



**Neighbourhood
Pharmacy**
Association of Canada

Association canadienne
**des pharmacies
de quartier**

Ontario 2022 Budget Submission
Neighbourhood Pharmacy Association of Canada

“Investing in Access”

January 26, 2022

Summary of Recommendations

RECOMMENDATION #1 Make **routine immunizations** more accessible to Ontarians by distributing publicly funded vaccines to community pharmacies via wholesalers and providing appropriate remuneration for immunization- related services.

RECOMMENDATION #2 Enable pharmacists to assess and prescribe appropriate treatment to Ontarians with **minor ailments** by enacting proposed regulations and providing appropriate remuneration for assessment services.

RECOMMENDATION #3 Expand pharmacist-administered **point-of-care testing** to include wider range of tests that support chronic disease management and disease screening.

Introduction

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) is the voice of the pharmacy business in Canada, representing pharmacy organizations with varied business models, including chain, banner, grocery, specialty, long-term care, and mass merchandisers with pharmacies. We leverage the diverse strength of our members and partners, including the pharmaceutical supply chain and manufacturers, to work as a trusted partner to Government within and across jurisdictions with the common policy objective to improve access to healthcare.

In Ontario we represent the delivery of care through close to 4,600 pharmacies, where pharmacy teams serve as integrated healthcare hubs in local communities. The total economic footprint of the Ontario pharmacy sector is estimated at over \$6.1 billion in GDP representing more than 94,000 jobs. Community pharmacies are a critical hub in delivering healthcare to Ontarians, efficiently and effectively. Pharmacies typically have extended hours, offering primary care with convenience and accessibility that Ontarians value. Pharmacies are the first and often most frequent point of contact patients have with the healthcare system and have the capacity to deliver medication therapies, vaccinations, disease management support and other innovative healthcare solutions to patients where they live, including urban, rural, and remote communities. During the pandemic, Ontario's pharmacies increased their role as a partner to public health and primary care by ensuring the continuity of patient care through medication stewardship, safeguarding of the medication supply, and providing COVID-19 vaccination and testing services. Our doors have always remained open throughout the course of the pandemic and will continue to do so.

As the province rebuilds it is challenged to both support and maximize its available health human resources (HHR), while delivering catch-up care in a safe and cost-conscious manner. As we work to maintain the province's progress in combatting COVID and plan for its economic recovery there are new opportunities to unlock the potential of pharmacy as a healthcare partner in both public health and primary care **We have proposed three recommendations that enable the community pharmacy channel to add HHR capacity, and provide effective, efficient and convenient patient care, while reducing red tape and backlog on care and supporting improved health system resiliency post-COVID.** We encourage the government to consider sustainable ways to fund these critical services. Investing in pharmacy, now, is a wise investment in sustainable healthcare delivery and patient access for the future.

Recommendation #1: Make routine immunizations more accessible to Ontarians by distributing publicly funded vaccines to community pharmacies via wholesalers and providing appropriate remuneration for immunization-related services.

Routine immunization rates across the province remain well short of National Advisory Committee on Immunization (NACI) targets.^{1,2} The COVID-19 pandemic disrupted many of the Government of Ontario's commitments to modernize and strengthen its public health services. In addition, as result of stay-at home-orders, closed primary care settings and cancelled school immunization programs, as many as one in four adults and up to 35% of children in the province may have missed a routine vaccination.¹ Millions of Ontarians may now be at risk for vaccine preventable illnesses such as pneumonia, HPV, measles, or shingles. Approximately 70% of these missed immunizations could have been avoided with access to a vaccinating healthcare provider.¹ **Increasing community pharmacy involvement in providing routine vaccinations to Ontarians is a key opportunity to mitigate a second potential crisis, while supporting the province's recovery.**

Ontarians have expressed their preference for receiving vaccinations at their local pharmacy, citing convenience – including proximity to home, extended hours, ability to walk-in, and ability to ask questions – as the key driver for that preference. Further, more than 57% of Canadians report they would immediately accept a routine immunization at a pharmacy, if offered.¹

The community pharmacy channel has demonstrated its ability to safely and efficiently administer publicly funded influenza vaccines and COVID-19 vaccines to Ontarians. Pharmacy provided 1.8 million influenza vaccines last year and to-date has administered more than 6 million COVID-19 vaccines in Ontario. This success has been facilitated by many factors, but two key enablers are the direct distribution of vaccines and ancillary supplies to community pharmacies via their pharmaceutical wholesale distributors, and remuneration of the pharmacy services to administer these vaccines. **We recommend the Government continue to leverage the capacity of the pharmacy channel to support all routine immunizations for Ontarians by ensuring that routine publicly funded vaccines are distributed to community pharmacies through their wholesale distributors and putting in place appropriate remuneration for all vaccination services.**

Enabling the distribution of other routine vaccines directly to community pharmacies will streamline the process, supporting more efficient delivery by getting products to patients in less time. In addition, better line of sight into the supply channel will also result in less vaccine wastage. More accessible stock on hand will allow pharmacy teams to turn more patient interactions into immunization opportunities, overall helping the province to increase immunization rates and catch-up on delayed care.

We applaud the Government's investment to-date in remunerating the pharmacy channel for the administration of COVID-19 and influenza vaccines. To better facilitate improved access to all routine vaccines, **we propose a fee of \$13.50 for all the administration any routine vaccine administration through the community pharmacy channel.** This fee accounts for all pre-administration (i.e., addressing vaccine hesitancy, appointment booking), vaccine administration, and post-administration activities (i.e., documentation, counselling) provided by pharmacy teams.

Economic Impacts: The average Ontarian should expect to receive approximately 9-10 routine immunizations (i.e., nine "shots") from the ages of 4 to 70, protecting them from 14 different vaccine-

preventable illnesses (excluding COVID-19 and seasonal influenza). Extrapolating proprietary vaccine administration and dispensing data by pharmacies in Alberta (where pharmacists regularly administer these routine vaccines) our preliminary analysis projects that a minimum of 117,898 publicly funded routine vaccines in Ontario could be administered by the pharmacy sector in the first year of implementation.³ At a proposed fee of \$13.50 per immunization, implementing this service could cost \$1.6 million in its first year of operation. This is most likely a modest estimate which will grow in future years. An additional consideration is the increased willingness, trust and comfort that Ontarians have regarding receiving vaccinations regularly at their pharmacy. These caveats combined would lead to greater uptake of vaccination at pharmacy.

This modest investment in pharmacy services to support the administration of publicly funded vaccines will not only improve patient access to care and immunization rates but will also lead to cost savings in other areas. For example, moving a portion of immunization services into the community pharmacy channel (as described above) could potentially save the province up to \$400,000 a year.³ 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 \$206 million to \$761 million.⁴ Community pharmacy-led vaccination services is a cost-effective strategy.

The province of Prince Edward Island has already moved in this direction, with its recent announcement that shingles vaccines will be publicly funded for all adults 65+ beginning in January 2022. These vaccines will be administered through community pharmacies, who will be remunerated for this service. The province estimates that vaccinating all 32,000 seniors with a two-dose regimen will cost \$1.5 million, including the cost of the vaccines.⁵

Shingles is associated with significant patient morbidity and cost to the healthcare system. Approximately one in three adults will develop shingles in their lifetime; 10% of those expected to suffer from ongoing nerve pain. In Ontario, it's been estimated that shingles immunizations programs helped decrease hospitalizations related to shingles complications by 19.1 % over a two-year period. Conversely, reductions in shingles immunizations could cost the province as much as \$5 million in unnecessary hospitalizations.⁶

Further enablers: Pharmacists in Ontario are currently authorized to administer vaccines for 13 different diseases (excluding COVID-19 and influenza); of which 7 have routinely recommended vaccines. Pharmacy technicians can currently only administer vaccines for COVID-19 and influenza. Expanding the scope of all regulated pharmacy professionals to administer **all** routinely recommended publicly funded vaccines would further maximize the pharmacy team's ability to deliver these services. Additional consideration to allowing pharmacists to prescribe routine vaccines, as well as having access to vaccine records, would fully optimize the pharmacy channel's capacity to carry out these critical public health and primary care functions.

As the pandemic has progressed, community pharmacy teams have put in place many of the infrastructure (including vaccine storage capacity) and workflow changes necessary to ramp up capacity to deliver COVID-19 vaccines. It is important to stress that community pharmacy's operational model allows pharmacies to bring in human resources capacity (pharmacy technicians, students, nurses relief pharmacists, etc.) to support vaccination services. This adds HHR capacity to the overall health system without taking it away anywhere else. **As the province rebuilds, it can leverage the pharmacy channel's existing infrastructure and capacity potential while putting in place additional enablers to make all routine vaccines more accessible through community pharmacies.**

Recommendation #2: Enable pharmacists to assess and prescribe appropriate treatment to Ontarians with minor ailments by enacting proposed regulations and providing appropriate remuneration for assessment services.

Ontario's health workforce is more strained than ever due to COVID-19 burnout and workforce migration. Primary care is challenged to provide catch-up care with limited health human resources and the pharmacy channel is well positioned to help distribute the burden of care. In a normal year, assessing, diagnosing and treating minor ailments like allergic rhinitis, dermatitis and uncomplicated urinary tract infections (UTIs) can account for up to 10-20 per cent of physicians' time.⁷ If pharmacists are equipped to manage minor ailments consultations, pharmacy teams can effectively operationalize all components of this service such as appointment booking, documentation, technical dispensing functions (in the event of a prescription) throughout their team. Enabling pharmacists to assess and prescribe minor ailments can help alleviate the burnout faced by other healthcare workers.

Despite being a key election promise of the current Government, the pandemic has curtailed the province's ability to implement the amendments to *General Regulation 202/94 of the Pharmacy Act, Part VII.3 (Controlled Acts)* as submitted by the Ontario College of Pharmacists (OCP) in May 2020 to allow pharmacists to assess and prescribe for minor ailments. The draft regulations submitted by the OCP would permit pharmacists to prescribe Schedule 1 medications for twelve specific conditions including UTIs, dermatitis, insect bites/urticaria, conjunctivitis, allergic rhinitis, oral thrush, cold sores, hemorrhoids, GERD, dysmenorrhea, musculoskeletal strains/sprains, and impetigo. In our May 2020 submission to the OCP we recommended the list be expanded to include additional conditions with well demonstrated patient demand/need in other provinces where minor ailments programs have been implemented, such as strep throat, erectile dysfunction, morning sickness from pregnancy, migraines and upper respiratory tract infections. Currently nine jurisdictions authorize pharmacists to prescribe for at least one minor ailment; with close to 60 different minor ailments services authorized across the country.⁸ **We urge the Government to move forward with the proposed regulatory changes to permit pharmacists to assess and prescribe for minor ailments.**

From the patient perspective, enabling pharmacies to provide minor ailments services is both convenient and uncomplicated. Instead of navigating the primary care system to book and attend an appointment (that may occur during regular working hours, necessitating time off) then being sent to the pharmacy with a prescription, patients can be assessed at a time that is convenient for them, provided with a treatment recommendation (which may include a prescription) and receive their medication all in one place. This means faster service, fewer extraneous touch points with the system and better access overall to care. Expanding the pharmacy channel's ability to manage a wider range of minor ailments will allow Ontarians will ensure patients can access high-quality care faster, reduce HHR pressures and bring better value to our health system.

Appropriate remuneration is fundamental to providing pharmacy services. Other jurisdictions including Nova Scotia, Saskatchewan, Quebec, Alberta and most recently Manitoba already remunerate pharmacies between \$18-\$23 for the clinical assessment of patients presenting with a minor ailment. This fee structure recognizes the tasks involved in carrying out the clinical and technical functions of patient assessment (including medication history, symptom assessment and patient referral if necessary), appropriate treatment recommendations (which may include prescription medication), patient counseling, monitoring, and

documentation and communication with the primary care provider. **We recommend Ontario implement a minor ailments assessment service fee of \$20 for eligible patients.**

Economic Impact: In Saskatchewan, where a well-established minor ailments program exists, it has been estimated that approximately 14,739 pharmacy minor ailments consultations take place annually.⁹ Extrapolating that to the population of Ontario suggests approximately 130,000 assessments year. At a proposed fee of \$20 per assessment we predict an initial annual cost of \$2.6 million.

Enabling pharmacies to treat patients in their community is a cost-effective model with significant potential return on investment. For example, pharmacist-administered minor ailments programs in Saskatchewan have a potential positive return of \$2.53 for every \$1 invested.⁹ A University of Waterloo study estimates minor ailments programs in Ontario could save \$42 million/year.¹⁰ The Ontario Pharmacists Association has determined that pharmacist-administered minor ailments programs can realize over half a million dollars in savings in their first year of operation, projecting savings of \$7.51 million to \$116.55million over a five-year period.¹¹ The RxOUTMAP study demonstrated that pharmacy minor ailments services (i.e., assessment, treatment, management, prescribing) for uncomplicated urinary tract infections would save millions of dollars, Canada-wide.¹² Internationally, pharmacists prescribing for minor ailments in 185 pharmacies in North East England saved the local health authorities about £6739 per month.¹³

The COVID-19 pandemic has presented many challenges to the healthcare system and we believe that the timely introduction regulatory changes and an assessment fee for minor ailments assessments will only strengthen the system's ability to respond to these challenges. Patients are already presenting at pharmacies with these conditions because they do not want to go to an Emergency Room and or cannot visit their doctor in person. These recommendations offer a solution for those patients and will help to create capacity in primary care and acute care facilities. They give the healthcare system one more tool for delivering flexible and responsive care for Ontarians. Ensuring minor ailments assessment and prescribing are available to Ontarians through the pharmacy channel – including funding to enable pharmacists to deliver on this broader scope of services – will help relieve the strain on primary care and hospitals, and offer a cost-effective, accessible option for patients in their communities. **We urge Government to move forward with the proposed regulatory amendments and make the necessary investments to ensure pharmacists are fairly compensated for these services.**

RECOMMENDATION #3 Expand pharmacist-administered point-of-care testing to include wider range of tests that support chronic disease management and disease screening.

As the province recovers from COVID-19, the need for appropriate allocation of thinly spread health human resources has never been greater. Technological advances now allow many monitoring, screening and diagnostic tests to be administered at “point-of-care”. With laboratories and public health testing centres operating at maximum capacity, the ability of the pharmacy channel to administer certain point-of-care tests can help unlock health system capacity.

The province has already recognized the important contribution pharmacies can make to managing the pandemic by recently enacting amendments to *Regulations 682 and 683 under the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA)* to allow pharmacies and pharmacists the ability to collect specimens for laboratory-based PCR testing for COVID-19 as well as collect samples for and perform COVID-19

screening point-of-care tests. We further support the Government's continued commitment to further streamline and modernize the regulations under this Act. In our August 2020 submission to this consultation we recommended that 1) pharmacists be granted the authority administer and interpret point-of-care tests (POCTs) to optimize medication management of chronic diseases such as diabetes (using and interpreting tests to measure hemoglobin A1C), dyslipidemia (using and interesting tests to measure cholesterol) and clotting disorders (using INR tests); and b) pharmacists be enabled to administer POCT to screen for selected acute diseases/infections such as Strep throat, H. pylori, HIV, and Hepatitis C. In a more recent submission in October 2021, we further recommended that pharmacists be enabled to collect samples for testing regardless of whether those samples are destined to be analyzed at the point-of-care or sent on to a laboratory. **We strongly recommend the Government fully enact these recommendations to strengthen the healthcare system and catch up on the diagnostic backlog coming out of COVID-19.**

Enabling pharmacists to use an expanded range of point-of-care tests will reduce health system capacity pressures and red tape by minimizing the number of touch points patients may need with the health system, while hastening their access to appropriate treatment. Patients with chronic conditions, such as diabetes or high cholesterol, are frequent pharmacy visitors; some seeing their pharmacist up to 10 times more often than their primary care physician. Pharmacists can monitor patients' disease status conveniently while the patient is in the pharmacy, both reducing the need for other healthcare interactions while monitoring disease progress. Patients with Strep throat symptoms could visit their pharmacy for a POCT strep test, getting their results on site. Enabling pharmacists to prescribe antibiotics or therapies for conditions that can be screened for via POCT (such as minor ailments or infectious viral diseases) would reduce touch points even further. Pharmacy POCT services will provide patients with timely access to results and treatment and therefore uncomplicate the patient experience, while minimizing the need for healthcare system interactions.

It should also be noted that, as medication experts, pharmacists are also routinely consulted by patients and other healthcare providers for advice on medication dosing, safety and effectiveness. Unfortunately, pharmacists can be constrained by their limited access to important clinical information, such as the results of tests, to provide effective advice on care. Allowing pharmacists to administer and interpret point-of-care tests will better allow pharmacy teams to monitor disease or treatment progress, optimize the safety and effectiveness of medication therapies as part of a collaborative treatment plan.

Impact: While data quantifying the economic impact of expanded and remunerated POCT services in community pharmacy remains limited, a number of studies have demonstrated that these services can be integrated efficiently into existing pharmacy workflow, supporting optimized medication management and clinical decision-making by pharmacy teams, safer and more effective patient experiences, and improved patient outcomes. For example, pharmacist-administered POCT programs have led to: 1) faster initiation of antibiotic therapy for Streptococcus infections; 2) improved monitoring of A1C levels and enhanced chronic disease management of patients with diabetes; and 3) detection of H. pylori infections without the need for additional physicians visits.^{14,15,16} The relative accessibility of community pharmacists places them in a unique position to support patient care through increased POCT.

It's time to take the next step to further reduce strain on primary and acute care and to benefit Ontarians beyond the current crisis. **We urge Government to move forward with regulatory changes to allow pharmacists to perform an expanded range of point-of-care tests for chronic disease management and disease screening to further reduce lab backlog and streamline the patient care process.**

Summary

Throughout the pandemic, community pharmacy has demonstrated leadership in responding to and protecting Ontarians' health needs. We have adjusted our infrastructure, workflow and patient care services to ensure we are delivering the best possible care. We can do more. The pharmacy channel is ready to be a key partner in Ontario's economic recovery. Our three recommendations focus on protecting the progress the province has made to manage and mitigate COVID-19, add additional HHR capacity to support overburdened workers throughout the healthcare system, reduce red tape and overall provide Ontarians with convenient, uncomplicated, access to care in their local communities. We strongly urge the Government to:

1. Make **routine immunizations** more accessible to Ontarians by distributing publicly funded vaccines to community pharmacies via wholesalers and providing appropriate remuneration for immunization- related services.
2. Enable pharmacists to assess and prescribe appropriate treatment to Ontarians with **minor ailments** by enacting proposed regulations and providing appropriate remuneration for assessment services.
3. Expand pharmacist-administered **point-of-care testing** to include wider range of tests that support chronic disease management and disease screening.

Community pharmacy has demonstrated the depth of our ability to effectively and efficiently meet the needs of Ontarians. Our recommendations for regulatory enablers, sustainable funding and the flexibility to leverage available resources will maximize the pharmacy channel's contributions to delivering routine immunizations, managing minor ailments and using point-of-care testing to optimize patient's medication management and screen for disease.

Action on these recommendations will provide Ontarians with the support that pharmacy can bring through contributing to accessible and timely public health and primary care services without incurring additional burdens on the existing publicly funded health workforce. Investing in pharmacy is investing in access, to help rebuild Ontario now and provide a foundation for the future. We look forward to working with the Government and partners to support Ontarians' healthcare needs.

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