Access

- **Access means that the individual has the right care, by the right provider, at the right time and place.** At some point this discussion document has redefined Access to mean access to a family physician.

Access should mean **right care, by the right provider, at the right time and place.**

In 2006, The Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative, have more appropriately identified Access as follows:

*Where interdisciplinary collaboration is present in primary health care, patients/clients have access to the “right services, provided at the right time, in the right place and by the right health professional.”*

Pharmacists

- New Brunswickers, especially in rural parts of the province, see the community pharmacy as a valuable health centre, and an important point of access. They value their access to a pharmacist as a self screening tool to address minor ailments, or to seek more immediate care.

In developing plans to move health care from ‘hospital to community’, community pharmacies need to be included in the plan. Roughly 10 million prescriptions are filled in pharmacies across New Brunswick every year. New Brunswickers regularly seek advice about over the counter medication and vitamin supplements in addition to their prescription medication. Community pharmacists are available from 75 to 105 hours per week.

In 2008 (after this report), New Brunswick pharmacists were empowered by changes to the Pharmacy Act, to adapt, and prescribe certain drugs in certain instances. This change has led to an average of 20,000 prescription adaptations per month. These are timely interventions that used to require individuals to go to After Hours clinics or to the emergency room. Moreover, pharmacists were also enabled by this same new legislation to administer drugs by injection as well as to order and to interpret lab values.

By 2010, roughly 90 pharmacists were certified to provide seasonal flu shots. More than 15,000 New Brunswickers received their flu shot from a pharmacist in 2010, many of them had no plans to get their flu shot, but took advantage of the opportunity while they were in the pharmacy. (Right Time, Right Health Professional, Right Place).

We are working right now with Public Health officials to look at opportunities to screen for and provide treatment and consultation regarding Chlamydia and other STD's.
As of this writing, the Department of Health has not enabled pharmacists to order and to interpret lab values.

**New Brunswick Health**

Recently, the New Brunswick Health Council has released reports that accurately reflect the difficulty that New Brunswickers have in accessing a family doctor, and more importantly, the Council has identified that many New Brunswickers suffer from a chronic disease, and that 47% of those surveyed don't know why or how to take their medication. This reflects our collective focus on drug costs, and our collective apathy for the information and knowledge that should accompany prescription drug use. The New Brunswick Department of Health, Medavie and other plan sponsors need to place more emphasis on education, follow-up, adherence, measurements, prevention and access. Resources should be aligned to support these activities (including direct funding for pharmacist services).

Pharmacists can play a greater role in assisting New Brunswickers identify disease states such as diabetes, and to manage that disease. Pharmacists can play a greater role in providing smoking cessation interventions.

The discussion document correctly identifies that 1 in 9 ER visits are related to adverse drug events. It also identifies issues related to seniors' falls and fractures. Many of these could be related back to the prescribing and improper use of benzodiazepines.

In 2010, The New Brunswick Pharmacists' Association was involved with the Department of Health in a pilot project called NB Pharmacheck™. This project enabled seniors who were taking at least three or more medications, to a 20 to 30 minute meeting with a pharmacist, to review all prescriptions from all doctors, to review over the counter medication use and dietary supplements, and to review dosages and regimens including time of day.

Seventy percent of participants said they learned something new about their medications.

**Information**

Pharmacists are plugged into the latest drug related information. We expect to be connected to the Drug Information System, although the province has declined so far to provide any funding assistance to pay our vendors to make the required changes to software.

We need access to lab values and to order lab tests following appropriate protocols. The average pharmacist phones a doctor roughly 40 times per week. We work collaboratively with physicians today and will continue to in future.

We also desperately need a Prescription Monitoring Program so that pharmacists can appropriately intervene when patients are double doctoring, or abusing prescription drugs. The fact that methadone fees are expected to exceed $7 million in 2011 is a travesty.
The system we have now is facing challenges and will face more. Change is needed. We need when planning our change to take our traditional blinders off. We must use all resources, working together, whether under one physical roof or an electronic roof to provide access and safe quality care. We need to maximize the efficiencies of all sectors. This may mean that the team quarterback is the physician, but may also mean that they do not have to be the gatekeeper or ticket taker. Pharmacists are often the first point of contact and the most frequently used point. Who better to refer a patient in need to a dietician, or a diabetic nurse? Who better to be involved in the record keeping and management of self directed patient care? Pharmacists can and do monitor blood pressures, blood sugars and now with access to lab ordering and One Patient One Record data looming, pharmacists could do more to help patients and the system. We should be monitoring chronic therapies for cholesterol, blood pressure, diabetes and extending long term therapy or modify treatments. We should be making the decisions on the most efficient treatment after receiving diagnosis from a physician or Nurse Practitioner or other diagnostitian We should be treating more minor ailments. We can immunize, and administer injections. Why not have B12 shots at the pharmacist's office allowing physicians space in their office to see more complicated cases? Why? Because our reimbursement models need to change and some of our legislation needs to be modified, and some of our egos need to be adjusted! This will allow us to put the patient first and develop a vision for New Brunswick Health Care that is obtainable and sustainable. We must rapidly adapt technology, be creative and dynamic. We must maximize all our resources and frankly pharmacists are underutilized! We must work together to create a Health Care system that Works for New Brunswick.

The dreams of yesterday are the hopes of today and the realities of tomorrow

George Murray, BSc. Pharm,

New Brunswick Pharmacists' Association

Members of the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative:

- Canadian Association of Occupational Therapists
- Canadian Association of Social Workers
- Canadian Association of Speech-Language Pathologists and Audiologists
- Canadian Coalition on Enhancing Preventative Practices of Health Professionals
- Canadian Medical Association
- Canadian Nurses Association
- Canadian Pharmacists Association
- Canadian Physiotherapy Association
- Canadian Psychological Association
- College of Family Physicians of Canada
- Dietitians of Canada