Introduction

Background + Purpose

- In 2008, the Alberta College of Pharmacists and the College of Physical Therapists of Alberta reached an agreement1 to test the merits of a collaborative prescribing practice model between pharmacists and physiotherapists in an effort to deliver appropriate drug therapy to Albertans with musculoskeletal conditions.
- The Alberta Collaborative Prescribing Model was implemented to examine the feasibility of a collaborative prescribing model between physiotherapists and pharmacists. The specific purposes were to evaluate if the referral process from a physiotherapist to a pharmacist with additional prescribing authorities2 is feasible and if the model provides a positive patient experience.

Relevance

- The model explores a new way of delivering care with potential to facilitate timely access to appropriate drug therapy and improve outcomes for patients with musculoskeletal problems.

Project Description

- The project ran for a period of six months and involved four communities: Calgary, Medicine Hat, Barrhead and Cold Lake.
- Upon completing an assessment, determining a clinical diagnosis, and identifying the possible need for drug therapy, the physiotherapist made a referral to a pharmacist with additional prescribing authorization.
- The pharmacist subsequently assessed the patient to determine whether drug therapy could be beneficial, and if so, prescribed an appropriate drug therapy.

Evaluation

- Evaluation included a patient questionnaire administered 2-4 weeks after prescription was given as well as provider telephone interviews at the end of the pilot.
- The patient questionnaire examined their experience, referral process and personal results.
- The provider interviews examined the feasibility of the collaborative process.
- Questionnaire and survey responses were collated and analysed using descriptive statistics.3

Table 1: Pilot Inclusion and Exclusion Criteria

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<thead>
<tr>
<th>Inclusion Criteria</th>
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<td>• Patients who referred themselves to physiotherapy for a musculoskeletal injury.</td>
<td>• WCB patients</td>
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<td>• Patients who were not receiving drug therapy for their injury.</td>
<td>• Patients with pain of non-musculoskeletal origin or chronic pain syndromes.</td>
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<td>• Patients who might benefit from prescription drug therapy to assist in their recovery.</td>
<td>• Patients with suspected substance abuse issues.</td>
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<td>• Patients who were self-medicating but would benefit from a pharmacist’s assessment to determine a more appropriate drug therapy.</td>
<td>• Patients referred to physiotherapy from physicians and/or were already receiving appropriate drug therapy.</td>
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As part of their joint responsibility of caring for the patient, the pharmacist and physiotherapist shared their respective treatment plans and follow-up recommendations to each other on a regular basis.

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1 Memorandum of Agreement between the College of Physical Therapists of Alberta (Physiotherapy Alberta) and the Alberta College of Pharmacists.

2 A pharmacist with additional prescribing authority can prescribe any Schedule 1 drug with the exception of drugs listed in the schedules of the Controlled Drugs and Substances Act.

3 All data collection and evaluation completed by Chomik Research and Consulting Ltd, Vancouver, British Columbia.
Results

Patients

Number of patients who participated: 32

Age of patients

Location of patients

Calgary: 3
Barrhead: 5
Cold Lake: 12
Medicine Hat: 12

Patient Experience

Figure 1: Convenience of the Model (n=32)

- Very convenient: 94%
- Adequately convenient: 6%
- Somewhat convenient: 0%
- Minimally convenient: 0%
- Not convenient: 0%

Figure 2: Felt at Ease With the Model (n=32)

- Yes: 97%
- Somewhat: 3%
- No: 0%
Figure 3: Confidence About Recovery (n=32)

- Yes: 97%
- Somewhat: 3%
- No: 0%

Figure 4: Safety Concerns About Medications (n=32)

- No: 81%
- Somewhat: 10%
- Yes: 6%
- No data: 3%

Figure 5: Extent Safety Concerns Addressed

- Fully addressed: 33%
- Adequately addressed: 33%
- Somewhat addressed: 33%
- Minimally addressed: 0%
- Not addressed: 0%
Figure 6: Overall Quality of Care (n=32)

Patient comments

- The most frequent comment from patients was that they did not have to wait for an appointment to see the physician, and they “were able to retrieve help and attention in a timely manner to reduce pain and a quicker recovery.”
- Several patients commented that they were impressed with how well they were informed about their treatment/care, and believed that they received “convenient and competent care.”
- Several patients also commented that they believe the program should continue as it is “very beneficial to patients.”
- When asked to suggest ways the project could be improved, patients provided very little comment. A few patients indicated that there should be an effort to “increase public awareness about this project.”

Provider’s experience

- The physiotherapists and pharmacists satisfaction with the collaborative model was 4.5 and 4.6 out of 5, respectively.
- The physiotherapists and pharmacists commented that the process added very little to their workloads. On a scale of 1 to 5 with 1 being no change in workload, average ratings of workload was 1.6 from physiotherapists and 2.0 from pharmacists.
- The physiotherapists and pharmacists all believed the model benefited their patients.
- Both the physiotherapists and pharmacists had few suggestions to improve the referral process. The physiotherapists, however, commented that the exclusion criteria were too restrictive and therefore limited patient recruitment.
- All the participating physiotherapists were previously unaware that some Alberta pharmacists have additional prescribing authorities.

Conclusions

- The project demonstrates the feasibility of a new collaborative model for the delivery of timely drug therapy for musculoskeletal problems.
- The model is highly efficient, acceptable and safe to the patient.
- The model promotes strong collaboration between physiotherapists and pharmacists.
- The patients, physiotherapists and pharmacists all believed the model has potential for a wider-scale implementation.

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The Alberta College of Pharmacists and Physiotherapy Alberta – College + Association