

## Topic Overview

# Exploring Models for Pharmacist Prescribing in Ontario

Citizen panel  
17 October 2015

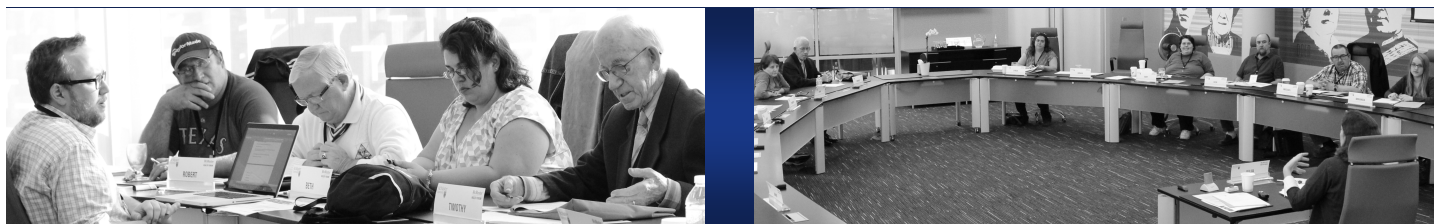
The McMaster Health Forum convened a citizen panel to explore models for pharmacist prescribing in Ontario. The panel was organized with the support of McMaster University's Labarge Optimal Aging Initiative and the Government of Ontario (through a Ministry of Health and Long-Term Care Health System Research Fund grant entitled Harnessing Evidence and Values for Health System Excellence). The panel brought together 13 citizens from across the region covered by the Hamilton Niagara Haldimand Brant Local Health Integration Network to examine the problem, options for addressing it, and key implementation considerations. The purpose of the panel was to guide the efforts of policymakers, managers and professional leaders who make decisions about our health system.

## Discussing the problem

Participants discussed challenges related to meeting health-system goals (i.e., improve access, connect services, support people and patients, and protect our universal health system) and the reasons for these challenges. They individually and collectively focused on six major challenges in particular: 1) access to primary-care providers is limited; 2) continuity of care is lacking; 3) monitoring of immunization coverage is lacking; 4) collaboration appears difficult between primary-care providers; 5) comprehensive information and technology infrastructure is lacking; and 6) how care is paid for raises important challenges.



*The views expressed in the panel summary are the views of panel participants and should not be taken to represent the views of the Government of Ontario, McMaster University, McMaster University's Labarge Optimal Aging Initiative, or the authors of the panel summary.*





Thirteen citizens from across the region covered by the Hamilton Niagara Haldimand Brant Local Health Integration Network gathered during a McMaster Health Forum event on 17 October 2016.

## Discussing the options

Participants reflected on three options (among potentially many) for pharmacist prescribing in Ontario: setting up agreements that let your pharmacist (working alongside your family doctor) play a bigger role in supporting your use of prescription drugs (option 1); allowing pharmacists to give you prescription drugs (without you having to see your family doctor) when you have a minor ailment (option 2); and allowing some pharmacists with special training to give you a broad range of prescription drugs (without you having to see your family doctor) (option 3). Five values-related themes emerged with some consistency: 1) competence (e.g., training and licensing of pharmacists); 2) trust (between patients and pharmacists, and between doctors and pharmacists); 3) value for money (i.e., health-system costs related to potential duplication of efforts and service fees); 4) empowerment (e.g., patients should be proactive, informed and in control of their own health records); and 5) privacy (of patient's health information).

## Panel deliverables

To learn more about this topic, consult the [citizen brief](#) that was presented to participants before the panel and the [summary](#) of the panel. For an electronic copy of the citizen brief or panel summary, visit our website [www.mcmasterhealthforum.com](http://www.mcmasterhealthforum.com)

## Discussing the implementation considerations

When turning to potential barriers to implementing these options, participants focused on five sets of barriers to moving forward: 1) being clear about the problems we are trying to address; 2) having the capacity to prescribe and dispense drugs raises a potential conflict of interest; 3) there may be concerns about a perceived lack of training and skills of pharmacists to prescribe in the context of complex medical conditions; 4) there may be concerns about the implications of pharmacist-prescribing for health-system costs; and 5) there are concerns about the capacity of pharmacists to manage an expanded scope of practice. Participants then turned to four key factors that could facilitate efforts to bring about change: 1) framing pharmacist prescribing as a strategy to improve timely access to care; 2) promoting the benefits of expanding the role of pharmacists beyond drug dispensing; 3) a minor-ailment program is most likely to garner public support; and 4) further efforts to implement a comprehensive information infrastructure could facilitate pharmacist prescribing at provincial and national levels.



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