2016 CHANGING FACE OF PHARMACY
Working Better Together

Strengthening the circle of care through collaboration
Our seventh annual Changing Face of Pharmacy report takes a bit of a different approach to promote expanded services in community pharmacy, by highlighting the tremendous returns of improved collaboration with other healthcare providers, particularly physicians. The pharmacists interviewed on the following pages all agree that greater collaboration is key for expanded services to become a viable part of community practice.

We look at the areas of smoking cessation, diabetes management and point-of-care testing in particular, and in all cases the pharmacists and physicians attest to the benefits of collaboration leading to healthier patients, smoother workflows and professional fulfillment. Patients become more engaged in healthcare decisions, which helps promote even deeper connections between providers.

Here at the Canadian Foundation for Pharmacy, we recognize the value of collaboration as well. For more than 70 years we’ve worked with pharmacy organizations and associations, pharmaceutical manufacturers and academia to harness evidence of pharmacy’s worth. With your support, we have been able to increase our funding levels and bestow grants for research that can have direct application to community practice, such as minor ailments, travel medicine and geriatric pharmacy.

We hope this year’s report contributes to your growing involvement in expanded pharmacy services, by demonstrating that physicians and other healthcare providers can be your best allies. The more we work together, the better the results for everyone—and for patients most of all.
Opening doors

Pharmacists share how to establish deeper relationships with physicians so that both can boost their levels of patient care

BY KAREN WELDS

1 Take a closer look at trust

Without an understanding of how trust works between pharmacists and physicians, pharmacists may be sabotaging collaborative relationships before they even start, according to a recent study of physicians, pharmacists, and nurse practitioners. Pharmacy leaders agree that you can’t have one without the other. They also agree that the first steps toward collaboration can be the hardest. Here are their top tips.

2 Believe in yourself

Confidence can be as important as trust when it comes to establishing relationships with physicians.

For Michael Ibrahim, owner of Michael’s Pharmasave in Goderich and Bayfield, Ont., earning additional designations as a geriatric pharmacist and certified diabetes educator helped him gain the confidence to reach out to physicians. The more he got to know them, the more he realized the important role for pharmacists’ expertise—and the more his confidence grew.

“I was a real challenge for me in the beginning, in part because it meant that I had to get out of my comfort zone,” says Ibrahim, whose efforts eventually led to a part-time position on the Maitland Valley Family Health Team in Goderich. “I used to think that doctors were wrapped up in their own professional world, but actually all of us healthcare professionals work much better together as a team, and together we can agree more. “Nurses can work a lot closer with pharmacists. Michael and I work together as a team, and together we can open a lot more doors.”

3 Be active in the community

Physicians are more likely to be receptive to pharmacists whom they’ve met or heard about outside of the traditional work setting. Volunteer to speak at educational events organized by local branches of health organizations, such as the Canadian Diabetes Association. Not only will you get your name out, but you’ll meet physicians and other healthcare professionals who are presenting as well.

If public speaking is not your strength, volunteer work or attending events for small businesses can also plant the seeds for collaboration. “It really comes down to networking. You meet doctors through organizations like Rotary Club or a hospital charity or the Chamber of Commerce. You may not click with all of them, but you build rapport and that helps them come on board for programs you are doing in the pharmacy. The collaboration comes through the community,” says Bob Ras, co-owner of six Medicine Shops in the PharmacyBC Group in the Lower Mainland of B.C.

Doug Brown, owner of Pharmacy Associates of Port Perry and a member of Whole Health Pharmacy Partners in Port Perry, Ont., co-chaired a fundraising event with one of the town’s doctors. “The professional aspects of our relationship developed from there,” he says, and other doctors came on board over time.

4 Meet face to face

Step outside of the pharmacy so that physicians can put a face to your name, and understand you’re available for more than the daily blur of transactions by fax or phone. Start with the one or two physicians you feel are the most open-minded. “You need to get out there and meet face-to-face. Phone calls are difficult because physicians get so many calls in a day,” says Brown.

To get the face time, “you can simply reach out to their office and make an appointment. It might take a week or two, but they will fit you in,” suggests Papastergiou. Pharmaceutical drug reps can also be “great advocates”—in Papastergiou’s case—about six years ago a rep arranged a lunch with a physician. The doctor then invited Papastergiou to the next meeting of the local physicians’ journal club, and he’s been attending ever since.

5 Market the benefits

Once you’ve booked face time with physicians, focus your discussion on the benefits for the doctor’s medical practice as well as for patients. “Once they understand what we can do for them and their patients, I’ve never had pushback,” says Papastergiou. “Add ‘Rais’—Keep an open mind and seek to answer the question, ‘How do we improve your practice together?’ Market yourself as well, in part by demonstrating a commitment to innovation in the form of new technologies, additional training or the embrace of change under an expanded scope of practice. “Most of what I do resound with needs in the community,” says Ibrahim, whose most recent offerings include support services for weight loss and sleep apnea.

6 Bring others on board

For his Pharmacy in Care program, Rai hired a licensed practical nurse to make the daily home visits to patients with dementia, to administer their medications and regularly check health measures, such as blood pressure and glucose levels. “It is a cool collaboration. It works very well.”

Ibrahim brings collaboration into the pharmacy. He relies on the services of a registered nurse to help administer injections and provide lifestyle counseling for patients. The real-time chronic care, while pharmacists focus on medication therapy management. Most recently, he’s hired a respiratory therapist to help support patients with sleep apnea.

There are eight doctors and I am the only pharmacist. We meet every six weeks. They always have lots of questions about medications, and pharmacy practice in general. We even have an opportunity to discuss mutual patients or complicated clinical scenarios.”

Continuing medical education events can also be great ice-breakers, says Ibrahim.

Pharmacists’ investments in these providers not only enable greater access to services, but they boost credibility in the eyes of patients and physicians alike. Not to mention that these providers, who likely work part-time in other health facilities, can become great ambassadors for pharmacy services. Donna Muir, the registered nurse who works at each of Ibrahim’s pharmacies for half a day a week, as well as at the family health team clinic, couldn’t agree more. “Nurses can work a lot closer with pharmacists. Michael and I work together as a team, and together we can open a lot more doors.”

For Michael Ibrahim, whose efforts eventually led to a FHT 10 years ago. “He was always a part of the community, and he made himself known as available and friendly.”

His credentials in diabetes education, geriatrics and anticogulation management certainly helped pave the way to becoming part of the team. Today, Watson says they work together in three main ways. First, “he is my go-to person for any questions on medications. We can talk in person or through electronic messaging.”

When Ibrahim is at the FHT clinic on Wednesdays, he helps patients in the areas of pediatrics, anticogulation management and travel medicine. And last but not least, Ibrahim is part of a team-based memory clinic staffed by nurse practitioners, a social worker Watson and a representative for the Alzheimer Society.

“Michael is a big part of that. This is where we really made it happen,” says Watson.
The pharmacists' vital role in a smoke-free future

Pharmacists who offer smoking cessation counselling have the potential to make a huge impact on their patients’ health. After all, there is no intervention more powerful than helping a patient quit smoking. Statistics also show that two-thirds of smokers say they are serious about quitting in the next six months.1

Quitting smoking and remaining smoke-free can be extremely difficult to achieve, particularly without some form of assistance or support. In fact, less than 2% of smokers will stop smoking and remain smoke-free over the course of a year without some form of assistance or support.2

Almost three-quarters of pharmacists (73%) report that smokers ask their advice about quitting at least once a day.3

While going “cold turkey” is commonly used as a method for smoking cessation, more than 90% of smokers will fail in their attempts to quit this way.4 The poor success rates of attempting to quit without pharmacotherapy or other forms of support may be related to the addictive nature of nicotine, which is a key component in tobacco. Tobacco smoke is that is rapidly delivered to the brain when smoke is inhaled.5 Nicotine withdrawal symptoms (irritability, difficulty concentrating, feeling anxious and restless, cravings) are distracting, unpleasant and stressful to experience and reinforce the desire to continue to smoke, making cessation difficult.6

Combination NRT

When cigarettes are smoked, plasma nicotine levels vary throughout the day. The background nicotine level rises with sharp peaks immediately following cigarette consumption.7 Pharmacotherapy for smoking cessation can be tailored to replace both the background level of nicotine, as well as address acute cravings.

Combination nicotine replacement therapy (a patch plus oral formulation) mirrors the plasma nicotine levels from smoking and, while background withdrawal is improved by the nicotine patch, patients can also take immediate action in situations where cravings become difficult to control. Since cravings and withdrawal are often due to an inadequate dose of NRT and are the prime reasons for relapse, combination NRT therapy can help to increase the chances of success. Currently only Nicorette® and Nicoderm® are approved for combination therapy in Canada after license changes effected in 2016. Based upon systematic reviews, combination NRT has been shown to increase cessation rates almost three-fold compared to placebo and had better efficacy than monotherapy NRT and bupropion.8 Pharmacists can play an essential part in supporting patients in determining the smoking cessation aids that will help them find a future free of cigarettes.9

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Importance of referrals

“Everyone in health care knows the importance of smoking cessation,” says Jane Ling, an Ontario pharmacist who specializes in smoking cessation. “And if a collaborative team approach and consistent messaging can really help motivate people to quit and improve success rates.”

These days, Ling practises part-time as a community pharmacist at Lowell Drugs in Oshawa, Ont., and is a primary care pharmacist with the North Durham Family Health Team, which includes the physicians of Medical Associates of Port Perry, Ont. A devoted anti-smoking advocate with numerous smoking cessation credentials, Ling is a founding board member and president of CEASE (Central East Association for Smoking Elimination), an organization that brings together a wide variety of healthcare providers including physicians, nurses, dentists, pharmacists and optometrists.

Recognized as a leader in the smoking cessation sphere, Ling has built many collaborative relationships with other providers over the years and she urges more pharmacists to develop similar relationships to help patients quit smoking. “Most physicians don’t understand the pharmacy program for smoking cessation,” she says. “But if you explain it they are more comfortable and see it as an opportunity to help their patients and also save their own time.”

To make connections for collaboration, Ling invests a lot of time in meeting physicians and other healthcare providers in person. “Meeting face-to-face is much better than talking on the phone,” she says, explaining that even before becoming active in smoking cessation she attended educational seminars for pharmacists and optometrists to introduce herself. Once she began specializing in smoking cessation, she also visited clinics and doctors’ offices to present her services. Ling also suggests pharmacists develop collaborative and professional relationships with local physicians, which sponsored her ‘lunch and learn’ sessions for local physicians.

Importance of referrals

“At first physicians weren’t trusting but that trust grew as they got to know me,” she says. “Trust is essential to build your area of specialty practice.” The family physician has a lot of credibility with a patient and if the physician says smoking cessation is important to his health and the pharmacist can help you, patients tend to listen.”

Since smoking affects so many aspects of a person’s health, Ling also reaches out to other healthcare professionals. For example, she distributes pamphlets describing her program to optometrists (since smoking is linked to glaucoma) and dentists (since smoking can affect oral health). “The idea is to help these professionals have the ‘quit smoking conversation’ with their patients and encourage referrals to the community pharmacist,” she says. “Once people know you and trust you, they will refer.”

Indeed, many of these referrals attend the smoking cessation clinic Ling holds once a week at the Lowell Drugs pharmacy. “I always ask how they heard about the program, and it’s usually through their doctors as well as other providers,” she says. “One man said he’d been to the hospital and was frustrated to be asked at every step whether he smoked. And everyone was advising him to quit. He said, ‘If so many people tell me then I guess it is important.’”

For the clinic, Ling schedules patients for half-hour appointments and the pharmacy assistant calls to remind them the day before.
before. In between or after appointments, Ling does follow-up calls to patients to discuss smoking cessation medications, dosages and side effects, and to provide secondary coaching to maintain motivation.

In Ontario, the government pays $125 for a series of smoking cessation consultations by pharmacists, but only for beneficiaries of the Ontario Drug Benefits (ODB) plan. Ling charges other patients $200 for the service and many find that their private drug plans cover the fee.

At the family health team, Ling’s referrals come from the physicians as well as allied practitioners, such as dietitians and mental health workers. They use the Ontario Model of Smoking Cessation Protocol to encourage patients’ participation in their smoking cessation plan.

Dr. Merrilee Brown, a family physician with Medical Associates of Port Perry, emphasizes that smoking cessation is an important part of the care she provides, especially when diagnosing someone with emphysema, asthma, diabetes, hypertension or coronary artery disease. And getting patients to quit is easier with the team’s formalized and comprehensive program that includes medications and counselling through the clinical pharmacist.

“The program is based on an individual’s motivation and needs,” Brown adds. “We typically make a referral to the pharmacist and she gives us feedback. If something isn’t working, all healthcare providers here are linked through our electronic medical records so we can speak to each other in real time.”

Improved success rates

Brown points out that pharmacist counselling improves the quit rate. Even long-term, hardcore smokers have successfully quit after going through the program.

For her part, “I really enjoy the collaboration of working together,” says Ling, noting that reinforced messaging can be an important part of behavioural change.

After prescribing a smoking cessation drug, she recalls one patient who was hesitant to pay for treatment. “I informed the physician and the next time the patient saw the physician, he reaffirmed the need to quit smoking and the treatment choice. That gave the patient confidence to go ahead.”

The collaboration extends to community pharmacy as well. Ling and Doug Brown, owner of Pharmacy Associates of Port Perry in Ontario and member of Whole Health Pharmacy Partners, regularly “share” smoking cessation patients. “I have patients who went through a smoking cessation program with me, relapsed and then went to the family health team,” says Brown.

“It takes many attempts to quit and there is a better chance of success with clear, consistent messaging working in collaboration with other healthcare providers.”

Ling agrees. “It takes a village to help someone quit smoking, and the more support the better,” she says. “It’s very professionally rewarding, too—people hug you and say you saved their life.”
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<th>British Columbia</th>
<th>Alberta</th>
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### Patient Care Plans
- **British Columbia:** $10 per Comprehensive Annual Care Plan (CACP), 120,905 claims.
  - $12.5 per pharmaceutical with additional prescribing authority (PPA), 91,718 claims.
  - $6.5 per Standard Medication Management Assessment (SMMA), 30,131 claims.
  - $5.5 per Dispensary (low-income) claim, no public funding.
  - $2 per emergency refills.
  - 3x dispensing fee order of priority: (1) DIA, (2) COPD, (3) other.
- **Alberta:** $4 per Comprehensive Annual Care Plan (CACP), 120,905 claims.
  - $20 per Comprehensive Annual Care Plan (CACP), 91,718 claims.
  - $6 per Standard Medication Management Assessment (SMMA), 30,131 claims.
  - $5 per Dispensary (low-income) claim, no public funding.
  - $2 per emergency refills.
  - 3x dispensing fee order of priority: (1) DIA, (2) COPD, (3) other.

### Medication Review/Management
- **British Columbia:** $10 per Medication Review - Standard, max. 3 annually, 60 claims, 15,106 claims.
  - $10 per Medication Review - Follow-Up, max. 4 annually, 15,106 claims.
- **Ontario:** $6 per Medication Review - Component of CACP and SMMA (no Patient Care Plans alone).
  - $8 per Medication Assessment (150 claims).
  - $10 per follow-up, max. 3 annually.
- **Quebec:** $10 per Medication Review - Component of CACP and SMMA (no Patient Care Plans alone).
  - $12 per Medication Assessment (150 claims).
  - $10 per follow-up, max. 3 annually.
  - $15 per basic medication review (5,000 claims).
  - $16 per advanced medication review (5,000 claims).
  - $20 per follow-up, max. 2 annually.

### Fees and Claims Data for Government-Sponsored Pharmacist Services, by Province
- **British Columbia:**
  - $15 per opinion (218,741 claims for Pharmaceutical opinions)
  - $20 per assessment for initiating medication; no public funding.
  - $25 per assessment for initiating medication (for COPD)
  - $25 per assessment for initiating medication (for DIA)
  - $20 per assessment for initiating medication (for other chronic conditions)
- **Ontario:**
  - $20 per assessment for initiating medication; no public funding.
  - $25 per assessment for initiating medication (for COPD)
  - $25 per assessment for initiating medication (for DIA)
  - $20 per assessment for initiating medication (for other chronic conditions)

### Immunization
- **British Columbia:** $20 per 75-78 claims for flu; 145,473 claims for vaccines.
- **Alberta:** $30 per vaccine; 145,473 claims for vaccines.
- **Saskatchewan:** $20 per vaccine; 145,473 claims for vaccines.
- **Manitoba:** $20 per vaccine; 145,473 claims for vaccines.
- **Ontario:** $20 per vaccine; 145,473 claims for vaccines.
- **Quebec:** $20 per vaccine; 145,473 claims for vaccines.
- **New Brunswick:** $20 per vaccine; 145,473 claims for vaccines.

### Administration of Drugs by Injection
- **British Columbia:**
  - $20 per assessment and administration of drugs by injection (19,181 claims).
  - $20 per assessment and administration of drugs by injection (19,181 claims).
  - $20 per assessment and administration of drugs by injection (19,181 claims).

### Adapting/Initiating of Prescriptions, Including Continuity of Care and Renewals
- **British Columbia:**
  - $10 per renew and adapt (30,571 claims).
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  - $10 per renew and adapt (30,571 claims).

### Refusals to Fill
- **British Columbia:**
  - $20 per refusal (5,571 claims).

### Therapeutic Substitutions
- **British Columbia:**
  - $20 per assessment (claims included under adaptation).
  - $20 per assessment (claims included under adaptation).

### Emergency Refills
- **British Columbia:**
  - Authority for emergency refills, no public funding to date.
  - Authority for emergency refills, no public funding to date.
  - Authority for emergency refills, no public funding to date.

### Minor Aliments
- **British Columbia:**
  - $10 per Medication Review - Standard, max. 3 annually, 60 claims, 15,106 claims.
  - $10 per Medication Review - Follow-Up, max. 4 annually, 15,106 claims.
  - $10 per Medication Review - Component of CACP and SMMA (no Patient Care Plans alone).
  - $12 per Medication Assessment (150 claims).
  - $10 per follow-up, max. 3 annually.

### Initial Access Prescribing or Manage-Ongoing Therapy (Inc. Minor Aliments)
- **British Columbia:**
  - $25 per assessment for initiating medication therapy with PPA, 120,905 claims.
  - $25 per assessment for emergency prescriptions (5,571 claims).

### Pharmaceutical Opinions
- **British Columbia:**
  - $15 per dispensing of non-prescription therapy, max. 2 annually.
  - $15 per dispensing of non-prescription therapy, max. 2 annually.
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### Smoking Cessation
- **British Columbia:**
  - $15 per dispensing of nicotine replacement therapy, max. 2 annually.
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### Other Services
- **British Columbia:**
  - $20 for assessment of appropriateness of new prescription medications (trial prescription).
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Changing Face of Pharmacy 2016

When Randy Howden opened his own pharmacy in 2008, a year after becoming a certified diabetes educator (CDE), his primary objective was to practise diabetes care the way he had always wanted. And to do that, he needed to build collaborative relationships with local physicians.

Luckily, the Crowfoot Village Family Practice, a family practice clinic that is a member of the Calgary Foothills Primary Care Network (PCN), is located eight storeys from Howden’s Crowfoot Medicine Shoppe in Calgary, Alta. “One of the first things I did was go up to meet the physicians to let them know I’m a CDE,” says Howden. “I told them I want to help patients in any way I can.”

Making the connection

Howden admits it wasn’t easy to convince a team of healthcare professionals that a community pharmacist can be a useful member of the group. “The physicians wanted to understand how I could help and we agreed to get to know each other,” he says. “It took time, but once they started referring patients to me the relationships slowly began to build.”

Eight years later, Howden regularly consults with everyone on the team, which includes physicians, a behavioural health consultant, respiratory educator, dietitian, health management nurse and other pharmacists. He has access to the clinic’s electronic medical records and can book or accept referrals directly through the clinic’s electronic calendar, as well as through the appointment coordinator. While Howden is not paid as part of the PCN, he bills for his services through Alberta Health. “It’s a challenge when the fee only covers 20 minutes and I spend an hour with a patient,” he says. “But that’s not a reason to not provide care.”

Dr. Lindsay Jantzie, one of the physicians with Crowfoot Village Family Practice, says the collaborative relationship with Howden fits well with the clinic’s primary care model of practice. A major goal of the clinic is to ensure same-day appointments for rostered patients. “Multi-disciplinary team members like Randy are necessary to provide such prompt access to care.”

Jantzie often refers patients to Howden for education sessions and insulin starts. Frequent communication and trust are essential for the collaboration to work, and to that end Howden regularly attends meetings with the primary care team—and sometimes even attends patients’ appointments with their doctors.

“With our model of care, I wouldn’t be able to do it without Randy,” Jantzie says. “I trust him greatly and feel comfortable with him. We often go up stairs and downstairs to talk to each other, especially if a case isn’t going well. All of his pharmacy staff are great, too, and the flow of information back and forth makes it easier to deal with issues the same day.”

Howden has approached more local physicians to build additional collaborative relationships. Although he specializes in diabetes care, collaboration crosses over to other conditions such as asthma, hypertension and cholesterol management. Currently, he is working with Jantzie on pain management, as well.

“You have to accept that everyone has a different personality and some physicians aren’t interested in collaboration,” Howden says. “But physicians who refer to us are comfortable with our scope of practice. All of my staff pharmacists have APA [additional prescribing authority] so we can add, change and adjust medications. They also have their own specialties, such as asthma, smoking cessation and geriatrics so I support them to help build their own relationships with physicians.”

Working as part of a multi-disciplinary team also allows Howden to refer patients back for further intervention. “Often if a patient isn’t coping well, there is a barrier such as a motivational block, a difficult home situation or depression,” he explains. “I can

To learn more, visit onetouchlearning.ca/learnmore or call 1-800-663-5521.

Reaching target, together

As the prevalence of diabetes grows, this disease is a logical entry point for creating better relations with physicians

BY SONYA FELIX
while most people prepared for New Year’s Eve celebrations last year, a family of five shuffled into the Shoppers Drug Mart on Main Street in Antigonish, N.S. The parents suspected they all had strep throat, and were looking to the pharmacist for confirmation.

Within the hour, pharmacist Angie Tramble confirmed strep-positive results for all of them after administering point-of-care tests for the rapid detection of the group A Streptococcus antigen. Tramble referred them to the local emergency department, and soon they all had prescriptions for antibiotics. Despite the dashed plans to bring in the new year, the family was relieved to get confirmation of their condition so quickly.

“People really appreciate that they can discover what may be going on without having to go to the doctor’s office, especially when their doctor’s office is already closed,” says Margie Crowell, associate-owner of the pharmacy. Some customers insist on the test, which costs $15, even after the consulting pharmacist suggests their symptoms are likely that of a cold. “The test reassures them. They are relieved if the result is negative, and if it’s positive then they appreciate knowing so they can take steps sooner to treat it.”

In a town where there is a shortage of physicians, the tests also help improve workflow in doctors’ offices and urgent care clinics. Several local doctors refer patients to the pharmacy for testing, and appreciate that pharmacists follow up with all patients — including those with negative results — after 48 hours.

“It makes my job easier,” confirms Dr. Elizabeth Cooper, a local family physician who regularly refers patients to the pharmacy for the strep test. “I wish all my patients could afford to do it.” While some decline due to the cost, others want to avoid the two-day wait for results from the lab. That means that Cooper’s office no longer has to follow up with those patients to communicate results, nor do they field calls from those who check in for results.

Equally important, the availability of rapid detection “makes my decisions easier,” says Cooper. “For example for all children, although an office swab is done, I like knowing immediately. And I find that for some adult patients who are in a gray zone, with a strep score of two or three, the test helps in my decision to treat or not.”

Before launching the program in October 2015, as part of a corporate initiative by Shoppers Drug Mart, Crowell contacted all 20 physicians in town. The communication was mainly by phone; in some cases “I was able to inform them when they were phoning in themselves about a script. The main thing was to make sure everyone knew before we started marketing to patients,” says Crowell.

Opening doors
Point-of-care testing definitely helps pave the way for improved collaborations with physicians, agree John Papastergiou and Bob Rai, pharmacists in Ontario and B.C., respectively.

“Newer physicians in particular are looking for innovation, technology and partnerships, and today’s point-of-care tests are a great way for pharmacists to get doctors’ attention,” says Rai, who co-owns six Medicine Shoppe pharmacies as part of PharmacyBC Group in the Lower Mainland of B.C. “They come to see us as a valuable resource and as more than medication experts — we help take off some of their workload, and improve their practice.”

Rai brought credibility and momentum to the table by launching his two point-of-care testing programs—one for HIV and one for chronic kidney disease (CKD)—as pilot projects funded by the Ministry of Health (and for the latter program, he partnered with the B.C. branch of the Kidney Foundation). The resulting reports build further credibility (see sidebar).

Physicians are especially coming to appreciate Rai’s Health Tab service, used for the CKD pilot project and now available to all customers for general health-risk screenings, for a fee of less than $40. Fifteen minutes after giving a blood sample, patients receive lab-accurate results for cholesterol, glucose and other health measures. Pharmacists review the results with patients, educate them on how to manage risk factors, and refer patients to doctors if the numbers land in the higher-risk zones.

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### Building bridges
Point-of-care testing for acute and chronic conditions can provide significant support for physicians

**BY KAREN WELDS**

While most people prepared for New Year’s Eve celebrations last year, a family of five shuffled into the Shoppers Drug Mart on Main Street in Antigonish, N.S. The parents suspected they all had strep throat, and were looking to the pharmacist for confirmation. Within the hour, pharmacist Angie Tramble confirmed strep-positive results for all of them after administering point-of-care tests for the rapid detection of the group A Streptococcus antigen. Tramble referred them to the local emergency department, and soon they all had prescriptions for antibiotics. Despite the dashed plans to bring in the new year, the family was relieved to get confirmation of their condition so quickly.

“People really appreciate that they can discover what may be going on without having to go to the doctor’s office, especially when their doctor’s office is already closed,” says Margie Crowell, associate-owner of the pharmacy. Some customers insist on the test, which costs $15, even after the consulting pharmacist suggests their symptoms are likely that of a cold. “The test reassures them. They are relieved if the result is negative, and if it’s positive then they appreciate knowing so they can take steps sooner to treat it.”

In a town where there is a shortage of physicians, the tests also help improve workflow in doctors’ offices and urgent care clinics. Several local doctors refer patients to the pharmacy for testing, and appreciate that pharmacists follow up with all patients — including those with negative results — after 48 hours.

“It makes my job easier,” confirms Dr. Elizabeth Cooper, a local family physician who regularly refers patients to the pharmacy for the strep test. “I wish all my patients could afford to do it.” While some decline due to the cost, others want to avoid the two-day wait for results from the lab. That means that Cooper’s office no longer has to follow up with those patients to communicate results, nor do they field calls from those who check in for results.

Equally important, the availability of rapid detection “makes my decisions easier,” says Cooper. “For example for all children, although an office swab is done, I like knowing immediately. And I find that for some adult patients who are in a gray zone, with a strep score of two or three, the test helps in my decision to treat or not.”

Before launching the program in October 2015, as part of a corporate initiative by Shoppers Drug Mart, Crowell contacted all 20 physicians in town. The communication was mainly by phone; in some cases “I was able to inform them when they were phoning in themselves about a script. The main thing was to make sure everyone knew before we started marketing to patients,” says Crowell.

Opening doors
Point-of-care testing definitely helps pave the way for improved collaborations with physicians, agree John Papastergiou and Bob Rai, pharmacists in Ontario and B.C., respectively.

“Newer physicians in particular are looking for innovation, technology and partnerships, and today’s point-of-care tests are a great way for pharmacists to get doctors’ attention,” says Rai, who co-owns six Medicine Shoppe pharmacies as part of PharmacyBC Group in the Lower Mainland of B.C. “They come to see us as a valuable resource and as more than medication experts — we help take off some of their workload, and improve their practice.”

Rai brought credibility and momentum to the table by launching his two point-of-care testing programs—one for HIV and one for chronic kidney disease (CKD)—as pilot projects funded by the Ministry of Health (and for the latter program, he partnered with the B.C. branch of the Kidney Foundation). The resulting reports build further credibility (see sidebar).

Physicians are especially coming to appreciate Rai’s Health Tab service, used for the CKD pilot project and now available to all customers for general health-risk screenings, for a fee of less than $40. Fifteen minutes after giving a blood sample, patients receive lab-accurate results for cholesterol, glucose and other health measures. Pharmacists review the results with patients, educate them on how to manage risk factors, and refer patients to doctors if the numbers land in the higher-risk zones.
Pharmacy technicians lay foundation for collaboration

BY SONYA FELIX

Finding the time to better collaborate with physicians and other healthcare professionals can be a challenge—which is why registered pharmacy technicians come in.

Pharmacist Julia Jennings has become an indispensable member of the team at Elora Apothecary Pharmasave in Elora, Ont. Jennings works with three full-time and one half-time pharmacist and a pharmacy assistant.

"Julia is the one consistent staff member who is at the pharmacy every day," says Andrew Tolmie, pharmacist and co-owner with his wife, Bronwyn. "Ultimately, Julia is the quarterback in our collaborative relationship with the local physicians. She keeps a watchful eye on our communications and keeps track of the status of our correspondence with other practitioners.

Area practices know they can reach out to her to handle various issues—if it’s a technical issue she can address it and if it’s a therapeutic or more complex medication management issue, she knows who to refer it on to.

The pharmacy’s small-town location makes collaboration easier, says Jennings, who grew up in the area. ‘I’ve been fortunate to practise in a close-knit community of practitioners who are receptive to the skills and knowledge our pharmacy team provides. We have a comfortable relationship with the physicians’ office across the road.”

With Jennings taking the lead on numerous tasks in the pharmacy, the pharmacists have more time to collaborate with other practitioners to resolve drug therapy problems and optimize care.

For example, Jennings developed processes to ensure patients’ primary care physicians are made aware of any immunizations administered at the pharmacy. She also sends progress notes to physicians regarding patients enrolled in the pharmacy’s weight-loss program and is the primary point of contact for verbal prescription orders (with the exception of narcotics, controlled drugs, benzodiazepines and target substances).

Area pharmacists also rely on technician Julia Jennings to coordinate collaboration with physicians.

Pharmacists’ impact, by the numbers

John Papastergiou, associate-owner of two Shoppers Drug Mart pharmacies in Toronto, makes a point of formally studying expanded services in his and other Shoppers Drug Mart pharmacies across Canada. Among his findings:

- Screenings of more than 1,000 patients revealed that 59% had A1c values above target, and pharmacists performed 1,711 clinical interventions.
- Following pharmacogemmics screenings to gain insight into patients’ inherited drug metabolic profiles, pharmacists identified and addressed an average of 1.3 drug therapy problems per patient.
- Patients screened for Group A strep throat were 27.3 years old, on average, 26% tested positive, and antibiotic therapy was initiated within the same day for 69% of cases.
- Bob Rai, owner of six Medicine Shoppe pharmacies in the lower mainland of B.C., has participated in two pilot projects so far that have resulted in independent evaluations:
  - After screening more than 500 patients for chronic kidney disease, pharmacists referred 38% to their family physicians for follow-up.
  - Almost all participants in a pilot project for rapid HIV testing were satisfied with the experience, and 92% would be very likely to return to this or another pharmacy if they wanted another test.

Registered technicians, by province*

<table>
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<th>Province</th>
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<tr>
<td><strong>Total</strong></td>
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Source: All stats, except P1, come from provincial regulatory bodies. P1 number is from the National Association of Pharmacy Regulatory Authorities.

* As of August 2016, with the exception of B.C. (April 2016) and Prince Edward Island (January 2016). An overall, Quebec does not currently register pharmacy technicians.
Shedding light on patient concerns around generics
Pharmacy techs can play a key part in dispelling common myths

The reality is that two-thirds of prescriptions dispensed in Canada are generics and the use of these affordable drugs saved government, employers and consumers nearly $15 billion in 2014. Still, common misconceptions prevail among patients that these drugs aren’t up to par with their brand-name counterparts.

Sandra Hanna, a Toronto-based pharmacist/consultant, believes many of these concerns from patients are a result of the emergence of “patient-choice” or “brand” cards that promote brand drug utilization. “Both generics and brands are held to the same strict manufacturing-quality requirements set by Health Canada,” says Hanna. “Suddenly people are questioning the quality of generics and that attitude is worrisome because the drugs they are currently taking are working just fine and in the long-term, we don’t know how long brands will be providing these subsides.”

For pharmacy technicians, who are often at prescription intake, addressing concerns around generics can be a difficult and time-consuming process. With education and training, however, techs can be a key source in helping dispel common myths around generics and making sure patients aren’t switching drugs needlessly. Patients need a better understanding of the reason behind the price differences between drugs, says Hanna, and technicians can play a huge part in getting that information across. “They can also reassure patients that these medications undergo the same quality control standards and testing,” she says.

A communication tool to help
A new continuing education (CE) program, accredited by the Canadian Council for Continuing Education in Pharmacy and being launched in November 2016 by Teva Canada, aims to help pharmacy techs and pharmacy teams get a better understanding of patient concerns around generics so they can optimally address their questions. Generic Medications: Addressing Common Patient Concerns with Confidence is a free 1.5-hour online education experience that will improve knowledge around bioequivalence and generic drug questions.

The CE is broken into three parts: helping patients understand bioequivalence; communication principles, for handling difficult situations; and common patient questions and encounters. CE author and pharmacist/consultant, Tom Smiley, says the program is unique in that it has been developed to meet the needs of both pharmacy techs and pharmacists in dealing with questions around generic drugs and bioequivalence. “The program provides tips and information about handling patient concerns in the most optimal manner, through use of appropriate body language and verbal explanations that are clear, concise and easy for the patient to understand.”

Three video vignettes, featuring different patient concerns and circumstances, demonstrate how a pharmacy tech and pharmacist can best handle a potentially difficult situation through effective communication and explanation. Each interaction integrates the principles of LAST (Listen, Apologize or Acknowledge, Solve, Thank) into every response.

Hanna, who was closely involved in developing content for the program, says the CE gives pharmacy techs in particular the tools to be able to start those conversations with patients so that they can make the best medication decisions. “Right now, patient conversations with pharmacists are being monopolized by the brand-generic questions and by switching that to the tech at the point of entry, it will take a load off the pharmacist to be able to focus on patient care.”

Pharmacy teams can download the free CE at TevaPharmacySolutions.com. Other resources that explain generic medications can be found at TevaMakesMedicines.ca.

Some Facts on Generics
To be approved by Health Canada, generic medications must:
• contain the same amount of active ingredient as their branded counterparts
• be the same dosage form and strength
• use the same route of administration
• reach the same systemic concentration to be considered bioequivalent

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

Gathering evidence
Supported by funding from the Canadian Foundation for Pharmacy, the following research projects explore the impact of collaboration

BY ROSALIND STEFANAC

The frail elderly: pharmacists’ essential role

When family physician Dr. Linda Lee started a program to identify frail seniors at risk for poor health outcomes, she knew who to ask to be part of the team—pharmacist Tejal Patel. “I became very aware of the important role of pharmacy thanks to Tejal’s amazing and thoughtful work,” says Lee, who started working with Patel seven years ago at the Centre for Family Medicine Family Health Team (FHT) Memory Clinic in Kitchener, Ont. “As physicians we can do so much more with pharmacists than we can on our own.”

Patel, an assistant professor at the University of Waterloo’s School of Pharmacy, came on board to implement a screening process at the FHT, and to determine how pharmacists could help reduce polypharmacy and high-risk medication use. “When a patient is frail, it basically means he or she cannot recover from setbacks like the flu as easily, or may not go back to his or her baseline pre-illness,” says Patel. “It’s a pharmacist who can get frail patients off high-risk medications and help them manage their medications properly, it could avoid a crisis later.”

“We can proactively identify conditions such as memory impairment, high falls risk and other factors which may contribute to frailty, and identify the medications that might be inappropriate,” adds Lee.

After screening all patients on multiple medications over the age of 75, about half of those identified as frail agreed to meet with one of three pharmacists in the program. Researchers are now analyzing the pharmacists’ interventions, and comparing those results with the patients who did not participate in the program.

So far, the research is definitely building the case for improved collaboration. “As clinicians we tend to be a little scared when patients come in with complicated medication regimes because it’s going to take time and effort to clean that up,” says Lee.

This is a natural place for pharmacists to come in as they have been trained to look at these things and can help physicians. It also ensures optimal prescribing practices for this vulnerable population.

The project is also developing a framework for frailty assessment outside of an FHT. A pilot project in an Ontario community setting is in the works.

Minor ailments: physicians still need convincing

In 2012, researchers at the University of Saskatchewan began studying the impact of pharmacists’ assessment and prescribing services for minor ailments. Four years later, after surveying patients, pharmacists and physicians, the results show that the impact appears to be positive—but physicians are still coming to terms with that.

Lead researcher Jeff Taylor, Professor of Pharmacy at the U of S College of Pharmacy and Nutrition, reports pushback from physicians who are concerned that pharmacists might downplay the severity of some of the cases assessed. Interestingly, surveyed pharmacists shared similar concerns, right down to which of 17 minor ailments might be problematic. “It was fascinating that their answers were almost a carbon copy of each other,” says Taylor, noting that both groups cited they were most concerned about headache/migraine, GERD, dysmenorrhea and hemorrhoids. The majority of physicians surveyed also questioned the pharmacist’s value in terms of cost-savings and clinical improvement.

Noted one: “I would prefer a person with more medical training like a nurse practitioner to see these patients.” However, another stated: “My torture answers are not due to negative thinking or disagreement with pharmacists prescribing. It simply indicates my lack of education in this area. The pharmacists I know best would educated and cautious prescribers.”

Patients’ feedback, meanwhile, was largely positive. “Several felt the care received would have been similar to that of medical care,” says Taylor. “Looking at it from an economic standpoint, in one scenario, the patient would have gone to the ER for a cold sure if the program wasn’t in place.”

Results on the economic impact are still forthcoming, as is a report on how the public perceives the severity of symptoms of minor ailments.

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