



Filling Healthcare Gaps: The Expanded Role  
of Pharmacists in Ontario  
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# Background – Healthcare Challenges in Ontario

- Aging population increasing demand on the system
- Primary care shortages (long wait times to see physicians)
- Emergency room overcrowding
- Inconsistent access to healthcare in rural/underserved areas

# What is Primary Healthcare in Ontario?

- First point of contact in the healthcare system
- Day to day health services provided by family doctors, nurse practitioners and community health teams, among others
- Covers:
  - Diagnosing and treating common illnesses
  - Managing chronic conditions (ie. Diabetes, Asthma, Hypertension)
  - Preventative Care (ie. Immunizations and screenings)
  - Referrals to specialists and hospitals
- Goal: To provide comprehensive, continuous and accessible primary care
- **Having access to a primary care provider leads to better health outcomes**

# Types of Primary Care Providers

Providers who can legally **diagnose medical conditions:**

Family Physicians (MD)  
Nurse Practitioners (NP)  
Physician Assistants (PA) Can diagnose under supervision  
Midwives (Within a defined scope)  
Chiropractors (Musculoskeletal)  
Optometrists (Eye and Vision)  
Dentists (Oral health only)

Providers who can **assess:**

Registered Nurses (RN)  
Registered Practical Nurses (RPN)  
Pharmacists (RPh)  
Registered Dietitians (RD)  
Social Workers (RSW)  
Mental Health  
Therapists/Psychotherapists (RP)  
Occupational Therapists (OT)

**Many of these providers work in a team-based model like a Family Health Team (FHT), Nurse Practitioner-Led Clinics (NPLC), a Community Health Centre or independently in the community.**

# Why is primary care so important in Port Colborne?

Primary Care	Emergency Department (ED)
Provider who knows your history	A stranger who doesn't know your file or health history
Continuity of Care	One-time care, less or no follow-ups
Better management of chronic conditions	Focus on immediate symptoms, not on long-term health management
Lower system cost and pressure on hospitals	Higher cost per visit
Builds trusting relationships with providers	No ongoing patient-provider relationship
Promotes early intervention and prevention (proactive)	Tends to treat illness once it's become more complex (reactive)

# Who Are Pharmacists?

- Medication experts trained in drug therapy, patient education, and health promotion
- Convenient and accessible in nearly every community
- Often available without an appointment
- Now trained in expanded clinical services

# What's Changed? Expanded Scope of Practice Means Pharmacists Can Now:

- Prescribe for 19 common ailments, including (most common are highlighted):
  - Acne
  - Allergic rhinitis
  - Canker sores
  - Cold sores
  - Dermatitis
  - Diaper rash
  - Dysmenorrhea (menstrual cramps)
  - Fungal infections (e.g., athlete's foot)
  - Gastroesophageal reflux disease (GERD)
  - Hemorrhoids
  - Impetigo
  - Insect bites and hives
  - Musculoskeletal sprains and strains
  - Nausea and vomiting in pregnancy
  - Oral thrush
  - Pinworms and threadworms
  - Pink eye (conjunctivitis)
  - Urinary tract infections (UTIs)
  - Tick bites (post-exposure prevention of Lyme disease)
- Renew and adapt prescriptions
- Administer vaccines and medications
- Chronic disease management (e.g., diabetes, hypertension)

# Filling the Gaps – Access to PrimaryCare

- Pharmacists provide faster access for minor ailments
- Relieves pressure on family doctors and walk-in clinics
- Helps patients avoid unnecessary ER visits
- Ideal for those without a family doctor (1.8+million Ontarians)



# Chronic Disease Management

- Pharmacists support medication adherence and lifestyle counseling
- Frequent interactions with patients = better ongoing care
- Examples:
  - Monitoring blood pressure
  - Diabetes management
  - Smoking cessation support

# Public Health and Prevention

- Immunizations (flu, COVID-19, RSV, pneumonia, shingles, etc.)
- Health screenings and education
- Harm reduction (e.g., naloxone distribution)
- Emergency contraception

# Pharmacist-Led Primary Care Clinics – Alberta Example

- Walk-in style
- Services provided include:
  - Prescribing for minor ailments
  - Managing chronic diseases (go to the primary care **pharmacist** *INSTEAD* of the primary care physician)
  - Ordering and interpreting lab tests
  - Administering vaccinations and injections
  - Providing health assessments and referrals when needed

# Pharmacist-Led Primary Care Clinics – Alberta Example

- Benefits: reducing wait times and enhancing access to care
- Next steps for Ontario:
  - Adopt or expand this model with legislative amendments
  - Ongoing discussions between government and pharmacy advocacy groups
  - No concrete plan to move forward yet
- What we can do now interim:
  - Optimize medical directives for specially-trained pharmacists
  - Requires coordination with a physician or hospital system

# Economic Impact

- Reduces system costs by preventing hospital/ER visits
- More efficient use of healthcare professionals
- Helps patients return to work/school faster
- Studies show pharmacist care improves outcomes at lower costs

# Real-World Examples

- Example 1: UTI treated by pharmacist = no urgent care or ER visit. In most cases this treatment will be effective and no additional follow up is required.
- Example 2: Uncontrolled hypertension—Pharmacist monitors blood pressure, adjusts anti-hypertensive doses, refers to primary care or triage to emergency care (not urgent care) for hypertensive emergencies.
- Example 3: Diabetes management—Pharmacist provides lifestyle and medication advice, which improves A1c and prevents complications and unnecessary primary care visits.

# How can Pharmacists support Port Colborne's Urgent Care shortages?

- Increase patients' awareness on Pharmacists' Expanded Scope of Practice
- "Pharmacy first" model: Patients are encouraged to be assessed by their pharmacist for referral to an appropriate health care provider (ex. Pharmacist, Walk-in Clinic, Urgent Care, or ER)
- Continued advocacy efforts in increasing pharmacist services to meet practice standards of other provinces

# PHARMACISTS' SCOPE OF PRACTICE IN CANADA



Implemented in jurisdiction



Pending legislation, regulation or policy for implementation



Not implemented

		BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	YT	NWT	NU
Prescriptive Authority (Schedule 1 Drugs)	Independently, for any Schedule 1 drug	X	✓ <sup>4</sup>	X	X	X	X	X	X	X	X	X	X	X
	In a collaborative practice setting/agreement	X	✓ <sup>4</sup>	✓ <sup>4</sup>	✓ <sup>4</sup>	X	✓	✓	✓	X	X	X	X	X
	Initiate <sup>1,2</sup>													
	For minor ailments/conditions	✓	✓	✓	✓ <sup>4</sup>	✓	✓	✓	✓	✓ <sup>4</sup>	✓	✓	X	X
	For smoking/tobacco cessation	✓	✓	✓	✓ <sup>4</sup>	✓	✓	✓	✓	✓ <sup>4</sup>	✓	✓	X	X
Adapt/ Manage <sup>1,3</sup>	In an emergency	✓ <sup>6</sup>	✓	✓ <sup>6</sup>	✓ <sup>7</sup>	✓	✓	✓	✓	✓	✓ <sup>6</sup>	✓ <sup>6</sup>	X	X
	Make therapeutic substitution	✓	✓	✓ <sup>8</sup>	X	X	✓ <sup>15</sup>	✓	✓	✓	✓	✓	X	X
	Change drug dosage, formulation, regimen, etc.	✓	✓	✓ <sup>8</sup>	✓	✓	✓	✓	✓	✓	✓	✓	X	X
	Renew/extend prescription for continuity of care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
Injection Authority (SC or IM) <sup>1,4</sup>	Drugs <sup>5</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X
	Vaccines <sup>5</sup>	✓	✓	✓	✓	✓	✓ <sup>16</sup>	✓	✓	✓	✓	✓	X	X
	Influenza vaccine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X
Labs	Order and interpret lab tests	✓	✓	P <sup>9</sup>	✓ <sup>10</sup>	X	✓	P <sup>11</sup>	P <sup>9,12</sup>	✓ <sup>13</sup>	X	X	X	X
Techs	Regulated pharmacy technicians	✓	✓	✓	✓ <sup>14</sup>	✓	✓	✓	✓	✓	✓	X	X	X



# How is the Boggio Group helping?

- We continue to make robust investments into providing physical space necessary for the provision of primary healthcare in Port Colborne and the rest of South Niagara.
- Larry, Aaron and I are born and raised in Port Colborne and these investments been a way for us to give back to a community that has supported us since 1983. We feel we have an ethical and moral obligation to serve the people of Port Colborne.
- We are currently undergoing a renovation and remodel to add additional space for care providers in our building in Port Colborne, and exploring additional opportunities to enhance the physical footprint of the space to welcome more care providers and services.
- We are solely incentivized by the additional foot traffic that our pharmacy business sees and without that additional foot traffic, investment into physical spaces would not be feasible.
- The subsidization of publicly owned space by any level of government makes continued or future investment by private enterprise more difficult further eroding access to care in the future.



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# Questions?



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