

2020 Student Advocacy Guide

A guide designed to help you initiate important conversations surrounding our future practice.

For questions, concerns, or more information
Contact us at: Pharmdstudentadvocacy@gmail.com

Introduction: A student call to action

In light of this year's election, we thought it would be best to target advocacy efforts towards our local MLAs (Members of the Legislative Assembly) and our government in power. This guide is meant to help set the foundation in our requests and allow us to stand together as one unified entity when advocating for our profession.

WHAT OUR FOCUS IS

In light of this year's election, we thought it would be best to target advocacy efforts towards our local MLAs (Members of the Legislative Assembly) and our government in power. This guide is meant to help set the foundation in our requests and allow us to stand together as one unified entity when advocating for our profession.

CONTACT YOUR MLA

Find your MLA here:

<https://www.leg.bc.ca/learn-about-us/members>

Find your MLA's email address here:

<https://www.leg.bc.ca/content-committees/Pages/MLA-Contact-Information.aspx>

Extend your reach by also reaching out to local candidates in your area.

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Ministry of Health contact information:

<https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/health/ministry-contacts>

Government communication & Public engagement:

<https://news.gov.bc.ca/contacts>

EMAIL TEMPLATE

MR/Mrs Full Name, M.L.A.
Riding Name
Address
City, B.C. Postal Code

Dear MR/Mrs. Last Name,

I am a student pharmacist enrolled in the 3rd year of the Doctor of Pharmacy Program at the University of British Columbia. I am writing to request a meeting to support me in the role pharmacists can play in enhancing access to healthcare and timely treatment, preventing and reducing polypharmacy (the unnecessary simultaneous use of multiple drugs), and ensuring the sustainability of our healthcare system.

I am concerned our current healthcare system is unsustainable in its current form, and if not properly addressed will soon become overwhelmed and therefore unavailable when my generation needs to access the services. Shortages of family physicians in urban and rural areas throughout BC present a challenge that has yet to be addressed systematically. With the rise of chronic diseases, our healthcare system will be overrun by individuals with life-long medical needs, leaving urgent health-related issues being under-treated and overlooked. Healthcare providers, especially pharmacists, are not being utilized to their full scope and therefore not practicing to the full extent of their capabilities.

Pharmacy practice is lagging behind in BC. It is disheartening to see patients unable to receive timely and efficient access to medications and without the authority to initiate prescriptions, pharmacists cannot alleviate these constraints. I find it difficult to comprehend how I can graduate with a Doctor of Pharmacy and not have the authority to utilize my full scope of knowledge and skills to better serve patients, especially when other provinces have already adapted these changes.

I believe as essential healthcare professionals, pharmacists need to be mobilized and utilized to their maximal scope of practice in our local communities across BC. Pharmacists and future pharmacists like myself have the capacity to address this major issue, yet I am constrained to contribute to my full potential. Pharmacy practice no longer revolves around dispensing medications; I am trained to make treatment decisions by assessing the best evidence supporting or refuting the use of a given drug therapy, and weighing the risks and benefits of the available options for a given patient. I am also trained to work collaboratively with other healthcare professionals. Our new generation of healthcare students are more practice ready to deliver patient-centered care as a team. We understand each other's roles and responsibilities, share decision-making, and utilize each other's expertise. I am valued and recognized as the medication expert on the team who has the most training in making prescribing decisions based on cost-effective, evidence-based medication therapies.

I kindly ask for your time and support to allow me to practice to my full scope before I graduate.

Sincerely,
Student Pharmacist Name

CONVERSATION WITH YOUR MLA: IMPORTANT POINTS

PHARMACISTS PRESCRIBING FOR MINOR AILMENTS (PPMA) PROGRAM

- Pharmacists are currently prescribing in all provinces with the exception of BC and ON
 - ON pending legislation
- Pharmacist prescribing was estimated to save \$550,000 in 2014 in Saskatchewan
 - Physician consult: \$67
 - Pharmacist consult: \$18

A great breakdown of what the rest of Canada is doing:
<https://www.bcpharmacy.ca/news/pharmacy-canada-quick-look-pharmacy-funding-across-country>



- How would pharmacist prescribing affect you and the people you know?
- Articulate how we are already regularly make evidence based OTC recommendations and therapeutic recommendations to physicians over the phone and fax
- DELAYS IN THERAPY!

British Columbia

Dispensing Fee - \$10

Dispensing public THN kits - No public funding

Prescribing for Minor Ailment - No

Medication Reviews - Yes - \$60 to \$70 per review

Immunization - Yes - \$10

BCPhA 2019 (Please note the following numbers have changed in 2020)

<https://www.bcpharmacy.ca/news/pharmacy-canada-quick-look-pharmacy-funding-across-country>

SUSTAINABILITY

- Preventable medication-related illnesses are costing health care system, from a pharmacist standpoint we are able to detect and optimize patient therapies to prevent drug-related emergency visits
- With pharmacists having a lower cost of consult, less drug-related emergency visits, and lowered cost of sending physicians out to rural areas, the Canadian health care system could save more than 11B each year
- Pharmacists are trained to be medication experts and to provide evidence based recommendations

- Better distribution of responsibility between health care providers to help reduce health care costs
- Our taxpayer dollars are being spent treating preventable medication-related complications



RxEACH Trial:

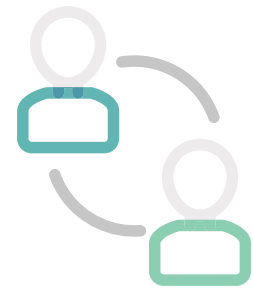
- P: Adults at high risk for CVD (patients with diabetes, CKD, history of vascular disease ± Framingham risk > 20%)
- I: Community pharmacist performed Medication Therapy Management Reviews, CVD risk assessments, education, prescribed medication, ordered lab tests, and performed monthly follow-ups for 3 months
- C: Usual community pharmacist and physician care
- O: 22% greater relative reduction seen in the intervention group for the estimated risk of CV events

CONVERSATION WITH YOUR MLA: IMPORTANT POINTS

INTERDISCIPLINARY COLLABORATION

- Our program sets us up for success in collaborative practice through practice cases with other disciplines
 - Examples include: DMD, OT, PT, Social Work, Dietetics, Genetic Counselling, etc.
- The Ministry of Health just introduced 50 new clinical pharmacists into primary care networks around BC
 - This is a great step in the right direction, however we have over 200 PharmD graduates per year from UBC who are all equipped to do similar work
 - This is evidence that the Ministry of Health agrees that we are capable of these positions

- We regularly have inter-professional educational activities that prepare us to work with other health disciplines
- We are aware of the different roles that healthcare providers play, our intent is not to take over the position of a physician, but to supplement their services and allow them to have more time for more complex patients



IMPROVED ACCESS TO CARE

- Limited physician access during COVID-19 pandemic
 - Long wait times to schedule appointments
 - Inability to schedule physician appointments outside of working hours
- Many pharmacies are available well after physician working hours (e.g. 24 hour pharmacies)
 - Provide care at times when access is significantly reduced
 - Reduce burden of simple minor ailments on ER's and urgent care centers
 - Average ER wait times: ~3 hour in BC
 - Hospitals can prioritize emergencies
- Pharmacies are more accessible in rural and First Nation communities (<25km from any community)

- In your experience, how long does it take for you to get an appointment with a doctor?
- Even with more online options available to see physicians, these options aren't easily accessible for those who don't have access to the necessary technology. These options leave out vulnerable populations who aren't fortunate enough to be able to access the internet regularly (even online appointments may require wait times)
- Unequal access to medical attention



CONVERSATION WITH YOUR MLA: IMPORTANT POINTS

A PHARMACIST'S ROLE IN THE OPIOID CRISIS

- Pharmacists can play a much larger role in managing the opioid crisis.
- Pharmacists are constantly monitoring patients on pain management therapy and opioid agonist therapy. In addition to identifying patients who may not need opioid therapy, pharmacists also proactively prevent dependence and unnecessary opioid therapy.
 - De-prescribing opioids safely
 - Starting and managing tapering regimens and adjusting them as needed
 - Providing support and care to help people through this process

- In general, it is a complicated process to taper someone off of opioid medications. It often requires changing doses at the right times. Requiring physician approval can complicate the process and lead to delays. Pharmacists could make this process easier if they were able to be in charge of adjustments of these complex regimens.



INJECTION CERTIFIED

- Pharmacists were quick to respond to the overwhelming influenza vaccine demand during the H1N1 pandemic in 2009
- The BC Ministry of Health changed the regulations of the Health Professional Act (HPA) to add administration of intramuscular, intradermal, and subcutaneous injections to expand a pharmacist's scope of practice
 - Legislation passed August 1st, 2012
- Pharmacists are now an integral resource for vaccinations across BC
 - Over 100,000 publicly funded influenza vaccinations administered in 2011/2012 influenza campaign
- Pharmacy students are injection certified in PY3!
 - We administer injections during our 3rd and 4th year pharmacy rotations

- Have you ever received a flu shot from a pharmacist? What was your experience?
- Pharmacists are a key member of the healthcare team in the administration of scheduled and publicly funded vaccinations
- Keep in mind pharmacists are able to dispense certain vaccinations under their license (i.e. no prescription required = faster access to vaccine)
 - e.g. Shingrix, Pneumovax



CONVERSATION WITH YOUR MLA: IMPORTANT POINTS

COMPREHENSIVE CLINICAL TRAINING IN E2P PHARM D

- The PharmD program has changed significantly since the BSc pharmacy program
 - The Entry to Practice PharmD requires pre-requisite education. Students have anywhere from 2-5 years of post secondary education prior to their acceptance into this program
- We are trained to make recommendations and initiate drug therapies
 - The experts in determining cost-effective, safe, efficacious, and evidence-based medication recommendations
- We are trained to recognize when therapies are unnecessary and trained to optimize drug dosages so patients have the most efficacious therapeutic plan with minimal side effects
- Areas of focus in our program:
 - Optimizing drug therapeutics
 - Managing chronic and acute medical conditions
 - Understanding lab values, applying knowledge to specific patient cases
 - Inter-professional collaboration between health disciplines
- We want job opportunities to practice this clinical knowledge
 - Pharmacy students are ready to make the shift from traditional "dispensary" role to collaborative patient-centered care
 - **Prescribing is crucial to expand this scope**

- Do you currently work in a pharmacy? Do you feel like you are maximizing your clinical knowledge learned in school?
- How often do you see the pharmacists you work with (or you) provide recommendations to patients?
- By graduation, we will have completed 42 weeks of full time community and hospital rotations (hands on experience)



- This is a good place to think about what our scope is and articulate what we learn in school
- We can't assume that the MLA knows what we do, here we can highlight all the other primary care skills we have to shift their focus from dispensing to therapeutically managing patients
- Think about your DTPs that you've found on practicum and the care plans you've written for real people. THIS is what we're trained for!



CONVERSATION WITH YOUR MLA: REAL-WORLD STORIES

THE GOOD

- We have opportunities on a daily basis to make an impact on patient lives, except many stories like these ones don't end up on the news!
- Do you have a personal experience of positively impacting a patient's life?

Examples of real life impact:

- <https://dailyhive.com/vancouver/bc-pharmacist-prescribes-monster-spray?fbclid=IwAR1XgFeB1I0JLwxCJAMnSPXjSzP0NFmL2AXqb5f72LjOkO9yXgDVfESIEtE>
- <https://www.agassizharrisonobserver.com/news/b-c-pharmacist-saves-overdose-victims-life/amp/>
- <https://www.bcpharmacy.ca/news/offering-lifeline-patients-addictions>

BC pharmacist prescribes "Monster Spray" to fight boy's fear of the dark

 Zoe Demarco | Oct 9 2020, 12:46 pm

B.C. pharmacist saves overdose victim's life

Offering A Lifeline To Patients With Addictions



THE BAD

- Stories such as these do not reflect our profession. You can personally condemn these actions and talk about your own values
- Values that we share as pharmacists:
 - Upholding professionalism
 - Optimized patient care
 - Providing safe and effective medications

Additionally, the College of BC Pharmacists investigates and reprimands those who violate our regulations

Pharmacist fined \$5,000

Burnaby pharmacist sanctioned, fined for ethics violation.
Cornelia Naylor / Burnaby Now - Oct 23, 2020 / 9:48 am

B.C. pharmacist fined, suspended for dispensing narcotics without a prescription

Sep 9, 2020 6:35 AM By: Castanet



DO'S AND DON'TS OF SHARING NEGATIVE EXPERIENCES WITH OTHER CARE PROVIDERS

Do:

- Share what happened, and how it affected your pharmacy or your patient
 - I.e. Did you ever have a conflict with another prescriber?
- Stay respectful and focus on what the outcome could have been if you had access to prescribing or other authority

Don't:

- Reveal names or insult other professions
- Be unprepared: Think about your story in advance in order to frame it in the most respectful way possible when sharing
- Use complex industry specific words: If they must be used, be prepared to define them

Pharmacists & Prescribing



Enhancing the scope of practice for pharmacist's will mitigate key structural issues seen in B.C's health care system today.

Training/ Education

Pharmacists are medication experts and have the skills, training and knowledge to prescribe medication therapy for certain conditions.

Many prescribing practitioners consult with a pharmacist for recommendations to provide best treatment options for their patients.



Physician Shortages

The health-care system is dealing with shortages of family doctors. Community pharmacists are one of the most accessible health-care professionals.

With more than 1,360 pharmacies in 153 communities in B.C., pharmacists are well suited to alleviate patient demand and needs.



Interdisciplinary collaboration

Pharmacists are well suited to work in a collaborative practice. This setting allows pharmacists to utilize their specialized pharmacotherapeutic knowledge to optimize their patients' drug treatment.

The Ministry of Health added 50 new clinical pharmacists into primary care network teams around the province.



Opioid Crisis

Pharmacists are at the centre of managing opioid misuse. Often pharmacists are the first of any health-care professional to identify prescription drug problems in patients. Pharmacists can play a major role in the opioid crisis if better integrated into a health care team and be able to initiate therapy for patients suffering from opioid addictions.

Addition of pharmacists into the primary care setting improves safe prescribing and prevent medication-related adverse events.



Emergency Visits

Canadian emergency department visit numbers are higher with longer wait times than other countries (CIHI 2016). Pharmacists with an expanded scope of practice can reduce 1/3 of non-urgent emergency room visits.

Emergency department visits and hospital admissions, as a result of adverse medication-related events in Canadian seniors, is estimated to cost \$35.7 million each year.



Drug Saf. 2012 Sep 1;35(9):769-81.

Sustainability

Preventable medication-related illnesses and deaths in adults cost the Canadian health care system an estimated \$11B each year.

In 2019:

- B.C estimated a 3.4% ↑ in per-person spending
- Drugs represented 15.3% of Canadian health spending
- 38.8% of public drug program spending is represented by only 2.1% of Canadians
- Internationally, Canada has one of the highest per capita health care spending

Pharmacist prescribing and providing care for patients with or at risk for cardiovascular disease will save the healthcare system \$4.4B over 30 years. 8.9M CV events will also be prevented.

https://secure.cihi.ca/free_products/PDEX-report-2019-en-web.pdf



Rural Communities

Physicians require additional travel requirements for many rural communities. Incurring \$\$\$ for standard services.

Pharmacies are no more than 25km from any rural/ First Nation Community.



WHAT IS NEXT?

Congratulations! You've taken the first steps to advocate for your profession. It is SO important that we continue to fight for more rights and continue to expand our scope. Thank you for taking the time to email your MLA and feel free to use this guide as a reference when advocating to others as well.

Next, we will be focusing on following up with your MLA. It's important to follow-up because it demonstrates dedication to your cause, and more importantly, holds your MLA accountable.

WHAT DOES FOLLOW-UP LOOK LIKE?

- When you should follow-up:
- If your MLA has not replied to your initial email:
- Email them again to push for that meeting, if they do not wish to proceed, use this opportunity to send the one pager you would have left with them after the meeting for future reference and to educate them
- If you've spoken to your MLA already in person or over a call:
- Email to thank them for their time and remind them that our points are listed on the one pager and that you will be following up with them in the future to discuss any progress
- A follow-up can be conducted any time after your meeting to discuss progress and allows you to communicate any new information that further supports our cause

Special thank you to the following individuals who contributed to this document :
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WHO TO CONTACT FOR SUPPORT

For any questions or concerns regarding the process or any of the information, we are here to help! If you'd also like to add any updated information or would like to be more involved, you can contact us at:

Pharmdstudentadvocacy@gmail.com

We are students here to help other students continue to advocate for our profession

You can also join The Advocacy Program:
<https://www.bcpharmacy.ca/advocacy>

DISCLAIMER:

We are not affiliated with The University of British Columbia or the BC Pharmacy Association. This student guide is meant to be used as a reference only and we as students are acting as an individual constituency to promote change within our profession. All information is researched and provided by students.

REFERENCES

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- Rafferty E, Yaghoubi M, Taylor J, Farag M. Costs and savings associated with a pharmacists prescribing for minor ailments program in Saskatchewan. [Internet] BMC. 2017 April 11 [cited 2019 Sept 22]; 15[3]. Available from: <https://resourceallocation.biomedcentral.com/articles/10.1186/s12962-017-0066-7>
- <https://www.interiorhealth.ca/sites/Partners/ImmunizationResourcesTools/Documents/Pharmacist%20Provincial%20Implementation%20Guideline.pdf>
- <https://www.bcpharmacy.ca/news/pharmacy-canada-quick-look-pharmacy-funding-across-country>
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- <https://www.agassizharrisonobserver.com/news/b-c-pharmacist-saves-overdose-victims-life/amp/>
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- <https://healthydebate.ca/opinions/pharmacists-and-the-opioid-crisis>