The Changing Face of Pharmacy

How pharmacists are embracing new patient services and helping to shape the future of their profession
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¹ Source: IMS CDH MAT, December 2010.
² Source: Health Canada Drug Product Database (DPD), February 8, 2011.
The pieces are falling into place: increasingly complex patient needs, overburdened physicians, expanded scopes of practice and government-funded pharmacist services. All point to opportunities for community pharmacists to reshape their future, for those willing to take the first leap.

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

“We are extremely pleased to see the growing momentum demonstrated by some pharmacists to operate in this new environment,” says Dayle Acorn, executive director of the Canadian Foundation for Pharmacy, a national, non-profit organization that supports the advancement of pharmacy through educational events, awards, bursaries and research funding.

“While they are taking advantage of the broader opportunities to apply their new skills and expertise, these pharmacists are also seeing a positive impact as they transition their business.”

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

**GIVING THEIR BEST SHOT**

Flu season is a busy time of year for People’s Pharmacy in Penticton, B.C.—though not for the usual reasons. Customers are not so much holding their heads due to pain or fever as they are offering up their arms for a dose of preventive care, while pharmacists administer as many as 50 flu vaccinations a day during the busiest times.

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

Anthony Rage

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

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

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

In fact, he is planning to hire a third pharmacist to ensure there is always someone available to provide these services. And this year, for the first time, he’s created a line item in his budget for cognitive services.

“We are going to track this revenue and I’m confident that we’ll see it will be worth the additional pharmacist’s wages,” says Rage.

“Lots of people have said the government has taken dollars away and is only offering a few cents back—and only if you work for it. But the end result is a more satisfying experience. My bottom line continues to climb despite everything. I do have to work harder for it, but it’s a lot more fun.”

—Anne Bokma

**THE PHARMACIST IS IN**

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

Her focus remains sharp to this day, as a member of the Independent Clinical Care Pharmacist Initiative by UniPHARM, a wholesale buying company with independent pharmacies in B.C., Alberta and the Yukon. Pacheco works two days a week at Robin’s Pharmacy in Vancouver and two days in Mark’s Pharmacy in Delta. In addition to conducting med reviews under PharmaCare’s
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Medication Review Services program, Pacheco is one of 300 pharmacists in the province participating in the Medication Management Project (MMP), a pilot project launched in September 2010 and finishing in January 2012. MMP fees range from $60 to $90 for consultations with patients who take more than one medication.

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

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

—Anne Bokma

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

“Now I get patients every single day that I’ve never seen before. I’m building trust in the community—people know this is the place to go because we can do it all. If you had the choice to go to a pharmacist who had prescribing authority or one who didn’t have it, who would you choose?”

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

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

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

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

—Anne Bokma

DIABETES DIALOGUE
As a certified diabetes educator with additional prescribing authority, Anita Brown asked several local physicians if she could help newly diagnosed diabetes patients understand and manage their disease.
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Shoppers Drug Mart also recognizes Anita Brown from SDM 2401 in Okotoks, AB for her outstanding patient care in diabetes (see page 5)

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

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

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

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

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

Whenever possible, the Townsends secure additional funding for their services. “Over the years, we have been able to secure funding through a variety of sources, including Saskatchewan Health during a pilot project, the pharmaceutical industry, regional health authority grants, and most recently through the province’s Primary Health Care Team programming,” says Kendra. “It was important for us that we receive funding right from the start for these non-dispensing functions.”

Government funding is also anticipated for second-level prescribing. Knowing that they already provide the level of care required for this authority, the Townsends will be able to hit the ground running.

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

CHANGE NOT AN OPTION IN ONTARIO
When the going gets tough, the tough get going. That saying is particularly apt among pharmacies today in Ontario, where ongoing drug-policy reforms are slashing generic-drug prices and will eventually eliminate professional allowances for both public and private drug-plan purchases. To help soften the blow, the Ministry of Health and Long-Term Care has set aside new funding for a range of pharmacist services, including MedsCheck medication reviews, pharmaceutical opinions and a smoking cessation program—with more promised in coming months.

“The decrease in professional allowance dollars has been a major wake-up call for pharmacies,” says Gary Fillmore, director of operations for the 17-store Dell Pharmacy chain based in Hamilton. “The new reality is that we have to be more MedsChecks. “Initially there was some fear from pharmacists that there would be a decrease in pharmacy hours in those stores. But that hasn’t happened.”

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

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

It began with just one pharmacist: Stéphane Côté, a former hospital pharmacist who was determined to transfer some of his successful experiences in hospitals...
2011 The Changing Face of Pharmacy

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

This information exchange also helped pharmacists in the area get to know each other and consider joint projects. In 2004, Côté and five colleagues created a regional consortium on pharmaceutical innovation (le Consortium régional en innovation pharmaceutique), and that same year it began a regional project for anticoagulation therapy, in which 60 pharmacists working in 32 pharmacies adjust medication for approximately 850 patients. “What’s unique about this project is that it’s regional,” Côté says. “This usually exists only in hospital pharmacies.”

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

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

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

Since its start-up, the regional clinic has resulted in doctors regaining about 2,600 patient hours a year, which comes to roughly 10,600 consultations. “In some areas of the region, there is one doctor for 8,000 residents,” Côté says. “Doctors are aware we can make their work easier, which is not insignificant in this time of shortage.”

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

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

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

Congratulations Greg Wheeler!

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

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

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

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

—Frédérique David, translated by Allison Hay

DELIVERING BETTER CARE

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

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

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

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

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

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

—Frédérique David, translated by Allison Hay

THE PHARMACY THAT COULD

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

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

“At Tantramar we’ve always been attempting to evolve with the changing times and legislation,” says Murray. “We have to continue evolving, ensuring that we’re at the front of the change.”

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

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

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

—Sean C. Tarry
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For 65 years, the CFP has raised and distributed millions of dollars in support of the profession of pharmacy. Countless students, pharmacists and researchers have received funding from the many grants, scholarships and bursaries provided over this period. The pharmacy faculties across Canada, the CPhA, and the CSHP have all benefited from the work of the Foundation thanks to our generous supporters – people like retired pharmacist Stewart Sterns who just sent his annual donation for the 64th consecutive year!

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OUR FUTURE

Like the early leaders who began the CFP, we recognize that now is the time to support the evolving work of pharmacists as we continue to expand our contribution to the healthcare system and our commitment to improving the health of Canadians. With your continued support, we look forward to advancing our mission and your profession for the next 65 years!

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A.W. Matthews (Director, University of Alberta, School of Pharmacy)

John Kennedy (President, United Drug Company)
Reforms set stage

Expanded scopes of practice lay foundation for community pharmacists to step into a much greater role in primary care

by Sonya Felix

From coast to coast, a small but growing number of pharmacists are making the time to provide—and receive payment for—a wide range of services outside of traditional dispensing and prescription counselling. Most are government-funded, enabled by legislation for an expanded scope of practice. Depending on the province, pharmacists are building deeper relationships with patients by conducting medication reviews, adapting prescriptions, prescribing treatment for a minor ailment, providing a smoking cessation consultation or administering a flu shot or travel vaccine.

While barriers exist, “there are lots of positive examples of pharmacists who have expanded their services,” says Marnie Mitchell, executive director of the British Columbia Pharmacy Association (BCPhA). “Those who are further ahead provide inspiration and encouragement to others.”

It began in 2007, when Alberta pharmacists gained authority to prescribe in an emergency and to adapt prescriptions by altering a dose, formulation or regimen, ordering a therapeutic substitution or renewing for continuity of care. With additional training, pharmacists there can also initiate a prescription and monitor ongoing therapy; 124 pharmacists now have this added authority. Injection authority was granted a couple of years later and today more than 1,200 Alberta pharmacists have the training to administer injections.

In British Columbia, pharmacists received authority to adapt prescriptions in January 2009, to administer injections in October 2009 and to conduct paid medication reviews in April 2011. “It’s been quite a rapid pace of change over two years,” says Mitchell. “I’ve often thought this is a lot for members to deal with but on the whole I’ve been incredibly impressed with the enthusiasm for the new opportunities.”

In 2010, B.C. PharmaCare reimbursed pharmacies for more than 100,000 clinical services, of which about 75% were prescription renewals. Uptake for medication reviews was very high, with about 100,000 completed in the first three months (although recent changes to eligibility will reduce future numbers). As well, hundreds of pharmacists responded to a call to participate in the pilot project for MedsForMe, a more in-depth medication management program. “Pharmacies had already been doing some of these activities for a long time,” says Mitchell. “But having an explicit program that gives them special authority, as well as recognition with reimbursement, has driven enthusiasm.”

As well, more than 1,500 pharmacists have completed the training for injections, many of whom proved their worth during the H1N1 epidemic last year when the provincial government was concerned about the capability of the health system to carry out immunization in such a short time,” says Mitchell. Response from pharmacists was “fabulous” right out of the gate, she adds, and the government’s Flu Clinic Locator website now lists all the pharmacies where the flu shot is available.

While pleased with the response, Mitchell admits she was a little surprised, too. “A few years ago, when BCPhA surveyed its members and asked them about all the things they’d like authority to do, injections were the least popular,” she says. “Yet, once pharmacists were given the opportunity, recognition and specific training, they did it despite any initial resistance.”

Pharmacists in other parts of the country seem as eager to take advantage of opportunities opening up with expanded scope and provincially-funded services. Saskatchewan, for example, granted pharmacists authority to continue existing prescriptions and to provide emergency supplies of prescription medications in March 2011. Just over three months later, the province’s pharmacists had provided about 24,000 interim supplies or refills. “Everybody is embracing this expanded scope of practice and most pharmacists have been through Level 1 training by now,” says Ray Joubert, registrar for the Saskatchewan College of Pharmacists (SCP). “So far we’ve had no complaints and have received good feedback when we do pharmacy visits.”

Saskatchewan is also one of the first jurisdictions to introduce a minor ailment assessment program. Almost half of the province’s pharmacists have completed the training and more sessions are scheduled. Joubert expects those numbers to increase once reimbursement is in place.
and the program is expanded to include more conditions. As well, the groundwork is almost laid for the next expansion of scope: administering injections.

Pharmacists in Manitoba await final passage of legislation that will allow them to prescribe and administer drugs in certain situations, as well as order and interpret tests.

In Ontario, supporting regulations for an expanded scope should receive final approval in late fall this year. Meanwhile, Ontario’s community pharmacists are steadily performing more MedsCheck medication reviews, particularly since the government expanded the program to include diabetes, long-term care and homebound patients. By spring 2011, four years after MedsCheck began, Ontario pharmacists had conducted more than 900,000 reviews for which government pays between $25 (for follow-ups) and up to $240 (for long-term care residents, depending on the number of follow-ups). In addition, the government recently began paying pharmacists for a defined list of pharmaceutical opinions and for smoking cessation consultations provided to beneficiaries of its Ontario Drug Benefits program.

“These programs are very positive for pharmacists,” says Michael Nashat, consulting vice-president of operations for Prince Theodore Group Pharmacies. “Our pharmacies are doing a lot of MedsChecks and we are looking forward to a changing scope of practice that will allow pharmacists to write scripts. I believe the pharmaceutical opinion is one of the biggest improvements in pharmacy. Until now the only way pharmacies made money was by filling scripts. Now, for the first time, pharmacies are getting paid for refusals to fill.”

Collaborative prescribing agreements between individual pharmacists and physicians became possible in Quebec in 2003. Now the profession is seeking authority for five more professional activities, including extending and adapting certain prescriptions, requesting lab tests to monitor medication therapy and a minor ailment program. Some pharmacies already offer services such as medication reviews, smoking cessation counselling and INR follow-ups as a way to differentiate themselves in the market, says Anne Maheu, pharmacist and director, primary care quality management at Pfizer Pharmaceuticals. “Not all pharmacies have caught on yet to the advantage of adding clinical services but some do see the value and practice pharmaceutical care at its best.”

Expanded pharmacy services are available in the eastern provinces, too. In 2008, New Brunswick gave pharmacists authority to replace, extend and renew some existing prescriptions, to write new prescriptions for pre-existing conditions in emergency situations and to alter scripts for special needs. Uptake has been extremely high, with government estimates of as many as 20,000 scripts by pharmacists each month. Injection authority came in 2010 and about 20% of the province’s pharmacists are now authorized to inject.

Prince Edward Island’s pharmacists gained the right to extend continued care prescribing several years ago and ad-
ditional authorities are expected, possibly this year. In Newfoundland and Labrador, community pharmacists practice medication management, a role that includes providing interim supply and extending and adapting a prescription. They also hope to receive injection authority in the near future.

Since 2010, pharmacists in Nova Scotia can adapt prescriptions, administer vaccines and order, receive, interpret and conduct tests for drug management. The province also has the most extensive minor ailment program with qualified pharmacists able to prescribe Schedule 1 drugs for 30 minor ailments.

“Many of the services recently introduced by the provincial governments were already being provided informally by pharmacists with the cost covered by pharmacy allowances,” notes Nadine Saby, president and CEO of the Canadian Association of Chain Drug Stores. “Public payers are now reimbursing pharmacists for some services but where no reimbursement is attached, uptake may be slower. But pharmacies are trying to provide services and developments in technology and the growing number of registered pharmacy technicians will help.”

It takes time and investment to create the efficiencies and environment conducive to providing extended pharmacy services. But the evidence of thousands upon thousands of new pharmacist interventions across the country demonstrates that community pharmacists are ready to move out from behind the dispensary and embrace a broader role in health care.

NEW SUPPORT TECHNOLOGY
Technology is one of the critical factors necessary to support pharmacists’ expanding role. Next year, the Canadian Association of Chain Drug Stores (CACDS) will begin to test its adaptation of MirixaPro, a U.S. clinical-decision support tool that it is adapting for the Canadian market. It will eventually be available to all pharmacies, whether or not they are members of CACDS. The web-based platform will draw upon clinical guidelines and provide standardized documentation for traditional counselling as well as expanded services such as medication reviews. It will also collect aggregate data to help prove the value of pharmacists’ interventions.

“MirixaPro Canada will help by promoting consistency of clinical protocols and documentation standards across the provinces,” says Steve Wilton, vice-president, pharmacy affairs, CACDS. “There’s nothing like this in Canada right now.”

5 PHARMACISTS DARED TO DREAM...

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PHARMACISTS STILL LEADING THE WAY...

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Putting theory into practice

Researchers agree that pharmacy has reached a turning point—though it’s up to individual pharmacists to reach the destination

by Sonya Felix

Some of Canada’s top pharmacy researchers are optimistic about what the future holds for community pharmacists.

While all agree that community pharmacists are currently struggling with issues related to the drug policy reforms and the rising demand for pharmacy services, “greener pastures are coming,” says Zubin Austin, associate professor, Leslie Dan Faculty of Pharmacy at the University of Toronto. “We are on the verge of something new and exciting that will create not only many new job opportunities but also provide better remuneration.”

The biggest opportunity lies in pharmacists’ ability to help people better manage their medications, he says. “Over time, patients and other healthcare providers will feel confident in pharmacists’ ability to do that.”

Community pharmacists are well positioned to take a more prominent role in improving medication safety and adherence, agrees Neil MacKinnon, former associate director for research and professor at Dalhousie University’s College of Pharmacy (now a professor at the University of Arizona). “In the past there has been a major gap between what pharmacists are trained to do, what they should do and what many are doing in actual practice,” MacKinnon says. “But there are encouraging developments in recent years that are helping to eliminate that gap. It used to be that there were big BUT statements for why pharmacists couldn’t do more: no evidence, no authority and no pay. Now we are seeing these old excuses falling by the wayside.”

Pharmacists’ integration into primary care is a major area of research for Lisa Dolovich, research director and associate professor, Department of Family Medicine, McMaster University. Based on her research, the ideal role for Canadian pharmacists is to work collaboratively as the drug therapy expert on a team of healthcare providers. Several practice models can accommodate this, including weekly consults at the physician’s office and physician referrals to community pharmacies.

“As medicine becomes increasingly complex and our aging population uses more drugs, pharmacists will hopefully be seen more and more as the member of the healthcare team that takes responsibility for making sure patients get the best outcomes from their drugs,” Dolovich explains. “It may feel challenging at times but change can also bring new professional and financial opportunities that will allow our profession to flourish.”

Pharmacy schools across Canada are revamping curricula to put more focus on clinical skills, including collaborative learning with multiple healthcare faculties. Some also now offer, or will in the near future, entry level PharmD programs. As students graduate with the skill sets associated with a PharmD, employers will expand pharmacists’ clinical roles, says Henry Mann, dean, Leslie Dan Faculty of Pharmacy at the University of Toronto. “This happens most quickly in areas where there is an immediate need for interface between professions, so the hospitals are most likely to see the increase first. This is followed most often by clinics, but if the reimbursement model allows a primary care role for pharmacists in the community…then we should see dramatic changes here.”

After many years studying the impact of pharmacists’ interventions, Ross Tsuyuki, PharmD and professor of medicine at the University of Alberta, has gathered more than enough evidence showing improved patient outcomes. The challenge has always been continuing the work once the pilot project is done. With growing support from educators and pharmacy associations, as well as new remuneration models, the tide finally appears to be turning. Ultimately, however, success is up to the individual pharmacist. “Pharmacists will need to decide if they want to cling to old practices such as dispensing, or embrace the paradigm of taking responsibility for patient care,” says Tsuyuki.
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