

CREATING CAPACITY

THE ONTARIO PHARMACY PLATFORM

Providing Ontarians with Healthcare
that is Accessible, Affordable, Safe and
Convenient



ONTARIO
PHARMACISTS
ASSOCIATION



Neighbourhood
Pharmacy
Association of Canada



PHARMACISTS
CARE

Who Are We

The Ontario Pharmacists Association (“OPA”) and the Neighbourhood Pharmacy Association of Canada (“Neighbourhood Pharmacies”) collectively represent the voices of the province’s pharmacy professionals (pharmacists, pharmacy technicians and pharmacy students) as well as the corporate and independent community pharmacy owners and operators who employ most of them. Dedicated to the provision of high quality, accessible healthcare for the people of Ontario, the Associations have created a common Pharmacy Platform for consideration by each political party and the general public during the 2018 election campaign, with messaging that asserts that Ontario’s 16,000 pharmacists and 4,600 pharmacy technicians have much to offer the people of this province – beyond their important role in medication management – in the community pharmacies, hospitals, Family Health Teams and long-term care homes where they practise.

Why We Are Doing This

Recently, there have been many media stories about wait times, hallway medicine, and access to Ontario’s otherwise excellent healthcare system. These are largely, though not exclusively, functions of capacity and throughput, as providers struggle to meet an ever-increasing demand with finite resources. As responsible health providers, Ontario’s pharmacy professionals have carefully considered what additional steps they could take and what enhanced role they could play with new, enabling health policy and/or regulation. If pharmacists in the province were enabled to work to the full scope of their training and expertise and were supported with fair and reasonable funding through new government investment or the reallocation of existing healthcare dollars, they would surely help to alleviate many of the very real and frustrating pressures patients face every day within our strained health system. These pressures include delays in getting to see a physician when they’re needed and long emergency room wait times for the assessment and treatment of common, uncomplicated ailments, such as pink eye or minor throat infections, to name just a couple. And in relieving these and other pressures, pharmacists could free up additional capacity in other parts of the healthcare system while ensuring that excellence in medication management is maintained and enhanced. Our health system and the residents of Ontario need their pharmacists taking on more responsibilities – and all that is needed to enable that is the regulatory will of government supported by a fair and reasonable funding model.



Our Platform

The Pharmacy Platform is straightforward with a laser-focus on the patient. The Associations are ready to work with government and the Ontario College of Pharmacists on processes, regulations and scopes of practice that would enable Ontarians to obtain much more timely access to the care they want, need and deserve from highly trained (baccalaureate and doctorate level) and highly accessible pharmacists close to home and for extended hours. Notwithstanding each organization's broader policy initiatives, the Pharmacy Platform consists of four primary initiatives that will have an immediate positive impact for patients:

EXPANDED SCOPE OF PRACTICE REGULATIONS SUPPORTED BY GOV'T INVESTMENT OR REALLOCATION OF FUNDING

1. Enabling common/minor ailment assessments and treatments from pharmacists
2. Expanding vaccine and injectable services from pharmacists

INITIATIVES REQUIRING LEGISLATION OR REGULATORY AMENDMENTS THAT COME WITH NO COSTS TO GOV'T

3. Enable point-of-care-testing (POCT) by community pharmacists for improved medication management
4. Dispensing of medicinal cannabis through community pharmacies to ensure optimal medication management

1. Enable Pharmacists to Assess and Treat Common Ailments

Going back to 2007, OPA had been advocating that the government of Ontario could have lead the nation in granting its pharmacists the authority to assess and, if warranted, treat minor ailments, including the authority to initiate certain Schedule I (prescription-only) drugs. Unfortunately, many provincial jurisdictions have surpassed Ontario and have introduced minor ailment protocols to be implemented by pharmacists, and these programs can now serve as clinical models for Ontario to follow. And while each provincial program varies in terms of the number and types of common ailments to be made available through pharmacists, OPA and Neighbourhood Pharmacies propose a gradual introduction for Ontario to help address some of the most common issues faced by patients. Pharmacists participating in this expanded role will undoubtedly streamline health system navigation and decrease the growing pressures on hospital emergency departments as well as physician and nurse practitioner offices. Above all, pharmacists practising at this level can enhance their patients' experiences in the assessment and treatment of conditions. While they may seem common, uncomplicated and self-limiting, the conditions listed below are neither minor nor insignificant to the person suffering from them.

	MINOR AILMENT/CONDITION	CATEGORY
1	Acid Reflux	Gastrointestinal
2	Birth Control / Oral Contraceptives	Gynecologic
3	Oral Thrush	Infection
4	Cold Sores / Cankers	Infection
5	Acute Urinary Tract Infections	Infection
6	Pink Eye	Infection
7	Uncomplicated Strep Throat & Sinus Infections	Infection
8	Mild Eczema / Dermatitis	Dermatologic
9	Acne / Superficial Bacterial Skin Infections	Dermatologic
10	Headache / Muscle & Joint / Dysmenorrhea	Pain

In certain circumstances, such as what might be encountered with an assessment of an individual with an acutely sore throat, a strep throat swab would be prudent to quickly determine a diagnosis. It is for this reason, amongst many others, that point-of-care-testing should also be enabled through community pharmacists. This is addressed later on in the Pharmacy Platform.

As mentioned, Ontario is lagging far behind other provincial jurisdictions in addressing patients who are suffering from a minor ailment in a timely manner. Patient experience and timeliness to receive care are top of mind to pharmacy professionals, and all too often, pharmacists hear the frustrations Ontarians have in getting their minor yet highly bothersome conditions assessed and treated. Patients frequently plead with their pharmacists for assistance, and in far too many circumstances and despite their knowledge of the appropriate treatments and protocols by virtue of their intensive training, expertise and experience, pharmacists feel helpless and are obliged to refer the patient to another healthcare professional. It has been estimated that approximately 25 to 33 per cent of all visits to family physicians in the province are of probable low-acuity and could likely be dealt with by pharmacists¹. With long wait times (days or weeks) for many family physician appointments, pharmacists' assessments and treatment of minor ailments is a compelling alternative for patients who may achieve both convenience and time savings by quick access to high quality care. Family physicians and emergency departments also stand to benefit by improving access to patients who may present with more complex cases and greater needs; patients who are today going to the hospital on a Friday night or Sunday morning because other providers are closed would have the option instead of visiting their local pharmacy, where retail hours are the norm. In some communities, the pharmacist is the only healthcare provider for many kilometers.

Of significant importance, however, is the provincial government's acknowledgement that delivery of healthcare services by pharmacists must be economically sustainable. As Ontario's population continues to grow, so to do the demands on our health system. Canada and Ontario have been blessed with constant advances in medicine, the development of new technologies and the introduction of new pharmaceuticals to treat acute and chronic illnesses, all of which contribute to an increasingly ageing population and an

¹ICES. Supply and Utilization of General Practitioner and Family Physician Services in Ontario. August 25th. Accessed Nov. 5, 2012 at: www.ices.on.ca/file/fp-family_physician_aug08_final.pdf

ever-growing demand for services. Healthcare professionals are becoming more and more strained in efforts to keep up with this demand, and it is therefore appropriate to ask the question, “Are all healthcare providers working to their full scope and capabilities?” Pharmacists can and are willing to do more but need to be able to do so in a stable economic environment. Fair remuneration for pharmacists providing common ailment assessments is indeed reasonable but need not require significant investment of new government money. OPA and Neighbourhood Pharmacies propose that professional services such as these should be moved out of the drug budget and instead be more appropriately and logically funded through the existing health budget – assessments of common ailments, if not provided through pharmacies, would otherwise be provided through OHIP-funded physicians, nurse practitioners or hospital emergency rooms.

In the end, with pharmacists enabled to step up more in the delivery of primary care, government and taxpayers stand to save on healthcare spending while seeing demonstrably improved access to patient care close to home. It should be noted that these benefits are in full alignment with the Ontario government’s highly appropriate objective in providing the right care at the right place at the right time, improving access to care and reducing wait times across the province.

2. Expand Pharmacists’ Authority to Administer All Publicly-Funded Vaccine and Injectable Services

The benefits of immunization through vaccination programs are well established and need not be revisited here. During this year’s influenza season, more than 1.2 million Ontarians received their flu shot from their local pharmacist under Ontario’s Universal Influenza Immunization Program. The success of the program has been instrumental in achieving the healthcare goal of “community immunity”, and in fact, in a recent survey, 28 per cent of Ontarians indicated that they would not have been vaccinated had the pharmacy program not been made available to them². In addition, the program has contributed to alleviating some of the challenges that our healthcare system faces – long wait times in physician offices for patients who seek services that can be delivered by other healthcare professionals in a more timely and efficient manner. Indeed, this program has improved the sustainability of our healthcare system while helping patients manage this important area of their health. However, we must not fall behind in this vital improvement to patients’ access to care.



² Papastergiou J, Folkins C, Li W, Zervas J. Community pharmacist-administered influenza immunization improves patient access to vaccination. *Can Pharm J (Ott)*. 2014 Nov; 147(6): 359–365.

In 2016, Ontario pharmacists were authorized to administer 13 non-publicly-funded vaccines to patients, including vaccines for shingles, hepatitis A, hepatitis B, HPV, meningitis, pneumococcal disease, rabies, tuberculosis, typhoid disease, and yellow fever. However, in situations when these vaccines are eligible for public funding (such as shingles for those 65 to 70, HPV for children between Grades 7 and 12, and pneumococcal vaccine for people 65 years and older), pharmacists are currently not permitted to administer them free of charge. In addition, pharmacists are not permitted to prescribe any of those vaccines even though their indications do not require a diagnosis. Requiring patients to first go through another healthcare provider to obtain a prescription for a preventative purpose such as vaccination, then to head to the pharmacy for purchase of the vaccine, and finally to return to the prescriber for its administration introduces unnecessary, time-intrusive steps and a costly burden on Ontarians as well as clogging up our primary care system. Pharmacies need to be included in the provincial vaccine reporting system to contribute their data into the provincial repository for the benefit of other healthcare providers and for completeness of the patient's vaccination records. Until that time, pharmacists would be willing to manually communicate instances of all injections they administer back to the patient's primary care provider to ensure all vaccination histories are up-to-date.

Pharmacists can play a bigger role in administering publicly funded vaccines free of charge to Ontario patients, starting with the shingles vaccine for seniors as a first step. Consideration should also be given to enabling patients who require routine administration of other non-vaccine injectables, such as insulin, steroids, antirheumatics (e.g., methotrexate) and vitamin supplements to receive them from their community pharmacist. Pharmacists have already

received the training necessary to take on this time-saving process for the benefit of patients and other healthcare providers, and so it would be sound health policy to enable this expansion of scope of practice.

Ontario's experience and success from the flu shot in pharmacy program, established in 2012, is clear. Patients have clearly welcomed the pharmacy option for vaccine administration. It is safe, accessible, convenient, and, with government funding, free for patients. In this most recent year, capacity was created for physician and nurse practitioners to see more patients for other matters as pharmacies addressed the needs of 1.2 million patients who chose them for administration of their annual flu shot.

It should be noted that the administration of an injection is a service that is completely distinct from dispensing. Therefore, and insofar as funding is already in place for other healthcare providers who administer vaccines, the Associations propose that the publicly-funded vaccine program be expanded to include pharmacists in a similar manner to that of the flu program. This would not involve any new investment in healthcare dollars, and would serve to improve Ontario's immunizations rates, overall herd immunity, and optimized population health.

3. Enable Point-Of-Care-Testing (POCT) by Community Pharmacists for Improved Medication Management

Pharmacists have always been accessible and trusted healthcare professionals. Traditionally, the pharmacist's role has been about dispensing and providing over-the-counter medication advice, but over last 10 years, that role has expanded and now includes communicating with patients and other clinicians to help make informed decisions about managing drug therapy and conditions to ensure optimal patient health outcomes. This role has been greatly facilitated by evolving the pharmacists' scope of practice to enable even greater collaboration with other healthcare providers.

Point-of-care testing refers to non- or minimally-invasive testing that is done on-site in a pharmacy at the time of a patient consultation and allows for real-time clinical decision-making. Testing enables pharmacists to conduct risk assessments, monitor health outcomes of current pharmacotherapy, and facilitates increased patient engagement in the self-management of their medical conditions. POCT is highly accessible – certainly more so than traditional laboratory testing – and reduces processing delays. It offers cost savings and utilizes fewer resources while providing immediate clinical information to pharmacists, who can in turn better inform and advise on the prescriptive process. It also provides an opportunity for more timely access for patients who are living in remote areas, are homebound or reside in locations where traditional laboratory services are not readily available. As patients are already coming into the pharmacy to pick up their medications, offering POCT helps to bridge certain healthcare access gaps.

Point-of-care testing (POCT) through community pharmacies occurs in various international settings and has shown itself to be of particular benefit for patients. Examples of POCT found frequently beyond Ontario's borders include: kits that screen for: H. pylori (stomach bacteria), Hepatitis C (liver infection), and HIV; along with measurement of Hemoglobin A1C (diabetes), INR (blood coagulation), and lipids (heart health). POCT also introduces yet another opportunity for optimization of pharmacist-prescriber collaboration, as testing in pharmacies complements the services provided by prescribers. POCT in pharmacies can:

- **Enhance communications between pharmacists and prescribers,**
- **Enable early identification or warning signs of certain conditions and timely and efficient referrals to the most appropriate health provider,**
- **Reinforce the importance of adherence to therapy, and**
- **Facilitate medication follow-up and monitoring.**

Therefore, the Associations remain committed to continuing the evolution of the pharmacy profession and support the enabling of pharmacists to perform point-of-care testing (POCT) in pharmacies. It is on this premise that OPA and Neighbourhood Pharmacies pledge to work with government and other health professions and regulators to enable this important service offering.

4. Mandating the Shift to Dispensing of Medicinal, Non-Combustible Cannabis Products Through Pharmacies Like All Other Prescription Medications

The federal government is finalizing the legalization of marijuana and cannabis in Canada. While amending the Criminal Code, the federal government has left the matter of distribution within provincial boundaries to each individual province. While Ontario has indicated its intention to sell recreational cannabis in government-run stores, it has remained silent on the subject of medicinal cannabis. With legalization, we expect that many patients will be using medicinal cannabis for the first time.

As the country readies itself for new legislation related to the legalization of cannabis, it is imperative that we do not lose sight of the current dispensing model of medicinal cannabis. As we discuss and debate the approaching cannabis regulatory regime, the Associations want to take this opportunity to inform the government of the important differences between recreational and medicinal cannabis. Currently, an Ontario patient must obtain medicinal cannabis through a licensed producer via mail order pursuant to a prescription issued by a prescriber. Unlike prescriptions for all other medications, patients are unable to receive the care, advice and education on prescriptions for medicinal cannabis from their local and trusted pharmacy professional close to home and without a delay.

For Ontario's patients and the broader healthcare system, bypassing pharmacists is a missed opportunity and a potential safety risk. Pharmacies are secure health centres that can monitor usage in real-time; they can store and handle sensitive products such as medicinal cannabis and lower the risk of theft and diversion.. Most importantly, however, as the medication experts on a patient's

healthcare team, pharmacists understand the impact of introducing medicinal cannabis into the patient's existing medication profile. Ontario's patients rely on their pharmacists to educate them on how medications can potentially interact with each other. Pharmacists have access to a patient's full medication history, know their allergies and serve as a patient's last line of defense against harmful drug-drug interactions – licensed producers do not. On this front, educating patients about potential interactions between medicinal cannabis and other medications should be a leading public policy objective. Furthermore, with Ontario in the midst of an opioid crisis that shows no signs of abating, there is a growing body of evidence that suggests that medicinal cannabis can be a suitable alternative to opioid therapy in the management of pain. This underscores the incredible importance of capturing the dispensing of all prescription transactions – including medicinal cannabis – on the patient's medical profile in the pharmacy.

In a recent survey³ conducted with more than 800 individuals, seven out of ten Ontario adults say patients should be able to obtain medicinal cannabis from their pharmacist – like they do with all prescription products – so that they have increased access to the advice, guidance and information they want and need.

OPA and Neighbourhood Pharmacies encourage the Ontario and federal governments to work together to amend existing regulations so that pharmacists and pharmacies can dispense medicinal non-combustible cannabis. This in the best interests of Ontarians' continued health and safety, and it is also what Ontarians want.

³Independent public opinion polling conducted in October 2017 by CICIC Research and Communications (commissioned by OPA)

Just as the government is putting the health and safety of Ontarians first when it comes to the sale of recreational cannabis, Ontario's patients deserve, and should receive, the very best health advice and counselling on medicinal cannabis. Bypassing pharmacists in the care of patients with complex conditions who are using medicinal cannabis denies those patients the expertise and knowledge of a medication expert.

Background on the Ontario Legislative and Regulatory Framework for Pharmacy

The Pharmacy Act, 1991 S.O. 1991, Ch.36, states that the scope of practice for Ontario's pharmacists includes:

- 1. The custody, compounding, dispensing and prescribing of drugs;**
- 2. The provision of health care aids and devices;**
- 3. The provision of information and education related to the use of anything mentioned in clauses (1) and (2); and**
- 4. The promotion of health, prevention and treatment of disease, disorders and dysfunctions through monitoring and management of medication therapy.**

While the legislative language is quite clear and indicative of the desire by government – and Ontarians – for pharmacy to assume a greater role in the provision of patient care. Unfortunately, despite this enabling legislation, the regulatory framework significantly dilutes pharmacists' ability to demonstrate their value and contribution to improved health outcomes and/or more timely access to care. At this time, pharmacists have been enabled to:

- I. Renew existing prescriptions for continuity of care;**
- II. Adapt drug therapy (e.g., dosages, formulations, etc.);**
- III. Prescribe Schedule I products for smoking cessation; and,**
- IV. Administer influenza and certain travel-related vaccines.**

Conclusion

The Pharmacy Platform is clear and supports the notion that implementing these measures would enable the next Ontario government to increase capacity and throughput in the health system in a way that is cost-effective, beneficial to patients, and supportive of a more collaborative model of interprofessional care.

Ontarians deserve the very best from their healthcare professionals, and pharmacy professionals in the province are willing and have the ability to do more to strengthen our healthcare system and relieve the strains and frustrations patients and healthcare providers are experiencing.

- **In many cases, pharmacists are often the first point of contact for Ontarians.**
- **With more than 20,000 pharmacy professionals working in traditional community pharmacies, long-term care and specialty pharmacies, hospitals and Family Health Teams right across Ontario, they are the most accessible healthcare providers for patients.**
- **Pharmacies are conveniently embedded within patients' communities close to home and are typically open extended hours for improved patient access and convenience with a licensed pharmacist available at all times.**
- **As highly trained and educated professionals, pharmacists have much more to offer patients than they are currently providing.**

The Ontario Pharmacists Association and the Neighbourhood Pharmacy Association of Canada look forward to engaging with the major political parties, other health providers, the media and, most importantly, the public on how to turn these proposals into reality. On behalf of their respective members and the patients they serve, OPA and Neighbourhood Pharmacies pledge to work closely with government to implement these and many other initiatives for the benefit of all Ontarians and for the continued sustainability of our health system.

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