Expanding Health Professionals’ Scopes of Practice: A Case Study of Health Policy Pertaining to Ontario Pharmacist Prescribing

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Pharmacist Prescribing

- In 2006, Alberta became first province in Canada to grant pharmacists prescriptive authority: adapting drug therapy, initial access prescribing

- Likely influenced by legislation in UK: pharmacists permitted to prescribe as supplementary prescribers (2003) or independent prescribers (2006)

- Followed by other provinces:
  - Manitoba (2006)
  - New Brunswick (2008)
  - British Columbia (2008)
  - Newfoundland and Labrador (2010)
Pharmacist Prescribing in Ontario

- Policy process set in motion by a June 2007 referral from the Health Minister to HPRAC
- 2-year consultation process ensued; legislation introduced in May 2009, received Royal Assent on December 30, 2009
  - Will expand the scope of practice of 10 regulated health professions, including pharmacy
  - Pharmacists will be permitted to:
    - Adapt/Modify prescriptions (e.g. change from a solid to liquid dosage form; change a dosage regimen)
    - Extend prescriptions for chronic medications
    - Prescribe Schedule 1 medications for smoking cessation
The Research Problem

- Pharmacists’ scope of practice (prescriptive authority in particular) expanding in many jurisdictions

- Sociological theories of professions would suggest pharmacy has won a turf battle with medicine; however it appears that the government has been the primary driver

- No published research examining the determinants of policy genesis or influences on policy formulation with respect to expanded scopes of practice for pharmacy or any allied health profession

- The few studies in the UK on pharmacist prescribing have focused on stakeholder satisfaction; none has examined the policy process
Study Goals

1. To enhance understanding of the public policy process through which health professions’ scopes of practice change, by examining the case of pharmacist prescriptive authority in Ontario

2. To ascertain the confluence of factors that moved expanded scopes of practice onto the government’s agenda

3. To identify and understand the role and influence of pharmacy and medical professional organizations both in the agenda setting and policy formulation stages
Stages of Public Policy Process

1. Agenda Setting
2. Policy Formulation
3. Implementation
4. Evaluation
Theoretical Framework: Multiple Streams Theory

- Posits that 3 parallel, independent streams underlie public policy making: problems, policies and politics.
- When the 3 streams converge, a policy window opens up for the government and it decides to pursue a desired policy alternative.
- **Problems stream**: problems facing the society, some of which become more salient than others and require decision makers’ attention.
- **Policy stream**: various policy alternatives generated by decision makers, researchers, and other stakeholders.
- **Politics stream**: helps determine the policy alternative ultimately selected; encompasses factors such as national mood, electoral politics, regime change, and interest group activity.
Methods

Single case study, utilizing qualitative research methods:

- Documents and interviews with key informants from the Ontario government, provincial pharmacy and medical professional organizations and a patient organization

- Key informant interviews:
  - One-on-one, semi-structured (interview guide)
  - Individuals at various levels of each organization
  - Audio-recorded and transcribed

- Data analysis:
  - Independent content analysis of text by 3 researchers until consensus on coding achieved (subsequent coding by student)
  - Coding compared, differences reconciled by discussion
  - Major themes extracted and compared across organizations
Progress to Date

- Data collection completed; analysis currently underway (70% completed)
- 17 interviews completed: 8 in-person and 9 over the phone
  - 7 government
  - 4 pharmacy
  - 5 medical
  - 1 patient organization
- 51 relevant policy documents retrieved
Agenda Setting: Access Problem

- Was the primary health system problem the government was trying to address through expanding scopes of practice
- An important political problem: public complaints to MPPs regarding lack of access to services
- Articulated as a health care policy objective of the 2003 and 2007 Liberal Party platforms
- Numerous policy initiatives put forth in recent years to help address this problem; most health human resource related
- Move towards interprofessional collaboration seen as increasing HHR efficiencies and access to care
Agenda Setting Factors

- Pharmacy professional organizations not influential in setting the government’s agenda with respect to expanding scopes; focus in 2007 on managing changes imposed by *Transparent Drug Systems for Patients Act*

- No evidence that medical organizations influenced or were consulted during agenda setting process

- HPRAC appears to have influenced the government’s agenda: 2006 *New Directions* report to the Health Minister; their approach in addressing the Minister’s 2007 referral

- Changes in health professionals’ scope of practice in other jurisdictions (particularly Alberta and the UK) set the tone; Ontario government did not want to be seen as falling behind in innovative policies
Regulatory Framework Change

- Traditionally, health professions legislation (e.g. RHPA) viewed as necessarily restrictive

- Bill 179 Enabling Regulatory Framework:
  - Responds to the Minister’s request to HPRAC to: “provide advice on framework and process for the ongoing evaluation of requests by Colleges for changes to regulations in this regard [prescriptive authority]...”
  - Recognizes that legislation can place barriers to health professionals’ evolving roles and practice
  - Framework that enables rather than restricts health professionals practice
  - Broad legislative scope of practice coupled with greater emphasis on standards of practice (recognized in statute) established by regulatory Colleges
Study Limitations

- Quality of data obtained:
  - Some high-level government key informants, most involved in the policy change process, could not be reached or were not willing to participate in the study.
  - Other informants not willing to disclose information beyond their official organizational position.

- Partial reliance on participants’ recollection of past events; information obtained may be affected by recall bias as well as more recent developments.
Summary

- Government’s health policy agenda structured by numerous interconnected factors
- One perceived problem (access to care) seems to be driving the agenda with respect to expanded scopes of practice
- Bill 179 represents re-thinking of the role of legislation in regulation of health professions

Next steps:
- Data analysis by winter 2010
- Final report in mid 2011
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