



May 21, 2018

Re: Pharmacist Prescribing in Hospitals and other Collaborative Healthcare Settings

Dear <<insert candidate name>>:

The Canadian Society of Hospital Pharmacists (CSHP) is a national voluntary organization of pharmacists committed to patient care through the advancement of safe, effective medication use in hospitals and other collaborative healthcare settings.

As a candidate in the upcoming Ontario provincial election, we would like to make you aware of an opportunity to improve patient outcomes for residents of our province with no increase in cost to our healthcare system.

Pharmacists are medication therapy experts, well equipped with the clinical knowledge, skills, and judgment required for safe and effective prescribing. Pharmacists working in collaborative practice settings have access to the patient-specific health information required to assess, recommend, and monitor medication therapy. Consequently, pharmacists working within collaborative care settings, such as hospitals and primary care clinics, are well positioned to prescribe and monitor drug therapies to improve patient outcomes.

An initiative to enable pharmacist prescribing in hospitals and other collaborative care settings will not increase the cost of healthcare, recognizing that pharmacists working in hospitals and other collaborative care settings are not remunerated on a fee for service basis. In fact, moving to pharmacist prescribing in these settings may lead to cost savings as a result of improved medication management.

We have attached a position paper that outlines the evidence to support the ability of pharmacists to prescribe and the resulting improvements in patient outcomes.

Please contact me if you have any questions or would like to learn more about this opportunity.

Sincerely,

Katie Hollis,
President, CSHP Ontario Branch

Attachment: *Canadian Society of Hospital Pharmacists Ontario Branch Position Statement on Pharmacist Prescribing – January 2018*

Canadian Society of Hospital Pharmacists Ontario Branch Position Statement on Pharmacist Prescribing – January 2018

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The growing healthcare needs of patients have long surpassed the capacity of the traditional healthcare model, in which care is delivered primarily by physicians.¹ In an attempt to fill the inevitable gaps that have arisen in the healthcare system, the scope of practice of various healthcare professionals, such as nurse practitioners and midwives, has evolved to include prescribing of medications.² Similarly, in 2009, the scope of practice of Ontario pharmacists, as outlined in the Pharmacy Act, was expanded to include several acts of prescribing, such as the initiation of medication therapy, as well as the adaptation and renewal of prescriptions.³ However, the regulations accompanying the Pharmacy Act currently limit the initiation of prescription therapy by pharmacists to smoking cessation products.³ This limitation hinders the positive outcomes that more generalized prescribing privileges for pharmacists would have for the Ontario public. Furthermore, many pharmacists working in collaborative care settings are governed by the Public Hospitals Act, which does not acknowledge this expanded scope of practice. Therefore, pharmacists working in Ontario hospitals and other collaborative practice settings are unable to exercise their authorization to initiate, adapt, or renew prescriptions.

Pharmacists' involvement in patient care has repeatedly resulted in safer prescribing and improved patient outcomes.⁴⁻¹⁴ Accordingly, various forms of independent or collaborative prescribing privileges have been granted to pharmacists practising in the United Kingdom, New Zealand, the United States, and Canada.¹ Countless examples of pharmacist prescribing already exist within hospitals and other collaborative care settings in Ontario, through institution-specific policies and medical directives (e.g., for warfarin dosing, insulin dosing, and ordering of total parenteral nutrition). Although these policies and directives showcase pharmacists' ability to competently prescribe, they are developed and implemented at the level of individual institutions, which limits their widespread implementation, particularly within small hospitals and underserved areas. Because these policies are not universally established across the province, the provision of care by qualified pharmacists is inhibited in certain communities. This constraint results in regional disparities with regard to the quality of care received and may ultimately compromise patient safety. Furthermore, these policies and medical directives allow pharmacists to prescribe only for specific, approved scenarios, thus preventing pharmacists from optimizing medication therapy for all patients. Including general prescribing privileges within the pharmacist's scope of practice, rather than relying on local policies, would allow for a more standardized approach across the province and

would enable regulatory authorities to assess pharmacists' competency in the area of prescribing.

Pharmacists working in hospitals and primary care settings are uniquely positioned to initiate, modify, and discontinue medications, as well as to monitor drug therapy by ordering laboratory tests. Pharmacists are eager to collaborate with other prescribers in an effort to optimize pharmacological treatment for a given diagnosis. Pharmacist prescribing is a logical next step in the advancement of hospital and primary care practice, and its value has already been showcased in other regions, both within Canada and around the world. By officially extending general prescribing privileges to pharmacists, the government would ensure that all residents of Ontario benefit from improved medication safety and optimized drug therapy.

References

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