

Overview

1. ODB is budgeting \$140 million in annual savings by 2021-22, coming from:
 - a) a tiered framework for drug markups
 - b) fees paid to LTC
 - c) "Focusing the MedsCheck program on patients transitioning between health care settings "
2. An increase in oversight on payments to pharmacy, i.e. audits
3. A very strong signal that there will be expanded scope for pharmacists and enablement of a Minor Ailments program
4. A strong signal that virtual services will be encouraged, for example, a virtual MedsCheck
5. A signal that ODB will look at the way pharmacy fees are paid, for example a capitation fee for LTC
6. There is no mention of changes to Private Label although this could come at a later date.
7. There is no mention of repeal of the [Aug 1st](#) legislation eliminating co-pays for seniors

We are concerned about the potential reduction in LTC fees and will be publishing the LTC value report shortly and following up on this item. In addition, the tiered mark up and the changes to MedsCheck have the potential to negatively impact members.

We are working with OPA to determine the next steps which include reaching out to the Minister's Office and Suzanne McGurn to get further clarity on the specific saving areas identified in the budget. This underscores the urgency to establish the Pharmacy Table to begin discussions immediately on mitigating the impact of the anticipated \$140M in annual savings. Similar to the savings initiative in 2015, the items included in the budget are suggestions and we expect the opportunity to seek alternative approaches to achieve the savings target.

There were additional references to other areas of pharmacy, notably about redesigning the Ontario Drug Benefit program to make its programs more efficient including:

- Providing timely access to new clinically proven medicines while continuing efforts to lower drug costs;
- Modernizing and strengthening oversight of payments to pharmacies; and
- Reducing the administrative burden for clinicians whenever possible.

There was also mention of MedsCheck and specifically a re-focusing of the program on patients transitioning between healthcare settings. Reference was also made to dispensing fees paid for filling prescriptions in long-term care homes, and "changing the way pharmacy fees are paid in general including a tiered framework for drug mark-up fees". The government expects these initiatives to result in a savings of \$140 million by 2021-22. OPA continues to work with OPEN and the Ministry on the current MedsCheck program, and a working group has been established within the OPA Owners Advisory Council that will advise OPA on a path forward for the entire program. We expect that these activities will provide significant input to any new professional service framework.

No references in this budget were made specifically to the opioid crisis, injection authority, private label regulations or OHIP+ for seniors, however, it is possible that the mention of re-designing the ODB program and the public health framework might include some of these initiatives.