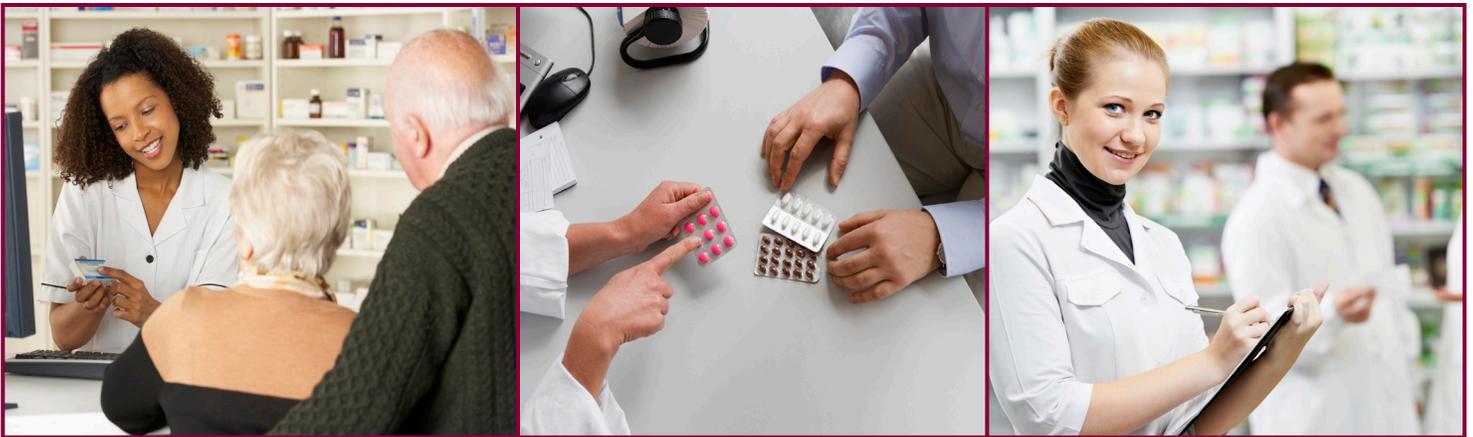


From “Retailers” to Health Care Providers: Transforming the Role of Community Pharmacists in Chronic Disease Management

The following is a synopsis of “From ‘Retailers’ to Health Care Providers: Transforming the Role of Community Pharmacists on Chronic Disease Management,” published in May 2015 in the journal *Health Policy*.



What is already known on this topic?

Globally, one in five people have at least one chronic condition, from arthritis to a variety of cardiovascular diseases, so management of chronic conditions is a challenge for all healthcare systems. Pharmacists who work outside the hospital setting (known as “community pharmacists”) have become major contributors to the delivery of healthcare. In the United States, there are approximately 110,000 practicing community pharmacists as compared to roughly 250,000 primary care physicians. However, community pharmacists are underutilized in the healthcare delivery system, and an expansion of their role in the healthcare system can relieve the burden on professionals, such as nurses and primary care providers.

What is added by this article?

The article describes recent efforts made by Australia, Canada, England, the Netherlands, Scotland and the United States to expand the role of community pharmacists. The authors analyzed levels of policy development within these

countries with regards to roles, objectives, and incentives for health professionals and the expanded role of community pharmacists. While other countries have more developed policies on this matter, a look at countries whose policies are evolving can be valuable.

National experts from each of these six countries were surveyed about the current role of community pharmacists, the economic and political climate in which the community pharmacists work, policy developments regarding the effective, safe, and efficient use of medicines and the prevention and management of chronic disease, and evaluation efforts. The experts were selected based on their advocacy for community pharmacists, knowledge of the latest policy developments, and their research on the evaluation of ongoing policy initiatives surrounding the expanded roles of the community pharmacists.

All of the countries have a number of policies in place to promote effective, safe, and appropriate use of medicines. The authors looked at eight domains for each country:

- Emergency prescription refills
- Renewal or extension of prescriptions
- Changing of drug dosage/formulation
- Therapeutic substitutions
- Writing prescriptions for minor ailments
- Initiating prescription drug therapy
- Ordering and interpreting lab tests
- Administering drugs by injection

They found wide variation in each domain. England and Scotland are at the forefront of expanding the role of community pharmacists in this group of six countries through their use of “tiers” to frame the extent of pharmacists’ work in safe medication use and in chronic disease management. U.S. law does not allow for community pharmacists to administer drugs via injections. Australia does not have a policy in place on changing drug dosage/formulation, therapeutic substitutions, or initiating prescription drug therapy. The Netherlands has no policy for community pharmacists to make therapeutic substitutions, write prescriptions for minor ailments, or initiate prescription drug therapy. Because of the nature of Canada’s legal system, only certain provinces have adopted changes in some of these domains.

Involving pharmacists in the management of chronic conditions has been slow, but Scotland and England have formalized community pharmacists’ role in chronic

disease management. Australia and Canada are integrating community pharmacists into primary care delivery with collaborative pharmacy reviews and disease management activities; initiatives are led by professional organizations and governmental agencies. In the Netherlands, guidelines have been developed for the transfer of information between pharmacists and other primary and secondary care providers, crucial for appropriate medication use. Policy development in the United States has been limited to the use of community pharmacists to aid in workplace health promotion initiatives.

What are the Implications of these findings?

The authors found that there is a viable effort globally to include community pharmacists in primary care to help in the management of chronic disease and generally to expand their role in healthcare beyond retailing and dispensing medications. Policy development that advances the community pharmacists’ role is strong in England and Scotland. For chronic disease management, all of the six countries described are integrating community pharmacists into the healthcare systems, albeit in a limited way; as of early 2015, this is mostly happening within primary care practices. The authors highlight the need for a more concerted effort to formally incorporate community pharmacists into the healthcare system in order to effectively capitalize on their knowledge and skills.

Resources

Centers for Disease Control and Prevention
Chronic Disease Prevention and Health Promotion
<http://www.cdc.gov/chronicdisease/index.htm>

Centers for Disease Control and Prevention
A Program Guide for Public Health: Partnering with Pharmacists in the Prevention and Control of Chronic Diseases
http://www.cdc.gov/dhbsp/programs/spha/docs/pharmacist_guide.pdf

The Community Guide
Cardiovascular Disease Prevention and Control: Team-Based Care to Improve Blood Pressure Control
<http://www.thecommunityguide.org/cvd/teambasedcare.html>

Citation

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

