

2015 CHANGING FACE OF PHARMACY

WHAT PATIENTS NEED



Disease education



Advocacy support



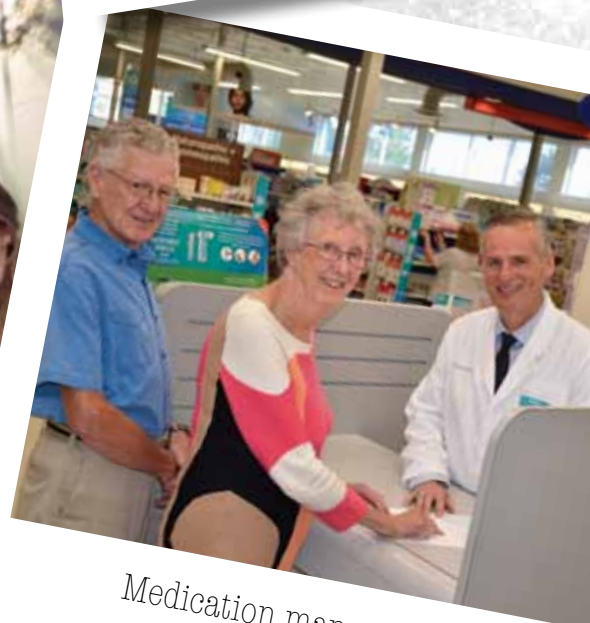
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On the cover photos by: (clockwise, L-R) Darcy MacCallum, David Lipnowski, Fotolia Imagebank, Bev McMullen, John Shaske (supplied), Kari Harder



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- Executive Editor** Dayle Acorn
- Managing Editors** Rosalind Stefanac, Karen Welds
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Are we giving patients what they need?

Across the country, there's no question the profession of pharmacy is undergoing tremendous change. More and more pharmacists are willingly offloading drug distribution duties to qualified technicians and assistants, in exchange for an opportunity to fully focus on clinical services. Employers, in turn, are recognizing that putting patient healthcare needs first and foremost can be good for business.

In this sixth annual *Changing Face of Pharmacy* report from the Canadian Foundation for Pharmacy, we delve into what today's patients need, and how pharmacies can deliver. Whether it's providing vaccines for the time-strapped family heading on vacation, or delivering holistic care that brings together physical and mental health, Canadian pharmacists are tapping into patient needs—with favourable results for everyone.

Here at the Foundation, we also believe that putting patients front and centre is the best way to promote what pharmacists can do when they embrace their scope of practice. In fact, we've spent the last 70 years supporting the profession in this pursuit of optimal patient care. With recent funding initiatives, for example, CFP has helped pharmacists demonstrate their value in cardiovascular health, minor ailments and smoking cessation (see page 18 for more details).

It's also essential to recognize the leadership and outstanding contributions of those pushing the profession forward. Through our various awards and bursary programs, we shine a light on all those innovative individuals and teams who are further optimizing the health care of Canadians.

We hope the pages ahead will inform, inspire and remind you that it really is all about the patient. Enjoy the read! ■



Dayle Acorn,
Executive Director,
Canadian Foundation
for Pharmacy

WHAT PATIENTS NEED

Where PHARMACISTS fit in BY KAREN WELDS

What do patients need? Clear landings and safety nets. Especially in a healthcare landscape where access to care can be on shaky ground, due in large part to the growing prevalence of chronic disease. The past several years have witnessed how governments are seeking a firmer foundation by expanding scopes of practice for allied healthcare professionals, including pharmacists (see chart, page 10). The question then becomes: can pharmacists really help give patients what they need?

"I had fallen through so many cracks in the system. I could only be my own advocate for so much. I desperately needed an expert to guide me, who could understand why my whole body seemed to be falling apart and why I was experiencing all of these drug interactions," says Harriet Berkal, 56, of Winnipeg, Manitoba.

In 2009, Berkal found her advocate in Tara Maltman-Just, a pharmacist working for a community pharmacy at the time. Maltman-Just carefully unravelled Berkal's long history of paradoxical reactions to treatment, working with her physicians to order new tests and change therapies. The trail eventually led to several underlying, undiagnosed conditions.

When Maltman-Just opened a private, consulting-only practice in 2013, Berkal followed. "I signed up for the concierge program and have done it for two years so far. I renewed it in September for another

year. I talk to her on the phone or see her every week for two hours and I can email or phone anytime," says Berkal, adding that Maltman-Just has offered to accompany her to appointments and talks to her doctors when needed.

The results so far? "She's a lifesaver," says Berkal, who owns and runs a business with a benefits plan that covers the pharmacy services. "I would not be able to function without her."

While the complexity of Berkal's health—and Maltman-Just's model of practice—may not be typical, they boldly depict pharmacists' unique ability to monitor therapeutic outcomes, navigate the system on behalf of patients and support self care between doctors' appointments. "This is fertile ground for other pharmacists, and baby boomers will help push this," believes Berkal. "We're more open to alternative approaches, and becoming more frustrated with the current system."

Ironically, Maltman-Just began her journey well before an expanded scope of practice took hold in Manitoba. "I am doing what all pharmacists are trained to do—optimize therapeutic management through patient-centred care," she says.

Maltman-Just maintains relationships with patients' individual community pharmacies so that they experience a continuum of care. "We share in the care of

Harriet Berkal calls her pharmacist Tara Maltman-Just a "lifesaver."

our mutual patients through cross-referrals and written therapeutic plans. I am an external resource for them, that helps their business and most importantly our patients. It's working very well."

The firmest foundation

What do patients need? In Bracebridge, Ontario, Mary and George Moroz help answer that question in a very different way. For several years now they've each been taking five medications to treat chronic conditions. With one renewal or adjustment or other requirement between the two of them, they estimate they're at the pharmacy once a week these days—or "too often, now," jokes George. Both describe their health as good.

They've been going to the same pharmacy for 40 years and know everyone—pharmacists, assistants and frontshop staff—by name. After speaking with them for a few minutes you realize that this, essentially, is what they and all patients need: friendly, comfortable relationships built on trust over time.

While this may seem all too obvious, how "typical" is it? According to a survey of almost 3,000 consumers by the Canadian Pharmacists Association (CPhA), 36% know their pharmacists by name. As expected, frequency of visits is the biggest determinant: the number climbs to 58% among people

who go to their pharmacy several times a month, and drops to just 15% among those who go just once or twice a year.

Yet is 58% high enough for those who see the same healthcare professionals at the same locations at least several times a month? While the same survey also speaks to consumers' overall positive impressions of pharmacists (see sidebar), this one result begs the question: are current interactions in community pharmacy strong enough to support expanded services that effectively engage patients? Or are pharmacists too busy or ill-prepared to establish memorable personal connections with repeat customers?

For the pharmacy manager at Rexall Pharmaplus, where Mary and George Moroz are patients, relationships come before expanded services. Pharmacist Leo Krahn says the fact that his patients do know him and his pharmacy team by name is a big reason why expanded services, such as MedsCheck medication reviews, are so well received by his patients. "An expanded service builds upon relationships that are already there. You can use them to start relationships as well, as a starting point for a foundation that needs to develop over the long term," he says.

When Krahn first recommended a MedsCheck for Mary and George Moroz

a year ago, they did not hesitate to book the appointments. They came away with a deeper understanding of how their drugs work, how to take them, possible interactions and side effects. "I was impressed. We're glad that somebody is making sure we're on top of things," says George.

At this year's reviews, Krahn suggested a change to one of Mary's medications and offered to contact her physician. "The doctor changed it to what Leo recommended, and we really appreciated that he could do that for us," says Mary, adding it was especially helpful since they recently changed doctors. "Right now our pharmacist is probably as aware of what's going on in our health as our current practitioner," notes George.

Whether a person's health status is complex or relatively straightforward, patients with chronic conditions need a healthcare professional who not only supports personal health, but also knows the system well enough to serve as a guide or, when required, as an advocate. Pharmacists can fill that bill. The question then becomes: will they? ■

SURVEYS SUPPORT MORE PHARMACIST SERVICES

As pharmacists adapt workflows and business models to enable more professional services, they can take heart that Canadians are clearly receptive. A 2015 survey of 2,937 Canadians, conducted by Abacus Data on behalf of CPhA, reveals the following:

- 85% agreed that pharmacists have the education and training to do more than just fill prescriptions.



84% agreed that people with chronic diseases would have better health outcomes if pharmacists could work with other members of a healthcare team.

- A strong majority of respondents would consider going to their pharmacists for an increased range of services, such as advice on medications (89%), flu shots or vaccinations (79%), assessments and treatments (including prescriptions) for minor ailments (78%) and smoking cessation support (75%).

A number of recent consumer and customer surveys conducted on behalf of Shoppers Drug Mart, with results published in a series of reports entitled *Sustainable Solutions*, also found:

- Consumers are looking for convenience: 96% would choose to go to the pharmacy for emergency prescription refills, 89% would do the same for prescription renewals, and 76% would for modified prescriptions.
- They also seek education:

82% would take advantage of regular, one-on-one appointments to review medications and health issues, and 81% would do the same for lifestyle management.

- 71% would be comfortable with pharmacists assessing risks for chronic conditions.



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CREATING CONNECTIONS FOR MENTAL HEALTH

Nova Scotia's mental health and addictions strategy is the first to invite participation from community pharmacists

BY SONYA FELIX

When Jan Davison was diagnosed with a mood disorder at age 19, she never considered talking to her pharmacist when she picked up her first prescription. "I was terrified and embarrassed because of the stigma around mental health," she recalls. "Other clients were standing around and I didn't want them to hear about my medication or why I was taking it."

Fortunately, her opinion has changed over the years. "I used to think that pharmacists were just sales people, but now I understand they are knowledgeable healthcare providers and they can really help by answering questions about interactions and different options," she says. "These days I know I can talk to my pharmacist about everything."

Davison is a strong advocate for pharmacists in her home province of Nova Scotia, where she is a community member of the Bloom Program (bloomprogram.ca), a provincially funded initiative that recruits and trains pharmacists to help people living with mental health and addiction problems. "It's a brilliant idea," she says. "The Bloom Program gives pharmacists the gift of time to spend with people like me who have a mental illness."

It began with a 2012 report from Nova Scotia's Mental Health and Addictions Strategy Advisory Committee, which noted that pharmacists and other primary healthcare providers would benefit from more collaborative linkages within the healthcare system. A year later the province launched its first mental health and addictions strategy.

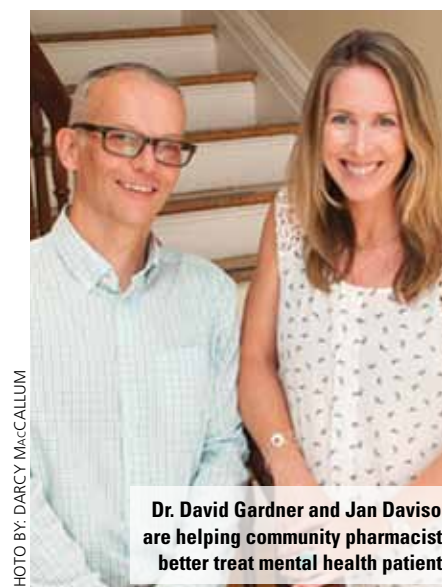


PHOTO BY DARCÝ MACCALLUM

Dr. David Gardner and Jan Davison are helping community pharmacists better treat mental health patients

The strategy aligned nicely with research being done at Dalhousie University by Dr. David Gardner, Professor for the Department of Psychiatry and College of Pharmacy, and Dr. Andrea Murphy, Associate Professor for the College of Pharmacy. In 2013 their More Than Meds project created a network of community pharmacists trained to support, promote and improve mental health. Armed with its positive results, Gardner and Murphy worked with the Pharmacy Association of Nova Scotia to put together a proposal to incorporate community pharmacists into the province's mental health strategy.

The resulting Bloom Program began recruiting and training community

pharmacists in the fall of 2014. Participating pharmacists help deliver holistic care by reviewing patients' physical and mental health conditions and medications; collaborating more with other healthcare providers; doing longitudinal follow-ups; and providing support, including referrals and navigation through resources and services. Pharmacists must complete a nine-step application process, which includes a day of training with people living with mental illness. Currently pharmacists at 20 pharmacies are part of Bloom.

The demonstration project uses a capitation fee model that pays pharmacies a monthly flat fee for each patient enrolled, up to 20 patients per pharmacy. "We have carefully selected a payment structure that supports a flexible, patient-centred model of care that supports pharmacists meeting patient needs as they vary over time," says Gardner. Patients "graduate" from the program—usually after six months, though it can be more or less depending on the patient—with medication and related health issues addressed, or a long-term plan in place. The fee will be re-evaluated based on the findings of the demonstration project.

The intent is not for pharmacists to become mental-health counsellors, stresses Gardner. "Pharmacists do medication-related management and offer referrals. It is very important to treat each patient as an individual and take a holistic approach to care. People with mental health issues have more health problems of all kinds and pharmacists need to identify, prioritize and address all

PHARMACIST RESOURCES For a range of resources on supporting patients with mental health issues, including information on switching and combining psychotropic medications, check out the Bloom Program's Tools & Resources web page (bloomprogram.ca/tools-resources).

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health issues to treat the whole patient."

Leah Sutherland, a pharmacist and pharmacy manager at Poulain's Pharmacy in Stellarton, Nova Scotia, jumped at the opportunity to be part of the Bloom Program, and to encourage her patients with mental illness or addictions to enroll. "Those who choose to join meet with me for an hour a month, or more often if needed," says Sutherland. "We normally discuss current medications, any recent changes to their medications, side effects of the medications and how they are feeling. I also work collaboratively with each patient's health team."

Discussions also go beyond mental health. "There are many types of mental illness and so many other underlying health conditions," Sutherland explains. "For example, a patient may be interested in a diet regimen because obesity triggers their anxiety. We'll look for underlying causes, offer tips and often refer patients to a nutritionist or dietitian if this is the case."

Sutherland notes the advantages of being part of the network. "We gain access to online

lectures and different learning opportunities, such as education on suicide prevention. If we have any questions, or feel uncomfortable with a topic, other Bloom pharmacists can be contacted easily to help provide guidance."

As a patient advocate, Davison encourages

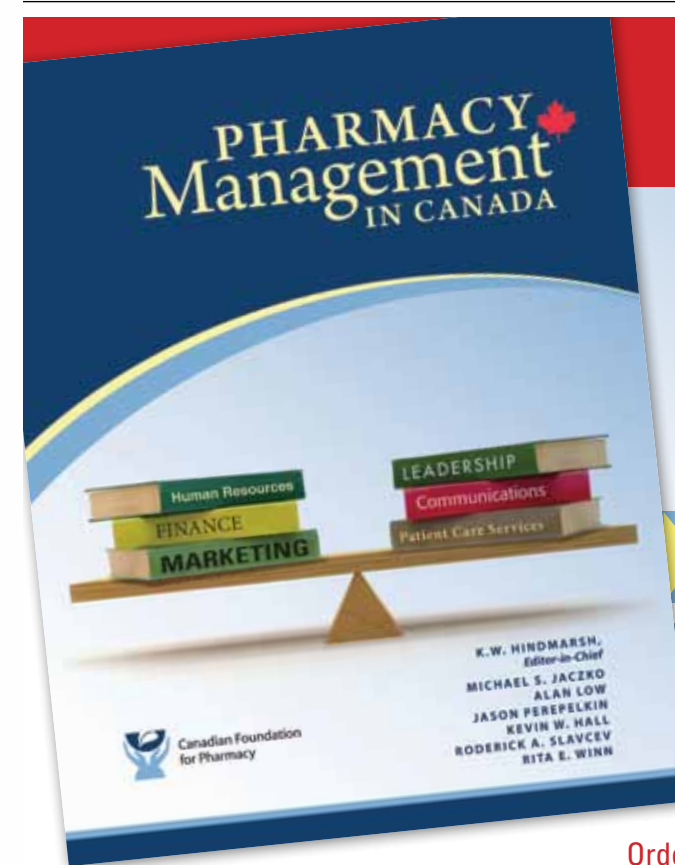
pharmacists to be part of the "circle of care" for people with mental illness. "We need someone we can talk to when we have doubts about our medication or can't see our doctor on a Friday night," she says. "Pharmacists know so much and can really help." ■

STEPPING UP FOR MENTAL HEALTH

Pharmacists in other parts of the country may not have the Bloom Program but they can still play an important role in helping patients with mental illness.

Jamie Kellar, a clinical pharmacist and lecturer at the Leslie Dan Faculty of Pharmacy at the University of Toronto, has been a mental health pharmacist for 10 years and notes that people tend to be afraid of mental illness. "It's annoying that so many issues aren't addressed," she says. "There is still so much stigma and often patients don't have a family doctor. And, although there are lots of co-morbidities with mental illness, psychiatrists aren't typically well versed in other conditions such as diabetes."

One major issue that pharmacists can help address is lack of adherence to medications. "Callbacks are critical since most people are nonadherent within the month because of side effects or because they don't see any improvement," Kellar says. Helping patients access available community resources is also important, she says, especially when people are struggling with their illness. Last but not least, pharmacists can help patients realize they need care in the first place. "Since pharmacists tend to see patients more often than other healthcare providers they can also screen people and encourage them to see their doctor if they aren't well."



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Patient care plans		\$100 per Comprehensive Annual Care Plan (CACP, 107,699 claims); \$125 for pharmacists with additional prescribing authority (APA, 37,991 claims); \$60 per Standard Medication Management Assessment (SMMA, 42,531 claims); \$75 if pharmacist has APA (12,982 claims); \$20 for follow-ups without APA (247,828 claims for CACPs, 45,814 for SMMA); \$25 for follow-ups with APA (121,829 for CACPs, 17,324 for SMMA)								
Medication reviews/management	\$60 per Medication Review - Standard, max. 2 annually, 6 mths apart (234,796 claims); \$70 per Medication Review - Pharmacist Consultation, max. 2 annually, 6 mths apart (22,793 claims); \$15 per Medication Review Follow-Up, max. 4 annually (32,031 claims)	Medication reviews a component of CACPs and SMMA (see Patient care plans above)	\$60 per Medication Assessment for senior beneficiaries of provincial drug plan (10,016 claims); \$20 per follow-up, maximum 2 per year (2,197 claims)		\$60 per MedsCheck (779,934 claims); \$75 for MedsCheck for Diabetes (233,948 claims); \$90 for MedsCheck for Long-Term Care (72,715 claims); \$150 for MedsCheck at Home (31,339 claims); \$25 per follow-up (224,210 claims for MedsCheck; 77,158 claims for MedsCheck for Diabetes); \$50 per quarterly follow-up for MedsCheck for Long-Term Care (209,720 claims)		\$52.50 per Basic Medication Review for beneficiaries of provincial drug plan (4,854 claims); \$150 per Medication Review Service for senior beneficiaries of provincial drug plan (441 claims); \$20 for follow-ups	\$52.50 per PharmaCheck for low income seniors and low income beneficiaries of provincial drug plan (15,468 claims)	\$52.50 per Medication Review (3,154 claims); \$65 per Diabetic Medication Review (1,250 claims); \$20 per quarterly follow-up for Medication Reviews (1,620 claims); \$25 per quarterly follow-up for Diabetic Medication Reviews (589 claims); for beneficiaries of provincial drug plan only	\$52.50 per Medication Review for beneficiaries of provincial drug plan; \$52.50 per Medication Review for COPD for senior beneficiaries of provincial drug plan; pharmacies can submit claims for maximum of 72 reviews per year
Immunization	\$10 (383,261 claims for flu; 8,806 claims for pneumonia; 1,050 claims for pertussis; 8,690 claims for HPV; 11,481 claims for other)	\$20 (487,000 claims for flu)	\$13 for flu pending legislation (expected prior to next flu season)	\$7 (49,642 claims for flu; data not available for pneumonia, HPV, Tdap and Td (tetanus, diphtheria, pertussis))	\$7.50 (901,464 claims for flu)		\$11.50 for flu, increasing to \$12 for 2015-2016 (100,735 claims)	\$12 (53,646 claims for flu for seniors and high-risk groups)	\$12.36 (5,009 claims for flu for high-risk groups); authority to immunize again other infectious diseases, no funding to date	\$13, for beneficiaries of provincial drug plan
Administration of drugs by injection		\$20 per assessment and administration of drugs by injection, excluding travel vaccines (91,241 claims)	Authority to administer drugs by injection pending by-laws; no funding to date	Authority to administer drugs by injection; no funding to date	Authority to administer drugs by injection; no funding to date	Authority to administer drugs to demonstrate appropriate use	Authority to administer drugs by injection; no funding to date	Authority to administer drugs by injection; no funding to date	Authority to administer drugs by injection; no funding to date	Authority to administer drugs by injection; no funding to date
Adaptation/altering of prescriptions, including continuity of care and renewals	\$10 to renew and adapt (190,729 claims)	\$20 per assessment for renewal/adaptation/discontinuation (462,922 claims for renewals; 135,437 claims for adaptations)	\$6 to renew, alter dosage form or alter missing information (3,831 claims)	Authority for continuity of care prescribing and prescription adaptations; no funding to date	Authority to adapt or renew; no funding to date	Authority to adapt. \$12.50 per renewal (30+ days), max. 1 per person per year	\$14 per Prescription Adaptation (1,021 claims)	Authority to adapt or renew; no funding to date	\$14.83 per adaptation (332 claims)	\$11.96-\$12 per Medication Management adaptation for beneficiaries of provincial drug plan
Refusals to fill	\$20	\$20 per assessment (6,566 claims)	\$16.88 (25 claims)		\$15 as part of Pharmaceutical Opinions program (12,509 claims)	\$8.96 (59,933 claims)	\$14 (79 claims)		\$14.83 (7 claims)	\$23.92-\$24, for beneficiaries of provincial drug plan
Therapeutic substitutions	\$17.20 (5,955 claims)	\$20 per assessment (claims included under adaptation)				Authority to substitute	\$26.25 (730 claims, for proton pump inhibitors only)	Authority to substitute; no funding to date	\$14.83 (18 claims for eligible drug classes)	\$11.96-\$12, for beneficiaries of provincial drug plan
Emergency prescription refills	Authority for emergency refills; no funding to date	As part of prescription renewals	\$10, max. 1 claim per patient per 28 days (6,838 claims)	Authority for emergency refills; no funding to date	Authority for emergency refills; no funding to date		Authority for emergency refills; no funding to date	Authority for emergency refills; no funding to date		\$11.96-\$12, for beneficiaries of provincial drug plan
Minor ailments		As part of CACPs, SMMA or initial-access prescribing	\$18 per Minor Ailment Assessment (11,813)	Authority to assess and prescribe for self-limiting conditions ("minor ailments"); no funding to date.		\$16 per assessment	Authority to assess and prescribe for minor ailments; \$20 fee for 3 ailments as part of pilot project (ending May 2016)	Authority to assess and prescribe for minor ailments; no funding to date	Authority to assess and prescribe for minor ailments; no funding to date	Authority to assess and prescribe for minor ailments; no funding to date
Initial-access prescribing or to manage ongoing therapy (exc. minor ailments)		\$25 per assessment for initiating medication therapy with APA (63,631 claims)		Authority for extended practice prescribing by extended practice pharmacists within the scope of their specialty; no funding to date	Authority to initiate Schedule 1 smoking cessation therapy; see below for funding details for smoking cessation services	To reach therapeutic target: \$15.50-\$19.50 for initial evaluation (based on condition); \$40 annually for min. 2 follow-ups for certain conditions; \$50 annually for min. 3 follow-ups for insulin-dependent diabetes; \$16 per follow-up for anticoagulation, max. 1/mth. \$16 per assessment to prescribe medication for which diagnosis not required.				
Pharmaceutical opinions		As part of CACPs, SMMA or trial prescriptions			\$15 per opinion (213,979 claims for "Change to prescription," 99,896 claims for "No change to prescription," 17,662 claims for "Not filled as prescribed"); for beneficiaries of provincial drug plan only	\$19.79 (84,159 claims)				
Smoking cessation		As part of SMMA and follow-up SMMA; maximum 4 follow-ups	Up to \$300 annually (\$2 per minute) for Partnership to Assist with the Cessation of Tobacco (PACT) (6,398 claims)	Cognitive service programs, including smoking cessation; no funding to date	Up to \$125 annually for beneficiaries of provincial drug plan: \$40 for initial consult; \$15 for up to 3 primary follow-up; \$10 for up to 4 secondary follow-ups (67,089 claims)				As part of minor ailments	Can assess and prescribe; no funding to date
Other services	\$10 for trial prescriptions	\$20 for assessment of appropriateness of new prescription medications (trial prescriptions); \$20 per assessment for emergency prescriptions (24,483 claims)	\$25 for medication reconciliations; \$22.50 for emergency contraception prescribing			\$18.02 for emergency contraception prescribing				\$23.92-\$24 for Antibiotic Medication Adherence for beneficiaries of provincial drug plan; \$11.50 for follow-ups, max. 1 per antibiotic

* Information current as of September 2015, and collected from provincial ministries of health and provincial pharmacy associations. Where available, claims data are for fiscal year ending March 31, 2015, with the exception of B.C. and Quebec, where data will not be available until after publication of this report. Therefore the claims data listed here for B.C. and Quebec are for fiscal year ending March 31, 2014.

A SHOT AT BETTER HEALTH

More and more people are turning to the pharmacist for vaccines and injections BY SONYA FELIX

Night #14 with shingles



It is estimated that nearly 1 in 3 people will get shingles in their lifetime and the risk increases with age. Shingles is a painful, blistering rash that can last for several weeks. And in some people, shingles can lead to excruciating nerve pain that can last for months, or even years.

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PHOTO BY: KARI HARDER

The Derksen family was able to get all of their vaccinations for a recent trip to Mexico from pharmacist Nella Fehr at their local pharmacy.

When Leona Derksen's family of five planned a trip to Mexico last winter, one of the first things they did was check with Public Health about required vaccinations. The local clinic suggested they go to Nella Fehr, pharmacist/owner of their neighbourhood pharmacy, Apple Drugs, in La Crete, Alberta.

"We really appreciated that we could get our injections at our pharmacy," says Derksen, noting that the convenience meant her husband didn't need to take time off work. What was even more appreciated was Fehr's ability to put Derksen's three children (ages 11, 13 and 15) at ease.

"My 11-year-old son has a needle phobia—he turns white and trembles when he gets a needle and he felt overwhelmed by the idea of a travel vaccine as he'd just had his grade 5 booster shots," says Derksen. "But Nella was understanding and we were very grateful when she offered him the option of taking the vaccine in pill form."

Travel vaccines are a specialty at Fehr's pharmacy, where she's been giving injections for the past three years. In Alberta, certified pharmacists can give a wide range of shots, including vaccines, B12, hormones (progesterone and testosterone) and anti-psychotics. For injections that are not publicly funded, the pharmacy charges a fee. Fehr notes that injections are not only a direct source of revenue, but they often lead to other expanded services, such as medication reviews.

Eva Wiebe, another patient, appreciates the convenience of getting her bi-monthly B12 injections from Fehr. "It saves me time, rather than having to wait at the hospital or clinic," she says. "The convenience is a big deal for me and I appreciate that Nella can also check my iron and thyroid levels."

Public health impact

Although injection authority varies by province, in most jurisdictions pharmacists

can now vaccinate. A report released by the C.D. Howe Institute this year notes that the availability of pharmacists could remove barriers in access to immunizations, which could in turn improve immunization rates that are currently below recommended targets in many regions.¹

According to Statistics Canada, influenza immunization rates increased nationally from 30.2% in 2011 to 32.5% in 2014. While it may still be too soon to attribute that gain to pharmacists, there is little doubt that their impact has been positive. In Alberta, for example, pharmacists administered 487,122 flu shots during the 2014-15 season, a 46% increase over the previous year—which was already more than double the number in 2012-2013, according to provincial claims data. Other provinces report similar trajectories in uptake (for recent claims data, see page 10).

In Alberta, "all other providers of influenza immunization either decreased or provided about the same number of injections," says Jeff Whissell, Director,

Pharmacy Practice at the Alberta Pharmacists' Association. He adds that 8.4% more Albertans were vaccinated versus the previous year. "From these numbers I think it is safe to assume that pharmacists are helping to not only increase the vaccination rate but that Albertans are more commonly going to the pharmacist to be vaccinated."

Some suggest that increases in pharmacist-administered flu shots indicate a shift from one provider to another rather than a higher immunization rate, but Dr. Jennifer Isenor, Assistant Professor at Dalhousie University's College of Pharmacy, disagrees. Her research shows that the immunization rate in Nova Scotia rose 6% overall in 2013-2014, the first year that pharmacists could give flu shots. Meanwhile, the number of shots administered by other providers declined slightly. "Pharmacists provided about 9% of flu shots given to those five years and older in Nova Scotia, therefore about 3% of that was shifted from other providers," she says.

A 2015 national survey conducted for the Canadian Pharmacists Association also found

that 88% of Canadians trust pharmacists to provide advice on injections and 79% said they would consider going to their pharmacist for a flu shot or other vaccines.²

Jennifer Chan, a pharmacist from Save-On-Foods in Surrey, B.C., and one of the first pharmacists in the province to become certified to administer injections, believes that pharmacists are “definitely making a significant difference” in vaccination rates. She adds that pharmacists’ injection services made an important contribution to public health during recent outbreaks of pertussis and measles. For her part, local demand has prompted Chan to take the training to expand into travel health advice and vaccines.

Convenience is key

“It has become mainstream for people to go to the pharmacy for a vaccine,” says Chan. It’s often a question of convenience, though safety comes into play. “People don’t want to have to come to the pharmacy to fill a prescription for

a vaccine and then go back to the doctor and wait in line. It also compromises vaccine safety and creates concerns about maintaining proper cold chain.”

Easy access is also a key selling point. “There’s often limited access from Public Health,” Chan explains. “But many drugstores are open seven days a week and have better hours so people can come in after work or on the weekend.”

By now, pharmacists like Chan and Fehr have figured out how to incorporate injections into their workflow by setting aside specific days for appointments, or offering walk-ins when enough staff is scheduled. “We are pretty flexible compared to a public health clinic,” says Chan. “And since we see patients on a regular basis, we can ask them about getting their flu shot. When they get their shot we ask them to fill out a questionnaire about whether they also need other vaccinations, such as pneumonia, tetanus or shingles vaccine.”

Fehr acknowledges that not all

pharmacists are comfortable giving injections. As well, “it takes time to research and learn about all the different immunizations and knowing the right questions to ask patients,” she says. “You need to understand medical conditions, allergies and precautions of each vaccine.”

Yet she encourages those who hesitate to reconsider, because you would be filling a healthcare need—and making connections at new levels with existing as well as potential patients. “We are very grateful that we could go to Nella for our injections,” says Derksen. “She made us feel so comfortable.” ■

1 Busby C, Chesterley N. A Shot in the Arm: How to Improve Vaccination Policy in Canada. C.D. Howe Institute. March 2015. Commentary No. 421. Accessible at www.cdhowe.org/a-shot-in-the-arm-how-to-improve-vaccination-policy-in-canada/28986

2 Canadian Pharmacists Association. Pharmacists in Canada: A national survey of Canadians on their perceptions and attitudes toward pharmacists in Canada. February 2015. Accessible at www.pharmacists.ca/index.cfm/news-events/events/pharmacist-awareness-month-pam.

PUTTING TECHS IN THE HEALTHCARE EQUATION

Patients need pharmacists who are well supported by registered technicians and pharmacy assistants

BY ROSALIND STEFANAC

For Jeanne and Harvey Kidd, the technicians at Howe Sound Pharmacy are a vital part of their healthcare team. In fact, as long-time patients of this Gibsons, B.C.-based pharmacy, the couple says they feel just as comfortable talking to the techs as they do to the pharmacists.

“Anytime I come in here and ask questions, they always give me a complete answer or find another staff member who can,” says Harvey. “The whole pharmacy staff always makes sure I fully understand my medication too—you can’t get much better than that.” Jeanne, who gets treatment for high blood pressure and cholesterol issues, agrees wholeheartedly. “When I get a prescription from my doctor I get way more information here than my doctor has time for,” she says.

Four years ago, co-owner and pharmacist John Shaske dramatically changed the set-up of the pharmacy so that patients sit down with pharmacists in a private space to review their medications and health history, and determine any issues that need to be addressed, before prescriptions are filled. From there, technicians and pharmacy assistants follow through with the technical aspects of dispensing, and other supports as required.

That means the techs do everything from documentation support, drug preparation and distribution to prescription checks, staff schedules and the training of patients on the use of blood glucose monitors. “Our main role is to support the pharmacist so they can focus their attention on patient care,” says Aurora Doering, a registered tech (RT) who joined the staff in 2009. “It’s definitely rewarding knowing that we’re helping to improve patient outcomes.”

The four RTs and 15 pharmacy assistants are doing “everything they’re allowed to,”



(From left) Long-time Howe Sound Pharmacy patrons, Jeanne and Harvey Kidd say they feel comfortable talking to pharmacist John Shaske and technician Aurora Doering about their healthcare needs.

PHOTO BY: JOHN SHASKE

says Shaske, which means the pharmacists don’t have to do any administrative tasks whatsoever. “Our techs basically do everything except helping patients make decisions and set goals,” he says.

Doering, for example, doesn’t just check medications, she reviews pharmacists’ documentation to ensure quality control. From time to time she also sits down with intake patients, which Shaske envisions will happen more often with all of his RTs. “It’s really great to get involved with the patients that way because I’ve seen their names come up so often on the other side of the counter,” says Doering. “At the end of the day, I feel like patients are getting the most from their pharmacist because of the work we as techs are doing.”

Better business as well

A 2014 pilot project in Ridgetown, Ontario, shows that giving pharmacy assistants a greater role in the pharmacy can significantly improve business outcomes as

well. Over an 18-week period, the Ridge Apothecary Pharmasave had assistants assume management of the store while the pharmacist focused on pharmacist-specific clinical services. The collaboration between researchers at EIM-CARE (a private, academic think-tank) and the pharmacy saw two assistants and a Waterloo student take over managing inventory, packaging and delivery of blister packs, while the pharmacist primarily provided patient services funded by government, such as flu shots, MedsCheck medication reviews and Pharmaceutical Opinions.

“My goal was to use our assistants in a purely technical role so the pharmacist could embrace their full scope of practice,” says pharmacist and researcher Joel Lamoure, who has served as Associate Professor and Associate Scientist at Western University in London, Ontario. He also embedded himself into the study as the pharmacist and manager in order to come away with a

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Pharmacy technicians are key to optimal workflow in the pharmacy



Keeping up to date

Many resources are available to help technicians and pharmacy assistants stay on top of the latest clinical information and practice education so they can be greater assets in the pharmacy. The *Tech Talk* newsletter, supported by Teva Canada, has been serving techs and assistants across Canada for more than 15 years. It includes bilingual continuing education lessons, on topics ranging from how to identify and deal with antimicrobial resistance to how to effectively discuss the influenza vaccine with patients.

For more information go to *Tech Talk* at www.canadianhealthcarenetwork.ca or www.tevapharmacsolutions.com

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The Canadian Foundation for Pharmacy thanks Teva Canada for its sponsorship of this article.



The SmartMeds pharmacy team: (L-R) Lead Consultant Pharmacist Hema Shah, Production/Conversion Technician Supervisor Joanna Nasseh, Pharmacy Manager Iryna Krasny and Pharmacy Technician Sabin Sunny

At SmartMeds Pharmacy in Burlington, Ontario, the workplace runs like a well-oiled machine. It has to. As a pharmacy catering to long-term care facilities across southern Ontario—sometimes located hours away—staff has to ensure the right medication in the appropriate packages reaches clients in a timely manner.

“There’s a lot of communication and coordination going on inside the pharmacy at all times,” says Lead Consultant Pharmacist Hema Shah, adding that the store’s pharmacy assistants and registered techs (RTs) are a crucial part of the process. “When you leave the checking of drugs and other fine details to the techs, it means pharmacists can get more clinical time to look into drug-related issues.”

With the RTs exclusively checking repeat prescriptions and medication trays, for example, the pharmacists can focus on doing other services such as MedsChecks, as well as communicating with doctors, nurses and other long-term care staff. “We could have up to 150 clients in one nursing home but if one of those clients wants to take medication at 10 am instead of 9 am, we have to take all those details into account and make sure everyone is getting adequate treatment,” says Shah. “Fortunately, this is all balanced by the in-house pharmacy team.”

“We cross-train our techs so they can do various jobs, even taking them out with our consulting team to client sites so they are exposed to different patient care scenarios,” says Joanna Nasseh, Production/Conversion Technician Supervisor. “I really believe that a strong team will ensure medications are processed and dispensed accurately to our clients.”

This emphasis on teamwork proved especially useful when the pharmacy’s system went down for an entire day because the software vendor was having some issues. “My team reacted so quickly, we could service our clients even without the system by doing everything manually,” says Nasseh. “That’s a good sign that things are working well.”

Three years ago, she implemented a colour-coded system to prioritize tasks for the techs and assistants to improve workflow, but she says ongoing training is essential regardless. “When you implement a system you have to keep reinforcing it for it to work well,” she says. “Because I’ve been in the technician’s shoes, I know ongoing training is important. SmartMeds knows what it takes for employees to be successful and encourages ongoing training and education at all levels.”

Pharmacy Manager Iryna Krasny says her plan is to keep involving RTs in duties such as reviewing prescription entries for accuracy and checking final orders, so pharmacists can embrace expanded services to an even greater extent. “We are moving towards this and will soon be there 100%,” she says.

Sabin Sunny, who became an RT last year, says he’s more than willing to take on the responsibility. “I’m taking care of a very vulnerable sector of the population and now I can do so many things that pharmacists used to do,” he says. “It’s a lot of accountability, but it’s also very satisfying.”

full understanding of the pilot’s outcomes. “I wanted to create a scenario where any pharmacy anywhere in Canada could do this,” he says.

Lamoure approached the project from a scientific lens, tracking the pharmacy’s gross profit, prescription volume, as well as patient and staff satisfaction, and using an aggregate of comparative stores in Ontario as the control group. “I’m sure if we looked, we’d find many other Ridgetown projects happening across the country, but this is the first that was scientifically studied with a control group,” he says. The results were telling. In a little more than four months, prescription volume increased almost 15% compared with the year before, gross profit increased 2.2% and the pharmacy gained 12 new patients, compared with a net loss the year prior. The income generated through MedsChecks, flu shots and Pharmaceutical Opinions jumped by a whopping 60%.

Not only were patients happy, but Lamoure says the assistants were also keen to participate. In their feedback they stated feeling more respected, valued and

accountable. “When people are doing what they enjoy and are respected for it, it makes for a great team dynamic,” he says. “And we were using unregulated techs so it would be interesting to see what stores could do with registered technicians.”

Vanessa Cofell, one of the assistants who participated in the study and who continues to work at the store, agrees that she enjoyed the experience and would “absolutely” feel comfortable carrying on with an expanded role. “It’s a big responsibility to have those kinds of management skills put into your hands, but it’s also very satisfying,” she says. “It also gave time to the pharmacist to do MedsChecks and talk with patients on the floor.”

Lamoure says the pilot has been a win all around. Even the other pharmacy in town took notice and was inspired, which promoted care across the board, he says. “In an ideal world, my hope is that all pharmacies try this because it addresses patients’ needs,” he says. “Registered techs and pharmacy assistants can do a huge amount and are under-sung in their abilities and opportunities.” ■

REGULATION GAINING MOMENTUM

As of January 1, 2015, the National Association of Pharmacy Regulatory Authorities reports that there are 4,349 registered techs in Canada.¹ Manitoba and Newfoundland and Labrador are the most recent provinces to offer regulation, joining Alberta, B.C., New Brunswick, Nova Scotia, Ontario and P.E.I. At press time, the regulation of techs in Saskatchewan was pending legislation.

¹ National Association of Pharmacy Regulatory Authorities. January 1, 2015. Accessible at napra.ca

REGISTERED TECHNICIANS IN CANADA, BY PROVINCE

B.C.	915
Alberta	457
Ontario	2,927
New Brunswick*	12
Nova Scotia	44
P.E.I.	5
Total	4,360

* Number updated September 2015



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CFP HELPS PHARMACISTS BE FRONT AND CENTRE WITH PATIENTS

With funding support from CFP, pharmacists demonstrate their value in smoking cessation, minor ailments and cardiovascular health

BY ROSALIND STEFANAC

Manitoba pharmacists help hard-to-reach smokers butt out

A smoking cessation initiative led by Pharmacists Manitoba has made a significant dent in improving the health of a vulnerable population.

The pharmacy association partnered with Manitoba Health, Healthy Living and Seniors (MHLS) on the pilot project, which was conducted over almost 12 months with funding support from the Canadian Foundation for Pharmacy, Neighbourhood Pharmacy Association of Canada and Pfizer Canada.

Twelve pharmacies and 119 patients receiving unemployment insurance or income assistance were recruited. Patients completed assessment forms and received counselling from pharmacists on smoking cessation aids. Follow-up visits were scheduled on the quit date, one week later and then one, three and six months after quitting.

"We successfully reached out and worked with a very hard-to-reach population," says Dr. Brenna Shearer, Chief Executive Officer, Pharmacists Manitoba. "Pharmacists proved



PHOTO COURTESY OF PHARMACISTS MANITOBA

that they are a key access point to a majority of the population—much more so than other healthcare providers."

The results showed that 41% of patients reduced their number of cigarettes a day and 63% of them experienced a reduction in coughing as a result. While only 2% quit smoking entirely, 19% quit for three months and 30% quit for one month.

Given that this was a low-income patient group, Brenna says the reduction in cigarettes used per day could result in significant monthly savings. "We estimated it to be \$266 per month, per person," she says.

Saskatchewan studies impact of pharmacist prescribing for minor ailments

Now that pharmacists in some provinces can prescribe for minor ailments, what's the impact on patients' health? It's a question that researchers at the University

of Saskatchewan are keen to answer with a two-phase study, funded in part by the CFP.

Phase one in 2012-2013, funded by the provincial government, surveyed 125 pharmacy customers who'd been prescribed at least one medication for a minor ailment at one of 90 participating pharmacies.

The results showed that cold sores were

"That's a sizable portion of their available monthly income."

A report on the pilot results has been submitted to the provincial government for review and the hope is that pharmacists will be recognized and compensated as viable healthcare providers for smoking cessation services, says Shearer. "It would be nice if we could work with the provincial government to define a starting point for pharmacists and smoking cessation as an insured benefit, and start setting up a framework and evaluation mechanism to determine where to put energies and funds so we can move forward with implementation," she says.

Shearer also hopes the project will persuade more pharmacists to do more in this area. "The pharmacists who participated really appreciated the opportunity to enhance their smoking cessation services," she says. "I think the hardest part was they would have liked to offer the program to a wider range of people."

With a provincial election pending, Shearer says a campaign is in the works to raise awareness about public services—such as smoking cessation—that could be offered through the pharmacy.

the most common minor ailment (34%), followed by insect bites (20%) and seasonal allergies (19%). Convenience and trust in their pharmacist were the most common reasons for choosing a pharmacist over a physician for treatment of minor ailments. Furthermore, in 81% of cases, their condition significantly improved and

patients reported being satisfied with the pharmacist and service.¹

To garner more insight, researchers collected feedback about the process from pharmacists and physicians in phase two of the study this past summer. Preliminary findings are mixed, says lead researcher

Jeff Taylor, Professor of Pharmacy at the University of Saskatchewan's College of Pharmacy and Nutrition. "Pharmacists support the program, but we are seeing some pushback from physicians," he says. "They argue that pharmacists can't be both dispensers and prescribers." There are also

concerns about pharmacists missing more serious conditions masquerading as minor ailments.

On the other hand, pharmacists can flag and refer patients for possible serious conditions that patients may otherwise have self-treated. As well, Taylor points out that pharmacists can help close significant treatment gaps. For example, people with allergic rhinitis may be suffering unnecessarily because they are unable to go to a physician for more effective treatment. "Instead, pharmacists could shrink that gap until patients are able to see their doctors for follow up," he says.

The researchers also aim to analyse the cost-effectiveness of pharmacist prescribing for minor ailments by the end of 2015. "We hope this research gives us a picture as to the common approach customers take for any minor ailment, and if going to the pharmacy is working for them," says Taylor. "If pharmacist-led care truly is effective, we should do more of it and find a way to make it happen."

¹ Mansell K, Bootsman N, Kuntz A, et al. Evaluating pharmacist prescribing for minor ailments. *Int J Pharm Pract.* 2015 Apr;23(2):95-101.

PHARMACISTS PROVE WORTH AS CV COACHES

The Canadian Foundation for Pharmacy helped plant the seed for pharmacist coaching services that can be billed to one of Canada's largest insurance carriers. Four months after Green Shield Canada (GSC) launched its pharmacist coaching program for cardiovascular health, almost 400 pharmacists in Ontario and B.C. have completed the mandatory training. As more provincial pharmacy associations come on board to host the online training program, GSC hopes to see the rate of participation accelerate.

GSC developed the program after a 2012-2013 pilot project with the Ontario Pharmacists Association (OPA) on hypertension management, funded in part by CFP's Innovation Fund, showed positive results for both health and drug spending. Plan members taking medications for hypertension and dyslipidemia are eligible for the recently launched cardiovascular health coaching program, which pays certified pharmacists \$60 for the initial consult and \$20 for each follow-up consultation (up to three per year).

GSC is the first insurer in Canada to add pharmacist coaching services as a standard offering in its plan design. Out of more than 1,000 plan-sponsor clients, only three have opted out so far. More details can be found on CFP's web site (www.cfpnet.ca/en/news/details/id/167).



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