

April 13, 2009

OPA RESPONSE TO CONSULTATION ON REMOTE DISPENSING EXECUTIVE SUMMARY

On March 12, the Ontario College of Pharmacists (OCP) issued an Advisory Notice to members, requesting feedback on proposed legislative changes to the Drug and Pharmacies Regulation Act (DPRA) that would enable remote dispensing.

Based on a survey of members, the Ontario Pharmacists' Association (OPA) is not supportive of any changes to the DPRA that would permit the dispensing of medication without the physical presence of a pharmacist. There are many examples that illustrate how remote dispensing could reduce the quality of patient care. As well, in many instances, particularly in remote or underserved areas of the province, a pharmacist is the sole healthcare provider for some patients. At best, remote dispensing could offer a limited scope of professional service. It is anticipated that with an expanded scope of practice, new and enhanced services would only be available with the physical presence of a pharmacist. In the event that the legislative changes to the DPRA are ratified, OPA has made recommendations regarding the draft language that would enable remote dispensing specifically for remote or underserved areas

Proposed changes to the DPRA

Changes have been proposed by OCP for four sections of the DPRA.

1. Section 1(1) – Interpretation:

- Comments received through an OPA member survey and raised during the OCP focus groups indicate that the term “remote” needs to be defined. OPA has proposed language that defines remote as *“a geographically defined area, established by regulation, where patients are unable to obtain dispensing services within a reasonable time frame.”*
- OPA believes that the term “dispensing” needs to be defined, with clearly articulated standards of practice that span all healthcare professions. Dispensing involves a complex set of activities, comprised of technical and professional components. In the interest of patient care, the term must be defined in the DPRA as well as in the Regulated Health Professions Act (RHPA).

2. Section 146(1) – Supervision of pharmacists:

- OPA recognizes that in remote or underserved regions of the province, communication by phone or video may be preferable to no interaction at all. However, the provision of professional services from remote dispensing locations can not be considered equal to the services provided by a pharmacist who is physically present. Direct face-to-face interaction is essential for a fully informed and trusting professional relationship between the patient and pharmacist.

- If access to care is not a problem, OPA believes that the draft legislation offers no benefit to patient care, and may lead to a reduced level of service compared to the service available in pharmacies.
- 3. Section 149(1) – Dispensing of drugs:**
 - Whenever possible, the pharmacist should always be physically present in the pharmacy. However, where or when access is compromised, remote dispensing can play a role as an alternative to no service at all. With the insertion of the proposed definitions for “remote” and “dispensing”, OPA would be more accepting of the language proposed by OCP.
 - 4. Section 161(m) – Bylaws and Regulations:**
 - OPA believes that healthcare professionals with the controlled act of dispensing must operate under similar standards of practice, particularly in relation to remote dispensing. Language needs to be included in the DPRA that allows for other professional colleges to establish standards and regulations that govern their members who choose to dispense. These standards and regulations must be aligned so that all professions provide the same level of technical and professional services to patients. OPA’s definition of dispensing should be incorporated into both the DPRA and RHPA.

Highlights from OPA’s member survey

A majority of OPA members polled do not support dispensing without the physical presence of a pharmacist. Many of those who do support the concept are only supportive if it is restricted to remote and underserved areas, where some pharmacy service is perceived to be better than none at all. Some of the survey’s highlights include:

- **Impact on quality of patient care**
Remote dispensing would reduce the ability of pharmacists to provide quality patient care in a number of areas, particularly through limited inventories, predetermined quantities of product and the inability of pharmacists to provide personalized care, such as tablet splitting and medication advances.
- **Requirements for remote dispensing**
If remote dispensing is permitted in geographically remote or underserved areas, pharmacists supervising these locations must be members in good standing with OCP and should be located in the accredited pharmacy authorized to operate the remote dispensing location. Technicians providing remote dispensing with pharmacist supervision must be registered with OCP for liability purposes. Other strict criteria, such as the physical distance of the remote dispensing unit from the next closest pharmacy, and the ability of OCP to inspect the area from which care is provided, must be examined.

- **Standards of practice for remote dispensing locations**
Since the safeguard provided by the pharmacist's physical presence would no longer be available, most pharmacists believe that remote dispensing locations must be held to higher standards of practice than those which currently apply to pharmacies.

Patient care and patient safety

To determine and meet an individual's drug-related needs, OPA believes that pharmacists must be available to promptly counsel patients on medications and the use of devices, answer drug-related questions, help select over-the-counter drug products for minor ailments and counsel on Schedule II drugs. Remote dispensing may hinder the pharmacist from providing the highest level of care possible, and inadvertently affect patient safety.

Public safety

OPA members are concerned about the safety of medications within the remote dispensing area, access to the area, and integrity of the supply chain. Pharmacists have become adept in the identification of possible forgeries of controlled drugs and targeted substances. However, detecting a falsified or photocopied prescription is much more difficult when checking a scanned copy of a prescription on a computer screen instead of the original. For this reason, OPA recommends that controlled drugs and targeted substances should not be available through remote dispensing locations.

Access to pharmacist services

According to the OPA survey results, more than 90 per cent of respondents indicated that there is no problem related to access to pharmacy services in their areas. Therefore, it is unclear whether remote dispensing would have a meaningful impact on patient access to medications in Ontario.

OPA is also concerned about providing a limited level of pharmacist services to underserved areas. The number of drugs dispensed through remote technologies is limited, and in spite of the potential for next-day delivery, patients who urgently need medications will still have to travel elsewhere to have their prescriptions filled.

Other jurisdictions

Some jurisdictions have explored the concept of remote dispensing and have introduced changes to allow it. However, in some of these jurisdictions where pharmacies are closing or are at risk of closing, remote dispensing has been enabled solely to improve patient access to prescription drugs. In others, the population in remote areas did not warrant the need for a pharmacy. The rationale is that remote dispensing can either maintain or increase access to pharmacy services in places that are currently underserved or at risk of being underserved.

Use of new technologies

OPA supports measures that increase patient access to pharmacist services in underserved regions of Ontario.

The Association also supports enhanced technology in pharmacy practice as indicated by our interest in e-health and electronic health records. However, OPA recognizes that technology has the potential to fail, and our members feel that patient care may be limited or indefinitely compromised when such failures occur.

Operational and business challenges

While not the focus of the College's consultation, OPA believes that it is important to comment on the potential operational and business challenges that may ensue from the proposed legislation.

- **Geography:**

OPA recommends an in-depth analysis of the impact of a remote dispensing location in a remote or underserved area of the province. Pharmacies in geographically remote or underserved areas are continually challenged by low prescription volumes and have difficulty attracting pharmacists. Pharmacists in these areas feel that the introduction of a remote dispensing location nearby could reduce the number of patients they serve and challenge the sustainability of their pharmacies. It would be helpful if the College, with the assistance of OPA, undertook an analysis that explores the potential impact of this legislation. A geographical restriction on how close a remote dispensing location can be from a pharmacy should be examined to minimize risks and prevent encroachment and the potential closing of a valuable patient resource in remote and underserved communities.

- **Adequate pharmacist support:**

OPA recommends that the College considers mechanisms to ensure that pharmacists are providing appropriate levels of attention to patients both in the pharmacy, and at remote dispensing locations. Staff pharmacists have expressed concerns regarding workflow for a remote dispensing location attached to their accredited pharmacy. If the legislative amendments are ratified, consideration must be given to the establishment of regulations that will limit the number of remote dispensing units a pharmacist oversees and whether a pharmacist supervising a remote dispensing location can provide face-to-face patient care in the pharmacy at the same time.

Summary

The Ontario Pharmacists' Association is concerned about the impact of remote dispensing on the provision of patient care and on the profession itself. Today's pharmacists and pharmacy students have been trained to provide a complete range of professional pharmaceutical care services. This kind of care is what patients need and expect. Pharmacists across Ontario believe that remote dispensing could compromise their ability to meet this need and expectation.

In remote areas, or where timeliness of service is limited, OPA can envision a potential need for remote dispensing as some access to pharmacy services is perceived to be better than none at all.

While remote dispensing may play a role for those underserved areas of the province, it should be undertaken cautiously, keeping in mind the best interests of patients, and in connection with other technological enablers like electronic prescribing and on-line medication records, which can clearly benefit patient care.