

May 24, 2022

Greg Eberhart B.Sc., Pharm. Registrar Alberta College of Pharmacy Sent to: <u>Leslie.ainslie@abpharmacy.ca</u>

Re: Engagement on Pharmacy Practice Standards for Virtual Care Delivery

About CLHIA

The CLHIA is pleased to provide comments to the Alberta College of Pharmacy, in response to its consultation on the draft Practice Standards for virtual care delivery of pharmacy. The Canadian Life and Health Insurance Association (CLHIA) is a voluntary trade association with member companies that account for 99 percent of Canada's life and health insurance business. Life and health insurers are a significant social and economic contributor in Canada, providing 26 million Canadians with extended health care, dental and disability coverage and making \$38 billion in health benefits payments in 2020. Most benefit plans are offered and funded by plan sponsors (employers) in Canada for the benefit of their employees, partners and dependents.

In Alberta, our members protect 3,100,000 Albertans with drug, dental and other health benefits.

Executive summary

CLHIA supports the provision of regulated pharmacy services via virtual care, as our industry provides access to this type of care through our employer sponsored benefit plans. Canadians have access to virtual healthcare providers including pharmacy, doctors, nurse practitioners, and nurses, enabling them to discuss symptoms, obtain prescriptions, and get referrals to other providers.

This matters to employers as they are committed to the health and well-being of their employees and see direct positive impacts to their business through providing access to virtual care through their benefits plans. For example, employees are generally healthier as they can obtain regular dispenses of chronic medications, encouraging compliance, which leads to a healthier workforce and fewer and shorter disability leaves. There is also a correlation with workplace absences and virtual care as employees can easily access services from their

Canadian Life and Health Insurance Association 79 Wellington St. West, Suite 2300 P.O. Box 99, TD South Tower Toronto, Ontario M5K 1G8 416-777-2221 www.clhia.ca Association canadienne des compagnies d'assurances de personnes 79, rue Wellington Ouest, bureau 2300 CP 99, TD South Tower Toronto (Ontario) M5K 1G8 416-777-2221 www.accap.ca physical or virtual office without having to factor in commuting time to a doctor's office. It also allows for greater access to services for those living in rural and remote communities.

Virtual care is an important part of the future of Canadian healthcare. We have a strong interest in supporting the modernization of policies in order to provide Canadians with greater innovation, choice and access to virtual healthcare across the country, both through the public healthcare system and through other virtual care platforms.

Draft Standards of Practice

CLHIA supports the development of *Standards of Practice for Virtual Careⁱ* ("the Standard"), to ensure the safe delivery of virtual services from licensed pharmacies, institution pharmacies, or other pharmacy practice sites in Alberta. However, CLHIA has concerns regarding two sections of the draft Standard, as written:

a) Section #2: A regulated member must provide restricted professional services to a patient in-person unless otherwise permitted under this Standard.

CLHIA has concerns regarding the scope of this section, and its' impact on medication delivery by community pharmacies. Medication delivery is an essential pharmacy service that millions of Canadians rely upon, even pre-pandemic.

Medication delivery by a pharmacy facilitates access to prescription medications, especially for employees on disability or employees with workplace hours that prevent them from attending the pharmacy in-person. Additionally, medication delivery by a pharmacy offers convenience to employees, which in turn assists with medication compliance and improved health outcomes.

Finally, the delivery of temperature-sensitive medications directly to infusion clinics for patients is essential in assuring and maintaining cold-chain. A standard that prohibits this practice would pose a significant patient safety risk for the patient, and limit access to care as many infusion clinics will not infuse a medication unless confirmation has been received that cold-chain has been maintained (patients cannot bring their own medications).

b) Section #5: A determination by an employer, third-party payer or an insurer that compels or provides incentive for virtual care is not a unique circumstance for the purpose of section 3.

This section of the document is particularly concerning as it relates to Sections 16(1)(a) and 21(1)a) of *The Pharmacists and Pharmacy Technicians Professional Regulationⁱⁱ*, as outlined below, and the limitations this draft Standard imposes on a pharmacist's ability to dispense medications to a patient without in-person consultation:

16(1) A clinical pharmacist is authorized to perform, within the practice of pharmacists and in accordance with the Standards of Practice, the following restricted activities:

(a) to dispense, compound, provide for selling or sell a Schedule 1 drug or Schedule 2 drug;

21(1) Subject to subsection (2), a pharmacy technician is authorized to perform, within the practice of pharmacy technicians and in accordance with the Standards of Practice, the following restricted activities under the direction of a clinical pharmacist or a courtesy pharmacist:

(a) to dispense a Schedule 1 drug or Schedule 2 drug;

Should a plan offer a preferred provider to an employee when they seek pharmacy services, especially medication dispensing, CLHIA is of the opinion that this does not compromise patient safety or choice. An employee who chooses to use their health benefits still retains the choice of where they purchase their prescription medicines in the majority of situations.

Virtual Care standards or policies from other Canadian Pharmacy Regulatory Authorities include patient choice as an element to assess appropriateness of virtual care deliveryⁱⁱⁱ. CLHIA would support the inclusion of patient choice to the draft Standard.

Lastly, if this draft standard is finalized as is, it would have the impact of allowing 'bricks and mortar pharmacies' that participate in Preferred Provider Networks, which also offer additional value to their patients in some form, to continue the practice of offering additional value ("incentives") but not allow virtual pharmacies to continue to do so. Traditional community pharmacies are increasingly moving to omni channel interactions with patients/ customers offering online refills and delivery similar to virtual/digital pharmacies as that is what customers want.

CLHIA anticipates that Albertans will continue to expect more and better virtual healthcare in the future. While we appreciate this Standard of Practice is established to protect the safety of Albertans, CLHIA is of the opinion that patient safety is not compromised when preferred providers for pharmacy services provided by virtual care are offered, while in keeping with current standards.

The Importance of Virtual Care

In the last two years, virtual care has played a critical role in enabling access to timely healthcare across Canada. Abacus Data completed a Health Attitudes survey for the CLHIA between January and February 2022. It provides insights into how virtual care is perceived by Canadians generally and those living in Alberta after two years of frequent use during the pandemic.

Nationally, 58% of Canadians are satisfied with their ability to access health information by phone or video in their province. Secure delivery of health care services and ensuring patient privacy are also key to the success of virtual care. Patients need to know they can receive services through a safe, secure and private connection to their healthcare provider.

The COVID-19 pandemic accelerated the need for access to virtual services and the industry and public healthcare systems responded. For that reason, overall, we are supportive of the progress towards employing more virtual healthcare services within the health care sector. In our view this can and should be done in a way that does not diminish the existing virtual service offerings provided by the industry.

Conclusion

Virtual care is an important part of the future of Canadian healthcare. We have a strong interest in supporting the modernization of policies and standards of practice in order to provide Canadians with greater innovation, choice and access to safe and reliable virtual health care across the country, both through the public healthcare system and through other virtual care platforms.

CLHIA is of the opinion that employer or employee preferred providers should not be seen as problematic in the provision of virtual care by a pharmacy professional and does not negatively impact patient safety; especially as it relates to medication dispensing. This business practice has a substantial positive impact on employers, employees and pharmacy in Alberta.

Thank you for your consideration of this submission. We would be pleased to discuss any of the issues raised in this submission in more detail at your convenience.

Sincerely,

Joan Weir Vice-President, Group Benefits jweir@clhia.ca 416-294-9384

ⁱ Alberta College of Pharmacists. Draft Virtual Care Standard. <u>https://abpharmacy.ca/sites/default/files/2022-03B_DRAFT_Standards.pdf</u>

ⁱⁱ Government of Alberta. Pharmacist and Pharmacy Technicians Professional Regulation. https://www.qp.alberta.ca/1266.cfm?page=2006_129.cfm&leg_type=Regs&isbncln=9780779758197

ⁱⁱⁱ Ontario College of Pharmacists. Virtual Care Policy. <u>https://www.ocpinfo.com/regulations-standards/practice-policies-guidelines/virtual-care-policy/?hilite=Virtual+Care</u> (accessed May 19, 2022)