



MAY 2024

## PHARMACIST-LED CLINICS IMPROVE ACCESS TO PRIMARY CARE: ALBERTA PAVES THE WAY

By Krystle Wittevrongel

Primary health care in Canada is in crisis. In 2022, an estimated 22% of Canadians over the age of 18—over 6.5 million people—did not have regular access to a family doctor or nurse practitioner, and those who did often had difficulty receiving care in a timely manner.<sup>1</sup> Pharmacist-led clinics provide some primary care services, thereby increasing access and freeing up appointment times for physicians and nurse practitioners to take on more complicated cases.

The first pharmacist-led clinic in Canada was opened in Lethbridge, Alberta in 2022. By the end of 2024, there will be 103 in the province.<sup>2</sup> With the broadest scope of practice and prescribing authority in Canada, pharmacists in Alberta provide patients with a range of primary care services such as managing chronic conditions, prescribing medications, ordering and interpreting lab tests, assessing minor injuries and ailments, and administering vaccinations.<sup>3</sup>

Not only does this help increase access to primary care for Albertans, but it will also likely drive down overall health system costs, as almost 35% of avoidable ER visits can be managed by pharmacists.<sup>4</sup> Saskatchewan, Ontario, Quebec, New Brunswick, and Nova Scotia all also have pharmacist-led clinics,<sup>5</sup> but more restrictive scope of practice and prescribing powers for pharmacists in those provinces limit their impact<sup>6</sup> (see Table 1). The other four provinces have yet to develop such clinics, in part due to provincial regulations that stand in the way.

### INCREASING ACCESS, REDUCING COSTS

Pharmacist-led clinics, also called pharmacist primary care clinics, require pharmacists to refer pa-



tients as needed and to collaborate with other health professionals.<sup>7</sup> While pharmacists are highly trained and skilled primary care providers, the work they do is complementary to that of other healthcare providers. For instance, prescription-related issues or concerns, which have historically accounted for more than 10% of ER visits across the country,<sup>8</sup> can easily be dealt with by a pharmacist, but other situations such as complex medical diagnoses require a physician.

A dedicated pharmacist-led clinic working through prescription management and drug interactions with patients, as and when needed, relieves pressure on overall health system use. Furthermore, chronic conditions drive health system use, as higher numbers of prescriptions are associated with higher rates of ER use.<sup>9</sup> The more prescriptions a patient is on, the more attention needs to be paid to the complicated nature of drug interactions, which is something pharmacists are specifically trained to deal with.

Table 1

Scope of practice differences for pharmacists, Canadian provinces										
	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Independently prescribe Schedule 1 drugs	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗
Collaboratively prescribe Schedule 1 drugs	✗	✓	✓	✓	✗	✓	✓	✓	✗	✗
Make therapeutic substitutions	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓
Order and interpret lab tests	✗	✓	P	✓	✗	✓	P	P	✓	✗
Regulated pharmacy technicians	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓

**Note:** P = pending. See the source for specifications. Schedule 1 drugs refers to Schedule 1 of the National Drug Schedule model developed by the National Association of Pharmacy Regulatory Authorities (NAPRA), not Schedule 1 narcotics.

**Sources:** Canadian Pharmacists Association, Pharmacists' Scope of Practice in Canada, October 2, 2023; National Association of Pharmacy Regulating Authorities (NAPRA), What Are the National Drug Schedules, consulted May 13, 2024.

In a 2022 survey of Canadians, 24% of respondents without access to a family doctor or nurse practitioner reported that they had sought care at a hospital emergency room the last time they had a health problem that was not urgent.<sup>10</sup> With over 6.5 million Canadians lacking such access, that's over 1.6 million unnecessary ER visits. In the Lethbridge pharmacist-led clinic alone, meanwhile, an average of 40 to 60 patients are seen every day, or from 14,600 to 21,900 annually.<sup>11</sup> There have also been referrals from other primary care providers and triage staff at the ER in Lethbridge, as well as referrals of some non-urgent pediatric cases from local pediatricians, all of which can reduce wait times for other patients and decrease costs for the healthcare system as a whole.

Studies show that pharmacist-directed care and management conforms to guidelines, is safe and effective, saves both time and costs, and registers high patient satisfaction.<sup>12</sup> Awareness of the value of such care is also growing, as 14% of surveyed Canadians without access to a family doctor or nurse practitioner turned to pharmacists when their health problem was not urgent.<sup>13</sup>

### SCOPE OF PRACTICE AND PRESCRIBING AUTHORITY

In the other provinces with pharmacist-led clinics, the more restrictive scope of practice and more limited prescribing powers reduce the types of primary care pharmacists are able to provide, despite being trained to do so. For instance, in

Ontario, pharmacists cannot order and interpret lab tests. This means a patient must be sent back to their family doctor or nurse practitioner to have bloodwork done if a pharmacist learns of a potential negative interaction between a new prescription and another current medication. In Alberta, a pharmacist could have sent the patient for testing directly, saving both the patient and the system an additional visit with a health professional.

Although British Columbia has no pharmacist-led clinics, pharmacists' scope of practice is gradually expanding. In 2023, these medical professionals gained new powers of diagnosis and prescribing for minor ailments.<sup>14</sup> This brings them more in line with other provinces, although they are still more restricted than their counterparts in Alberta.<sup>15</sup>

To make the best use of the training and expertise of pharmacists, it is crucial not only to allow them to open clinics, but also to expand their scope of practice and prescribing powers, as Alberta has done. With so many Canadians waiting and often suffering needlessly, or forced to go to an ER for minor ailments, we simply cannot afford to let valuable healthcare resources go underused.

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