Stakeholders have long agreed that pharmacists’ skills are underutilized. Now, the delivery of this value to the health care system is a requirement for sustainability. The regulatory changes for the expanded scope of pharmacy practice, which began in Alberta in 2006, are now in place across all provinces, with Manitoba and Québec currently developing standards of practice. Some of these authorities confer significant professional autonomy to pharmacists, such as minor ailment prescribing, drug therapy management, and therapeutic substitution. New and collaborative models in health care are increasing the influence of pharmacists on product selection, and this potentially poses a new opportunity for the pharmaceutical industry.

Some obstacles have been encountered on the path to using pharmacists for their clinical knowledge, and the history of rich profits to be had from straightforward dispensing is not the least of them. Now that pricing reform has reduced the profit of dispensing and public payers have shifted spending over to patient-focused services (PFS), the expectation is that pharmacists should pick up this new model of practice without skipping a beat. Pharmacists are attending training in large numbers, upgrading and assuming new responsibilities. Corporate pharmacy now includes funded services in financials, and studies are assessing the bottom line value of this work to the health care system. The focus going forward for both the profession and the business will be on PFS. Transformation is underway.

A couple of challenges remain for broad uptake of PFS. For decades, pharmacists were valued for being the most efficient dispensers they could be. After all, the business model was built on profits from dispensing. Pharmacists themselves might be in the way, since the meticulousness required to be a pharmacist does not easily translate to the delivery of PFS, which require a more significant decision-making role and the assumption of more responsibility. The business of pharmacy might be in the way too. Check the blogs or consider the motion at this year’s Ontario Pharmacists Association’s Annual General Meeting for a pharmacists union. The motion was amended to seek billing numbers assigned to pharmacists, and, in the end, this was tabled amid a flurry of comments from the business of pharmacy. Pharmacists are getting very vocal. This is new. They want their profession back.

One thing is certain: the delivery of PFS happens between the pharmacist and the patient. At that touch point,
there is autonomy, a guiding code of ethics, and a professional orientation. Should pharmacists be paid some of the revenue from funded PFS? This may facilitate professional motivation more than the current dropping wages and reduced support staff implemented to meet lean commercial retail objectives. Maybe this is the way to a win for all stakeholders: the pharmacy business, the profession and most importantly, the patient.

What about industry?

Brand industry has some work to do to forge meaningful relationships with pharmacists, assuming industry is interested in reaching patients via this stakeholder. Industry needs to know that PFS uptake is growing, and the Canadian patient is learning an entirely new way of interacting with the pharmacist who was already the most trusted professional before any of this began. As pharmacists step into minor ailment prescribing, medication review, and drug therapy management, industry will want to engage this influential and accessible health care provider. The two will need to meet on common ground and that will need to include the value proposition for patients as required by outside influencers. Payers, technology, and new distribution models will all continue to impact the pharmacist-patient interface. The same external stakeholders are now calling on both pharmacists and industry leaders to meet new metrics around better outcomes. More than ever, industry must understand the interaction of players in this complex space and how product selection and health system value can be impacted. It’s about the patient pathway now.

So here are some remaining questions:

- Do pharmacists believe that doing the best thing professionally for the patient will bring financial reward? Do they care?
- Does the business of pharmacy believe this?
- Does it matter?
- And, does industry believe that, if better patient outcomes is the goal, then the financial reward will follow?

Check your mission statement. It might just be that industry and pharmacy are more aligned than you thought when it comes to expanded scope. There is work to do here.

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