



October 30, 2020

The Honourable Rod Phillips
Minister of Finance
Frost Building South, 7th Floor
7 Queen's Park Crescent
Toronto, ON M7A 1Y7

Dear Minister Phillips,

On behalf of approximately 10,000 pharmacists, pharmacy technicians and pharmacy students who comprise the membership of the Ontario Pharmacists Association ('OPA', the 'Association'), we are pleased to provide our written submission as part of the 2020 Fall Budget consultation process.

Investing in pharmaceutical care delivers a significant return on investment for the Ontario government. The Ontario Pharmacists Association is proud to represent the pharmacy profession, and the professionals working within it. We are also proud of the work we do to support our patients and the broader healthcare system. And we are equally proud of our role in supporting the province's economy by contributing \$6.3 billion to Ontario's Gross Domestic Product and supporting 60,000 jobs.

The COVID-19 pandemic has certainly challenged our profession. Since March, Ontario's pharmacists have remained on the frontlines supporting our communities through this pandemic. Pharmacies kept their doors open to ensure continuity in access to care and even expanded access to services for our patients to help keep them safe and healthily. Pharmacists across the province innovated their practices to allow for social distancing, increased access to virtual or telephone consults for patients and expanded access to home deliveries to ensure that care could be maintained throughout these challenging past few months.

Today we are building on this work by advocating for Ontario's highly trusted pharmacy professionals to play a larger role in helping the government build a healthcare system that is there for Ontarians when and where they need it most. Our requests to government are the following:

- 1. Re-engage the Pharmacy Table and work towards establishing a longer-term Pharmacy Agreement.**
- 2. Expand pharmacists' scope of practice to enable pharmacists to assess and, if necessary, prescribe within a publicly funded common or minor ailments program for all Ontarians.**
- 3. Allow pharmacists to ensure continuity of care for patients by enabling therapeutic substitution to help manage drug shortages.**

An investment in pharmacy is a signal to the people of Ontario that their health matters, and that they deserve better access to high quality care. Pharmacists are the most accessible healthcare providers with the training and expertise to create additional capacity in the healthcare system. By enabling pharmacists to treat more patients in the community within a cost-effective model, we deliver a significant government return on investment when compared to other parts of the system.



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We know that in provinces like Saskatchewan a successful common ailments program has demonstrated a positive return on investment of \$2.53 for every \$1 invested. It's time to invest in a similar model in Ontario and work towards achieving the government's goal of building safer and healthier communities.

Through several public opinion polls, we also know that the public supports the concept of pharmacists assessing and, if necessary, treating for common ailments in Ontario. We are part of the solution to your healthcare transformation agenda.

As the government continues in its response to COVID-19, it should continue to leverage the full scope, education and expertise of pharmacy professionals. Building off the government's decision to utilize community pharmacists to expand testing capacity, and with the recent approval and arrival of new testing devices for COVID-19 in Canada, pharmacists need to continue to play a role in ensuring province-wide access to asymptomatic testing.

We can play a positive role in health system transformation.

OPA is supportive of the government's efforts to move to a more connected and sustainable healthcare system centred around the needs of patients while contributing to and supporting multidisciplinary care. The Association recognizes that ending "hallway healthcare" is a multifaceted challenge that requires an equally comprehensive response and we are encouraged by the efforts you have made to date.

We have a shared goal with your government ensuring that Ontarians can receive the right care at the right place and at the right time, ideally within their communities and closer to home. The government's previously announced investments in home care, long-term care and mental health are positive steps forward, as has been the introduction of Ontario Health Teams, towards this goal.

Ontario's pharmacy professionals are ready and eager to help the Ontario government achieve its ambitious health transformation agenda. More than 87 percent of our members agree that they can play a larger role in helping the government reduce pressures elsewhere in the healthcare system.

We will build on the progress already being made.

Over the past two years OPA and the Ontario government have worked together to advance policies that will provide better access to care for patients and protect the sustainability of Ontario's healthcare system.

In last year's budget we welcomed the news that the government is looking at ways to build on the profound success of the flu shot program to further expand pharmacists' scope of practice to deliver faster, more accessible patient-centred care.

Last year, more than 1.2 million flu shots were administered to Ontarians by community pharmacists, helping to boost immunization rates, drive herd immunity and mitigate cases of influenza-like illnesses (ILI). Such contributions toward population health are invaluable and help prevent unwanted primary care, walk-in clinic and emergency room visits. This year, it is expected that pharmacists will administer even more flu shots, including the high-dose flu vaccine to people 65 years and older. At the same time, pharmacists across Ontario have stepped up to help increase access to COVID-19 testing across the province by offering testing at community pharmacies.

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Imagine the potential of our healthcare system if we could leverage the success of these programs and build on them. We urge the government to enable pharmacists to provide more care to patients – more conveniently and closer to home – easing the strain on public health systems and delivering on the shared priority of building safer and healthier communities.

We can help tackle some of our health system’s biggest challenges.

While there have been improvements made within the past number of years, there are still many challenges. The battle against hallway healthcare is far from over. The healthcare system is still under mounting demographic pressures that risk driving overall system costs to unsustainable levels.

People continue to wait far too long to see their primary care provider and are resorting to costly hospital emergency department visits. Today, only 43 percent of Ontarians can book an appointment with their primary care provider on the same or next day, and with every day that passes without a patient being assessed for common yet troublesome conditions, such as urinary tract infections or pink eye, is a day of increasing pain and discomfort, let alone the risk of increased workplace absenteeism and decreased productivity.

While the Association recognizes and supports the Ontario government’s mandate to ensure fiscal responsibility and accountability in Ontario, we also know there are investments the government can and should make today to improve access to patient care and contribute to health system sustainability for this and future generations.

Given the current challenges and opportunities within Ontario’s healthcare sector, the Ontario Pharmacists Association offers three key recommendations for the government as it prepares its next budget for the People of Ontario:

Recommendations

1. Re-engage the Pharmacy Table and work towards establishing a longer-term Pharmacy Agreement.

The Ministry of Health (‘Ministry’) and OPA have shared goals. Pharmacists serve their patients to the best of their ability and can improve the efficiency and effectiveness of the healthcare system. This mission dovetails with the Ministry’s wishes to provide Ontarians with the highest quality of care and the greatest degree of access in the most sustainable and cost-efficient manner possible.

Last year, through Pharmacy Table deliberations, OPA and the Ministry worked collaboratively to deliver on a number of shared priorities, including the allowance for private label generic drug product inclusion on the Drug Benefit Formulary and the removal of the 10 per cent cap on ordinary commercial terms. Notwithstanding the sometimes-challenging issues impacting the profession, such as the recent funding reductions, the Pharmacy Table process was proven to be an efficient, collaborative and consultative model that needs to be leveraged.

OPA proposes re-engaging and formalizing the Pharmacy Table to enable the pharmacy sector and government to continue to work collaboratively and strategically, and to begin discussions toward a longer-term and mutually beneficial Pharmacy Agreement.



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Among the shared objectives on which we would like to work together are:

- Ensuring Ontario patients receive the highest quality care from all pharmacy professionals across the province, regardless of their practice setting or geographic location.
- Providing Ontarians with timely access to a pharmacist, close to home or virtually, for the provision of medication, healthcare and wellness services as needed.
- Ensuring long-term sustainability of the Ontario Public Drug Program.
- Creating greater financial predictability in the pharmacy sector and avoiding economic shocks and undue financial pressure to pharmacy and the Ministry.
- Reviving the dormant Ontario Pharmacy Council, as defined in section 1.4 of the *Ontario Drug Benefit Act, R.S.O. 1990*¹ to evaluate current services while exploring new additional services pharmacists can provide to patients as alternatives to more costly options elsewhere in the healthcare system, thereby leveraging the expertise of highly trained pharmacy professionals who, for many years, have been doing much more than dispensing medications.
- Exploring how pharmacists can be leveraged to drive the Ministry's public and population healthcare initiatives including, but not limited to, point-of-care testing, immunization, deprescribing, pain management and mental health and addiction services.
- Reaching agreement on fair and reasonable remuneration for pharmacy services, existing or new.

The establishment of a Pharmacy Agreement between a provincial government and the respective pharmacy association is not a new phenomenon. Pursuit of such an agreement in Ontario would, in fact, be consistent with other provincial jurisdictions, including Alberta, New Brunswick, Nova Scotia and PEI. With the re-engagement of the Pharmacy Table and a multi-year Pharmacy Agreement, the Ministry and OPA would collaborate to identify emerging issues and would resolve them together without unexpected and unwanted financial and operational pressures to the government, the profession, patients/taxpayers and the system overall.

Summary for Recommendation #1: The Ministry of Health should enhance and entrench its relationship with the Ontario Pharmacists Association by re-engaging the Pharmacy Table and work towards entering into a formalized agreement to facilitate decision-making, strengthen the profession, create greater cost certainty and optimize delivery of healthcare services from pharmacy professionals.

2. Expand pharmacists' scope of practice to enable pharmacists to assess and, if necessary, treat patients within a publicly funded common ailments program for all Ontarians.

Today in Ontario, patients who need help for the treatment of common, minor ailments must visit their primary care provider, walk-in clinic or a local hospital emergency department. In many cases, this means waiting two days for an appointment or hours in a walk-in clinic or an emergency department.

Meanwhile, there are more than 4,400 community pharmacy locations in practically every community across the province that can help, many of which are easily accessible, open extended hours and, in some instances, open 24 hours. Eight out of ten provinces are already realizing the benefits of

¹ Ontario Drug Benefit Act, R.S.O. 1990. Accessed on Oct. 28 on e-Laws at <https://www.ontario.ca/laws/statute/90o10#BK5>



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pharmacists serving as a patient's first point-of-entry into the health system for the assessment and treatment of common, minor ailments.

OPA is encouraged by the government's proposed reforms and is prepared to do its part to create capacity and end hallway healthcare. With over four years of university-based clinical education in a comprehensive curriculum, plus a requirement for ongoing post-graduate continuing health education, pharmacists have the training, knowledge and expertise needed to treat common, minor ailments such as pink eye, eczema, urinary tract and sinus infections, among many others. By taking on this expanded scope, pharmacists can help to:

- Alleviate certain pressures from primary care offices, walk-in clinics and hospital ERs by triaging and treating low-acuity cases in the community pharmacy;
- Mitigate unnecessary waits and bottlenecks from the system, allowing patients to get better, faster;
- Contribute to employer workplace productivity and decreased absenteeism by reducing the need for employees to take time off work to see their physician in their typical 9-to-5 medical office model; and
- Enable cost-effective care in the community. For example, pharmacy assessments and treatment plans may help to reduce drug plan cost by potentially shifting to greater use of over-the-counter products and/or simple lifestyle recommendations.

Activating pharmacists in their communities to provide assessments on common or minor ailments will have a significant impact on cost savings in the healthcare system. Successful common ailment programs have proven beneficial for patients and the healthcare systems in provinces such as Saskatchewan, Nova Scotia and Alberta. A made-in-Ontario model could adopt the best components of these programs and allow for a simplified and proven implementation. One study conducted by Accenture in 2013 projected that healthcare savings due to a minor ailments program are anticipated to be realized in the first year of the program with over half a million dollars in savings. Over a five-year period, it is expected that the province could save a total of \$12.33M (the report illustrates seven scenarios that could deliver a minimum savings of \$7.51M and a maximum of \$116.55M in savings) by enabling a pharmacist-administered minor ailment program.

While an agreed-upon rate would require further discussion with the Ministry through the Pharmacy Table and would ultimately be entrenched in a Pharmacy Agreement, OPA proposes a \$20 per assessment fee that would both facilitate uptake of services within the profession while driving system savings. The government would benefit from following the lead of Nova Scotia which allocated a specific primary care funding envelop for these for these types of pharmacy-based services.

Furthermore, a research paper published in *Cost Effectiveness and Resource Allocation*² that compared Saskatchewan's common ailment program with those in the U.K. showed that pharmacist prescribing programs would free up time to allow primary care providers to focus on more complex patients. In Scotland, where community pharmacists could prescribe for 12 conditions, there was a 38 per cent

² Rafferty, E., Yaghoubi, M., Taylor, J., & Farag, M. (2017). Costs and savings associated with a pharmacists prescribing for minor ailments program in Saskatchewan. *Cost Effectiveness and Resource Allocation: C/E*, 15. Accessed on Oct.28/20 at <https://resource-allocation.biomedcentral.com/articles/10.1186/s12962-017-0066-7>

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transfer from general practitioners to pharmacists prescribing for those conditions – an important consideration when access and timeliness in Ontario’s healthcare system is at a premium.

OPA and its members are ready to step up their roles as partners in this endeavor and the Association has already taken initiative to prepare and support pharmacists for their anticipated expansion in scope. Accredited training and refresher educational programs are already in place to ensure all pharmacists are comfortable, capable and confident in their performance of assessments of patients with common, minor health conditions. All that is needed now is government’s investment towards a commitment expressed in the 2019 provincial budget – the expansion of pharmacists’ scope of practice to include a minor ailments program that is supported with a fair remuneration model so that pharmacists can finally utilize their knowledge, training and expertise for more timely access to patient care.

Summary for Recommendation #2: The Ministry of Health should work with OPA to expand the scope of practice for pharmacists in Ontario, starting with a fair payment schedule for pharmacists to treat common ailments that their colleagues in other provinces across Canada are already providing (urinary tract infections, eczema, sinus infections, pink eye, diaper rash and dysmenorrhea, among others).

3. Allow pharmacists to ensure continuity of care for patients who are impacted by prolonged drug shortages

Drug shortages are an all-too-common phenomenon in Ontario and nationally. In fact, the Canadian Pharmacists Association estimates that pharmacists spend almost two days a week managing drug shortages. As part of the process, pharmacists must work with a patient’s prescriber to find alternative solutions for them – tying up our healthcare system unnecessarily. For example, ties up pharmacist, prescriber, and delays treatment to the patient which may have unintended consequences.

Pharmacists – as the experts in pharmacotherapeutics, interchangeability and overall medication management – could significantly streamline continuity of care by implementing, with patient consent, a therapeutic switch to an alternative medication, usually within the same therapeutic class. This would entail legislative and regulatory changes to the Ontario Drug Benefit Act 1990 (ODBA) and the Drug Interchangeability and Dispensing Fee Act 1990 (DIDFA). Under such a model, when faced with a defined drug shortage, the pharmacist, using their professional judgement, would interchange a medication within the same therapeutic class so that patient care is uninterrupted. This therapeutic interchange would be fully documented and most certainly communicated to the original prescriber to ensure the patient’s medical record is updated, again demonstrating pharmacists’ desire to protect and support interprofessional sharing of information within the patient’s circle of care.

Alternatively, although less efficient as it only applies to Ontario Drug Benefit prescriptions, an interchange protocol could be implemented through modifications to the current Pharmaceutical Opinion Program (POP). This funded program was an output of the Ontario Pharmacy Council and was launched in 2011. It addresses the critical prescription oversight role pharmacists play and provides



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funding to compensate for clinical interventions that aim to solve drug-related problems. While pharmacists have the skills and knowledge to make these clinical decisions unilaterally, including some types of changes in therapy, this model still hinges on the often rate-limiting step of a formal response by the prescriber to a pharmacist’s recommendation. During times of prolonged drug shortages, this approval process can further exacerbate delays in providing continuity of care and negatively impact patient care. Nonetheless, while the POP approach is not as efficient nor is it comprehensive enough to apply to all Ontarians, a simple modification to include “defined drug shortages or prolonged backorders” amongst the eligibility criteria is all that would be required, as drug shortages and backorders are currently excluded from the program. As the POP was established through health policy, such a modification to the program requires no changes to legislation or regulations under the ODBA or DIDFA.

To see the impact on cost savings to the government with this expansion to the pharmaceutical opinion program, the example below speaks to the 2018 shortage involving generic valsartan, a commonly used blood pressure agent. In the absence of an expansion of the program to address drug shortages, a generic drug shortage would likely have the pharmacist shift therapy to the more expensive, interchangeable branded version of the valsartan product. With an expanded program that includes pharmacist remuneration for their time and effort that includes communication with the prescriber and the patient, the savings are significant:

DRUG / SERVICE	COST (100 tabs) VALSARTAN 80MG	COMMENTS
GENERIC VALSARTAN (drug shortage - unavailable)	\$21.59	
BRAND NAME PRODUCT (DIOVAN®)	\$140.13	In the absence of the ability to utilize the POP, pharmacists would likely change from generic valsartan to the brand name product
POP FEE TO PHARMACY	\$15.00	
PHARMACIST RECOMMENDATION = GENERIC CANDESARTAN 8MG (alternative in the same drug class)	\$24.63	
COMBINED COSTS OF ALTERNATE DRUG AND THE POP FEE	\$24.63 + \$15.00 = \$39.63	
SAVINGS TO THE GOV'T BY EXPANDING THE POP TO INCLUDE DRUG SHORTAGES	\$140.13 - \$39.63 = \$100.05	

Summary of Recommendation #3: Enable therapeutic substitution for purposes of managing drug shortages or, as an alternative, expand the Pharmaceutical Opinion Program criteria to include pharmacist recommendations pursuant to a defined drug shortage.



Conclusion

For every \$1 invested in pharmacy, there is an approximate return on investment of \$2.53. OPA views any investment in pharmacy as an investment in optimized care for patients and a more sustainable and efficient healthcare system.

In addition to the three key recommendations, there are other healthcare priorities in Ontario in which pharmacists are keen to play an active role. Many of them do not come with a specific financial request, but we make mention of them here to ensure that they are captured as priorities of the organization:

- Enable pharmacists to do more to help manage the opioid crisis
- Establish a national pharmacare program that maintains private insurance as first payor and extends coverage immediately to the uninsured
- Ensure pharmacists are appropriately compensated for the important role of counselling patients when switching to a biosimilar treatment, and
- Continue discussions with provincial and federal governments to allow medicinal cannabis to be dispensed through pharmacies in the same manner as all other prescription medications and for inclusion of these medications into the patient's medication record.

Ontario's pharmacy professionals are critical frontline providers who work hard every day to provide the best care possible to their patients in accordance with their education, training and expertise. OPA's approximately 10,000 members across Ontario stand ready to help the Ontario government tackle some of its biggest healthcare challenges and opportunities.

Minister Phillips, the Ontario Pharmacists Association is appreciative of your government's efforts to listen and respond to the challenges facing pharmacy to-date and we look forward to continuing this important work together. Should you have any questions or comments with respect to this submission, please do not hesitate to contact me at your earliest convenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'Justin J. Bates', with a long horizontal line extending to the right.

Justin J. Bates
Chief Executive Officer

cc: The Honourable Christine Elliott, Deputy Premier and Minister of Health
Helen Angus, Deputy Minister of Health
Greg Orencsak, Deputy Minister of Finance
Patrick Dicerri, Assistant Deputy Minister and Executive Officer, Drugs and Devices,
Ministry of Health
Jen Baker, Chair, Board of Directors, Ontario Pharmacists Association
Allan Malek, Executive VP and Chief Pharmacy Officer, Ontario Pharmacists Association
Amedeo Zottola, Chief Financial Officer, Ontario Pharmacists Association