

Submission to the Ontario College of Pharmacists
Expanding scope of practice: pharmacist prescribing for
minor ailments

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Any questions, please contact:
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Introduction

Thank you for the opportunity to submit feedback on the proposed regulatory changes that would expand pharmacists' scope of practice and enable prescriptions for minor ailments.

AFHTO is an advocate, network, and resource for team-based primary health care in Ontario. We represent 193 interprofessional teams across the province: family health teams (FHT), nurse practitioner-led clinics (NPLC), and other interprofessional primary care models that are committed to advancing team-based primary care and to improving patient outcomes.

Primary care is the foundation of the health care system and is the patient's medical home – it supports them throughout their lifetime with care that promotes health and wellbeing, and works to prevent, detect, treat, and manage illnesses. High-quality primary care is team-based and patient-centered. It looks at the whole person, not just their illness, and offers a wide range of services to help people be as healthy as possible.

Teams are composed of different providers, and many teams include a pharmacist, who works with other interprofessional providers in the clinic and patients' Most Responsible Provider (MRP) – their physician or nurse practitioner (NP). The patient care team works closely, utilises the same electronic medical record (EMR), and delivers wrap-around care while continuously working to maintain their patients' trust and to build strong relationships, which is critical to delivering comprehensive care. Team-based primary care is currently only available to about 30% of Ontarians.

We understand the regulations to expand scope for pharmacists to prescribe for minor ailments have been developed at the request of the Ministry of Health, and that the purpose of these changes is to improve access to care in the community and to reduce the need for emergency or urgent care visits.

We would like to provide three points for consideration.

1. Setting clear practice expectations

Prescribing for minor ailments carries the possible encroachment on the controlled act of diagnosis, so it is important to ensure that pharmacists' role is focused on making treatment recommendations that do not require any degree of diagnoses.

We understand, as noted on your site, that "minor ailments are health conditions that can be reliably self-diagnosed by a patient who is familiar with their condition and managed with self-care strategies and/or minimal treatment." We wish to underscore the importance of setting clear practice expectations and regulations, so that pharmacists have the knowledge and expertise to prescribe with full confidence in patients' self-diagnosis, and in a safe and effective manner that in no way requires pharmacists' diagnosis.

Pharmacists on teams do not prescribe as they work closely with the patient's MRP, who issues prescriptions. However, without the MRP involved and without shared electronic health records across the sector, community pharmacists' ability to make an informed decision may be impacted. It is important to know the patient's full history and the care they have received when prescribing, or patient safety concerns can arise. This will be important to keep in mind when prescribing for minor ailments.

2. Supporting continuity of care

Jurisdictions across Canada, including Ontario, are increasingly embracing initiatives that encourage integrated, team-based health care as part of a Patient Medical Home (PMH), given its significant benefits for primary care outcomes.¹

A key element of the PMH is continuity of care, in which the patient's MRP is involved in that patient's healthcare management. Continuity of care between the patient and their physician-led or NP-led care team has been shown to reduce hospital admissions, decrease system costs, and improve patient satisfaction.² Any changes that erode this important principle will be counterproductive, and we will continue to see fragmentation in care.

Promoting better access and convenience through expanded pharmacy dispensing, therefore, must be balanced against the need to ensure patients receive comprehensive care with continuity.³ Pharmacist prescribing is more likely to yield intended outcomes if done with a full understanding of an individual's health history, including any existing conditions. This means taking a shared team-based approach to care through interprofessional communication and information sharing, as opposed to episodic parallel care.

Continuity would be enhanced through shared electronic health records, which we have consistently endorsed as a means to share information among health professionals and to improve patient care.

Access to an integrated electronic health record to facilitate information sharing will be important, especially as scope expands. Effective communication and collaboration among providers are critical in a patient's health care journey.

You heard in early consultations about the importance of access to an integrated EMR to facilitate information sharing and noted that this will involve collaboration with stakeholders. We would be pleased to be involved in collaboration as this is critical for care that is informed and patient centred.

3. Appropriate and accountable prescribing

A professional who prescribes a medication is accountable for the prescription, and this includes determining that the treatment is appropriate for the patient. In addition to safeguarding patient safety, those with prescribing authority are also accountable for promoting good healthcare stewardship, which includes monitoring of drug interactions and minimizing over-treatment, particularly in an aging population.

Unnecessary tests and over-medicalization are obstacles to providing high-quality patient care. It is estimated that up to 30% of medical care may be classified as unnecessary, at times introducing preventable risks associated with that care.⁴

In expanding pharmacy scope of practice, considerations must include opportunities to build confidence and establish accountability to practice wisely, with a focus on appropriate prescribing and patient safety.

We appreciate the opportunity to share this feedback and to help shape a regulation that works for patients in primary care while also reducing the risks of over-medicalization and fragmentation, particularly among vulnerable patients.

- 1 Aggarwal, M., and Hutchison, B. (2012). *Toward a Primary Care Strategy for Canada*. Ottawa: Canadian Foundation for Healthcare Improvement.
- 2 British Medical Journal. Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data. *BMJ* 2017;356:j84
- 3 Premji, K., et al. (2018). Patients' perceptions of access to primary care. *Canadian Family Physician* March 2018, 64 (3) 212-220.
- 4 Health Quality Ontario (2017). *Implementing Choosing Wisely Canada Recommendations in Ontario to Improve Quality of Care*. <http://www.hqontario.ca/Portals/0/documents/qi/choosing-wisely/leaders-of-change-cwc-report-english.pdf>