Consultation on Proposed Changes to Advance the Pharmacy Sector in Ontario

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Executive Summary

The Ontario Pharmacists Association ('OPA', the 'Association') fully supports the government's proposed changes to advance the pharmacy sector in Ontario. These changes help to improve access to the care Ontarians need, when and where they need it, by optimizing the scope of pharmacy professionals. This consultation represents a positive step towards maximizing the expertise of the province's workforce and delivering on the ministry's Your Health: A Plan for Connected and Convenient Care. The proposed changes include:

1) Allowing pharmacists to assess and treat additional minor ailments, order certain laboratory tests and perform more point-of-care tests, and communicate a diagnosis for specific minor ailments.
2) Allowing pharmacy technicians to administer additional vaccines and expanding the availability of additional publicly funded vaccines through community pharmacies.
3) Modernization of the MedsCheck program.

These changes will significantly improve patient outcomes, particularly for underserved populations such as rural and northern Ontarians, people with disabilities, and those without a regular healthcare provider.

In addition to the list of fourteen additional minor ailments, OPA recommends further expanding pharmacists' prescribing authority to include contraception, erectile dysfunction, preventive health measures such as HIV pre-exposure prophylaxis (PrEP), and chronic disease management. The Association also advocates for removing regulatory restrictions that limit the types of drugs, substances and vaccines pharmacists can prescribe and/or administer.

Expanding the role of pharmacy professionals in vaccine administration would reduce the burden on primary care providers and hospitals. As such, OPA emphasizes the importance of making all publicly funded vaccines available through pharmacies. This would improve patient accessibility, particularly in rural areas where healthcare services are limited. Beyond access to publicly funded vaccines, OPA recommends the removal of regulatory barriers that prevent pharmacists from prescribing vaccines and administering a wider range of vaccines to ensure patients have greater access to vaccination services at convenient locations. This should be coupled with further investments in pharmacy infrastructure to support vaccine distribution and administration.

OPA also reaffirms the need to modernize the MedsCheck program, ensuring it aligns with current patient needs. This includes incorporating a broader range of services such

as chronic disease management and virtual care options to improve accessibility and patient outcomes. It would also involve implementation of an evaluation framework to monitor the effectiveness of the program and for continuous quality improvement.

Lastly, OPA highlights the need for financial reforms to ensure the long-term sustainability of the pharmacy sector. Key recommendations include increasing dispensing and compounding fees to reflect the rising costs of operation, as well as public funding for new services such as minor ailment prescribing and prescription renewals and adaptations. Ensuring fair compensation for expanded pharmacy services will be crucial to maintaining high-quality, accessible care for all Ontarians.

In summary, OPA fully supports the proposed changes and offers additional recommendations to enhance the role of pharmacy professionals in Ontario's health care system. In parallel, the Association emphasizes the need for financial and policy adjustments to support these expansions.

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Scope of Practice Expansions

General Questions

1. *What impact(s) on specific populations might these scope of practice changes have? Examples of specific population may include rural and northern Ontarians, women, gender diverse individuals, seniors, residents in long-term care homes or retirement residences persons with disabilities, low-income individuals/families, individuals with mental health disorders, Indigenous people and other racialized communities.*

These expansions in scope of practice will enable patients across the province to access care for minor ailments in a more timely and convenient way, improve patient outcomes, and address the unique needs of diverse populations. Currently, patients who need help for the treatment of minor ailments not included within the scope of practice of pharmacists must visit their primary care provider, walk-in clinic, or a local hospital, which in many cases, means waiting days for an appointment or hours in a walk-in clinic or emergency department. With more than 4,900 community pharmacy locations across the province, Ontario's pharmacy professionals are the health system's most accessible touchpoint for patients. Over 91% of Ontarians live within a 5-km driving distance from a community pharmacy[i] and many community pharmacies are open extended hours and, in some instances open 24 hours, increasing patient accessibility and convenience. The inclusion of additional minor ailments that pharmacists can assess and, if necessary, prescribe treatment for will enable patients to access more minor ailment services when and where they need it. Additionally, since minor ailment assessments can be conducted virtually if appropriate, the addition of more minor ailments within the pharmacist's scope of practice will offer patients more choice on how to access these services.

Some potential challenges/barriers associated with patient access to healthcare services that could be addressed by expanding scope for pharmacy professionals include:

- Access to care for unattached patients – According to the Canadian Community Health Survey, 2019, 9.4% of Ontarians aged 12 and older do not have a regular healthcare provider.[ii] In Ontario, it is forecasted that 1 in 4 Ontarians (4.4 million people) will not have a family doctor by 2026.[iii] Pharmacists can help to fill this gap by assessing and treating more minor ailments which may also increase capacity for other primary care providers to deal with more complex patient cases.
- Timely access to care – Of those who have a regular healthcare provider, only 42.8% reported being able to receive a same day/next day appointment from their regular healthcare provider's office when they required immediate care for a minor health problem.[ii] An Ipsos survey revealed that 37% of Canadians did not visit the doctor's office when they were sick because they were unable to get a timely appointment.[iv] With over 94% of pharmacies in Ontario participating in the minor ailments program (as of December 2023), patients will have more options to receive timely care.

- Convenient access to care – According to an Ipsos survey, 17% of Canadians have passed on a doctor's appointment because there were no availabilities outside of working hours.[iv] Many pharmacies are open extended hours and also on weekends and holidays so that patients can receive care at a time that is convenient for them.
- Access to care for rural Ontarians – According to a report by the Rural Ontario Municipal Association, an estimated 525,000 rural residents do not have a primary care provider, 65% of rural Ontario municipalities do not have access to walk-in clinics and in 2023, there were over 600 emergency department temporary closures in rural Ontario.[v] Travel burden (e.g., time and money) are also much higher in rural Ontario.[v] Enabling pharmacists to have a greater scope of practice may provide these communities with more options to access healthcare services.
- Access to care for individuals with transportation issues or physical disabilities – The Ipsos survey revealed that 10% of Canadians have difficulties getting to doctor's appointments due to barriers like transportation issues or physical disabilities.[iv] Some groups may be particularly affected, e.g., it may be difficult for low-income individuals to afford transportation to health-related services.[vi] The availability of a greater number of access points through pharmacies and/or the option to receive care virtually may help to address these limitations, reducing the financial burden of accessing healthcare services and improving patient health outcomes.
- Culturally competent and relevant care – working with their local communities, pharmacy professionals can delivery services that are culturally sensitive, tailored to the unique health needs of specific communities like Indigenous and other racialized communities, and often in the languages spoken by those communities to improve health disparities experienced by these communities.

2. *What barriers exist that limit patients in these specific populations from accessing care in community pharmacies?*

A potential barrier that may limit access to care in community pharmacies is a lack of patient knowledge of the range of services that exist and how they can access these services. For example, a patient who is a newcomer to the province may not be aware of all the services they can receive at a community pharmacy through their local pharmacist, and even for those who may be aware, they may not be familiar with the details of the program (e.g., that they can access the service through virtual means). Low health literacy may also contribute to the lack of understanding on when and how to seek pharmacy services. A public campaign aimed at educating Ontarians belonging to targeted populations about minor ailment services through pharmacies, how to access them, what to expect from the encounter, etc. may help to address this potential barrier.

Similarly, increased engagement and/or education directed towards other healthcare providers to increase awareness and address any misapprehensions about the new scope/services will help to support implementation as providers can refer patients to access services when appropriate.

For example, staff at emergency departments and urgent care centres can consider the option to refer minor ailment cases to community pharmacies for assessments, thereby increasing their capacity to manage more severe cases, potentially minimizing costs to the health system, and ensuring that patients receive quality and timely care. A better understanding of the full scope of pharmacy professionals may also encourage more discussions on how different healthcare professionals can work together to increase interprofessional collaboration and improve integrated care opportunities. As the province looks to building integrated care pathways, it is critical that the pharmacy profession is included in those discussions to ensure a seamless care pathway for patients and effective use of healthcare resources.

Additionally, current regulations limiting what pharmacists can do may restrict patients' access to certain services, such as prescribing certain medications. The use of lists in regulations to define scope, e.g., lists of minor ailments and drugs that can be prescribed and lists of vaccines and substances that can be administered, not only poses significant challenges as outlined below, but also limits the type of services and/or care that pharmacists can provide to patients. For example, a pharmacist may identify a patient living with asthma who requires a new prescription therapy to adequately control their condition but their family doctor has retired and they have been unable to find a new one. Although the pharmacist has the knowledge and training to identify the most appropriate step-up therapy for the patient, since pharmacists cannot initiate therapy for chronic diseases in Ontario, they cannot prescribe additional therapy to help with management. This could result in the patient experiencing an exacerbation requiring hospitalization if they are unable to access care elsewhere. In contrast, in Alberta, pharmacists with additional prescribing authorization (APA) have the authority to independently prescribe for any Schedule 1 drug, thereby enabling them to better care for their patients.[vii] By expanding the scope of pharmacists in Ontario and removing unnecessary red tape, access to care may be improved for these specific populations and more broadly.

3. *What impact(s) might these proposed scope of practice changes have on the patient/client experience when accessing care in a pharmacy setting?*

Implementation of the proposed scope of practice changes will help to streamline the patient journey by enabling a one-stop shop for the management of minor ailments. Ontario's pharmacy professionals are the health system's most accessible touchpoint for patients and evidence suggests that patients see their pharmacist 1.5 to 10 times more often than they see their primary care physician.[viii] As such, pharmacies are likely acting as a patient's first point-of-entry into the health system for the assessment and treatment of minor ailments. By expanding the list of minor ailment conditions that are within the pharmacist's scope of practice and allowing them to order certain laboratory tests and/or perform more point-of-care tests (POCTs) to support the minor ailments program, there will be more opportunities for pharmacists to assess and treat patients at the pharmacy rather than having to refer them to another healthcare provider. This not only leads to better use of limited healthcare resources but also improves the patient experience. Improving the patient experience with care is important as it has been associated with positive clinical

processes and outcomes, such as adherence to medical advice and treatment plans, and better patient health outcomes.[ix]

4. Are there any anticipated risks to safety and public protection? If yes, describe the risk(s) and what might help to lessen the risk.

   There are no anticipated risks to safety and public protection. A study from Saskatchewan found that 80.8% of minor ailment conditions treated by the pharmacist either significantly or completely improved with only 4% of cases experiencing bothersome side effects.[x] Furthermore, this expansion of scope of practice builds on the pharmacist's current knowledge, skills, and judgement to recommend over-the-counter (OTC) medications for minor ailments. As part of the current curriculum at the pharmacy schools in Ontario, pharmacy students are trained to properly assess patients for minor ailments, including all fourteen of the minor ailments being proposed as part of these regulatory amendments, and to advise patients on the most appropriate course of treatment (i.e., non-pharmacological treatments, non-prescription medications, and prescription medications). This education also includes the identification of red flags and when referral of a patient to another healthcare provider would be appropriate to protect patient safety. In addition, pharmacists are expected to maintain their professional knowledge and skills and to practice within their own personal level of competence.

   To ensure that the safeguards described above continue to be effective at protecting patient safety, OPA recommends building greater awareness of the minor ailments program through community pharmacies and the purpose for these safeguards. For example, ensuring the public is aware that not every minor ailment assessment may result in the issuance of a prescription as that may not be the most appropriate therapy for them will help to set patient expectations. Furthermore, it is important to note that as part of this service, pharmacists may need to refer patients to another healthcare provider after conducting an assessment, for reasons including but not limited to safety and the potential for a more serious condition requiring different medical attention.

5. *What are the potential positive or negative effects these scope expansions may have on the following:*

   Pharmacy professionals

   - Including more minor ailment conditions that pharmacists can assess and, if necessary, prescribe treatment for will enable pharmacists to provide more comprehensive care for their patients.
   - Allowing pharmacists to order certain laboratory tests and to perform more POCTs to support the minor ailments program will support pharmacists performing these assessments to help with their clinical decision making.
   - Allowing pharmacists to communicate a diagnosis for minor ailments will help to promote role clarity and support communication with patients and other healthcare providers.

- Enabling pharmacists to order laboratory and POCTs in hospital settings will enable pharmacists in these settings to better care for their patients.

Other regulated health professions

- Expanding pharmacists' scope of practice could help to alleviate certain pressures from primary care offices, walk-in clinics and hospital emergency rooms. A survey of patients who had used the pharmacists prescribing for minor ailments (PPMA) program in Saskatchewan found that 35% of those patients would have sought care from their general practitioner and 3% would have visited the emergency department if the pharmacist program was not available.[x]
- This may also further mitigate unnecessary waits and bottlenecks from the system, allowing patients to recover faster both from minor ailments and other medical conditions due to better utilization of healthcare resources.

Integrated care

- Expanded scope of practice for pharmacists will enable pharmacies to be an alternative pathway to care to support existing models of care in the province.
- The expanded scope will enable more opportunities for the pharmacist to be the first point-of-entry into the health system for the assessment and treatment of minor ailments for patients. For cases that require further assessment and/or investigation that is beyond the scope of the pharmacist, the patient will be referred to another healthcare provider, e.g., the primary care provider, for further consultation.
- Currently, pharmacists are required to notify the primary care provider, if there is one, within a reasonable time after prescribing for minor ailments to ensure continuity of care. (However, as this may result in administrative burden for both pharmacists and primary care providers, OPA recommends amending this requirement so that notification is only required in cases where it would be clinically relevant as determined based on the professional judgement of the pharmacist.)
- For unattached patients, pharmacies can be an additional access point for minor ailment assessments to help reduce these types of visits at walk-in clinics and emergency departments. This will help to reduce pressures and increase capacity at these care locations.
- The assessment for minor ailments is also submitted through the Health Network System (HNS) for claim submission and that record is available for viewing as part of Ontario's clinical viewers so that other healthcare providers in other practices can see that a patient has received a minor ailment assessment from the pharmacist.
- Lab tests ordered by the pharmacist along with the results will also be available for viewing as part of Ontario's clinical viewers to support the care provided by other healthcare providers in other practices and to prevent duplication of services.
- As the scope of practice for pharmacists would apply to all pharmacists regardless of practice setting, if regulatory and funding barriers were addressed, pharmacists in all practice settings can provide the expanded scope services to support patient needs throughout the health system.

Health care service delivery partners

- Allowing pharmacists to order certain laboratory tests and to perform more point-of-care tests (POCTs) to support the minor ailments program is not anticipated to result in additional workload for laboratories.
    - The decision to order laboratory tests and/or conduct POCTs to support the assessment of minor ailments is based on clinical practice guidelines and thus would be ordered/performed regardless of provider, e.g., if a patient were to consult a primary care physician as opposed to a pharmacist, the same test result would be required to support the healthcare professional's decision-making.
    - Furthermore, the lab order and results would be available to all other healthcare professionals via Ontario's clinical viewers to prevent duplication of services, e.g., if the patient needed further follow-up by another healthcare provider, that provider can access the previous lab results to support their decision-making as opposed to re-ordering the same tests.

Ontario businesses

- The estimated direct cost of absenteeism to the Canadian economy was $16.6 billion in 2012.[xi]
- Expanded scope for pharmacists will translate to improved access to care for patients which may increase employer workplace productivity and decrease absenteeism.
    - Access to earlier intervention can minimize time away from work due to illness and also reduce the risk of developing associated complications which can result in more time off work.
    - Faster and convenient access through a pharmacy may reduce the need for employees to take time off work to see their primary care provider during typical "9 to 5" medical office hours.
- It may also help to decrease presenteeism, i.e., when employees attend work but are not functioning at full capacity due to illness which can affect both quantity and quality of output and has been shown to be potentially more costly than absenteeism by many studies.[xii]

6. *Are there strategies currently being used to reduce administrative burden between pharmacists and other primary care providers? If not, what strategies can be used?*

Currently, pharmacists are required to notify the patient's primary care provider within a reasonable time after initiating a prescription for a minor ailment. This creates additional administrative burden between pharmacists and other primary care providers as it typically involves the pharmacy faxing all the relevant information to the primary care provider to review and update their patient files to ensure continuity of care. Administrative burden continues to be a challenge for family physicians who spend an average of 19 hours a week on administrative tasks.[xiii] To reduce administrative burden for both pharmacists and primary care providers, OPA recommends that this requirement be removed from the regulations. Instead, pharmacists should be enabled to use their professional judgement to determine when notification of the primary care

provider would be in the best interests of the patient, e.g., when it is clinically significant in the individual circumstances of the patient or necessary to support the patient's care (similar to the requirement to notify the prescriber following adaptation a prescription).[xiv] Of the 27 regulated health professions in Ontario, 9 professions can prescribe drugs.[xv] Amongst these prescribers, pharmacists are only 1 of 2 professions that are required to notify the primary care provider after prescribing while the other 6 professions (excluding medicine) do not have this requirement (Table 1). Although continuity of care is important, the need to notify the primary care provider should be aligned with the practice of other professions.

Table 1: Requirements to Notify the Primary Care Provider After Prescribing by Regulated Health Professions in Ontario[xvi,xvii,xviii,xix,xx,xxi,xxii,xxiii]

Requirement to Notify the Primary Care Provider After Prescribing	**No Requirement to Notify the Primary Care Provider After Prescribing**
Naturopathy	Chiropody/Podiatry
Pharmacy	Dentistry
	Dental Hygiene
	Midwifery
	Optometry
	Nursing

Since the assessment for minor ailments is submitted through the HNS for claim submission, the record is available for viewing as part of Ontario's clinical viewers so that other healthcare providers in other practices can see that a patient has received a minor ailment assessment from the pharmacist for continuity of care. Furthermore, to improve the sharing of information, OPA recommends enhancements be made to Ontario's clinical viewers to enable details of the minor ailment assessment (e.g., prescription issued if applicable) be made available through that platform so that other primary care providers can access as required. It is important to note that in an effort to not create new administrative burden, it is imperative that the Ministry work closely with OPA on the development of these enhancements to determine how pharmacy data can be contributed to the patient's electronic health record.

Furthermore, as lab tests ordered by the pharmacist along with the results should be available to view as part of Ontario's clinical viewers, healthcare providers in other practices will be able to access the data to support the care they provide patients as well, thus preventing duplication of services.

7. *How can the Ministry improve team-based primary care to prevent a fragmented health care system?*

Pharmacists are integral members of a patient's primary care team working alongside other primary health care providers to optimize the health of their patients in a variety of healthcare settings, e.g., community, hospital, and long-term care. The proposed expansions of scope for

pharmacists help to support a team-based approach to primary care by ensuring that all pharmacists working in the province can contribute to patient care utilizing their full knowledge and expertise. Harnessing the true power of the health care team requires that each healthcare provider is appropriately and effectively leveraged to enhance patient care and improve the effectiveness and efficiency of the overall health care system. Mechanisms are already in place to prevent a fragmented system, such as requirements for pharmacists to notify a patient's primary care provider after prescribing treatment for a minor ailment, and the availability of information on Ontario's clinical viewers including but not limited to publicly funded medications dispensed/services rendered by pharmacists and laboratory results. However, to reduce administrative burden, OPA recommends exploring alternative pathways to share information, e.g., enabling sharing of pharmacy service information via a patient's provincial electronic health record such as minor ailment assessment notes, prescriptions issued, completed medication lists (including prescription, non-prescription and natural products), etc. to streamline processes and make it easier for healthcare professionals to collaborate with one another. However, it is important that any decisions on data contributions be reasonable, e.g., can be obtained from information fields already collected by the pharmacy, and must not add additional challenges or increased workload for pharmacy professionals to comply with. OPA has been working collaboratively with Ontario Health (OH) on their Comprehensive Medication Record for Ontarians (CMRO) strategy to identify relevant data that can be contributed from pharmacies. OPA recommends that this collaborative approach be continued to ensure that the wealth of information available from pharmacies is appropriately leveraged to support a more complete electronic health record (EHR) for patients and the ultimate goal of optimizing patient care.

To further improve team-based primary care, OPA recommends further investments in pharmacy to enable pharmacy professionals to better support patients and other healthcare professionals. In addition to the various proposed changes included in this consultation, OPA also recommends the following:

1) **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.**

   In the College's October 30, 2023 letter to the Deputy Premier and Minister of Health, the Hon. Sylvia Jones, the OCP Board had recommended seventeen additional minor ailments to be included within the pharmacist's scope of practice.[xxiv] Notably, three of these recommended conditions were not included in this proposed consultation: birth control, emergency contraception and erectile dysfunction (ED). OPA contends that these exclusions should be included within scope to increase access to care for patients. For example, addressing the contraceptive needs of patients is important as the percentage of unintended pregnancies in Canada was estimated to be about 40% in 2015.[xxv] Authorizing pharmacists to prescribe contraception has been shown to improve patient access in addition to supporting convenient and timely access to care.[xxv] 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.[xxvi] 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.[xxvii] The increase in access to hormonal contraceptives may be especially beneficial in rural areas where pharmacists are often the most accessible healthcare professional.[xxviii] 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.[xxv] 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.[xxviii] 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.[xxv] 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.[xxv] 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.[xlviii] 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.[xxv] 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.[xxix]

Similarly, the inclusion of ED as a condition that can be assessed and managed by pharmacists will increase access for those individuals affected by this condition. In Canada, it is estimated that almost half of all men aged 40 to 88 years of age suffer from ED.[xxx] This condition not only results in physiological challenges (i.e., physical loss of function and the inability to have sexual intercourse) but can also have significant impact on an individual and/or their partner’s psychosocial health, well-being and quality of life.[xxxi] In addition to barriers to treatment such as lack of consideration in patient evaluations, false patient beliefs and embarrassment of both clinicians and patients, other barriers that prevent patients from seeking treatment include time and geographical issues, especially

in rural regions.[xxxii] Enabling patients to access care through their local pharmacy may help to address some of these barriers so that those who require assessment and treatment are able to access these services. It may also have a positive impact on other aspects of care. A study in the United Kingdom where sildenafil citrate 50 mg tablets are available from the pharmacist found that this change was not only associated with a better quality of life for patients but also a greater patient engagement with the health care system (i.e., a higher number of physician/nurse practitioner and pharmacist visits for any reason).[xxxiii] This association is important since it can facilitate early diagnosis and management of not only ED but also underlying conditions such as cardiovascular disease, diabetes and depression which can have a considerable economic impact.[xxxiii] Furthermore, the increase in the number of visits to pharmacies may also suggest an increase in treatment utilization amongst these patients.[xxxiii] Pharmacist consultations were also found to be more economical and less time-consuming for patients in addition to helping to decrease the work burden on physicians.[xxxiii]

Assessment and treatment of other conditions/situations should also be considered as part of this expanded scope initiative. This could include prescribing for conditions where timely access to care is important for treatment or prevention, e.g., contraception, 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. It may also remove the burden of cost for some patients, e.g., for Schedule II vaccines, where, although a prescription is not required to purchase, one might be needed for drug plan coverage. Thus, being able to obtain the prescription from the pharmacist may be more convenient and accessible for a patient.

Additionally, enabling pharmacists to have prescriptive authority to initiate therapy to support chronic disease management can 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 exists for a particular medication from an authorized prescriber. However, there are significant limitations to providing chronic disease management within the current scope in situations where the patient may need to be started on new therapy. For example, 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, if they have one, 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 when required, care is provided using appropriate resources in a timely manner. Furthermore, this expansion in scope could help to increase access to care for Ontarians and improve their overall quality of life, especially for those who are suffering from a chronic disease and lack access to a primary care provider, by enabling them to receive care to help manage their conditions. 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. 256/24 of the *Pharmacy Act, 1991*. A notable 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 result 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.[xxxiv,xxxv,xxxvi,xxxvii,xxxviii] Additionally, the use of lists to define prescribing authority is not consistent amongst the regulated health professions in Ontario who have the authority to prescribe (

Table 2). OPA has been working with the Standing Drug Regulation Committee, which is comprised of various health profession regulators and associations in Ontario to develop recommendations for the Ministry of Health regarding best practices in drug regulations, which includes the recommendation to enable all regulated health professionals to prescribe to scope (i.e., without limitations imposed such as specific lists or categories of drugs) unless there are exceptional circumstances that warrant deviation from this best practice. 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.

Table 2: Limitations on Prescribing Authority Amongst Regulated Health Professionals in Ontario Who Have the Authority to Prescribe[xvi,xvii,xviii,xix,xx,xxi,xxii,xxiii,xxxix]

	Chiropodist/ Podiatrist	Dentist	Dental Hygienist	Midwife	Naturopathic	Nurse	Optometrist	Pharmacist	Physician
Prescriptive Authority Not Limited to a Drug List	☒	☑	☒	☒	☒	☑ #	☒	☒	☑

Only applies to a registered nurse in the extended class (i.e., a nurse practitioner)

2) **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.**

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, for patients with renal insufficiency, if they 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.[xl]

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.[xli] 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.[xli]

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., estimated glomerular filtration rate (eGFR)/creatinine clearance (CrCl), liver function tests (LFTs), 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.

3) Authorize pharmacists to provide therapeutic substitutions to support safe and effective care for patients.

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.[xl] 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 256/24 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. Most hospitals in Ontario have already established a process for enabling a form of therapeutic substitution for their pharmacies to support formulary management. The experiences and knowledge gained there can help to support implementation across the health system to ensure safety and successful uptake.

Implementation of this solution is essential to ensure drug shortages do not pose a significant risk to the health of patients. Currently, if a medication is not available due to a drug shortage, the pharmacist will typically contact the patient's prescriber with a recommendation for an appropriate alternative medication and a request for a new prescription. This could lead to a gap in therapy where the patient does not have access to any medication while they are waiting for a new prescription to be authorized by the prescriber. Pharmacists are medication experts and are well-qualified to assess a patient and determine an appropriate therapeutic substitution to ensure continuity of care.

However, in addition to enabling scope, OPA also recommends investment of public funding to support and maintain the sustainability of this service. While clinical recommendations by pharmacists to the prescriber as a result of potential drug-therapy problems (DTPs) identified by the pharmacist are generally eligible for reimbursement under the Pharmaceutical Opinion Program (POP), when these recommendations are required as a result of a current drug shortage, they are not eligible under the POP. OPA urges the Ontario government to enable scope for therapeutic substitution in addition to ensuring public funding for this service as a solution to address the impact of drug shortages on both our health system and patients more efficiently.

4) **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.**

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 influenza, COVID-19 and RSV vaccines. Building upon the training, skills, and experience from these initiatives, amendments to expand the scope of practice of registered pharmacy technicians to enable them to administer all substances included in Schedule 1 and 2 of O. Reg. 256/24 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. 256/24. Currently, pharmacy professionals can administer a substance specified in Schedule 1 by injection or in Schedule 2 by inhalation to a patient. There are many circumstances that warrant a trained health professional's support when it comes to routine administration of injections and/or inhalations, such as patient fear and lack of confidence despite training by a healthcare professional, challenges with compliance, and in some cases the nature of the medication itself. However, as 9.4% of Ontarians aged 12 and older do not have a regular healthcare provider and 1 in 4 Ontarians (4.4 million people) are forecasted to not have a family doctor by 2026,[ii,iii] access to a healthcare professional who can provide these services may be challenging for some patients. With pharmacies' extended hours of operation and accessible geography, and availability of trained and knowledgeable pharmacy professionals, receiving administration services from the pharmacy can dramatically improve the patient's journey and increase patient's timely access to care. However, 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. 256/24, 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.

Finally, to ensure equitable access for all patients to pharmacy-provided injection and inhalation services, OPA recommends establishing a publicly funded remuneration framework. Currently, these services are uninsured, and thus, some pharmacies may choose to charge a fee as compensation for providing this service. This cost for the service may be a barrier for some patients which may result in additional steps in the patient journey as they must visit a primary care provider after picking up a medication at the pharmacy for the sole purpose of medication administration, or not get the medication administered at all. To ensure all Ontarians have equitable access, it is time for Ontario to catch up to the four other provinces in Canada that offer public funding to remunerate pharmacies for some or all injection services (Table 3).

Table 3: Public Funding for Pharmacy Injection Administration Services Across Canadian Provinces~ [xl]

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Public Funding for Injection Administration	☑	☑	☑	☒	☒	☑	☒	☒	☒	☒

~Scope of public funding coverage may differ between jurisdictions

5) **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.**

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.[xlii,xliii] 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.

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.[xliv] 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.[xliv] 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.[xlv] 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.[xlvi] 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.[xlvi]

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 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. A model that provides separate remuneration for pharmacy services as part of publicly funded programs should be used. For example, pharmacies who are engaged to administer COVID-19 or influenza vaccines to residents of LTC homes 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.

Modernization of Ontario's health care system is required to increase capacity and ensure sustainability for the future. By enabling pharmacy professionals to practice to their full scope based on their knowledge and skills, they can complement the current system by providing an alternative pathway to care for patients within an integrated care model. For example, pharmacists can be the first point of access for patients to primary care when they have minor conditions.

Through an assessment to triage the patient, the pharmacist can determine whether the patient has a minor ailment that can be managed by the pharmacist, or if referral to another healthcare provider is required. This will help to create capacity so that primary care providers (i.e., family physicians and nurse practitioners) and emergency departments/urgent care centres can handle more complex cases. Similarly, additional scope changes to enable pharmacists to better support chronic disease management can enable them to reinforce the care provided by other primary care providers. For example, a system could be established where a family physician could refer their patient to a pharmacist to provide additional follow-up services such as monitoring the patient's condition, adjusting therapy as needed and providing education to the patient on how to better manage their condition. This will help to free up time for the family physician to see other patients while still ensuring the patient receives appropriate and timely follow-up care. Clinically relevant information can then be shared back to the primary care provider as required to support continuity of care. This service could be incorporated into the proposed modernized MedsCheck program as described below and in OPA's MedsCheck Modernization proposal.

8. *What steps need to be considered as part of an implementation plan to safely introduce these scope expansions?*

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. This will help to support 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.

As part of the implementation plan, it will be crucial to recognize that as with any new scope or change to practice, staged uptake is to be expected. Adoption and implementation will be dependent on the practice environment, the patient population served by the pharmacy, and the comfort level of the pharmacy professional to be able to practice to scope. It will be critical that information is communicated in a timely manner and with enough notice to ensure successful implementation. The availability of tools, resources and educational programs for those who may need them will also be helpful. 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.

Additionally, as we continue to grow clinical services, it is also important to recognize that, similar to other health professions including but not limited to physicians and nurses, workplace pressures and burnout are an unfortunate reality. However, it is crucial to ensure that pharmacy professionals are able to continue to maintain full autonomy to make decisions and provide care based on the best interests of their patients. This may require exploring initiatives around staffing requirements, availability of appropriate resources and space, etc. to support successful implementation of these new services, while also giving consideration to the operational feasibility

and potential impact on access to care. It will be critical to consider feedback from both front-line pharmacy professionals as well as pharmacy operators to inform any decision-making that may impact practice, professional autonomy, and ultimately patient care. Furthermore, it will be important for potential initiatives to be supported with appropriate funding by the government to ensure they can be implemented to support the provision of pharmacy services in a safe and effective manner.

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 the 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.

9. *What mechanisms or monitoring processes need to be in place to ensure ongoing quality, safety and successful implementation within the health system, if these scope expansion changes move forward?*

Successful implementation of these scope expansions can be gauged by monitoring uptake of services by the public. All publicly funded pharmacy services are submitted to the HNS for claim reimbursement so data can be gathered from that source to analyze the uptake of services.

Ongoing quality and safety of pharmacy services can be monitored through the College's quality assurance (QA) program. Based on discussions at the Standing Drug Regulation Committee, regulators of the participating registered health professions in Ontario, including OCP, have been tracking complaints and reports related to prescribing issues amongst their registrants and have indicated that to date there have been no concerning trends or issues reported. As such, one can have confidence that expanding pharmacy services will continue to be safe and of high quality based on this QA program which is designed to provide the public with assurance that pharmacy professionals are competent to provide patient care and can also be used to contribute to individual and system-wide continuous quality improvement.[xlvii]

Questions Specific for Scope Expansion Proposals

Minor Ailments

From the newly proposed 14 minor ailments, are there any minor ailments that pose significant risks and should not be on this list?

No. OPA is supportive of inclusion of all 14 proposed minor ailments to the scope of practice of pharmacists to enable them 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. As shown in Table 4, the 14 proposed minor ailments have been included in the pharmacist's scope of practice in other provinces.

Table 4: Minor Ailment Authority Across Canadian Provinces[xlviii,xlix]

Minor Ailment	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Acute pharyngitis (sore throat)	☒	☑	☒	☒	☒	☒	☑	☑	☑	☑
Calluses and corns	☒	☑	☒	☒	☒	☒	☑	☑	☑	☑
Headache (mild)	☑	☑	☑	☒	☒	☒	☑	☑	☑	☑
Shingles	☑	☑	☑	☒	☒	☑	☑	☑	☑	☑
Minor sleep disorders (insomnia, could also include disturbances in circadian rhythm)	☒	☑	☒	☒	☒	☒	☑	☑	☑	☑
Fungal nail infections	☑	☑	☑	☒	☒	☒	☒	☒	☒	☑
Swimmers' ear	☒	☑	☒	☒	☒	☒	☑*	☒	☒	☒
Head lice	☒	☑	☒	☒	☒	☑	☒	☒	☒	☒
Nasal congestion	☒	☑	☒	☑	☒	☒	☑	☑	☑	☑
Dandruff	☑	☑	☒	☑	☒	☒	☑	☑	☑	☑

Ringworm	☑	☑	☑	☒	☒	☑	☑	☑	☑	☑
Jock itch	☑	☑	☑	☒	☒	☑	☑	☑	☑	☑
Warts	☒	☑	☒	☒	☒	☒	☑	☑	☑	☑
Dry eye	☒	☑	☒	☒	☒	☒	☑	☑	☑	☑

*Only pharmacists participating in the Community Pharmacy Primary Care Clinic Project

OPA firmly believes that pharmacists in Ontario are capable of practising to a similar scope as their colleagues in other provincial jurisdictions and the approval of these additional conditions to expand 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 (Table 5).

Table 5: Number of Minor Ailment Conditions Enabled Across Canadian Provinces[xl]

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Number of minor ailment conditions enabled	21	N/A†	27	13	19	35	33	35	35	33

†Pharmacists in Alberta with Advanced Prescribing Authority can prescribe any Schedule I drug

Which minor ailments may benefit from being assessed through laboratory testing and/or point-of-care testing?

Most of the proposed additional minor ailment conditions do not require laboratory testing and/or point-of-care testing, but those that may require them include:

- Acute pharyngitis (sore throat)[l]
- Fungal nail infections[li]
- Ringworm (only when diagnosis is uncertain based on the history and visual inspection)[lii,liii,liv]
- Jock itch (only when diagnosis is uncertain based on the history and visual inspection)[lii,liii,liv]

However, OPA recommends that rather than listing out a fixed list of tests and/or conditions in regulations or policies, pharmacists be enabled to order laboratory tests and conduct POCTs that are relevant and recommended to support the assessment of any minor ailment condition within scope based on clinical practice guidelines. This will help to future proof the regulations and/or policies while also enabling the pharmacist to exercise professional judgement while conducting their minor ailment assessments.

Is it feasible to treat all these proposed ailments in community pharmacies?

Yes, it would be feasible to treat all these proposed ailments in community pharmacies. The proposed ailments are included in the training pharmacy students receive during their studies, so they have the knowledge to assess and treat these conditions. Furthermore, pharmacists are required to practice based on their competency and in situations where they identify any learning opportunities, prior to providing that service, they must ensure they are able to safely and confidently prescribe for the proposed ailments through, for example, completing clinical educational programs to support their practice.

Additionally, as part of the accreditation requirements for a community pharmacy, it must have a separate and distinct patient consultation area offering "acoustical privacy".[lv] In many pharmacies, this is typically a designated counselling room to offer patients privacy and sufficient space for the patient consultation.

Which minor ailments, if any, may require pharmacists to communicate a diagnosis to a patient?

As per the *Regulated Health Professions Act, 1991,* the controlled act of diagnosing refers to "Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis".[lvi] In the October 2023 letter from Shenda Tanchuk, Registrar and CEO of OCP to the Hon. Sylvia Jones, Deputy Premier and Minister of Health, it was noted that some of the assessments that will be undertaken by pharmacists for some of the proposed minor ailments is difficult not to characterize as diagnosing based on the required level of assessment and/or reliance on test results.[lvii] For example, the identification of sore throat would require the results of point-of-care testing using a throat swab to contribute to a diagnosis of the patient's condition.[lvii] Continuing to refer to the undertaking of this activity as an assessment may lead to confusion and ambiguity around the role of pharmacists. Furthermore, it may result in a lack of trust and confidence for patients after a pharmacist consultation because they are not receiving a "true diagnosis".

Prior to initiating/recommending treatment for a minor ailment, a pharmacist must make a differential diagnosis based on their knowledge and clinical reasoning to determine the most likely indication and to rule out other conditions that may require a different treatment or require referral to another healthcare provider. This indication is communicated to the patient to either confirm the patient's self-diagnosis or to inform them of the most likely indication based on the assessment results. As the communication of this information will be used through a shared decision-making process to inform the development of the most appropriate care plan for the patient to manage the condition, this would align with the definition of the controlled act of diagnosing. This act of communicating a diagnosis would be consistent for all minor ailment conditions that are within scope for a pharmacist to assess and, if necessary, prescribe treatment for and as such, OPA

recommends enabling pharmacists to communicate a diagnosis to a patient for all minor ailments within scope.

There are precedents for pharmacists having the authority to diagnose conditions in Canada as noted in the regulations. Currently, the regulations in four Canadian provinces (British Columbia, New Brunswick, Nova Scotia and Prince Edward Island) include diagnosis in the pharmacy regulations (Table 6). It should also be noted that in certain provinces (e.g., New Brunswick, Newfoundland and Labrador), "diagnosis" is not a protected term and the inclusion of diagnosis is not required in regulation for pharmacists to have the ability to diagnose specific minor ailments.

Table 6: Inclusion of Diagnosis in Regulation for Pharmacists Across Canadian Provinces[lviii,lix,lx,lxi,lxii,lxiii,lxiv,lxv,xx ,lxvi,lxvii,lxviii,lxix,lxx,lxxi]

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Authority to Diagnose	☑	☒	☒	☒	☒	☒	☑	☑*	☑	☒

*Only under specific situations (e.g., prescribing for a diagnosis supported by a protocol, pharmacists participating in the Community Pharmacy Primary Care Clinic Project for hypertension and Type 2 diabetes)

Pharmacist Ordering of Laboratory and Point-of-Care Tests

What laboratory tests and point-of-care tests would be best suited to be ordered/performed by pharmacists to support minor ailment prescribing in community-based pharmacies?

As described above, most of the proposed additional minor ailments do not require laboratory testing and/or point-of-care testing. However, for those that do, OPA recommends that rather than listing out a fixed list of tests and/or conditions in regulations or policies, pharmacists be enabled to order any laboratory tests and conduct POCTs that are relevant and recommended to support the assessment of any minor ailment condition within scope based on clinical practice guidelines. OPA further recommends that the scope of the authority to order laboratory tests and to perform additional POCTs be broadened to encompass any test that is required to provide care within the scope of practice of pharmacists including but not limited to minor ailments, prescribing for viral respiratory conditions and chronic disease management to better support these care initiatives. This will help to future proof the regulations and/or policies (e.g., changes to practice guidelines to recommend a new "gold standard" test for a particular condition) while also enabling the pharmacist to exercise professional judgement to decide which tests are required to support patient care.

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, a pharmacist assessing a patient to prescribe oseltamivir (Tamiflu) for influenza treatment may need to access creatinine clearance values for the patient as the dosing of oseltamivir may need to be adjusted in patients with renal

impairment. 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.[lxxii]

Information from test results is also beneficial to helping with monitoring of drug therapy (e.g., anticonvulsants, immunosuppressants, etc.) and management of chronic conditions (e.g., complete blood count (CBC), electrolytes, liver function tests, thyroid function tests, etc.). 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.[lxxiii] 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.[xli]

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., 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.[lxxiv] 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.[lxxiv] 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.[lxxv]

How would the results of these tests be documented and communicated?

Since the Ontario Laboratories Information System (OLIS) includes all lab test orders and results from hospitals, community labs and public health labs, if pharmacists were permitted to order lab tests, those orders and results would be available through OLIS for access by other authorized healthcare providers. This will help to support care decisions and prevent duplicative use of healthcare resources.

To support documentation and communication of POCTs and results, OPA recommends that a publicly funded remuneration framework be established to not only ensure fair and reasonable remuneration is provided to pharmacy professionals providing the service to patients commensurate with the time, expertise and supplies needed, but also as a way to share information. Since all publicly funded pharmacy services require claim submission through the HNS for payment, any POCTs provided by pharmacists would then be documented in the patient's electronic health record and viewable by all healthcare professionals with access to one of Ontario's clinical viewers. Furthermore, to ensure easy access to POCT results by other healthcare providers, writing privileges can be provided to pharmacists to OLIS similar to how pharmacies who perform in-store point-of-care PCR testing for COVID-19 utilize MORE to report results.

Pharmacists Communicating a Diagnosis for the Purpose of the Minor Ailment Prescribing Program

What additional education/training will be required for this scope expansion?

This scope of practice change builds on the pharmacist's current knowledge, skills, and judgement to recommend over-the-counter (OTC) medications for minor ailments. As part of the curriculum at the pharmacy schools in Ontario, pharmacy students are trained to properly assess patients for minor ailments, including all 14 of the minor ailments being proposed as part of these regulatory amendments, and to advise patients on the most appropriate course of treatment (i.e., non-pharmacological treatments, non-prescription medications, and prescription medications). This education also includes making a differential diagnosis in addition to the identification of red flags and when referral of a patient to another healthcare provider would be appropriate to ensure the protection of patient safety. In addition, pharmacists are expected to maintain their

professional knowledge and skills and to practice within their own personal level of competence. As such, OPA does not recommend additional education/training be made as a mandatory requirement for this scope expansion, however, if a pharmacist determines based on their professional judgement that they have learning opportunities, they can choose to complete additional education/training prior to providing the service to ensure they are comfortable, capable and confident in their ability to provide a minor ailment service that is safe and effective for patients.

Will a special designation be required for certain ailments with conditions/restrictions and the controlled act to communicate a diagnosis?

With the education that pharmacists receive and the safeguards in place with respect to pharmacists only practicing based on their own personal level of competence as described above, OPA does not recommend a special designation be required in order for pharmacists to assess and treat certain ailments with conditions/restrictions, i.e., the scope would be applicable to all Part A pharmacists, EA pharmacists and pharmacy interns and pharmacy students practicing under the supervision of a pharmacist who has that scope. This will help to prevent the creation of unnecessary red tape and supports the availability of safe and accessible pharmacy services for patients.

Additionally, as discussed above, OPA recommends that the controlled act to communicate a diagnosis be included within the scope of practice for all pharmacy professionals for all the conditions that are within their scope to assess and treat, therefore, a special designation would not be required.

Are there any positive or negative implications associated with this scope expansion?

As described previously, enabling pharmacists to communicate a diagnosis will help to support pharmacist-patient consultations as it will help to avoid confusion and ambiguity in addition to building patient trust and confidence in the minor ailment assessment they receive from a pharmacist. It also enables patients to access pharmacy services for minor ailments in situations where they may not have the medical background to be able to self-diagnose but based on their description of signs and symptoms and following the pharmacist's assessment and clinical reasoning, the patient has a minor ailment that can be managed by the pharmacist.

Expanding pharmacists' scope to diagnose and manage minor ailments significantly increases Ontario's health care system capacity by allowing pharmacists to handle more routine conditions. This enables the system to manage a larger volume of patients by optimizing the use of the available health human resources, while also reducing the pressures on primary care providers and emergency services.

Hospital Barriers

Beyond current legislative limitations, what are the barriers in hospital settings which limit pharmacists from ordering lab and point-of-care tests?

The main barrier to pharmacists being able to practice to full scope in hospital settings, including ordering lab and POCTs if enabled, is the *Public Hospitals Act, 1990* which dictates which healthcare providers can order a treatment or diagnostic procedure for a patient. This antiquated piece of legislation requires modernization to reflect the changes in scopes of practice of all healthcare professionals and different models of practice to ensure that patient centred care can be provided. As the needs and operations of each hospital are different, the barriers may also vary, however, by removing this red tape, hospitals will have greater flexibility to identify their specific needs and establish policies and procedures that will allow them to best utilize their resources.

As we continue to evolve our health care system so that it is centred around the patient and not the provider, it is essential that patients in all healthcare settings can access all services that can provided by pharmacists, i.e., not limited to just ordering lab tests and conducting POCTs. Across Ontario, pharmacists are continually demonstrating that they do more than just dispense medications. Pharmacists are stepping up to support and deliver care to patients in their homes, in the community, in long-term care and in hospitals to provide the care they need to lead healthy and full lives. To continue to support better care for all patients, pharmacists should be enabled to work to their full potential across the entire healthcare system. However, this is currently limited by antiquated policies, guidelines, and legislation (e.g., the *Public Hospitals Act, 1990* and *Fixing Long-Term Care Act, 2021*) resulting in administrative barriers that prevent pharmacists from practicing to their full scope in these settings. Furthermore, it may create additional administrative burden for institutions to find workarounds to the current barriers, such as establishing medical directives, which may require multiple reviews and annual updates, to enable pharmacists to practice to full scope in those settings. As such, OPA strongly recommends that additional work be undertaken to modernize and align scope of practice across all practice settings so that pharmacists working in other settings (e.g., hospitals, primary care and long-term care homes) may practise to the same full scope as their community-based colleagues.

Other

Is there any other information about these scope of practice expansions that is not captured by these questions?

Expansion of the minor ailments program can have many benefits for not only patients and our health care system but can also result in cost savings which can contribute to the overall economic sustainability of the health system. During 2023, the first year of the minor ailments program, the top two conditions treated were urinary tract infections (UTIs) (238,324 assessments) and

conjunctivitis (164,819 assessments), which made up over 36% and 25% of all assessments conducted, respectively.

Using a value of $23.00 remuneration per pharmacist-initiated UTI management, a cost-utility analysis from the perspective of the public health system of Canada, which considered direct costs from pharmacist visits, family or emergency physician visits and antibiotic treatment, found that it was much more cost-effective for the management of UTIs to be conducted by a community pharmacist (mean cost $72.47) compared to a family physician or emergency physician (mean costs $141.53 and $368.16, respectively).[lxxvi] Extrapolating this data and using a cost savings of $69.06 and $295.69 for UTI assessments conducted by a pharmacist as compared to a family physician or emergency physician, respectively, within the first year of the program in Ontario, it is estimated to have generated savings between approximately $16.5M to $70.5M. Similarly, from the societal perspective, which took into consideration additional patient costs such as transportation and time off work to see their health professional, the mean costs for the management of UTIs to be conducted by either a community pharmacist, family physician, or emergency physician were $78.70, $239.43, and $609.78, respectively.[lxxvi] Using these respective cost savings and applying to Ontario assessment numbers, it is estimated to have generated savings between $38.3M and $126.6M in the first year alone for minor ailment assessments of UTIs by community pharmacists. Although this study calculated cost savings on a national level, it can be extrapolated that Ontario, being the most populated of all Canadian provinces/territories, would realize lower but still significant net savings for the health care system.

Similarly, a cost-minimization analysis by Kim et. al. examining the potential economic impact of pharmacists prescribing for three minor ailments (upper respiratory tract infections, contact dermatitis and conjunctivitis) in Ontario as part of a publicly funded program found that there could be significant cost savings for the public health care system as well as decreases in the number of physician and ED visits.[lxxvii] This study found that from the public payer perspective, under the assumption of a 38% service uptake rate with pharmacist remuneration of $18.00 per assessment regardless of whether a prescription was issued, there were cost savings of $5.15 per patient for conjunctivitis compared to an assessment by a physician in the usual model of care.[lxxvii] Using this cost saving as an estimate, the first year of the minor ailments program in Ontario is estimated to have generated savings of approximately $0.8M from conjunctivitis assessments conducted by pharmacists compared to physicians.

Although these cost savings are only estimates, they show the potential significant impact that minor ailments can have financially on the health system and expanding scope to include additional conditions will help to magnify the effect. Furthermore, research from Saskatchewan has shown that 96.8% of patients do not seek a doctor after consulting with the pharmacist first.[x] This implies that the potential additional costs to the system as a result of duplication of services (i.e., a patient seeking an assessment from both a pharmacist and a doctor for the same minor ailment assessment) is low.

However, as the Ministry considers expanding the scope of practice of pharmacy professionals, considerations must also be given to ensuring there are appropriate remuneration frameworks to

support implementation and uptake from both pharmacy professionals and patients. Although scope expansions can have many positive impacts such as improved patient access to care, better use of healthcare resources, etc., if not properly implemented and sustained, it will result in a two-tiered access to services. An example of this was seen with the implementation of prescription adaptation and renewal services through pharmacies which is not funded through any publicly funded program. As such, pharmacists may choose to charge a fee for providing a prescription renewal and those patients who cannot afford to pay the uninsured pharmacy service fee 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.[xl] 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, and a renewal required 5 minutes and 19 seconds of additional time compared to regular prescriptions.[lxxviii] Establishing fair and reasonable remuneration for these pharmacy services through a publicly funded framework will ensure that all patients have equitable access. It can also lead to better use of health care resources. For example, patients will be able to equitably access prescription renewals through their pharmacy as opposed to their PCP, thereby increasing health system capacity by enabling PCPs to have more time to focus on patients with more complicated concerns.

In addition to expanding scope, consideration must also be given to how care can be delivered. Currently, minor ailment services can be delivered either in-person or virtually. OPA recommends that the ability to provide virtual care services be maintained for all minor ailment services (when appropriate) and extended to any other publicly funded pharmacy services as applicable to complement in-person 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. 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.[lxxix] By modifying the publicly funded framework to incorporate the provision of virtual care services, patients will be able to connect to the care they need, when and where they need it, closer to home.

Furthermore, although OPA fully supports the proposed expansions to scope of practice, ensuring the financial sustainability of core pharmacy services through government investment is critical to maintaining and protecting the services provided by pharmacy professionals, and supporting the platform by which pharmacies can continue to innovate and offer additional services. As such, OPA recommends the following:

1) **Increase the dispensing fee and compounding fee paid for eligible prescriptions under the ODB program to align with both cost-of-living increases in Ontario and greater operational investments required to meet practice standards.**

   As highlighted in OPA's 2023 Pre-Budget Submission, to ensure the continued feasibility of dispensing and compounding services, the associated fees paid for eligible prescriptions under the ODB program must be increased, at a minimum, to reflect cost-of-living increases with a commitment to routinely review and update.

   Based on inflation alone, the dispensing fees paid in 2023 should be 28.72% higher than the current amounts, which were set in 2014, to reflect the average annual rate of inflation over the last 10 years of 2.56%.[lxxx] Similarly, the compounding fee that has been in place since at least 2003 should be 57.24% higher in 2024 based on an average annual rate of inflation over the last 21 years of 2.18%.[lxxx] The cost to operate a pharmacy has increased significantly since the implementation of both these fees, yet additional operating costs cannot be passed to patients because the fees are determined by the Executive Officer. Consequently, pharmacies must continue to absorb these costs, which is neither realistic nor feasible for most pharmacies.

   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.[lxxxi] Outside of the ODB program, pharmacy operators are able to set their own dispensing fee (the Usual and Customary Fee), which on average, was $11.17 in Ontario in 2022.[lxxxii] The current dispensing fee of $8.83 payable to most pharmacies for filling prescriptions for ODB-eligible patients is significantly lower than the average and it is one of the lowest amongst all publicly funded programs in Canadian jurisdictions.[lxxxiii]

   Ensuring the sustainability of dispensing services is critical to protecting 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.[lxxxiv] A systematic review demonstrated that drug dispensing can have a positive influence on patients' health outcomes as 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.[lxxxv] To support this critical function to improve patient health outcomes, it is imperative that the government ensures fair and appropriate dispensing fee payments.

Similarly, with respect to compounding, the current fee of $0.50 per minute is considerably less than the current pharmacy remuneration through private third-party plans, which are typically around $1.50 per minute. Moreover, the operational requirements for providing compounding services through pharmacies have increased significantly in recent years to be in compliance with compounding standards including 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). 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.

Compounding is an important activity to help meet the needs of patients, 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. It allows medications to be customized for patients who may need specific strengths, dosage forms, flavours, or preparations that do not contain certain ingredients due to allergies or other sensitivities.[lxxxvi]

Ensuring the sustainability of pharmacy dispensing and compounding services will result in continued access to care for Ontarians to better manage their health and wellbeing and prevent serious complications that could lead to increased use of health care resources. 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.[lxxxvii] Continuing to ensure fees remain reflective of the costs required to support dispensing services across the province will help ensure pharmacy professionals can remain an integral part of their communities and provide equitable access to healthcare services for all Ontarians.

2) **Increase capitation fees for current services delivered by LTC pharmacy service providers to $1,800 per licensed bed annually, subject to future cost-of-living increases, eliminate the planned schedule for fee reductions and leverage the expertise of pharmacists through new funded services and inclusion of services provided by LTC pharmacies within publicly funded remuneration frameworks**.

Pharmacy professionals play an important role in LTC to ensure that the health and safety of vulnerable seniors are protected and that medication management systems are safe and efficient. 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 past three fiscal years, this remuneration amount is not sufficient to sustain LTC pharmacy services and planned reductions for the FY2024/25 to $1,400 and eventual reductions reaching $1,200 in FY2026/27 will have significant repercussions on the LTC sector which has already undergone significant pressures over the last several years.

The capitation model for LTC pharmacy reimbursement directly contradicts the recommendations made by Justice Gillese as part of the Long-Term Care Homes Public Inquiry who called for substantial new funding for pharmacy services and an expanded role for pharmacists in LTC homes to keep our seniors safe.[lxxxviii] A decrease to LTC pharmacy funding translates to a reduction to the services that can be provided by pharmacy teams in LTC homes. This in turn places additional pressure on already overburdened nurses and staff in LTC homes who will be required to fill in those gaps at the expense of time that could be spent providing direct care to LTC residents. 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.

In addition to investing in sustaining LTC pharmacy services, OPA urges the government to further invest in LTC by 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 can be provided by pharmacists should also be funded as part of a separate framework from capitation to enable successful delivery including nirmatrelvir/ritonavir (Paxlovid) and/or oseltamivir (Tamiflu) prescribing, minor ailment assessments, and administration of substances by injection/inhalation including vaccines. These services require significant time and effort and should be supported by appropriate remuneration as they cannot be sustained through the current capitation fee much less a reduced capitation fee.

Pharmacy professionals play an important role as part of the resident's care team in LTC 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.[lxxxix] This can lead to increased patient safety and improved quality of life.

Furthermore, about three-quarters of LTC residents are at increased risk of DTPs as they often have multiple chronic diseases which increase their likelihood for polypharmacy and being on complex therapy regimens.[xc] 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.[xc]

Transformation of the LTC sector is essential to ensuring the health and wellbeing of staff and residents. 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 is critical to reducing 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. 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.[xci,xcii]

Enabling pharmacy professionals 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.[lxxxviii] 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.[lxxxviii] 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.[xciii] 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).

Vaccines in Community Pharmacies

Pharmacy Technicians

Is there specific training, education, and/or certifications that pharmacy technicians should complete in order to administer the additional vaccines?

Pharmacy technicians are currently authorized to administer influenza, COVID-19 and RSV vaccines. To administer injections, pharmacy technicians must successfully complete an OCP-approved injection training course that provides them with the training to administer injections and register their training with the College. As the technical knowledge and skills required to administer the other vaccines within the scope of Part A pharmacists, pharmacy students and interns (i.e., those listed in Schedule 3 of O. Reg. 256/24) are not different than those required to administer the vaccines already within the scope of pharmacy technicians, additional training should not be required. With over 6,000 registered pharmacy technicians in Ontario who can provide patient care, significant workforce capacity could be added to the health system to support administration of vaccines if the scope of pharmacy technicians was expanded. Working under the supervision of a regulated healthcare professional who has the scope to clinically assess the patient to ensure vaccine administration is appropriate, pharmacy technicians can undertake the technical task of vaccine administration to increase capacity and alleviate some of the pressures on pharmacies, local public health units and primary care providers.

The consultation posting states that to enable the proposed change of providing pharmacy technicians the authority to administer additional vaccines listed in Schedule 3 of O. Reg. 256/24, the College would need to amend the regulations under the *Pharmacy Act, 1991* which would then require approval by the College's Council prior to bringing it forward for the Minister's review and the Lieutenant Governor in Council's approval. This process has already been initiated, as this proposed change was part of the College's consultation on Expanded Scope Regulatory Amendments in August 2023, and later as part of the Ministry's consultation on Proposed Regulatory Amendments to O. Reg. 202/94 (General) made under the *Pharmacy Act, 1991* in September 2023.

Publicly Funded Adult Vaccine Bundle

What steps and elements should be considered as part of an implementation plan to introduce the expansion of publicly funded adult vaccine administration by pharmacy professionals (e.g., public awareness)?

As previously indicated in our submission to Public Health's consultation on expansion of publicly funded vaccines to the pharmacy channel, OPA is supportive of expanding all publicly funded

vaccine administration to the pharmacy channel as it will have significant positive impact on patient accessibility to vaccines, maintaining and improving overall population health, and supporting the sustainability of our health care system. However, to support successful implementation and sustainability of the expansion, OPA recommends the following areas be considered. These include but are not limited to regulatory changes to expand the scope of practice of pharmacy professionals, ensuring the availability of resources and tools to support the adoption of new scopes of practice and programs, and leveraging existing processes such as the use of pharmacy distributors for vaccine distribution to minimize operational barriers.

Scope Expansion to Administer All 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 since 2021 and RSV vaccines since 2023.
- These years of experience have demonstrated that pharmacy professionals 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.
- No impact on patient safety is expected by expanding routine immunization administration to pharmacies. 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%).[xciv] 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).[xciv]
- It is important to note that of the 6 proposed publicly funded vaccines for adults to be made available at community pharmacies, pharmacists have the authority to administer half of them which means that amendments would be required to add tetanus, diphtheria and pertussis to Schedule 3 of O. Reg. 256/24.
- However, OPA recommends that changes be made to eliminate the current practice of listing out each vaccine separately within the regulations as this is a cumbersome process and regulatory amendments would be required each time a new vaccine is to be added to scope. Rather than amending the regulations each time a new vaccine is approved, amendments to 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.
- Patient safety and health would not be compromised by enabling the administration of all vaccines once approved by Health Canada as Health Canada's comprehensive regulatory

process for approving vaccines for use in Canada, in addition to their ongoing monitoring post vaccine approval and marketing, ensures the safety and efficacy of vaccines and acts as an appropriate safeguard in combination with pharmacists determining whether vaccine administration is appropriate in accordance with immunization guidelines and public health recommendations.

- 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.[xcv,xcvi]

Scope Expansion to Enable Pharmacy Technicians to Administer All Vaccines

- Pharmacy technicians are currently authorized to administer only influenza, COVID-19 and RSV vaccines. However, the technical knowledge and skills required to administer these vaccines are not different than those required to administer other vaccines.
- With over 6,000 registered pharmacy technicians in Ontario who can provide patient care, significant workforce capacity could be added to the health system to support administration of vaccines if the scope of pharmacy technicians were expanded.
- Working under the supervision of a regulated healthcare professional who has the scope to clinically assess the patient to ensure vaccine administration is appropriate, pharmacy technicians can undertake the technical task of vaccine administration to increase capacity and alleviate some of the pressures on pharmacies, local public health units and primary care providers.

Support for Pharmacy Professionals

- Although OPA is supportive of changes that aim to further evolve the pharmacy profession and patient care while also promoting sustainability of our health care system, OPA is cognizant that similar to other healthcare professions, e.g., physicians and nurses, pharmacy professionals are also challenged with workplace pressures and burnout.
- Administration of any vaccine should always be up to the professional judgement of the pharmacy professional to ensure that they can do so in a safe and effective manner.
- Most pharmacy professionals aspire for professional growth and development, however, due to factors beyond their control they may be unable to practice to their full potential or feel pressured to undertake certain tasks without adequate support. As such, when considering scope expansions, it is equally important to focus on addressing some of these challenges by improving the pharmacy provider's experience to ensure sustainability of the profession.
- To support pharmacy professionals, in parallel to scope and policy/program expansions, OPA recommends that tools, resources and educational programs be made available to those who may need them. For example, clear and concise guidance on eligibility criteria for vaccines in addition to what to do if the patient is unsure if they received a previous dose or if they can't find/access their records would be beneficial.
- 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.

- OPA is committed to working with the Ministry, College and any other stakeholders as required to devise an implementation plan to support any new scope, policy and/or program changes if approved to ensure successful incorporation into practice.

Vaccine Distribution

- The Ministry should consider leveraging the already existing pharmacy distributors for distribution of all publicly funded vaccines to pharmacies.
- The pharmacy distribution channel provides an efficient and cost-effective system for vaccine distribution that is already fully integrated with pharmacy workflows and requires little investment in transportation and storage capacity.
- Leveraging pharmacy distributors will ensure proper cold chain management and enable on demand pharmacy ordering of vaccines to prevent vaccine wastage while also not creating additional work for other distribution channels (e.g., the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) or local public health units).
- The use of pharmacy distributors to support vaccine distribution to pharmacies has already been in place since 2016 for publicly funded influenza vaccines and has also been used successfully for the distribution of COVID-19 vaccines.

Enable Care in All Practice Settings

- OPA recommends enabling pharmacy professionals to administer publicly funded vaccines to all individuals regardless of practice setting, e.g., allowing pharmacy professionals servicing long-term care (LTC) homes to support vaccine administration to residents to help ease LTC staff workload and resourcing constraints.

Additional Supportive Actions

- OPA believes that the following commitments from the government would support more successful program implementation and uptake in pharmacies:
    - Establishing a fair and reasonable remuneration framework that is commensurate with the time and expertise required to provide vaccination services to help support capacity in the pharmacy sector and enable pharmacy professionals to continue offering services in a safe and effective manner. This may include establishing a premium on top of the remuneration fee for vaccine administration to cover additional costs that may be associated with vaccine storage and handling, travel, planning, etc. associated with ensuring patients who cannot visit the pharmacy can still receive their vaccinations (e.g., homebound patients, long-term care home residents, retirement home residents).
    - Providing clear and consistent communications/messaging campaigns to inform Ontarians about the changes and to help Ontarians manage expectations around vaccinations.
    - Allocating sufficient doses to the pharmacy channel to ensure predictable supply that will support appointment-based models (if utilized by the pharmacy) and continuity of multi-dose schedules.
    - Providing adequate timelines prior to program implementation to allow for preparation by the pharmacy sector.

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- Working with vaccine manufacturers to explore the opportunity for providing single-dose formats of vaccines for ordering by pharmacies (instead of only the more standard multi-dose packaging), at the same per-dose price. This will help to reduce/manage vaccine wastage, particularly in rural and northern pharmacies.

What mechanisms or monitoring processes should be in place to ensure ongoing quality, safety and accountability following implementation (e.g., cold chain) of publicly funded adult vaccines in pharmacies?

A total of 3,903 community pharmacies participated in the 2023/24 Universal Influenza Immunization Program (UIIP). As a condition to participate in the program, pharmacies must undergo an annual application process which includes reviewing and agreeing to the User Agreement and undergoing a cold chain inspection of the pharmacy's vaccine refrigerator(s) by their local public health unit to ensure that vaccine storage and handling requirements are met. Vaccine inventory is also monitored in real-time as pharmacies submit claims for reimbursement of vaccine doses administered at the pharmacy on the same day as administration through the Health Network System (HNS). This process is designed to ensure the quality, safety, and accountability for publicly funded influenza doses and is already being leveraged to support the publicly funded COVID-19 vaccine program in community pharmacies. OPA recommends that this process should be also extended to support implementation of other publicly funded adult vaccines in pharmacies. This will help to increase efficiencies and minimize the introduction of new administrative burdens for pharmacies, local public health units and the Ministry.

Furthermore, one can be confident that pharmacies will maintain vaccine storage and handling best practices as OCP has a Protecting the Cold Chain Guidelines which outlines the requirements for maintaining the quality and integrity of medications that are temperature-sensitive according to establish standards, guidelines, and regulations.[xcvii] This guideline details the College's expectations/requirements for pharmacy professionals with respect to maintaining the cold chain that all pharmacy professionals must follow.

Is there any other information about the expansion of publicly funded adult vaccines in pharmacies that is not captured by these questions?

As included in OPA's 2023 submission to Public Health's consultation on the expansion of publicly funded vaccines to community pharmacies, OPA believes the expansion of routine vaccine administration to pharmacies for all vaccine bundles will have positive implications on our health system through enhanced patient access to vaccination services, improved overall population health, and increased sustainability of the health system. Although there may be concerns from other stakeholders about other implications, such as patient safety and continuity of care, existing safeguards are in place to ensure patient care remains the highest priority and is duly protected.

Implications on Patient Accessibility

- 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.[xcviii]
- A qualitative systemic 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%).[xcix]
- Expanding routine vaccine administration to pharmacies can enhance equitable access to vaccines through improved availability, geographic proximity and accommodation.[c]
    - Availability: With over 4,900 community pharmacies in Ontario, located in communities across the province, including rural and remote locations, patients will have more options of where to receive their vaccines.
    - Geographic Proximity: Physical access to vaccination services is increased as 91% of Ontarians lives within a 5-km driving distance from a community pharmacy.[c]
    - Accommodation: Many pharmacies are open for extended hours, including weekends and holidays, and may offer vaccination services with or without an appointment to ensure Ontarians will be able to access vaccinations at a time and place that is convenient for them.
- In the 2023/24 season alone, pharmacy professionals administered almost 2M publicly funded influenza vaccine doses through community pharmacies in addition to publicly funded COVID-19 vaccines. The success of these immunization programs at pharmacies not only strengthens public health initiatives but also reflects the increasing patient acceptance and evolving patient preferences to access vaccines through pharmacies.

Implications on Population Health

- 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).[ci,cii]
- It is important that Ontarians continue to have access to routine immunizations to maintain a high level of herd immunity, which will help to prevent vaccine preventable diseases that can result in unnecessary medical visits, hospitalizations and further strain to the health care system.[ciii]
- Enabling Ontarians to receive publicly funded vaccines through pharmacies will help to achieve target vaccination rates that support and enhance overall population health.
    - A systematic review and meta-analysis found that immunization rates were significantly increased when the pharmacist was an immunizer, advocator, or both, in comparison to usual care or non-pharmacist-involved interventions.[civ]

Implications on Health System Sustainability

- Expanding publicly funded routine vaccine administration to pharmacies will help to better support health system sustainability through factors such as increasing capacity, preventing healthcare provider burnout, and generating cost savings.
  - Capacity: Currently, most of the responsibility for administering publicly funded routine immunizations falls on primary care providers and local public health units, except for influenza and COVID-19 vaccines. Expansion of established and successful community pharmacy vaccination programs to include administration of other publicly funded vaccines can increase health system capacity by supporting efficient use of resources and freeing up time for our healthcare partners, i.e., doctors, nurses and other healthcare providers, to focus on more complex care cases.
  - Healthcare Provider Burnout: The pressures on the health system are having a significant toll on the mental health of physicians, nurses and other healthcare professionals.[cv] A survey of Ontario primary care physicians in 2019 indicated that 54% felt their job was "extremely" or "very" stressful and 37% felt it was "somewhat" stressful.[cv] The percentage of those who reported their job was "extremely" or "very" stressful was higher than the Canadian average of 45% and the second highest amongst all other Canadian provinces.[cv] Unsurprisingly, the same survey found that 49% of Ontario primary care physicians were "slightly" or "not at all" satisfied with their daily workload which was higher than the Canadian average of 42% and the second highest amongst all other Canadian provinces.[cv] Enabling pharmacy professionals to relieve some of the pressures off from other healthcare providers can help to prevent burnout.
  - Cost-savings: 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.[cvi] 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.[cvii] 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.[cvii]
- However, to ensure these benefits can be realized, establishing appropriate remuneration that is commensurate with the time and expertise required to provide vaccination services is essential to help support capacity in the pharmacy sector and enable pharmacy professionals to continue offering services in a safe and effective manner.

Implications on Patient Safety

- No impact on patient safety should be expected as pharmacy professionals have demonstrated they have the training and experience required to administer vaccines, and the clinical knowledge and expertise to determine whether vaccine administration is appropriate in accordance with immunization guidelines and public health recommendations to ensure 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%).[cviii] 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).[cviii]

Implications on Continuity of Care and Administrative Burden

- Records management for vaccines is fragmented in Ontario, regardless of where a patient receives a vaccine, as records are stored in different systems depending on where the vaccine is administered (i.e., at a local public health unit, primary care office, or pharmacy), and the systems do not always integrate with one another. Therefore, irrespective of whether routine immunization administration is expanded to pharmacies, the issue of fragmented records still exists.
- Expansion of routine immunizations to pharmacies would not compromise continuity of care as pharmacy professionals are required to notify a patient's primary care provider (if any) within a reasonable time that a vaccine was administered to the patient and provide details respecting the administration (except for influenza and COVID-19 vaccines).
- However, to address possible concerns regarding administrative burden on both pharmacy professionals and primary care providers while still promoting interprofessional collaboration and continuity of care, OPA recommends the creation and availability of a centralized database that includes all immunization records for patients and is accessible to all healthcare providers who provide vaccinations.
    - This is critical to the success of any provincial immunization program as it not only increases patient compliance, e.g., ensuring patients receive vaccines at the appropriate intervals for multi-dose vaccine schedules, but also improves efficiencies, e.g., time spent currently on piecing together vaccine histories from fragmented patient records, memories and contacting other healthcare providers to confirm immunization status can be better used to provide care to patients.
    - It can also facilitate care by allowing for easy identification of patients who may be missing vaccinations so that a streamlined targeted approach can be used to reach out to these individuals to increase vaccination rates.
    - This recommendation for a centralized immunization database is aligned with the Ontario Immunization Advisory Committee's Position Statement: A Provincial

Immunization Registry for Ontario which also calls for the development and implementation of a comprehensive provincial immunization registry.[cix]

- In the interim, the same process for viewing the administration records of publicly funded influenza and COVID-19 vaccines administered by pharmacies through one of Ontario's clinical viewers (which is free to access by healthcare providers in Ontario) can be used for additional publicly funded vaccines as claims for publicly funded vaccines administered through community pharmacies are submitted to the Ontario Drug Benefit (ODB) Program HNS.
- The pharmacy sector is poised to work with the government to better leverage existing immunization records – which could include clinical viewers (with data extracted through the HNS), vaccine-specific platforms (e.g., leveraging the already existing $COVax_{ON}$ platform) or other networks – to develop a streamlined approach to accessing and recording immunization data to avoid redundancies in documentation.

Although beyond the scope of this consultation on expanding publicly funded adult vaccines in pharmacies, OPA urges the Ministry to consider expanding all available publicly funded vaccines to the pharmacy channel:

- Pharmacy professionals already have the experience administering a variety of vaccines, both publicly funded and not.
- 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.[cx]
- The 2022-2023 Public Health Ontario report on Immunization Coverage for School Pupils in Ontario noted large declines in coverage estimates for Ontario's routine infant and childhood immunization programs and school-based immunization programs during the 2019/20, 2020/21, and 2021/22 school years.[cxi] Although there were notable increases in coverage for school-based programs in 2021/22 and 2022/2023, the coverage estimates were still lower than before the pandemic and coverage for routine infant and childhood programs remained low in 2022/23.[cxi]
- Furthermore, an estimated 2.2 million Ontarians 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.[cxii,cxiii]
- A multifaceted strategy that leverages different channels within our health care system (public health, primary care, pharmacy, etc.) can address not only the catch-up required for missed and delayed doses as a result of the pandemic, but also support improved patient access, equity and future sustainability for the health system.
- Through leveraging existing infrastructure and operations to support vaccine administration services, pharmacies are 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.[cxiv]

- Only having some publicly funded vaccine available through pharmacies may be confusing for the public and impede the ability for complete family bookings. For example, by only expanding publicly funded adult vaccines to the pharmacy sector, a family looking to catch up on immunizations may be able to access vaccines for adults and seniors but would have to be referred to their primary care provider or local public health unit for vaccines for their children. Directing families to different channels for different vaccines may also increase the risk of patients missing routine vaccines. This could be exacerbated for new immigrants who may not have had access to care or school aged vaccines from their home countries and now must navigate through a complex health system while adjusting to a new environment (e.g., language, culture, etc.).

In addition, OPA recommends the following to increase patient access to vaccines through the pharmacy channel:

Removal of Age Restrictions for Vaccine Administration

- As indicated in the College's consultation on Expanded Scope Regulatory Amendments in August 2023, and later as part of the Ministry's consultation on Proposed Regulatory Amendments to O. Reg. 202/94 (General) made under the *Pharmacy Act, 1991* in September 2023, OPA supports the proposed regulatory amendments to remove age restrictions for vaccine administration as this will support consistency with scope and minimize any potential confusion.
- Currently, in Ontario, the minimum age of individuals who pharmacy professionals can provide immunizations to varies depending on the vaccine (6 months and up for COVID-19 vaccines, 2 years and up for influenza vaccines, and 5 years and up for vaccines listed in Schedule 3 of O. Reg. 256/24).
- As part of the College's guideline on Administering a Substance by Injection, prior to administration of a vaccine, pharmacy professionals must assess the environment, their competency and certifications, and the patient, in addition to confirming that infection prevention and control (IPAC) procedures are in place.[cxv] These safeguards help to protect the health, safety and wellbeing of patients and are required to be completed by all pharmacy professionals prior to vaccine administration.
- The technical skills required to administer the vaccines are not different between the various vaccines, and some pharmacy professionals already have experience administering to children as young as 6 months of age. When considered in conjunction with the College safeguards already in place, it is reasonable to remove the different age restrictions based on the type of vaccine as this will enable pharmacy professionals to use their professional judgment to determine appropriateness of vaccine administration.

Scope Expansion to Enable Prescriptive Authority for All Vaccines

- OPA recommends that regulatory amendments be made to provide pharmacists with prescriptive authority for all vaccines.
- Ontario is only one of two provinces where pharmacists do not have prescriptive authority for any vaccine.[cxvi]

- By removing barriers to vaccine administration, such as the need to go elsewhere for a prescription or for administration services, not only are missed vaccination opportunities avoided but the overall patient journey is also improved.
- Enabling prescriptive authority for all vaccines will also help to support the administration of publicly funded vaccines that are currently classified in Schedule 1 according to the National Association of Pharmacy Regulatory Authorities (NAPRA) guidance (i.e., varicella), which means a prescription is required, in addition to any Schedule 1 vaccines that may be added to the publicly funded immunization program in the future.

MedsCheck

The ministry is seeking to consult on current issues and opportunities to improve the MedsCheck program to support optimal medication and chronic disease management, including considerations for point-of-care testing that currently exists as part of pharmacists' scope of practice.

The following questions have been prepared for the Regulatory Registry and are divided into two sections: "General Questions" and "Key Categories".

1. **General Questions:** These are broad questions for general consideration, as well as for each of the 8 key categories as applicable.

2. **Key Categories:** Each section may contain additional questions unique to each category.

We will ask stakeholders to respond to any of the questions as they are able and as applicable, in addition to any other feedback.

General Questions

1. *What should a MedsCheck accomplish to ensure full value **to patients and primary care providers?** Does the program currently meet this goal?*

The MedsCheck program should be focused on the following:

Benefits to Patients

- To promote healthier patient outcomes, quality of life and disease self-management.
- To improve patient knowledge, understanding and adherence of drug therapy.
- To communicate patient information and support interdisciplinary collaboration in patient care.
- To optimize the effectiveness and safety of drug therapy, medical devices and supplies.
- To support patient access to health care services and resources, especially those who may not have a primary care provider.
- To reduce inappropriate drug use and drug wastage.
- To prevent, reduce or resolve drug therapy problems.

Benefits to Primary Care Providers

- To promote system efficiency and ensure health resources are used appropriately to build system capacity.
- To communicate patient information and support interdisciplinary collaboration in patient care.

Studies have shown that community-based pharmacy medication reviews can have substantial impacts on improving patient care and better utilization of health system resources. The

MedsCheck program in Ontario was launched in April 2007 and has seen expansions and changes throughout the years including in 2016 when changes resulted in significant administrative burden for pharmacies, thus affecting the feasibility of providing MedsCheck services. OPA recognizes that additional enhancements could be made to the MedsCheck program to improve its value and is committed to working alongside the Ministry of Health to explore and identify opportunities to evolve the program based on available evidence to better achieve the intended goal of promoting healthier patient outcomes while delivering measurable value to the health care system as outlined in our MedsCheck Modernization proposal to the Ministry of Health in July 2023.

2. *What challenges currently exist with the MedsCheck program?*

Based on extensive consultations with pharmacists and pharmacy owners across Ontario, some of the main challenges of the existing MedsCheck program include:

- Defined eligibility criteria that do not target patients who would benefit the most from receiving a medication review.
- Program design that is too prescriptive on how to conduct a medication review.
- Vague and sometimes confusing program requirements (e.g. virtual service eligibility) that lead to concerns about misinterpretation, which may discourage offering of the program.
- Strenuous documentation requirements which can be very time-consuming.
- Requirement to send all completed medication reviews to the primary care provider regardless of whether action is required which can be an administrative burden for both primary care providers and pharmacists.
- Remuneration based on a framework that has not been updated since the implementation of the program and is not reflective of the time and effort required to provide this service.
- Restrictions on the ability for a pharmacy to conduct a follow-up medication review following a change in pharmacy provider to support transitions in care (current criteria require the patient to have changed both their place of residence and their pharmacy in order to qualify, however patients may choose to change their pharmacy for reasons other than a change in place of residence).

3. *What changes would you propose to improve the MedsCheck program? Which aspects* ***should not*** *be changed, if applicable?*

As outlined in OPA's MedsCheck Modernization Proposal, OPA recommends modernizing the MedsCheck program to better achieve the intended goal of supporting optimal patient health outcomes through defined program and operational objectives. Program modernization will focus on delivering greater value to the health system and will include the establishment of performance indicators and outcomes to evaluate the program to ensure it is meeting its objectives.

Key Recommendations

1) Update existing medication review services and eligibility criteria for each, including:

- A Standard Medication Review that would require patients to be on five or more medications (increasing from 3);
- A Chronic Disease Management Medication Review that would target patients with at least one chronic condition (compared to only those with Diabetes) and a clinical need for the service; and,
- Medication Review Follow-ups that would be available for patients who have already received a Standard or Chronic Disease Management Medication Review within the past year and have a clinical need for additional follow-up.

2) Update the remuneration framework to ensure that pharmacists are fairly compensated for the more comprehensive and intensive services provided, particularly for patients with complex needs or those requiring home visits.
3) Enact measures to reduce administrative burdens – specifically those on pharmacy and primary care providers.
4) Introduce flexibility for home visits if a patient meets all the criteria of the other medication review services but is unable to receive the consultation in-person or virtually.
5) Permit virtual consultations to be eligible for payment only where there is an existing/ongoing patient-pharmacy team relationship and where the service is initiated or requested by the patient or their caregiver similar to the terms and conditions for the provision of virtual care services under the OHIP Schedule of Benefits for physicians. (Note: Coordination of appointments and organizing care in a manner that is consistent with the pharmacy's normal in-person operations would not be considered a violation of this condition, e.g., informing patients about the types of services offered by the pharmacy, including virtual medication reviews if appropriate, to ensure the patient is aware of their options and can make decisions about how they want to receive their care would not be considered a violation of this condition. Similarly, if a request for a virtual medication review is from another provider, e.g., a family physician or nurse practitioner, that would not be considered a violation of this condition as it can be assumed that the patient has agreed/requested the virtual care service as part of their discussion with the referring provider.)

4. How would you measure the success of any proposed changes to the program?

Understanding the need for transparency and ongoing performance measurement, OPA recommends evaluating a modernized MedsChecks program by monitoring key performance indicators including but potentially not limited to drug therapy problems (DTPs) identified and resolved, and the number of medication reviews conducted for patients without a primary care provider (
Table 7).

Table 7: Suggested Key Performance Indicators

Performance Indicator	Collection Method	Rationale	Limitations
Number of DTPs identified	Real-time through PINs	This can help demonstrate the value of the program through identification and resolution of DTPs to optimize patient health outcomes. DTPs can lead to adverse drug reactions (ADRs) which not only negatively impact patient safety but also increase health care costs.[cxvii] In 2007, there were 7,222 ADR-related emergency department (ED) visits in Ontario involving patients greater than 65 years of age, which cost an average of $333 per ED visit, of which 21.6% were hospitalized, which cost $7,528 per hospitalization, resulting in a total annual cost of $13.6 million for the province.[cxviii]	Absence of DTPs identified during a service does not necessarily indicate a lack of value as patients may benefit from greater education, device training, availability of a complete medication list, etc.
Number of medication reviews conducted for patients who do not have a primary care provider (i.e., unattached patients)	Retrospective data analysis	This can help show the gap that pharmacists can help to support with respect to access to primary care as 1 in 4 Ontarians (4.4 million individuals) are forecasted to be without a family doctor by 2026.[cxix]	The benefits to attached patients who utilize the service are not captured (e.g., provides access to primary care for those who cannot get an appointment with their primary care provider, the value of additional comprehensive education on chronic disease management, etc.).

Additionally, although not a measurable performance indicator, it is important to recognize the inherent value of medication review services. This includes generation of a complete and comprehensive medication list, which is beneficial for supporting continuity of care for the patient

when seeing other healthcare providers or during transitions in care. In addition, there is value to greater patient education as it enables patients to be better empowered to manage their own health and wellbeing. The funding of home visits also ensures that vulnerable patients who may otherwise not be able to receive the service through other pathways have equitable access to the program.

In the future, additional value could be delivered to the health system if pharmacists are enabled to contribute data to Ontario's clinical viewers to help support a comprehensive patient medical record as this information can then be shared with other healthcare providers to support their work and reduce their workload. Data on how many times this information is accessed could then be monitored to determine the value of this information to other healthcare providers.

Key Categories

Definition of targeted clinical outcomes

Which clinical outcomes are most important to address with the MedsCheck program?

A clinical outcome is defined as a measurable change in symptoms, overall health, ability to function, quality of life, or survival that results from care that is given to a patient.[cxx] A medication review through the MedsCheck program could impact various clinical outcomes. However, although these outcomes are important and the goal of the program should be to supporting improvements in these clinical outcomes, since medication reviews are just one component of a patient's medication and disease management, it may be challenging to measure the success of the program based solely on outcomes as there may be other confounding factors, e.g., patient access to other healthcare services, patient trust in healthcare providers, etc. As such, OPA recommends using performance indicators such as the number of drug therapy problems identified and resolved, and the number of medication reviews conducted for patients without a primary care provider to evaluate the value of the program.

Additionally, OPA recommends consideration be given to collecting and evaluating patient experiences, e.g., whether the patient felt they had enough time to ask questions during the consultation, whether the patient was satisfied with the interaction, etc. Patients are important partners of the healthcare team and ensuring that their voices are heard is critical to evaluating the success and/or value of the program to ensure it is supporting patient-centred care.

Key performance and quality indicators

Based on what a MedsCheck should accomplish, what key performance and quality indicators should be monitored and evaluated?

As described in OPA's MedsCheck Modernization Proposal, the following performance indicators are recommended to be used for program evaluation:

Performance Indicator	Collection Method	Rationale	Limitations
Number of DTPs identified	Real-time through PINs	This can help demonstrate the value of the program through identification and resolution of DTPs to optimize patient health outcomes. DTPs can lead to adverse drug reactions (ADRs) which not only negatively impact patient safety but also increase health care costs.[cxxi] In 2007, there were 7,222 ADR-related emergency department (ED) visits in Ontario involving patients greater than 65 years of age, which cost an average of $333 per ED visit, of which 21.6% were hospitalized, which cost $7,528 per hospitalization, resulting in a total annual cost of $13.6 million for the province.[cxxii]	Absence of DTPs identified during a service does not necessarily indicate a lack of value as patients may benefit from greater education, device training, availability of a complete medication list, etc.
Number of medication reviews conducted for patients who do not have a primary care provider (i.e., unattached patients)	Retrospective data analysis	This can help show the gap that pharmacists can help to support with respect to access to primary care as 1 in 4 Ontarians (4.4 million individuals) are forecasted to be without a family doctor by 2026.[iii]	The benefits to attached patients who utilize the service are not captured (e.g., provides access to primary care for those who cannot get an appointment with their primary care provider, the value of additional comprehensive education on chronic disease management, etc.).

Additionally, although not a measurable performance indicator, it is important to recognize the inherent value of medication review services. This includes generation of a complete and comprehensive medication list, which is beneficial for supporting continuity of care for the patient when seeing other healthcare providers or during transitions in care. There is also value to enhanced patient education as it empowers patients to better manage their own health and wellbeing. Finally, the funding of home visits ensures that vulnerable patients who may otherwise not be able to receive the service through other pathways have equitable access to the program.

In the future, additional value could be delivered to the health system if pharmacists are enabled to contribute data to Ontario's clinical viewers to help support a comprehensive patient medical record as information obtained and discussed through a MedsCheck can then be shared with other healthcare providers to support their work and reduce their workload. Data on how many times this information is accessed could then be monitored to determine the value of this information to other healthcare providers.

Patient Population

Who would most benefit from a MedsCheck medication review?

- *Current eligibility criteria include patients taking three or more chronic-use prescription medications, or those diagnosed with type 1 or 2 diabetes.*
- *How can the program ensure that patients who may benefit most from the service receive it (e.g., complex patients, patients with drug therapy problems, etc.)?*

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.[cxxiii,cxxiv] 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.[cxxv] 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.[cxxvi,cxxvii,cxxviii,cxxix] 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.

One of the leading causes of injury and avoidable harm in health care systems is unsafe medication practices and medication errors which can result in severe harm, disability and death.[cxxx] To improve medication safety, Ontario Health's Quality Standards on Medication Safety: Care in All Settings, recommends that people of all ages who are taking one or more medications, should have "structured medication reviews, especially during health care visits when medications are a major component of their care, or as clinically indicated" (Table 8).[cxxx] It also recommends that these structured medication reviews be conducted at least once a year for patients but can be more frequently based on clinical need.[cxxx] Medication reviews have been found to be associated with improvements to patient clinical outcomes and an economic evaluation performed in Spain suggested there was a net benefit to the national health system.[cxxxi]

Table 8: Medication Reviews – Patients Who May Benefit[cxxx]

Overall Benefits	Patients Who May Particularly Benefit	Other Patients Who May Benefit Based on Clinical Need
• Supporting appropriate prescribing • Identifying and resolving drug therapy problems (DTPs) • Decreasing medication errors • Encouraging shared decision-making • Optimizing medication use	• Infants, children, adolescents, and adults taking five or more medications (polypharmacy) • Infants, children, adolescents, and adults with chronic or long-term health conditions • Older adults (≥65 years old) • Individuals taking high-risk (high-alert) medications (e.g., opioids, insulin, anticoagulants, chemotherapy agents) or a risky combination of medications • People living with mild cognitive impairment or dementia • People transitioning within or between care settings, health care professionals or levels of care	• People experiencing symptoms of a potential adverse drug reaction (e.g., confusion, falls, sleepiness, weight loss or decreased appetite, urinary incontinence, bowel issues) • People starting a new medication • People with frequent unplanned hospital admissions or emergency department visits • People who have had significant changes to their medication regimen in the last 3 months • People experiencing a subtherapeutic response to treatment with medication • People, family, or caregivers who have concerns about the number of medications a person takes, or if there are known or potential issues with adherence • People who have had a significant change in their health status (e.g., diagnosis of a progressive, life-limiting illness that may alter treatment goals)

To ensure that patients who may benefit the most from a MedsCheck medication review continue to receive the service, OPA recommends the following:

1) Update existing medication review services and eligibility criteria for each, including:
   - A Standard Medication Review that would require patients to be on five or more medications (increasing from 3);
   - A Chronic Disease Management Medication Review that would target patients with at least one chronic condition (compared to only those with Diabetes) and a clinical need for the service; and,
   - Medication Review Follow-ups that would be available for patients who have already received a Standard or Chronic Disease Management Medication Review within the past year and have a clinical need for additional follow-up.
2) Introduce flexibility for home visits if a patient meets all the criteria of the other medication review services but is unable to receive the consultation in-person or virtually.
3) Permit virtual consultations to be eligible for payment only where there is an existing/ongoing patient-pharmacy team relationship and where the service is initiated or requested by the patient or their caregiver.
4) Revise the criteria for the number of medications for eligibility from DINs to APIs to be more reflective of the number of medications a patient is on and the need to manage them separately since they may be used for different indications, result in different adverse effects, etc.

The proposed changes to the MedsCheck program related to the Standard Medication Review are not anticipated to result in significant budget impact from the current program spend. Expansion of the MedsCheck for Diabetes service to include other chronic diseases through a Chronic Disease Management Medication Review will increase access to comprehensive pharmacist medication reviews for more Ontarians and will likely require modest investment. Based on preliminary estimates, it is anticipated that the annual cost of the proposed changes will continue to be within the original budgeted government investment of $150M for professional services to patients provided by pharmacists.[cxxxii]

Polypharmacy is one of three key action items identified by the World Health Organization (WHO) that can increase risk to patient health and safety.[cxxx] To ensure that more complex patients are prioritized for the medication review service, the number of drugs for eligibility is proposed to be increased from ≥3 prescription drugs for a chronic condition to ≥5 medications (see Definitions) to better align with the definition of polypharmacy. This will provide greater support for these individuals who may be at increased risk of adverse drug reactions, drug-drug interactions, medication errors, and non-compliance, which can result in a decreased quality of life and increased health care costs.[cxxx,cxxxiii]

Similarly, proposed changes to focus medication reviews on targeting patients with chronic diseases provide more opportunities to engage individuals who may require additional education and management for their chronic disease(s). This is important because having multiple medical conditions is a risk factor for drug-related morbidity and mortality.[cxxxiv] In 2015, 74% of deaths were caused by chronic diseases in Ontario, and 63.7% were due to the four most common

chronic diseases: cancers, cardiovascular disease, chronic lower respiratory diseases, and diabetes.[cxxxv] It is estimated that the annual direct healthcare costs of these diseases were $10.5 billion in 2018 (based on a 2010 estimate).[cxxxv] Additionally, education on modifiable risk factors that impact chronic diseases is important to reduce burden of disease and economic burden ($7 billion for tobacco smoking, $4.5 billion for alcohol consumption, $2.6 billion for physical inactivity, and $5.6 billion for unhealthy eating of which $1.8 billion is from inadequate fruit and vegetable consumption).[cxxxv]

Avoidance of service duplication across providers

Which components of MedsCheck might overlap or duplicate with services provided by other healthcare professionals? How can this service duplication be avoided?

Medication reviews should be conducted by skilled healthcare professionals and based on current literature and practice, they are mostly conducted by pharmacists, followed by general practitioners and then nurses.[cxxxvi] To avoid service duplication and to encourage interprofessional collaboration, communication is crucial between healthcare professionals. Currently, pharmacists are required to share the results of a MedsCheck medication review with the primary care provider, and any other prescribers or members of the health team identified by the patient or pharmacist, in the form of the MedsCheck Personal Medication Record using a standardized notification letter/fax template.

Additionally, medication reviews are often performed in the hospital setting to ensure they have a complete medication history for the patient. MedsCheck medication reviews that are conducted in the community can help to assist compilation of the Best Possible Medication History (BPMH) in hospitals by providing a complete list of medications that the patient is on. Currently, this list can be obtained either via the patient (as they are provided a copy at the end of their MedsCheck review with the pharmacist) or by contacting the community pharmacy that conducted the MedsCheck. To streamline this process, OPA recommends making changes to Ontario's clinical viewers to enable pharmacists to upload completed medication reviews to the patient's provincial electronic health record so that all other healthcare professionals with access to the clinical viewers can easily see that a MedsCheck medication review has been conducted and retrieve the relevant information.

Integration of point-of-care testing (POCT)

Note: Pharmacists are authorized to perform the following POCT: glucose, HbA1C, Lipids, and PT/INR. Conducting POCT is not currently a requirement of the MedsCheck Program.

How can POCT currently within scope be used to support assessments within the context of MedsCheck?

The POCT currently within scope can be used to support MedsCheck assessments as the test results can be used to supplement the pharmacist's clinical decision-making with respect to optimizing chronic disease management. For example, a pharmacist can provide an HbA1C POCT to determine a diabetic patient's average blood sugar levels over the past 3 months to assess whether their blood sugar levels have been adequately controlled. If the patient's HbA1C reading is not at target based on clinical guidelines, the pharmacist can adjust the dosing of the patient's medication(s) to help them reach the optimal target range. Similarly, since heart disease is the most common cause of death in diabetic patients, monitoring other risk factors, such as lipid levels is also important, especially if they are on therapy for dyslipidemia.[cxxxvii] As conducting lipid POCTs are within the scope of pharmacists, these could also be done during the medication review to support ongoing monitoring and to guide adjustments of therapy as required. Furthermore, as highlighted by Ontario Health's Quality Standards on Medication Safety: Care in All Settings, individuals taking high-risk (high-alert) medications, which includes warfarin, may particularly benefit from a structured medication review.[cxxx] Since warfarin therapy must be monitored using the INR, integration of INR POCTs into a medication review will enable the pharmacist and the patient to use the result to guide decision-making.

POCTs may offer advantages such as increased patient satisfaction and experience by removing the need to transport samples, reducing turnaround time, and avoiding procedure delays.[cxxxviii] It provides rapid results to support patient counselling and prevent unnecessary treatment escalations.[cxxxviii] It may also lower the risk of complications and infections, e.g., fingerstick blood glucose testing instead of venipuncture for serum testing, which can improve patient experience and safety.[cxxxviii] Being able to provide testing and results at the point-of-care may also improve access to healthcare services, especially for individuals who may not have access to a regular family physician (e.g., patients who are unattached or those who live in rural areas).

What considerations must be accounted for if POCT is integrated into the MedsCheck Program?

As the provision of POCT services is currently an uninsured service, to integrate them into the MedsCheck program, additional public funding would need to be provided. This will support equitable access to the service and avoid the creation of a two-tiered system. Additionally, the use of POCT to supplement a MedsCheck review should be an optional service as not all pharmacies may choose/be able to provide the service (e.g., space constraints that prevent them from ensuring a safe environment to provide the service). In those cases, if the pharmacist determines, based on their professional judgement, that additional testing is required, they can refer the patient to another healthcare provider to receive those services. For those who can provide POCT services, it should also be recognized that additional time to prepare for implementation and funding may be required to cover the costs of equipment, set-up, additional training, etc.

Access for underserved patients

How can barriers be reduced for underserved groups (e.g., Patients with limited mobility, rural areas, Indigenous populations, people experiencing houselessness, etc.)?

To reduce barriers for underserved groups, it is important to ensure there is flexibility to the program to meet the needs of different population groups. For example, enabling medication reviews to continue to be provided at a patient's home (and ensuring fair and reasonable remuneration to support execution) will help to ensure that patients who meet all the criteria to receive a medication review service but is unable to receive the consultation in-person can still receive one. Furthermore, permitting virtual consultations in situations where based on a pharmacist's professional judgement the care and support for the patient can be effectively and appropriately delivered by telephone and/or video in accordance with OCP's Standards of Practice and Virtual Care Policy would provide greater flexibility with respect to how patients can receive care.

Administrative workload

What measures could be taken to reduce administrative burden for all parties associated with the MedsCheck program while maintaining quality and comprehensiveness? How could these measures be applied to different types of MedsChecks?

Measures that can be taken to reduce administrative burden associated with the current MedsCheck program include:

- Revise and simplify the process of conducting a MedsCheck (i.e., enable greater flexibility for the pharmacist to guide the discussion while still addressing key elements to maintain quality and comprehensiveness).
- Revise so that only the Personal Medication Record template will be standardized and mandatory to allow the pharmacist greater flexibility with respect to documenting the patient interaction so that the conversation can be patient specific.
- Remove the requirement to complete an annual Patient Acknowledgement of Pharmacy Services Form and replace with obtaining and documenting informed consent for the service to align with the consent process for other pharmacy services (e.g., prior to prescribing, administering an injection, etc.).
- Remove the requirement to share the completed medication review with the primary care provider regardless of whether action is required. Pharmacists may use their professional judgement to decide whether a review should be shared if no action is required and will only serve as information to be filed. This will help to reduce the administrative burden on both pharmacists and primary care providers.
- Revise the Healthcare Provider Notification of MedsCheck Services form so that it is easier to read and obtain relevant information from.

Continuity of care and appropriate interprofessional collaboration

What types of collaboration should exist between pharmacists and primary care providers? How might this be achieved?
How might the MedsCheck program be used to support continuity of care?

As pharmacists and primary care providers are both part of a patient's circle of care, it is important that there is strong collaboration between them. The MedsCheck program can be used to support this as the pharmacist would notify the primary care provider of any drug therapy problems identified during a medication review, the solutions implemented by the pharmacist, and the proposed recommendations from the pharmacist to the primary care provider for review and consultation. This will help to encourage interprofessional collaboration in addition to supporting continuity of care as the primary care provider would be made aware of any changes made to their patient's medications. However, to reduce administrative burden on both pharmacists and primary care providers, OPA recommends removing the current requirement to share the completed medication review with the primary care provider regardless of whether action is required and instead, allowing pharmacists to exercise their professional judgement to decide whether a review should be shared if no action is required and will only serve as information to be filed. Furthermore, to streamline collaborative efforts, OPA also recommends revising the Healthcare Provider Notification of MedsCheck Services form so that it is easier to read and obtain relevant information from.

Conclusion

The Ontario Pharmacists Association appreciates the opportunity to provide input on behalf of Ontario's pharmacy professionals on this consultation regarding proposed changes to advance the pharmacy sector in Ontario. As we continue to focus on building a stronger Ontario, it is critical to prioritize the health of Ontarians. Ontario's health care system remains strained and there is a need to modernize current processes and pathways to increase equitable and convenient access to health services while enabling greater capacity across the health system. Pharmacy professionals can play a significantly larger role in helping to close the gap in access to healthcare so that all Ontarians have access to the care they need, when and where they need it. Furthermore, now is the time to invest in the profession to enable and sustain pharmacy services that have demonstrated positive impacts on patients and deliver better value for money to government.

OPA looks forward to collaborating with the Ministry on the proposed changes in addition to the other priorities highlighted in this submission to continue 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 not only provide sustainable solutions to the challenges our health system face but also deliver positive health outcomes for all Ontarians.

References

[i] Buchan SA, Rosella LC, Finkelstein M, et al. Impact of pharmacist administration of influenza vaccines on uptake in Canada. *CMAJ.* 2017;189(4):E146-E152. doi:10.1503/cmaj.151027
[ii] Statistics Canada. (2020, October 22). *Health Fact Sheets: Primary health care providers, 2019*. Government of Canada. Accessed April 13, 2022. https://www150.statcan.gc.ca/n1/pub/82-625-x/2020001/article/00004-eng.htm
[iii] Ontario College of Family Physicians. More Than Four Million Ontarians Will Be Without a Family Doctor by 2026. Published November 7, 2023. Accessed April 23, 2024. https://ontariofamilyphysicians.ca/news/more-than-four-million-ontarians-will-be-without-a-family-doctor-by-2026/
[iv] Simpson S. Seven in Ten Canadians (68%) Have Skipped Seeing a Doctor Due to Long Wait Times, Timeliness or Other Barriers. Ipsos. Published January 31, 2017. Accessed October 3, 2024. https://www.ipsos.com/en-ca/news-polls/seven-ten-canadians-skipped-seeing-doctor-due-long-wait-times
[v] Rural Ontario Municipal Association. Fill the Gaps Close to Home: Improving Access to health Services for Rural Ontario. Published January 21, 2024. Accessed October 1, 2024. https://www.roma.on.ca/sites/default/files/assets/IMAGES/Home/ROMA%20Report%20-%20Fill%20the%20Gaps%20Closer%20to%20Home%20January%2021%202024%20FINAL%20Draft-Reduced.pdf
[vi] Williamson DL, Stewart MJ, Hayward K, et al. Low-income Canadians' experiences with health-related services: implications for health care reform. *Health Policy*. 2006;76(1):106-121. doi:10.1016/j.healthpol.2005.05.005
[vii] Canadian Pharmacists Association. Pharmacists' Scope of Practice in Canada. Last Updated October 2, 2023. Accessed October 15, 2024. https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/ScopeOfPractice_Oct2023.pdf
[viii] Tsuyuki RT, Beahm NP, Okada H, Al Hamarneh YN. Pharmacists as accessible primary health care providers: Review of the evidence. *Can Pharm J (Ott).* 2018;151(1):4-5. Published 2018 Jan 2. doi:10.1177/1715163517745517
[ix] Agency for Healthcare Research and Quality. The CAHPS Ambulatory Care Improvement Guide: Practice Strategies for Improving Patient Experience – Section 2: Why Improve Patient Experience?. Last Updated May 2017. Accessed October 3, 2024. https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/2-why-improve/index.html
[x] Mansell K, Bootsman N, Kuntz A, Taylor J. Evaluating pharmacist prescribing for minor ailments. *Int J Pharm Pract.* 2015;23(2):95-101. doi:10.1111/ijpp.12128
[xi] The Conference Board of Canada. Why Employees Choose Work Over Wellness. Published August 9, 2023. Accessed September 27, 2024. https://www.conferenceboard.ca/wp-content/uploads/2022/10/why-employees-choose-work-over-wellness_2023.pdf
[xii] Zhang W, Sun H, Woodcock S, Anis A. Illness related wage and productivity losses: Valuing 'presenteeism'. *Soc Sci Med.* 2015;147:62-71. doi:10.1016/j.socscimed.2015.10.056
[xiii] Ontario College of Family Physicians. OCFP Statement: Administrative Burden. Published April 24, 2024. Accessed October 15, 2024. https://ontariofamilyphysicians.ca/news/ocfp-statement-administrative-burden/
[xiv] Ontario College of Pharmacists. Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions. Published October 2012. Last Updated October 1, 2024. Accessed October 4, 2024. https://www.ocpinfo.com/regulations-standards/practice-policies-guidelines/adaptations-renewing-prescriptions/
[xv] College of Homeopaths of Ontario. Standards and Guidelines: Homeopathic Prescription – Standard. Published March 2013. Last Updated December 2018. Accessed October 1, 2024. https://collegeofhomeopaths.com/uploads/1/2/4/8/124811910/standard_13_prescription_v_2018_%5Bfinal%5D.pdf
[xvi] Government of Ontario. *Chiropody Act, 1991*, S.O. 1991, c.20, O. Reg. 203/94: General. Last updated May 15, 2023. Accessed October 1, 2024. https://www.ontario.ca/laws/regulation/940203
[xvii] Government of Ontario. *Dentistry Act, 1991,* S.O. 1991, c. 24. Last Updated June 3, 2021. Accessed October 1, 2024. https://www.ontario.ca/laws/statute/91d24

[xviii] Government of Ontario. *Dental Hygiene Act, 1991,* S.O. 1991, c. 22, O. Reg. 381/17: Designated Drugs. Last Updated September 29, 2017. Accessed October 1, 2024. https://www.ontario.ca/laws/regulation/170381
[xix] Government of Ontario. *Midwifery Act, 1991*, S.O. 1991, c. 31, O. Reg. 188/24: Designated Drugs and Substances. Last Updated May 3, 2024. Accessed October 1, 2024. https://www.ontario.ca/laws/regulation/240188
[xx] Government of Ontario. *Naturopathy Act, 2007*, S.O. 2007, c. 10, Sched. P, O. Reg. 168/15: General. Last updated May 15, 2023. Accessed October 1, 2024. https://www.ontario.ca/laws/regulation/150168
[xxi] Government of Ontario. *Nursing Act, 1991*, S.O. 1991, c. 32, O. Reg. 275/94: General. Last Updated December 4, 2023. Accessed October 1, 2024. https://www.ontario.ca/laws/regulation/940275
[xxii] Government of Ontario. *Optometry Act, 1991*, S.O. 1991, c. 35, O. Reg. 112/11: Designated Drugs and Standards of Practice. Last Updated February 6, 2017. Accessed October 1, 2024. https://www.ontario.ca/laws/regulation/110112
[xxiii] Government of Ontario. Pharmacy *Act, 1991*, O. Reg. 256/24. Last Updated June 19, 2024. Accessed October 1, 2024. https://www.ontario.ca/laws/regulation/240256
[xxiv] Ontario College of Pharmacists. Board of Directors Meeting Agenda Materials – September 15 – 16, 2024. Published September 8, 2024. Accessed October 17, 2024. https://www.ocpinfo.com/wp-content/uploads/2024/09/september-15-16-2024-board-meeting-agenda-materials.pdf
[xxv] Soon JA, Whelan AM, Yuksel N, Rafie S. Enhancing access to contraception through pharmacist prescribing across Canada. *Can Pharm J (Ott).* 2021;154(6):356-362. Published 2021 Sep 13. doi:10.1177/17151635211034534
[xxvi] Soon JA, Levine M, Osmond BL, Ensom MH, Fielding DW. Effects of making emergency contraception available without a physician's prescription: a population-based study [published correction appears in CMAJ. 2005 Apr 26;172(9):1164]. *CMAJ.* 2005;172(7):878-883. doi:10.1503/cmaj.045019
[xxvii] Stone RH, Rafie S, Ernest D, Scutt B. Emergency Contraception Access and Counseling in Urban Pharmacies: A Comparison between States with and without Pharmacist Prescribing. *Pharmacy (Basel).* 2020;8(2):105. Published 2020 Jun 19. doi:10.3390/pharmacy8020105
[xxviii] Norman WV, Soon JA, Panagiotoglou D, Albert A, Zed PJ. The acceptability of contraception task-sharing among pharmacists in Canada--the ACT-Pharm study. *Contraception*. 2015;92(1):55-61.
[xxix] Rodriguez MI, Hersh A, Anderson LB, Hartung DM, Edelman AB. Association of Pharmacist Prescription of Hormonal Contraception With Unintended Pregnancies and Medicaid Costs [published correction appears in Obstet Gynecol. 2019 Jul;134(1):182]. *Obstet Gynecol*. 2019;133(6):1238-1246. doi:10.1097/AOG.0000000000003265
[xxx] Elliot SL. Hot topics in erectile dysfunction. *BCMJ*. 2011;53(9):480-486. Published 2011 Nov. https://bcmj.org/articles/hot-topics-erectile-dysfunction
[xxxi] Domes T, Najafabadi BT, Roberts M, et al. Canadian Urological Association guideline: Erectile dysfunction. *Can Urol Assoc J*. 2021;15(10):310-322. doi:10.5489/cuaj.7572
[xxxii] Rodler S, von Büren J, Buchner A, et al. Epidemiology and Treatment Barriers of Patients With Erectile Dysfunction Using an Online Prescription Platform: A Cross-Sectional Study. *Sex Med*. 2020;8(3):370-377. doi:10.1016/j.esxm.2020.04.001
[xxxiii] Lee LJ, Maguire TA, Maculaitis MC, et al. Increasing access to erectile dysfunction treatment via pharmacies to improve healthcare provider visits and quality of life: Results from a prospective real-world observational study in the United Kingdom. *Int J Clin Pract*. 2021;75(4):e13849. doi:10.1111/ijcp.13849
[xxxiv] Government of British Columbia. Minor Ailments and Contraception Service (MACS). Last Updated September 7, 2023. Accessed October 16, 2023. https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/initiatives/ppmac
[xxxv] Nakhla N, Shiamptanis A. Pharmacist Prescribing for Minor Ailments Service Development: The Experience in Ontario. *Pharmacy (Basel).* 2021;9(2):96. Published 2021 Apr 27. doi:10.3390/pharmacy9020096
[xxxvi] medSask. Minor Ailments FAQs. University of Saskatchewan. Last Updated March 6, 2023. Accessed October 16, 2023. https://medsask.usask.ca/minor-ailment-guidelines/FAQs
[xxxvii] Government of Ontario. Pharmacy Act, 1991 Ontario Regulation 202/94: General. Last Updated October 1, 2023. Accessed October 16, 2023. https://www.ontario.ca/laws/regulation/940202

[xxxviii] LégisQuébec Official Source. M-9, r. 12.2.1 - Regulation respecting certain professional activities that may be engaged in by a pharmacist. Publications Québec. Last Updated July 1, 2023. Accessed October 16, 2023. https://www.legisquebec.gouv.qc.ca/en/document/cr/M-9,%20r.%2012.2.1
[xxxix] Government of Ontario. *Medicine Act, 1991*, S.O. 1991, c. 30. Last Updated July 24, 2023. Accessed October 4, 2024. https://www.ontario.ca/laws/statute/91m30
[xl] Canadian Foundation for Pharmacy. CFP Services Chart. Last Updated February 20, 2024. Accessed September 23, 2024. https://cfpnet.ca/wp-content/uploads/2024/03/CFP_ServicesChart_Feb2024.pdf
[xli] Donovan J, Tsuyuki RT, Al Hamarneh YN, Bajorek B. Barriers to a full scope of pharmacy practice in primary care: A systematic review of pharmacists' access to laboratory testing. *Can Pharm J (Ott).* 2019;152(5):317-333. Published 2019 Aug 6. doi:10.1177/1715163519865759
[xlii] Canadian Institute for Health Information. A lens on the supply of Canada's health workforce. Published November 17, 2022. Accessed January 11, 2023. https://www.cihi.ca/en/health-workforce-in-canada-in-focus-including-nurses-and-physicians/a-lens-on-the-supply-of-canadas
[xliii] Graham J, Hosseini Z. Impacts of COVID-19 on Canadian nursing homes and seniors' homes in 2021. Statistics Canada. Published September 13, 2022. Accessed January 11, 2023. https://www150.statcan.gc.ca/n1/pub/45-28-0001/2022001/article/00011-eng.htm
[xliv] The Honourable Eileen E. Gillese, Commissioner. Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System, Volume 3 – A Strategy for Safety. The Long-Term Care Homes Public Inquiry. Published July 31, 2019. Accessed February 4, 2022. http://longtermcareinquiry.ca/wp-content/uploads/LTCI_Final_Report_Volume3_e.pdf
[xlv] O'Donnell, D., Beaton, C., Liang, J., Basu, K., Hum, M., Propp, A., Yanni, L., Chen, Y., & Ghafari, P. (2020). Cost Impact of a Pharmacist-Driven Medication Reconciliation Program during Transitions to Long-Term Care and Retirement Homes. *Healthcare quarterly (Toronto, Ont.),* 23(3), 34–40. https://doi.org/10.12927/hcq.2020.26335
[xlvi] Lexow M, Wernecke K, Sultzer R, Bertsche T, Schiek S. Determine the impact of a structured pharmacist-led medication review - a controlled intervention study to optimise medication safety for residents in long-term care facilities. *BMC Geriatr.* 2022;22(1):307. Published 2022 Apr 9. doi:10.1186/s12877-022-03025-3
[xlvii] Ontario College of Pharmacists. Quality Assurance Program. Accessed September 27, 2024. https://www.ocpinfo.com/practice-education/qa-program/
[xlviii] Canadian Pharmacists Association. Prescribing Authority of Pharmacists Across Canada. Last Updated June 2024. Accessed September 23, 2024. https://www.pharmacists.ca/cpha-ca/assets/File/pharmacy-in-canada/PharmacistPrescribingAuthority_June24_EN_web.pdf
[xlix] Pharmacy Association of Nova Scotia. Pharmacy Services in Nova Scotia: Prescriber's Guide. Last Updated August 2024. Accessed September 25, 2024. https://pans.ns.ca/sites/default/files/huhy_guide_august_1_2024.pdf
[l] Ciccotelli, WC. Group A Streptococcal Pharyngitis. In: *Therapeutic Choices*. Canadian Pharmacists Association. Updated November 15, 2023. Accessed October 4, 2024. https://www.e-therapeutics.ca
[li] Miller, PF. Fungal Nail Infections (Onychomycosis). In: *Therapeutic Choices*. Canadian Pharmacists Association. Updated April 15, 2019. Accessed October 4, 2024. https://www.e-therapeutics.ca
[lii] Miller, PF. Fungal Skin Infections. In: *Therapeutic Choices*. Canadian Pharmacists Association. Updated March 6, 2023. Accessed October 4, 2024. https://www.e-therapeutics.ca
[liii] Goldstein, AO, Goldstein BG. Dermatophyte (tinea) infections. In: Post T, ed. *UpToDate*. UpToDate; 2024. Accessed October 4, 2024. www.uptodate.com
[liv] Ely JW, Rosenfeld S, Seabury Stone M. Diagnosis and management of tinea infections. *Am Fam Physician*. 2014;90(10):702-710.
[lv] Ontario College of Pharmacists. Checklist for Opening a New Pharmacy – Community. Last Updated October 2023. Accessed September 30, 2024. https://www.ocpinfo.com/wp-content/uploads/documents/Checklist_for_Opening_a_New_Pharmacy.pdf
[lvi] Government of Ontario. *Regulated health Professions Act*, S.O. 1991, c. 18. Last Updated July 1, 2024. Accessed October 1, 2024. https://www.ontario.ca/laws/statute/91r18

[lvii] Ontario College of Pharmacists. Board of Directors Meeting Materials – September 15-16, 2024. Accessed September 30, 2024. https://www.ocpinfo.com/wp-content/uploads/2024/09/september-15-16-2024-board-meeting-agenda-materials.pdf
[lviii] Government of British Columbia. *Health Profession Act* Pharmacists Regulation, B.C. Reg. 417/2008. Last Updated June 1, 2023. Accessed October 1, 2024. https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/417_2008
[lix] Government of Alberta. *Health Professions Act*, Chapter H-7. Last Updated June 21, 2024. Accessed October 1, 2024. https://kings-printer.alberta.ca/1266.cfm?page=H07.cfm&leg_type=Acts&isbncln=9780779786886&display=html
[lx] Government of Alberta. *Health Professions Act* – Health Professions Restricted Activity Regulation, Alberta Regulation 22/2023. Last Updated March 8, 2023. Accessed October 1, 2024. https://kings-printer.alberta.ca/documents/Regs/2023_022.pdf
[lxi] Alberta College of Pharmacy. Standards of Practice for Pharmacists and Pharmacy Technicians. Last Updated Juen 2023. Accessed October 1, 2024. https://abpharmacy.ca/wp-content/uploads/Standards_SPPPT.pdf
[lxii] Saskatchewan College of Pharmacy Professionals. The Regulatory Bylaws of the Saskatchewan College of Pharmacy Professionals. Last Updated March 1, 2024. Accessed October 1, 2024. https://scp.in1touch.org/document/3584/Bylaws_Regulatory_20170825.pdf
[lxiii] Saskatchewan College of Pharmacy Professionals. General Provisions for Prescribing Authority Reference Manual. Last Updated September 12, 2024. Accessed October 1, 2024. https://saskpharm.ca/document/12288/REF_General_Provisions_Prescribing%20Authority.pdf
[lxiv] Government of Manitoba. *The Pharmaceutical Act*, C.C.S.M. c. P60, Pharmaceutical Regulation, Regulation 185/2013. Last Updated December 16, 2013. Accessed October 1, 2024. https://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=185/2013
[lxv] College of Pharmacists of Manitoba. A Guide to Pharmacy Practice in Manitoba. Published December 2013. Last Updated January 2022. Accessed October 1, 2024. https://cphm.ca/wp-content/uploads/Resource-Library/Guidelines/Guide-to-Pharmacy-Practice-Final.pdf
[lxvi] Gouvernement du Québec. *Pharmacy Act,* chapter P-10. Publications Québec. Last Updated December 10, 2015. Accessed October 1, 2024. https://www.legisquebec.gouv.qc.ca/fr/document/lc/P-10/20151210?langcont=en
[lxvii] New Brunswick College of Pharmacists. Regulations of the New Brunswick College of Pharmacists. Last Updated July 30, 2024. Accessed October 1, 2024. https://nbpharmacists.ca/wp-content/uploads/2024/07/2024-REGS-bilingual-July-30-2024.pdf
[lxviii] Nova Scotia College of Pharmacists. Standards of Practice: Prescribing Drugs. Published December 2019. Last Updated July 2024. Accessed October 1, 2024. https://www.nspharmacists.ca/wp-content/uploads/2014/11/SOP_PrescribingDrugs_May2024.pdf
[lxix] Pharmacy Association of Nova Scotia. Pharmacy Services in Nova Scotia: Prescriber's Guide. Last Updated August 2024. Accessed October 1, 2024. https://pans.ns.ca/sites/default/files/huhy_guide_august_1_2024.pdf
[lxx] Government of Prince Edward Island. *Regulated Health Professions Act,* Pharmacist and Pharmacy Technician Regulations. Last Updated September 14, 2024. Accessed October 1, 2024. https://www.princeedwardisland.ca/sites/default/files/legislation/r10-1-07-regulated_health_professions_act_pharmacist_and_pharmacy_technician_regulations.pdf
[lxxi] Newfoundland and Labrador Pharmacy Board. Standards of Practice: Prescribing by Pharmacists. Published November 2019. Last Updated March 2023. Accessed October 1, 2024. https://nlpb.ca/media/SOPP-Prescribing-by-Pharmacists-Mar2023.pdf
[lxxii] Canadian Foundation for Pharmacy. Professional service fees and claims data for government-sponsored pharmacist services, by province. Published January 20, 2023. Accessed October 16, 2023. https://cfpnet.ca/bank/document_en/237-2023-january-services-chart.pdf
[lxxiii] Donovan J, Tsuyuki RT, Al Hamarneh YN, Bajorek B. Barriers to a full scope of pharmacy practice in primary care: A systematic review of pharmacists' access to laboratory testing. *Can Pharm J (Ott).* 2019;152(5):317-333. Published 2019 Aug 6. doi:10.1177/1715163519865759

[lxxiv] Papastergiou J, Trieu CR, Saltmarche D, Diamantouros A. Community pharmacist-directed point-of-care group A Streptococcus testing: Evaluation of a Canadian program. *J Am Pharm Assoc (2003).* 2018;58(4):450-456. doi:10.1016/j.japh.2018.03.003
[lxxv] Lathia N, Sullivan K, Tam K, et al. Cost-minimization analysis of community pharmacy-based point-of-care testing for strep throat in 5 Canadian provinces. *Can Pharm J (Ott).* 2018;151(5):322-331. Published 2018 Aug 17. doi:10.1177/1715163518790993
[lxxvi] Sanyal, C., Husereau, D. R., Beahm, N. P., Smyth, D., & Tsuyuki, R. T. (2019). Cost-effectiveness and budget impact of the management of uncomplicated urinary tract infection by community pharmacists. *BMC health services research*, *19*(1), 499. https://doi.org/10.1186/s12913-019-4303-y
[lxxvii] Kim, J. J., Tian, A. H., Pham, L., Nakhla, N., Houle, S., Wong, W., & Alsabbagh, M. W. (2021). Economic evaluation of pharmacists prescribing for minor ailments in Ontario, Canada: a cost-minimization analysis. *The International journal of pharmacy practice*, *29*(3), 228–234. https://doi.org/10.1093/ijpp/riab006
[lxxviii] Marra, C., Lynd, L., Grindrod, K., Joshi, P. & Isakovic, A. An Overview of Pharmacy Adaptation Services in British Columbia. Government of British Columbia. Published 2010. Accessed September 27, 2022. https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/coreadaptationoverview.pdf
[lxxix] Ontario College of Pharmacists. (2021, June 17). Virtual Care Policy. Accessed April 12, 2022. https://www.ocpinfo.com/regulations-standards/practice-policies-guidelines/virtual-care-policy/
[lxxx] Bank of Canada. Inflation Calculator. Accessed January 28, 2024. https://www.bankofcanada.ca/rates/related/inflation-calculator/
[lxxxi] MENTORx. Costs of Ontario Community Pharmacy Services – 2008. Prepared for the Canadian Association of Chain Drug Stores & Ontario Pharmacists Association. Published June 27, 2008. Accessed October 12, 2023.
[lxxxii] Telus Health. 2023 Drug Data Trends & National Benchmarks. Accessed January 28, 2024. https://read.uberflip.com/i/1501248-telus-health-report-2023/43?
[lxxxiii] Canadian Institute for Health Information. National Prescription Drug Utilization Information System Plan Information Document. Published July 31, 2021. Accessed January 28, 2024. https://secure.cihi.ca/free_products/npduis-plan-information-2021-en.pdf
[lxxxiv] Ontario College of Pharmacists. Dispensing Components Included in the Usual and Customary Fee. Published 1999. Updated 2011. Accessed January 20, 2023. https://www.ocpinfo.com/regulations-standards/practice-policies-guidelines/usual-customary/
[lxxxv] Pizetta B, Raggi LG, Rocha KSS, Cerqueira-Santos S, de Lyra-Jr DP, Dos Santos Júnior GA. Does drug dispensing improve the health outcomes of patients attending community pharmacies? A systematic review. *BMC Health Serv Res.* 2021;21(1):764. Published 2021 Aug 2. doi:10.1186/s12913-021-06770-0
[lxxxvi] Association of Compounding Pharmacists of Canada. About Compounding. Accessed January 22, 2023. https://acpcrx.org/about-compounding/
[lxxxvii] Ontario Newsroom. Reforming Ontario's Drug System. Published April 7, 2010. Accessed January 26, 2023. https://news.ontario.ca/en/backgrounder/11563/reforming-ontarios-drug-system
[lxxxviii] The Honourable Eileen E. Gillese, Commissioner. Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System, Volume 3 – A Strategy for Safety. The Long-Term Care Homes Public Inquiry. Published July 31, 2019. Accessed February 4, 2022. http://longtermcareinquiry.ca/wp-content/uploads/LTCI_Final_Report_Volume3_e.pdf
[lxxxix] Canadian Institute for Health Information. Drug Use Among Seniors in Canada, 2016. Published 2018. Accessed January 11, 2023. https://secure.cihi.ca/free_products/drug-use-among-seniors-2016-en-web.pdf
[xc] Lexow M, Wernecke K, Sultzer R, Bertsche T, Schiek S. Determine the impact of a structured pharmacist-led medication review - a controlled intervention study to optimise medication safety for residents in long-term care facilities. *BMC Geriatr.* 2022;22(1):307. Published 2022 Apr 9. doi:10.1186/s12877-022-03025-3
[xci] Canadian Institute for Health Information. A lens on the supply of Canada's health workforce. Published November 17, 2022. Accessed January 11, 2023. https://www.cihi.ca/en/health-workforce-in-canada-in-focus-including-nurses-and-physicians/a-lens-on-the-supply-of-canadas

[xcii] Graham J, Hosseini Z. Impacts of COVID-19 on Canadian nursing homes and seniors' homes in 2021. Statistics Canada. Published September 13, 2022. Accessed January 11, 2023. https://www150.statcan.gc.ca/n1/pub/45-28-0001/2022001/article/00011-eng.htm
[xciii] O'Donnell, D., Beaton, C., Liang, J., Basu, K., Hum, M., Propp, A., Yanni, L., Chen, Y., & Ghafari, P. (2020). Cost Impact of a Pharmacist-Driven Medication Reconciliation Program during Transitions to Long-Term Care and Retirement Homes. *Healthcare quarterly (Toronto, Ont.),* 23(3), 34–40. https://doi.org/10.12927/hcq.2020.26335
[xciv] Institute for Safe Medication Practices (ISMP). ISMP National Vaccine Errors Reporting Program: 2020-2021 Analysis Focuses on Age-Related, Non-Covid-19 Vaccine Errors. Published September 22, 2022. Accessed August 14, 2023. https://www.ismp.org/resources/ismp-national-vaccine-errors-reporting-program-2020-2021-analysis-focuses-age-related-non
[xcv] Fonseca J, Pearson Sharpe J, Houle SKD, Waite NM. Time for harmonization: Pharmacists as immunizers across Canadian jurisdictions [published correction appears in Can Pharm J (Ott). 2020 Apr 1;153(3):140]. *Can Pharm J (Ott).* 2019;152(6):395-400. Published 2019 Oct 20. doi:10.1177/1715163519879179
[xcvi] LégisQuebec Official Source. p-10, r. 3.1 - Regulation respecting the administration of medication by pharmacists. Publications Quebec. Published January 25, 2021. Accessed August 17, 2023. https://www.legisquebec.gouv.qc.ca/en/document/cr/P-10,%20r.%203.1%20/
[xcvii] Ontario College of Pharmacists. Protecting the Cold Chain Guideline. Published September 2012. Last Updated July 2021. Accessed September 23, 2024. https://www.ocpinfo.com/regulations-standards/practice-policies-guidelines/cold-chain/
[xcviii] Statistic Canada. Table 13-10-0096-16 - Has a regular healthcare provider, by age group. Published August 26, 2022. Updated August 24, 2023. Accessed August 24, 2023. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009616&pickMembers%5B0%5D=1.7&pickMembers%5B1%5D=3.1&cubeTimeFrame.startYear=2020&cubeTimeFrame.endYear=2021&referencePeriods=20200101%2C20210101
[xcix] Stratoberdha D, Gobis B, Ziemczonek A, Yuen J, Giang A, Zed PJ. Barriers to adult vaccination in Canada: A qualitative systematic review. *Can Pharm J (Ott).* 2022;155(4):206-218. Published 2022 Jun 6. doi:10.1177/17151635221090212
[c] Buchan SA, Rosella LC, Finkelstein M, et al. Impact of pharmacist administration of influenza vaccines on uptake in Canada. *CMAJ*. 2017;189(4):E146-E152. doi:10.1503/cmaj.151027
[ci] Government of Canada. Highlights from the 2021 childhood National Immunization Coverage Survey (cNICS). Last Updated June 20, 2023. Accessed August 14, 2023. https://www.canada.ca/en/public-health/services/immunization-vaccines/vaccination-coverage/2021-highlights-childhood-national-immunization-coverage-survey.html
[cii] 19 to Zero. The State of Routine Immunizations Following the COVID-19 Pandemic National Polling Results. Last updated October 2021. Accessed August 14, 2023. https://docs.google.com/presentation/d/e/2PACX-1vQ6EHNpscpIRJSJqeQk1DoIv9JLFknpRFqg9PNXnm1V6yjxB-cLQ5amLfBwB8Kx3Q/pub?start=false&loop=false&delayms=3000&slide=id.p1
[ciii] Ministry of Health. Guidance for Routine & Catch-up Immunization Services, Version 5. Last Updated April 2023. Accessed August 24, 2023. https://health.gov.on.ca/en/pro/programs/immunization/docs/Guidance_for_Routine_CatchUp_Immunization_Services.pdf
[civ] Le LM, Veettil SK, Donaldson D, et al. The impact of pharmacist involvement on immunization uptake and other outcomes: An updated systematic review and meta-analysis. *J Am Pharm Assoc (2003).* 2022;62(5):1499-1513.e16. doi:10.1016/j.japh.2022.06.008
[cv] Ontario Health Quality. Measuring Up 2019. Health Quality Ontario. Published 2019. Accessed August 24, 2023. https://www.hqontario.ca/Portals/0/Documents/pr/measuring-up-2019-en.pdf
[cvi] O'Reilly DJ, Blackhouse G, Burns S, et al. Economic analysis of pharmacist-administered influenza vaccines in Ontario, Canada. *Clinicoecon Outcomes Res*. 2018;10:655-663. Published 2018 Oct 24. doi:10.2147/CEOR.S167500

[cvii] Gagnon-Arpin, I., Dobrescu, A., Sutherland, G., Stonebridge, C., & Dinh, T. The Value of Expanded Pharmacy Services in Canada. Ottawa: The Conference Board of Canada, 2017. Accessed July 29, 2021. https://www.conferenceboard.ca/temp/62b28f7d-8e34-40e1-8604-c95de00655a8/8721_Expanded%20Pharmacy_RPT.pdf
[cviii] Institute for Safe Medication Practices (ISMP). ISMP National Vaccine Errors Reporting Program: 2020-2021 Analysis Focuses on Age-Related, Non-Covid-19 Vaccine Errors. Published September 22, 2022. Accessed August 14, 2023. https://www.ismp.org/resources/ismp-national-vaccine-errors-reporting-program-2020-2021-analysis-focuses-age-related-non
[cix] Ontario Immunization Advisory Committee (OIAC). Position Statement: A Provincial Immunization Registry for Ontario. Public Health Ontario. Published September 2024. Accessed October 4, 2024. https://www.publichealthontario.ca/-/media/Documents/O/24/oiac-position-statement-provincial-immunization-registry.pdf
[cx] Piché-Renaud PP, Ji C, Farrar DS, et al. Impact of the COVID-19 pandemic on the provision of routine childhood immunizations in Ontario, Canada. *Vaccine*. 2021;39(31):4373-4382. doi:10.1016/j.vaccine.2021.05.094
[cxi] Public Health Ontario. Immunization Coverage Report for School Pupils in Ontario: 2019-20 to 2022-23 School Years. Published March 2024. Accessed September 23, 2024. https://www.publichealthontario.ca/-/media/Documents/I/24/immunization-coverage-2019-2023.pdf
[cxii] Ontario College of Family Physicians. Background: INSPIRE-PHC Research Findings for Ontario. Published April 2023. Accessed August 4, 2023. https://www.ontariofamilyphysicians.ca/news-features/news/backgrounder-research-findings-april-2023.pdf
[cxiii] Richardson B, Hussain Y. Proof Point: Canada needs more doctors – and fast. Royal Bank of Canada. Published November 23, 2022. Accessed August 4, 2023. https://thoughtleadership.rbc.com/proof-point-canada-needs-more-doctors-and-fast/
[cxiv] Office of the Auditor General of Ontario. Value-for-Money Audit: COVID-19 Vaccination Program. Published November 2022. Accessed March 13, 2023. https://www.auditor.on.ca/en/content/annualreports/arreports/en22/AR_COVIDVaccination_en22.pdf
[cxv] Ontario College of Pharmacists. Administering a Substance by Injection. Last Updated July 1, 2023. Accessed August 6, 2023. https://www.ocpinfo.com/regulations-standards/practice-policies-guidelines/injection/
[cxvi] Canadian Pharmacists Association. Injection Authority and Vaccine Administration in Pharmacies Across Canada. Last Updated May 2024. Accessed September 24, 2024. https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/Scope-of-Practice-Immunization_May2024_EN.pdf
[cxvii] Jermini M, Fonzo-Christe C, Blondon K, et al. Financial impact of medication reviews by clinical pharmacists to reduce in-hospital adverse drug events: a return-on-investment analysis. *Int J Clin Pharm*. 2024;46(2):496-505. doi:10.1007/s11096-023-01683-w
[cxviii] Wu C, Bell CM, Wodchis WP. Incidence and economic burden of adverse drug reactions among elderly patients in Ontario emergency departments: a retrospective study. *Drug Saf*. 2012;35(9):769-781. doi:10.1007/BF03261973
[cxix] Ontario College of Family Physicians. More Than Four Million Ontarians Will Be Without a Family Doctor by 2026. Published November 7, 2023. Accessed April 23, 2024. https://ontariofamilyphysicians.ca/news/more-than-four-million-ontarians-will-be-without-a-family-doctor-by-2026/
[cxx] National Center for Advancing Translational Services. Toolkit for Patient-Focused Therapy Development: Glossary – Clinical outcome. Accessed October 4, 2024. https://toolkit.ncats.nih.gov/glossary/clinical-outcome/
[cxxi] Jermini M, Fonzo-Christe C, Blondon K, et al. Financial impact of medication reviews by clinical pharmacists to reduce in-hospital adverse drug events: a return-on-investment analysis. *Int J Clin Pharm*. 2024;46(2):496-505. doi:10.1007/s11096-023-01683-w
[cxxii] Wu C, Bell CM, Wodchis WP. Incidence and economic burden of adverse drug reactions among elderly patients in Ontario emergency departments: a retrospective study. *Drug Saf*. 2012;35(9):769-781. doi:10.1007/BF03261973

[cxxiii] Office of the Auditor General of Ontario. (2019). 2019 Annual Report - Chapter 1 Section 1.09 Ontario Public Drug Programs: Follow-Up on VFM Section 3.09, 2017 Annual Report. Accessed September 5, 2022. https://www.auditor.on.ca/en/content/annualreports/arreports/en19/v4_109en19.pdf
[cxxiv] Ministry of Health and Long-Term Care Drugs and Devices Division. (2019, April 25). Notice: Proposals to Establish More Efficient Pharmacy Reimbursement Policies. Accessed September 5, 2022. https://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/exec_office_20190426.pdf
[cxxv] Integrated Health Services, Medication without Harm. Medication safety in transitions of care. World Health Organization. Published June 20, 2019. Accessed September 5, 2022. https://www.who.int/publications/i/item/WHO-UHC-SDS-2019.9
[cxxvi] Lapointe-Shaw L, Bell CM, Austin PC, et al. Community pharmacy medication review, death and re-admission after hospital discharge: a propensity score-matched cohort study. *BMJ Qual Saf*. 2020;29(1):41-51. doi:10.1136/bmjqs-2019-009545
[cxxvii] Lussier ME, Evans HJ, Wright EA, Gionfriddo MR. The impact of community pharmacist involvement on transitions of care: A systematic review and meta-analysis. *J Am Pharm Assoc (2003).* 2020;60(1):153-162.e5. doi:10.1016/j.japh.2019.07.002
[cxxviii] Took RL, Liu Y, Kuehl PG. A Study to Identify Medication-Related Problems and Associated Cost Avoidance by Community Pharmacists during a Comprehensive Medication Review in Patients One Week Post Hospitalization. *Pharmacy (Basel).* 2019;7(2):51. Published 2019 May 29. doi:10.3390/pharmacy7020051
[cxxix] Luder HR, Frede SM, Kirby JA, et al. TransitionRx: Impact of community pharmacy postdischarge medication therapy management on hospital readmission rate. *J Am Pharm Assoc (2003).* 2015;55(3):246-254. doi:10.1331/JAPhA.2015.14060
[cxxx] Ontario Health. Medication Safety: Care in All Settings Quality Standards. Health Quality Ontario. Published 2021. Accessed April 22, 2024. https://hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-medication-safety-quality-standard-en.pdf
[cxxxi] Shane A, Argáez C. *Pharmacist-Led Medication Reviews: A Review of Clinical Utility and Cost-Effectiveness.* Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; September 6, 2019.
[cxxxii] Ontario Newsroom. Improving Ontario's Drug System. Government of Ontario. Published June 7, 2010. Accessed June 25, 2024. https://news.ontario.ca/en/backgrounder/12544/improving-ontarios-drug-system
[cxxxiii] Ignacy TA, Camacho X, Mamdani MM, Juurlink DN, Paterson JM, Gomes T. Professional Pharmacy Services and Patient Complexity: An Observational Study. *J Pharm Pharm Sci*. 2015;18(5):863-870. doi:10.18433/j3z60q
[cxxxiv] Pechlivanoglou P, Abrahamyan L, MacKeigan L, et al. Factors affecting the delivery of community pharmacist-led medication reviews: evidence from the MedsCheck annual service in Ontario. *BMC Health Serv Res*. 2016;16(1):666. Published 2016 Nov 21. doi:10.1186/s12913-016-1888-2
[cxxxv] CCO and Ontario Agency for Health Protection and Promotion (Public Health Ontario). The Burden of Chronic Diseases in Ontario - Key Estimates to Support Efforts in Prevention. Public Health Ontario. Published July 2019. Accessed April 23, 2024. https://www.publichealthontario.ca/-/media/Documents/C/2019/cdburden-report.pdf?rev=fbf6ca2fc4534442adee001f92cb4fcf&sc_lang=en
[cxxxvi] Robberechts A, Brumer M, Garcia-Cardenas V, et al. Medication Review: What's in a Name and What Is It about?. *Pharmacy (Basel).* 2024;12(1):39. Published 2024 Feb 19. doi:10.3390/pharmacy12010039
[cxxxvii] Mansell K, Arnason T. Diabetes Mellitus. In: *Therapeutic Choices*. Canadian Pharmacists Association. Updated November 27, 2023. Accessed October 4, 2024. https://www.e-therapeutics.ca
[cxxxviii] Larkins MC, Thombare A. Point-of-Care Testing. [In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Last Updated May 29. 2023. Accessed October 4, 2024. https://www.ncbi.nlm.nih.gov/books/NBK592387/