Pharmacy Priorities and Recommendations

October 19, 2023

INTRODUCTION

As Ontario's elected officials return to the Legislature, the Ontario Pharmacists Association ('OPA', the 'Association') would like to provide government with an updated comprehensive list of policy recommendations that continue to build on the valuable work that has already been accomplished and help to achieve our shared objectives of connected and convenient care for patients through improving access to high quality health services while also ensuring sustainability of the health care system.

OPA is committed to evolving the pharmacy profession and advocating for excellence in practice and patient care. With its 9,000 members, OPA is Canada's largest pharmacy-based advocacy organization and continuing professional development provider for pharmacy professionals. By leveraging the unique expertise of pharmacy professionals, enabling them to practice to their fullest potential, and making them more accessible to patients, OPA is working to improve the efficiency and effectiveness of the health care system while improving access to convenient care. Collectively, we are on the frontlines providing access to care and supporting communities across the province to keep patients healthy and safe while also contributing $6.3 billion to Ontario's Gross Domestic Product and supporting more than 94,000 jobs in the province.[i]

Ontario's health system has experienced significant strain over the past few years, and as we recover and rebuild post-pandemic, it is important to consider how our health system can evolve to better meet patient needs and improve sustainability. During the last few years, the pharmacy profession has evolved significantly to make care more accessible and convenient for the people of Ontario while increasing system capacity. OPA applauds the Ontario government for recent scope expansions and the launch of new pharmacy programs that have resulted in the right care in the right place, and faster access to care for many Ontarians including:

- **466,803 minor ailment assessments provided to Ontarians** through pharmacies located in every public health unit across the province within the first nine months of the program.
- Almost **50% of all nirmatrelvir/ritonavir (Paxlovid) prescriptions** being prescribed through a community pharmacy by a pharmacist.
- **65% of all Ontarians** who received an influenza vaccination choosing to receive their vaccine through a pharmacy during the 2022/23 season.
- The ability to **administer certain substances by injection or inhalation** facilitating improved and more timely access to care, as well as the efficient use of resources by reducing patient visits to primary care providers for the sole purpose of medication administration.

Building upon these successes, there are opportunities to further support Ontarians and the broader health system by investing in the pharmacy sector. Pharmacists are the most accessible healthcare provider and have the training, scope and expertise to create additional capacity in the health system. By enabling pharmacy professionals to provide care to more patients in the community within a cost-effective model, we deliver a significant government return on investment while improving health outcomes for all Ontarians. With appropriate remuneration that is commensurate with the time and expertise required to provide these additional professional services, in addition to addressing other barriers that threaten the sustainability of the profession, pharmacy professionals can help to support the governments three pillars of the right care in the right place, faster access to care, and hiring more health care workers.

SUMMARY OF RECOMMENDATIONS

Investing in expanded scope of practice for pharmacy professionals and supporting enablers, while addressing barriers that threaten the economic sustainability of the pharmacy sector will ensure that Ontarians can equitably access and receive the care they need at the right place and time through highly qualified and trained pharmacy professionals, and bring Ontario in alignment with practice in other provinces in Canada. To achieve our common goal of an accessible and sustainable health care system, OPA recommends the following:

Investing in Pharmacy

1) Enable Part A pharmacists, interns, registered pharmacy students, and pharmacy technicians to administer and prescribe all vaccinations to reduce red tape and increase patient access to vaccines.
2) Expand the publicly funded routine immunization program to include administration in pharmacies to enable greater, faster and more equitable access to vaccines in addition to increasing health human resource capacity.
3) Expand prescribing authority to include additional minor ailments, conditions, and/or situations that pharmacists are able to assess and, if necessary, prescribe treatment for to increase timely and convenient access to care for patients closer to home.
4) Authorize pharmacists to order laboratory tests and conduct additional point-of-care tests (POCTs) to better assist with screening for and management of acute or chronic health conditions.
5) Authorize pharmacists to provide therapeutic substitutions to support safe and effective care for patients.
6) Evolve existing programs and policies to better achieve the intended goal of promoting healthier patient outcomes while delivering measurable value to the health care system (e.g., MedsChecks, Pharmaceutical Opinion Program, and virtual care).
7) Authorize pharmacy technicians to administer substances by injection and/or inhalation to increase pharmacy workforce capacity and enable pharmacy professionals to exercise their professional judgment to determine the appropriateness of administration of a substance to reduce red tape and support patient access to pharmacy services.
8) Address capacity challenges in long-term care (LTC) by leveraging the expertise of pharmacists through new funded services and inclusion of services provided by LTC pharmacies within publicly funded remuneration frameworks.
9) Ensure appropriate supports are in place to promote and enable successful uptake and continuity of pharmacy services.

Addressing Barriers Threatening Economic Sustainability

1) Permanently end pharmacy reconciliation adjustments.
2) Increase the dispensing fee paid for eligible prescriptions under the Ontario Drug Benefit (ODB) program and the ODB pharmacy compounding fee to align with both cost-of-living increases in Ontario and greater operational investments required to meet practice standards.
3) Maintain capitation fees for current services delivered by long-term care pharmacy service providers at $1,500 per licensed bed annually, subject to future cost-of-living increases.
4) Enact “Any Willing Provider” legislation to allow any pharmacy to join a Preferred Provider Network created by insurance plans or others to safeguard a patient’s freedom to choose their healthcare provider by ensuring any pharmacy is enabled to accept the terms of an insurance plan or manufacturer.

Comparison of Recommendations across Provinces

		BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Scope Expansions	Ability to Prescribe Nirmatrelvir/Ritonavir (Paxlovid)	☒	☑	☑	☒	☑	☑	☑	☒	☑	☑
	Ability to Prescribe for Minor Ailments	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
	Authority to Administer Certain Substances by Injection/Inhalation	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
Recommendations	Administer any Schedule I or Schedule II vaccine	☑	☑	☑	☑	☒	☑	☑	☑	☑	☑
	Prescriptive Authority for Some or All Routine and/or Traveler's Vaccines	☒	☑	☑	☒	☒	☑	☑	☑	☑	☑
	Authority to Prescribe for Greater than 19 Minor Ailments	☑	☑	☑	☒	☒	☑	☑	☑	☑	☑
	Ability to Prescribe Contraceptives	☑	☑	☑	☒	☒	☑	☑	☑	☑	☑
	Ability to Prescribe Antiviral Treatment for Shingles	☑	☑	☑	☒	☒	☑	☑	☑	☑	☑
	Minor Ailment Prescribing Not Restricted to Drug Lists	☑	☑	☒	☑	☒	☑	☑	☑	☑	☑
	Authority to Order Lab Tests	☒	☑	**P**	☑	☒	☑	☑	**P**	**P**	☒
	Authority to Provide Therapeutic Substitutions	☑	☑	☑	☒	☒	☑	☑	☑	☑	☑
	Remuneration for Renewals/ Adaptations	☑	☑	☑	☒	☒	☑	☑	☑	☑	☑

P = pending

OPA is confident that by further investing in the pharmacy sector and addressing barriers that threaten the economic sustainability of the sector through the proposed solutions presented, pharmacy professionals can continue to be a strong partner to government. Together we can help alleviate current health capacity challenges, enable greater equitable access to quality health care for all Ontarians, improve the patient journey, and ensure a sustainable health care system.

INVESTMENTS IN PHARMACY

Our shared goal with the government is to ensure that Ontarians can receive the right care at the right place and at the right time, ideally within their communities and close to home. Working together, the Ontario government and Ontario's pharmacy professionals have made significant progress in improving access to care for Ontarians while achieving greater health care system capacity, and we can continue to do more by building on this progress. As the health system's most accessible touchpoint for patients with over 4,600 community pharmacies in Ontario, located in communities across the province including rural and remote locations, and often open extended hours, weekends and holidays, the pharmacy sector can play an important role in enhancing equitable access. Pharmacy professionals across all health settings are ready and eager to play a larger role in the health system to help the province achieve health equity and contribute to health system sustainability.

Administration of Vaccines

Pharmacy professionals have been participating in the administration of publicly funded influenza vaccines since 2012, in addition to administering vaccines to patients for 13 other vaccine preventable diseases since 2017 and most recently publicly funded COVID-19 vaccines. In the 2022/23 season alone, pharmacy professionals administered almost 2.2M influenza vaccine doses through community pharmacies, and to date have administered almost 11.2M COVID-19 vaccines. However, the types of vaccines that can be administered by pharmacy professionals is restricted by a list (Schedule 3) in O. Reg. 202/94 under the *Pharmacy Act, 1991*. To build upon the success of these programs and to leverage the extensive experiences gained, **OPA recommends that changes be made to eliminate the current practice of listing out each vaccine separately within the regulations and instead enable pharmacy professionals to administer all vaccines if clinically appropriate**.

Lists are cumbersome because regulatory amendments are required each time the list requires an update. For example, if policy changes were made to enable pharmacy professionals to support the administration of all publicly funded routine immunizations in Ontario, regulatory amendments would need to be made to include all vaccines that are currently part of Ontario's immunization schedule, i.e., diphtheria, tetanus, pertussis, polio, measles, mumps and rubella. Furthermore, regulatory amendments would be required on an ongoing basis to ensure the list remains up to date. The pending addition of authority to administer the RSV vaccine to the scope of pharmacy professionals highlights this challenge. Rather than amending the regulations each time a new vaccine is approved, amendments to remove the prescriptive list and enable the administration of all vaccines once approved by Health Canada will support consistency and alignment of scope for vaccines, in addition to minimizing future administrative burden that would be required to add new vaccines as they become available. Ontario is the only province in Canada that restricts the scope of pharmacy professionals with a specified list of vaccines for administration. Pharmacy professionals in all other provinces can administer any Schedule I or Schedule II vaccine.[ii,iii]

Vaccines are our best defense against many infectious diseases and removing barriers to access vaccines is critical to achieving target vaccination rates to support and enhance overall population health. To be approved for use in Canada, vaccines must undergo Health Canada's comprehensive regulatory process to ensure its safety and efficacy. Additionally, ongoing monitoring continues after approval and post-marketing. Thus, a list of authorized vaccines that can be administered by pharmacy professionals is not necessary as patient safety and health are safeguarded by this process, which ensures vaccine confidence. Furthermore, pharmacists have the clinical knowledge and expertise to determine whether vaccine administration is appropriate for the patient in accordance with immunization guidelines and public health recommendations to protect patient safety and wellbeing. An analysis of U.S. vaccination events

reported to the Institute for Safe Medication Practices (ISMP) National Vaccine Errors Reporting Program from June 2020 to December 2021 found that non-COVID-19 vaccine errors were least likely to occur in community pharmacies (9%) compared to other outpatient settings, i.e., medical clinics (49%), doctors' offices (20%) and public health immunization clinics (11%).[iv] Furthermore, only 14% of all events involved pharmacists compared to 42% involving registered nurses or nurse practitioners, 34% involving medical assistants and 14% involving other healthcare providers, e.g., physicians, physician assistants, emergency medical technicians, respiratory therapists and nursing assistants (note: one report may have involved multiple practitioner types).[iv] Furthermore, research from Australia has found that significantly fewer adverse effects following immunization (AEFIs) were reported by patients after receiving influenza vaccines administered in pharmacies as compared to vaccination by other providers.[v]

In addition to expanding scope to administer any vaccine, **OPA also recommends that regulatory amendments be made to provide pharmacists with prescriptive authority for vaccines** to improve patient access by not requiring a patient to first seek a prescription for a vaccine from an authorized prescriber prior to being able to receive that vaccine at a pharmacy. For example, a patient who requires a vaccine for Hepatitis A and B would need to be referred to a primary care provider to obtain a prescription for the vaccine prior to returning to the pharmacy for dispensing and vaccine administration services. Pharmacists in all other Canadian provinces except Ontario, British Columbia and Manitoba, have the ability to prescribe some or all routine and traveler's vaccines.[vi] By removing barriers to vaccine administration, such as the need to go elsewhere for a prescription or for administration services, missed vaccination opportunities can be avoided and the patient journey improved overall, including in rural and remote areas where access to primary care providers may be more limited.

Publicly Funded Routine Immunizations

A qualitative systematic review looking at barriers to adult vaccination in Canada found that lack of access to vaccination was one of the most frequently reported barriers (38%).[vii] **Expansion of publicly funded routine immunizations to the pharmacy channel** will not only enable patients to have greater, faster and more equitable access to vaccines, but also increase health human resource capacity to alleviate some of the burden from primary care offices and public health units to administer both missed and routine immunizations. One of the primary channels for administration of publicly funded vaccines is through primary care providers yet 10.3% of individuals 12 years of age and over in Ontario do not have a regular healthcare provider.[viii] In Ontario, an estimated 2.2M individuals continue to struggle with access to a regular family doctor and this problem may only grow larger in magnitude as the number of medical students choosing to study family medicine in Canada continues to decline.[ix,x]

Expanded access to publicly funded routine immunizations may also benefit population health by helping to increase vaccination rates across all of these vaccines. Efforts to achieve target vaccinations rates are important because vaccines are our best defense against many infectious diseases, yet Ontario does not meet the national vaccine coverage goal of 95% for routine childhood vaccines by 2 years of age, and routine immunization rates for tetanus, shingles, and pneumococcal vaccines fall short of NACI targets of 80% (used for pneumococcal vaccines for patients 65+ and influenza vaccines).[xi,xii] Furthermore, the COVID-19 pandemic has had a significant impact on routine immunizations. Studies in some countries have noted up to a 70% decline in vaccine coverage of routine childhood immunizations.[xiii] Similarly, the 2021-2022 Public Health Ontario report on Immunization Coverage for School-Based Programs in Ontario noted that coverage estimates for all school years during the pandemic (i.e., 2019/20, 2020/21, 2021/22) were substantially lower than in pre-pandemic school years.[xiv] It is important that barriers to access for Ontarians to receive routine immunizations be removed to help maintain a high level of herd immunity,

which will help reduce vaccine preventable diseases that can result in unnecessary medical visits, hospitalizations and further strain to the health care system.[xv]

Currently, Part A pharmacists, interns and registered pharmacy students are authorized to administer vaccines for 16 vaccine preventable diseases (as specified under Schedule 3 of O. Reg. 202/94) of which 10 (COVID-19 not included) are part of the diseases targeted by the Publicly Funded Immunization Program in Ontario (out of a total of 17). However, apart from influenza and COVID-19 vaccines, pharmacy professionals do not have access to publicly funded vaccine supplies. Therefore, despite having the knowledge, expertise and scope to administer many of these vaccines, pharmacists who identify patients eligible for these vaccines must refer them back to their primary care provider or local public health unit to receive them. This missed opportunity for vaccination creates a barrier to access which can negatively impact immunization rates. Enabling pharmacy professionals to administer publicly funded vaccines such as for herpes zoster (shingles), hepatitis B, human papillomavirus (HPV), meningococcal disease, and pneumococcal disease, will increase access for individuals through the pharmacy channel for their routine and/or catch-up vaccinations. Furthermore, removal of restrictive vaccine lists (as described above) would enable pharmacy professionals to assist with the administration of additional routine vaccines, i.e., diphtheria, tetanus, pertussis, polio, measles, mumps and rubella. The pending regulatory amendments to enable pharmacy technicians to administer vaccines set out in Schedule 3 of O. Reg. 202/94 and the removal of age restrictions for vaccine administration by pharmacy professionals also help to increase pharmacy workforce capacity in addition to reducing administrative burden that may impact program implementation. OPA recently expressed our support for the potential expansion of publicly funded vaccines to the pharmacy channel in a consultation with Public Health in which we highlighted the opportunities of this initiative along with facilitators and recommendations, including establishing appropriate remuneration that is commensurate with the time and expertise required to provide vaccination services, to ensure successful implementation.

Additionally, an investment in pharmacy services to support the administration of publicly funded vaccines can lead to cost savings. For example, the study conducted by O'Reilly et al. found that the overall cost savings from direct health care costs and lost productivity in the province during the first two influenza seasons where pharmacists were enabled to administer publicly funded influenza vaccines in Ontario was potentially $2.3M.[xvi] Similarly, a modelling study forecasting the health and economic impact of expanding pharmacist-administered pneumococcal vaccines to seniors in Canada from 2016 to 2035 estimated total cost savings of between $206M to $761M.[xvii] In addition, the study estimated that for every dollar invested there was a $2.80 direct cost return in the first year of the forecast (2016), which would increase to as high as $31.60 and $72.00 by 2025 and 2035, respectively.[xvii] Through leveraging existing infrastructure and operations to support vaccine administration services, pharmacies are also a cost-effective channel for the administration of publicly funded vaccines. This was evident with the COVID-19 vaccines where an average of $39 was saved per dose administered through the pharmacy channel as compared to public health units.[xviii]

<u>Prescribing Authority for Additional Minor Ailments, Conditions and/or Situations</u>

OPA recommends that prescribing authority be expanded to include additional minor ailments, conditions, and/or situations that pharmacists are able to assess and, if necessary, prescribe treatment for. The positive uptake of minor ailment services by patients since the implementation of the publicly funded program in January 2023 demonstrates the high level of acceptance and need for access to minor ailment services. In September 2023, the Ontario College of Pharmacists (OCP) submitted a list of 17 additional minor ailments to the Minister of Health for consideration to be added to scope. OPA firmly believes that pharmacists in Ontario are capable of practising to a similar scope as their colleagues in other

provincial jurisdictions and the expansion of the minor ailments program will help to bring Ontario in alignment with other provinces (with the exception of Manitoba) where pharmacists can prescribe for substantially more minor ailment conditions than the current list of 19 in Ontario.[vi] This will help to ensure Ontarians can also benefit from the additional care their pharmacists can provide them. For example, supporting more timely access through pharmacist assessment and prescribing of antiviral treatments for shingles is important as treatment should ideally be initiated within 72 hours of rash onset. The benefits of enabling pharmacists to prescribe oral antiviral medications for shingles are already being realized in all other jurisdictions in Canada, except for Ontario and Manitoba.[vi]

Assessment and treatment of other conditions/situations should also be considered as part of this expanded scope initiative. For example, enabling pharmacists to assess, test, and prescribe antibiotic therapy for Strep throat as required can increase patient access to timely care as demonstrated in a study in which same-day initiation of therapy was 73.8% in Alberta where pharmacists have advanced prescribing authority as compared to only 40.5% in the other jurisdictions studied where pharmacists could only test and refer patients to a physician for treatment.[xix] This timely access to treatment can potentially have both clinical and health economic benefits.[xix] By enabling pharmacists to assess and prescribe if appropriate and as needed, Ontarians may be able to complete the entire pathway to receiving treatment in one accessible location (i.e., the pharmacist can assess, test, prescribe, dispense and follow-up with the patient as necessary as is already the case for COVID-19) rather than requiring unwell, symptomatic patients who may have a transmissible infection to navigate through the health care system.

Another situation where the expertise of pharmacists can be leveraged is prescribing for preventative medicines, e.g., vaccines, malaria prevention, and pre-exposure prophylaxis (PrEP) or postexposure prophylaxis (PEP) for prevention of new HIV infections. This authority can not only increase access to timely care for patients but also improve the patient journey. For example, a patient going away on vacation who needs protection from both hepatitis A and B in addition to malaria will be able to visit the pharmacy to be assessed, and if clinically appropriate, receive prescriptions from the pharmacist for Hepatitis A and B vaccines and prophylactic medication for malaria prevention. Furthermore, they can also have these medications dispensed and injection(s) administered at the pharmacy if they so choose, making care at the right place and right time more convenient for all Ontarians.

A further example of pharmacists' potential role in enabling greater access to preventative medicines is for contraception. Addressing the contraceptive needs of patients is important as the percentage of unintended pregnancies in Canada was estimated to be about 40% in 2015.[xx] Authorizing pharmacists to prescribe contraception has been shown to improve patient access in addition to supporting convenient and timely access to care.[xx] For example, in British Columbia, the policy change that granted prescriptive authority to pharmacists for emergency contraception expanded availability and resulted in an overall increase in emergency contraceptive use in the province.[xxi] Similarly, a study in the US found an association between states where pharmacists were allowed to prescribe emergency contraception after completing required continuing education, and improved patient access to oral emergency contraception in addition to more accurate patient counselling.[xxii] The increase in access to hormonal contraceptives may be especially beneficial in rural areas where pharmacists are often the most accessible healthcare professional.[xxiii] A 2020 survey by the Canadian Pharmacists Association found that 72% of women with experience using birth control believed that access to birth control would be better if pharmacists were able to screen, prescribe, counsel and manage ongoing contraceptive therapy.[xx] Furthermore, many pharmacists are ready to take on this expanded scope as indicated by a survey in British Columbia which found a high level of acceptability and feasibility for independent prescribing of hormonal

contraceptives.[xxiii] The involvement of pharmacists to help meet the contraceptive needs of patients is supported by published clinical contraception consensus guidelines from the Society of Obstetricians and Gynaecologists of Canada which state that "it is feasible and safe for contraceptives and family planning services to be provided by appropriately trained allied health professionals such as midwives, registered nurses, nurse practitioners and pharmacists" and recommended expansion of scope for these individuals.[xx] Similarly, the World Health Organization suggests that allied health professionals (including pharmacists) can help to meet the unmet need for family planning and contraception, and in 2020, Action Canada for Sexual Health & Rights urged the Canadian Minister of Health to enable pharmacists in all Canadian jurisdictions to prescribe contraception.[xx] Currently, Ontario is only one of two provinces (the other being Manitoba) where pharmacists do not have the scope to prescribe birth control or emergency contraception.[vi] In addition to improving patient access, there may also be economic benefits associated with addressing contraception needs. For example, there are approximately 180,700 unintended pregnancies each year in Canada which have an estimated direct cost of more than $320M annually.[xx] Furthermore, a study of Oregon's Medicaid population at risk for unintended pregnancy over a 24-month period found that pharmacist prescribing of hormonal contraception was cost-effective and averted an estimated 51 unintended pregnancies in addition to improving quality of life with 158 quality-adjusted life years (QALYs) gained per 198,000 women.[xxiv]

Enabling pharmacists to have prescriptive authority to initiate therapy to support chronic disease management, can also increase access to care and improve health outcomes for Ontarians. Although it is currently within the scope of pharmacists to adapt and renew prescriptions, these activities require that a prescription already exist for a particular medication from an authorized prescriber. For example, a patient living with diabetes may be on a certain medication and if their blood sugar levels are still not well controlled, the pharmacist may choose to adapt the current prescription by increasing the dose of the medication. Similarly, if the patient runs out of the prescribed medication, the pharmacist may choose to renew the prescription for continuity of care if appropriate. However, there are significant limitations to providing chronic disease management within the current scope. For example, in a situation where a patient is already on the maximum dose of a medication but their blood sugar levels are still not well controlled, additional therapy may be required. In this case, although the pharmacist may have the training and expertise to know which medication to add to the patient's therapy, they must send the patient back to their primary care provider to obtain a prescription. The patient's journey can be substantially improved if the pharmacist had the authority to initiate therapy to support chronic disease management to ensure that care is provided in a timely manner while also reducing the burden on other healthcare providers. The Community Pharmacy Primary Care Clinics in Nova Scotia are a prime example of how pharmacists can be leveraged to expand care options for patients with chronic diseases. At the clinics, patients who have been diagnosed with cardiovascular disease, asthma, chronic obstructive pulmonary disease (COPD), or diabetes can receive chronic disease care from a pharmacist which may include prescribing changes to medications to help reach the patient's goals of therapy. This program is part of a demonstration project between the Pharmacy Association of Nova Scotia (PANS), the Government of Nova Scotia and Nova Scotia Health and is offered free of charge to all individuals with a valid Nova Scotia Health Card.

To fully realize the benefits of pharmacists prescribing authority, amendments should be made to remove prescriptive drug lists from the regulations. Currently, pharmacists can only prescribe medications that are specifically listed in O. Reg. 202/94 of the *Pharmacy Act, 1991*. The disadvantage of this process is that any change required, e.g., addition of a new drug class, requires regulatory amendments. Beyond the investment required to make these changes, there may are potential negative impacts to patients as a results of limited access to newly indicated therapies. Furthermore, there is an added administrative

burden for pharmacists providing this service to verify the inclusion of a drug prior to prescribing. No other province (with the exception of Saskatchewan where prescribing must be in accordance with established protocols) uses a drug list to define prescriptive authority of pharmacists for minor ailments.[xxv,xxvi,xxvii,xxviii,xxix] The use of prescriptive lists is unnecessary as the clinical knowledge and expertise required of a pharmacist to assess and prescribe a specific drug to treat a condition should naturally extend to other drugs available to treat the same condition.

Lastly, to continue to support better care for all patients, pharmacists should be enabled to work to their full potential across the entire health care system. This is currently limited by antiquated policies, guidelines, and legislations resulting in administrative barriers that prevent pharmacists from practising to their full scope in some health care settings. Additional work is required to modernize and align scope and policies across all practice settings so that pharmacists working in other settings (e.g., hospitals, primary care and long-term care) may practice to the same full scope as their community-based colleagues.

Laboratory and Point-of-Care Tests

As the scope of practice for pharmacy professionals continues to expand, **OPA recommends enabling pharmacists to order laboratory tests and to perform additional point-of-care tests (POCTs)** to better support these care initiatives.

Within the current scope of pharmacists, having the ability to obtain test results is integral to supporting safe and effective care of patients. For example, with the pending approval of scope to enable pharmacists to prescribe oseltamivir (Tamiflu) for influenza treatment, although testing for influenza for ambulatory patients is not routinely recommended, it may be considered in situations where the results will help to guide management and/or to inform decisions on antiviral and antibiotic stewardship.[xxx] As such, the ability to order laboratory-based influenza testing or to conduct a POCT for influenza will help to support appropriate prescribing as required. The implementation of POCTs into practice is feasible as demonstrated by an Ontario study which had pharmacists providing point-of-care influenza screening to patients and recommending to their physicians to initiate antiviral therapy for those patients with positive results.[xxxi] Additionally, as the dosing of oseltamivir may need to be adjusted in patients with renal impairment, access to creatinine clearance values is important. For patients who have laboratory renal function results, pharmacists may be able to access these through one of Ontario's clinical viewers. However, for those who do not have laboratory results or outdated results, to prevent a delay in therapy, expanding the scope of practice of pharmacists to enable them to order laboratory tests or perform a POCT can facilitate access to therapy and avoid having the patient go back to their primary care provider for a lab requisition. Ontario pharmacists have demonstrated their ability to responsibly order and collect specimens for laboratory based COVID-19 PCR tests, as well as accountability to act on the results as appropriate when received from the lab. Furthermore, Ontario is only one of three provinces where pharmacists are not authorized to order laboratory tests; all other provinces either already have the authority in place or are in the process of enabling this new scope.[xxxii]

Information from test results is also beneficial to helping with monitoring of drug therapy and management of chronic conditions. For example, the results from a liver function test can be used to help monitor potential adverse effects from a medication to determine whether changes to therapy may be required to protect patient safety.[xxxiii] There have been multiple studies in Canada that have demonstrated positive patient outcomes (e.g., decreasing the risk of cardiovascular disease events, discovering unrecognized chronic kidney disease, lowering blood pressure and reaching target lipid levels) when pharmacists are able to access and order laboratory tests.[xxxiii]

In consideration of the need to expand health human resources to increase capacity in our health care system and the significant role pharmacists could play to fill this need, enabling pharmacists to order laboratory tests independently could help to support future expansions of scope that aims to increase patient access to healthcare services. For example, if pharmacists were authorized to prescribe PrEP or PEP antiviral therapy for individuals to prevent new HIV infections, these require baseline laboratory tests to be conducted prior to treatment initiation. Thus, if enabled, a pharmacist could save the patient valuable time and prevent any delays in therapy by assessing the patient and acting as the ordering clinician for the appropriate laboratory tests rather than having to send the patient back to the primary care prescriber for a test requisition and prescription.

Authority to conduct POCTs could also be expanded for Ontario's pharmacy professionals to enable them to better assist with screening and management of acute or chronic health conditions (e.g., Group A streptococcal, Helicobacter pylori, HIV, Hepatitis C, and RSV). Currently, pharmacy professionals can only perform POCTs for blood glucose, hemoglobin A1C, lipids, and prothrombin time (PT)/International Normalized Ratio (INR) to support patients with their medication management of certain chronic conditions. In comparison, pharmacists in Nova Scotia have the authority to perform any POCT for medication management. Expansion of the list would not only benefit patients but also the health system. For example, an evaluation of a Canadian program involving community pharmacists providing point-of-care Strep testing and management found that over 75% of patient survey respondents with severe sore throat visited the pharmacy first and pharmacy-based testing facilitated prompt and appropriate access to antibiotic therapy, especially if pharmacists had the authority to prescribe.[xix] Being able to initiate antibiotic therapy in a timely manner can have potential clinical and health economic benefits and enabling Strep testing in community pharmacies can also help to decrease the workload on physicians in addition to reducing wait times in emergency departments.[xix] Furthermore, a cost-minimization analysis of community pharmacy-based point-of-care testing for Strep throat found that Ontario could potentially save an estimated $607,260 - $1,214,500 annually if a publicly funded program for community pharmacy-based Strep throat point-of-care testing was established.[xxxiv]

Therapeutic Substitutions

Drug shortages continue to be a burden for our health system, and a rapidly escalating concern. The day-to-day uncertainty with our drug supply can seriously impact patient health outcomes and is a concern in all pharmacy practice settings. **Enabling pharmacists to make a therapeutic substitution** is a solution that will help ensure patient continuity of care is in place in real time. Therapeutic substitution is the substitution of a prescribed drug with one that contains chemically different active ingredients but is considered to be therapeutically equivalent. Most provincial jurisdictions (all except Ontario and Manitoba) enable therapeutic substitution by pharmacists.[xxxii] Unfortunately, legislative clauses in Ontario Regulation 201/96 under the *Ontario Drug Benefit Act, 1990*; Regulation 935 under the *Drug Interchangeability and Dispensing Fee Act, 1990;* and Ontario Regulation 202/94 under the *Pharmacy Act, 1991* do not permit therapeutic substitutions by pharmacists. OPA believes that these regulatory barriers are archaic and legacy in nature. Pharmacists are medication experts and combined with their knowledge of their patient's medical histories and medications overall, they are exceptionally qualified to make these clinical decisions. OPA urges the Ontario government to enable scope for therapeutic substation as a solution to address the impact of drug shortages on both our health system and patients more efficiently.

Authorizing pharmacists to provide therapeutic substitutions will also support successful implementation of a Reference Drug Program (RDP), a strategy that can be considered to reduce drug expenditures while still providing patients with prescription drug coverage. RDPs establish a common reimbursement

amount, i.e., the reference price, for all drugs within a specific drug category based on the assumption that they are all therapeutically equivalent and clinically interchangeable. As such, less expensive medications can be used without any harm or loss of effectiveness. Drugs that cost more than the reference price would be partially covered with the difference to be paid by the patient should they choose to be on the more expensive option. A process to consider medically indicated exemptions from the RDP would be concurrently established to ensure patient access to medications in those situations is not compromised. Enabling pharmacists to authorize therapeutic substitutions will aid the transition of patients to alternatives within an RDP to ensure uninterrupted care while reducing the administrative burden on primary care providers to issue new prescriptions. An RDP implemented in British Columbia led to significant drug expenditure savings ($6.7M for angiotensin-converting enzyme inhibitors (ACEIs), $1.8M to $3.2M for histamine$_2$-receptor blockers ($H_2$-blockers), $5.5M for proton pump inhibitors (PPIs), and $4M for non-steroidal anti-inflammatory drugs (NSAIDs) within one-year post implementation) without associated severe negative effects that would have resulted in emergency hospital admissions, long-term care admissions or death.[xxxv,xxxvi,xxxvii,xxxviii]

Evolution of Existing Programs and Policies

To better achieve the intended goal of promoting healthier patient outcomes while delivering measurable value to the health care system, **OPA recommends the evolution and modernization of existing programs and policies (e.g., MedsChecks, Pharmaceutical Opinions, and virtual care)**.

MedsCheck Program Reform

The MedsCheck program in Ontario was launched in April 2007, further expanded in November 2007 to include follow-up consultations and in September 2010 to include MedsCheck for Diabetes, MedsCheck at Home and MedsCheck for Long-Term Care.[xxxix] Standardization of the MedsCheck forms were also undertaken in 2012 and 2016 to strengthen the value of the program to support optimal patient health outcomes.[xl,xli,xlii] However, the changes made in 2016 introduced significant administrative burden for pharmacies which affected the feasibility of providing MedsCheck services, and consequently resulted in a dramatic decrease in services delivered (21-76% lower than predicted MedsCheck services were delivered in the community during the first 24 months after implementation of the policy change).[xliii]

OPA recognizes that additional enhancements could be made to the MedsCheck program to improve its value. Due to a lack of clinical data collected on patient outcomes, the Auditor General's 2017 Annual Report highlighted the unknown value of the MedsCheck program and whether it was effective in meeting its intended objectives including promoting healthier patient outcomes, quality of life and disease self-management, and improving patient knowledge and understanding of, and adherence to, drug therapy.[xliv] Subsequently, as part of the 2019 Budget, the government had proposed modernizing the eligibility criteria of the MedsCheck program to limit the program to only patients who are in "transitions between care" in an effort to focus resources where there is the greatest risk of medication related errors and have a greater impact on patient outcomes.[xlv,xlvi] OPA firmly supports the need to ensure medication safety during transitions in care as a Cochrane review found that at transitions of care, 55.9% of patients are at risk of one or more medication discrepancies.[xlvii] Several studies of patients who received community-pharmacy based medication reviews post-hospital discharge found a positive association with those who received the review and factors such as a reduced risk of hospital readmission and/or death and the identification of medication-related problems and medication discrepancies.[xlviii,xlix,l,li] These can have substantial impacts on improving patient care but also better utilization of health system resources. However, OPA contends that in addition to patients who meet this criteria, any new eligibility criteria should not exclude other vulnerable patients who may benefit from a dedicated one-on-one pharmacist consultation, such as those with certain medical conditions (e.g., diabetes, cardiovascular disease, chronic

pain, asthma, mental illness) and those with increased risk of adverse effects from medications (e.g., polypharmacy, older adults at increased risk of falls) who may benefit from pharmacist-led deprescribing initiatives during medication reviews to reduce medication burden and risk for adverse effects. Inclusion of a more comprehensive list of high-risk individuals will help to ensure that patients who need the service the most will continue to have access.

OPA is committed to working alongside the Ministry to determine modifications to the MedsCheck program based on available evidence to ensure that patients, caregivers and other healthcare professionals benefit from the services while also delivering greater value to the health care system. As part of this redesign, performance indicators and outcomes should also be established to evaluate the program to ensure it is meeting its objectives as recommended by the Auditor General's 2017 Annual Report.[xliv]

Pharmaceutical Opinion Program

Updating the Pharmaceutical Opinion Program can help support the sustainability of prescription adaptation and renewal services through pharmacies. When the program was first established in 2011, it was well received by the profession and helped to promote healthier patient outcomes by recognizing the value of the pharmacists' time and expertise to ensuring the appropriate use of medications. Examples of interventions a pharmacist may have recommended include adjusting the dose due to sub-optimal response or adverse effects and addressing non-compliance with administration by ensuring the appropriate route, dosage form, and regimen are prescribed. On October 1, 2012, the scope of pharmacists was expanded to enable prescription adaptations and renewals. Subsequently the Pharmaceutical Opinion Program policies were clarified such that contacting a prescriber when a pharmacist could have otherwise adapted a prescription within the scope of practice, including the examples above, was no longer considered part of the program. As a result, pharmacy professionals are no longer remunerated for these additional cognitive services through public funding. This not only affects the sustainability of providing these services but in some cases creates a two-tiered system as patients who cannot afford to pay the uninsured pharmacy service fees for prescription renewals must instead visit their primary care provider for a new prescription. Ontario is only one of two provinces that does not remunerate pharmacists for prescription adaptations or renewals.[xxxii] It is time for Ontario to catch up and enable equitable access to these services for all Ontarians by **establishing a publicly funded framework to provide a $15 remuneration fee for each prescription adaptation or renewal service provided through a pharmacy**.

Prescription adaptations and renewals are critical to optimizing patient health outcomes by ensuring appropriate prescribing and supporting adherence to prescribed medications. However, providing these services requires additional time to complete a clinical assessment, document the professional decision made, and communicate with the prescriber. A study of the pharmacy adaptation services in British Columbia found that on average, prescriptions that warranted an adaptation required 7 minutes and 33 seconds more time than regular prescriptions, while a renewal required 5 minutes and 19 seconds of additional time compared to regular prescriptions.[lii] Establishing fair and reasonable remuneration for these pharmacy services through a publicly funded framework will ensure that all patients have equitable access, and may also lead to better use of health care resources by allowing patients to access prescription renewals through their pharmacy as opposed to their primary care provider, thereby increasing health system capacity.

Virtual Care

The COVID-19 pandemic has highlighted the value of healthcare services being provided virtually when appropriate to remove barriers to access, especially in Northern and/or rural communities in Ontario. OPA firmly supports the provision of virtual care using secure enabling technology in situations where a face-to-face visit is not possible or practical for the patient, and if determined to be appropriate by the clinical and professional judgement of the pharmacist. OPA commends the government for recognizing the value of virtual care to ensure Ontarians have access to the care they need, when and where they need it, by including the option to provide care through virtual means as part of the publicly funded minor ailment program. OPA continues to recommend that the **option to provide virtual care services should be permissible through the same publicly funded framework available for in-person services for all publicly funded professional services as a complement to in-person care**. No additional risk is expected to be borne by the patient as pharmacists would be expected to abide by OCP's Virtual Care Policy which states that pharmacists providing virtual care must meet or exceed all applicable standards, guidance, and legislative requirements for in-person care and that each patient regardless of how the care is delivered (i.e., in person or virtually) must be provided the same standard of care.[liii]

Administration of Substances by Injection and/or Inhalation

As of July 1, 2023, Part A pharmacists, interns, and registered pharmacy students are authorized to administer certain substances by injection and/or inhalation for purposes other than patient education and/or demonstration, subject to certain limitations as specified in O. Reg. 202/94. OPA commends the Ontario government for approval of these regulatory changes that dramatically improve the patient's journey and increase patient's timely access to care by eliminating the need for patients to go elsewhere for the administration of these substances after being dispensed at the pharmacy, which may in turn contribute to improved adherence to prescribed injection schedules.

To support the pharmacy workforce in providing medication administration services to patients, an additional amendment to **include pharmacy technicians within the list of authorized members who can administer a substance by injection and/or inhalation to a patient** is recommended. Currently, pharmacy technicians are authorized to administer vaccines for 16 vaccine preventable diseases including but not limited to publicly funded influenza and COVID-19 vaccines. Building upon the training, skills, and experience from these initiatives, amendments to expand this scope of practice to include registered pharmacy technicians will help support greater workforce capacity within the pharmacy profession. Working under the supervision of a regulated healthcare professional who has the scope to clinically assess the patient to ensure administration is appropriate, pharmacy technicians can undertake the technical task of administration.

Amendments should also be made to remove the use of drug lists from O. Reg. 202/94. Currently, pharmacy professionals can administer a substance specified in Schedule 1 by injection or in Schedule 2 by inhalation to a patient. The disadvantage of lists in regulations, whether it be drug categories or a list of drugs, is that any new changes required, e.g., addition of a new drug category or drug, require regulatory amendments. The time required for this administrative process may negatively impact patient care as it may result in patients not having access to pharmacy services to administer a medication. An example of how this list might impact patients is with respect to injectable buprenorphine (Sublocade) which is used for the management of moderate to severe opioid use disorder in adult patients. This medication must be administered monthly by a healthcare professional however it might not always be feasible or convenient for a patient to access a provider such as the original prescriber. Pharmacists could potentially help to fill this gap and increase access to injection services but due to the drug not being listed in Schedule 1 of O. Reg. 202/94, they are unable to administer this medication. Some pharmacists have

found a workaround by setting up a medical directive to enable them to provide administrative services to patients, however this results in additional unnecessary administrative burden for both prescribers and pharmacists. Pharmacy professionals must practice in accordance with OCP's Standards of Practice which includes recognizing and practicing within the limits of their competence. Instead of prescriptive lists in regulation, pharmacy professionals should be enabled to use their professional judgement to determine whether a substance is appropriate to administer, and that they have the necessary training and skills to do so, or whether referral to another healthcare provider would be warranted to safeguard the health of patients.

Leveraging Pharmacists in Long-Term Care

COVID-19 has had a devastating impact on the LTC sector in Ontario, which houses some of the most vulnerable members of our population. In addition, it has precipitated a systemic shortage of healthcare workers in LTC homes and other health care settings. While OPA was pleased to see this government's commitment to investing in long-term care, including capital development and four hours of care funding, there currently exists a major health human resource (HHR) crisis and homes cannot find the staff to hire. In 2021, there was a 2.2% decline in registered nurses (RNs) working in Canadian LTC homes and over half of homes reported an increase in critical staffing shortages which involved staff who directly impact the quality of resident care and employee safety.[liv,lv] To support the government's commitment to fix long-term care, OPA recommends **leveraging the expertise of pharmacists through new funded initiatives and inclusion of services provided by LTC pharmacies within publicly funded remuneration frameworks.** Examples of new funded initiatives include the creation and implementation of a Pharmacist-Led Medication Reconciliation (PLMR) Program and reinstating funding for medication reviews including targeted reviews for high morbidity disease states (e.g., diabetes, osteoporosis, mental health, behavioral and psychological symptoms of dementia (BPSD) and falls risk prevention). Existing scope and services that could be funded to enable successful delivery include minor ailment assessments and prescribing and administration of RSV vaccines pending approval of scope.

Pharmacy professionals play an important role as part of the resident's care team in LTC homes and enabling them to provide additional professional services will not only help support capacity challenges in LTC homes, but also increase resident safety and overall health system savings. For example, a pilot study of PLMR in the LTC setting, which involves the pharmacist being the primary healthcare professional responsible for conducting a medication reconciliation (MedRec) to identify and address medication discrepancies and facilitate appropriate prescribing, found that three hours of a nurse's time could be saved for each PLMR conducted.[lvi] In addition, it was found that compared to MedRecs conducted by nurses, pharmacist-led MedRecs were more efficient and had the potential to prevent more adverse drug events.[lvi] Other benefits include a reduction in polypharmacy as well as reduced medication-related emergencies and hospitalizations, which have been shown to result in overall cost savings for the health care system. A recent PLMR study in Ontario LTC and retirement homes demonstrated potential savings of $622.35 per resident from hospital admissions avoided and $1,414.52 per resident from medication discontinuations annually.[lvii] Based on a proposed PLMR fee of $180 per new admission and $90 per re-admission, it is estimated that the total annual cost of PLMR in Ontario would be approximately $5.6M. However, in considering the cost savings demonstrated through previous studies, the anticipated net savings to the health system that could be realized through an investment in PLMR based on new admissions alone is approximately $45M annually (approximately $14M and $31M attributable to hospital admissions avoided and medication discontinuations respectively).

Furthermore, as per O. Reg. 246/22 under the *Fixing Long-Term Care Act, 2021*, every licensee of a long-term care home shall ensure that there is, at least quarterly, a documented reassessment of each

resident's drug regime. Prior to the introduction of the capitation model for LTC pharmacy on January 1, 2020, MedsCheck Long-Term Care medication reviews were a separately funded service that enabled pharmacists to provide detailed quarterly medication reviews. Re-instating funding for medication reviews provided by pharmacists will enable pharmacists to help reduce the workload of LTC staff by providing these reviews to residents of LTC homes. About three-quarters of LTC residents are at increased risk of drug-therapy problems (DTPs) as they often have multiple chronic diseases which increase their likelihood for polypharmacy and being on complex therapy regimens.[lviii] Medication reviews help to protect residents of LTC homes from DTPs as they directly support a process for interventions such as the identification and discontinuation of inappropriate medications, dose changes and modification of drug regimens, which contribute to enhanced medication appropriateness in addition to positive economic outcomes.[lviii]

Finally, OPA urges the Ministry to establish publicly funded remuneration for additional pharmacy services that can be provided because of scope expansions that have occurred after the establishment of the capitation funding model in 2020. These include prescriptive authority for nirmatrelvir/ritonavir (Paxlovid) for treatment of COVID-19, certain medications for 19 minor ailments, and pending prescriptive authority for oseltamivir (Tamiflu) for influenza treatment, in addition to administration of substances for injection/inhalation. Currently, the expectation is that these additional services be bundled into the LTC capitation funding model for LTC pharmacy service providers (i.e., pharmacy professionals are expected to provide these services for no additional fee). The scope to provide these services was not in place at the time the capitation funding model was established and providing these services requires significant time and effort that should be supported by appropriate remuneration. For example, LTC homes have requested assistance from their LTC pharmacy service providers to support the prescribing of nirmatrelvir/ritonavir (Paxlovid) by assessing eligibility, managing potential drug interactions, and providing education to LTC home staff and caregivers. These added responsibilities cannot be sustained through the current capitation fee much less a reduced capitation fee. Similarly, as Ontario begins to roll out its first publicly funded vaccination program of the Health Canada approved RSV vaccine, Arexvy, for those 60 years of age and older living in long-term care homes, Elder Care Lodges, and some retirement homes, ensuring fair and reasonable funding for vaccine administration services pending approval of scope will support pharmacy professionals who assist with administering the vaccine on site. A similar model has been used for the remuneration framework for pharmacies who are engaged to administer COVID-19 vaccines to residents of LTC homes where pharmacies can submit claims through the Health Network System (HNS) and receive a fee for service for each vaccine dose administered separate from the capitation model. Establishing a similar model for the administration of the RSV vaccine will ensure that patients have timely and convenient access to this vaccine to help prevent the morbidity and mortality associated with the infection amongst at-risk patient populations in addition to reducing the pressure on other healthcare professionals to provide this service.

Enablers and Facilitators

Although OPA is supportive of changes that aim to further evolve the pharmacy profession and improve patient care, it is imperative that **appropriate supports are in place to enable successful uptake and continuity of pharmacy services**. Only then can the intended purpose of these investments, i.e., to ensure Ontarians have greater and faster access to the right care in the right place, be realized.

One such focus is to improve the pharmacy provider's experience to support successful implementation of any new scope expansions. To achieve this, OPA recommends that tools, resources and educational programs be made available to those who may need them. For example, a clear and concise assessment and prescribing algorithm for influenza, prescriptive authority for oseltamivir (Tamiflu) for influenza treatment pending, may be useful to support appropriate prescribing of antiviral treatment, similar to the algorithm for managing uncomplicated urinary tract infections developed by the College in collaboration with Public Health Ontario for minor ailment assessments. This may be especially important in the early stages of scope implementation to increase pharmacist comfort and confidence. Similarly, support in the form of additional education may be needed along with acknowledgement and understanding from both within and outside the sector that a phased approach to implementation may be required by some pharmacy professionals. For example, pharmacy professionals may have varying degrees of comfort and experience with administration of vaccines to younger children and thus may require varying levels of support prior to scope uptake. In contrast, there may be some pharmacists who are already comfortable as illustrated by the data from the 2022/23 UIIP which indicated that 21% of children aged 6 months to less than 5 years of age received their influenza vaccine from the pharmacy, in addition to the over 8,000 COVID-19 doses already administered to children 0-4 years of age through pharmacies. OPA has extensive experience with developing tools and professional development programs to support pharmacy professionals with implementing expanded scope initiatives, pharmacy programs and pharmacy services, and can work with the Ministry and other stakeholders to support the needs of pharmacy professionals in successfully integrating new changes into practice.

Another focus is to ensure there is a clear and consistent communication plan including transparent and adequate timelines prior to any scope and/or program implementations. These are critical to allow for preparation and planning by the pharmacy sector to promote uptake and ensure smooth implementation of new changes. This in turn will improve patient experience as it will help to avoid patient confusion and manage expectations. OPA has and continues to collaborate with the Ministry to support communications and engagement in relation to pharmacy practice and is committed to working with the College, Ministry and any other stakeholders as required to devise implementation plans to support new regulations and programs if approved to ensure successful incorporation into practice.

OPA also strongly recommends the Ministry establish public funding mechanisms to support equitable patient access to and sustainability of all professional pharmacy services. The financial sustainability of the sector has and continues to be threatened by government savings initiatives, stagnant remuneration fees for publicly funded services and rising operational costs. To continue to expand and maintain pharmacy services, it is crucial that fair and reasonable remuneration is provided that is commensurate with the time and expertise required to provide the service. This will help support capacity in the sector and enable pharmacy professionals to continue offering services in a safe and effective manner.

Finally, to support pharmacy professionals with implementing new scopes of practice, OPA along with our pharmacy faculty partners at the University of Toronto, University of Waterloo and University of Ottawa, in collaboration with OCP, are undertaking a workforce planning study to better understand the workforce demand on the sector and identify opportunities to design and implement solutions as required to ensure there is adequate support for pharmacy professionals. OPA looks forward to sharing the results of this study when they are available.

ECONOMIC SUSTAINABILITY

Community pharmacies play a critical role in Ontario's health system and pharmacy professionals have demonstrated time and time again the integral role they play as it pertains to improving patient access to care and supporting public health initiatives and better patient outcomes. To continue to build on the success to date, barriers that threaten the sustainability of pharmacy services must be addressed.

Pharmacy Reconciliation Adjustments

OPA is adamant that **reconciliation adjustments should be terminated, and no further recoveries imposed on pharmacy payments.** The pharmacy sector has already endured significant pressure over the past decade to support other government savings initiatives, and further financial strain is unwarranted and will result in unintended consequences for pharmacy professionals and the patients they serve. OPA acknowledges the need to enhance the efficiency of the public health care system and to be fiscally responsible with respect to the drug budget to ensure a sustainable public drug program. As such, OPA is committed to working with the government to identify long-term cost-efficiency opportunities, but the solution is not targeted pharmacy savings initiatives.

Throughout the pandemic, pharmacies have innovated their practices to support continued access for patients and better serve their communities and protect public health. To do this, in many cases, pharmacies incurred and absorbed significant operational costs including but not limited to acquiring cleaning supplies and personal protective equipment (PPE) for staff, modifications to the pharmacy layout to support social distancing, fuel-surcharges, and extra labour costs.

At the same time, pharmacies have endured immense financial pressure to support the government with achieving their budgetary goals. For example, to help the government achieve its commitment of $200M in savings in 2015, pharmacies endured initiatives that impacted their bottom lines, including reduced mark-up for high-cost drugs, reduced dispensing fees for claims for residents of LTC homes, compliance with a maximum quantity policy for chronic use medications, and adoption of the "no substitution" policy.[lix] In 2017-2018, pharmacies had to sustain additional temporary adjustments to their payments for dispensed medications under the ODB program so that the government could achieve $35M of savings.[lix] Then in 2020, the financial sustainability of pharmacies was once again threatened in order to support the government with realizing cumulative cost savings of $436.4M over five years, including $180.1M through the time-limited reconciliation adjustment process implemented in January 2020.[lx] Although pharmacies were opposed to yet another series of funding cuts, they continued to endure the imposed financial pressures without compromising patient care, with the expectation that the agreement was a time-limited reconciliation adjustment process with a set end date of March 31, 2023. However, as fiscal savings of $57M were still required for the 2023/24 year, pharmacies were once again subjected to continued reconciliation adjustments which are scheduled to end March 31, 2024. It is unreasonable to expect the pharmacy profession to indefinitely support government savings at the expense of their bottom line.

Further financial distress has also been imposed on pharmacies through support of other initiatives implemented to deliver cost savings for the public drug plan. The Pan-Canadian Select Molecule Price Initiative for Generic Drugs has delivered over $200M and $221M in savings to Ontario in FY2018/19 and FY2019/20, respectively, but has had direct negative impact on pharmacy remuneration as lowering the price of drug products results in a reduction to the allowable pharmacy mark-up revenue that supports

the dispensing process.[lxi] Similarly, the Ministry's Biosimilars Policy, which involves transitioning ODB recipients who are using originator biologic drugs to biosimilar versions, could lead to savings of $3M per week or $146M per year for the Ontario government according to Biosimilars Canada.[lxii,lxiii] These savings are a result of the reduced price of biosimilar drugs which are on average 30% less than the originator biologic.[lxiv] Using a conservative estimate of a 6% mark-up (i.e., assuming all biosimilar molecules have a total drug cost equal to or greater than $1,000), based on the savings estimate from Biosimilars Canada of $146M per year, the total impact to the allowable pharmacy mark-up revenue would be a decrease of $8.8M annually.

Continuing reductions to pharmacy payments through the extension of reconciliation adjustments will negatively impact the sector's ability to maintain the same level of care provided to patients. If these cuts continue, pharmacy owners will be forced to re-evaluate and reduce controllable costs to mitigate financial pressures. One of the largest controllable costs to operate a pharmacy is labour, and a reduction in the number of pharmacist hours may lead to a cascading effect on pharmacy hours, access to services, and ability to provide other needed but unfunded services, such as over the counter (OTC) consultations, answering questions and providing general health advice for patients who call or visit the pharmacy, and offering blood pressure testing and education.

Rather than implementing cuts to dispensing services that penalize pharmacies to achieve a more sustainable health system, broader health care savings should be sought through more efficient use of health care resources and investing to protect and improve the health of all Ontarians. These broader health savings could be achieved through pharmacy-led programs such as expansion of additional public health vaccination efforts through the pharmacy channel and expansion of the minor ailments program. Additionally, implementation of formulary management initiatives, such as delisting ineffective medications, reviewing funding recommendations, and establishing a Reference Drug Program, can specifically address the growing drug costs that contribute the most significantly to the drug budget.

The pharmacy profession is committed to working alongside the Ministry to strengthen the sustainability of the health care system, but at the same time, it is imperative that pharmacies be financially sustainable to continue to provide services to care for their patients. Given the improved financial situation in Ontario as described in the 2022 Ontario Economic Outlook and Fiscal Review,[lxv] and the federal agreement to invest $74B in funding over 10 years to improve health care for Ontarians,[lxvi] the province is in a much better position to evaluate and implement efficiencies that improve the health system overall, rather than extending short-term strategies in the form of pharmacy reconciliation adjustments that have significant negative impacts on pharmacies and consequently, patient care.

Ontario Drug Benefit (ODB) Pharmacy Dispensing and Compounding Fees

The dispensing fees associated with the ODB Program have remained stagnant since April 1, 2014, with the dispensing fee payable to most pharmacies for each ODB-eligible prescription filled being $8.83. Similarly, the ODB Program compounding rate payable to pharmacies of $0.50 per minute for each minute spent mixing the ingredients to prepare a compounded medication has not increased since at least 2003 (the latest version of O. Reg. 201/96 under the *Ontario Drug Benefit Act* available electronically through Ontario's e-Laws website which included the compounding rate). The cost to operate has increased significantly since the implementation of both these fees and additional costs cannot be passed to patients

because the fees are determined by the Executive Officer. As a result, these higher costs must be absorbed by pharmacies.

Dispensing Fee

Dispensing services are critical to ensuring patient safety and optimizing patient health outcomes. The Usual and Customary Fee (often referred to as the 'dispensing fee') supports the technical (i.e., ensuring the accuracy and quality of product preparation and release) and cognitive (i.e., assessing the therapeutic appropriateness of a prescription and identifying circumstances requiring prescriber intervention) components required for dispensing.[lxvii] Inappropriate use of medications can lead to an increase in drug therapy problems, hospital admissions as a result of adverse reactions, drug poisonings, antimicrobial resistance, etc., which not only negatively impact patients but also health care systems.[lxviii] A systematic review demonstrated that drug dispensing can have a positive influence on patients' health outcomes.[lxviii] To support this critical function to improve patient health outcomes, it is imperative that the government ensures fair and appropriate dispensing fee payments.

Based on inflation statistics, the established dispensing fee of $8.83 in 2014 was not reflective of cost-of-living-increases from the previous dispensing fee of $5.95 established in 1986, which would have resulted to a corresponding fee of $11.33 in 2014 and $14.31 in 2023.[lxix] To better support current pharmacy dispensing costs, **OPA recommends that the dispensing fee paid for ODB-eligible prescriptions be, at a minimum, increased based on cost-of-living increases over the last nine years as presented below with a commitment to routinely review and update:**

Description of Pharmacy[#]	Current Dispensing Fee	Suggested Dispensing Fee*
Pharmacy other than a pharmacy provided for in the other three options	$8.83	**$11.15**
Pharmacy located in a postal code with the second figure of 0 or with a score on the Ministry of Health and Long-Term Care's Rurality Index for Ontario of more than 40, and one of the following conditions is met: 1. There is no other pharmacy within 5 kilometres. 2. The nearest other pharmacy is no more than 5 kilometres away and is the only other pharmacy in a 5-kilometre radius. 3. The nearest other pharmacy is at least 5 kilometres away but no more than 10 kilometres	$9.93	**$12.41**
Pharmacy located in a postal code with the second figure of 0 or with a score on the Ministry of Health and Long-Term Care's Rurality Index for Ontario of more than 40, and the nearest other pharmacy is at least 10 kilometres away but no more than 25 kilometres	$12.14	**$15.33**
Pharmacy located in a postal code with the second figure of 0 or with a score on the Ministry of Health and Long-Term Care's Rurality Index for Ontario of more than 40, and the nearest other pharmacy is at least 25 kilometres away	$13.25	**$16.73**

[#] Description of pharmacy and current dispensing fees from O. Reg. 201/96 under the *Ontario Drug Benefit Act, 1990*

*Based on inflation from 2014 to 2023 (Source: Bank of Canada Inflation Calculator, accessed October 11, 2023)

As is the case for all businesses, pharmacies are subject to price changes to acquire the goods and services required to operate. With the continued rise in the Consumer Price Index (CPI) in Ontario, which was 6% between December 2021 to December 2022 alone[lxx],the pharmacy sector has been subject to rising costs to provide dispensing services, whereas the dispensing fee which is meant to provide remuneration for these services has remained stagnant. The recommended investment to increase the dispensing fee paid for ODB-eligible prescriptions is necessary to better support the dispensing of a prescription which includes general operational costs (labels, vials, software, etc.) and the labour associated with both the technical and cognitive components of dispensing. Outside of the ODB program, pharmacy operators are able to set their own dispensing fee (the Usual and Customary Fee), which on average, was $11.19 in Ontario in 2021.[lxxi] Similarly, a 2008 analysis of the operating costs incurred by 505 Ontario community pharmacies to dispense prescription drugs and deliver related pharmacy services to patients found that the mean (average) cost was $14.93 and median (50th percentile) was $13.77 to dispense a prescription and provide related services.[lxxii] The current dispensing fee of $8.83 payable to most pharmacies for filling prescriptions for ODB-eligible patients is significantly lower than the average pharmacy's usual and customary fee, and as additional costs related to dispensing services are not permitted to be passed on to patients, in accordance with ODB claim submission policies, pharmacies are forced to absorb the cost difference.

Additionally, the original intent of the dispensing fee increases in 2010-2014 and the tiered remuneration based on rurality index and the presence of other nearby pharmacies was to support access to pharmacy services in rural and under-serviced areas of the province.[lxxiii] Continuing to ensure fees remain reflective of the costs required to support dispensing services across the province and pharmacy financial sustainability will help ensure pharmacy professionals can remain an integral part of their communities and provide equitable access to healthcare services for all Ontarians.

Finally, the dispensing fee provided to most pharmacies is one of the lowest amongst all publicly funded programs in Canadian jurisdictions. The proposed increase will bring the dispensing fees for the majority of pharmacies in Ontario (i.e. pharmacies who currently receive an $8.83 dispensing fee) more inline with the rest of the country.

Province	Maximum Dispensing Fee Payable
BC	$10.00
AB	$12.15
SK	$11.85
MB	$30.00
ON	$8.83 - $13.25 (depending on pharmacy location)
QC	$10.03 (for new prescriptions under the limit)
NB	$11.00
NS	$12.25
PEI	$12.36
NL	Foundation Plan, Access Plan and Assurance Plan: $11.96 (drug costs between $0-$49.99) $23.93 (drug costs between $50.00-$249.99) $50.00 (drug costs ≥$250.00) 65Plus Plan:

	$12.00 (drug costs between $0-$249.99) $40.00 (drug costs ≥$250.00)

Source: Canadian Institute for Health Information. National Prescription Drug Utilization Information System – Plan Information Document, published July 31, 2021, accessed February 6, 2023. (Note: this includes the general maximum dispensing fee paid for prescriptions under each provincial publicly funded plan but does not include specific categories established in certain plans where the fee may be different.)

Compounding Fee

In response to upgraded practice standards in this specialty area of pharmacy and consequently, the increase in operational costs required to meet these standards, in addition to inflationary increases, **OPA recommends that the ODB remuneration framework for compounding services be modernized to better reflect the operational investments required to offer compounding services and the compounding fee be increased to at least $0.77 per minute in 2023 based on inflation alone since 2003 with a commitment to routinely review and update**.[lxix] This increase would also help to bring the compounding rate more inline with current pharmacy remuneration through private third-party plans, which are typically around $1.50 per minute.

Compounding involves two or more ingredients (where at least one is a drug or pharmacologically active agent) that are combined or mixed together to produce a final product in an appropriate form for dosing.[lxxiv] This activity is undertaken by pharmacy professionals in situations such as when a commercially available product may not be the most appropriate or suitable option for a patient or when no commercially available product is available to ensure that patient needs are met. Compounding is important as it allows medications to be customized for patients who may need specific strengths, dosage forms, flavours, or preparations that do not have certain ingredients due to allergies or other sensitivities.[lxxv] Providing compounding services requires additional training and knowledge, time, equipment, etc. compared to the dispensing of commercially available products and thus, a fair and reasonable compounding fee is necessary to ensure this important service can continue to be provided to support patient-centred care.

Additionally, the compounding landscape in pharmacy has changed significantly since the time the ODB compounding rate was first established. For example, in recent years, the Ontario College of Pharmacists has adopted the National Association of Pharmacy Regulatory Authorities' Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations (2016), Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations (2016) and Model Standards for Pharmacy Compounding of Non-sterile Preparations (2018). These standards were developed to ensure quality of the preparation and to protect patient safety. However, in order to implement these standards, pharmacies are required to invest additional resources to complete the necessary activities including but not limited to performing risk assessments of each compounded preparation, training and skills assessment of all compounding personnel, renovating the pharmacy to meet the facility requirements as outlined in the Standards, purchasing of equipment such as personal protective equipment and biological safety cabinets, cleaning and disinfection, waste management, and quality assurance activities. As a result, the costs associated with providing compounding services to patients have increased and if pharmacy remuneration does not accurately reflect the incurred costs, patient access to compounded medications and care may be negatively impacted by pharmacies choosing not to provide this service.

Long-Term Care Capitation Funding Model

The capitation model for LTC pharmacy reimbursement was introduced on January 1, 2020 and has resulted in drastic cuts in funding for the sector, approaching 50% when fully implemented. While OPA appreciated the government's decision to put a hold on the reduction to the fee per licensed bed annually and maintain the $1,500 payment for the FY2021/22, FY2022/23, and FY2023/24, planned reductions for FY2024/25 to $1,400 and eventual reductions reaching $1,200 in FY2026/27 will have significant repercussions on the LTC sector. To ensure the health and well-being of LTC residents, **OPA recommends that capitation fees for services delivered by long-term care pharmacy service providers be maintained at $1,500 per licensed bed annually and subject to future cost-of-living increases**.

The role of pharmacy professionals in LTC is specialized and under a separate regulatory environment that has undergone significant pressures over the last several years. LTC pharmacy service providers partner with LTC administration and staff to ensure that the health and safety of vulnerable seniors are protected and that medication management systems are safe and efficient, thereby reducing the burden on other healthcare workers (e.g., nurses, physicians, and personal support workers) in homes. LTC pharmacy service providers dispense, deliver and monitor each resident's medications in a specialized model designed for older adults who may not be able to self-administer therapy or monitor their own health. This care is highly integrated within the care provided in the LTC home and includes 24/7 medication administration for every resident, who, on average, are on approximately 10 different drug classes each.[lxxvi]

In addition to dispensing, delivering and monitoring residents' medications, pharmacy professionals complement the nursing team and home physicians to ensure optimal health outcomes from medication therapy. Pharmacy services provide a safe and secure supply of medications; drive continuous quality improvement in the medication management system; support medication reconciliation; minimize nursing time spent on managing and administering medications to residents; and deliver education to home staff on medication use, outcomes, and safety. This partnership between LTC pharmacists and the other healthcare providers at the LTC homes is critical to ensure quality care for all residents.

In the recommendations of the Long-Term Care Homes Public Inquiry, Justice Gillese called for substantial new funding for pharmacy services and an expanded role for pharmacists in LTC homes to keep our seniors safe.[lvi] The capitation model for LTC pharmacy reimbursement directly contradicts the recommendations made by the expert inquiry. For example, clinical pharmacy consulting services in LTC homes which had been provided by LTC pharmacy professionals, without any direct compensation by government, necessarily had to be reduced. This placed additional pressure on already overburdened nurses and staff in LTC homes and required them to take on tasks such as reviewing and preparing medication reviews. We expect that with the continuation of the current funding model policy, LTC pharmacy service providers will be forced to further reduce services to homes. A survey conducted by OPA of LTC pharmacy service providers found that just under 90% of respondents intend to make changes to their business operations (e.g., decrease staff, hours of operation, etc.) and 100% plan to make changes to the services they currently provide to LTC homes (e.g., reduce hours of onsite consultant pharmacist services, continuing education support, financial support, operational support, delivery frequency, etc.) to mitigate the negative impact of the funding policy. Maintaining capitation fees at $1,500 per licensed bed annually, subject to future cost-of-living increases, is an immediate action your Ministry can take towards ensuring

LTC pharmacy professionals are able to continue providing the necessary and essential services our LTC home operators and residents rely on.

Transformation of the LTC sector is essential to ensuring the health and wellbeing of staff and residents. Pharmacy professionals are well positioned to help improve the quality and delivery of care to residents and to reduce pressures on doctors and nurses in LTC homes. This is especially important amidst staffing and recruitment challenges in LTC that make it difficult for homes to sustain adequate levels of staffing.

Any Willing Provider

Preferred Provider Networks (PPNs) in the pharmaceutical sector are arrangements between payors (such as health insurance providers) and pharmacies. In most cases the pharmacy offers a lower price in the dispensing fee or the drug mark-up, and/or agrees to various other terms in exchange for the ability to serve the patients offered by the payor. They commonly exist as two types: 1) "closed" networks where private payors make exclusive arrangements with a limited group of pharmacies and patients are not able to obtain their drugs from any other pharmacy, except for the ones listed as part of their plan (in some cases, the patient can visit other pharmacies, but are reimbursed at a lower rate) and 2) "open" networks where private payors set the terms and conditions including the amounts they are willing to pay for the dispensing fee and/or mark-ups and any pharmacy that is willing to adhere to those terms may join.

In recent years, a troubling trend has emerged in which "closed" PPNs are becoming increasingly common where private health insurers are entering into exclusive relationships with corporate pharmacy groups that restrict a patient's freedom to choose their pharmacy provider. Patients are neither consulted nor asked about such plan changes and typically, independent pharmacies are not invited to participate. In some cases, patients are forced to pay for their medicine because their pharmacy does not belong to a select group of pharmacies mandated by big insurance companies, or they have no choice but to switch pharmacies and break the trusted bond established with their pharmacist over many years. Some patients, especially those in rural communities, may also be forced to travel long distances to obtain their medications.

OPA believes that health insurers, manufacturers and wholesalers should not restrict a patient's freedom to choose a pharmacy. Therefore, **OPA recommends enacting Any Willing Provider ('AWP') legislation to allow any pharmacy to join a Preferred Provider Network created by insurance plans or others to safeguard a patient's freedom to choose their healthcare provider by ensuring any pharmacy is enabled to accept the terms of an insurance plan or manufacturer**. This supports the Ontario government's Plan for Connected and Convenient Care by enabling patients to receive convenient and faster access to healthcare services closer to home.

There are many benefits to enabling AWP legislation including protecting the patient's choice of healthcare provider, improving patient safety, and supporting economic sustainability of pharmacies. Adopting AWP legislation improves choice and increased access for Ontarians – particularly in rural and remote communities. AWP legislation also ensures that patients can continue to receive care from the pharmacy team they know and trust. Pharmacy professionals are vital members of communities across Ontario, and they often have long-standing, personal relationships with their patients. Most importantly, local pharmacists know their patients' medical histories and will know how to manage medications for their patients so that they avoid contraindications, adverse drug events or drug interactions. There is

substantial value to patients being able to form consistent and long-term relationships with pharmacists and other healthcare providers as these have been shown to reduce errors and improve health outcomes.[lxxvii] Furthermore, evidence has shown that there is a reduced chance of experiencing serious drug-related adverse events and an increased likelihood for observed adherence when a patient has a single pharmacy.[lxxvii] As such, maintaining the pharmacist-patient relationship is critical to ensuring patient safety and continuity of care. Finally, AWP legislation levels the playing field for pharmacies as all pharmacies will have the opportunity to take part in their patient's drug plan if they are willing to adopt the same terms and conditions.

Similar approaches have been taken in other jurisdictions to protect a patient's freedom to choose their pharmacy. For example, in Quebec, the Act Respecting Prescription Drug Insurance includes provisions that "No group insurance contract or employee benefit plan may restrict a beneficiary's freedom to choose a pharmacist" and "An accredited manufacturer or wholesaler may not, nor may an intermediary…limit the supply of medications or supplies entered on the list of medications to a restricted number of owner pharmacists, unless a notice of compliance with conditions has been issued by Health Canada to the contrary".[lxxviii] Likewise, 35 American states have passed some form of AWP legislation.[lxxix] OPA is committed to working with the government to enact AWP legislation that will be beneficial to patients, pharmacy professionals and the health care system, while still enabling payors to maintain their ability to set a level of reimbursement.

CONCLUSION

COVID-19 has taken a toll on our health care system but has also highlighted opportunities to improve upon patient care and the patient journey. As we emerge from the pandemic and refocus our efforts on supporting the health system to rebuild and recover, the pharmacy profession plays a critical role in helping the Ontario government ensure that all Ontarians have access to the care they need, when and where they need it while achieving a more robust and sustainable health care system. Working together with the Ontario government we have already made significant progress in making care more accessible and convenient for the people of Ontario while taking pressures off the rest of the health system. However, there is still more that can be done to enhance patient care. Continued investment in expanded scope of practice and associated enablers and facilitators for the profession will enable greater equitable access to services, increase health system capacity, and deliver better value for money. To achieve this, we must also address the barriers that threaten the economic sustainability of the pharmacy sector.

OPA looks forward to collaborating with the Ministry on the priorities highlighted in this submission and contributing to the modernization of our health care system. We respectfully suggest that a formal pharmacy agreement be established between the Ministry and OPA which will help streamline processes for the Ministry when collaborating with the profession by removing redundancies while ensuring a fair and balanced structure to support our collective goal of improving the health of patients. Together we can ensure that valuable pharmacy programs and services are sustainable and delivering outcomes for all Ontarians.

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