

Neighbourhood Pharmacy Association of Canada

Association canadienne des pharmacies de quartier

Submission in Response to:

Proposed Regulatory Amendments to Ontario Regulation 202/94 (General) made under the Pharmacy Act, 1991

("Minor Ailments")

Neighbourhood Pharmacy Association of Canada

April 14, 2022

Submitted to the Ontario Ministry of Health and Long-Term Care

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) advocates for pharmacies' role in caring for Canadians. We represent leading pharmacy organizations, including chain, banner, long-term care, grocery chains, specialty pharmacies, and mass merchandisers with pharmacies. In Ontario, we advance the delivery of care through close to 4,600 community pharmacies and their teams, serving as integral community health hubs in urban, suburban, rural, remote and First Nations neighbourhoods across the province.

We are pleased to provide the following comments and feedback on the *Proposed Regulatory Amendments to Ontario Regulation 202/94 (General) made under the Pharmacy Act, 1991.*

Benefits to Ontarians

We have long advocated for pharmacists to have the authority to prescribe certain medications for minor ailments. We applaud Ministry of Health's decision to implement these regulatory changes which are an excellent step in increasing Ontarian's access to treatment. Enacting these regulations will reduce pressure on strained Emergency Rooms and primary care, provide Ontarians with timely access to convenient care, uncomplicate the patient journey with fewer touchpoints with the healthcare system and overall support better health outcomes.

Additional Minor Ailments or Conditions

Beyond the 12 conditions outlined in the draft regulations, we further recommend that the province consider other minor conditions or ailments where pharmacy involvement in assessment and prescribing services will further increase patient access to care. In May 2020, we provided feedback to the Ontario College of Pharmacy on a number of other conditions for which minor ailments assessment and prescribing could be considered, based on demonstrated patient need / demand from provinces where minor ailment programs have already been introduced. Of particular note, during the pandemic we have seen the value of pharmacy professionals in administering vaccines. Although most vaccines are now Schedule II, private payers usually require a prescribie for routine and travel vaccines will reduce unnecessary touchpoints for patients and prescribers and will reduce further pressure on physician prescribers.

The expanded conditions for which minor ailments assessment and prescribing should be considered are

- 1. Routine vaccinations and travel vaccines
- 2. Travel Health (travellers' diarrhea, malaria prevention)
- 3. Strep Throat (with ability to prescribe antibiotics if positive)
- 4. Hormonal / Emergency Contraception
- 5. Erectile Dysfunction
- 6. Morning Sickness from Pregnancy
- 7. Cytoprotection from NSAIDS
- 8. Migraines
- 9. Upper Respiratory Tract Infections

Expanded POCT to Support Minor Ailments Assessment and Prescribing

We are encouraged by the news that the province is moving forward with the regulatory amendment authorizing pharmacists to perform Point-of Care Tests (POCTs) for glucose monitoring, hemoglobin A1C, lipids, Prothrombin Time and INR to better manage chronic diseases including diabetes, dyslipidemia and clotting disorders. We are also very supportive of the province's efforts to modernize regulations under the *Laboratory and Specimen Collection Centre Licensing Act* impacting pharmacists' and pharmacies' ability to collect samples and order laboratory tests for certain diseases. In conjunction with these ongoing regulatory processes, we recommend the province continue to explore additional opportunities to streamline regulations to ensure that pharmacy professionals are enabled to collect specimen samples for an expanded range of both point-of-care and laboratory tests to support improved screening for selected acute infections (e.g., Strep throat, H. pylori) or additional chronic diseases (e.g., HIV, Hepatitis C).

Pharmacists are the primary providers of medication management services. They are routinely consulted by patients and other healthcare providers for advice on medication dosing, effectiveness, and safety. Pharmacists have scope to renew and adapt chronic prescriptions but must rely on secondary sources of information to support this clinical decision-making which poses challenges to the provision of safe and effective person-centred care. Pharmacists are well positioned to provide convenient and accessible testing that can facilitate early detection of certain conditions.

As technology evolves, additional modalities for testing will emerge. Streamlined regulation enabling pharmacists to collect specimens for an expanded range of tests which can be analyzed at point-of-care or in a laboratory will ensure the most effective and timely use of results to support clinical decision making and access to care.

COVID-19 Antivirals: 'Test-to-Treat'

While not a minor ailment, we also like to take this opportunity to encourage the government to further expand Ontario's ability to ensure timely patient access to COVID-19 antiviral treatments (such as Paxlovid[™]) by implementing 'test-to-treat' strategies including community pharmacy. For the effective use of Paxlovid, an individual who has tested positive must begin taking the antiviral therapy within five days of symptom onset. Using a test-to-treat strategy, patients can receive a COVID-19 test, be prescribed the appropriate medication if eligible, and have the medication dispensed to them, all during a single interaction. As community health hubs, pharmacies are uniquely suited to support the health system in delivering this strategy by prescribing and dispensing Paxlovid.

Ontario has already provided pharmacists with the authority to administer POCT COVID-19 tests and has recently added pharmacies to the Paxlovid care pathway by enabling pharmacies to dispense this medication. This activity encompasses significant patient assessment and prescriber collaboration and draws on key competencies as the medication therapy experts. We encourage the government to further reduce barriers to this medication by leveraging pharmacists' expertise in this area to also prescribe this medication to eligible patients. As an example, the province of Quebec recently became the first jurisdiction in the world to put in place all elements of a 'test-to-treat' strategy. Quebec pharmacies can now provide the full spectrum of testing, patient assessment, disease identification,

prescribing and medication dispensing, and has already doubling access points and prescriptions volume.

Fair and Reasonable Remuneration

Although not within the scope of this regulatory consultation, we strongly recommend that a fair and reasonable public remuneration model be implemented to enable access to minor ailments treatment in pharmacy in Ontario. Remuneration for both assessment and prescribing for minor ailments will be an essential enabler to building access and capacity at a critical time in our increasingly pressured health care system

Appropriate remuneration is fundamental to providing pharmacy services. Other jurisdictions including Alberta, Saskatchewan, Quebec, New Brunswick, Nova Scotia and Prince Edward Island have put in place programs to remunerate pharmacies between \$18-\$20 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.

The Neighbourhood Pharmacy Association of Canada appreciates the opportunity to contribute feedback to this consultation. We are pleased to continue to collaborate with the province to further unlock community pharmacy's potential as a supporting partner in healthcare delivery.

Submitted by:

Sandra Hanna, Chief Executive Officer Neighbourhood Pharmacy Association of Canada 1205-3230 Yonge Street Toronto, Ontario M4N 3P6 Email: <u>shanna@neighbourhoodpharmacies.ca</u>