



British Columbia
Pharmacy Association

British Columbia Pharmacy Association (BCPhA) 2022 Budget Consultation Submission

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B.C.'s Community Pharmacists Making a Difference

Thank you for the opportunity to make a submission to this important Committee.

The B.C. Pharmacy Association (BCPhA) represents the province's community pharmacies and pharmacists. There are more than 4,100 registered pharmacists working in more than 1,400 community pharmacies in B.C. These pharmacies are located in communities big and small across the province and often serve as the first point of contact for patients needing care.

In a 2020 U.S. study published in the Journal of American Medical Association (JAMA) Network, it was estimated that patients saw community pharmacists significantly more than their primary care physicians (13 times versus 7 times, respectively).¹ In a 2018 scholarly review of studies in Canada, it's estimated that patients visit their pharmacist between 1.5 to 10 times more often than their family physician. And it is believed that in Alberta 30 per cent of patients with chronic conditions will not visit their general practitioner.² The experience during COVID-19 has no doubt increased the in-person contact patients have had with their pharmacists, since many physicians have moved to virtual care.

The pandemic experience has taught us that virtual primary care by physicians is here to stay. The College of Physicians and Surgeons of B.C. recently released new guidelines on the provision of virtual care. While there is no doubt that moving to telehealth was necessary in the early days of the pandemic and still remains an important alternative for patients and physicians, it has meant many patients have relied on their pharmacist even more to answer questions about the pandemic, COVID vaccinations and general health concerns.³

B.C.'s community pharmacists worked quickly to adapt to the declaration of a public health emergency on March 17, 2020, and created safe environments for pharmacists and patients, who needed their medications. Pharmacies across the province did not close at any point during the pandemic. They erected physical barriers, limited the number of people in their pharmacies, provided home delivery and did what is needed to serve their patients and continue to do so to keep their patients and their teams safe.

On behalf of community pharmacists across the province, the BCPhA officially acknowledges the support and responsiveness of the Ministry of Health during the last year and half of the pandemic. The Ministry worked closely with the Association to respond to drug shortages, the need to eliminate administrative requirements to help keep patients safe and gave the BCPhA

¹ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768247>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5755826/>

³ <https://pubmed.ncbi.nlm.nih.gov/33317760/>

a place at the COVID-19 response table to ensure decision makers understood the needs specific to community pharmacy.

Every pharmacist in B.C. is proud to have played and to continue to play a role in B.C.'s COVID-19 pandemic response.

Pharmacy's Ongoing Role in the COVID-19 Immunization Program

Community pharmacists are uniquely positioned to assist the province in its ongoing need to immunize British Columbians for anticipated COVID-19 booster shots. Since 2009, B.C.'s community pharmacists have played an increasingly important role in delivering publicly funded vaccinations against influenza, measles, HPV, pertussis, and now COVID-19.

Last year, more than a million flu shots were given by B.C.'s community pharmacists at a time when there were so many unknowns about the transmission and risks of COVID-19. This year pharmacists have administered the majority of B.C.'s AstraZeneca COVID-19 vaccines. Despite the significant challenges this program presented including short-dated supply, limited notification of incoming supply, concerns around serious adverse events and changing public sentiment about the vaccine, pharmacists still administered approximately 300,000 vaccinations. Before -- and during -- the COVID-19 pandemic, British Columbians have shown their strong confidence in receiving essential vaccinations from their pharmacists.

As B.C.'s highly successful COVID-19 mass clinic program will be reduced to a smaller number of locations, pharmacies can fill the gaps. No other health profession has the number of locations, is dispersed across the province and has the capacity for throughput to support a third dose of the booster shot program as pharmacists.

When asked to assist the province in providing AstraZeneca vaccinations, pharmacists were mobilized in less than a week to begin immunizing eligible patients. Pharmacists are nimble and can respond quickly to changing circumstances.

The BCPhA has worked closely with the COVID-19 vaccine program team since March 2021 and serves as the single point of contact for B.C.'s public health team with distributors and pharmacies. We have had a hands-on role in ensuring the vaccines were delivered to the places they were needed and that pharmacists were ready to get "shots in arms". The BCPhA has been able to relieve the heavy load on public health and ministry staff, who have now been able to rely on the Association to ensure a successful immunization program in B.C. pharmacy.

A key role pharmacists can play in the next steps of the pandemic response is ensuring that residents and staff at Long Term Care and Assisted Living facilities receive their COVID-19 booster shots across the province in a very short amount of time. Community pharmacies have

had and continue to have existing contracts to provide pharmacy services, like delivering annual flu shots to residents and staff, with these facilities. These pharmacies could readily shoulder administration of COVID-19 booster shots to residents and/or staff. This will allow public health resources in all the Health Authorities to take on other important work and not be diverted by the need to provide this vulnerable population with their booster shots.

Pharmacists remain ready to do their part to respond to the ongoing COVID-19 pandemic.

New Opportunities to Fight the Opioid Crisis

The statistics on deaths in B.C. associated with the opioid crisis are staggering and heart breaking. There has been no shortage of innovative and persistent efforts to stem the tide of these deaths. As everyone knows, the pandemic has created its own additional set of problems related to addressing the infiltration of deadly street drugs into B.C.

Pharmacists have long worked with the vulnerable patient population that is dealing with opioid use disorder. The Methadone Maintenance Program has existed in B.C. for more than two decades. The program has evolved over the years as needs and alternative medications became available.

In 2019 the BCPhA developed and launched a new, comprehensive training program for pharmacists who were serving patients with Opioid Use Disorder. Thanks to the support and financial assistance of the Ministry of Health the “Opioid Agonist Training Program (OAT)” is the only one of its kind in the country. The training, which is mandatory for any pharmacist who dispenses OAT medications, aims to ensure that pharmacists are as well versed as their prescribing colleagues in understanding the issues their patients face. This training has improved the level of knowledge and confidence that pharmacists have when supporting their patients. It positions them to do more to help respond to the opioid crisis.

Some months ago, the BCPhA made a proposal to the Minister of Mental Health and Addictions that would see a stepped approach to enabling pharmacists to prescribe in some situations to enhance access and continuity of care for patients on Opioid Agonist Treatment (OAT). Our proposal is to enable pharmacists first to adapt prescriptions for patients to ensure there is no disruption in access to their medications. There are times in which patients are unable to have their prescriptions renewed by their physician, and they can be left without a supply of these vital medications that keep them safe. We propose allowing pharmacists to fill the gaps in care and help reduce unnecessary exposure to the toxic supply of street drugs. Pharmacists already have the knowledge, training and authority to adapt and renew many medications. Allowing adaptations in certain cases is a natural progression of pharmacists’ authority and can make a difference in saving lives.

Our proposal also calls for a collaborative approach to increasing patient access to a much-needed safe supply of medications (and OAT) through pharmacist-initiated prescribing. We propose building on the expertise and training pharmacists have, thereby creating new capacity in the province's response to this devastating public health crisis.

Doing More in the Delivery of Primary Care

B.C. has taken many steps to improve patient access to primary care services. The shortage of primary care physicians has been a chronic problem for nearly two decades. Many compelling approaches have been taken to increasing the number of primary care doctors in B.C., but the problems persist with many British Columbians lacking a family doctor.

The government's Primary Care Network program is an important step in encouraging collaborative care among health care professionals and increasing access to those who do not have a designated primary care provider.

In March 2021 the government announced its support for integrating pharmacists into primary care delivery by supporting the introduction of 50 pharmacists into the Primary Care Network Program. The program which is being supported and implemented by UBC's Faculty of Pharmaceutical Sciences is an important acknowledgement of the contribution pharmacists can make in primary care. Integrating pharmacists into primary health care teams is essential in building trust and understanding between all providers. The BCPhA supports this work and that of the Primary Care Networks.

But we firmly believe there remains untapped potential for community pharmacists to respond to the needs that remain in finding more primary care for British Columbians. What we propose is not new or revolutionary. Rather we are recommending B.C. move forward with an increased scope of practice for pharmacists.

In other provinces and around the globe, community pharmacists have prescribing authority for a range of self-diagnosable, limited conditions. Often referred to as "minor" or "common" ailments, the conditions pharmacists in a number of other provinces can prescribe for would otherwise require a patient to visit their family doctor. In Nova Scotia, pharmacists, for example, are able to prescribe for Urinary Tract Infections, ensuring women get the simple treatment they need quickly. The program has been well received by patients and has helped respond to a severe shortage of family doctors there.

Alberta was the first province to enable pharmacist prescribing. For over a decade, pharmacists in Alberta have been prescribing, and as of 2020, there were more than 3,300 pharmacist prescribers across that province.⁴ Since 2016, there has been a 50 percent increase

⁴ [https://abpharmacy.ca/sites/default/files/2020 Annual Report Web.pdf](https://abpharmacy.ca/sites/default/files/2020%20Annual%20Report%20Web.pdf)

in the number of Alberta pharmacists with additional prescribing authority.⁵ Such authority is especially important in rural and remote communities. But also plays an important role in providing access to simple medical issues for densely populated, urban areas where physicians are also in short supply.

The BCPhA and others have been advocating for more than a decade to have a program of pharmacist prescribing that meets the unique needs of British Columbians in place. We believe this remains a lost opportunity, and one the current government could advance given the high cost of the pandemic response.

In a 2019 poll conducted by Ipsos, British Columbians⁶ said they trust pharmacists and want them to play a larger role in the health care system. Nine-in-ten (90%) trust the information and advice they get from pharmacists. And 69% think pharmacists should play a larger role to take pressure off family doctors. This is especially true of older British Columbians who visit their pharmacists more frequently.

Most British Columbians (83%) support the idea of allowing pharmacists to consult and prescribe in some limited situations. And when asked about specific conditions, British Columbians support pharmacists prescribing for 13 specified conditions⁷ ranging from cold sores (90% support) to UTIs and child vaccinations (74% support each

The time to move forward on this scope is more compelling than ever. The all-party supported impending changes to the *Health Professions Act* provides the perfect opportunity to make legislative changes that will enable pharmacist scope of practice to evolve as needed. Also, as COVID has shown us, pharmacists remain an essential link for patients when access to a primary care provider is not possible. It also improves access and convenience of care. And finally, having pharmacists prescribe for common ailments can provide important cost savings to the health care system. No doubt such savings will be important as the costs of managing the COVID-19 pandemic are tallied.

In a study published in 2017, researchers estimated that Saskatchewan pharmacists prescribing for minor ailments saved the province of Saskatchewan more than \$546,000 in societal costs in 2014. And after 5 years of implementation, total cost savings expected to be \$3,482,660 in societal costs with a return-on-investment ratio of more than 2.5.⁸

⁵ Ibid.

⁶ The poll was of 1,000 adult British Columbians conducted online using Ipsos' household panel, with geographic breakdowns: Metro Vancouver (53% of population), Vancouver Island (17% of population), Southern Interior (23% of population), and North (7% of population)

⁷ The 13 conditions tested for were those commonly identified as common ailments in other jurisdictions. They include cold sores, smoking cessation, travel medicine, acne, bacterial conjunctivitis, all adult immunizations, hemorrhoids, birth control, migraines, shingles, strep throat, urinary tract infection (UTI), and all child immunizations.

⁸ <https://resource-allocation.biomedcentral.com/articles/10.1186/s12962-017-0066-7>

A study published in 2021 from researchers at the University of Waterloo found that pharmacist prescribing in Ontario could save the province \$42 million a year just on upper respiratory tract infections, contact dermatitis and conjunctivitis alone.⁹

Conclusion

B.C.'s community pharmacists remain one of the most under-utilized group of health professionals. They have training and expertise that can be harnessed to better meet the needs of patients across the province in an effective and cost-efficient manner. Pharmacists continue to demonstrate their commitment to the communities in which they serve. They are resilient and innovative and look forward to finding new ways in which to support the health care needs of their patients and the province.

⁹ <https://academic.oup.com/ijpp/article-abstract/29/3/228/6181698>