

## The Pharmacist: An Important Arthritis Healthcare Team Member

Increasingly, provincial governments across Canada are looking to pharmacists to become more involved in primary healthcare. Consumers, faced with long wait times to see a physician, more than ever are going to their pharmacists not just for advice on general ailments, but also for primary healthcare services.

In this issue of JointHealth<sup>TM</sup> monthly, Arthritis Consumer Experts (ACE) explores the future of healthcare delivery that includes the increasing role pharmacists will be playing.



### Consulting with Your Pharmacist

Consulting carefully and regularly with your healthcare team, including your pharmacist, is an important step for protecting your specific health issues. Based in the community at local pharmacies and hospitals, pharmacists are healthcare professionals trained to prepare and dispense medications prescribed by physicians.

At a time when it can take months to get an appointment with a doctor, those needing advice can usually find their pharmacists conveniently nearby and available. As a first point of contact, pharmacists can provide information about dosage, interactions, and side effects of prescription and over-the-counter medications, and give advice on other, non-medication, therapies.

Unlike physicians, pharmacists do not have the details of your medical history and they do not have the training to make a diagnosis or decisions about treatment, but their role in your healthcare

is growing. Pharmacists have newly been given the responsibility of administering vaccines. In future, they may play a role in diagnosing medical conditions. Although pharmacists would not have the final say in a diagnosis, they would be able to conduct screenings, and from the results make a referral to an appropriate healthcare professional.

With this change in the healthcare environment, it is important to take the time to establish a good relationship with your local pharmacist, tell them about your arthritis, and provide an up-to-date list of your medications, so they can help ensure you are taking the right ones correctly. As a member of your arthritis healthcare team, the pharmacist will consult, if needed, with your doctor on medications prescribed for you, ensuring that everyone on your team is aware of any pre-existing conditions you may have or medications you are taking.



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# Meet Dr. Carlo Marra

Dr. Carlo Marra, has a Bachelor of Science in Pharmacy, a Doctor of Pharmacy, and a PhD. in Epidemiology. His many roles include:

- Research Scientist in Pharmacoepidemiology with the Arthritis Research Centre of Canada
- Associate Professor and Director with the University of British Columbia's Collaboration for Outcomes Research Evaluation (CORE) group for the Faculty of Pharmaceutical Sciences
- Research scientist with the Centre for Health Evaluation and Outcome Sciences (CHEOS) of the Providence Health Research Institute at UBC's Vancouver campus



## Arthritis and the Pharmacy

**Fact:** One in six people over the age of fifteen lives with a form of arthritis.

**Fact:** Someone going to a pharmacist complaining of joint pain, likely has osteoarthritis.

**Fact:** One of the largest selling classes of prescription medications, are for arthritis, with biologic response modifiers (used to treat inflammatory forms) being particularly costly.

For pharmacies, this means that people with arthritis represent a large and important customer base. For provincial health ministries, arthritis is a significant expense.

The need for pharmacists to be educated about arthritis is an important message ACE is communicating to pharmacies and to government healthcare officials. It makes good, economical sense for both to ensure pharmacists have arthritis training. Most importantly, the enhancement will improve health outcomes.

New legislation has led to increased roles and responsibilities for pharmacists and an evolution in the way pharmacists interact with patients. To get a sense of what that means for arthritis consumers, we spoke with Arthritis Research Centre of Canada (ARC) research scientist, Dr. Carlo Marra.

### Q. Please tell us about your research.

**A.** My group does a variety of different epidemiological studies and health economic research. Pharmacists across Canada have been given increased powers through legislation, so we are currently focused on evaluating some of these policies and the impacts of some of these policies on patient outcomes and public perceptions, on public uptake, and pharmacist uptake. We also do some intervention studies. For example, on osteoarthritis we did a couple studies looking at how pharmacists can screen for osteoarthritis of the knee and what kind of interventions they can launch at the pharmacy level when they find

people who have never before been diagnosed with it. The interventions would involve the primary care physician, the physiotherapist, and include improving on their medication use for pain control.

### Q. Where can individuals find out more about your research?

**A.** The Arthritis Research Centre of Canada website is one of the best places, because all of our studies are documented there in a consumer friendly format.

### Q. What information and services can a pharmacist provide?

**A.** People see their community pharmacists about seven times more often than they see their primary care physician. Pharmacists are in an ideal location at a pharmacy. Pharmacies are near where people live and they go in for a variety of reasons . . . and parking is generally free. Pharmacists are particularly relevant for those who live with arthritis because they are already going ▶▶▶

## The Future role of pharmacists

Pharmacists have the potential to take part in patient-centred care of musculoskeletal diseases. As provincial governments across Canada redefine the pharmacist's role in the healthcare system, they need to consider the high prevalence of arthritis, its inconsistent management, and its impact on individuals and society. These issues could inform the development of new programs that reflect the changing role of pharmacists in healthcare.

**Did you know** there are fewer than 400 rheumatologists to serve the 4.6 million Canadians living with arthritis?

Add this disturbing fact to the issue that family physicians may get less than twenty hours of training on arthritis in medical school, and often little or none during their post graduate education, and you get a big healthcare gap in arthritis diagnosis, treatment and management.

Educating pharmacists about arthritis can help address this problem. Pharmacists can use the skills they already have and learn simple new ones to increase their therapeutic role and add value to pharmacy visits. A pharmacist will then also have the ability to engage arthritis consumers in meaningful conversation about their unique health challenges, which is vital to establishing long-term relationships that will aid in proper medication management and improve patients' quality of life.

into the pharmacy for over-the-counter NSAIDs, acetaminophen (e.g., Tylenol®), splints, and more, so they tend to see their pharmacists frequently.

Also, with the new legislation, pharmacists have been granted new roles. For example, in many provinces across Canada, pharmacists can inject, so they can give vaccines, the flu vaccine, the pneumococcal vaccine, amongst a variety of other vaccines, without prescriptions. So for people with chronic diseases this is obviously a big deal.

**Q. What role can pharmacists play in arthritis diagnosis?**

**A.** For a variety of arthritis related conditions, the pharmacist can be central in screening and providing a referral to the appropriate healthcare provider who can then provide a more definitive diagnosis. My research group developed a highly accurate questionnaire that pharmacists can use to screen for and identify knee osteoarthritis. And, though it still needs to be evaluated in the pharmacy setting, another potential screening tool for inflammatory or non-inflammatory arthritis is the ArthritisID PRO iPhone app. Pharmacists could put on musculoskeletal clinics for patients coming in with joint complaints, using the screening tools to triage and launch people into other aspects of

care. This not only helps people identify diseases early, it helps take some of the pressure off primary care physicians who are very busy.

While pharmacists can take on many of these functions due to their accessibility, it's important for the pharmacists to keep the primary and other healthcare providers in the loop. This forms a neat little network of healthcare providers acting together to both improve patient outcomes and reduce costs.

**Q. Is there a need to increase arthritis knowledge amongst pharmacists and other healthcare professionals?**

**A.** There is a real need for most general practitioner healthcare professions to get increased training in arthritis, being that there are over 100 types and it is so prevalent. We do continuing education events for osteoarthritis and inflammatory arthritis. Other companies and pharmaceutical companies are launching specific Continuing Medical Education events for pharmacists to increase their knowledge of inflammatory arthritis and spondyloarthropathies. So there are a variety of mechanisms; however, more needs to be done and more programs need to be developed. And, integrating the pharmacist

into the education loop is really important for advancing their role in helping with the care of these kinds of patients.

**Q. How can the pharmacists take on additional roles to help alleviate costs on the medical system?**

**A.** Pharmacists know a whole lot about the medication therapies in their store, how to use them, what to monitor for, and both effectiveness and toxicity. They can provide specific information about medication therapy to the patient, which includes things to look for, such as whether the medication is actually working, if it's causing harm, how to take it, when to take it, what happens if a dose is missed—some counseling around those issues. They can also answer a bunch of non-medication related questions and steer people toward using the right non-medication therapies. So, the information they provide is not just limited to medication therapies, since they are also educated in non-medication therapies and can refer people to the appropriate healthcare provider if more information is needed, such as a physiotherapist, an occupational therapist, or a dietician. So, besides being able to make referrals, they can answer a bunch of questions at the pharmacy level.

## NAAP at the Canadian Pharmacists Association National Conference

As part of the **National Arthritis Awareness Program (NAAP)**, ACE and other program partners participated in the **Canadian Pharmacists Association (CPhA) National Conference in Whistler, BC held from June 1 - June 4, 2012**. The CPhA is Canada's annual gathering of pharmacists and related healthcare professionals. The conference was an excellent opportunity to connect the NAAP with more than 450 delegates, from across the country, who are involved in all aspects of pharmacy practice.

At the NAAP booth, pharmacist delegates got a chance to try the **ArthritisID PRO app**, which they could potentially use as a screening tool and conversation starter with pharmacy customers and people living with arthritis. They also got a chance to find out about the recently launched **Arthritis Broadcast Network (ABN)**, and take part in interviews with ABN correspondents. Look for these interviews the next time you visit ABN at [arthritisbroadcastnetwork.org](http://arthritisbroadcastnetwork.org).

## Did you know that you have a say in the medication review process in Canada?

The Common Drug Review (CDR) regularly accepts input on medications under review. When they do, you can provide your insights and experiences of the medication if you have either taken it for your medical condition, or care for someone who has.

The CDR is part of the Canadian Agency for Drugs and Technologies in Health (CADTH). The CDR conducts objective, rigorous reviews of the clinical and cost effectiveness of drugs, and provides formulary listing recommendations to the publicly funded drug plans in Canada (except Quebec). To help them make their recommendations, the CDR accepts input from patient groups, like Arthritis Consumer Experts (ACE). So if you would like to give your input, contact ACE when an arthritis medication is up for review by mail, phone, or email:

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For more information about providing input

with the CDR and to find out which medications are being reviewed please visit <http://bit.ly/CADTHinput>

In British Columbia, patients, caregivers, and patient groups can provide input to the Ministry of Health via a website called, "Your Voice". Here, you can provide input directly by filling out an online questionnaire or if you prefer, contact ACE when an arthritis medication is up for review and we will represent you through the patient group process.

The input is reviewed by the Drug Benefit Council, which then gives recommendations on whether a medication should be covered, and how, by BC PharmaCare. BC PharmaCare then makes a decision based on those recommendations and available resources. Policies and plans already in place also factor in the decision making process.

For more information about providing input with the CDR and to find out which medications are being reviewed please visit <http://bit.ly/YourVoiceBC>



## Arthritis Consumer Experts

### Who we are

Arthritis Consumer Experts (ACE) provides research-based education, advocacy training, advocacy leadership and information to Canadians with arthritis. We help empower people living with all forms of arthritis to take control of their disease and to take action in healthcare and research decision making. ACE activities are guided by its members and led by people with arthritis, leading medical professionals and the ACE Advisory Board. To learn more about ACE, visit [www.jointhehealth.org](http://www.jointhehealth.org)

### Guiding principles and acknowledgement

#### Guiding Principles

Healthcare is a human right. Those in healthcare, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its long-term consequences and to ensure that all may benefit. The support of this should be shared by government, citizens, and non-profit and for-profit organizations. This is not only equitable, but is the best means to balance the influence of any specific constituency and a

practical necessity. Any profit from our activities is re-invested in our core programs for Canadians with arthritis.

To completely insulate the agenda, the activities, and the judgments of our organization from those of organizations supporting our work, we put forth our abiding principles:

- ACE only requests unrestricted grants from private and public organizations to support its core program.
- ACE employees do not receive equity interest or personal "in-kind" support of any kind from any health-related organization.
- ACE discloses all funding sources in all its activities.
- ACE identifies the source of all materials or documents used.
- ACE develops positions on health policy, products or services in collaboration with arthritis consumers, the academic community and healthcare providers and government free from concern or constraint of other organizations.
- ACE employees do not engage in any personal social activities with supporters.
- ACE does not promote any "brand", product or program on any of its materials or its website, or during any of its educational programs or activities.

### Thanks

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ACE thanks these private and public organizations and individuals.

### Disclaimer

The material contained in this newsletter is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Should you have any healthcare related questions or concerns, you should contact your physician. You should never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter.

  
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