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EXPERIENCE

Development and implementation of the compensation plan for pharmacy services in Alberta, Canada

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ABSTRACT

Objective: To describe experiences with development and implementation of a compensation plan for pharmacy services delivered by pharmacists in community pharmacies.

Setting: Community pharmacy practice in Alberta, Canada.

Practice description: Pharmacists in Alberta have one of the most progressive scopes of practice in North America. They have authority to prescribe drugs independently, administer drugs by injection, access electronic health records, and order laboratory tests.

Practice innovation: A publicly funded compensation plan for pharmacy services was implemented in 2012. Principles that guided development of the compensation plan aimed to 1) ensure payment for pharmacy services, 2) support pharmacists in using their full scope of practice, 3) enable the development of long-term relationships with patients, 4) facilitate expansion of services delivered by pharmacists, and 5) provide access to pharmacy services for all eligible Albertans. Services covered by the compensation plan include care planning, prescribing, and administering drugs by injection.

Evaluation: The guiding principles were used to evaluate experiences with the compensation plan.

Results: Claims for pharmacy services covered by the compensation plan increased from 30,000 per month in July 2012 to 170,000 per month in March 2016. From September 2015 to August 2016, 1226 pharmacies submitted claims for services provided by 3901 pharmacists. The number of pharmacists with authorization to prescribe and administer injections continued to increase following implementation of the plan.

Conclusion: Alberta's experiences with the development and implementation of the compensation plan will be of interest to jurisdictions considering implementation of remunerated pharmacy services. The potential impact of the plan on health and economic outcomes, in addition to the value of the services as perceived by the public, patients, pharmacists, and other health care providers, should also be explored.

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The focus in pharmacy practice is shifting from dispensing of drug products to provision of more patient-centered services. Pharmacists play an increasingly larger role in the delivery of primary health care services aimed at achieving the goals of illness prevention, health promotion, and chronic disease management.¹ In Canada, community pharmacists are becoming increasingly involved in the provision of vaccinations, treatment for minor ailments, medication assessments, and chronic disease medication management.² In the province

of Alberta, this shift resulted from many incremental changes over time, culminating in legislation to expand pharmacists' scope of practice,^{3,4} and allowing them access to patient health information, such as laboratory values.⁵ The regulation of pharmacy technicians has also been an area of focus.²

Although pharmacists are well positioned to deliver primary health care services, lack of remuneration is recognized as one of the barriers to full realization of their potential in community practice.^{6–9} Various remuneration models have been implemented to pay for services provided by pharmacists in different parts of the world.¹⁰ A systematic review by Houle et al.¹¹ identified 60 remunerated programs across North America, Europe, Australia, and New Zealand. Compensated services included medication reviews, chronic disease management, prescription adaptations, emergency hormonal contraception counseling, smoking cessation counseling, and minor ailment

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Key Points**Background:**

- Community pharmacists are ideally situated to deliver primary health care services related to illness prevention, health promotion, and chronic disease management.
- Inadequate payment for pharmacy services is a recognized barrier to pharmacists providing these services in community practice.

Findings:

- The number of claims for pharmacy services covered by the Compensation Plan for Pharmacy Services in Alberta, Canada increased from 30,000 per month in July 2012 to 170,000 per month in March 2016. One thousand two hundred sixty-one pharmacies submitted claims for services provided by 3901 pharmacists from September 2015 to August 2016.
- The number of pharmacists in Alberta seeking authorization to expand their practice to include independent prescribing and administration of drugs by injection increased after implementation of a compensation plan that involves payment of pharmacies for services.
- Public access to pharmacy services including renewal of prescriptions, injections, and prescription adaptations was greater than access to services related to chronic disease management.

programs. The most common remunerated service was medication reviews with or without care plan development.¹¹ A study of remuneration for pharmacy professional services by Bernsten et al.¹⁰ found several diverse remuneration models around the world; remuneration was more common in countries where most drugs were covered under a compensation scheme, such as a prescription drug plan. Remuneration of pharmacist-provided services is important to increase access to primary health care services^{2,12} and to transform community pharmacy practice.¹³ Government investment in the form of public funding to facilitate access to primary health care services at community pharmacies may increase pharmacists' scope of practice and enable them to better meet patient care needs.^{12,14}

Objective

The objective of this article is to describe the development and implementation of the Compensation Plan for Pharmacy Services in Alberta, Canada. The context of community pharmacy practice in Alberta, principles used to guide the development of the compensation plan, and initial experience with the plan are presented.

Setting

The province of Alberta has a population of 4.2 million.¹⁵ As of December 2016, there were 5385 practicing pharmacists, 1377 registered pharmacy technicians, and 1232 licensed

pharmacies. Pharmacy ownership consists of large corporate chains, grocery stores, franchises, and a small number of independent pharmacies; approximately half of the community pharmacies are located in the province's 2 largest urban centers (L. Hagen, Alberta College of Pharmacists, personal communication, February 2017).

Provincial and territorial governments and the Canadian federal government play different roles and share responsibility for health care services in Canada. For example, provincial and territorial governments are responsible for the management, organization, and delivery of health care services for their residents.¹⁶ Federally, the Canada Health Act establishes the requirements for health insurance plans that must be met by provinces and territories to receive full funding in support of health. The federal government is also responsible for health protection and regulation of pharmaceuticals, food, and medical devices.¹⁶

Practice description

The timeline of regulatory and policy changes that have influenced and supported the development of the Compensation Plan for Pharmacy Services is described as follows.

In 1999, the province of Alberta combined regulation of all health professionals into one Health Professions Act.¹⁷ In addition, the principle of exclusive practice on which the previous system had been based was replaced with the principle of restricted activities.¹⁷ Restricted activities are actions that require specific competencies and skills in order to be performed safely, but they are not confined to any particular health professional. Examples of restricted activities include prescribing of drugs and administering of drugs by injection. Each profession was required to identify which of the restricted activities its registrants were competent to perform and develop profession-specific regulations to the Health Professions Act. The Alberta College of Pharmacists identified pharmacists' competencies related to prescribing and administering drugs by injection. These initial steps paved the way for change in the scope of practice for pharmacists.

In 2006, pharmacists were granted access to the provincial electronic health records, enabling them to review patient laboratory test results and records of dispensed medications.⁵ By 2007, regulations that allowed pharmacists to prescribe and administer drugs by injection came into effect.¹⁸ The Alberta College of Pharmacists developed standards for pharmacists' scope of practice and created procedures to authorize pharmacists to prescribe and administer drugs by injection.¹⁹ The model for prescribing by pharmacists outlined 3 types of prescribing: 1) adapting a prescription, 2) prescribing in an emergency, and 3) independent prescribing.¹⁹ According to the model, all pharmacists registered with the Alberta College of Pharmacists may adapt prescriptions for Schedule 1 drugs (prescription drugs in Alberta) or prescribe in an emergency. Adapting a prescription may involve altering the dose, formulation, or regimen, substituting a drug within the same therapeutic class, or issuing a prescription for continuity of care. Prescribing in an emergency occurs when it is not possible for the patient to see another prescriber in a reasonable amount of time and there is an immediate need for drug therapy. The third category of prescribing, additional

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