

# Prescription for the Future: CSHP Responds to Kirby and Romanow

Throughout 2002, health care held many spotlights on the Canadian stage. As both Senator Michael Kirby and Commissioner Roy Romanow grappled with the future of health care, Canadians themselves were taking a long look at the values they uphold and the commitments they are willing to honour. Across the country, health care professionals rallied to participate in this national dialogue.

As discussion continued, the CSHP kept a keen eye on each development and actively participated in the deliberations. CSHP's Government and Health Policy Planning Committee, in collaboration with the Society's Council and staff, worked throughout 2002, providing information and submitting recommendations that represented the strong and innovative voice of hospital pharmacy.

In October 2002, Kirby's Senate committee released its blueprint for an overhaul of medicare, *The Health of Canadians — The Federal Role*.<sup>1</sup> One month later, Romanow published his report, *Building on Values: The Future of Health Care in Canada*.<sup>2</sup> Although these reports differ considerably in their approach to funding, they do offer several similar recommendations to improve our health care system.

Regardless of our individual views on funding and the debate over public versus private care, CSHP members can be encouraged by the reports' recognition of, and willingness to build on, the experience and documented success of hospital pharmacists in areas such as drug-use management, collaborative teams, application of technology, and nontraditional roles such as pharmacist prescribing.

Primary care reform was prominently featured in both reports, and CSHP supports this focus. A good system of prevention, health promotion, and early diagnosis and treatment is essential to the sustainability of health care in this country. Nevertheless, it is disappointing that the critical issues and needs of the

hospital sector were not addressed more fully. Hospitals continue to face significant pressures as restricted budgets hamper their ability to cope with escalating costs in areas such as drugs and technologies. Additional resources are required to ensure that hospitals across the country are able to meet the demands of our evolving health care system.

This evolution also necessarily affects how we as pharmacists interact with our colleagues and collaborative partners. CSHP believes that the development and promotion of multidisciplinary teams across the spectrum of care will enhance care and improve outcomes for patients. Pharmacists, physicians, and other health care professionals are very familiar with the success of this collaborative approach within hospitals. Utilization of pharmacists on multidisciplinary hospital teams has facilitated greater application of their expertise and enabled them to increase their roles in areas such as disease management and prescribing.

While this expansion of the traditional responsibilities of pharmacists has been shown to improve patient outcomes, it has also served to relieve some of the critical workload and staff shortage pressures related to physicians, nurses, and other health care professionals. The "Information Paper on Pharmacist Prescribing within a Health Care Facility",<sup>3</sup> recently completed by a CSHP task force, reviewed the current extent of prescribing by pharmacists in Canadian facilities and provided options for expanding the function of pharmacists in this area.

Similarly, as pharmacists continue to advocate for their expanded role, CSHP is pleased that the Kirby and Romanow reports included recommendations for a national approach to post-acute and palliative home care services. Our members have long recognized the growing need for these services. Pharmacist involvement in home care programs is critical to identifying, preventing, and resolving drug-related



problems and to providing expert support to home care staff and community physicians in relation to medication use. Our Society has identified this area as a priority, and we are currently awaiting the recommendations of our Task Force on the Practice of Pharmacists in Home Health Care. CSHP also recognizes the barriers that hamper the provision of seamless care for patients as they cross care settings (e.g., from home to hospital to home again). Consequently, CSHP initiated work in this area by establishing a joint task force with the Canadian Pharmacists Association. Work by this task force continues.

To achieve comprehensive and seamless pharmaceutical care, CSHP supports the emphasis on increased use of technology and information management systems, including electronic health records. Hospital pharmacists are familiar with electronic prescribing systems, which have been shown to decrease medication errors, improve the safety and appropriateness of prescribing, and increase the efficiency of the drug-use process. Broader use of electronic health records will facilitate the sharing of relevant patient information among health care professionals, providing much-needed patient information at the point of care.

At all points of the spectrum of care, the provision of additional funds to protect Canadians from the potentially catastrophic costs of prescription drugs is welcomed. We all know that medications are an increasingly important modality in preventing and treating illness. Yet, far too often, we see patients who simply cannot afford the medications they require. In addition to being able to obtain these needed medications, Canadians must also receive reliable advice and guidance about their therapy, so that they become knowledgeable partners in their own care. As medication experts, pharmacists are best equipped to perform this role.

We believe there is merit in establishing national processes to consistently evaluate new and existing drugs, and to ensure the quality and cost-effectiveness of all prescription drugs on a continuing basis. For decades, hospital pharmacists have played key roles in drug-use evaluation programs and in the development and maintenance of drug formularies. The demonstrated benefits of these initiatives include more cost-effective prescribing, improved quality of care through identification of the best treatments, and elimination of inefficient treatments or those with avoidable risks of adverse reactions.

CSHP also supports an emphasis on community-based care, education and public awareness, health care professional resource planning, shared stakeholder accountability for health outcomes, and evidence-based decision-making. CSHP believes that the key to a healthy and sustainable system lies in the basic principles of public protection, quality health care, accountability, efficiency, flexibility, and fairness.

Moving forward, CSHP will continue to work in a leadership role within the context of both reports and the current Canadian health care environment. We look forward to continued opportunities to work collaboratively with governments and other health care professionals to improve Canada's health care system.

As members of CSHP, as hospital pharmacists, and as Canadians, we must view these reports as an urgent call to action. In the months ahead, each of us should take every opportunity to speak with policy makers and government representatives, to voice both our concerns and our support. Together, we represent an important force for change. Together, we can implement progressive changes that will ensure the well-being of Canadians and the sustainability of our health care system. Together, we are a strong voice.

## References

1. Senate Standing Committee on Social Affairs, Science and Technology (Kirby MJL, chair). *The health of Canadians — the federal role. Final report on the state of the health care system in Canada*. Vol 6: *Recommendations for reform*. Ottawa (ON): Senate of Canada; 2002. Available at: <http://www.parl.gc.ca/37/2/parlbus/commbus/senate/com-e/soci-e/rep-e/repoct02vol6-e.htm>. Accessed 2003 Jan 9.
2. Commission on the Future of Health Care in Canada (Romanow R, chair). *Building on values: the future of health care in Canada*. Ottawa (ON): The Commission; 2002. Available at: <http://www.hc-sc.gc.ca/english/care/romanow/index.html>. Accessed 2003 Jan 9.
3. CSHP Task Force on Pharmacist Prescribing. An information paper on pharmacist prescribing within a health care facility. *Can J Hosp Pharm* 2002;55:56-62.

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CSHP's response to the Kirby and Romanow reports was prepared by the CSHP Government and Health Policy Planning Committee (**Donna Pipa**, BScPharm, FCSHP, chair; **Ryan Abell**, BScPharm; **Rita Caldwell**, BScPharm, MHSA; and **Barb Watterworth**, BScPhm), the CSHP Executive (**Mike Gaucher**, BSP, MBA, President; **Neil Johnson**, BScPhm, MBA, President-Elect; **Margaret Gray**, BSP, Past President; **Ron Swartz**, BScPhm, Director of Finance), and **Marlo Palko**, BA (Honours), Manager of Public Relations and Communications, CSHP.

