The Alberta Pharmacists Practice Model, Implications for Hospital Pharmacists
Disclosure

I have no real or potential conflict to disclose
Learning Objectives

• Understand the principles in which pharmacy services are based upon in Alberta.

• Define each service in the Compensation Plan for Pharmacy Services.

• Describe the eligibility and delivery requirements of pharmacy services in Alberta.

• Identify the practice implications for hospital pharmacists.
Principles of Pharmacy Services

- Established within the legislative framework
- Supporting pharmacists full scope of practice
- Enabling pharmacists to meet the needs of Albertans
Journey to Pharmacy Services

• April 2007: Scope of Practice Expands
Journey to Pharmacy Services

- March 2008: Pharmacy Practice Models Initiative
Journey to Pharmacy Services

- October 2009: Alberta Pharmaceutical Strategy Phase II & Transition Team
Journey to Pharmacy Services

- December 2010 to May 2011: Pharmacy Services Framework
Journey to Pharmacy Services

- July 2012: Announcement of PSF
- April 2013 and April 2014: New Ministerial Order released that expands services
Eligible Service Providers

An eligible service provider is a **pharmacist** who:

- Is registered on the clinical register with the Alberta College of Pharmacists; and

- Understands the eligibility and rules for service provision.
Service Eligibility Requirements

Albertans must:

• Have a valid Alberta Health Care Number

• Depending on the service, have certain disease states and/or risk factors

• Depending on the service, have been or will be prescribed a Schedule 1 drug, a drug on the Alberta Drug Benefit List or be using insulin
Funding and Payment

Will be provided to the pharmacy for services provided by an eligible service provider.

Pharmacy

✓ An eligible service provider performing the service is employed by a pharmacy;

✓ The pharmacy has entered into an agreement with Alberta Health to provide the service; and,

✓ The pharmacy is licensed by ACP to operate in Alberta.
What are the Pharmacy Services?

- **Chronic Care Assessments for Albertans**
  1. Comprehensive Annual Care Plan (CACP)
  2. Standard Medication Management Assessment (SMMA)

- **Episodic Care Assessments for Albertans Related to the Dispensing of a Prescription**
  1. Adaptation of a Prescription Medication
  2. Prescription Renewal
  3. Refusal to fill a Prescription
  4. Trial Prescription

- **Primary Care Assessments for Albertans**
  1. Administration of Drugs by Injection
  2. Prescribing in an Emergency
  3. Prescribing at Initial Access or Managing Ongoing Therapy
What is a Comprehensive Annual Care Plan (CACP)?

Pharmacists providing an Annual CACP will need to:

- Conduct a detailed assessment
- Confirm the patient understands how to use their medication
- Create a care plan which will include:
  - Drug therapy problems
  - Goals of therapy
  - Identification of possible interventions
  - Plans for follow-up
✓ Provide the patient with an accurate BPMH
✓ Inform the patient about any other information
✓ Notify the patient’s other health care providers as appropriate of the CACP
✓ Document the CACP
Identifying Eligible Patients

✓ A patient must have either:

- two or more chronic conditions from group A, or
- one chronic condition from group A and one or more risk factors from group B in order to meet the definition.

Table One: Applicable Diagnosis/Conditions

<table>
<thead>
<tr>
<th>Group A (Chronic Diseases)</th>
<th>Group B (Risk Factors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertensive Disease (401)</td>
<td>Tobacco (305.1)</td>
</tr>
<tr>
<td>Diabetes Mellitus (250)</td>
<td>Obesity (278)</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease (496)</td>
<td>Addictions – Alcohol (303)</td>
</tr>
<tr>
<td>Asthma (493)</td>
<td>Addictions – Drugs (304)</td>
</tr>
<tr>
<td>Heart Failure (428)</td>
<td></td>
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<tr>
<td>Heart Disease – Angina Pectoris (413)</td>
<td></td>
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<tr>
<td>Heart Disease – Other (414)</td>
<td></td>
</tr>
<tr>
<td>Mental Disorders (290 -319, excludes 303, 304 &amp; 305.1)</td>
<td></td>
</tr>
</tbody>
</table>
Providing Follow-up

A pharmacist may provide a follow-up to a CACP pursuant to:

- A referral from a physician;
- A hospital admission or discharge within 14 days of the service; or
- A pharmacist documented decision.

Pharmacists providing a follow-up to an CACP will need to:

- Update the CACP and the BPMH previously completed.
What is an SMMA?

Standard Medication Management Assessment (SMMA)

- Similar to the Comprehensive Annual Care Plan
  - All requirements for providing and SMMA or follow to a SMMA are the same as a CACP
- Meant for patients who *do not meet the criteria* for a CACP, but could benefit from a care plan
- Should help set medication therapy goals, monitor and manage drug therapies and enable Albertans better manage their medical conditions.
Identifying Eligible Patients

A patient must:

- Have at least one chronic medical condition from Group A; and
- Be currently taking either:
  - 3 or more Schedule 1 drugs; or,
  - Insulin or another Schedule 1 drug for DM; or,
  - Using tobacco daily

<table>
<thead>
<tr>
<th>Table Two: Applicable Diagnosis/Conditions</th>
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<tr>
<td><strong>Group A (Chronic Diseases)</strong></td>
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<tr>
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Description of Service and Eligibility

This service enables a pharmacist to assess a patient and the appropriateness of their prescription based on the individual patient’s needs.

For this service, adaptation of an existing prescription means:

- Altering the dosage or regimen for a Schedule 1 drug that has been prescribed for a resident; or
- The substitution of another drug for a prescribed Schedule 1 drug if the substituted drug is expected to deliver a therapeutic effect that is similar.

Exclusions:

- Substituting a generic drug for the prescribed drug is.
- Altering the formulation for a Schedule 1 drug that has been prescribed.
Providing the Service

Pharmacists providing an Assessment to modify or discontinue an Rx medication will need to:

✓ **Obtain** informed consent to adapt a prescription;
✓ **Assess** the patient and the appropriateness of the prescription;
✓ **Reduce** the prescription to writing, including reference to the original order;
✓ **Provide** sufficient information to allow the patient to obtain the intended benefit;
✓ **Notify** the original prescriber of the intervention and resulting modification or discontinuation when required; and,
✓ **Document** the actions taken in the Record of Care.
Description of Service and Eligibility

This service allows pharmacists to renew a patient’s prescription based on assessment of their needs.

A prescription renewal means adapting an existing prescription by renewing a prescription to dispense a Schedule 1 Drug or blood product to ensure continuity of care.
Description of Service and Eligibility

This service requires a pharmacist to assess a patient and their prescription for situations of potential overuse/abuse or a falsified or altered prescription.

Excluded:
  Early refills or moral reasons
Description of Service and Eligibility

Requires a pharmacist to assess a patient and their prescription to determine if it is appropriate to dispense a reduced quantity of a newly prescribed drug in order to assess the patient’s response and tolerance.

The trial quantity dispensed and products eligible for the trial prescription are at the pharmacist’s discretion.
Description of Service and Eligibility

Authorized pharmacists will be expected to provide patients with an eligible product by intramuscular (IM) or subcutaneous (SC) injection following a patient assessment.

The patient assessment for this service includes an evaluation of the patient pre and post administration and any necessary follow up.
Eligibility

An eligible product includes:

- Drugs listed on the Alberta Drug Benefit List
Assessment – Administering Drugs by Injection

Providing the Service

Pharmacists providing an Assessment to Administer a drug by injection will need to:

- **Obtain** informed consent to administer the medication by injection;
- **Determine** and prepare the appropriate site(s) for injection;
- **Ensure** the drug for injection has been stored under appropriate conditions;
- **Prepare** the medication for injection ensuring aseptic technique;
- **Administer** the injection;
Providing the Service

Pharmacists providing an Assessment to Administer a drug by injection will need to:

- **Monitor** patient response for an appropriate amount of time;
- **Provide** emergency procedures if required;
- **Provide** sufficient information to allow the patient to obtain the intended benefit;
- **Provide** information to other health care professionals; and,
- **Document** and report the intervention on the Record of Care.
Description of Service and Eligibility

This service enables pharmacists to assess a patient for drug therapy in the absence of an existing prescription in an emergency situation.

An emergency is defined as:

- When it is not reasonable, according to the pharmacist’s professional judgment, for the patient to seek emergency health care elsewhere; and,

- When there is an immediate, high-risk to the patient’s health if treatment is not provided.
Description of Service and Eligibility

As part of this service, pharmacists will be required to assess a patient to determine whether it is appropriate to initiate drug therapy or to change drug therapy for ongoing management.

To be eligible for this intervention the pharmacist must:

✓ Have additional prescribing authorization from the Alberta College of Pharmacists; and

☐ Be actively managing the patient’s condition which requires drug therapy; or

☐ Assess the patient and provide authorization for drug therapy.
<table>
<thead>
<tr>
<th>Service</th>
<th>Compensation</th>
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<tbody>
<tr>
<td>Administration of Drugs by Injection</td>
<td></td>
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<tr>
<td>Administration of a Publicly Funded Vaccine</td>
<td></td>
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<tr>
<td>Adaptation of Rx Medication</td>
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<tr>
<td>Prescription Renewal</td>
<td>$20</td>
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<tr>
<td>Prescribing in an Emergency</td>
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</tr>
<tr>
<td>Prescribing for Initial Access or Managing Ongoing Therapy</td>
<td>$25 (APA only)</td>
</tr>
<tr>
<td>CACP - Initial</td>
<td>$100 (non APA)</td>
</tr>
<tr>
<td>CACP – Follow-up</td>
<td>$125 (APA)</td>
</tr>
<tr>
<td></td>
<td>$20 (non APA)</td>
</tr>
<tr>
<td></td>
<td>$25 (APA)</td>
</tr>
<tr>
<td>SMMA – Initial</td>
<td>$60 (non APA)</td>
</tr>
<tr>
<td>SMMA – Initial for diabetes mellitus</td>
<td></td>
</tr>
<tr>
<td>SMMA – Initial for tobacco cessation</td>
<td>$75 (APA)</td>
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Let’s Consider Influenza

2,948 pharmacists approved to administer drugs by injection (at this time last year there was 2,409)

- Dec 2009 to Mar 2010, community-based pharmacists administered: 6,542 seasonal flu and 20,142 H1N1 vaccinations
- Sept 2010 to May 2011: 48,000 influenza immunizations
- Sept 2011 to May 2012: 90,000 influenza immunizations
- Sept 2012 to May 2013: 170,733 influenza immunizations
- Sept 2013 to May 2013: 328,653 influenza immunizations
Report of the Auditor General of Alberta

September 2014
HEALTH – CHRONIC DISEASE MANAGEMENT

RECOMMENDATION: IMPROVE DELIVERY OF PHARMACIST CARE PLAN INITIATIVE

• Establishing a formal process to ensure pharmacists integrate their care plan advice with the care being provided by a patient’s family physician and care team

• Strengthening claims administration and oversight, including requiring pharmacists to submit diagnostic information showing patients qualify for a care plan and making care plans subject to audit verification by Alberta Blue Cross

• Setting expectations and targets for pharmacists’ involvement in care plans and evaluating the effectiveness of their involvement on an ongoing basis
Helping Change

- Administrative burden of services
- Education and training
- Employer demands
- Work flow issues
- Professional and patient culture
- Confidence
- Services are too narrow
Why did we talk about this?

- Public perception is in large part shaped by community pharmacists
- Collaboration – lessons learned from hospital
- Salary
References


• Lo, J. ABC Government Reporting Coordinator, email to presenter, September 4, 2014.