ORIGINAL RESEARCH

PEER-REVIEWED

Ontario pharmacists' crisis over Bill 16: A missed opportunity?

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Abstract

Introduction: In 2010, the Ontario government brought forward Bill 16, which, among other things, removed pharmacists' professional allowances. While many would disagree with this unilateral action by the Ontario government, it also could have served as a crisis for change towards patient-centred care. We sought to examine the response of the pharmacy profession in Ontario to this crisis as it relates to the vision outlined in the Blueprint for Pharmacy.

Methods: We systematically examined publicly available responses to Schedule 5 of Ontario's Bill 16 during the period from April to June 16, 2010. A rapid textual analysis of the data using tag or word clouds and a qualitative content analysis were performed on all of the data collected.

Results: The rapid textual analysis revealed that the most frequently used terms were "pharmacist," "pharmacy" and "professional allowances"; the least used were "layoffs," "service cuts" and "patient care." Content analysis revealed 4 themes: the desire to maintain the status quo of practice, a focus on the business of pharmacy, pharmacy stakeholders' perceptions of government's attitude towards the profession and changes to patient services.

Discussion: **It is notable that patient care was almost completely absent from the discussion, a reflection that our profession has not embraced patient-centred care. This also represents a missed opportunity — a crisis that could have been used to move the profession towards the Blueprint's vision. We thought that the Blueprint had already achieved this consensus, but the Ontario experience has shown that this may not be the case.** ***Can Pharm J*** **2012;145:35-39.**

As the dialogue around Bill 16 began to heat up in spring 2010, we noticed the discussion focused on its impact to the status quo of practice in Ontario. We believe an important opportunity for practice change was missed; perhaps this is reflective of our culture being business-, not patient-, centred.

Lorsque le débat au sujet du projet de loi 16 a commencé à s'animer au printemps 2010, nous avons remarqué que les discussions ont porté principalement sur l'incidence de ce projet de loi sur le statu quo de la pratique en Ontario. Nous croyons que la profession a raté une occasion importante de modifier la pratique; cette inaction est peut-être le reflet de notre culture qui est axée sur les affaires et non sur le patient.

Introduction

The need for the profession of pharmacy to change from a product-based practice towards a more patient-centred care role is now well established.[1,2] Yet, we acknowledge that a change of this magnitude is difficult. In 2008, Tsuyuki and Schindel[1] proposed a model for practice change. In this model, there are 2 pivotal components: First, creating a sense of urgency or need to change. Without this urgency, people have little motivation to change what they are doing. Second, there is need for a clear vision for "where we want to be."[1] The latter has been well articulated in the profession's Blueprint for Pharmacy[2]: "Optimal drug therapy outcomes for Canadians through patient-centred care."

In April 2010, the Ontario government brought forward Bill 16, which, among other things, changed the definition of "rebate," thereby removing professional allowances from generic manufacturers. This unilateral action was undertaken by the government with no consultation with the Pharmacy Council, despite its creation in late 2006. While many would disagree with this action by the Ontario government, it also could have served as that crisis for change in the profession towards

Key points

- There are increasing calls for pharmacy practice to shift to a more patient-centred model.
- Legislation was enacted in the late spring of 2010 in Ontario, removing professional allowances for Ontario pharmacies.
- Commentary surrounding Bill 16 centred on the traditional dispensing-focused business of pharmacy.
- The introduction of this legislation could have been a call to action for Ontario pharmacists. Pharmacy culture does not appear to align with the vision set forth by the Blueprint for Pharmacy.

patient-centred care. As such, it is important to systematically examine how Ontario pharmacists and pharmacy organizations responded to the events that led up to the final approval of the legislation, especially in relation to the vision articulated by the Blueprint for Pharmacy. Indeed, this has relevance for all Canadian pharmacists, as government payors look towards the Ontario experience to control their own rising health care costs.

Accordingly, we sought to examine the response of the pharmacy profession to the Bill 16 crisis in Ontario as it relates to the vision outlined in the Blueprint for Pharmacy.

Methods

We systematically examined publicly available responses to the relevant section of Ontario's Bill 16 during the period from April to June 16, 2010 (the end of the consultation period). Data were collected via Internet searches of news websites, blogs and through searches of pharmacy organization websites (Appendix 1). The first step in analysis was to perform a rapid textual analysis of the data using tag or word clouds.[3] This step allowed us to identify common terms used in the data and helps to direct further analysis by providing a visual representation of the data.[3] Functionally similar words were collapsed into a singular term using latent semantic analysis (e.g., both "fill prescription" and "dispensing medication" become "dispense").[4]

A qualitative content analysis[5,6] was then performed on all of the data collected, paying particular attention to quotations and commentary from pharmacists, pharmacy owners and managers, corporate chains and pharmacy professional bodies and organizations (pharmacy stakeholder groups). This process involves researchers familiarizing themselves with the content of the material, and then performing careful re-readings, paying particular attention to repeating themes or notable omissions and reflectively analyzing the content of individual documents in relation to all other sources of material. Two independent reviewers and pharmacy practice researchers from outside the province of Ontario, using discussion and consensus to address any discrepancies, reviewed all responses. Completed analysis was also brought to the entire research team for further discussion and analysis.

Results

The initial analysis of the data using word clouding techniques revealed that the most frequently used terms in the data were "pharmacist," "pharmacy" and "professional allowances"; the least-used terms were "layoffs," "service cuts" and "patient care" (Figure 1). Further examination of the data using content analysis revealed 4 themes: the desire to maintain the status quo of practice, a focus on the business of pharmacy, pharmacy stakeholders' perceptions of government's attitude towards the profession and changes to patient services.

Maintaining the status quo

Many of the responses from pharmacy stakeholders focused on defending pharmacy's current practice environment. As one pharmacy owner described, "We would like to see the government continue to support health care and continue to support pharmacists in the manner to which we've become accustomed" (MM). [Initials refer to online articles listed in Appendix 1, available at **www.cpjournal.ca**]. The listing of current pharmacy services under threat by the removal of professional allowances was referred to by the majority of stakeholder groups and varied very little (Table 1).

Interestingly, according to many, these services, which included blister packaging and delivery, were provided free of charge to pharmacy patients. As one pharmacist explained, "So those professional allowances are used for things like blood pressure clinics, patient education, seminars and a lot of things we do on a daily basis" (MM). An explanation for why pharmacies provided these services free of charge is seen in the following: "When some of the elderly get confused, rather than give them 10 bottles and have them flush them down the toilet, or only take the pretty pink ones, we'll make them a blister package…[free of charge]" (PP)

The business of pharmacy

Tied very closely to the listing of current pharmacy services was a concern with the business of pharmacy. As a result of the fact that pharmacists are currently paid to dispense medication, the removal of professional allowances would have consequences for pharmacy operations. It was the contention of many pharmacists that "hours of

operation will have to be shortened, staffing will be reduced and services that were previously offered at little or no charge will be eliminated or user fees will be imposed" (JJ). Put simply by one pharmacist, "It's going to hurt the way we do business, (and) it's going to hurt customer service" (SS).

According to another owner "…the allowances are paid because there is a funding gap" between what it costs to dispense a medication and what the government pays. He went on to say "…without that funding, we will continue to lose money every time we fill a prescription…" (MM). A representative from one of the large corporate chains in the province described the impact in this way, "…we are headed on a dangerous path that could result in substantial job losses, store closures, irreparable damage to the pharmacy industry across the province…" (O)

These cuts were considered to be especially devastating to independently owned pharmacies. Figures ranging from $200,000 to $300,000 were used to describe revenue losses resulting in the elimination of small, independent pharmacies. As one pharmacist wrote, "They will go bankrupt" (TT). Another pharmacist stated, "We'll have to raise prices or close down" (QQ). According to independent pharmacy owners, "[They] don't have the backup that many of the corporate stores do" (MM) and because "[They] don't rely heavily on [their] retail business, [we] may have to make staff cutbacks…" (MM). Large corporate chains were seen as being able to weather changes because their pharmacies are often loss leaders situated in large retail settings.

The government perspective?

As debate over Bill 16 continued, many pharmacists expressed concern that the government had little appreciation for how pharmacists performed their daily duties. As one pharmacist stated, "It's clear the government doesn't understand what it takes to deliver the front-line services community pharmacists provide to the people of this province" (UU). Consequently, many pharmacists felt that "The Liberals have slandered [their] profession by calling [them] greedy, by allowing professional allowances to be regulated and legislated in 2006" (TT).

However, at the same time, pharmacists, through their professional organizations, were calling for a "…direct funding model that ensures the continued availability of front-line pharmacy care, promotes *new pharmacist services* and encourages overall system innovation" (VV; emphasis added). As such, pharmacists seemed to be waiting for the government to outline specifically what those "new pharmacist services" would look like, as another pharmacist stated, "Additional professional services may be offered, but the Ministry of Health has not confirmed what they may be…" (JJ).

Changes to patient services

Notably absent in most of the dialogue was a discussion of the impact the cuts would have on patient care. In fact, most of the discussion surrounding patient services, as mentioned in previous sections, focused on dispensing-related services such as free delivery, blister packaging and the provision of medication-focused information. This observation is also reflected in the content of the word cloud where mentions of "patient care" are dwarfed by "professional allowances" and "dispensing fees" (Figure 1).

However, it is worth noting that for some pharmacists the main issue would be that of access: "If you want to speak to your pharmacist, I'm going to have to say to you, 'it will be 45 minutes and it will

TABLE 1 Services provided by pharmacies*

Service
1. Dispensing prescriptions • Cost of drugs • Pharmacy technician wages • Containers and labels • Free delivery • Blister packaging (often provided for free)
2. Professional services related to dispensing • Contacting physicians by fax or phone for repeats or changes in prescriptions • Checking for drug interactions • Checking for drug allergies • Billing insurance companies on behalf of patients • Providing printouts for tax purposes to patients • Requesting alternates for discontinued drugs
3. Cognitive services • Answering patients' questions • Providing drug counselling • Recommending over-the-counter products • Advising patients on home care products • Providing access to blood pressure monitors • Conducting diabetes clinics, training diabetic patients in needle use and blood sugar monitoring • Providing foot care clinics • Providing services of a dietitian • Conducting flu shot clinics
4. Triaging patients so that they don't end up in Emergency Rooms or unnecessarily visiting physicians
5. Safe disposal of unused drugs and medical devices
6. Public education • H1N1 information • Smoking cessation programs

*Adapted from letter to Health Minister Deb Matthews from MPP Kim Craitor.

Points clés

- *De plus en plus de voix réclament une modification de la pratique de la pharmacie en faveur d'un modèle davantage axé sur le patient.*
- *Le projet de loi 16, qui a été édicté à la fin du printemps 2010 en Ontario, supprime les indemnités professionnelles pour les exploitants de pharmacies de l'Ontario.*
- *Les commentaires formulés au sujet du projet de loi 16 ont porté essentiellement sur les activités traditionnelles du pharmacien qui sont axées sur la délivrance de médicaments.*
- *La présentation du projet de loi 16 aurait pu être un appel à l'action pour les pharmaciens de l'Ontario.*
- *La culture de la pharmacie ne semble pas aller de pair avec la vision énoncée dans le Plan directeur pour la pharmacie.*

be $25' " (PP). While for others the cuts would have a slightly different impact, as one owner explains, "The shame of it all is we're going back to counting pills again. We're going to have very little time to intervene and advocate for patients and counsel them over the counter" (TT).

Discussion

In our examination of publicly available commentary from pharmacy stakeholder groups in Ontario, 4 themes emerged: a strong desire to maintain the status quo of pharmacy practice; a focus on and concern for the impact these changes would have on the business of pharmacy; a recognition and questioning of government's lack of understanding of community pharmacy practice; and changes to dispensing-related patient services. It is notable that patient-centred care was almost completely absent from the discussion, a reflection that our profession has not embraced this practice as it is outlined in the Blueprint for Pharmacy.[2]

A similar reaction by pharmacists was also captured in research examining the integration of automated drug distribution systems into several medium-sized hospitals and care facilities in Manitoba.[7,8] From an administrative perspective, the introduction of these machines was intended to streamline the distribution process and provide pharmacists with the time to engage in more clinically oriented patient activities.[7,8] While some of the pharmacists appreciated these new opportunities, most were preoccupied by job security concerns. In fact, in one long-term care facility, the automated distribution equipment was returned to the manufacturer, because integrating it into the practice of pharmacists in this facility proved too difficult.[8] Again pharmacists were given the opportunity to shift how they practise pharmacy, however, rather than seizing the chance to reimagine their role, they clung to the status quo of a product-focused practice.

These findings are consistent with our previous study, which suggests that pharmacy culture may not be as patient-centred as it could be.[9] In this study, we asked 100 randomly selected community pharmacists the question "What does a pharmacist do?" Their responses to this question were predominantly product and distribution focused.[9] In the present study, this is demonstrated by the focus on both the dispensing-related services patients may lose and the potential loss of independent pharmacies due largely to cutbacks associated with drug distribution. Comparatively, little to no attention is paid to how the proposed changes will impact patient-centred care within the province. Moreover, these dominant concerns could be interpreted as being primarily business-centred, which does not necessarily match the needs of patients.[10,11]

Our findings in this study may be extrapolated further to relate to descriptions of pharmacists' personality traits and culture, including lack of confidence, fear of new responsibility, paralysis in the face of ambiguity, need for approval and risk aversion.[12] In particular, the theme of maintaining the status quo of pharmacy practice in Ontario by stakeholder groups suggests both paralysis in the face of ambiguity and risk aversion.[12] This is particularly evident in comments such as: "Additional professional services may be offered, but the Ministry of Health has not confirmed what they may be…" (JJ). That is, the stakeholder groups appear to have deferred to government to dictate pharmacy practice, rather than face the ambiguity that would come along with developing additional

FIGURE 1 **Word cloud***

*Font size represents the frequency of word use in data.

services within the profession.

Reflection on these themes and interpretations suggests that the crisis created by Bill 16 legislation was not taken advantage of to initiate a change towards patient-centred care,[1] i.e., this situation could have been used by pharmacy leaders to highlight the need for practice change. Perhaps more importantly, this also hints at a disconnect between the Blueprint's vision of patient-centred care by pharmacists and the apparent dispensing and business focus of Ontario pharmacists. The potential exists that pharmacists simply do not believe they are patient care practitioners, a message that is being taken up by commentators like Steven Lewis.[13] These "mental models," as described by Senge, may be the greatest barrier to practice change and must be addressed if progress is to be made.[14]

Limitations

There are several limitations of this study that must be recognized, the first being that this study made use of secondary data. As such, any conclusions drawn from analysis may not be representative of the wider pharmacy profession in the province. However, based on a previous methodological approach developed by our research team, this use of data may serve to minimize the bias created wherein participants recognize that they are being observed (i.e., it removes social desirability bias).[9] In addition, we used systematic, a priori-defined methods to collect our "data." It is important to recognize that pharmacy debate surrounding Bill 16 was in direct response to its immediate implications. As such, it is possible that responses outlined here were direct "knee-jerk" reactions to a significant threat posed by the Ontario Government. Nevertheless, our findings provide some insight into community pharmacy culture.

Conclusion

The debate surrounding Bill 16 has now largely subsided, as the measures were passed and pharmacists and patients were left to deal with the consequences of this new practice environment. Only time will reveal whether the predictions made by pharmacy stakeholders will come true in Ontario; however, pharmacists and pharmacy organizations may take some important lessons from this across Canada. While provinces like Alberta have stated that they will not be taking Ontario's approach, the reality is that governments have and do frequently change their minds. Steps must be taken to unite the message pharmacy stakeholders take to the public and government — the message of patient-centred care. We thought that the Blueprint had already achieved this consensus, but, when "push comes to shove," the Ontario experience has shown that many pharmacists and pharmacy organizations are still focused on a dispensing business. The question remains: do we want to be carers of patients or dispensers of drugs? For those asleep at the wheel, the latter has no future. ■

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