Ontario College of Family Physicians

Leaders for a healthy Ontario

August 14, 2023

Ms. Shenda Tanchak
Registrar and Chief Executive Officer
Ontario College of Pharmacists
483 Huron Street
Toronto ON, M5R 2R4

Dear Ms. Tanchak,

Re: Consultation on Proposed Amended Regulation

The Ontario College of Family Physicians (OCFP), which represents more than 15,000 family physicians across the province, appreciates the many vital contributions pharmacists make across our healthcare system. We are pleased to participate in the Ontario College of Pharmacists' consultation on the proposed authority for pharmacy professionals to administer additional vaccines and treatments for RSV, COVID-19, and influenza.

Introduction and Guiding Principles

The OCFP acknowledges the struggle faced by government to ensure people have timely access to care. We support the goal of identifying reforms that empower patients and expand equitable access to care.

We continue to advocate for integrated, team-based health care as part of a Patient's Medical Home (PMH), given its significant benefits on primary care outcomes[1]. Many family physicians across Ontario work collaboratively with interprofessional healthcare providers, including pharmacists, as key members of their patient's care team. Complementary-skilled team members are essential for delivering more comprehensive, coordinated, efficient care centred on patient needs – from minor health issues to more complex and chronic illnesses best managed in primary care.

The OCFP submits that any reforms that include changes to scope of practice will be best utilized in the context of the PMH. We seek to build on the relationship between primary care and pharmacy care as an important clinical partnership rather than siloed sectors.

Otherwise, we risk further fragmenting the primary care system – leading to more downstream care and related costs (i.e., through additional follow-up visits, additional tests, consultations, etc.). Expanded scope of practice must serve to alleviate – not add to – capacity challenges and costs across the system, including the overwhelming administrative burden (averaging 19 hours per week) facing Ontario's family doctors.

To mitigate risks of fragmentation, it is crucial that the province moves swiftly to ensure that:

- Every Ontarian has timely access to team-based care;
- There is a common patient health record that is shared across pharmacies and primary care teams; and
- There is a provincial vaccine registry that is tied to the electronic patient record and available to family physicians and other primary care providers.

[1] Aggarwal, M., and Hutchison, B. (2012). Toward a Primary Care Strategy for Canada. Ottawa: Canadian Foundation for Healthcare Improvement.

To achieve a more accessible, seamlessly connected, and sustainable healthcare system that is patient-centered, we offer these four guiding principles that have not yet been sufficiently addressed within our current system.

1. **Ensuring competence to provide safe and appropriate therapeutic treatments to patients.**

We wish to underscore the importance of setting clear practice expectations and regulations, so that pharmacists have the knowledge and expertise to prescribe in a safe and effective manner. We recognize that pharmacists have acquired extensive training in pharmacotherapy. However, appropriate prescribing requires appropriate diagnosis, and the ailments in question cannot always be reliability self-diagnosed or determined based on symptoms alone. Pharmacists may be lacking in the knowledge and skills required to properly assess and treat individuals presenting with respiratory illness.

Training should also include patient communication (including patient counselling and education), as well as interprofessional care. To enable this type of effective, safe, whole-person, patient-centered and collaborative care, pharmacies will need to be sufficiently resourced (i.e., private space to assess and counsel patients, adequate staff coverage, and availability to follow up on ailments).

To support safe and appropriate therapeutic treatments for patients, it will be important that the College ensures that:

- Relevant competencies are set out for the profession;
- There is mandated education and training – designed and delivered in collaboration with family physicians – to develop the requisite expertise;
- Ongoing certified professional development is in place to ensure knowledge remains current.

2. **Supporting continuity of care**

Promoting better access and convenience by enabling pharmacy professionals to administer additional vaccines and treatments must be balanced against the need to ensure patients receive comprehensive care with continuity.[2] A patient's family physician must have clear knowledge of a pharmacist's assessment and prescribing for that patient.

Supporting continuity in care must incorporate:

- Notifying the patient's family physician within 24 hours when their patient receives treatment from a pharmacist, including a brief, documented and easy-to-understand follow-up plan for the minor ailment that was managed.
- A common patient health record that is shared across pharmacies and primary care teams, as this is a fundamental part of ensuring continuity, quality, and safety. In the absence of a common patient health record, the following is required:
    1. Clear documentation of the pharmacist assessment and treatment directly transmitted to the family physician's (if there is one) EMR. This should include discussion around non-pharmacologic treatments as well as direction around the need for reassessment by the pharmacist instead of automatic direction to another clinician.
    2. For patients not attached to a family doctor, resources provided to enable attachment (i.e., Health Care Connect) and counsel to visit a family physician at a walk-in clinic in the interim.
    3. As is the case in British Columbia, require all community pharmacies to participate in a provincial PharmaNet, which contains a record of every prescription dispensed.
    4. A provincial vaccine registry that is tied to the electronic patient record and available to family physicians and other primary care providers.

2 Premji, K., et al. (2018). Patients' perceptions of access to primary care. Canadian Family Physician March 2018, 64 (3) 212-220.

The lack of integration also adds to the family physician's administrative burden, which runs counter to the government's focus on creating efficiencies. As examples:

- Currently, family physicians are the patient's vaccine registry and family physicians must add pharmacist administered vaccinations to the patients' immunization record in their chart.
- The Meds Check done by pharmacists is completed with no collaboration with the patient's prescribing family physician, resulting in increased administrative burden for the family physician who has another report to review and check for accuracy.
    - When pharmacists are integrated as part of a patient's primary care team, the medication review is done together with the family physician, thereby promoting collaborative, patient-centered care.

3. **Avoiding and disclosing conflict of interest**

There is research to support patients' potential concern with pharmacists prescribing in a business model that will profit from prescriptions that are filled in-house, which does, in turn, inevitably present an inherent conflict of interest for pharmacists[3]. While we recognize that all regulated healthcare professionals, including pharmacists, hold themselves accountable to a high code of conduct, it is important to address that pharmacists directly profit from not only whether the patient is prescribed a medication, but also the price-point and type of medication that is being recommended to the patient.

Thus, we wish to underscore that it will be important for the College to ensure that clear standards of practice are set out to eliminate altogether, or at least, to disclose clearly to patients and to the public, any potential conflict of interest in allowing those who dispense medications to also be able to prescribe.

4. **Appropriate and accountable prescribing**

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]

As the principles of Choosing Wisely are increasingly being adopted, and often enforced, in all healthcare settings across the province, it will be important for the College to ensure that the current standards of practice reflect the Choosing Wisely principles and ultimately protect patients from unnecessary treatment.

In line with this principle, it will also be important for the College to set out clear parameters for pharmacist prescribing. Prescriptions should be time-limited and only for that particular course of treatment.

Finally, to ensure judicious use of healthcare resources and minimize unintended consequences, we suggest that a feedback mechanism be put in place for following the amended regulation that includes feedback from family physicians.

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[3] Michael Feehan, Ph.D, Richard Durante, Ph.D, Jim Ruble, J.D., Pharm.D, Mark A. Munger, Pharm.D., FCCP, FACC, Qualitative interviews regarding pharmacist prescribing in the community setting, American Journal of Health-System Pharmacy, Volume 73, Issue 18, 15 September 2016, Pages 1456–1461.

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

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Feedback Specific to Proposed Amended Regulation

Proposed Regulatory Amendment	OCFP Feedback
• Give pharmacists authority to prescribe oseltamivir (Tamiflu).	The OCFP disagrees with authorizing the ability to prescribe Tamiflu, due to the lack of meaningful clinical benefit and potential adverse effects: https://thennt.com/nnt/neuraminidase-inhibitors-treatment-influenza/. This change also risks increasing overall healthcare expenditures due to 1) visits regarding side effects; 2) patient expectations vs. actual performance of drug causing additional visits; 3) over-prescribing as it is not always easy to differentiate flu vs. other viral illness.
• Remove age restrictions for the administration of influenza and other Schedule 3 vaccines by pharmacists and pharmacy technicians.	The OCFP disagrees with this proposed change: • Vaccinations for babies and toddlers are generally administered during routine appointments with the primary care provider, where other important care is provided, and growth and development is assessed and discussed. We are concerned about the potential impact on these visits, and families missing key appointments and related preventative care and assessment opportunities. Should this proceed, it will be essential that: • There is clear and seamless communication with the child's most responsible provider – as further outlined below. • Training and ongoing learning are in place, given the administration of vaccinations to children under the age of two often requires additional skills.
• Give pharmacists and pharmacy technicians authority to administer the RSV vaccine. • Give pharmacy technicians authority to administer vaccines from Schedule 3 of O.Reg. 202/94 • Transition authority for pharmacists and pharmacy technicians to administer the COVID-19 vaccine and for pharmacists to prescribe Nirmatrelvir/ritonavir (Paxlovid), from the Regulated Health Professions Act (RHPA), Controlled Acts Regulation (107/96) to the Pharmacy Act, General Regulation (202/94).	We welcome any efforts that can increase vaccine uptake, and we agree with the proposed vaccination changes as well as the administration of Paxlovid. However, it is essential to minimize the potential unintended consequences of this regulatory change, as noted in the guiding principles outlined above. Supporting continuity in care must incorporate: • Notifying the patient's family physician within 24 hours when their patient receives treatment from a pharmacist, including a brief, documented and easy-to-understand follow-up plan for the minor ailment that was managed. • A common patient health record that is shared across pharmacies and primary care teams, as this is a fundamental part of ensuring continuity, quality, and safety. In the absence of a common patient health record, the following is required: 1. Clear documentation of the pharmacist assessment and treatment directly transmitted to the family physician's (if there is one) EMR. This should include discussion around non-pharmacologic treatments as well as direction around the need for reassessment by the pharmacist instead of automatic direction to another clinician.

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Proposed Regulatory Amendment	OCFP Feedback
	2. For patients not attached to a family doctor, resources provided to enable attachment (i.e., Health Care Connect) and counsel to visit a family doctor at a walk-in clinic in the interim. 3. As is the case in British Columbia, require all community pharmacies to participate in a provincial PharmaNet, which contains a record of every prescription dispensed. 4. A provincial vaccine registry that is tied to the electronic patient record and available to family physicians and other primary care providers. It will also be critical to ensure that expanding vaccination in pharmacy does not dilute supply of vaccines in other settings, including in community-based family practices.

We appreciate the opportunity to share this feedback, and the terrific support and helpful communication from OCP staff throughout this consultative process. We look forward to our continued collaboration so that every Ontario resident receives high quality, coordinated, comprehensive and continuing care.

Sincerely,

Dr. Mekalai Kumanan, President
Ontario College of Family Physicians

Ms. Kimberly Moran, CEO
Ontario College of Family Physicians

cc. OCFP Board of Directors
James Morrison, Board Chair, Ontario College of Pharmacists
Justin Bates, Chief Executive Officer, Ontario Pharmacists Association