



Vicki Wood
Editor

Editorial

So—how are we doing?

It's been nine years since the Ontario government launched the province's first paid professional pharmacist service, the MedsCheck medication review. Since then, more services have been added, including expanded MedsChecks for seniors, diabetes patients and those in long-term care; flu immunization, pharmaceutical opinion and smoking cessation counselling. Across Canada, at the urging of pharmacy advocates, provinces have implemented pharmacy professional services as a step towards improved, more cost-effective medication use.

So, almost a decade in, are we accomplishing what we set out to do? If anyone could answer that question, it would be the team at OPEN. OPEN—the Ontario Pharmacy Research Collaboration, funded by a \$5.7 million grant from the Ontario Ministry of Health and Long-term Care, is overseeing dozens of research projects with the mission to “assess the effectiveness of these services and determine what barriers and facilitators are in place so patients make the best use of them.”

At the second annual OPEN Summit on January 20-21, although we heard much encouraging preliminary data (e.g., in provinces with pharmacist flu shots, overall vaccination rates grew), many researchers reported that circumstances made it impossible to determine the true impact of extended pharmacy services. They simply weren't set up to be evaluated. In other news, while the number of MedsChecks claims have continued to increase, the complexity of the patients being assessed has decreased. The growth is in MedsChecks for younger patients on fewer scripts. Claims via the Pharmaceutical Opinion program also rose, but almost half of those claims were inconsistent with MOH requirements in that no actual recommendation was made by the pharmacist. In the words of one study lead, “The determinants of service uptake were inconsistent with the provision of a needs-based service.”

The research is validating what many pharmacists tell us: that they feel pressured to bill for as many professional services as possible. It's frustrating to work in (and to lead) a pharmacy business model that rewards volume over quality.

Happily, there's help on the way. At the OPEN summit I spoke with two women in pharmacy operations and services from Canada's largest banners. Separately, both described how hard they are working to find ways to adapt their business to be more conducive to pharmacists spending time with patients who need their care. I know them both, and believe them. I also learned that in March, a new pharmacy banner, focused firmly on patient care excellence will come to market. Some of the country's most innovative leaders are already on board for the launch.

Another encouraging sign is the arrival (finally!) of medication synchronization in Canada. Both PharmaChoice West and Pharma Plus have launched med sync, which allows patients on multiple scripts to have all their renewals streamlined for pick up at one visit. Long-time readers know that I've been singing the praises of med sync since 2011, after learning about it at a U.S. pharmacy conference. It's been well-documented as a game changer, both in terms of increased adherence and—equally important—for enabling a more predictable pharmacy workflow that builds in appropriate time to counsel these complex patients.

If these recent developments are any indication, 2016 just might be the year in which we start to truly deliver on that promise of better patient care through optimal use of pharmacists.

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