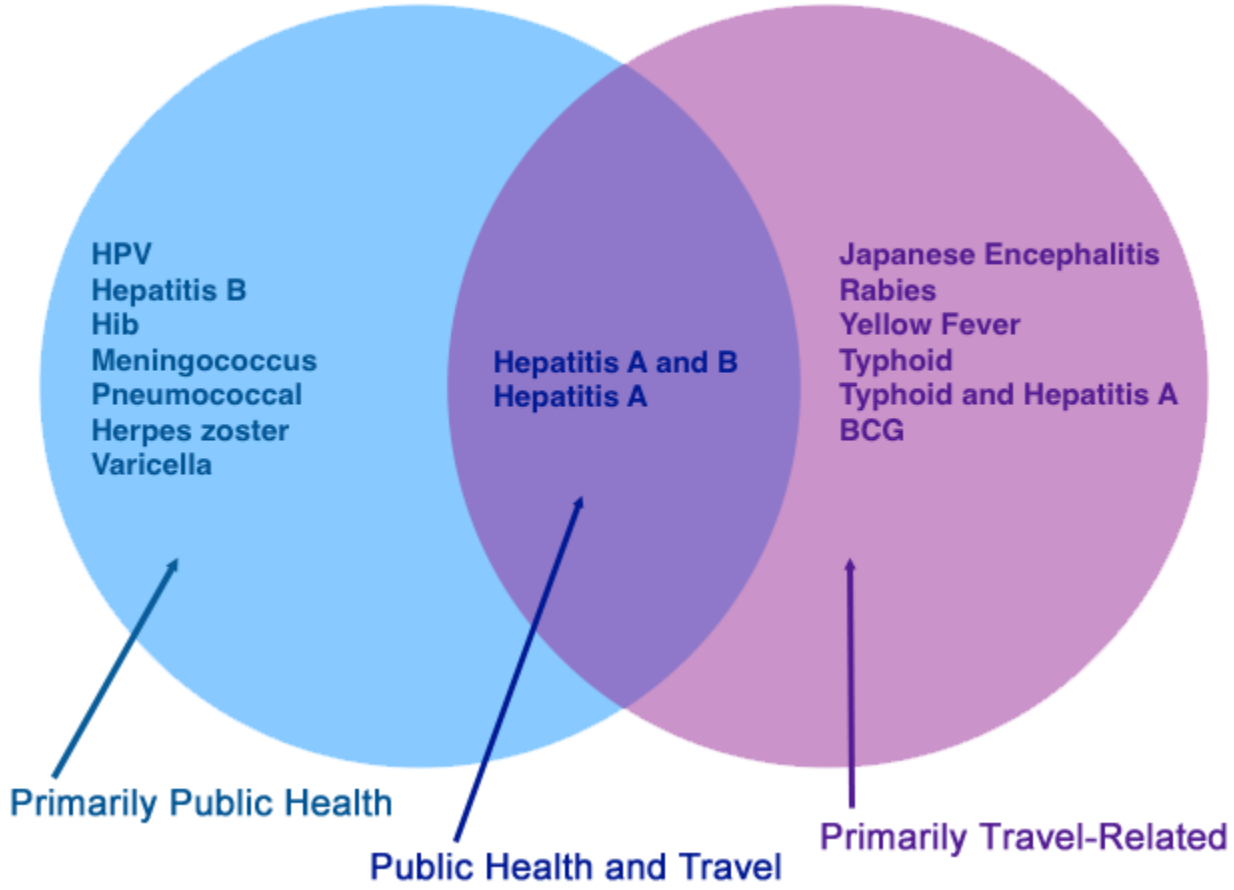
The Ontario College of Pharmacists (OCP) is seeking feedback on "proposed amendments to the Pharmacy Act Regulations that, if approved, would authorize pharmacists to administer select vaccines." This is my personal response as a pharmacist.

Vaccinations

For the purposes of this article, I have separated the vaccinations listed in the proposed amendments by the category into which I believe they best fit:



Why is this change being proposed?

The Ontario College of Pharmacists' web site offers little background information on the proposed change. OCP's mandate is to serve and protect the public. One must therefore infer that the college is examining the potential for public benefit from the proposed changes.

<u>Improved Accessibility</u>

One could make a case that the ability to have vaccinations administered at pharmacies would

improve access to this service and therefore represents a benefit to the Ontario public. One could subsequently argue that administration of vaccines at pharmacies might free up time in physician's offices for other appointments; assuming a patient would be visiting the physician for the sole purpose of vaccine administration.

The Universal Influenza Immunization Program (UIIP) offers some evidence to support this. There are 3979 community pharmacies in ON with approximately 2400 offering the flu shot in 2014-2015, up from zero three years prior.1,2 Despite the increased accessibility, influenza vaccination rates remained the same over the first two years of the program with a slight increase in 2014.3 While the maintenance of rates in 2013-13 and the subsequent increase in 2014 were not solely attributable to vaccination by pharmacists,4 many patients indicated they would have not been vaccinated were it not for he convenience of administration at a pharmacy.5

Certainly, for multi-stage vaccinations, the convenience of accessing a local pharmacy versus travelling to a physician's office could help with adherence in receiving later-stage doses and may free up time in physicians' clinics. The same hypothesis could be put forward for vaccines that must currently be purchased at a pharmacy only to have the patient travel back to a clinic for administration (e.g., HPV for males, vaccines listed in the "public health and travel" category above).

Reduced Cost

Again one could use data from the UIIP to make a case that funding pharmacists to vaccinate members of the public would amount to cost savings for the Ontario Health Insurance Plan (OHIP). These funds could then be reallocated elsewhere in the system, in theory benefitting the Ontario population at large.

MDs are reimbursed $9.60 for the administration for vaccines listed in the "primarily public health" category (above), including the influenza vaccine. By contrast pharmacists are reimbursed $5.00 to $7.50 to administer the live or inactive influenza vaccines respectively. More than 750,000 vaccinations were administered by pharmacists in 2013–14, representing a cost savings of at least $1.57 million for OHIP.3,6,7

Unfortunately, Ontario Pharmacists Association (OPA) indicated in recent communications that there is currently no public funding planned should the proposed amendment be implemented. This would leave patients paying out of pocket for the administration of vaccines in pharmacies. For patients meeting certain criteria,8 publically-funded vaccines are typically available via physician's clinics with administration fees covered by OHIP.

This leaves only a small subset of the population that does not meet the criteria for public coverage and that would be seeking vaccination for alternative reasons (e.g., travel, cottage on a lake with traces of Hepatitis A, HPV for boys). Some these people will have comprehensive private insurance plans that cover the cost of vaccines. Filling a prescription using an electronic billing system at a pharmacy versus purchasing at full cost and submitting receipts for reimbursement would remove some of the up-front cost burden, perhaps increasing the likelihood that a patient would purchase a needed vaccine.

Profit

As a part of its examination of public benefit, OCP must recognize that this change in legislation has the potential to enable clinical services related to the provision of vaccines from which pharmacies will seek to generate revenue. This is no doubt one of the reasons that the Ontario Pharmacists Association (OPA) has "been lobbying since about 2009 for the right (for pharmacists) to administer a greater variety of vaccines."10 For the sake of transparency, I should note that I am a member of OPA.

In the past 5 years, pharmacies have had significant cuts made to their billing model, with reimbursement for most generic drugs decreased to 25 per cent of the cost of the original brand, a reduction in the mark-up pharmacies may charge for Ontario Drug Benefit (ODB) prescriptions, and the elimination of the professional allowances. The purpose of this text is not to debate these points, but suffice it to say that these cuts have provided impetus for pharmacies to seek out alternative sources of revenue. Hence, the above-mentioned lobbying mandate for OPA. Charging for the purchase and administration of travel-related vaccines would be one such example and OPA currently offers training on how to bring travel medicine to pharmacy practice.15

Travel clinics make a profit by charging consultation and/or vaccine-administration fees as well as purchasing vaccines at a discount from their manufacturers and marking-up the price of these vaccines for sale to their clientele (i.e., akin to the aforementioned professional allowance). Similarly, physicians may choose to charge for the administration of non-publically funded vaccinations unrelated to travel.9 The unregulated fee-structure and mark-up of vaccines no doubt makes for an attractive business model for pharmacies financially hit by cutbacks in ODB reimbursements and professional allowances. Indeed, recent comments from OPA suggest the goal of their lobbying efforts is to have "pharmacists effectively own the immunization space . . . whether it's flu shot, whether it's travel vaccine, whether it's shingle (vaccine)."10

It is important to note that the existing billing model means the above-mentioned fees go to the pharmacy business and not the pharmacist providing the service, unless that pharmacist is also the owner of the store. While pharmacies harbour some of the responsibility for the provision of vaccines (e.g., proper storage, required supplemental equipment, record keeping), the current reimbursement model does not remunerate pharmacists directly for the increased professional liability that comes with the controlled act of vaccination.

Is the proposed change beneficial?

As always, the answer to the question of benefit depends on the stakeholder. From the viewpoint of the government, the change is revenue-neutral. The government might score a few points with pharmacists for throwing the profession a bone in the form of an expanded scope … but with no metaphorical meat on it given the lack of public funding.

From the viewpoint of the public, the lack of government funding also negates the potential to reduce costs to the health-care system. For the same reason, the potential benefit of improved

access is debatable, insomuch that publicly-funded administration remains confined to physicians' offices. As discussed perviously, from a cost and convenience point of view, the subset of the population that might be best served by this change are those purchasing multi-stage vaccinations via private insurance.

Ontarians purchasing vaccinations out of pocket may also stand to benefit. A greater number of vaccine providers should mean increased competition. Competition tends to drive down prices, although there is no guarantee that vaccine prices at pharmacies will be cheaper should the legislation pass. The catch in the proposed legislation is that a prescription is still required for a pharmacy to sell and a pharmacist to administer a vaccine. Thus, the prescriber remains the gatekeeper (who can also sell and administer vaccines) versus a system of open competition. At the very least, the option to purchase and have a vaccine administered at various places may prompt some questions from patients about vaccine pricing, which may in turn lead to cost reductions for this subset of the population.

As discussed above, pharmacies no doubt view this potential legislative change as a mechanism to recoup some of the profits lost to provincial cutbacks. Pharmacies need to be profitable, much as physicians offices do, in order to continue to provide services to the public. However, in expanding the scope of practice of pharmacists, there must be a balance between benefit for pharmacies and benefit for the public.

In considering this point, OCP must reflect on the MedsCheck program that was implemented with this intent shortly after the first round of provincial pharmacy cutbacks. There are certainly examples of this service being provided in a manner different to that which was envisioned at this time of its creation and thereby minimizing benefit for the Ontario public.11,12,13,14,15

In the absence of OCP standards of practice governing such non-dispensing services, it is not possible to envision the manner in which they would be provided. It is therefore difficult to make a case for public benefit associated with pharmacist provision of vaccines listed in the "primarily travel-related" category (above).

As it is written, the proposed regulatory change would enable a different billing model and a greater number of vaccine providers. This could, in theory, benefit a small subset of the population. Pharmacies as businesses stand to profit from the proposed changes whereas individual pharmacists could find themselves accepting liability for a clinical service they do not control and for which they are not directly reimbursed. This hardly seems to be policy that betters the lives of the majority of Ontario's citizens.

Recommendations

The Ontario public would benefit to a greater degree if the proposed regulatory changes were expanded to include all vaccines listed in the publicly-funded immunization schedule (even if only for children 5 years age and older as with the UIIP) and if this was accompanied by additional legislation to provide public funding for pharmacist administration of these vaccines. As discussed, this could improve both access for the public and reduce costs for the health care system.

Recognizing the enabling nature of this legislation as outlined above, OCP should implement standards of practice for professional services unrelated to dispensing in advance of its tabling. In crafting these standards of practice, pharmacists and their College must also contemplate where the liability lies for complaints that might arise from collaborative services provided in a manner dictated by a corporation but administered by individual health professionals, be they pharmacists or prescribers.

To better delineate these blurred lines of liablity, the government should link reimbursement directly to the professional (i.e., the pharmacist) performing the controlled act or providing a clinical service within their scope of practice. With respect to vaccination, this would require public funding for the act of a pharmacist administering a vaccine. Accompanying such a legislative change should be a re-tooling of the funding model for other non-dispensing services, such as the MedsCheck program, that directs remuneration for these services to the individual pharmacists providing them.