Pharmacist Prescribing Frequency, and Facilitators and Barriers to Further Implementation in Nova Scotia

Summary prepared for PANS Conference, October 14-16, 2022

Key Messages

- An online survey carried out in July 2020 found that self-reported pharmacist prescribing activities have increased substantially since 2014 and even more after COVID-19 began.
- Some prescribing categories became more common during the pandemic, while others notably prescribing in emergencies became less common. Prescribing services funded by the government (e.g. renewals, uncomplicated cystitis) were most common.
- Several facilitators and barriers to prescribing were identified. Understanding these areas can inform future research and policy work to support community pharmacist prescribing in Nova Scotia.
- These findings may help community pharmacists to understand how their prescribing activities compare to other pharmacists, and highlight the challenges others face and the supports in place to help pharmacists prescribe.

About the Online Survey

A link to a mixed methods survey was sent to all pharmacists licensed to provide direct patient care in a community setting in Nova Scotia.

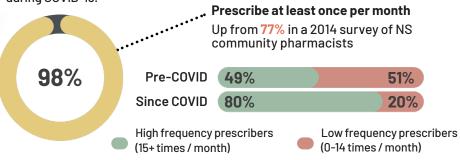
The questionnaire asked about:

- Prescribing activities and perceptions of their prescribing role
- How often pharmacists prescribed before and since COVID-19 began
- Barriers and facilitators to prescribing
- Demographic information

A series of open-ended questions collected more detail about barriers.

Prescribing Patterns

Self-reported pharmacist prescribing activities increased since 2014 and during COVID-19.



Survey open: July 7 - October 1, 2020 Responded 14.2% of the direct patient care community pharmacists in NS <u>Limited demographic information</u>, but suggests sample roughly representative of overall profile of NS pharmacists. 45.7 **50/50** avg. age roughly equal split between those who identify as avg. years women and men in practice Mix of pharmacy settings, with 37% working in a rural area

Frequency of Prescribing Activities During COVID-19

Most, but not all, prescribing activities increased.

Increased

- Prescribing for minor and common ailments
- Preventative medicine (e.g. contraception, vaccines)
- Diagnoses supported by protocol
- Renewals

Decreased

Prescribing for emergencies

Most Common Prescribing Activities

Renewals

For Approved Conditions

Diagnoses supported by protocol, e.g. uncomplicated cystitis

Minor and common ailments, e.g. allergic rhinitis, cold sores

Top 3 Facilitators and Barriers

Pharmacists answered a series of questions designed to gauge how positive they were about various prescribing activities. The research team then used a particular behaviour change theory (Theoretical Domains Framework version 2) to group answers into domains, and analyzed the perceived facilitators and barriers to pharmacist prescribing.

Facilitators	Barriers
Confidence in knowledge about how and when to prescribe (<i>Knowledge</i>)	Lack of supports for pharmacist prescribing, e.g. support systems, feedback on prescribing (Behavioural Regulation)
Positive consequences related to prescribing, e.g. better patient care (Reinforcement)	2. Lack of clear plans to incorporate prescribing into practice (<i>Goals</i>)
3. Prescribing perceived as a part of their professional role (Social/Professional Role and Identity)	3. Potential negative consequences, such as being responsible for patient outcomes and the time it takes (Beliefs about Consequences)

Additional Barriers

Pharmacists also provided more details about barriers to prescribing in open-ended questions, most often citing:

- Lack of staff and challenges integrating prescribing into overloaded workflows
- Lack of appropriate reimbursement for pharmacists / pharmacies
- Having to ask patients to pay for prescribing services not covered by government

Key Findings

- Pharmacists are positive about their skills and knowledge, perhaps as a result of the increasing availability and integration of prescribing education and training.
- Prescribing is now seen as part of the pharmacist's professional role and identity.
- Context and policy have a dynamic influence. For example, reimbursement was both a facilitator and barrier, perhaps reflecting limitations of government funding to reduce patient costs and the need to distinguish payments for newer services from traditional dispensing.

Top 3 Influences on Prescribing Frequency

Several behaviours had a significant impact on how often pharmacists prescribed:

- 1. Belief that prescribing would have positive consequences for patients
- 2. Having peers and colleagues that are supportive of prescribing
- 3. Intending to prescribe

Learn More

Read the article

Grant A, Rowe L, Kennie-Kaulbach N, Bishop A, Kontak J, Stewart S, Morrison B, Sketris I, Rodrigues G, Minard L, Whelan AM, Woodill L, Jeffers E, Fisher J, Ricketts J, Isenor JE. Increased self-reported pharmacist prescribing during the COVID-19 pandemic: Using the Theoretical Domains Framework to identify barriers and facilitators to prescribing. RSAP. 2022, Aug 20. https://doi.org/10.1016/j.sapharm.2022.08.014

Visit the project website

https://mssu.ca/research/research-projects/pharmacist-prescribing-and-primary-health-care-access/

Contact

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