2015
CHANGING FACE OF PHARMACY
WHAT PATIENTS NEED

Disease education

Advocacy support

Healthy discussions

Friendly access

Team-based care

Medication management
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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!
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 to frame a foundation by expanding scopes of practice for allied healthcare professionals, including pharmacists (see chart, page 16). 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 Hanriet 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 medications, navigated 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 programs so that they experience a continuum of care. “We share in the care of 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—their 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 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 Pharmasphure, 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?

84% agreed that people with chronic disease 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 (79%).

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: 90% would choose to go to the pharmacy for emergency prescription refills, 88% would do the same for prescription renewals, and 70% would for modified prescriptions.

• They also seek education:

82% would take advantage of regular, concrete opportunities to receive medicinal and health issues, and 81% would do the same for lifestyle management.

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

81% would do the same for prescription renewals, and 70% would for modified prescriptions.

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

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 intention 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).
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.”

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 non-adherent 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.”
Patient care plans

- $10 for trial prescriptions
- $20 for assessment of appropriateness of new prescription medications (trial prescriptions)
- $25 for prescription renewals

Medication reviews/management

- $100 per Comprehensive Annual Care Plan (CACP) (3,120 claims)
- $15 per Medication Review - follow-up (1,100 claims)

Immunization

- $10 per vaccination (2,500 claims)
- $20 per assessment (2,500 claims)

Administration of drugs by injection

- $20 per injection (1,500 claims)

Adaptation/altering of prescriptions, including continuity of care and renewals

- $20 per adaptation (100 claims)

Refusals to fill

- $20 per refusal (500 claims)

Therapeutic substitutions

- $10 per substitution (45 claims)

Emergency prescription refills

- $10 per refill (1,000 claims)

Minor ailments

- $10 per assessment (1,000 claims)

Initial access prescribing or to manage ongoing therapy (ex. minor ailments)

- $25 per assessment (1,000 claims)

Pharmaceutical opinions

- $10 per trial prescription

Smoking cessation

- $10 for trial prescriptions

Other services

- $10 per 30-minute visit

Fees and claims data for government-sponsored pharmacist services, by province (updated September 2015)

British Columbia

- $100 per Comprehensive Annual Care Plan (CACP) (1,000 claims)
- $15 per Medication Review - follow-up (1,100 claims)

Alberta

- $10 per trial prescription

Saskatchewan

- $25 per medication recommendation

Manitoba

- $15 per Medication Review - follow-up (2,500 claims)

Ontario

- $20 per trial prescription

Quebec

- $20 per trial prescription

Nova Scotia

- $20 per trial prescription

New Brunswick

- $20 per trial prescription

Prince Edward Island

- $20 per trial prescription

Newfoundland/Labrador

- $20 per trial prescription
More and more people are turning to the pharmacist for vaccines and injections

BY SONYA FELIX

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 review.

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.

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. 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 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 a 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.”


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 review prescription entries for accuracy and checking final orders, so pharmacists can get more clinical time to look into drug-related issues.

With the RAs 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 patients 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. SmartMed’s know what it takes for employees to be successful and encourages ongoing training and education at all levels.”

Pharmacy Manager Iryna Krasiy says her plan is to keep involving RAs in duties such as the control group. “I’m sure if we looked, we’ll find many other Ridgeway 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 Pharmacetical 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 Cofoll, 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 these 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.”

REGISTRATION MASSON

REGISTRATION 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 registration, joining Alberta, B.C., New Brunswick, Nova Scotia, Ontario and P.E.I. As of 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

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For more information go to: Tech Talk at www.canadianhealthcarenetwork.ca or www.tevapharmaciesolutions.com
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 (MHHLS) 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 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, while 18% 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.

“Going into this, we were all expecting that we would have a much higher quit rate,” says Shearer. “But we appreciated the opportunity to enhance their smoking cessation services, and to 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.

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 all three medications for smoking cessation—that could be offered through the pharmacy.

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.”
