

Submitted by:

Alberta Pharmacists' Association (RxA)
July 12, 2018

Supporting Pharmacist Expanded Scope of Practice

Inquiry into the establishment of a
pharmacy council and pharmacy
ownership in Queensland.



TABLE OF CONTENTS

I.	INTRODUCTION	3
	<i>Pharmacy Practice in Alberta</i>	<i>3</i>
	<i>Purpose</i>	<i>3</i>
II.	ALBERTA SCOPE OF PRACTICE	4
III.	PHARMACY COMPENSATION AGREEMENTS.....	6
	<i>Background.....</i>	<i>6</i>
IV.	SUPPORTING SCOPE OF PRACTICE	10
	<i>Preparing to Apply for Additional Prescribing Authorization Course</i>	<i>10</i>
	<i>Administering Injections and Immunizations Preparation Course</i>	<i>10</i>
	<i>Service Level Delivery</i>	<i>11</i>
V.	CLOSING REMARKS	11
VI.	SIGNATORY	12

I. Introduction

At the request of the Pharmacy Guild of Australia, Queensland Branch, the Alberta Pharmacists' Association (RxA) is providing this submission to support an expanded scope of practice for pharmacists in Australia. In response to:

Issues for consideration

18. Should the scope of practice of pharmacists and pharmacy assistants in Queensland be extended? If so, in what areas of practice?

19. What additional training for pharmacists/pharmacy assistants, or other risk reduction measures, should be implemented to ensure patient safety?

Pharmacy Practice in Alberta

There are approximately 5,559 pharmacists and 1,445 pharmacy technicians in Alberta practicing in 1,328 pharmacies, with a population of 4.1 million.

The pharmacy profession's professional association, the Alberta Pharmacists' Association (RxA), is a not-for-profit, membership-based association representing pharmacists in Alberta. As an organization we promote the value of pharmacists in supporting and advancing the health of Albertans. We achieve this by:

- Advocating and advancing the profession,
- Engaging stakeholders about the value of pharmacist services,
- Advocating for appropriate compensation and recognition of pharmacists' contribution to healthcare,
- Inspiring excellence in the profession and pharmacist practice, and
- Supporting members by providing quality services and professional development.

Purpose

Pharmacists are being challenged to shift away from the existing dispensary or "product centric" patient care model, to one that focuses on the patient as the center point to providing care, otherwise referred to as a "patient centric" care model. In Alberta, pharmacists are supported in this capacity by a scope of practice which includes:

- Additional Prescribing Authorization (APA);
- Authorization to Administer Drugs/Vaccines by Injection; and

- Authorization to Order and Interpret Laboratory Tests.

Following the expanded scope of practice, RxA worked with government to introduce compensated pharmacy services in Alberta on July 1st, 2012. This funding framework encouraged pharmacists in Alberta to embrace and adopt their full scope of practice to the benefit of all Albertans.

This submission serves to reflect our support towards an expanded scope of practice for pharmacists in Queensland, beyond traditional dispensary roles and serves to describe the current scope of practice achieved by our respective organizations here in Alberta. The supported practice framework described by this submission reflects efforts by both organizations to achieve regulatory changes to authorize an expanded scope of practice enabled in 2007, and compensation changes with public payers to support the utilization of expanded scope of practice in 2012 and continuing today. Through these efforts, pharmacists practicing in Alberta are authorized and able to meet their patient's unique health care needs differently than pharmacists practicing in other parts of the world.

We encourage Queensland to consider incorporating a similar expanded scope of practice for pharmacists in order to improve patient care and access the health care services for Australians.

II. Alberta Scope of Practice

Through the Health Professions Act of Alberta and its Regulations, Alberta pharmacists are enabled to:

1. Dispense, compound, provide for selling or sell prescription and non-prescription drugs;
2. Administer a vaccine or parenteral nutrition;
3. Prescribe a prescription drug for the purpose of adapting an existing prescription;
 - a. "adapting an existing prescription" means
 - i. altering the dosage, formulation or regimen for a drug that has been prescribed for a patient;
 - ii. substituting another drug for a prescribed drug if the substituted drug is expected to deliver a therapeutic effect that is similar to the therapeutic effect of the prescribed drug;

- iii. substituting a generic drug for the prescribed drug;
 - iv. renewing a prescription to dispense a drug to ensure continuity of care.
4. Prescribe any drug other than those listed within the Controlled Drugs and Substance Act (narcotics, stimulants, sedatives, etc.) in an emergency if
 - a. it is not reasonably possible for the patient to see a health professional to obtain the prescription, and
 - b. there is an immediate need for drug therapy;
5. Prescribe any drug other than those listed within the Controlled Drugs and Substance Act (narcotics, stimulants, sedatives, etc.) if they have demonstrated they are competent to do so by obtaining their Additional Prescribing Authority (APA); and,
6. Administering subcutaneous or intramuscular injections provided that pharmacist has obtained the appropriate authorization to do so.

For all authorities within the pharmacist's scope of practice, the pharmacist is expected to assess the patient to determine if it is appropriate for the pharmacist to utilize their scope. As part of their assessment, pharmacists must determine if they have the necessary competencies to meet the patient's need. This is especially important for pharmacists who have their APA. When a pharmacist has their APA they are not restricted to prescribing for certain conditions or drugs but must assess their own competencies and prescribe for conditions and drugs that they believe they are competent to do so.

For further information on the legislative framework for pharmacists and pharmacy technicians in Alberta see:

Alberta's Health Professions Act:

http://www.qp.alberta.ca/1266.cfm?page=H07.cfm&leg_type=Acts&isbncIn=9780779786886&display=html

Regulations to the Health Professions Act for Pharmacists and Pharmacy Technicians:

http://www.qp.alberta.ca/1266.cfm?page=2006_129.cfm&leg_type=Regs&isbncIn=9780779758197

Standards of Practice for Pharmacists and Pharmacy Technicians:

https://abpharmacy.ca/sites/default/files/StandardsOfPractice_May2014_v2.pdf

Controlled Drugs and Substances Act of Canada: <http://laws-lois.justice.gc.ca/eng/acts/C-38.8/>

III. Pharmacy Compensation Agreements

Background

On July 1, 2012 the Honorable Fred Horne, Minister of Health introduced a new pharmacy services framework in Alberta¹. The new framework for pharmacy services was aimed at:

- improving access,
- increasing efficiencies in healthcare delivery,
- providing incentives for patient focused pharmacy care in the community, and
- increasing the capacity of the healthcare system overall by better utilizing healthcare professionals.

The pharmacy services framework identified seven (7) initial unique services which Alberta pharmacists would be paid to provide to patients. A year later two new services were added bringing the number of services to nine as shown in the following table.

In considering the funded pharmacy services described in this section, it is important to understand that payment for service reflects the pharmacists' role, responsibility, and accountability to the patient based on and determined by their assessment of the patient. The framework and model of practice in Alberta is successful due in part because the structure and support of both the scope of practice, as well as the compensation scheme to support that practice, are founded on the premise of ensuring that the pharmacists' professional autonomy in patient care decision making is preserved and enhanced. Unlike other jurisdictions where pharmacy services are determined based on medication or disease state, Alberta's model achieves success because patient focused services can be provided to patients based on the pharmacist assessment of the patient's need, and this language is reflected in the listing of eligible pharmacy services, thereby encouraging the provision of care to meet the patient's need.

¹ Alberta pharmacists opening the door to primary care. Alberta Health News Release. July 4, 2012. <http://alberta.ca/acn/201207/3261452976849-9678-E9B2-7D387AB36C868B86.html> Accessed March 7, 2013.

Table 1 – Initial Pharmacy Compensation Framework 2012-2018

Service	Fee		
1. Comprehensive Annual Care Plan (CACP)		Initial Assessment	Follow-up
	With APA ²	\$125	\$25
	Without APA	\$100	\$20
2. Standard Medication Management Assessment (SMMA)		Initial Assessment	Follow-up
	With APA	\$75	\$25
	Without APA	\$60	\$20
3. Assessment for an Adaptation of a Prescription	\$20 per patient per day for each assessment		
4. Assessment for a Prescription Renewal	\$20 per patient per day for each assessment		
5. Assessment for the Administration of a Product by Injection	\$20 per patient per day for assessment and administration of medication.		
6. Assessment for Prescribing at Initial Access or to Manage Ongoing Therapy	\$25 per patient per day for each assessment		
7. Assessment for Prescribing in an Emergency	\$20 per patient per day for each assessment		
8. *Assessment for Refusal to Fill a Prescription	\$20 per patient per day for each assessment		
9. *Assessment for a Trial Prescription	\$20 per patient per day for each assessment		

* Added 2013

² Additional Prescribing Authorization

On April 1, 2014, additional changes were made to the Compensation Plan for Pharmacy Services including the following:

- **Smoking cessation counselling** - Allowing all Albertans who are using tobacco daily and wish to quit eligible for an SMMA
- **Simplified eligibility for diabetics** - Allowing all diabetic Albertans who are taking at least one Schedule 1 (prescription requiring) medication or insulin eligible for an SMMA
- Enable pharmacists to administer all publicly funded vaccines
- Include discontinuation of a medication under the definition of adaptation
- Enable payment on injections to be two per day for drugs on the Alberta Drug Benefit List
- Expand service payment such that injections are not included in the cap of one service/day
- Remove the need for signature when follow-up is conducted in person
- Enable the provision of a CACP or SMMA to patient who does not have the capacity to provide consent and do not have an agent or a family member or a legal guardian
- Enable reimbursement for services that are partially funded but not completely funded through other means

On May 17, 2018, the Alberta government adjusted the compensation framework by modifying the fees payable for some pharmacy services, and introduced some restrictions related to some of the services described below and in Table 2.

- Decreasing the fee payable for the Administration of Public Health Vaccines from \$20 to \$13;
- Collapsing the fee difference between APA and Non-APA pharmacists for providing CACP or SMMA services to a common rate: (CACP = \$100, SMMA = \$60, Follow Ups = \$20);
- Limiting CACP and SMMA Follow Ups to 12 per patient per year;
- Enhancement of RxA's Role to include oversight, education, and providing feedback to Alberta Health on current trends in spending compared to budgeted targets; and
- Commitment from Alberta Health to reinvest a minimum of 50% of under-budget savings from the non-drug pharmacy budget in 2019/20 to mutually agreed upon pharmacy services.

Table 2 – Current Pharmacy Compensation Framework (2018-2020)

Service	Fee		
1. Comprehensive Annual Care Plan (CACP)		Initial Assessment	Follow-up
	Fee	\$100	\$20
2. Standard Medication Management Assessment (SMMA)		Initial Assessment	Follow-up
	Fee	\$60	\$20
3. Standard Medication Management Assessment (SMMA) - Diabetes		Initial Assessment	Follow-up
	Fee	\$60	\$20
4. Standard Medication Management Assessment (SMMA) – Tobacco Cessation		Initial Assessment	Follow-up
	Fee	\$60	\$20
5. Assessment for an Adaptation of a Prescription	\$20 per patient per day for each assessment		
6. Assessment for a Prescription Renewal	\$20 per patient per day for each assessment		
7. Assessment for the Administration of a Product by Injection	\$20 per patient per day for assessment and administration of medication.		
8. Assessment for the Administration of a Publicly Funded Vaccine	\$13 per patient per vaccine		
9. Assessment for Prescribing at Initial Access or to Manage Ongoing Therapy	\$25 per patient per day for each assessment		
10. Assessment for Prescribing in an Emergency*	\$20 per patient per day for each assessment		
11. Assessment for Ensuring Continuity of Care in the Event of a State of Emergency	\$20 per patient per day for each assessment		
12. Assessment for Refusal to Fill a Prescription	\$20 per patient per day for each assessment		
13. Assessment for a Trial Prescription	\$20 per patient per day for each assessment		

* Requires Authorization for Additional Prescribing Authorization (APA)

IV. Supporting Scope of Practice

Since April 1, 2007, Alberta pharmacists have had included in their scope of practice the authority to administer drugs by injection, and to prescribe prescription drugs. Pharmacists must meet certain criteria established by the Alberta College of Pharmacy (ACP) before being granted authorization to administer drugs by injection, and/or additional prescribing authorization (APA).

As of March 31, 2018 there were 5,559 pharmacists in Alberta. The number of pharmacists that are authorized to administer drugs by injection is 4,236 (76%). Further, the number of pharmacists with Additional Prescribing Authorization (APA) is 2,181 reflecting 39% of all pharmacists in Alberta.

Preparing to Apply for Additional Prescribing Authorization Course

The Alberta Pharmacists' Association has offered the *Preparing to Apply for Additional Prescribing Authorization Course*, which has been delivered to over 1,000 pharmacists in the province. The course helps pharmacists to understand and navigate the process to apply for Additional Prescribing Authority. (See <https://www.rxa.ca/professional-development/apa.aspx>) As a result of this work, 39% of pharmacists in Alberta are now practicing with the ability to independently prescribe medications.

Administering Injections and Immunizations Preparation Course

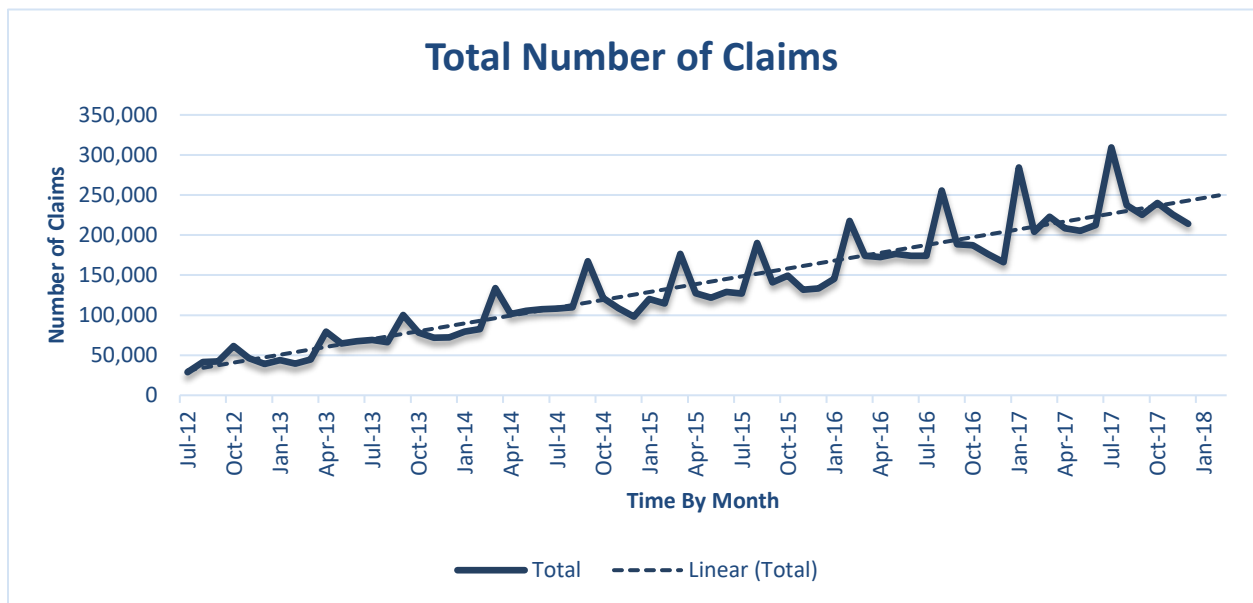
The Alberta Pharmacists' Association developed this program to support pharmacist training and ability to provide injectable medications within their authorized scope of practice for both intramuscular and subcutaneous injections. In Alberta, 76% of pharmacists now have authorization to provide medications to Albertans by injection. (See <https://www.rxa.ca/pharmacy-initiatives/influenza-immunization-program.aspx>)

RxA has worked with The Pharmacy Guild of Australia, Queensland Branch in the past, sharing the program and course we developed so that pharmacists in Queensland might also benefit from this training program.

Service Level Delivery

With changes to the pharmacy business model related to the way that pharmacy operations are compensated, pharmacists are finding themselves transitioning towards a patient centric care model, focusing on the needs of the patient as opposed to the product. Since the introduction of the services in 2012, pharmacists have been gradually increasing services into their community practices, towards an average of 250,000 claims per month for the first part of 2018.

Figure 1



V. Closing Remarks

Pharmacists have significantly adopted the changed scope of practice in Alberta as illustrated through the uptake of APA and the authority to provide injections. Albertan's have embraced the change in scope of practice for pharmacists that began in 2007 as evident from the uptake in services by the public that require pharmacists to use their expanded scope. In the end, the public benefits through more ways to access health care and the health system benefits through the appropriate use of a valuable health resource.

VI. Signatory

Margaret Wing, CEO

For and on behalf of the **Alberta Pharmacists' Association (RxA)**

- I am willing and available by teleconference or Skype to participate in the
September 3rd public hearing.

Date: July 12, 2018

Signed:



Margaret Wing, CEO

