

Office of the Chief Executive Officer

August 6, 2010

Ms Barbara Cadotte
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via e-mail: bcadotte@ocpinfo.com

Dear Ms Cadotte:

Re: Proposed Regulations to the DPRA Pertaining to Remote Dispensing

Thank you for providing us with the opportunity to comment on the *Proposed Regulations to Consolidate Regulations 551/90, 545/90 and 297/96 of the DPRA* and on amendments as they pertain to remote dispensing. As mentioned in our previous submissions to the Ontario College of Pharmacists (OCP, the "College"), the Ontario Pharmacists' Association (OPA) is generally supportive of increasing access for Ontarians to pharmacy services¹. However, there are some areas of concern that may, in fact, diminish the quality of the patient-pharmacist interaction. It is on these areas primarily that we will focus our responses.

Overall, OPA is pleased with the general tone of the proposed regulations drafted by the College. With its mission "*to regulate the practice of pharmacy... in accordance with standards of practice which ensure that...members provide the public with quality pharmaceutical service and care*", the College has clearly given careful consideration to protect the quality of care as best as possible. While we do have several recommendations or requests for increased clarity, we congratulate the Ontario College of Pharmacists on its diligence in the drafting of the proposed regulations.

The Ontario Pharmacists' Association is a member-driven organization which advocates for the profession of pharmacy in Ontario where more than 11,000 pharmacists practice in community retail pharmacies, family health teams, long-term care facilities, hospital clinical settings, education, business and government. OPA advocates for the advancement of the profession of pharmacy and for the best possible health outcomes for patients.

1) OPA COMMENTARY ON PROPOSED REGULATIONS AS THEY PERTAIN TO REMOTE DISPENSING

PART I – GENERAL

As articulated in our submission of November 6, 2009, OPA would like to comment on and suggest changes to some of the elements listed in Part I of the proposed regulations. In particular, there are some definitions listed in the consultation document that may require either rewording or more clarity.

Throughout legislation and regulations, there are a number of applications of the term "remote" as it pertains to the practice of pharmacy in Ontario. In fact, recent changes to the Ontario Drug Benefit Act (ODBA) implemented on July 1, 2010 introduces the concept of differential (higher) dispensing fees payable to pharmacies designated as being rural and remote. This was a clear recognition of the fact that there are significant economic challenges facing owners of rural and remote pharmacies relative to their more urban counterparts. As such, these remote and rural areas generally have fewer pharmacies per capita. OPA acknowledges that while these increased fees for these pharmacies are welcome and helpful, there is still much economic ground that needs to be regained so that these pharmacies can remain financially viable. The introduction of remote dispensing, as a less expensive means for an accredited pharmacy to enter the rural/remote marketplace, will challenge the economic viability of a pre-existing and fully staffed community pharmacy. We continue to emphasize that automated remote dispensing may diminish the quality of the patient-pharmacist interaction and that a 'true' face-to-face interaction will deliver more personalized, complete and therefore superior care than a virtual dialogue.

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¹ OPA Submission to OCP Regarding Principles Respecting Remote Dispensing, November 6, 2009

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Notwithstanding, OPA acknowledges that there may be some areas of the province where a fully accredited “bricks and mortar” pharmacy is a fair distance away from the patient’s residence and where the introduction of remote dispensing is, therefore, a reasonable alternative to no pharmacy service at all. Currently, the consultation document includes a definition for a remote dispensing location as one whereby the dispensing site is not at the same location as a pharmacy whose certificate of accreditation permits its operation. While we do not contest the language used here, we do suggest it is incomplete. **OPA recommends that the College introduce language that confers an element of rurality** such that the definition of remote is consistent with existing legislation and regulation. There should be consistency with the language used in O. Reg. 201/96 under the ODBA, which identifies a pharmacy as being rural (and, therefore, remote) if it is “located in a postal code with the second figure of 0 or if it has a score on the Ministry of Health and Long-Term Care’s Rurality Index for Ontario of more than 40”. Regulations to the ODBA also apply elements of proximity/distance to another fully accredited pharmacy, and **OPA requests reconsideration of the language on the criteria for remote dispensing, to include the following:**

1. *For purposes of the Act and this Regulation, “remote dispensing location” means a premise where drugs are dispensed, or sold by retail, to the public, that is operated by, but is not at the same location as, a pharmacy whose certificate of accreditation permits its operation. The remote dispensing location,*
 - a. *Shall be located in a postal code with the second figure of 0, or*
 - b. *Shall have a score on the Ministry of Health and Long-Term Care’s Rurality Index of Ontario of more than 40m, or*
 - c. *Shall be located at least 25 kilometres away from the nearest pharmacy.*

We would also like to comment on the definitions associated with the terms “computer system” and “data”. A computer system has been defined in the consultation document as a mechanism to electronically create, record, store, retrieve and process data, whereas data are considered representations of information or concepts, in any form. While there is no disagreement with either definition, we would like to highlight that “creation” of data is predicated on the analysis and authentication of the original prescription. There is no question that technology can efficiently record, store and process information; however, it cannot authenticate an original hard copy prescription. There are nuances that are only discernable with the physical examination of a handwritten prescription. OPA identifies this analytical process as a missing link between the patient’s insertion of a handwritten prescription into an automated dispensing machine and its translation into electronically stored data. As such, **OPA recommends that remote dispensing technologies be reserved for the processing of previously created prescription data.**

PART III – CERTIFICATES OF ACCREDITATION: ISSUANCE & RENEWAL

With respect to section 7 of the proposed regulations, and consistent with our previous submission to the College, **OPA recommends that the issuance of a certificate of accreditation that permits the operation of remote dispensing locations be restricted to pharmacies seeking to establish a remote dispensing location in a geographic region of the province defined as “remote” and/or “rural”.** Such locations would possess a municipal address that has a postal code of “0” as its second digit and one that yields a score of 40 or more on the Ministry of Health and Long-Term Care’s Rurality Index of Ontario. In addition, we suggest that two new paragraphs be added under section 7(1). **OPA recommends:**

1. **the stipulation of a maximum number of remote dispensing locations that can be supervised by one pharmacist at any given time, and;**
2. **that a pharmacist that is overseeing the dispensing activities at a remote dispensing location(s) cannot provide direct patient care at the accredited pharmacy concurrently.**

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Both of these additions would ensure the provision of a minimally acceptable standard of care and that a pharmacist overseeing the remote dispensing location is not working beyond his/her means or dividing his/her attention.

PART VI – PRESCRIPTIONS, REFILLS, AND TRANSFERS

OPA concurs with the language in the proposed regulations around the requirements for the dispensing and transferring of prescriptions (new and refill). As with a 'bricks and mortar' pharmacy, only the prescriber (or his/her agent) can directly transmit to a member engaged in the practice of pharmacy an original prescription by way of telephone, facsimile, electronic mail or other approved form of electronic transmission. A written prescription introduced into an automated dispensing machine by the patient or his/her agent necessitates the electronic transmission of the prescription order to the pharmacist; therefore, such an activity would not be supported by regulation.

2) OPA COMMENTARY ON PROPOSED REGULATIONS NOT RELATED TO REMOTE DISPENSING

PART VIII – ADVERTISING

OPA understands that the submission from the Canadian Association of Chain Drug Stores (CACDS) identifies concerns regarding regulations around advertising of "drug services". OPA supports the recommendations provided by CACDS, especially as they pertain to new clinical services which will soon be enabled through regulations on Bill 179. OPA suggests that the language contained in this section may unintentionally limit pharmacies' ability to market new services, especially if they are designated by public and private payors as being uninsured. Therefore, **OPA requests additional clarity in this section that will not limit the ability of pharmacists to promote new services that will ultimately lead to improved patient outcomes.**

Part IX – PROPRIETARY MISCONDUCT / CONFLICT OF INTEREST

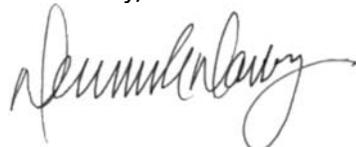
For the purposes of this section, OPA supports the CACDS recommendations and suggested language for the definition of "benefit" as it pertains to conflict of interest.

3) CONCLUSION

Notwithstanding the suggested changes and recommendations presented with this submission, OPA is generally pleased with the draft regulations under consideration. We believe that our recommendations will ensure that the direct patient-pharmacist relationship is protected and encouraged. We recognize the need for new and innovative technologies in pharmacy that will help to address current gaps in the provision of dispensing services, particularly for areas of the province identified as being remote and, therefore, underserved.

We would like to thank the College for the opportunity to comment on the proposed regulations and will work together with OCP and the Ministry of Health and Long-Term Care to ensure that pharmacists continue to provide the best possible care to the patients of Ontario.

Yours truly,



Dennis A. Darby, P. Eng
Chief Executive Officer

cc: Deanna Williams, Registrar, Ontario College of Pharmacists
Janet McCutcheon, Chair of the Board, Ontario Pharmacists' Association
Anne Resnick, Director, Professional Practice, Ontario College of Pharmacists
Allan H. Malek, Vice President, Professional Affairs, Ontario Pharmacists' Association