



# A New Script

*“Everyone here has the sense that right now is one of those moments when we are influencing the future.”*

Steve Jobs, co-founder of Apple Inc.

The pieces are falling into place: increasingly complex patient needs, overburdened physicians, expanded scopes of practice and government-funded pharmacist services. All point to opportunities for community pharmacists to reshape their future, for those willing to take the first leap.

Here are the stories of nine pharmacists in six provinces who have done just that. They’re changing the way patients, payers and other healthcare providers view the role of the pharmacist. Most important, they’re improving health outcomes and helping advance the model of patient-centred care—and most are being reimbursed for their services.

“We are extremely pleased to see the growing momentum demonstrated by some pharmacists to operate in this new environment,” says Dayle Acorn, executive director of the Canadian Foundation for Pharmacy, a national, non-profit organization that supports the advancement of pharmacy through educational events, awards, bursaries and research funding. “While they are taking advantage of the broader opportunities to apply their new skills and expertise, these pharmacists are also seeing a positive impact as they transition their business.”

Perhaps you have also taken the first steps toward a new future—if so, we’d love to hear your story (please email [dacorn@cfpnet.ca](mailto:dacorn@cfpnet.ca)). If not, we hope the following examples will inspire you to begin.

## GIVING THEIR BEST SHOT

Flu season is a busy time of year for People’s Pharmacy in Penticton, B.C.—

though not for the usual reasons. Customers are not so much holding their heads due to pain or fever as they are offering up their arms for a dose of preventive care, while pharmacists administer as many as 50 flu vaccinations a day during the busiest times.

“We’ve made it convenient for patients to just walk in and get their flu shot and I believe in the future people are going to expect to receive this service from their pharmacy,” says Anthony Rage, partner of the pharmacy with Brent Atkinson.



Anthony Rage

When B.C.’s PharmaCare program began paying pharmacies \$10 for vaccinations in 2009, Atkinson and Rage immediately invested \$5,000 on injection training and equipment. They haven’t looked back since. Providing immunizations is now part of their daily practice, and even after flu season they’ll typically give a couple of injections a day.

Paid medication reviews have also become a daily offering to patients, ever since the government launched its program in April this year. PharmaCare pays \$60 for a standard review, \$70 for a pharmacist consultation (i.e., a review in which an issue has been identified and addressed) and \$15 each for up to four follow-ups per year. “In every single med review we did we found something unbelievably wrong,” notes Rage.

While the number of eligible patients has dropped since PharmaCare changed

the rules this past summer—patients need to have been on seven different medications in the past six months—Rage is still confident that services such as immunizations and med reviews will add to his bottom line and keep patients coming back.

In fact, he is planning to hire a third pharmacist to ensure there is always someone available to provide these services. And this year, for the first time, he’s created a line item in his budget for cognitive services. “We are going to track this revenue and I’m confident that we’ll see it will be worth the additional pharmacist’s wages,” says Rage. “Lots of people have said the government has taken dollars away and is only offering a few cents back—and only if you work for it. But the end result is a more satisfying experience. My bottom line continues to climb despite everything. I do have to work harder for it, but it’s a lot more fun.”

—Anne Bokma

## THE PHARMACIST IS IN

After quitting her pharmacy job in Toronto and moving to B.C., Cheryl Pacheco signed up for the one-year community pharmacy residency program at the University of British Columbia in an effort to rediscover “a focus on cognitive services and clinical work.”

Her focus remains sharp to this day, as a member of the Independent Clinical Care Pharmacist Initiative by UniPHARM, a wholesale buying company with independent pharmacies in B.C., Alberta and the Yukon. Pacheco works two days a week at Robin’s Pharmacy in Vancouver and two days in Mark’s Pharmacy in Delta. In addition to conducting med reviews under PharmaCare’s

A person in a white shirt and sunglasses is leaning back on a white sailboat, riding a large, curling blue-green wave. The sky is bright and cloudy. The sailboat has a red maple leaf logo on its mast.

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Medication Review Services program, Pacheco is one of 300 pharmacists in the province participating in the Medication Management Project (MMP), a pilot project launched in September 2010 and finishing in January 2012. MMP fees range from \$60 to \$90 for consultations with patients who take more than one medication.

Pacheco typically conducts six or seven med reviews per day, made possible by the fact that she is always scheduled as the extra pharmacist on duty. “All pharmacists are trained to do what I’m doing, but when you get into a busy dispensary the resources aren’t always there,” says Pacheco. “These pharmacies want to build relationships with patients by offering value-added services. By hiring me on a part-time basis they don’t have to commit to paying for a full-time pharmacist,” she adds.



Cheryl Pacheco

Pacheco is eager to see how the government will continue to make better use of pharmacists’ skills as part of its three-year Pharmacy Services Agreement with the British Columbia Pharmacy Association and the Canadian Association of Chain Drug Stores. “It’s encouraging that we are moving to a more patient services-based model of practice and away from product-oriented practices. I’m hopeful that these government-funded programs will stick around and continue to allot money to pay for cognitive services.”

—Anne Bokma

## A WORTHWHILE INVESTMENT

Rick Siemens was one of the first pharmacists in Alberta to gain additional prescribing authority when it became available in 2008, and he completed the training for administering injections soon after that. With almost four years under his belt providing these services, he’s pleased to report they are proving to be a legitimate revenue stream. “It’s growing slowly, sort of like an RRSP. I’m just

starting to reap the benefits after several years,” says Siemens, who works at the London Drugs pharmacy in Lethbridge. “Now I get patients every single day that I’ve never seen before. I’m building trust in the community—people know this is the place to go because we can do it all. If you had the choice to go to a pharmacist who had prescribing authority or one who didn’t have it, who would you choose?”



Rick Siemens

As someone with additional prescribing authority—on top of the authority to adapt prescriptions or write emergency prescriptions, which all pharmacists in Alberta can do—Siemens is one of about 125 pharmacists in the province today who can initiate prescriptions and manage ongoing drug therapy. He says he prescribes for conditions every single day—it could be for a young child with impetigo, for a smoking cessation aid, or to manage therapy for a diabetes patient (Siemens is also a certified diabetes educator). A large proportion of his injections, meanwhile, are for travel vaccines, which became possible after he gained certification in travel health. He charges \$20 for prescribing services and between \$15 and \$25 for immunizations.

Business is so good, in fact, that Siemens has just hired two pharmacists (for a total of five pharmacists, including himself) and plans to hire regulated technicians. “When we had three pharmacists we were doing about 300 scripts a day and injecting, prescribing and adapting prescriptions on top of that. Now with more pharmacists on staff I’ll have more time to get out there to market our services and show the public what we can do.”

—Anne Bokma

## DIABETES DIALOGUE

As a certified diabetes educator with additional prescribing authority, Anita Brown asked several local physicians if she could help newly diagnosed diabetes patients understand and manage their disease.

“There are six physicians who work next to our pharmacy and their attitude was, ‘Are you kidding me?’ They were eager for me to help,” says Brown, a staff pharmacist at the Shoppers Drug Mart in Okotoks, Alberta.

She advises clients in a separate consultation room in the pharmacy, and her roster is now full enough to justify two full days a week away from the dispensary counter. Part of the education is about the value of her service—at the end of each session, she presents a receipt for her time based on \$2 a minute (\$30 for half an hour, \$120 for a full hour). While some pay without hesitation, others need a few sessions to see the benefits of the sessions; currently, about half are paying regularly and Brown is confident the remainder will eventually come on board. She also encourages all of them to forward their receipts to their private drug plan, since some offer health spending accounts that will reimburse non-physician healthcare services.

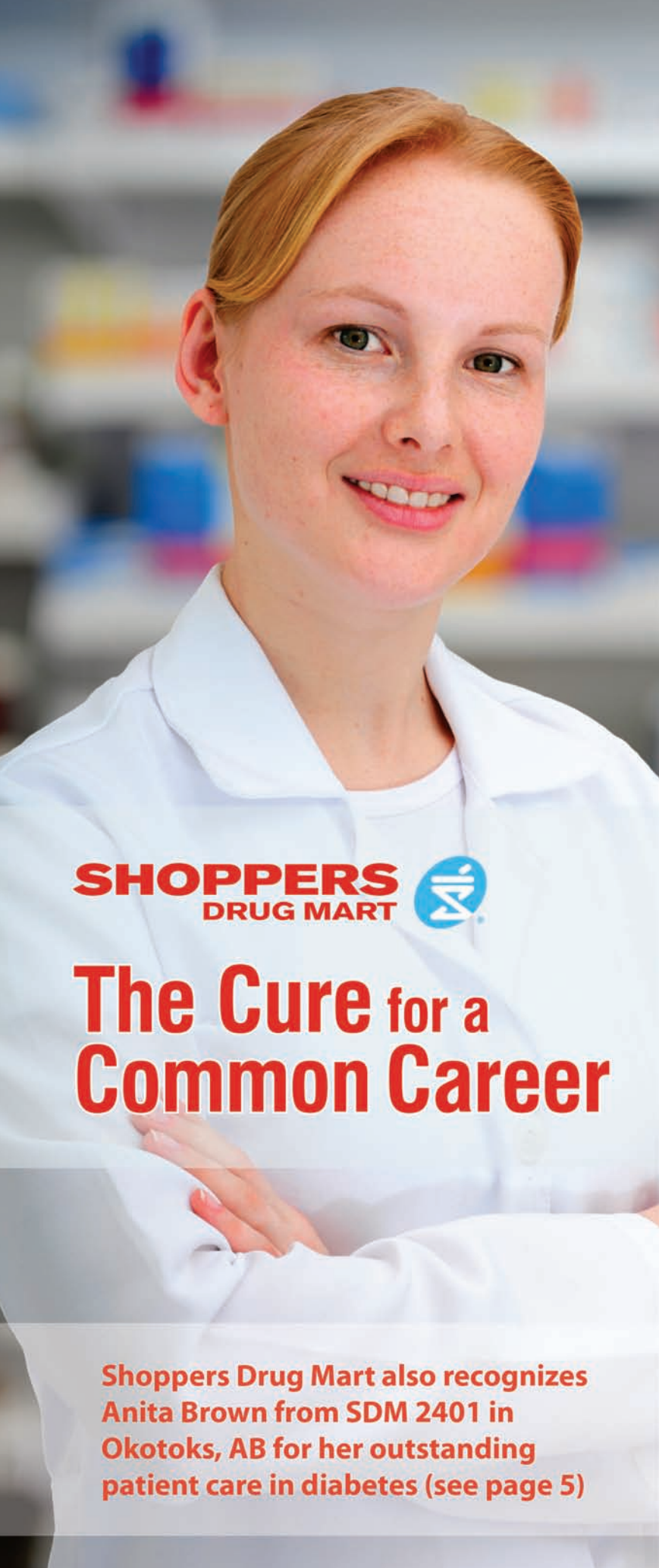


Anita Brown

While Brown is thrilled to be growing her diabetes consulting services, “I’ll never give up working on the front lines in a pharmacy,” she says. “That’s where I’m able to identify drug-related problems patients may be experiencing. Some of these problems you can identify quickly on the fly and in other cases you need to bring patients in for an extensive review.”

She credits her success to having great working relationships with the physicians. “At the end of the day if you can be organized, document everything you do and come up with solutions to drug-related problems, the physicians are going to come to trust you,” she says. However, “if you run into a physician who is intimidating, don’t approach his patients initially. Instead start with someone who is willing to work collaboratively with you.”

—Anne Bokma



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Shoppers Drug Mart also recognizes  
Anita Brown from SDM 2401 in  
Okotoks, AB for her outstanding  
patient care in diabetes (see page 5)

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## TAKING CARE TO THE PATIENTS

At Townsend's Drugs in Wynyard, Saskatchewan, you'll always find at least two pharmacists on staff who are certified diabetes educators (CDEs). That's a commitment that owners Kendra and Dallas Townsend have made to ensure they provide the highest level of service to people with diabetes, working closely with their physicians.

The CDE designation is also a requirement for Saskatchewan's second-level prescribing authority—a competency-based level of prescribing, which entails ongoing collaboration with local physicians.

"Being involved in the process like this enables us to build a stronger rapport with the community's physicians," says Kendra. "It ensures that they're trusting and comfortable in passing on more specific prescribing and drug therapy management to us as part of the total healthcare team."

Townsend's Drugs also takes their services on the road. One day a week, pharmacists work at the local community health centre. "We're working collaboratively with the health team there, which includes general practitioners, a dietician and a nurse practitioner," she explains. "Because we're part of a small community, this approach is vital to ensuring the proper care for patients."



Kendra  
Townsend

Wynyard, which has a population of roughly 2,000, also has four First Nations communities surrounding it. The Townsends visit the reservations once a week. "We conduct group education and one-on-one counselling and a variety of different activities," says Kendra.

Whenever possible, the Townsends secure additional funding for their services. "Over the years, we have been able to secure funding through a variety of sources, including Saskatchewan Health during a pilot project, the pharmaceutical industry, regional health authority grants,

and most recently through the province's Primary Health Care Team programming," says Kendra. "It was important for us that we receive funding right from the start for these non-dispensing functions." Government funding is also anticipated for second-level prescribing. Knowing that they already provide the level of care required for this authority, the Townsends will be able to hit the ground running.

Both in the pharmacy and on the road, response has been consistently positive. "Patients want us to do more," she laughs. "It's encouraging to have the public feel that we are competent enough to conduct some of the tasks that have historically been attached to a physician's office. It just goes to show the relationship that patients share with their pharmacists—it's always been built on trust and professional service. We've just expanded that trust and service."

—Sean C. Tarry

## CHANGE NOT AN OPTION IN ONTARIO

When the going gets tough, the tough get going. That saying is particularly apt among pharmacies today in Ontario, where ongoing drug-policy reforms are slashing generic-drug prices and will eventually eliminate professional allowances for both public and private drug-plan purchases. To help soften the blow, the Ministry of Health and Long-Term Care has set aside new funding for a range of pharmacist services, including MedsCheck medication reviews, pharmaceutical opinions and a smoking cessation program—with more promised in coming months.

"The decrease in professional allowance dollars has been a major wake-up call for pharmacies," says Gary Fillmore, director of operations for the 17-store Dell Pharmacy chain based in Hamilton. "The new reality is that we have to be involved in providing these services to replace some of the income we've lost. Those who are living in the past and want to hold on to the dispensing end of things aren't going to survive."

For its part, the chain recently conducted a series of workshops for its 45 pharmacists and 70 techs to train them on how to conduct MedsChecks and pharmaceutical opinions, with a focus on

efficiency. For example, its dispensary system identifies patients who qualify for a MedsCheck and prints an invitation letter that can be attached to the patient's medication bag. Patients are asked if they have time for a review now or if they'd like to book an appointment.

"We want to give our pharmacists and techs as many tools as possible so that we see growth in the number of these services," says Fillmore. Indeed, the training is already paying off—Dell pharmacists conducted more than 350 MedsChecks in July, double the number of a year ago.



Gary Fillmore

Pharmacy technicians are also key. "The number one thing standing in the way of doing more MedsChecks is time—but we can eliminate that barrier by hiring more regulated techs," says Fillmore, adding that pharmacies with licenced techs perform more MedsChecks. "Initially there was some fear from pharmacists that there would be a decrease in pharmacy hours in those stores. But that hasn't happened."

What has happened is the emergence of a new profit centre. "Professional income, which includes MedsChecks, Pharmaceutical Opinions, smoking cessation, etc., is definitely a line item on Dell's income statements. It now represents approximately four percent of the gross profit in our dispensaries," says Fillmore. "It is something we have enjoyed seeing grow and we will continue to track it as it grows in the future with new paid pharmaceutical services being introduced every year."

## COLLABORATION ON ANTICOAGULATION

A regional anticoagulation program in Saint-Joseph-de-Beauce, Quebec, has freed thousands of patient-care hours for family physicians. Literally.

It began with just one pharmacist: Stéphane Côté, a former hospital pharmacist who was determined to transfer some of his successful experiences in hospitals

to the community setting when he became a pharmacy owner in 1998. He immediately began a reading club for community and hospital pharmacists in the area, which continues to this day. "The goal is for all pharmacists to speak the same language," says Côté. "The medical field evolves extremely quickly and it's easier to stay current on new treatments or new updates if we put together what everyone's learned from their reading or attending conferences."



Stéphane Côté

This information exchange also helped pharmacists in the area get to know each other and consider joint projects. In 2004, Côté and five colleagues created a regional consortium on pharmaceutical innovation (le Consortium régional en innovation pharmaceutique), and that same year it began a regional project for anticoagulation

therapy, in which 60 pharmacists working in 32 pharmacies adjust medication for approximately 850 patients. "What's unique about this project is that it's regional," Côté says. "This usually exists only in hospital pharmacies."

Originally, Côté had planned to do a research paper to track the project's health outcomes. "We decided that pharmacies not participating in the project would be our control group," Côté says. "However, every pharmacy immediately chose to participate!"

Some doctors, on the other hand, had initial reservations. "The hardest part was convincing them," Côté says. "It was new, it had never been done in Quebec community pharmacies. We had to change perceptions because we were still seen as product vendors. In doing so, we won some respectability for our profession."

Today, about 50 family doctors in the region participate. "Now when we present other projects to doctors, such as managing diabetes or cholesterol, confidence is much higher," Côté says. "Doctors now see us as partners in care."

Since its start-up, the regional clinic has resulted in doctors regaining about

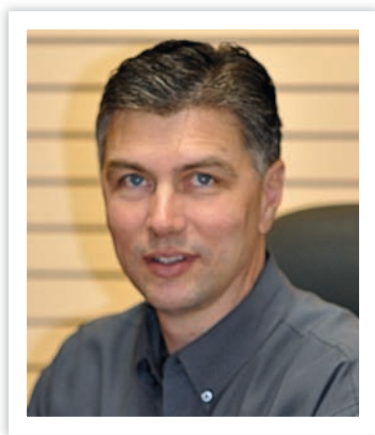
2,600 patient hours a year, which comes to roughly 10,600 consultations. "In some areas of the region, there is one doctor for 8,000 residents," Côté says. "Doctors are aware we can make their work easier, which is not insignificant in this time of shortage."

Patients, meanwhile, give the program a perfect score. "Whether their blood results are stable or whether they need a medication adjustment, every patient gets a call from a pharmacist. Before putting this project in place, most weren't called at all," Côté says. Adherence has improved significantly as a result. "Before, when patients forgot a dose, they didn't want to tell their doctor," he says. "Now, they call us right away because we've explained we're not here to scold them. Also, patients can reach us any time if they have a question."

Patients pay \$15 for each intervention, which they do willingly due to the convenience and the results, says Côté. He sets aside a day a week to dedicate to the anticoagulation consults, during which time he ensures a second pharmacist is scheduled in the dispensary.

The consortium has submitted other projects to the regional health authority for

## Congratulations Greg Wheeler!



Greg Wheeler, Excellence, commitment, compassion, and innovation define Greg's career. He is pharmacist owner of Skaha Pharmacy Remedy'sRx. Greg strongly believes in cultivating collaborative professional relationships and the "interdisciplinary approach" to optimize patient care.

He is the recent recipient of the BC Pharmacy Association's 2011 Achievement Award. This award is not only a recognition of Greg's outstanding contribution to his profession, but also to his continued dedication and involvement in his community at large, through the practice of pharmacy.

Thank you Greg for making a positive difference in the health and lives of the people in Penticton.

approval, including programs that enable pharmacists to adjust treatments for dyslipidemia, diabetes and hypertension. “I’ve always thought pharmacists had a place in the health network,” Côté says. “What motivates me to undertake all these projects is the advancement of our profession.”

—*Frédérique David,*  
translated by Allison Hay

## DELIVERING BETTER CARE

Her patient was pregnant, dehydrated and frustrated. She didn’t want to be hospitalized, but she couldn’t wait for her physician to prescribe the medication she needed. That’s when pharmacist Isabelle Tremblay knew she had to take action.

While collaborative prescribing has been available between individual physicians and pharmacists in Quebec since 2003, “I soon realized it would be better to have a regional collaborative prescription model rather than several models in different pharmacies,” says Tremblay, who practices in Chicoutimi. With the support of Dr. Sylvain Gagnon, an obstetrician-gynecologist, Tremblay convinced gynecologists and family doctors in the area to work together with pharmacists. Her efforts led to two collaborative prescriptions for the whole Saguenay-Lac-Saint-Jean region—a first in Quebec. Since May 2010, pharmacists have been able to prescribe folic acid and multivitamins to pregnant women, as well as medications to treat nausea and vomiting during pregnancy.



Isabelle Tremblay

“Fifty-four doctors are involved in these collaborative prescriptions,” Tremblay says. “There have been no objections. Doctors recognized immediately that pharmacists have the necessary expertise to prescribe these medications and that this would save them time. And for pregnant women, it’s a big improvement!”

The good-news story does not end

there. Tremblay put a call out to journalists, government and other decision-makers in the region and held a press conference. She wanted to be sure the public knew about the collaborative prescriptions so they wouldn’t go unused. “Doctors wanted to save time, but to do this, pregnant women needed to know these collaborative prescriptions exist. It’s not enough to create them. You have to make them well-known.”

The pharmacy also benefits by saving a lot of time that can be reinvested in patient care. “Beforehand, you had to call the doctor, wait for the return call, etc.,” says Tremblay. “Now we have greater flexibility in our interventions, and can focus our time on the patients.”

Tremblay already has other collaborative efforts between doctors and pharmacists in her sights. For example, “I had cancer a few years ago and I ended up helping my doctors read my file,” she says. “That experience made me realize that pharmacists’ greater involvement could help patients. We must give pharmacists a larger role in health care.”

—*Frédérique David,*  
translated by Allison Hay

## THE PHARMACY THAT COULD

For George Murray, innovation begins with keeping up to date with proposed changes in the profession—and then volunteering himself or his pharmacy to put the theories into practice.

As the former president of the Canadian Pharmacists Association (CPhA), for example, he helped forge the Blueprint for Pharmacy, a seminal document supported by national and provincial pharmacy associations as a common guide for the future of pharmacy. And in the mid 1990s he and his staff at Tantramar Pharmacy in Sackville, New Brunswick, participated in a pilot project for the provincial government to explore giving pharmacists the authority to therapeutically substitute, refuse and discontinue prescriptions. The findings contributed to revisions to the Pharmacy Act, including prescribing authority, implemented in 2008.

“At Tantramar we’ve always been attempting to evolve with the changing

times and legislation,” says Murray. “We have to continue evolving, ensuring that we’re at the front of the change.”

The past three years in particular “have become really exciting here with the prescribing legislation and the immunization/injection legislation,” he points out. “We now have three of our pharmacists certified to immunize and inject.”



George Murray

With a 600-square-foot pharmacy in a medical clinic, Murray and staff have developed strong relationships with the physicians and other healthcare professionals in the building. “We’ve developed an informal collaborative arrangement, becoming integrated in the practice at the clinic, so we can communicate directly with doctors. Many of them send patients to us for injection. If we have a query about any prescription, we can just walk over to them and have a conversation about the best, most cost-effective treatment. Developing these collaborative arrangements and relationships with other healthcare providers will be key for the future of pharmacy.”

As for reimbursement for expanded services, “it’s a bit of a chicken or egg thing,” says Murray. “First we have to invest for the long term, and invest in our professional staff. We have enjoyed loyalty and growth in our business every year. Now we are at a bit of a professional crossroads where we have begun to develop revenue streams for some of our services. For example immunizations and injections have grown over the past two years and the public is willing to pay for the service. This has given us confidence to bill for other services. As we travel through primary health reform we must position ourselves to be a logical, viable, and accessible service provider for patients and their third-party payers.” ■

—*Sean C. Tarry*