



ONTARIO
PHARMACISTS
ASSOCIATION

Office of the Chief Executive Officer

March 30, 2016

Ms. Suzanne McGurn
Executive Officer and Assistant Deputy Minister
Ministry of Health and Long Term Care
Hepburn Block, 9th Floor
80 Grosvenor Street, Queen's Park
Toronto, ON M7A 1R3

Via email: Suzanne.Mcgurn@ontario.ca


Dear Ms. McGurn,

Re: Proposed Amendments to O.Reg 201/96 made under the Ontario Drug Benefit Act, 1990

The Ontario Pharmacists Association ('OPA', 'the Association') welcomes the opportunity to provide comments on the proposed amendments to O.Reg 201/96 made under the *Ontario Drug Benefit Act, 1990*, to update recipient cost-sharing arrangements for non-low income seniors as well as expand eligibility for the Seniors Co-Payment Program under the Ontario Drug Benefit ('ODB') program. The Government of Ontario has proposed these changes to reflect and respond to increases in cost-of-living and seniors' income supplements in Ontario since the co-payment and annual deductible rates were set in 1996.

The Ontario Pharmacists Association is committed to evolving the pharmacy profession, and advocating for excellence in practice and patient care. As Canada's largest advocacy organization, and professional development and drug information provider for pharmacists, the Association represents pharmacy professionals across Ontario. By leveraging the unique expertise of pharmacy professionals, enabling them to practice to their fullest potential, and making them more accessible to patients, OPA is working to improve the efficiency and effectiveness of the healthcare system.

Proposed Changes to Adjust Income Thresholds, Annual Deductibles, and Co-Payments

The Association supports the proposed changes to O. Reg. 201/96 as they relate to the resetting of income thresholds for Ontario's seniors. Since the introduction of the co-payment/deductible model for the program in 1996, Ontario's healthcare landscape and economy have changed significantly. Growth in the cost of living coupled with the addition of newer and more expensive drugs to the Ontario formulary mean that more and more seniors are shifting from the ranks of 'low-income' (less than \$16,018/single senior/year and \$19,300/senior couple/year) to that of 'high-income'. Therefore, the proposed increases to the income thresholds will mean that more seniors will qualify for the lower income tier and will benefit from much lower out-of-pocket drug expenditures.

On the issue of the proposed changes to deductible levels and copayment expenditures for high-income seniors, while we do not have a point of view on the specific deductible levels, we are encouraged that the Government is beginning to move towards an income-based public drug

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program, consistent with what OPA has been advocating for over the past several years. OPA recommends that a much more in-depth discussion be undertaken by the Ministry of Health and Long Term Care (“MOHLTC”) that includes input from relevant health provider groups (pharmacists, physicians, nurses and nurse practitioners, etc.) as well as patients and patient advocates (not just seniors). While increasing the high-income deductibles to \$170 and raising the copayment level by \$1 might generate savings for the Ministry of Health and Long Term Care, and enable the Public Drug program to cover more drugs or provide support for more people, there are many other factors that need to be considered to drive drug system savings that do not unnecessarily impact out-of-pocket expenditures for seniors. These include, but are not limited to, consideration of appropriate prescribing and deprescribing strategies as well as scope of practice expansion that could enable therapeutic substitution. Overall, movement towards a public drug program that better protects Ontarians based upon need, rather than age, is our priority, and this current conversation with respect to changes to deductibility and co-payments is a step in that direction. Pharmacists are keenly aware of patients who go without medications or use them sub-optimally because of costs, and it is important that the Government and healthcare providers work together to correct this problem.

Since 2008, the Association has presented numerous recommendations to the Ministries of Health and Long-Term Care and Finance that advocate for a renewed focus on patient-centred care through, in part, a much greater utilization of pharmacists in the community, hospital, family health team and long-term care settings. More recently, in 2012, the Ontario Pharmacists Association went on record with a recommendation for a redesign of the ODB program to a more equitable income-based model. OPA envisions a redesigned drug program model that:

- enables all Ontarians to obtain the medications and pharmaceutical support services they require in a timely and affordable manner, and
- renders the drug program and the business of pharmacy sustainable and viable in the short, intermediate and long term.

OPA is therefore encouraged by the government’s expressed commitment in the 2016 budget to undertake a redesign of the Ontario Public Drug Program by 2019. This is a bold but necessary move that will not only drive greater economic savings and overall sustainability of the program but will hopefully enable all healthcare providers to practice to the fullest of their skills and abilities. Many opportunities still exist and await enabling legislation and regulation, and OPA pledges its support to strengthen and sustain Ontario’s health system for this and future generations.

Removing Outdated Dispensing Physician Offsets

With one notable exception, OPA has no significant concerns with respect to the proposed changes to subsection 20.2(5). However, as it pertains to paragraph 1(i) of subsection 20.2(5), OPA requests consideration by the Ministry for a full alignment of the maximum patient co-payments for traditional community-based pharmacies and pharmacies operated in a hospital approved as a public hospital. At this moment, hospital pharmacies are only required to collect a maximum co-payment of \$6.00 per eligible prescription while community pharmacy co-payments are currently set at \$6.11, with a proposal now to move to \$7.11. Insofar as hospital pharmacies



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have access to listed pharmaceutical products that have been procured by the institution from its buying group at prices that are substantially lower than those seen in traditional pharmacies, an unfair economic advantage has been established for hospital pharmacies, and as such, alignment needs to be sought.

Revising the Two Dispensing Fees per Month (30-day) Policy to Two Fees per 28 Days

The Association welcomes this particular revision as part of the broader changes proposed for O. Reg. 201/96. This issue has been part of OPA's ongoing advocacy since the introduction of the Ministry's short term dispensing policy in August 2008. This change will finally enable best practices in dispensing while minimizing confusion in medication administration. In many cases, short-term and/or compliance dispensing of medications is necessary in order to facilitate therapeutic adherence and minimize patient confusion when facing complex medication regimens. Compliance or 'blister' packaging is often the means by which patients can become adherent to therapy so that the medications can actually work. These packages are constructed in weekly increments, and OPA's advocacy has always been to align controlled, short-term dispensing with the design of these patient-focused delivery systems.

General Commentary

Pharmacists, regardless of their practice setting, are fully able to contribute to increased efficiencies in healthcare delivery, timeliness of access, and cost control. In addition to advocating for an expansion of pharmacists' scope of practice to be consistent with their many years of training and expertise, OPA has also been vocally supportive of introducing greater equity in the provision of products and services through the Ontario Drug Benefit program, including movement towards an income-based rather than age-based model, so that more Ontarians who need support for medication coverage are able to receive it. As stated earlier, we offer our expertise and advice in helping design and evaluate such a system.

The Ontario Pharmacists Association appreciates the opportunity to comment on the proposed changes to O. Reg. 201/96. Should you require any additional information with respect to this submission, please do not hesitate to contact me at your earliest convenience.

Yours truly,

A handwritten signature in blue ink, appearing to read "Dennis A. Darby".

Dennis A. Darby, ICD.D
Chief Executive Officer

cc: Sean Simpson, Chair of the Board, Ontario Pharmacists Association
Allan Malek, Senior Vice President, Ontario Pharmacists Association
Marshall Moleschi, Registrar, Ontario College of Pharmacists