



Review Article

Pharmacist prescribing: A scoping review about the views and experiences of patients and the public

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Abstract

Background: Policy-makers and health professionals' views about pharmacist prescribing have been well studied, but less is known about the views of the public and patients.

Objective: To describe from existing literature the views and experiences of patients as well as the views of the public about pharmacist prescribing.

Methods: Sources: Medline, EMBASE, and International Pharmaceutical Abstracts from inception to November 2015; reference lists of included studies. Inclusion criteria: English-language studies describing the views and experiences of patients and the views of the public about pharmacist prescribing. Two reviewers independently screened titles and abstracts and one reviewer charted data. The University of British Columbia Patient Experience Framework was used to categorize and synthesize findings about patients' experience. Views were described using a descriptive thematic synthesis approach.

Results: Out of 2377 unique records, 35 articles were reviewed in full for eligibility. Three studies were excluded because participants were not patients or the public, eight studies were not about prescribing, and four studies were abstracts. Two articles were identified from the bibliographies of included studies. In total, twenty-two studies met inclusion criteria. Fourteen studies were quantitative (63.6%), six were qualitative (27.3%) and two were mixed design (9.1%) studies. Four studies (18.2%) were conducted in Canada (Saskatchewan, Newfoundland and Labrador, Nova Scotia), one (4.5%) in Australia, one (4.5%) in the United States (Washington) and the remaining in the United Kingdom ($n = 16$, 72.7%). The most commonly explored dimensions of patient experiences were access, interpersonal communication, and patient-reported impacts of care. Patients reported high satisfaction with appointment times, communication with the pharmacist prescriber and the services received. The public supported pharmacist prescribing in limited situations (chronic conditions, minor ailments, repeat medications). The public were concerned about privacy during consultations but patients were less so. Both patients and the public shared concerns regarding lack of adequate resources to ensure safe prescribing by pharmacists (e.g., lack of pharmacists' access to medical records, lack of additional staff support to fulfill prescribing responsibilities).

Authors' contributions: LM conceived of the idea for the study, IF and LM developed the study protocol. IF conducted the literature searches, led data abstraction and wrote the first draft of the manuscript. LM reviewed the manuscript for critical content. Both authors accept responsibility for its content.

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Conclusion: Patients' experiences with pharmacist prescribing were generally positive. There were shared concerns between patients and the public about pharmacist prescribing. Opportunities for further research include strategies for building public experience with pharmacist prescribing and methods for addressing concerns identified by patients and the public.

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Introduction

Pharmacist prescribing is becoming more common in several countries and across care settings; community, ambulatory clinics, and hospitals.¹ The aims of pharmacist prescribing include improving patients' access to services,² building a team-based approach to care,³ and optimizing the use of pharmacists' skills.² Pharmacist prescribing models vary across countries and between jurisdictions within a country. In Canada, jurisdictions with independent prescribing models allow pharmacists to, at a minimum, renew (extend existing prescriptions), adapt (alter the dose, regimen, or route of an existing prescription), or initiate prescriptions.⁴ Independent prescribing is when the clinician (in this case pharmacist) is responsible for assessing the patient, initiating therapy, and managing the clinical outcomes.⁵ The scope of these independent prescribing authorities varies with province. For example, in Saskatchewan, initiating therapy involves pharmacists prescribing for minor ailments whereas in Ontario, therapy can be initiated only for the purpose of smoking cessation.⁴

In the US, most states have adopted collaborative drug therapy management, a form of pharmacist prescribing where an independent prescriber diagnoses and makes treatment decisions and the pharmacist selects, monitors, modifies or discontinues drug therapy as indicated in an agreement.⁶ In the UK, there are two models of prescribing: supplementary and independent.⁷ Supplementary pharmacist prescribing, which is a voluntary partnership between an independent prescriber, the patient and a pharmacist to implement an agreed upon clinical management plan⁸ was initiated in 2003 and in 2006 this model was expanded to allow pharmacists to prescribe independently under certain conditions.⁶ Currently, pharmacists in Australia are able to prescribe a limited range of medications intended for the management of minor ailments and other conditions not requiring a medical diagnosis.⁹ Previous studies have explored the views of pharmacists,^{9,10} doctors,^{5,8,10} and other

professionals working in the health care field (medical registrars, consultants),¹¹ about pharmacist prescribing. To date, few published studies have investigated patients' and the general public's views about pharmacist prescribing. As part of an evaluation of the uptake and impact of pharmacist prescribing in Ontario, Canada, we sought to map and identify the knowledge gaps within existing literature examining the views of patients and the public about pharmacist prescribing and to evaluate patients' experiences with pharmacist prescribing.

Methods

A scoping review using the framework proposed by Arksey and O'Malley¹² and enhanced by Levac and colleagues¹³ was undertaken. A scoping review was conducted versus a systematic review for several reasons. First, similar to systematic reviews, scoping reviews gather, summarize and evaluate available evidence about a particular topic. However, in contrast to systematic reviews, scoping reviews are intended to broadly map the literature about a topic and as such, heterogeneous study designs, participants, and outcomes can be included.¹² Second, scoping reviews typically do not undertake a risk of bias or quality assessment of individual studies as a determining factor for inclusion.¹⁴ This is important when a paucity of literature about a topic is expected.

Scoping review methods are well matched with this project's research objectives, to understand what is known about pharmacist prescribing with respect to a) patients' experiences and b) patients' and the public's views.

Definitions

As the review progressed, the need to define several terms became quickly apparent. First, prescribing is defined as a process that involves initiating, monitoring, and modifying therapy.⁹ This definition does not require the prescriber to also be the diagnostician. Definitions and interpretations

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