THE CHANGING FACE OF PHARMACY

Shedding light on pharmacy's future

November 2012
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Hello everyone, and welcome to the second edition of the Canadian Foundation for Pharmacy’s Changing Face of Pharmacy. As the scope of pharmacy practice changes across the country, the challenge of change management is evident at every turn. Some skeptics think that pharmacists will have difficulty making the transition from product distribution to pharmacy services. In last year’s supplement, we profiled nine individuals from across Canada who have jumped at the chance to do more with their skills, proving that the transition is not only possible, but very rewarding.

This year, we showcase still other pharmacists taking the plunge to expand their skills and the services they provide. Nafisa Merali and Alex Dar Santos, both from B.C., share their experiences on how they are capitalizing on their knowledge and the new opportunities for additional services this affords them. They both demonstrate that from the patient’s perspective, if you build it, they will come.

In our feature article, we wanted to get a clearer picture of the services available to assist pharmacists in making this transition. We talked to provincial pharmacy associations as well as the Canadian Pharmacists Association, who shared a variety of educational services and training available to enable the profession to move forward. We also spoke to employers, such as Shoppers Drug Mart, Walmart and Loblaw who have provided timely training, overhauled computer systems and even made physical changes to their environments, in an effort to ensure their pharmacists are ready to capitalize on the coming professional and business opportunities. In addition, a number of pharmaceutical companies have taken the initiative to demonstrate their support for the profession. Whether it is Pfizer’s CATALYST program on smoking cessation, Apotex’s iPharmacist, or TEVA’s Business Check Up, these manufacturers are showing their willingness to help advance pharmacists’ scope of practice. And with a record number of pharmacists taking advantage of these support tools, it is obvious that from a pharmacist’s perspective, if you build it, they will come.

Our final article looks at the winner of the CFP 2011 Innovation Fund Grant: The OPA Collaborative Hypertension Study. According to the Ontario Pharmacists Association CEO Dennis Darby, this study is expected to show that pharmacist intervention will have a significant influence in the management of hypertensive patients. While all provinces have been expanding the number of services they are willing to pay pharmacists to deliver, the private payers and employers have been less enthusiastic. So the question remains if we build it, will they come? We’ll have to wait and see.

In the meantime, numerous companies and associations have been lending their support to move pharmacy forward. As the sole foundation for pharmacy in Canada, we are pleased to do our part to advance the profession as well. Whether it is our annual Innovation Fund Grant which supports practice research (such as the OPA/Greenshield Collaborative and Nova Scotia’s SafetyNET-Rx project) or the recently introduced Wellspring Pharmacy Leadership Grant in memory of Barb Wells, we will continue to do what we have done since 1945: support the advancement of the profession of pharmacy.

I hope you enjoy the read!
**TRANSFORMING PHARMACY TOGETHER**

**Tools, training and programs support practice change across the country / by Sonya Felix**

By now, community pharmacists in nearly every part of Canada are feeling the impact of provincial drug pricing reforms and expanding scopes of practice. Change is happening quickly, and the industry is entering a “new reality” where there’s a strong emphasis on the provision of enhanced pharmacy services. This unprecedented transition toward a new business and practice model is exciting. But it’s also a challenging time for pharmacists and pharmacy owners as they struggle to remain financially viable while figuring out how to expand patient services and take advantage of opportunities for reimbursement.

Luckily, pharmacists aren’t facing this journey alone. Following are some examples of how corporate head offices, pharmaceutical manufacturers and pharmacy associations are providing practical programs and advice to facilitate this massive transformation in the profession.

**Chains on the front-line**

The retail side of pharmacy has been hard hit by reduced generic drug prices and the elimination of professional allowances. With less revenue coming in through the dispensary, pharmacies hope to see greater economic returns on the provision of enhanced services, such as medication reviews, professional opinions, injections and minor ailment assessments.

“Pharmacy is coming out of an era where for so long we embraced the traditional role as a provider of medicines,” says Dean Miller, vice-president, pharmacy operations, Loblaw Companies Limited. “As pharmacists’ scope of practice is introduced across the country, our role is changing. As retailers we have to respond in a different way and focus on different things. At first there’s a fine balance between how many services you provide and the funding you receive for those services. But as consumers get used to pharmacy services, that’s driving demand and we are now seeing our numbers rise. This year we are finally getting to see significant revenue from pharmacy services.”

To support the new business model, pharmacy head offices are updating technology platforms, introducing marketing initiatives to build demand for services, training staff to meet new service requirements, addressing workflow issues by hiring regulated technicians, encouraging continuing education opportunities, and redesigning pharmacy spaces to promote more interaction with patients.

One of the challenges, especially for national chains, is the lack of consistency of expanded scope regulations and paid pharmacy services across the country. Pharmacy retailers want their pharmacists to take on new services. But Loblaw also decided to boost pharmacists’ role by partnering with associations such as the Canadian Diabetes Association and Anaphylaxis Canada to create programs deliverable by pharmacists in all jurisdictions.

To help drive the programs, new computer software identifies patients with related health concerns so that pharmacists can assist with counselling, says Miller. Loblaw also updated the physical setup for both existing and new in-store pharmacies to allow space for greater interaction between pharmacists and patients.

“The delivery of clinical services requires a fundamental change by both pharmacists and organizations like Walmart,” agrees Elizabeth Ivey, director of pharmacy and optical for Walmart Canada. “We believe in supporting our pharmacists by providing them with the tools and training they need to succeed.” A new pharmacy system, for example, supports appointment-based consultations and documentation requirements. Prominent in-store signage and marketing support helps to raise consumer awareness. As Ivey points out, Walmart wants to empower pharmacists to take responsibility for their own education and training.

One commodity often in short supply for pharmacists is time. Head offices help by ensuring staff overlaps to allow designated counselling appointments and by hiring regulated pharmacy technicians. Loblaw, for example, recently held pilot projects to evaluate the potential benefit of regulated technicians. “Our pharmacists liked it, registered
technicians liked it and patients liked the extra time they got to spend with pharmacists,” says Miller. “In 2012 we expanded our use of regulated technicians and now have 30 throughout Ontario, which represents 15% of our Ontario stores, and we expect the number to increase.”

Success depends on believing in having the knowledge and ability to provide expanded services, says Jeannette Wang, senior vice-president, professional affairs and patient services, Shoppers Drug Mart. “Although pharmacists may need some extra training in certain instances, in the majority of provinces, any licensed pharmacist can take on most activities. Typically, pharmacists will pick specific services to focus on—such as MedsCheck for diabetes, or prescription adaptation—and become captains of that particular service. Then they can build slowly and steady, adding layer on additional layer.”

When new services are announced, Shoppers provides tools and resources province by province so that pharmacists in that jurisdiction can understand the requirements and the operating processes. “Our field specialists who are licensed pharmacists also work with each pharmacy and provide support,” says Wang. “Best practice suggestions are gathered and posted on our internal website.” Shoppers also offers very specific corporate training programs such as Level 1 Diabetes Certification.

Pharmaceutical industry steps up

While pharmacists know they must adapt to the new reality, many don’t know where to start. The pharmaceutical industry has long partnered with pharmacy on professional programs and continues to provide that type of support. However, pharma companies also recognize the business challenges pharmacies face as they make the transition from a transaction-based business model to one based on expanded services.

“If pharmacies get on a downward spiral with revenue falling, let go of staff and work 20-hour days, they don’t have time to peruse government websites about services or to obtain certification to provide new services,” explains Marise Lemieux, director of marketing for TEVA Canada. To help pharmacies remain viable, TEVA developed a new tool called the TEVA Business Check UP, which can be downloaded. The program allows pharmacy owners to input information from their financial statements to get an overview of the health of their business compared to industry averages.

“It includes 30 different financial ratios that are each compared to an average pharmacy,” says Lemieux. “The feedback has been extraordinary and people are asking for the ability to compare previous years, as well.” This fall, TEVA goes a step further with live, practical workshops where a financial consultant and facilitator will walk pharmacy owners through the various ratios and discuss what they can do about it.

Apotex’s iPharmacist is meant to help pharmacies grow their business, while expanding their client base, enhancing their knowledge and providing first-class counselling services to patients, says Peter Hardwick, senior vice-president sales and marketing for Apotex. Previously available as a program, iPharmacist can now be used on hand-held Apple devices and desktop computers, as well. “Our research shows that iPharmacist can save 30 minutes a day per pharmacist. Instead of just being a gadget, this tool can add revenue and profit by boosting efficiencies.”

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In provinces where pharmacies are paid to do medication reviews, the iPharmacist Medication Review Program integrates with existing desktop dispensing systems to streamline the medication review process from start to finish. The program creates an automatic alert when a patient filling a prescription meets eligibility criteria for a medication review in that particular jurisdiction and prints a customized letter to advise the patient on their eligibility for counselling. It also integrates scheduling of appointments and documentation. “By boosting operating efficiencies, our program helps pharmacists to do more medication reviews” says Hardwick.

Scott Wilks, general manager, established products business unit, Pfizer Canada, notes that although medication reviews, pharmaceutical opinions and other services currently being reimbursed in various provinces are all within pharmacists’ area of expertise, the integration of these services can be difficult. Pfizer
developed an educational workshop on marketing pharmacy services several years ago and today offers a number of tools in this area such as the MedsCheck educational program, training for pharmacists on the service implementation process and pharmacy practice standards workshops and consultation. In addition, Pfizer has colleagues in the field dedicated to supporting pharmacists in the community.

With pharmacists in several provinces asked to get more involved in smoking cessation, for example, Pfizer has several initiatives designed to help. In Quebec, the company developed Pharmacien Partenaire en Arrêt Tabagique in collaboration with community pharmacists to coach them on how to support patients who quit smoking. In addition, Pfizer has an interactive and comprehensive CE program called CATALYST, which is tailored to augment the knowledge pharmacists already have on how to manage tobacco dependence using practical tools in their everyday practice, says Allen Van Der Wee, the company’s general manager, primary care business unit. In March 2012, Pfizer also launched “Pharmacy Expert on the Road” to follow up with pharmacists who have participated in the CATALYST program. “The clear advantage of this program is that pharmacists get real, practical advice and tips from local experts who have actually successfully implemented smoking cessation services,” says Van Der Wee.

GlaxoSmithKline has a wealth of material to support pharmacists in their evolving role in healthcare delivery, says Sean McBride, group manager, marketing. “GSK’s current focus is on therapy non-adherence and we have several pilot projects in the field right now based on two therapeutic areas: vaccines and respiratory,” he says. “The challenge with any triple-dose regimen is that adherence often falls off after the first or second dose reducing the full protection of the therapy.” Although it is still early in the pilots, McBride says there is already evidence that greater awareness and knowledge of the benefit of completing therapy is helping patients come back to complete the prescribed course of vaccine.

The respiratory pilot project focuses on asthma and chronic obstructive pulmonary disease (COPD). “We are just starting to build partnerships to help address adherence issues and we’re seeing growing interest among payers, pharmacists and physicians,” McBride says. “Such programs can prevent potential healthcare costs downstream and that’s important in this environment of cost constraints. We’d like to see a heightened pharmacist role in this important area.”

**Associations open access**

At the national and provincial level, pharmacist associations are dedicated to ensuring that pharmacists have access to a wide range of practical programs and supports to prepare them for the new reality.

“The current transformation is unprecedented and is affecting every aspect of the profession,” says Conrad Amenta, project director, Blueprint for Pharmacy National Coordinating Office, Canadian Pharmacists Association (CPhA). The Blueprint initiative exists to identify what is needed to move pharmacy forward, and Amenta suggests that pharmacists take a look at its environmental scan of prac-
In 2012 it’s hard to conceive that a pharmacist’s role ends with the dispensing of medication. Growing patient expectations and greater competitive pressures in the industry mean an expansion of pharmacy services is all but essential in order to operate a successful pharmacy in Canada.

While there is no standard approach doing this, pharmacists Nafisa Merali and Alex Dar Santos are two examples of grassroots pharmacists who have made it happen. Both have managed to expand and develop their pharmacy offerings organically over time, customized to the needs of the communities in which they operate.

“We invest a lot of our time and effort in educating ourselves and our patients,” explains Merali, the owner and operator of Naz’s Pharmacy in Vancouver, B.C., where she has implemented an approach that caters to the Indo-Canadian population which makes up a significant portion of her patient base.

“My staff can speak Hindi, Punjabi, Gujarati Mandarin and Cantonese, and since heart disease and diabetes are prevalent in the community, [we] specialize in this area,” says Merali. “I learned about cultural differences in diet and lifestyle and was able to remove the language barrier.”

A greater knowledge of these cultural differences has been beneficial for Merali in creating a path to understanding how such factors come to play in heart disease and diabetes. It’s a decidedly nuanced approach to pharmacy that allows her to effectively educate her patients while also ensuring they’re capable of managing their own health.

Multicultural accessibility (Merali also appears on a multicultural television channel to offer advice on a variety of health topics) is simply one of many areas in which Merali has expanded her pharmacy’s services. In addition to participating in several projects—including Telehealth and a medication management program—she practises outreach work by conducting a series of seminars at senior and community centres. She is also providing monthly in-house clinics for diabetes, cholesterol and osteoporosis.

“We need to market our services to make valuable,” she explains. “By providing the extra clinical services we gain a competitive edge. It also helps us build relationships with our patients, and we are able to bridge the gap that exists in their care.”
an increased prevalence of the disease in her day-to-day practice, she sees it as an opportunity to help patients manage their medications and lifestyle.

For Alex Dar Santos, operator of a Shoppers Drug Mart in Richmond, B.C., expanding the scope of his services not only makes good business sense, it’s a matter of survival.

“Governments will be looking to control [healthcare] costs and there will be pressure on basic services such as prescription filling,” he explains. “Therefore, this cannot be the only revenue stream for a pharmacy.”

To meet these challenges, Dar Santos obtained injection training as well as the first-aid training required to become an injection pharmacist. He has completed Level-1 diabetes care training (a Shoppers Drug Mart internal program) as well as undergone training to take calls on B.C.’s 24-hour Téléhealth system for non-emergency questions.

“All my pharmacists have similar training,” says Dar Santos. “In addition, two of my pharmacists are CDEs [Certified Diabetes Educators] and three pharmacists, including myself, received training for Medication Management when the store was chosen to be a pilot pharmacy for the B.C. Medication Management Program.”

Dar Santos admits that initially he questioned how the public would react to the pharmacist’s expanded role and if they would be interested in more than basic dispensing services. “Overwhelmingly my patients support more services from their pharmacists,” he confirms. “[They] now look at their pharmacist as an integral part of their health care.”

In fact, he believes perception is shifting from the pharmacist being not only a trusted healthcare professional, but one of the most knowledgeable healthcare professionals around. “Combine this with the fact that we are the most accessible healthcare professional, and it’s plain to see that pharmacists will be playing a more and more important role in community health care,” he says.

That’s not to say it will be easy. Dar Santos says he has encountered some resistance from other healthcare professionals, such as a physician who voiced disapproval after Dar Santos adapted a prescription due to missing information. Although cases like these are rare and most professionals have been supportive and collaborative, he reasons that any past issues have come from misinformation related to what expanding his services actually entails.

Overall the results have been greatly positive. Dar Santos says not only have his expanded services been good for business, they’ve brought him a great deal of professional satisfaction as well.

“These added services have certainly made things busier for pharmacists,” says Dar Santos. “It also means more pressure on staff such as pharmacy assistants to support the pharmacists. As a business operator, one has to be careful with overhead costs such as labour and supplies, but I believe it is allowing the business to grow and changing the perceptions of our patients.”

In terms of an increase in billable services, Dar Santos sees this as just the beginning. In his view, owners and operators who can free up their time pharmacists’ to perform anything from injections to diagnosis and treating minor ailments are making savvy business decisions. This is especially true in a time where Canadian pharmacists are looking to offset costs associated with generic pricing and professional allowances.

While it certainly has helped reduce the financial pressures caused by generic pricing and professional allowances,” says Dar Santos, “the overall effect has been continued downward pressure on prescription margin and a greater demand to achieve more volume. Ultimately, there is still pressure to do more with less.”

Perhaps most importantly though, his patients have benefited from these changes and are now more empowered to take control of issues related to their health.

 “[Our services] allow them to make better decisions on their health, understand the need to take and be compliant with their medications, and seek answers to the right questions from their pharmacist,” he says. “Sometimes patients are resigned to a quality of life because of poor health, and by identifying alternatives and solutions to their health needs, pharmacists are able to improve that quality of life.”

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practice resources. The document links available resources to practice themes and provides prices where available.

CPhA’s ADAPT program is a practical way for pharmacists to improve their ability to manage patients’ medication therapy, says Barbara Farrell, clinical and research coordinator, pharmacy department, Bruyère Continuing Care, and a scientist at the Elisabeth Bruyère Research Institute and CT Lamont Centre in Ottawa. ADAPT is designed to change pharmacists’ perspective on gathering information by showing them how to do patient interviews and assessments, how to collaborate with other healthcare providers and how to document the information.

“A lot of people think they don’t have time to do comprehensive interviews,” says Farrell, who is also an assistant professor at the University of Ottawa. “But after taking the ADAPT program, they see how they can fit assessments in by doing them over short periods of time.” The online course generally runs for 19 to 21 weeks, taking an average of four to five hours per week. Pharmacists who complete the program may be eligible to receive their Certificate in Patient Care Skills, in addition to a Letter of Completion for all the CEUs they have earned.

“To succeed in the new reality, pharmacists need to shift the way they view their practice setting,” says Glenn Keeping, chair of the board of directors, Pharmacy Association of Nova Scotia (PANS). “Moving towards the provision of more services is like leaving a comfort zone for many pharmacists. They need help to build confidence and reaffirmation that they have the right to do certain things because it is in their scope of practice.” Associations can also help create demand for new pharmacy services, says Keeping, adding that PANS developed a television ad campaign to promote medication reviews to the public.

With provinces at different stages of expanding scopes of practice and introducing paid services, each voluntary association is targeting training and assistance at what their own pharmacists need to be operational. Some programs aim to hone pharmacists’ skills so they can take on new responsibilities such as administering injections, doing assessment and prescribing. Some associations also offer sessions that ensure members understand evolving standards of practice, how to document services and how to submit claims for payment.

In Alberta, for example, the Alberta Pharmacists’ Association (RxA), the Alberta College of Pharmacists and Alberta Health joined together to provide sessions across the province to educate pharmacists about the new Pharmacy Services Framework. “Our goal is to help pharmacists understand their responsibility in providing the services and how it fits with the current legislative framework,” says Cynthia Rousseau, director of communications at RxA.

As well as in-person sessions, the association created an online presentation, which explains the new pharmacy services, eligibility criteria, service deliverables and associated compensation.

Although everyone agrees that moving forward is a challenge, there is no alternative but to keep on going. “It often seems like our role is to turn around the Titanic,” says Keeping. “But we’re already making small gains and we’ll get there.”

(cont’d from page 6)

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Governments across the country may be coming around to recognizing the benefit of pharmacist services, but many private payers still aren’t convinced. With this in mind, the Ontario Pharmacists’ Association (OPA) has teamed up with Green Shield Canada to conduct an extensive study to demonstrate the impact of pharmacist intervention on patients with hypertension.

While CEO Dennis Darby says his association is pleased with the government’s support of MedsCheck and pharmacy smoking cessation programs, the progress with private payers isn’t as notable. In fact, even when the OPA approached a few of the insurers with compelling data regarding pharmacist intervention with chronic disease patients, Darby says they were “unmoved.”

“It’s harder to see the clear economic link between patients and their employers when it comes to keeping healthy. When we look at studies around the world around chronic disease, they all say people are healthier when pharmacists intervene, but we don’t have enough concrete evidence here in Canada,” he says. “Our goal with this study is to demonstrate to private payers that when pharmacists intervene they can make a real difference.”

This is the first time the OPA is leading a study of this magnitude, and Darby says the financial support from CFP through its Innovation Fund Award will certainly help. “We’re absolutely thrilled by the support we’re getting from CFP. We have waited decades to get some traction for pharmacists’ professional services and we want this to have statistical power so it is irrefutable.”

Launched in November 2011, the randomized, controlled trial involves 100 pharmacists from a mix of 42 chain and independent pharmacies in regions across Ontario (Windsor, St. Catherines, Hamilton and Oshawa). To date, about 125 hypertension patients who are Green Shield members have been recruited, but the ultimate goal is 240.

Green Shield was particularly keen on getting statistics on hypertension in the non-complex patient as they’d already done similar research on smoking cessation. “When you look at the drug profiles of the companies we work with, the medications around blood pressure/hypertension are always among the top,” says David Willow, vice president of strategic market solutions at Green Shield. “We don’t think the health system as it exists today has all the answers, so we’re looking for new avenues for Canadians to get the care they need.”

Focusing specifically on blood pressure, adherence to medication therapy and lifestyle, pharmacists in both the intervention and control groups meet with patients in person on a monthly basis for six months. The intervention group pharmacies provide patients with a comprehensive disease management program, which includes: a medication review and therapy optimization; counselling on lifestyle modification (nutrition, smoking cessation, exercise, weight loss); and strategies to improve medication adherence. The control group pharmacies provide standard care. While it’s still too soon for any quantitative results, preliminary data should be available by the end of 2012 with the final results released before the end of 2013.

The study is unique because it involves a younger patient demographic (the average age is 55) and is being conducted in community pharmacies, compared to previous studies from the U.S. and Europe that focused on the elderly and took place in outpatient clinics or team-based settings. The population most commonly served by drug plans is also between the ages of 18-65.

Willow says that if the results show that pharmacists have an impact on health outcomes, there will be a real business case for employers to invest in these services. “Future costs to their benefit programs will go down as people attain better health and use their medications more appropriately,” he says.

For the OPA, leading a study like this reinforces its mission to become a better opinion leader in addition to its role as an educator and advocate for pharmacy. Darby says OPA is also open to collaborating with other associations and insurers who are interested in similar research.

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Dennis Darby, CEO
Ontario Pharmacists’ Association

“This is just the beginning,” he says. “We’re confident that we are going to see the kind of results that are going to have a real impact.”
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