2013 THE CHANGING FACE OF PHARMACY
Making Strides, Celebrating Successes
Welcome to the third edition of the Canadian Foundation for Pharmacy’s The Changing Face of Pharmacy. Since 2011, this annual supplement has helped shed light on some of the challenges and opportunities facing pharmacy as it transitions from drug distribution to a focus on patient care services. Reform of our healthcare system is an ongoing tempest that won’t end any time soon. Like baby boomers, the system is showing its age, and with it the need to better manage and prevent chronic disease in an effort to reduce costs. While some pharmacists are waiting out the storm, many are embracing opportunities that emerge in this sea of change. In our cover story, we note how pharmacists across Canada are repositioning themselves to provide billable services, one patient at a time. We also look at the profession’s contributions to diabetes management and smoking cessation—two cost drivers where pharmacists can make a difference and be rewarded. While part of the reward is monetary, a greater part reveals itself in patient appreciation and loyalty.

At the Foundation, we continue to support pharmacy’s evolution as well. In 2012 the Board awarded Innovation Fund Grants, at a total value of $100,000, to two pharmacy innovators. Dr. Lisa McCarthy’s team is exploring the role of pharmacists in personalized medicine, while Dr. Certina Ho and her colleagues are examining how pharmacists can enhance their roles in drug safety—with compensation!

We also strive to recognize leadership and outstanding contribution to the profession. This past year, the Foundation launched the CFP Past Presidents Award to acknowledge pharmacy leaders from associations and regulatory bodies across the country. As a volunteer organization ourselves, we see the value that their time and expertise bring to their organizations and to the profession as a whole. This accolade complements our existing Wellspring Pharmacy Leadership and Pillar of Pharmacy Awards.

As an organization whose mission is to be a catalyst for change in optimizing health outcomes, we hope these pages will inspire you to persevere through this storm of reform to what we expect will be sunnier days ahead.

Enjoy the read!

Dayle Acorn
Executive Director,
Canadian Foundation for Pharmacy

Embracing the Challenges

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When Ontario launched MedsCheck in 2007, staff pharmacist Hao Luu eagerly embraced the opportunity to better help patients manage their health. Today he is an associate owner of two Shoppers Drug Mart stores in Thunder Bay, Ontario, where five to 10 patients daily benefit from a MedsCheck review with their pharmacist. “We’ve integrated the service into our workflow because we really believe it’s important for our patients,” he says. “With patient services like MedsChecks, pharmacists have a unique opportunity to improve patient outcomes while reducing costs within the healthcare system.”

Luu is one of a growing number of community pharmacists across the country who are providing new government-funded services as a way to improve patient care—and eventually add to the bottom line. But even as a committed early adopter, he admits that the transition from a transaction-based business model to one focused on pharmacy services isn’t easy. “You really have to believe in it,” he says.

A few years have passed since provinces began introducing—and paying for—pharmacists’ services such as renewing and adapting prescriptions, medication reviews, administration of injections, smoking cessation counselling and prescribing for minor ailments. As time goes on, community pharmacy will likely see even more opportunities to deliver billable services. But right now, the painstaking transition from a practice based on the distribution of medications to one focused on clinical services is far from over and many challenges remain. On the bright side, as pharmacy associations, regulatory bodies and head offices provide more tools and supports to assist in the transition, more and more pharmacists are “jumping on board.”

Sonya Felix

**Gaining momentum**

Since Alberta became the first province to give pharmacists prescriptive authority in 2006, most other provinces—including the Northwest Territories—have pending or passed legislation and/or regulations and policies to broaden pharmacists’ authority to deliver professional services. Although the rollout of expanded scope and billable services varies across the jurisdictions, it is crystal clear that community pharmacy is heading in a new direction. Yet, even as pharmacists are excited by the prospect, the initial uptake of many new service opportunities has been less than many had hoped.

The dynamics of change management certainly come into play. In any given population confronted with change, “there is an initial uptake of about 20%;” explains Marshall Meloche, Registrar of the Ontario College of Pharmacists (OCP). “Another 20% likely will not participate and the remaining 60% will wait and see how it works, personalize how they will do the service and develop the confidence needed to go forward.”

Fear of change is one of the greatest and most common barriers, suggests Jane Farnham, General Manager and Executive Vice-President, Remedy’sRx. In the case of pharmacy, she notes other issues, such as limitations in technology and financial viability, also pose very real challenges. Concerns about viability are all too real these days with unprecedented financial cutbacks in the distribution system occurring at the same time that community pharmacists gain authority to deliver new services. The poor economic climate is often blamed for pharmacists’ slow adoption of opportunities to expand their practice. As Allison Bodnar, Executive Director, Pharmacy Association of Nova Scotia (PANS), explains, stores may be keen to implement new services but they feel unable to do so because “they are resource and financially strapped.”

But payment for services is only one factor, says Marnie Mitchell, a Vancouver-based management consultant specializing in pharmacy. “Even when compensation is available, uptake can be a challenge because of factors such as lack of confidence, extra time involved and traditional workflow patterns.” In B.C., for example, although payment for adaptations and renewals was available from the start in 2009, initial uptake was modest. “Once the issues are resolved, then pharmacies tend to increase the number of services they provide,” she says, adding that claims for pharmacy services in B.C. jumped...
Recognize that it won’t happen overnight.”

Delivering pharmacy services as they have for years, they can achieve the same proficiency at a fraction of the cost. Staff pharmacists need to understand the significance of this and figure out how to meet the demand. “These services are still relatively new and we understand it represents a huge culture change for pharmacy,” says McArthur.

What needs to happen

As hard as the transition to a service-based business model may be for pharmacists, going forward, they must always see themselves as more than dispensers of drugs, warns Allan Malek, Senior Vice-President, Professional Affairs, Ontario Pharmacists’ Association (OPA). “We run the risk of becoming obsolete if we try to hang on to dispensing functions and point to the tremendous potential given an aging population and the prevalence of chronic disease. ‘As payers save money on lower generic prices, a portion of those savings will shift to health services. It is foolish for pharmacists to ask for more when they aren’t using what’s there already. But I anticipate great uptake in the future as cutbacks hit harder.’

Pharmacy needs to come to grips with managing the financial impact of drug reform while taking on expanded scope activities. “If we are looking at dollar to dollar replacement, that is not going to happen in the foreseeable future,” says Jeannette Wang, Senior Vice-President Professional Affairs and Services at Shoppers Drug Mart. “But we need to change the content of the dialogue—it’s not just about making up the gap in dollars, but about meaningful contribution to health care. We need to take a hard look at how we use resources and look for further efficiencies to boost capacity in the system so patients can get better care.”

Proving your worth

OPA understands the need to measure the quality of services pharmacists are providing, says Malek, adding that professional programs were not initially constructed to capture measures of quality, but rather to track uptake. “We are now at a point in time where we’ve got to modify the structural framework of the programs to enable data capture,” he explains. “We don’t dispute that numbers could be more in terms of uptake, but it is well known that change is inherently difficult even if the change is for the positive. Old habits from a decades-old business model are hard to change.”

Measuring value is a logical next step in a program’s evolution, agrees Mitchell. “These programs have gone past the concept of pilots to become ingrained in funding. The services may need to be fine-tuned or issues addressed.”

Initiatives are underway that should help address issues related to implementation and quality of service. In Nova Scotia, a large-scale pilot project funded by PANS and a grant from Shoppers Drug Mart is assessing the impact of minor-ailment consulting on the pharmacy sector. Another study, conducted by Kendry Mansell at the University of Saskatchewan with results expected this fall, should also help answer questions around the financial impact of prescribing for minor ailments and potentially support calls to implement similar programs elsewhere.

Researchers at the University of Waterloo and McMaster University recently received $5.7 million from the Canadian Institutes of Health Research System Research Fund to study the value of pharmacy services.

“We invested in pharmacy services on faith because we know that pharmacists are trusted and skilled healthcare professionals who are convenient and accessible,” says McArthur. “But it is critically important to demonstrate value and deal with inconsistencies before we begin to expand into other areas such as minor ailments.”

Moreover, provincial governments appear to be opening up lines of communication. “We need to work more collaboratively across the country so we aren’t creating confusion across the pharmacy sector. We will share our research with other provinces and expect they will do the same,” notes McArthur.

While governments consider their next moves, pharmacists are encouraged to look beyond public funding. While no public funding for minor ailment consultations in Nova Scotia, for example, PANS is recommending pharmacists set their own fee to charge private payers, says Bodnar, adding that the association conducts public awareness campaigns twice a year to educate consumers. “Expanded scope services are rolling out slowly but I do think we will see increased public and private funding eventually.”

Asking individual patients for payment is hard to do, admits Malek, noting that OP-E’s education for pharmacists on how to integrate new services into their practice includes guidance on how to ask for payment. “We’ve also been working hard to get private payers to support pharmacy services as an investment, not an expense,” adds Malek. “They see the value but they don’t believe they should be the ones paying when high savings are accrued to government. But employers could
Malek anticipates that the OPA-Green Shield Hypertension Collaborative, funded in part by the Canadian Foundation for Pharmacy, will help connect the value of pharmacists’ interventions in chronic disease management to positive work-related outcomes that will capture the attention of both public and private payers (see project details on page 18). “It’s about time that payers start looking at savings beyond drug prices and dispensing fees,” stresses Malek.

Champions at grassroots

With a multitude of challenges related to finances and operations, it’s no wonder so many pharmacists are struggling to deliver services under an expanded scope. But some are making it work.

Luu, for example, ensures that all staff, including pharmacy assistants and technicians, are involved. “We had a meeting to talk about the approach and it took us 10 weeks until MedsChecks became well integrated into the workflow,” he says. Now when patients come in to fill prescriptions, the dispensary staff screen for those who are eligible for a MedsCheck and attach a notice to the prescription bag. While completing the final assessment, the pharmacist confirms whether the patient would benefit from a MedsCheck and, if so, recommends it to the patient. Luu’s team finds that patients are more receptive to making the appointment when it’s framed as part of a recommendation from the pharmacist. “If you just ask a yes or no question, we’ve found it won’t work,” observes Luu.

At Pharmasave in Creston, B.C., pharmacy owners Jody McBlain and Mike Ramaradhya attribute their success with flu shots and other vaccines to the decision to provide injections both in-store as well as off-site in private care homes, workplaces and other sites such as dentists’ offices. “We target places where there is less mobility or it is more convenient for us to go to them,” McBlain explains. They plan to boost uptake of medication reviews in a similar way. “We’ll add another 10 hours a week to our part-time pharmacist to do more medication reviews. Instead of being in the store, the second pharmacist will have a daytimer filled with appointments. We’re going to set goals and give our plan to do medication reviews off-site a six-month trial. It takes time to grow but if we don’t take advantage of these services, they will disappear.”

In Bright’s Grove, Ontario, Kelly Haggerty, pharmacist/owner of Bright’s Grove remedyRx, is also incorporating services such as MedsChecks into her everyday practice, as well as billing for services that do not have public funding. She opened a full immunization clinic staffed by a registered nurse and now offers travel consulting appointments that charge patients for injections not paid by government. She is also a certified menopause practitioner and bills patients directly for her women’s health program. “Whether we are paid by patients or the government, we need to embrace the professional side and do a good job,” says Haggerty. “It is going to take a long time to break the mold and so far we have only scratched the surface of our potential.”

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**PROVINCIAL UPDATE ON GOVERNMENT-SPONSORED PHARMACIST SERVICES**

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<th>Ontario</th>
<th>Quebec</th>
<th>Nova Scotia</th>
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<th>Prince Edward Island</th>
<th>Newfoundland/Labrador</th>
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<tr>
<td>Medication reviews (basic)</td>
<td>$50 per Medication Review</td>
<td>$50 per Standard Medication Management Assessment</td>
<td>$75 if pharmacist has additional prescribing authority</td>
<td>$50 per Medication Assessment Program (launched July 2013)</td>
<td>$50 per MedsCheck</td>
<td>$52.50 per Basic Medication Review</td>
<td>$52.50 per PharmaCheck for low income seniors</td>
<td>$52.50 per Medication Review</td>
<td>$52.50 per Medication Review</td>
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<tr>
<td>Medication reviews (advanced)</td>
<td>$70 per Medication Review - Pharmacist Consultation</td>
<td>$100 per Comprehensive Annual Care Plan; $125 for pharmacists with APA</td>
<td>$95 for MedsCheck for Diabetes; $80 for MedsCheck for Long-Term Care; $150 for MedsCheck at Home</td>
<td>$75 for MedsCheck for Long-Term Care; $150 for MedsCheck at Home</td>
<td>$150 per Medication Review Service for insured seniors</td>
<td>$65 per Diabetic Medication Review</td>
<td>$15 per Medication Review (up to 4 annually); $25 per Diabetic Medication Review (up to 4 annually)</td>
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<tr>
<td>Medication reviews (follow-ups)</td>
<td>$15 per Medication Review - Follow-Up</td>
<td>$20 without APA; $25 with APA</td>
<td>$25 per standard MedsCheck; $25 per MedsCheck for Diabetes; $50 for quarterly follow-ups for MedsCheck for Long-Term Care</td>
<td>$25 for standard MedsCheck</td>
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<td>$5 per Prescription Adaptation</td>
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<td>Immunization</td>
<td>$10</td>
<td>$20</td>
<td>Authority to immunize pending regulations</td>
<td>$7.50</td>
<td>$11.50</td>
<td>$12</td>
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<tr>
<td>Administration of drugs by injection</td>
<td>$20 per Assessment and Administration of Medications by Injection, excluding travel vaccines</td>
<td></td>
<td>Authority to administer drugs by injection but no funding to date</td>
<td>Authority to administer drugs by injection but no funding to date</td>
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<td>Adaptation/alteration of prescriptions, including continuity of care and renewals</td>
<td>$10</td>
<td>$20 per Assessment for Renewal/Adaptation</td>
<td>$5 per Renewal/ Alter Dosage</td>
<td>Authority to adapt or renew but no funding to date</td>
<td>Authority to adapt pending under B14.1</td>
<td>Authority to adapt or renew but no funding to date</td>
<td>Authority to adapt or renew but no funding to date</td>
<td>$10.90 per Medication Management</td>
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<td>Refusals to fill</td>
<td>2 times U&amp;C fee</td>
<td>$20</td>
<td>1.5 times U&amp;C fee</td>
<td>$8.78</td>
<td>$14</td>
<td>$21.80</td>
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<td>Therapeutic substitutions</td>
<td>$17.20</td>
<td>$20</td>
<td>Authority to substitute pending under B14.1</td>
<td>$26.25 but not yet in effect</td>
<td>Authority to substitute but no funding to date</td>
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<td>Minor ailments</td>
<td></td>
<td>$18 per Minor Ailment Assessment</td>
<td>Authority to assess and prescribe for minor ailments pending regulations</td>
<td>Authority to assess and prescribe for minor ailments pending under B14.1</td>
<td>Authority to assess and prescribe for minor ailments but no funding to date</td>
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<td>Initial-access prescribing or to manage ongoing therapy</td>
<td>$25 per Assessment for Initiating Medication Therapy with APA</td>
<td>$25 per Patient Assessment while exercising Level I (basic) or Level II (advanced) prescribing authority</td>
<td>Authority to initiate prescription for nicotine replacement therapy but no funding to date</td>
<td>Authority to prescribe a medication for which no diagnosis necessary pending under B14.1</td>
<td>Authority to prescribe a medication for which no diagnosis necessary pending under B14.1</td>
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<td>Pharmaceutical opinions</td>
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<td>$15 per prescription “Not filled as prescribed”; $15 per “No change to prescription”; $15 per “Change to prescription”</td>
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<tr>
<td>Smoking cessation</td>
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<td>Cognitive service programs, including smoking cessation, pending regulations</td>
<td>Up to $125 annually for Ontario Drug Benefit beneficiaries: $80 for initial consult; $15 for up to 3 primary follow-ups; $20 for up to 4 secondary follow-ups</td>
<td>Authority to prescribe a medication for which no diagnosis necessary pending under B14.1</td>
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<td>Emergency prescription refills</td>
<td>Authority for emergency refills but no funding to date</td>
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<td>Authority for emergency refills but no funding to date</td>
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* Data current as of September 16, 2013 and collected from provincial ministries of health; for updates and number of claims per service, check www.cfpnet.ca/chart. Note: Pharmacists in Saskatchewan can also submit claims for emergency contraception prescribing (Bill 41 at 2 times the U&C fee) and medications reconciliation (Bill 41 at 25). Pharmacists in Quebec can submit claims for emergency contraception prescribing (Bill 41 at $17.67) pending under Bill 41. Pharmacists in Saskatchewan can submit claims for emergency contraception prescribing (Bill 41 at 2 times the U&C fee) and medications reconciliation (Bill 41 at 25). Pharmacists in Quebec can submit claims for emergency contraception prescribing (Bill 41 at $17.67) pending under Bill 41.

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Certification makes the difference in diabetes management

After 15 years with diabetes, Clare Thomson had literally become sick to her stomach. Her blood sugar levels were on target, but another condition had made it very difficult to tolerate her medication. Her physician recommended switching to insulin and referred Thomson, 76, to Nadine Abou-Kheir, a pharmacist and certified diabetes educator (CDE) at West Springs Calgary Co-op Alberta. After her first appointment, Thomson recalls feeling immediately better—not only due to the first injection, but also because she had met someone like Abou-Kheir:

“Nadine is absolutely great,” says Thomson. “I wasn’t comfortable with the thought of insulin at the start but she made me very comfortable. She always has time—once I booked an appointment that I thought would take five minutes because I just had one question, and it ended up taking 30 because we talked about checking this and checking that.” Before Abou-Kheir’s Thomson did not know about CDEs, or that pharmacists could help with diabetes. “I still like to rely on my doctor for my overall care, but I realize she doesn’t have time to keep up with the latest things happening in diabetes. That’s why it’s really nice to have Nadine as my specialist. For example, she changed my prescription right off the bat to a newer insulin and explained why it would be better for me.”

For her part, Abou-Kheir credits her CDE designation with giving her more than just additional training: “Being a CDE gave me confidence. Before becoming one I was a lot less inclined to recommend modifications to a regimen for diabetes.” While pharmacists can specialize in diabetes without becoming a CDE, Abou-Kheir maintains that the certification is “necessary to give patients confidence as well. Now I always introduce myself with, ‘I am a pharmacist and a certified diabetes educator’ it immediately builds trust. Patients are more willing to book appointments and share their blood sugar logs. You can change their regimen because they trust you. They know you’re an expert.”

Abou-Kheir’s CDE designation also opens the door to ongoing high-level professional development. Abou-Kheir attends her local CDE sector meetings as well as the annual Canadian Diabetes Association annual meeting. “We can present complex cases and ask endocrinologists what they would do,” says Abou-Kheir. “You have so much more exposure to what’s going on in diabetes management.”

Gathering tide

The number of CDEs in Canada has more than doubled since 2008—and pharmacists are a major factor behind the growth. Pharmacists now account for 37% (or almost 1,400) of the 3,760 CDEs in Canada, compared to just 18% (or 328) out of 1,823 five years ago, according to the Canadian Diabetes Educator Certification Board.

“As pharmacists we can make a real point here to government,” notes Abou-Kheir who talks for her diabetes consults (including follow-ups) through the province’s Comprehensive Annual Care Plan program. “Every hypoglycemic episode that results in hospitalization is a large cost to the healthcare system. We can prevent that—as pharmacists we are a natural fit to identify people at high risk for diabetes and support those living with it, agrees Dr. Jan Hux, Chief Scientific Advisor at the Canadian Diabetes Association (CDA). In addition to the one million who are undiagnosed, says Hux, “more than 4.5 million have prediabetes.” The sooner they are connected to healthcare services, the smaller the burden they will likely place on the system.”

“Barely minutes had passed before Lorna Moore, our clinics’ outgoing technician, at a screening door again this month. She’s been checking this and that, too, because I just had one question, and it ended up taking 30 minutes.”

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“Normally we screen maybe 10 people during our July clinic, usually our slowest. This time we screened 27—I think we could have done 50 but Lorna could only move so fast. I was counselling non-stop,” says MacIntyre, associate-owner of a Shoppers Drug Mart in Saint John, New Brunswick. Eight of the 27 screenings, or almost one in three, gave abnormal results and prompted recommendations for follow-up, including referrals to physicians. When hospitals in the province capture between 50 to 80 people...
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LAYING THE FOUNDATION FOR PATIENT CARE

For Murad Younis, a successful pharmacy practice is as much about what you do outside the pharmacy as it is about daily interactions with patients.

Since becoming the owner of Westmount Pharmacy in Peterborough, Ontario, 16 years ago, Younis has tirelessly pursued market opportunities and operating efficiencies. His thriving business includes: consultation services by board-certified pharmacists in eight areas of specialty practice; adherence packaging and disease-management support for more than 1,000 seniors in two cities and surrounding regions; a division for intravenous therapy; and the use of robotics for 95% of prescription volume. When asked how he does it, Younis narrows it down to six principles:

1. Seek learning, find inspiration

Younis never stops learning, a practice that fuels the brain and opens the mind. He began with a doctorate of pharmacy, which “really exposed me to innovative pharmacy,” says Younis. “I met amazing people with tremendous skills and passion. It opened doors to new opportunities. You have to make investments in your education, “you need to hire more educated people to maximize the value they bring and delegate accordingly,” says Younis.

2. Be business smart

Younis emphasizes that he would not be where he is today without his diploma in business management, earned over a two-year period before becoming an owner. The diploma not only put his business on solid footing from day one, it also opens doors to new opportunities. “You must make investments in your future. The bank trusts me because they know I am a serious businessman,” says Younis.

Moreover, the local pharmacy can provide an environment that encourages successful self-management. “Diabetes is a lifelong marathon and patients need a variety of supports. Pharmacies can successfully create a space where people feel comfortable asking questions,” notes Younis.

MacIntyre can attest to that. “Diabetes management is a series of little wins for the patient. It’s about all the little things that we are able to help them change along the way, one conversation at a time.”

Every month, staff pharmacist Daniel Corey, a certified diabetes educator, spends a day at a physician’s office counseling diabetes patients. He books a three-month-follow-up at the pharmacy, and oftentimes the patient continues to work with Corey after that. “At this point we don’t make any money in the form of billings, but we have a really happy patient, doctor and pharmacist,” says MacIntyre. In fact, four more doctors want Corey to do the same thing for them. “We need to go slowly, but we have an extremely good team and we’re going to figure out how to make it work.”

MacIntyre’s pharmacy is also taking part in Shoppers Drug Mart’s recently announced collaboration with Great-West Life, through which Shoppers Drug Mart pharmacists offer eligible plan members a diabetes support program that includes A1C testing and one-on-one education on managing the disease and changing lifestyle behaviours. As for billings, “pharmacists have to take a leap of faith that the revenue will come,” believes MacIntyre. “If we become a leader now then I believe we will be the provider of choice when funding does become available.”

Smoke signals

Smoking cessation is another natural fit for pharmacists, says Ron Pohar of Retail Myron Pharmacy in Edmonton, Alberta. “This is one of very few areas where pharmacists can do everything from start to finish, from screening and assessment to treatment to follow-up—and we can do it through multiple quit attempts.”

The healthcare system can also clearly use the help: tobacco-related illnesses cost more than $4.4 billion annually in direct healthcare costs, and are responsible for 2.2 million acute-care hospital days. One in six (17%) Canadians smoke, and another 26% are former smokers.

So far, Saskatchewan and Ontario governments have tobacco control strategies that include direct funding for pharmacist smoking cessation services. Saskatchewan pays up to $300 annually per patient, and Ontario pays up to $125 annually for beneficiaries of its public drug plan. Pharmacists in Ontario can also initiate prescriptions for nicotine replacement therapy.

In Alberta, Pohar indirectly bills for smoking cessation as part of his province’s Comprehensive Annual Care Plan (CACP) program. Pohar specializes in mental health, and the majority of his patients are addicted to tobacco.

Since funding became available in July 2012, Pohar bills an average of $1,600 to $2,000 monthly for CACP. Approximately half of those billings include smoking cessation services. Saskatchewan pays up to $125 annually per patient, and Ontario pays up to $125 annually for beneficiaries of its public drug plan. Pharmacists in Ontario can also initiate prescriptions for nicotine replacement therapy.

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Recognizing that reputable data and the sharing of best practices are key factors in propelling pharmacy forward, the Canadian Foundation for Pharmacy (CFP) has made it its mission to support innovative research projects across the country. In fact, since the launch of its Innovation Fund Grant in 2006, CFP has provided some $600,000 in funding to researchers whose common goal is to enhance the role of pharmacy in Canada's healthcare system.

“Research is a key part of our mission because this is a time of great opportunity and change for pharmacy practice in this country,” says CFP President Marnie Mitchell. “For innovative practice to be successful, we’re going to need supportive research to guide that innovation, indicate how to do it, and determine how effective it is.”

Mitchell says the researchers applying for funding from CFP are established in their fields and well-qualified to lead projects that have the potential for widespread implementation in the profession. Case in point: 2012 Innovation Fund Grant winner Certina Ho. An Adjunct Clinical Assistant Professor at the University of Waterloo’s School of Pharmacy, she also works with the Institute for Safe Medication Practices (ISMP) in Toronto. Her pilot project seeks to reduce hospitalizations due to drug-drug interactions by applying ISMP safety alerts to community pharmacy practice.

“We’ve been producing this safety bulletin for almost 30 years but most community pharmacists aren’t aware of it,” says Ho. “I see the opportunity to use this vehicle to look for drug-drug interactions that can be caught by community pharmacists on the front lines.”

Ho and her research team have picked eight key drug interactions and created a standard intervention form that complies with the billing and documentation requirements of the Pharmaceutical Opinion Program (POP) services that are funded by the Ontario drug benefit plan. Pharmacists in the pilot will participate in a focus group in early 2014 to give qualitative feedback. “In the long term, we hope everyone will be able to use this form for POP services,” says Ho.

CFP’s $50,000 grant was critical to help Ho and her research team have picked eight key drug interactions and created a standard intervention form that complies with the billing and documentation requirements of the Pharmaceutical Opinion Program (POP) services that are funded by the Ontario drug benefit plan. Pharmacists in the pilot will participate in a focus group in early 2014 to give qualitative feedback. “In the long term, we hope everyone will be able to use this form for POP services,” says Ho.

CFP’s $50,000 grant was critical to help get the initiative off the ground, says Ho, who also predicts that pharmacists will run with it. “Pharmacists told us they are willing to use this form and integrate it with existing forms for POP if there are as links to all the pieces together.”

Linking pharmacists and patients

For pharmacy scientist Lisa McCarthy of Women’s College Hospital, Women’s College Research Institute, the goal is to link patients to pharmacists for personalized medication advice. As a 2012 recipient of CFP’s Innovation Fund Grant, she and her team are in the midst of developing a multiphase project that will equip 25 primary care pharmacists in Ontario with the knowledge and skills to become pharmacogenomics experts in their communities.

Their intent is to recruit at least 10 patients per pharmacist for the service. The lab, located at the Centre for Addiction and Mental Health (www.pharmacogenetics.ca) will be responsible for processing samples and providing results for the participating pharmacists. “There’s nothing like this in Canada,” says McCarthy.

“Everyone in our group, including physicians, feels that pharmacists have the best mix of education and knowledge and opportunity to bring this service to primary care.”

Once pharmacists are trained, they will provide personalized medicine services to eligible patients, share genetic testing reports and make recommendations to prescribers for selection of drug therapy based on genetic makeup.

Emphasis on the project led CFP to successfully garner an additional $25,000 in support from the Rx&D Health Research Foundation (HRF). “The Rx&D HRF funds innovative health research to help increase the value of the healthcare system from the perspective of the patient,” says Alison Sargent, HRF’s executive director.

“We believe Lisa’s project will optimize drug therapy outcomes for patients to improve their quality of life. The HRF is proud to support research projects that focus on quality improvement in healthcare delivery for all Canadians.”

The CFP-Rx&D HRF partnership is the result of CFP’s new strategic direction to seek out opportunities to co-fund research initiatives. Such partnerships are essential to CFP’s $50,000 grant was critical to help get the initiative off the ground, says Ho, who also predicts that pharmacists will run with it. “Pharmacists told us they are willing to use this form and integrate it with existing forms for POP if there are as links to all the pieces together.”

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GenMed, the generic division of Pfizer Canada Inc.
help CFP carry out its mission to support practice change, says Mitchell. “We’re looking for ways to leverage our investment, streamline the research process and connect with groups who are interested in similar research areas.”

Research in action
In the meantime, partnerships such as the Hypertension Collaborative between Green Shield Canada and the Ontario Pharmacists’ Association—2011 Innovation Grant Fund recipients—are already proving that solid research results speak volumes.

The randomized controlled trial examined the impact of pharmacist interventions for hypertension management. Preliminary results based on the first six months of data show a pronounced improvement in the intervention group by the third or fourth month. “This reinforces the need for ongoing interactions,” says OPA Past Chair Billy Cheung, noting that every 5 mm Hg reduction in systolic blood pressure translates into a 25-35% reduction in the risk of cardiovascular disease and stroke. “Even that one factor shows the value of the intervention by the pharmacist.”

He says these results can be the catalyst for many other opportunities for pharmacists beyond hypertension, such as cholesterol management, diabetes control and anticoagulation monitoring. “Hopefully this provides more reinforcement and data that we can bring to stakeholders and influencers in terms of looking at how we need to take our healthcare system forward,” says Cheung.

“Most [plan] sponsors aren’t looking for new ways to spend money. That’s why it’s so important to show the return for spending this money.” — David Willows

Green Shield is paying participating pharmacists for their interventions; once the final results are in by early 2014, assuming they ultimately show positive outcomes, the intent is to make a case for plan sponsors to adopt the service and pick up the tab.

“Most sponsors aren’t looking for new ways to spend money,” says David Willows, Vice-President of Strategic Market Solutions at Green Shield. “That’s why it’s so important to show the return for spending this money.”

Willows says his company is particularly focused on pharmacists because they’re an untapped resource in the healthcare system. “The government will say that this is a profession where we have people with underutilized skills who could be providing health services when hospital and physician systems are overloaded,” he says. “This small investment in pharmacy now can result in better health that will be sure to reduce costs over time.”

As Canada’s only national pharmacy charity, the Canadian Foundation for Pharmacy has provided more than $2 million in scholarships, bursaries and awards to deserving pharmacists.

For more information on CFP’s awards programs go to

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Supporting innovation in the profession aligns with CFP’s mission to be a catalyst for change. Since 2006, the Foundation has provided some $600,000 in funding to pharmacy researchers across Canada.

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