

# Health Reform Observer - Observatoire des Réformes de Santé

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VOLUME 3

| ISSUE 1 |

ARTICLE 4

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## Expanding the Scope of Practice for Pharmacists in Ontario

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15 April 2015

A Provincial/Territorial Health Reform Analysis

RECOMMENDED CITATION: Randall GE, Barr NG, Wakefield PA, Embrett MG. 2015. Expanding the Scope of Practice for Pharmacists in Ontario. *Health Reform Observer - Observatoire des Réformes de Santé* 3 (1): Article 4. DOI: [dx.doi.org/10.13162/hro-ors.v3i1.1177](https://doi.org/10.13162/hro-ors.v3i1.1177)

## Abstract

On 15 December 2009 the *Regulated Health Professions Statute Law Amendment Act, 2009* (Bill 179) received Royal Assent in Ontario. The resulting legislative amendments were intended to strengthen government oversight of the health regulatory colleges, promote interprofessional collaboration, and make better use of health professionals' existing skills and training by enhancing the scope of practice for several health professions in order to improve health system efficiency. Among the most notable scope of practice enhancements were those given to pharmacists, who would be permitted to: modify and renew existing prescriptions, prescribe a limited range of drugs independent of a physician, and administer medications such as vaccinations via injection or inhalation. The reform was driven in large part by the government's concerns related to the rising cost of health care, the public's desire for greater access to services, and demonstrated successes of similar reforms in other jurisdictions. While the Ontario reform has had some clear success, such as expanding the public's access to influenza vaccinations, to date, the evidence of achieving other goals remains weak. In particular, there is no clear evidence of improved health system efficiency and associated cost effectiveness. Moreover, it is possible that Ontario's umbrella regulatory model may be making interprofessional collaboration more, rather than less, difficult to realize.

*La loi de 2009 modifiant les lois en ce qui concerne les professions de santé réglementées (Loi 179) a été sanctionnée le 15 décembre 2009. Les changements législatifs résultant avaient pour but de renforcer la capacité du gouvernement de superviser les collèges des professions de santé, de promouvoir la collaboration inter-professionnelle, et de mieux utiliser les aptitudes et les formations des professionnels de santé en élargissant les domaines d'activité de plusieurs professions pour améliorer l'efficacité du système. Un des élargissements les plus notables a été celui donné aux pharmaciens et les autorisant à : modifier et renouveler des ordonnances, prescrire certains médicaments indépendamment d'un médecin, et administrer certains actes comme des vaccins par injections ou inhalations. La réforme a été guidée principalement par la volonté gouvernementale de contrôler les coûts croissants de la santé, ainsi que par le souhait d'un meilleur accès aux services dans la population, et la réussite de réformes semblables dans d'autres systèmes. Même si la réforme en Ontario a eu certains succès nets, comme d'améliorer le taux de vaccination contre la grippe, il n'existe pas vraiment de preuves que d'autres objectifs aient été atteints. En particulier, il n'existe aucune preuve claire d'amélioration de l'efficacité ou de l'efficacité-coût du système de santé. En outre, il est possible que le modèle général de régulation en vigueur en Ontario rende la collaboration inter-professionnelle plus difficile au lieu de la faciliter.*

### Key Messages

- Experience from other jurisdictions that have already experimented with expanded scopes of practice has helped to inform policy options in Ontario.
- Ontario's regulatory model that permits overlapping scopes of practice may make it more, rather than less, difficult to achieve enhanced interprofessional collaboration.
- It remains unclear the extent to which an expanded scope of practice for pharmacists is able to deliver on all anticipated benefits, including improved health system efficiency and cost effectiveness.

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### Messages-clés

- *L'expérience dans d'autres systèmes qui ont tenté de modifier les domaines d'activité ont informé les options politiques en Ontario.*
- *Le modèle de régulation de l'Ontario, qui autorise des chevauchements de domaines d'activité a pu rendre plus complexe la collaboration inter-professionnelle plutôt que de la faciliter.*
- *Il reste à déterminer dans quelle mesure l'élargissement du domaine d'activité des pharmaciens répond aux attentes multiples, notamment une plus grande efficacité du système de santé et une plus grande efficacité coût.*

## 1    EXPANDED SCOPE OF PRACTICE FOR PHARMACISTS IN ONTARIO

*The Regulated Health Professions Statute Law Amendment Act, 2009*, or Bill 179, was introduced by the Ontario government on 11 May 2009, and subsequently received Royal Assent on 15 December 2009. This omnibus bill altered numerous pieces of legislation in an effort to strengthen government oversight of the health regulatory colleges, promote interprofessional collaboration, and expand the scope of practice of several health professions in an effort to make better use of their members' existing skills and training in order to improve health system efficiency (Rosenbaum and Di Domenico 2009). While Bill 179 included scope of practice expansions for numerous professions, those proposed for pharmacists had the potential for the greatest direct impact on patients. This expansion would permit pharmacists to: modify and renew existing prescriptions, prescribe a limited range of drugs independent of a physician, perform some procedures below the dermis tissue, provide health care aids/devices, and administer medications such as vaccinations via injection or inhalation (Williams 2010).

The Ontario government has expanded funding to pharmacists for some services, such as counselling for smoking cessation through the Ontario Drug Benefits Program and review of medications under the MedChecks program; however the only expanded scope of practice service that is universally funded is the administration of the flu vaccine as part of Ontario's Universal Influenza Immunization Program. Since community-based pharmacist services are not required to be publicly funded under the Canada Health Act, it remains unclear how pharmacists might be reimbursed for services such as prescription renewal. Direct billing of patients is allowed but given the competitive marketplace this is not a realistic option as patients would likely seek out a pharmacist that does not apply such a charge. This funding dilemma has been identified as an issue in other provinces as well (Carter and Quesnel-Vallée 2014).

## 2    HISTORY AND CONTEXT

Historically, the Ontario government has worked toward enhancing access to health care services and the quality of those services, while also attempting to control costs through the more efficient use of health human resources. For instance, in the 1990s, a new regulatory model for health professions was implemented in Ontario. This innovative regulatory model, the *Regulated Health Professions Act, 1991*, which was implemented in 1994, utilized umbrella legislation to act as a common framework for the regulation of health professions while also permitting profession-specific legislation (e.g., *the Pharmacy Act, 1991*). The regulatory model also permitted overlapping scopes of practice, which gave multiple professions the ability to perform the same procedures. At the same time, the government created the Health Professions Regulatory Advisory Council (HPRAC), an organization

that is intended to be independent from government and consists of non-health professionals appointed by the government to provide the Minister with advice related to the operation of the health regulatory colleges.

With the evolution of this system over the next couple of decades came an increased focus on interprofessional collaboration, the creation of new regulatory colleges for professions, such as kinesiology and psychotherapy, and most recently in 2004, expansion of the scopes of practice of many regulated professions (HPRAC 2006; MOHLTC 2007). To help guide the more recent reform discussed in this paper, in 2007 HPRAC was asked to provide advice to the Minister of Health and Long-Term Care regarding how to enhance the system and promote greater interprofessional collaboration. HPRAC sought information and comments from members of “the regulated health colleges, regulated health professional and provider associations, and stakeholders who have an interest in issues on which it provides advice” in order to inform recommendations provided to the Minister (HPRAC 2013). On completion of the process, HPRAC presented two reports to the Minister of Health and Long-Term Care, including a recommendation for non-physician prescribing and use of drugs (HPRAC 2008; 2009).

### **3 GOALS OF THE REFORM**

The government indicated that the general purposes of the Regulated Health Professions Statute Law Amendment Act, 2009 (Bill 179) included: 1) expanding the services of regulated health care professionals, 2) improving patient safety, and 3) strengthening the health profession regulatory system (MOHLTC 2012). In addition, the government expected Bill 179 to increase interprofessional collaboration among health professionals as well as increase access to these professionals, which would give Ontario residents greater flexibility in choosing which health service provider they consult to fulfill their medical needs. Enhancing scopes of practice for selected professions was also expected to ease the strain on some health care services and enhance the cost-effectiveness of the health system. For instance, by allowing pharmacists the right to renew and revise prescriptions and administer specific drugs, it was thought that there would be a reduced demand for physician services related to minor medical tasks, which could ease wait times for those seeking a physician's care. The Ontario Pharmacists Association (OPA) supported the government view and argued that this move could potentially save the Ontario government more than \$130 million per year (OPA 2012).

## 4 FACTORS INFLUENCING TIMING AND CONTENT OF THE EXPANDED SCOPE OF PRACTICE REFORM

### 4.1 The problem

Efforts to enhance access to health care services while controlling costs have been a consistent problem and thus, a preoccupation of governments in Canada. The Ontario Liberal Party (in power since 2003) emphasized improving access in their 2003 and 2007 campaign platforms. HealthForceOntario was established in 2006 by the MOHLTC to investigate and recommend ways to improve access to health care. As noted above, in 2007 the MOHLTC requested that HPRAC provide recommendations on the issue. In 2008, the MOHLTC announced two priority areas in health care: reducing wait times and improving access (HPRAC 2009). HPRAC's recommendations around expanded scopes of practice came shortly after in 2009. The subsequent report from the Commission on the Reform of Ontario's Public Services noted that "Physicians should not perform tasks that could be done more efficiently and at a lower cost by physician assistants, registered nurses, nurse practitioners or pharmacists" (Drummond Commission 2012). These efforts highlight the extent to which policymakers were concerned about the issues of access to care and indirectly improving efficiency within the health care system by allowing lower cost health professionals to provide a fuller range of services for which they have been trained.

### 4.2 The policy

Internationally, pharmacists have increasingly been incorporated into a collaborative model of care. New Zealand, the United Kingdom and United States have all embraced arrangements that allow pharmacists to independently or collaboratively prescribe medications or renew prescriptions (Tannenbaum and Tsuyuki 2013). In 2006, the National Health Service in the United Kingdom added independent prescribing authority to the scope of practice of pharmacists (Pearson 2007). Evidence from randomized trials have demonstrated the benefits of enhanced pharmacist role in patient care ranging from reduced admission rates for patients with heart failure to improved medication adherence (Tannenbaum and Tsuyuki 2013).

Within Canada, Alberta's *Health Professions Act, 1999* was an early instance of government adopting an international innovation while responding domestically to the pharmacy profession's requests for an expanded scope of practice (Yuksel, Eberhart, Bungard 2008). In 2004, the Minister of Health and Wellness accepted a proposal from Alberta pharmacists, which requested that their scope of practice be expanded. The government responded by granting them the authority to prescribe drugs, effective 1 April 2007 (Yuksel, Eberhart, Bungard 2008). At the time of its approval, no other jurisdiction in North America had given pharmacists the ability to independently prescribe medication (Yuksel, Eberhart, Bungard 2008).

Since health care provision in Canada is primarily a provincial responsibility, different jurisdictions have the opportunity to learn from each other's successes and failures. The relatively recent success in expanding the scope of practice of pharmacists in Alberta (Reid and Plante 2013) may therefore have provided impetus for the development of similar legislation in Ontario; especially given that there has been public and political support for the changes since the reform in Alberta (HPRAC 2009). By setting a policy precedent, Alberta provided the Ontario government with a legitimate policy alternative as it sought changes to the practice of pharmacists. Other provinces quickly followed suit with similar reforms being adopted right across the country (Carter and Quesnel-Vallée 2014, CPA 2015).

### 4.3 The politics

Interest groups representing pharmacists in Ontario, such as the OPA and the Canadian Pharmacists Association, have consistently advocated for an increased scope of practice for the profession to optimize utilization of existing qualifications and training (OPA 2014). In addition, pharmacy organizations have argued that the practice of pharmacy has evolved from a dispensing model to a "patient-centered, pharmaceutical care model" and that many pharmacists have already taken on prescribing activities through delegated authority, among other mechanisms (Pojskic *et al.* 2014, 345). In order to help further their efforts, these organizations made submissions to HPRAC. In the case of Ontario pharmacists, such lobbying efforts seem to have had some influence, as Bill 179's final form included many of their proposed amendments (e.g., adapting, modifying and extending existing prescriptions and performing below the dermis tissue procedures (HPRAC 2009)).

Throughout HPRAC's process of collecting feedback from stakeholders on the changes proposed in Bill 179, it was clear that there were diverse opinions and substantial interest group opposition to numerous provisions. In particular, physician groups were faced with perceived encroachment on their traditional areas of practice from several other professions, such as pharmacist prescribing. However, the sheer volume of changes across numerous professions and the range of stakeholder concerns appears to have decreased attention to any specific objection making it much more difficult for any interest group, including physicians, to influence the outcome.

### 4.4 The problem, policy, and politics converge

The timing of the Ontario government's decision to expand scopes of practice for various health professions, including pharmacists, was influenced by: the co-occurrence of pressures on government for efficient use of health human resources and cost-control, successful implementation of policy solutions in other jurisdictions, pressure from interest groups, and the presentation of the HPRAC report to the Minister.

## 5 IMPLEMENTATION AND EVALUATION OF THE REFORM

Although Bill 179 was officially in place as of December 2009, significant delays in its implementation along with the nature of the reform itself (a fundamental shift in practice) dictate that evaluation be carried out over an extended period. Nevertheless, at this point in time, some positive outcomes are evident.

### 5.1 Expansion of regulated health professionals' services

Despite being passed in 2009, there were significant delays in the implementation of the reform. Indeed, up until 2012, the reform did not appear to have been implemented (OPA 2012), and it was only in March 2014 that the OPA celebrated their expanded roles during Pharmacist Awareness Month by posting a news release on their website as well as promoting their new set of services to the public through a series of short videos available online. In addition, the Canadian Pharmacists Association released a summary of pharmacists' expanded scope of practice in May 2014, which indicated that all of the amendments in the 2009 Act had been implemented in jurisdictions across Ontario (CPA 2014).

### 5.2 Improved health access and collaboration

Since permitting Ontario pharmacists to administer injections, rates of flu vaccinations in the province have increased (OPA 2014). In the 2013/2014 season, more than 650,000 Ontarians received their flu shot at pharmacies (OPA 2014).

Increased collaboration among health professions was an additional objective of Bill 179. Such a practice model was thought to encourage a move away from fragmented care to one that focuses on the combined efforts of qualified health care providers, thereby taking advantage of unique skill sets (Makowsky *et al.* 2009). However, since Ontario's regulatory model does not protect an individual profession's scope of practice but rather allows for overlap in scopes of practice and in the controlled acts each profession is permitted to perform, the model may actually encourage greater energies being devoted to "turf protection" and conflict across the regulatory colleges.

Alberta's experience with the increased roles of pharmacists included elements not present in Ontario's reform. For example, Alberta pharmacists seeking the right to prescribe drugs must first apply for approval through their regulatory body (Yuksel, Eberhart, Bungard 2008). This type of additional approval process for individual pharmacists is favoured by the Ontario Medical Association (OMA 2009), as it ensures that only pharmacists who demonstrate competence in the activity are permitted to perform it. However, adding an additional administrative layer may well restrict the number of pharmacists who prescribe and consequently, the success of the reform in enhancing patient access.

It has also been argued that the sharing of patient information is much easier in Alberta where comprehensive records of patient care have been transferred into electronic format (Yuksel, Eberhart, Bungard 2008). The absence of the same degree of access to electronic patient records in Ontario could mean that pharmacists have less information available, which could put patients at risk.

While this reform may have enhanced patient access to some services, it is too early to determine whether there is an overall improvement in the health system. In particular, the ability of the reform to achieve either increased interprofessional collaboration or cost savings will need to be closely evaluated.

## 6 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

Table 1 summarizes strengths, weaknesses, opportunities and threats associated with expanding the scope of practice for pharmacists in Ontario.

Table 1: SWOT Analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>● May promote the monitoring and management of chronic diseases like diabetes</li> <li>● Increased accountability and liability for pharmacists' actions</li> <li>● Reduced demand on physician time</li> <li>● Enhanced responsibility in ensuring safe and effective drug distribution</li> </ul>	<ul style="list-style-type: none"> <li>● Need to more closely monitor quality and make sure pharmacists have access to medical records to be able to make decisions in the best interest of the patient</li> <li>● There are very few drugs that may be prescribed by pharmacists.</li> <li>● Physicians may need to spend more time with patients to clarify treatment plans provided by their pharmacist.</li> </ul>

OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>● Possible cost savings with reduced physician visits</li> <li>● Greater patient access to medications through dispensing of drugs to individuals via vending machines equipped with video conferencing technology</li> <li>● Gives pharmacists the responsibility of ensuring that all other professions dispense drugs to same high levels expected of pharmacists</li> </ul>	<ul style="list-style-type: none"> <li>● With more professions prescribing drugs, over-medication of patients and increases in system drug costs may become a problem.</li> <li>● Overlapping scopes of practice may lead to additional tension among professions.</li> <li>● The lack of integrated electronic medical records in Ontario</li> </ul>

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