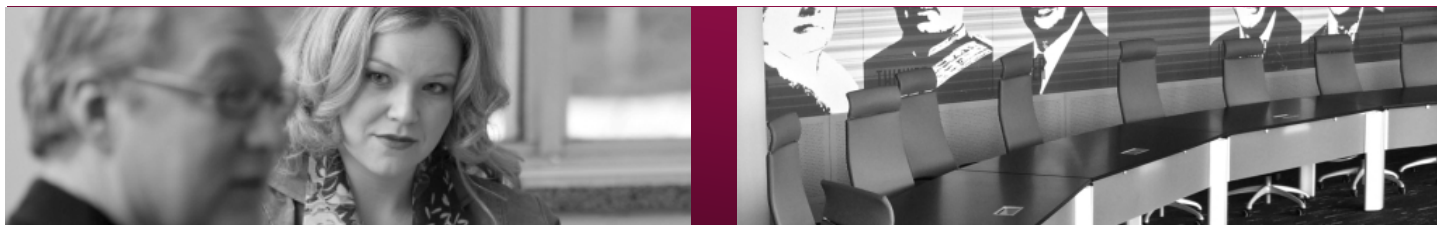


Deliberation about the problem

The deliberation initially focused on identifying some of the key challenges facing the health system in Ontario, such as providing timely access to care, and supporting people living with multiple chronic health conditions and taking a number of medications. In light of these challenges, participants generally agreed that there was a need to explore whether granting prescribing authority to pharmacists could help address these challenges. The deliberation then shifted to four challenges associated with developing new models of care and reconfiguring scopes of practice: 1) managing public expectations is difficult; 2) there is a lack of information sharing and communication among healthcare providers; 3) there is a lack of resources and incentives that could enable system-wide changes; and 4) planning for the system we need will take time, resources and commitment from many health-system policymakers and stakeholders.



The views expressed in the evidence brief and dialogue summary are the views of the authors and should not be taken to represent the views of the funders.





Participants drawn from government and from health, professional, patient, and research organizations gather during a McMaster Health Forum event on 16 June 2015

Deliberation about an approach

Preferences for particular policy options shifted over the day as dialogue participants came to appreciate the research evidence about pharmacist prescribing now available, experiences from other jurisdictions, and the groundwork that has been laid over years by the Ontario College of Pharmacists, schools of pharmacy, and other stakeholders. Participants were generally supportive of option 2 – establishing a pharmacist-prescribing program for minor ailments – since this was a natural next step for which the regulatory college and educational institutions had been preparing. Participants noted for this option the importance of being clear about how program effectiveness will be measured, finding ways to feed information back to each patient’s regular primary-care providers, ensuring that patients retain a choice about where they fill their prescriptions, and finding an appropriate and sustainable compensation model. Some dialogue participants also supported a re-framed version of option 1 that focuses on facilitating the system-wide adoption of collaborative practice agreements (instead of collaborative prescribing agreements), particularly for Family Health Teams and other team-based practice environments. Some dialogue participants expressed an interest in option 3 – establishing an advanced practice pharmacist model – particularly in light of the Alberta experience, but as a possible second step. Others worried about credentialism (i.e. assuming that a formal qualifications is the best measure of preparedness to play this role).

Deliberation about next steps

Dialogue participants highlighted four key implementation considerations: 1) positioning the ways forward in relation to the provincial government’s ‘Patients First’ agenda; 2) being attentive to parallel conversations about prescribing currently underway in the province (e.g., prescribing by registered nurses); 3) pushing for any reinvestments in continuing professional development to focus on interprofessional teams (not just physicians, who have been the focus of investments until now) and to be based on the best available research evidence; and 4) managing potential conflicts of interest.

To learn more about this topic, consult the [evidence brief](#) that was presented to participants before the dialogue, the [summary of the dialogue](#), and [view the interviews](#) with dialogue participants.

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