

Neighbourhood Pharmacy

FALL/WINTER 2021

Gazette



INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.

A publication of the Neighbourhood Pharmacy Association of Canada

Scaling heights

THE ROLE OF COMMUNITY PHARMACY
IN COVID VACCINATIONS AND
WHAT'S ON THE HORIZON

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award winners**

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Neighbourhood Pharmacy Gazette

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Not just the what, but also the how

Focus on the how.

Those four simple words from Fred Horne at our Pharmacy Expo in October ([page 15](#)) really resonated with me and continue to pop up like beacons marking a path. As a former minister of health for Alberta, Horne knows firsthand the competing demands faced by governments. Part of that involves hearing from so many constituencies with compelling cases, win-win scenarios or urgent calls to action.

For almost two years now, the “how” has stripped away all other considerations. Organizations or sectors that help answer the question of how to respond to the pandemic and its repercussions have been thrust onto centre stage. Community pharmacy is among them. From public education to continuity of medical care to vaccinations, pharmacy has proved itself to be vital in delivering the how, despite an environment of crisis and confusion.

Our cover story examines pharmacy’s role in COVID vaccinations ([page 5](#)). A key takeaway is that no matter how daunting the challenge, pharmacy figured things out. The truly unique infrastructure of community pharmacy—its roots in both the private retail sector and the public healthcare system, its community presence, its distribution network, its multi-purpose frontline teams—enables an unparalleled degree of responsiveness and adaptability.

It’s important to underscore that pharmacy’s potential to add capacity is huge. As a private partner in healthcare,

the sector knows how to operationalize nimbly and cost-effectively. That includes the wherewithal to quickly bring in health human resources to meet demand (whether with pharmacists, pharmacy technicians, assistants, students, nurses and others).

As we move from the crisis of the pandemic to the crises coming out of it, most importantly in the areas of mental health and backlogged medical care, community pharmacy can continue to break ground in adding capacity to the healthcare system. We can and should mobilize more services that leverage scopes of practice, such as all routine immunizations and prescribing for minor ailments.

However, that capacity can only be realized if resourced appropriately. Resourcing is essential to the how. Pharmacies stand ready to do so internally. Outside of pharmacy, fair remuneration and regulatory pathways are requisite for sustainable execution.

For our part, Neighbourhood Pharmacies will double down on our unique function to broker communications between our members, governments and regulatory bodies. So much of the capacity conversation boils down to a more tactical understanding of what all parties can accomplish, on their own and collectively. The pandemic galvanized those deeper discussions, and we will keep them going.

We are focussed on the how. Because we know the why—optimal patient care—is what matters most.



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“It’s important to underscore that pharmacy’s potential to add capacity is huge.”



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References: 1. Kröger J, Fasching P, Hanraire H. Three European retrospective real-world chart review studies to determine the effectiveness of flash glucose monitoring on HbA1c in adults with type 2 diabetes. *Diabetes Ther.* 2020;11(1):279-291. 2. Data on file, Abbott Diabetes Care Inc. 3. Haak T, Hanraire H, Aijan R, Hermanns N, Riveline JP, Rayman G. Flash glucose-sensing technology as a replacement for blood glucose monitoring for the management of insulin-treated type 2 diabetes: a multicenter, open-label randomized controlled trial. *Diabetes Ther.* 2017;8(1):55-73.

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Scaling heights

The role of community pharmacy in COVID vaccinations and what's on the horizon



2021 was one heck of a climb for community pharmacies.

In nine months, from March to November, pharmacists and fellow immunizers in 7,600 pharmacies across Canada injected COVID vaccines more than 11.9 million times. That's about 1.3 million injections per month, 1,600 per pharmacy, or one in five of all COVID vaccine doses administered (60 million as of late November).

"I think the pharmacies were one of the saviours when it came to making sure that we got people vaccinated. They played such a major, major part," said Ontario Premier [Doug Ford](#) at a press conference on November 16.

What makes it even more impressive is the fact that COVID vaccinations came on the heels of the largest influenza vaccination campaign ever carried out in pharmacies—5.4 million jabs, up 48 per cent from the previous year, according to a claims analysis by the [Canadian Foundation for Pharmacy](#). On top of that, pharmacists had rallied to maintain continuity of care in light of patients' reduced access to physicians, as evidenced, for example, by the 38 per cent jump in prescription renewals from April 2020 to March 2021.

COVID vaccinations by pharmacists began in March in most provinces. "I was able to give one of the first

COVID shots in a B.C. pharmacy and it was just such a great feeling. People were so excited and felt like they had a new lifeline. We were making history,” recalls Annette Robinson, President of the British Columbia Pharmacy Association and a consultant pharmacist. “It was also eye-opening and pushed us outside of our comfort zone, but we were able to step up and learn new things, including new ways of doing business.”

The vaccination program tested pharmacists’ and their teams’ limits at the same time that it showcased their commitment to care, particularly in areas where pharmacies’ share of COVID shots is close to that of mass vaccination clinics. In Alberta, for example, pharmacists have administered 49 per cent of all doses. “It’s taking its toll, for sure,” reflects Margaret Wing, CEO, Alberta Pharmacists’ Association (RxA). “As we get to the end of 2021, I hope that pharmacists are feeling how much they are appreciated and recognized for their resilience and

professionalism, kindness and compassion.”

“What pharmacy teams have achieved is extraordinary. Let’s take time to acknowledge and celebrate what they have been able to do,” agrees Shelita Dattani, Vice-President, Pharmacy Affairs, Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies).

“It’s been a long haul, but pharmacies have been terrific,” echoes Jake Reid, Executive Director, New Brunswick Pharmacists’ Association (NBPA). “They view it as their obligation to the community to be part of this, whatever the costs.”

While the climb has been tough, pharmacy leaders across Canada hope pharmacists and their teams can look at the results and agree it was worth it. “Governments are seeing us in a new light. We’ve been saying for years, ‘Please work



Alberta

PARTICIPATING PHARMACIES	START DATE	IMMUNIZERS	VACCINE(S) AT LAUNCH	PHARMACY DOSES
1,400 (93%)	February 24, 2021	Pharmacists	Pfizer	3.4 million (49% of all doses)

As the first province to roll out COVID vaccinations in community pharmacies, Alberta pioneered the delivery of the ultra frozen Pfizer mRNA vaccine to pharmacies using pharmaceutical wholesalers. The refrigerator-stable AstraZeneca vaccine was not even available to pharmacies in that province.

Much of the work fell on the Alberta Pharmacists’ Association (RxA). “We basically engaged in daily meetings with Alberta Health to work through all of the problems and solutions,” recalls Margaret Wing, RxA’s CEO. For example, the original vaccine packs were much too large for a community pharmacy and there were limitations on the distance they could be transported in the semi-thawed state.

Vaccinations began with about 100 pilot pharmacies within a certain radius of Edmonton, Calgary and Red Deer. By April, as supply increased, almost all pharmacies were able to pre-order limited amounts of one of the COVID vaccines. The AstraZeneca vaccine also became available, but logistically it was too difficult for Public Health to allocate all three types of vaccines to pharmacies. Add to that the concerns

over blood-clotting and persistent supply limitations, and the bulk of AstraZeneca vaccinations ended up happening in public health clinics.

“Back in February it looked like it would have been easier to wait for the AstraZeneca vaccine rather than take on the challenges of getting the mRNA vaccines into pharmacies. We took a lot of criticism early on,” says Wing. More than three million vaccinations later, the decision to tackle the mRNA vaccines proved provident. Wing credits the significant role Alberta pharmacists have played administering flu shots over the last decade and RxA’s “visionary” Board and staff.

A central booking system also distinguishes Alberta from most other provinces—but not for the right reasons. “The administrative burden has been incredibly challenging,” says Wing. The system, which is mandatory for pharmacies to use for COVID vaccines and optional for flu shots, was built with mass vaccination clinics in mind. “Work is ongoing to better integrate with pharmacy practice or pharmacies’ current digital appointment-based systems,” says Wing.

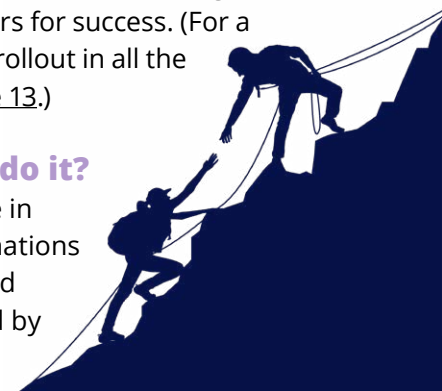
with pharmacy, we're the most accessible providers out there and we can do so much more.' We were saying it, but this was really proving it. This was demonstrating that pharmacy could do the work and help out in a way that governments perhaps hadn't envisioned before," says Reid.

"The sheer number of doses is incredible," emphasizes Justin Bates, CEO, Ontario Pharmacists Association (OPA). Just over half of the province's pharmacies have injected more than 4.7 million doses. "It really speaks to how quickly the profession can mobilize, how the pharmacy infrastructure can operationalize services and add capacity to the healthcare system—even with all of the challenges. The profession can take real pride in this."

Provincial and national pharmacy associations did their share of the heavy lifting, serving as the go-between for governments and frontline pharmacies. Neighbourhood Pharmacies spoke with five of the provincial associations—in B.C., Alberta, Ontario, New Brunswick and Nova Scotia—to gather their reflections on the factors for success. (For a snapshot of the vaccination rollout in all the provinces, see chart on [page 13](#).)

How on earth did we do it?

No two provinces were alike in their rollout of COVID vaccinations in pharmacies. Decisions and efforts were largely dictated by



Nova Scotia

PARTICIPATING PHARMACIES	START DATE	IMMUNIZERS	VACCINE(S) AT LAUNCH	PHARMACY DOSES
295 (95%)	March 9, 2021	Pharmacists, pharmacy technicians, other regulated health professionals	AstraZeneca, Moderna, Pfizer	870,000 (54% of all doses)

Pharmacies in Nova Scotia hold the distinction of leading Canada in terms of the proportion of doses administered (53 per cent of the total in that province).

With the closure of all mass vaccination clinics in September 2021, pharmacies have become the primary vaccination site. A central and ongoing task for the Pharmacy Association of Nova Scotia (PANS) is coordinating with its members and government to determine vaccine allocations and booking availability at pharmacies. "We run data constantly to see where the demand is and to work out our maximum capacity. If there are areas where we don't have enough pharmacies, Public Health will come in with pop-up clinics," says Allison Bodnar, CEO of PANS.

CanImmunize, a central booking application purchased by the government early in 2021, both anchors and steers the process. The front-end work to customize and operationalize was daunting. "It was building the plane while we were learning to fly it," describes Bodnar. There were weekly meetings to identify and execute tasks, and "smooth out bumps before they got big."

The result is a "very slick process that is super easy to use," says Bodnar. All pharmacies received a tablet

loaded with the CanImmunize app, with which they source the patient, gather consent and document the vaccination. The app automatically reports to the public database and bills for the vaccination.

"In the early days, our pharmacies did not even order vaccine or supplies. We autoshipped all of it based on the allocations. Vaccines showed up on their doorstep. Patients showed up on their doorstep with booked appointments. We made it as simple as we could for pharmacies," summarizes Bodnar.

All three vaccines were available from the start and distribution is through public health depots, which deliver directly to the pharmacy.

The hope is to use CanImmunize for influenza shots next year, with physicians on board; meanwhile, to help pharmacies administer flu shots this year, centralized allocations and online ordering have been put in place.

PANS will also pick up where it left off regarding other vaccinations. In 2019, as part of contract negotiations, government had agreed to complete the work necessary to enable pharmacies to deliver adult vaccinations. "It's a question of when the limited resources in Public Health will have time to refocus their efforts," says Bodnar.

the vaccines available and their supply, which varied greatly by province, and even within the province on any given day.

Alberta was first out of the gate, with a start date of February 24 for pharmacies. The big catch: only the Pfizer ultra frozen mRNA vaccine would be available. "There were so many hurdles to get through to get this vaccine out to pharmacies. Quite frankly it would have been easier to say, 'Public Health, go ahead,'" says Wing. "But we knew it was the right thing for Albertans to be

able to go to pharmacies. So we told government, 'If all we can get is the mRNA vaccine, we want it. We can do it.' And we did."

Nova Scotia stands out as the only province to successfully implement central booking from the start. "Pharmacies love it," says Allison Bodnar, CEO, Pharmacy Association of Nova Scotia (PANS) based in Halifax, Nova Scotia, where pharmacists and pharmacy technicians have administered 54 per cent of all doses. In Alberta, meanwhile, the government's central booking system

New Brunswick

PARTICIPATING PHARMACIES	START DATE	IMMUNIZERS	VACCINE(S) AT LAUNCH	PHARMACY DOSES
218 (94%)	March 17, 2021	Pharmacists, pharmacy technicians	AstraZeneca, Moderna, Pfizer	610,000 (48% of all doses)

Community pharmacy was part of New Brunswick's COVID vaccination plan from the start. "The Regional Health Authority knew they needed pharmacy partners, though I don't think in the early days they knew how much they would need us," says Jake Reid, Executive Director, New Brunswick Pharmacists' Association (NBPA). "As we proved ourselves, we took on more and more."

The fact that pharmacy technicians could immunize helped; luckily, that new authority for techs came into effect just before the start of the pandemic.

A key factor for success was the government's decision to hire a pharmacist consultant to help with planning and serve as a liaison. "We're now in the process of trying to make this a permanent position because it made such a difference," states Reid.

NBPA attends multiple stakeholder meetings weekly and collaborates directly with Public Health to shape the vaccination campaign.

A central booking system was considered, but ultimately set aside in order to ramp up quickly. "We didn't want to worry about a central system going down, so we decided to replicate what we do for flu vaccines for now. I think that was key to the early success," says Reid.

Having said that, central booking is not off the table. With COVID vaccinations continuing for the foreseeable future, "we're looking at what we can do to make things easier. A central registry is one of the things

we're exploring and we expect could be available for pharmacy's use early in the new year," notes Reid.

NPBA has also proposed a central phone line for the public. "People are calling the pharmacy about anything and everything. The volume of call has been tremendous," says Reid.

For distribution, the government elected to use one wholesaler. "The government felt that by going with one distributor they would have a better handle on the whole system. This is probably more realistic for a smaller province to do," says Reid. While this caused initial adjustments for some stores, pharmacies became accustomed to the routine with ordering vaccine allotments and receiving regular inventory.

Reid foresees the near equal split between the Regional Health Authority and pharmacy vaccine administration continuing for now, but he questions its sustainability. "Our resources are stretched. We also have new funded services in place for prescription renewals and UTIs, and we anticipate an expanded role for community pharmacy in the government's new health plan," he explains.

One solution is to expand the list of immunizers to include nursing and pharmacy students, as well as ambulance drivers. This would apply to flu shots and other authorized vaccinations as well (for the latter, NBPA has been advocating for public funding). "This is not about any one sector. This is about accomplishing our public health goals as a province," says Reid.

remains a work in progress (see provincial sidebars).

While there were major differences between provinces, everyone agrees that pharmacy's track record with influenza vaccinations helped pave the way. "We were ready when we needed to be for the largest vaccination campaign in history. This is a stellar example of how our advocacy and efforts over the past decade moved us forward step by step to a whole new level of involvement and recognition in healthcare and public health," says Dattani.



A strong existing relationship with government was another common denominator, which again rose to a new level as all hands came on deck. Regularly scheduled meetings buttressed daily communications and problem-solving, enabling all stakeholders to turn on a dime. Associations also saw unprecedented direct access to ministers of health.

"I think at the end of the day, when we look at processes across provinces, we will see that the openness and frequency of communications with government was a key factor in the success of our programs," says Bodnar.

Ontario

PARTICIPATING PHARMACIES	START DATE	IMMUNIZERS	VACCINE(S) AT LAUNCH	PHARMACY DOSES
2,666 (57%)	March 12, 2021	Pharmacists, pharmacy technicians, students, interns	AstraZeneca	4.7 million (20% of all doses)

More than half of pharmacies in Canada's largest province have become approved sites for COVID vaccinations, and that number still grows. They've injected more than 4.7 million doses or 20 per cent of all doses so far, which is no small feat—though the numbers "definitely" could have been higher, says Justin Bates, CEO of Ontario Pharmacists Association (OPA).

"The government had decided to put the bulk of vaccinations through mass immunization clinics. We could have done more, but we're certainly happy with what we did do. We've proven that the channel is very successful when it comes to immunizations."

On the one hand, Bates cites early collaboration with government as a key factor for success. Advocacy was a joint effort with Neighbourhood Pharmacies, which further facilitated communications between government and frontline pharmacies.

On the other hand, other communications from government could be a challenge. "Our members would hear about something for the first time from patients calling right after a press conference. So we struggled to get those communications out to our members, with permission from government, in a much more timely fashion."

Initially pharmacies received only the AstraZeneca vaccine, which ran into supply shortages before concerns about blood clotting effectively cut off

demand. "We had to advocate very strongly to get the mRNA vaccines into pharmacies," says Bates.

During the busiest period, OPA and Neighbourhood Pharmacies persuaded government to take a centralized approach for vaccine allocation, whereby the pharmacy channel was allocated a single amount. "That allowed us to be agile and take full advantage of the benefits of our pharmacy wholesalers," notes Bates. A decentralized system has since returned (i.e., the public health units determine pharmacy's allocations for their respective areas).

Real estate for mass vaccination clinics began returning to their original uses in September. "The plan is essentially to leverage the pharmacy channel for completing second and third doses for Ontarians," says Bates. "Pharmacy professionals are administering third shots as a primary delivery channel as people qualify."

The working relationship with government during the vaccination campaign has "absolutely" opened the door to other opportunities. Point-of-care testing is the most recent example, with the government's announcement in November that pharmacies can conduct COVID testing for symptomatic people. Outside of COVID, OPA is looking forward to the implementation of the minor ailments program and an expanded program for routine immunizations, expected in early 2022.

What's uniquely pharmacy

In the end, actions always speak louder than words. And pharmacy's biggest story is its ability to deploy in ways that others could not. In some provinces, public health units did not have the capacity. In all provinces, most physicians' offices could not meet the criteria for vaccine handling and storage as well as public health safety measures—not to mention in-person visits were severely curtailed.

"Pharmacy's ecosystem is unparalleled," says Dattani. "From wholesale distribution and the support of pharmacy associations and head offices to the versatility of the frontline teams, plus the fact that our doors are

always open—all of it comes together to serve the public like no other healthcare sector can."

Adds Bodnar: "We eliminated the competitive piece and were able to capitalize on the structure of a pharmacy, its operating hours and its team approach. It was really important for government to see we could do that."

Question of remuneration

Fees to administer the vaccine range from \$25 in Alberta to \$13 in Ontario and Newfoundland & Labrador. While most provinces would agree the fee was reasonable in the early months when volume was high and steady, that

British Columbia

PARTICIPATING PHARMACIES	START DATE	IMMUNIZERS	VACCINE(S) AT LAUNCH	PHARMACY DOSES
677 (48%)	March 31, 2021	Pharmacists	AstraZeneca	317,000 (4% of all doses)

From the start, mass immunization clinics were the core of B.C.'s COVID vaccination program. Pharmacies were also able to offer vaccinations; however, the government's decision to supply only the AstraZeneca vaccine to pharmacies eventually curtailed their supportive role due to supply shortages and concerns over blood clotting.

"B.C. focussed on mass immunization clinics, and their approach worked quite well given the high vaccination rates," says Annette Robinson, President of the British Columbia Pharmacy Association (BCPhA). "When supplies of AstraZeneca ran out, we started looking at other ways that pharmacies can get involved."

For example, 12 pharmacies in the northeastern part of the province were mobilized to increase immunization rates in that region, using the Moderna mRNA vaccine.

As well, B.C. is currently running a pilot with 54 pharmacies to test Immunize BC, the province's new central booking system, in anticipation of the next phase of the vaccination campaign: booster shots.

The pilot pharmacies are administering the Pfizer vaccine. "The understanding is that all pharmacies will be involved in the booster program and we're in discussions now with the government on how that will roll out," says Robinson.

"It was never a question of if we were going to be included, it was a matter of when they needed us and how," she adds. In B.C., pharmacists have been able to administer and bill for other publicly funded vaccinations for more than a decade and BCPhA is a member of the province's immunization committee.

COVID vaccinations have already delivered another win for pharmacies: for the first time, pharmaceutical wholesalers are handling distribution rather than public health departments. BCPhA and Neighbourhood Pharmacies have advocated for this for a number of years. "That's a huge advantage for pharmacy in terms of workflow. It's going very smoothly and flu vaccines are going through direct distribution as well this year," says Robinson.

assessment changed when vaccinations became scattered throughout the day and more time had to be spent with recipients who were vaccine-hesitant—or downright angry due to mandatory vaccination policies. “It’s a very different type of stressful environment right now,” says Bodnar.

When you factor in the time for conversations (with and without a resulting vaccination), scheduling (including cancellations and rescheduling, particularly in the early days when supply was unstable), infection control and documentation, the net result is a fee that likely falls short. “Many did this at a loss financially but were willing to step up and contribute. It was never just about the money,” says Bates.

Having said that, conversations around remuneration will certainly continue. “Funding helps build capacity to resource pharmacy and build bandwidth in healthcare, which relieves pressure on all providers and fosters sustainable teams,” says Dattani. It’s not a new discussion, but one that will likely take on greater meaning as the backlogged healthcare system increasingly relies on providers—including pharmacists—who are at or close to burnout.

Mental health a growing concern

Pharmacy teams have demonstrated an innate resilience as they face seemingly endless uncertainties and changes in daily practice. Yet adrenalin can take people only so far.

“Burnout is an acute reality for our sector. Pharmacy has now been serving on the frontlines of COVID for nearly two years,” says Shelita Dattani, Vice-President, Pharmacy Affairs, Neighbourhood Pharmacies.

Eighty-four per cent of pharmacists and technicians surveyed in Ontario in June 2021 reported a decline in their mental health since the start of the pandemic and 88 per cent reported feeling burned out. The vaccine rollout was the largest contributor to their stress, followed by staff shortages. More results are captured in the [white paper](#), “Easing the Burden,” by Dr. Robyne Hanley Dafoe.

The Association is taking a closer look at its role in supporting members’ efforts to care for the mental health of pharmacy staff. “We are committed to help advocate for pharmacy to support resilient organizations and pharmacy teams,” says Dattani.

The Association also commends the inclusion of pharmacists and pharmacy teams in Ontario’s program to provide mental health resources to people who identify as healthcare workers, and actions by the federal government to make the harassment of healthcare workers a criminal offence.



Thank you, Karl



Karl Frank, RPh
Board Chair, Neighbourhood
Pharmacy Association of Canada
2019 - 2021

Your calm leadership and unwavering support enabled Neighbourhood Pharmacies to successfully navigate these past two turbulent years. With you at the helm, we have become stronger and more united.



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What's on the horizon

In the short term, COVID vaccinations remain very much the priority now that booster and pediatric campaigns are rolling out and mass vaccination clinics are greatly reduced in number. "This is going to be a sustained vaccine program. We're projecting out into June of next year right now," says Reid.

Neighbourhood Pharmacies will continue to contribute from its unique vantage point, liaising between its members, provincial pharmacy associations and governments. "We are the only Association that's national but we still advocate provincially, working with provincial associations. We bring a pan-Canadian approach and share experiences across the provinces and with our members," says Dattani.

The mobilization of community pharmacy for other recommended, routine vaccinations (for example, against HPV and shingles) is a natural segue given pharmacy's achievements in influenza and COVID. A significant number of Canadians missed or delayed these vaccinations during the pandemic and would

like to be able to get them from their community pharmacy, according to recent research by 19 to Zero in collaboration with Neighbourhood Pharmacies (page 14).

Beyond that, each province is picking up from where they left off before the pandemic—some, such as New Brunswick, have already seen success with new public funding for pharmacists' services outside of COVID (page 8).

Indeed, the hope is that the goodwill generated over the past 18 months opens doors in other areas of patient care for some time to come—perhaps even beyond future provincial elections. "There will always be a bit of a push-pull when working with government, but I think that the transparency we've experienced, the networking that we've done, will be helpful. The hard work of our pharmacist members is being recognized and will prove valuable in our ongoing relationship working with government," says Reid.



Turning a corner in vaccine access

PARTNER SPOTLIGHT

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Pfizer is a global leader in promoting disease prevention via immunizations. Pfizer's Vaccines Canada Lead, Fabien Paquette, discusses how the pandemic has expanded immunization channels to include community pharmacies and the benefits to all.

On COVID-19 as a turning point Pharmacy teams have significant confidence in their abilities as healthcare providers, and we've seen a great increase in the number of community pharmacies providing immunization services. Pharmacists are the largest group of participants in our online immunization training programs. I believe the support of head offices has helped to generate that interest. It's so gratifying to see pharmacy jumping in to become part of the solution.

The biggest barrier remaining The scope of practice for pharmacists is still different from one province to another, which is limiting. If there could be a wider opportunity to expand scope for pharmacists and offer immunization training programs to more pharmacy technicians too, that would certainly help in optimizing patient access.

How Pfizer supports pharmacy We work closely with pharmacy partners as we see the great value they bring to immunization programs. Not only are pharmacy teams facilitating immunizations, they're also a trusted source of information to reassure vaccine-hesitant patients. In addition to providing educational programs, we want to help pharmacy teams learn how to operationalize immunization clinics in-store. To that end, we help connect experienced pharmacists with those just starting out. We are also taking the time to learn what pharmacy teams need to be successful and crafting our programs accordingly.

Community pharmacy & COVID vaccinations

Information current as of November 30, 2021

Province	Start date	# (%) pharmacies registered	Vaccines (by manufacturer) and eligibility by age	Provincial fee for administration	Pharmacy doses and % of total (estimate)
British Columbia	Mar. 31	677 (48%)	<ul style="list-style-type: none"> AstraZeneca: 30+ (second doses only)* Moderna: 12+ Pfizer: 12+, piloted at selected pharmacies 	\$18	317,000 (4%)
Alberta	Feb. 24	1,400 (93%)	<ul style="list-style-type: none"> AstraZeneca: 40+ (second doses only)* Moderna: 12+ Pfizer: 12+ 	\$25	3.3 million (49%)
Saskatchewan	Apr. 29	371 (93%)	<ul style="list-style-type: none"> Moderna: 12+ Pfizer: 12+ 	\$20	441,000 (25%)
Manitoba	Mar. 15	315 (73%)	<ul style="list-style-type: none"> AstraZeneca: 40+; 30+ with health conditions (second doses only unless other vaccines not available for first dose)* Moderna: 12+ Pfizer: 12+ 	\$20	160,000 (8%)
Ontario	Mar. 12	2,666 (57%)	<ul style="list-style-type: none"> AstraZeneca: 40+ (second doses only)* Moderna: 12+ Pfizer: 12+ 	\$13	4.7 million (20%)
Quebec	Mar. 22	1,500 (78%)	<ul style="list-style-type: none"> AstraZeneca: 45+ (second doses only)* Moderna: 12+ 	\$17.10	1.3 million (9%)
New Brunswick	Mar. 17	218 (94%)	<ul style="list-style-type: none"> AstraZeneca: 55+ (second doses only unless other vaccines not available for first dose)* Moderna: 12+ Pfizer: 12+ 	\$15	610,000 (48%)
Newfoundland & Labrador	Jun. 1	160 (81%)	<ul style="list-style-type: none"> Moderna: 12+ 	\$13	71,000 (8%)
Nova Scotia	Mar. 9	295 (95%)	<ul style="list-style-type: none"> AstraZeneca: 40+ (second doses only)* Moderna: 12+ Pfizer: 12+ 	\$16	870,000 (54%)
Prince Edward Island	Mar. 11	26 (52%)	<ul style="list-style-type: none"> AstraZeneca: 55+ (second doses only)* Moderna: 18+ Pfizer: 18+ 	\$15	44,000 (16%)
TOTAL DOSES					11.9 million (20%)

* Administration of first doses of AstraZeneca vaccine paused due to supply issues and/or out of an abundance of caution
 Sources: Neighbourhood Pharmacies, COVID-19 Vaccine Distribution Tracking; provincial pharmacy associations; National Association of Pharmacy Regulatory Authorities (pharmacy counts)

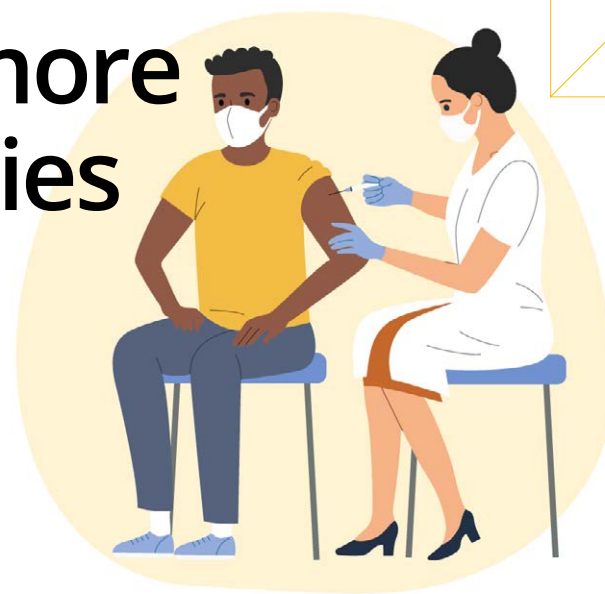


Public supports more shots in pharmacies

Seven out of 10 Canadians would like to be able to receive more routine immunizations at their community pharmacy for diseases other than influenza and COVID—a critical finding given that more than five million Canadians have missed or delayed such immunizations during the COVID pandemic.

19 to Zero, a coalition of healthcare professionals, public health experts and related stakeholders working to build public confidence in COVID and other vaccinations, polled more than 9,000 Canadians from late August to early October 2021. The research was commissioned by Neighbourhood Pharmacies, which also contributed to survey development.

Thirteen per cent of adults (about four million) and 23 per cent of children (1.3 million) reported missing or delaying a routine vaccination (e.g., to protect against tetanus for adults and HPV for children) due to the pandemic. When one takes into account the additional respondents who were unsure, those results could be as high as one in four Canadian adults (22 per cent) and one in three children (34 per cent).



Access and awareness were the main factors behind the missed or delayed immunizations. For example:

- For adult immunizations, 26 per cent did not want to visit a family physician or public health office during COVID.
- About one in four (23 per cent for adult immunizations, 26 per cent for child immunizations) could not make an appointment with their family physician.
- About one in five were unsure if routine immunizations were available or if they were due for themselves (22 per cent) or their children (18 per cent).

When these results related to access and awareness are combined, the findings suggest that 71 per cent of missed or delayed adult routine immunizations and 87 per cent of missed or delayed child routine immunizations could have been avoided with improved access to providers.

Community pharmacies could play a vital role in boosting access and awareness. Sixty-eight per cent of Canadians would like to be able to receive more routine immunizations at their community pharmacy in addition to the doctor's office or a public health site. Fifty-six per cent would get a recommended routine immunization while they were in the pharmacy for another reason, for example to pick up a prescription, if the pharmacist offered to administer it.

Time to boost access



87%
Children



71%
Adults

Missed or delayed routine immunizations that could have been avoided with improved access to providers

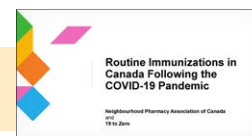
Source: University of Toronto & 19 to Zero National Vaccine Survey Fall 2021 N = 9,080

Getting the word out



Neighbourhood Pharmacies has launched digital campaigns in British Columbia and Ontario to raise public awareness of pharmacists as immunizers. Details available on the Association's website.

Get more results on Neighbourhood Pharmacies' website.



Pharmacy in a post-pandemic world

Pharmacy leaders and related stakeholders gathered virtually in early October for Pharmacy EXPO, hosted by Neighbourhood Pharmacies. In addition to a virtual exhibit hall and one-on-one business meetings, the event featured thought-leadership sessions that focussed on learnings and opportunities for community pharmacy in a post-pandemic world.

Opportunities from chaos

Crisis leads to chaos and chaos presents opportunities, emphasized Jeremy Gutsche, CEO of Toronto-based Trend Hunter and best-selling author. Witness how pharmacy was catapulted into the public health arena, and the overnight adoption of virtual healthcare services.

The trends forecaster and analyst predicted the chaos will continue for another one to three years. "This is going to be the greatest window of opportunity in your career, especially in the world of pharmacy," said Gutsche, who cited the "Roaring 20s" as an historical example of post-pandemic creativity and innovation.

Now is the time for businesses to proactively develop ideas and plan for new products and services, some of which may have been on the backburner before the pandemic. "Chaos creates opportunity because it changes the rules," said Gutsche. "Ideas from three years ago may have value now because we are

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VIRTUAL PHARMACY



JEREMY GUTSCHE
Trend Hunter



FATEMA PIRONE
CIBC



DR. CATHERINE DUGGAN
International Pharmaceutical Federation

more open-minded and really thinking of our potential."

While pharmacy may have an edge given its achievements during the pandemic, he warned that other sectors will also look to stake new claims. "It's going to be a land grab. With healthcare elevated in its importance, you will find some pharmacy categories opening up to other retailers."

Gutsche described several "megatrends" that serve as guiding lights, such as consumers' desires for simplicity, personalization and environment-friendly products. He also reminded conference attendees to steer clear of the "traps of path dependency," which include linear thinking and being a victim of past success. In healthcare especially, organizations tend to be overly cautious and comfortable.

Perhaps most important is a company's commitment to innovation in the first place. While CEOs routinely state that innovation is a top priority, a Trend Hunter survey of employees found that 50 per cent do not believe their organization has a strong innovation plan. "The secret to remarkable success is that it's not about hard work only, it's about finding an overlooked opportunity," said Gutsche.

Parallels to banking

Fatema Pirone, Vice-President, Enterprise Digital at CIBC, spoke

about disruptive trends in banking and drew parallels to community pharmacy. The “high-tech, high-touch” approach to customer service is relevant to both sectors and the common goals are a seamless experience, convenience and protection of privacy. “While our core competencies...may not change, how we deliver those experiences is shifting,” said Pirone.

For example, artificial intelligence has begun to deliver huge results. “Our chat functionality handles more than 90 per cent of [customer queries] and frees up our contact centre staff to have the more complex conversations. [This] is very applicable to pharmacy as well,” she noted.

Pirone spoke about the growing work in the secure movement of data, specifically in the areas of digital identity and “distributed ledger technology” (e.g., blockchain), both of which will have many applications in healthcare.

To remain customer-centric, apply the concept of design thinking. “It essentially means we run a sprint around experiences, get feedback in real time and adjust so that by the time we roll something out, we know that it’s exactly the experience our client is looking for,” said Pirone.

Global learnings

Pharmacies’ experiences in Canada and throughout the world led to an awakening among policymakers. “What happened [in pharmacies] was quite unseen by many governments,” said Dr. Catherine Duggan, CEO, International Pharmaceutical Federation (FIP), during a panel discussion on pharmacy and policy in the post-pandemic world. “As time went on, governments saw and acknowledged that pharmacists and



STEVE ANDERSON
National Association of Chain Drug Stores



FRED HORNE
Horne and Associates



SABINA VOHRA-MILLER
Vohra Miller Foundation



ANDRÉ PICARD
The Globe and Mail

pharmacies are central to healthcare.”

Governments are also realizing that partnerships between the public and private sectors are not only doable, but can also be the right way to go. In the U.S., a vaccine rollout that initially relied on state-run mass vaccination clinics saw people waiting for hours in poor weather conditions. “Then we pivoted and helped set up the federal retail pharmacy program. Today, 80 per cent of COVID shots are administered in retail pharmacies,” said Steve Anderson, President and CEO, National Association of Chain Drug Stores (NACDS).

Anderson and Duggan agreed that next steps include advocacy in two main areas: to make permanent the temporary new authorities for pharmacists in medication management and other services, and to bring pharmacy into top-level discussions about how to fix inefficiencies in healthcare systems.

Pharmacists themselves can nurture the personal leadership that emerged during the pandemic. “Pharmacists like to be evidence-based and are quite risk-averse as a profession, but COVID has shown that sometimes you can do the best job by being the best in the moment, and building on that,” explained Duggan. “We need to go with the more entrepreneurial side of our nature, and to really trust that the public trusts us.”

The next level in advocacy

The results of the federal election can be regarded as “an opportunity to be transformative,” said Fred Horne, Principal, Horne and Associates, and former Alberta Minister of Health. “The vote was

not so much about Canadians wanting the status quo as it was about wanting to see the Liberal government carry forward on a number of key initiatives."

On the one hand, Horne described a return to "big government," with large social agenda priorities such as childcare, seniors care, mental health, pharmacare and basic incomes. On the other hand, federal-provincial engagements have changed. "Instead of the health accords of the early 2000s, we have moved to bilateral agreements."

In the health arena, pharmacy can work with both levels of government, for everyone's benefit. The key is to switch the focus from the 'what' to the 'how.'

"Talk more about how to do things that are already proven to have value, and that need to be scaled and spread," advised Horne. "Governments are more supportive of proven concepts rather than taking a leap on new ground."

Pharmacy can also bring its track record to bear. "I wouldn't hesitate for one second to talk about your experiences during COVID. And that people in the community chose to come to you. That ability to be a pathway to care...is a strong argument to talk to pharmacy first in the development of a new initiative," stated Horne.

Countering misinformation

Vaccine hesitancy is not a new phenomenon, but social media have provided a much larger platform to spread misinformation, noted panelists who discussed how COVID has changed the consumption of health and science information. The panel was moderated by André Picard, health columnist for *The Globe and Mail*.

Sabina Vohra-Miller, co-founder of the Vohra Miller Foundation and a social media pundit for science-based health promotion, spoke of the power of the "dirty dozen," a group of 12 influencers with big budgets who are using social media to spread the bulk of misinformation around COVID vaccines. "They really know how to target the fears and concerns people have and convert that into business for themselves," she said.

Dr. Zain Chagla, Medical Director, Infection Control at St. Joseph's Healthcare Hamilton, noted that even medical journals have "faltering" during the pandemic.



DR. ZAIN CHAGLA
St. Joseph's Healthcare Hamilton

"With a little bit of money, you can publish anything and people automatically think it's peer-reviewed," he said.

Fortunately, pharmacists can help patients distill facts from fiction. "The conversation with a single, trusted provider has incredible power," said Chagla.

As for countering misinformation from online sources, panelists suggested pharmacists post science-based content that's clearly

written and for which the original sources are easily accessible, rather than engaging directly with anti-vaxxers.



Have a listen

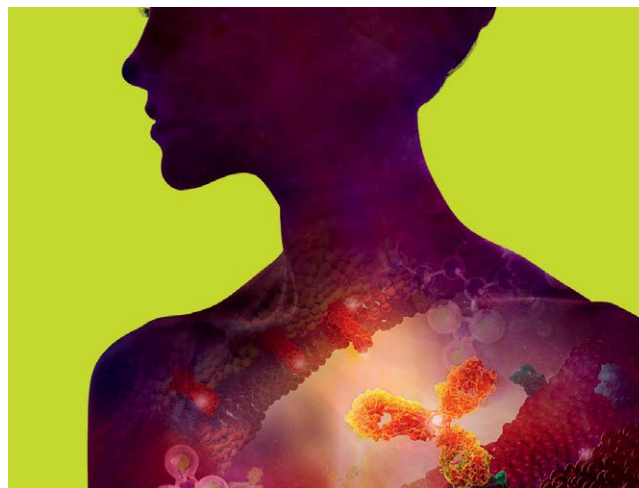
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Dual focus on care, convenience

A conversation with Hammad Syed at Costco Pharmacy,
member of Neighbourhood Pharmacies



**Hammad Syed,
B.Sc. Pharm.**

*Director, Pharmacy
Operations, Canada*



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How are you operationalizing services?

We've made significant changes in our workflow to better integrate registered pharmacy technicians so pharmacists can focus on patient-centric care and less on the technical aspects of dispensing. We currently average about three technicians per pharmacy coast to coast. We also support our pharmacy assistants interested in becoming technicians by giving financial assistance as well as time off for their studies.

How do you create synergies between the pharmacy and frontshop?

Our pharmacy managers work closely with our merchandising department to ensure all provincial laws are followed regarding scheduled items and that products are merchandised accordingly. If they think products should be part of our over-the-

counter selection in the pharmacy, we count on them to make those recommendations.

What attributes are important for community pharmacists today?

Retail pharmacy practice has really changed over the years. There was a time when pharmacists weren't even allowed to make recommendations or counsel patients on medications. Now they are considered an integral part of the healthcare team. Today's pharmacists must have excellent communication skills, especially in a retail setting, because they are talking with patients all the time. They have to be able to juggle many tasks, from professional services with expanded scope to dealing with third-party insurance issues. Not every pharmacist is cut out for a retail setting. You have to enjoy dealing with the public and be prepared to face challenges on a daily basis.

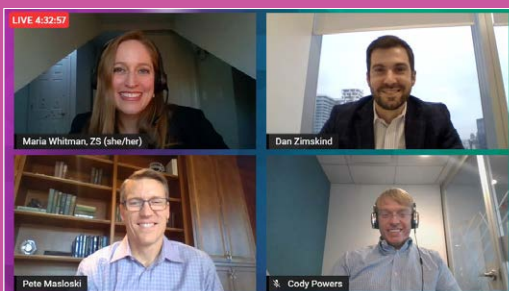
What is your vision for retail pharmacy?

Shopping habits changed a lot during COVID and we have to keep listening to our patients in terms of healthcare expectations. Online shopping and other technologies that improve convenience will be a much bigger part of pharmacy. There will also be greater delineation between the pharmacist and pharmacy technician, with pharmacists much more focused on services.

Why is Costco a member of Neighbourhood Pharmacies?

We really appreciate that the Association is playing a big role in negotiating expanded-scope services with governments. We need that unified voice to address the needs of pharmacists across this country.

Brave new world of specialty



Medical advances, health technology assessment, the role of pharmacy and—most of all—the patient’s journey were core topics discussed at Neighbourhood Pharmacies’ second annual Specialty Pharmacy Summit. Participating pharmacists could also earn a total of seven continuing education units from the Canadian Council on Continuing Education in Pharmacy.

Trends check

COVID has had an impact on the pharmaceutical market due to backlogs in screening and treatments. Canada is at 70 per cent of its normal pace in terms of initiating new therapies, with respiratory and cardiovascular conditions being among the hardest hit, noted Mark Omoto, General Manager, Marketing and Communications, IQVIA Canada.

“A big concern is the declining health of people on specialty medications because of the complexity in care,” said Omoto, adding this has had “huge ramifications” on biosimilar switching programs due to delayed physician appointments.

Even with these hiccups, Omoto said specialty and chronic therapy medicines will be the main contributors to pharmaceutical growth going forward. The world will continue to see a shift from blockbuster to specialty drugs, and the spectrum within specialty will widen: from ultra high-cost therapies for very rare conditions at one extreme to relatively low-cost (e.g., under \$10,000 annually), targeted therapies



for patients with more common conditions (e.g., asthma, atopic dermatitis). Novel issues around “long” COVID will also spur demand

for new therapeutics.

Given the growing availability of lower-cost specialty medicines as well as those in an oral or self-administered format, Omoto said traditional community pharmacists will have a larger role to play in helping patients manage their treatment. “We already know there is a very complex journey with the specialty patient that is going to be even more complex when we layer all the considerations of COVID on top of that,” said Omoto.

Acceleration of innovation

The pandemic has boosted medical advances and the adoption of healthcare technologies, said panelists from ZS, a professional services firm focused on the healthcare sector.

ZS Principal Cody Powers spoke about applications of messenger ribonucleic acid (mRNA) technology beyond COVID vaccines, for example in oncology treatments. New delivery routes, such as inhaled mRNA, also open opportunities to better target disease and improve efficacy.

Consumers’ growing openness to technology via smartphones, wearables etc., enables massive amounts of data collection and analysis, which healthcare providers can access with patient consent. Pete Masloski, Lead, Digital and Connected Health Ventures at ZS, noted that we are moving through the

early stages of digital health (e.g., electronic health records, basic operation support etc.) to digitization “targeted to making meaningful improvements in health outcomes and efficiencies.”

Maria Whitman, ZS Global Head, Pharmaceutical and Biotech Practice, described personalized medicine and cell and gene therapy as areas of “amazing innovation and passion...[as we] move from treating the disease to treating an individual.”

However, the right infrastructure needs to be in place. Whitman cited data indicating that, over the next few years, only 20 per cent of patients who could benefit from these therapies will receive them. Community pharmacists could play a key role in improving access to testing and in long-term monitoring with the right diagnostics in hand. “It’s going to take a whole ecosystem to get there but I’m super optimistic that these therapies are worth figuring out,” she said.

Evolution of HTA

Real-world evidence and a national formulary are among the priority items for CADTH, Canada’s health technology assessment (HTA) agency. “We are undergoing continual evolution,” said Suzanne McGurn, President and CEO, CADTH.

Health technology management (HTM) is a key objective. “Health technology management moves away from the one-and-done [of HTA] and tries to identify the products we should be following through their life cycle,” explained McGurn. “Where this conversation gets most profile is in spaces where there is high uncertainty, for example with drugs for rare diseases.”

More robust, tailored real-world evidence (RWE) is integral to HTM. For example, if a product was introduced with the intent to reduce costs, has it done so? “[We are] actively learning in that space, in collaboration with partners,” said McGurn. The intent is to determine “how we might actually embed what needs to be done in a real-world way as part of our recommendations.”

Information sharing is also increasingly important. “There are a lot of data resources, but they are not in one place to help us do our work or to help you and clinicians do your work. That infrastructure is a really important part of looking forward in the rare disease space.”

When asked about CADTH’s mandate to create a national formulary as part of the federal government’s plan for a national pharmacare program, McGurn confirmed an expert committee has been tasked with developing “underlying principles” and a “starter list” of products.

“Our formularies are more aligned than people probably think,” she noted. Committee members would also address “how they anticipate [the formulary to] grow into the future.” Public consultations will occur in early 2022 and she expects the committee will complete its work in the summer.

New world of OBAs

More outcomes-based agreements (OBAs) are inevitable in Canada, and specialty pharmacies can play an essential role in their success.

“We are reaching a tipping point—the building blocks are there,” said Allison Wills, partner, 20Sense Specialty Pharmaceutical Consulting. “[Drugs for] rare diseases and precision oncology are the areas where we will see OBAs in the coming years because of the high prices, low patient populations and high unmet needs.”

Under an OBA, the manufacturer and payer agree upon benchmarks to assess how well a therapy performs in the real world. If those benchmarks are not met, the manufacturer will issue a refund or rebate to the payer. “OBAs are considered a way to overcome barriers to timely patient access to new therapies,” said Willis.

An October 2021 survey of payers, physicians, patient organizations and health technology assessment (HTA) staff found that 89 per cent see a need for OBAs in Canada. The survey was conducted by the Real-World Evidence (RWE) & OBAs Working



Group, established in 2019. 20Sense is a member of the working group, as is BioScript Solutions and several pharmaceutical companies.

Thirty-one per cent of surveyed public and private payers have implemented an OBA, which are described as “simple” because the payment model is tied to a clinical outcome only. While the exact number of OBAs is unknown due to confidentiality, it’s estimated there are 10 to 20 of these simple OBAs in Canada.

Patient groups for rare diseases and certain cancers are increasingly vocal about the need for OBAs, noted Willis. In the public sector, Quebec is taking steps to move beyond simple OBAs. Some of its HTAs include clinical follow-ups, real-world evidence generation and the potential for reassessment.

A major barrier is the lack of structure and funding for data capture to generate RWE. “Specialty pharmacy could be an avenue to collect the real-world evidence,” said Willis. Such reporting would need to be built into regular processes and validated by a third party.



Have a listen

To check out any of the sessions at the Specialty Summit, email events@neighbourhoodpharmacies.ca.

Real-world data collection could also build on manufacturers’ patient support programs (PSPs). However, the use of PSP data will likely be transitional until the implementation of a neutral, transparent infrastructure, which would also pool public and private data. Specialty pharmacy can play a central role and add significant value to OBAs, said Willis. “Your being so close to patients is huge. Being able to track that is a great opportunity.”

A clinical focus

Neighbourhood Pharmacies’ Specialty Summit included the following sessions in its clinical stream:

- “Transformational Care: How Biologics and Specialty Drugs are Transforming the Management of Disease in Canada,” presented by Mike Boivin, CommPharm Consulting.
- “Supporting the Oncology Patient Journey,” a panel moderated by Nicole Serena, PSPConsult, with Meghan Hayes, Extend Pharmacy; David McMullen, a patient; and Amanda Pham, Bayshore Specialty Rx.
- “Community Support Post-Pandemic,” a panel moderated by Mike Boivin, CommPharm Consulting, with Patty Ibrahim, specialty pharmacist, and Sabina Steinkeller, Sanofi Canada.



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Canada's opening moves in healthcare

With a third mandate and second consecutive minority government, Prime Minister Justin Trudeau's Liberals must now navigate to overcome what he has characterized as the "obstructionism and toxicity" of a divided parliament, one that looks very much the same as it did before the election. They must prove they are up to the task of resolving the systematic social, economic and political vulnerabilities exposed by the pandemic, and steering Canada toward recovery.

Healthcare will be a critical test. While many are beginning to feel progress toward a return to their pre-pandemic lifestyles, the pandemic's impacts will continue to drive discussions for healthcare policymakers for months and years to come.

Outlook for healthcare federalism

Just three days following the election, Canada's premiers made their feelings known by issuing a statement reaffirming that healthcare sustainability, by way of more federal dollars, was the top provincial and territorial priority. Their ask was for an increased federal share of healthcare costs—from 22 to 35 per cent of total health spending—with a guarantee of a minimum annual escalator of an additional five per cent. For his part, the Prime Minister has said that his federal government would be open to re-evaluating the funding formula for the Canada Health Transfer (the mechanism for allocating federal dollars to provincial and territorial governments for healthcare spending) once the pandemic has passed.



Over the course of the pandemic, the line between federal and provincial governments in healthcare blurred as spending surged to unprecedented levels to mount a national response and support Canadians in the fight against COVID. The federal government supplied eight out of every 10 dollars spent by governments in Canada, for everything from testing to vaccines and increased system capacity. With the federal government more invested in healthcare than ever before, Prime Minister Trudeau has signaled a preference that additional health spending be

targeted and conditional on its investment in specific issues such as health system transformation, long-term care, mental health and the resolution of system backlogs exacerbated by the pandemic.

While provinces continue to protect their autonomy

over healthcare as a provincial area of authority, it will be difficult for them to resist funding boosts despite the accompanying conditions. This jurisdictional tug-of-war will feature prominently in the negotiation

“The line between federal and provincial governments in healthcare blurred as spending surged to unprecedented levels.”

of future funding, and we expect the public will have little tolerance for any squabbles that impede meaningful progress.

New Health Minister

The health portfolio has undeniably been one of the most challenging across all governments since late 2019. One of the Trudeau government's most significant priorities is to finish the fight against COVID and navigate the shift from pandemic to endemic.

When the new federal cabinet was announced on October 26, Québec Member of Parliament Jean-Yves Duclos picked up the baton as Canada's Health Minister. An economist, Duclos is well-regarded within the party for his sharp policy expertise. Prior to his election in 2015, he was Director of the Department of Economics and a tenured professor at Université Laval. Minister Duclos most recently served as the



President of the Treasury Board, and prior to that as the Minister of Families, Children and Social Development, where he was responsible for implementing key commitments such as the Canada Child Benefit.

As vice-chair of the special cabinet committee on the pandemic, Minister Duclos was front and centre as Canada mounted its health and economic responses.

His appointment as Minister of Health offers a degree of continuity in the closing phase and his whole-of-government spending oversight experience has equipped him to take on major fiscal negotiations with the provinces.

Now he will work with the premiers seeking to renegotiate the Canada Health Transfer and to deliver the \$25 billion in new healthcare funding promised as part of the Liberal platform, with the aforementioned strings—for example, hiring family doctors and raising wages for personal support workers in long-term care.

PARTNER SPOTLIGHT

New education for flash glucose monitoring

Pharmacists and pharmacy technicians can get all the educational information they need about the FreeStyle Libre portfolio at www.EasyToFreeStyle.ca.

This healthcare professional-focused website offers a suite of digital tools, practitioner and patient resources and a series of educational events.

For Canadians living with diabetes, Abbott also recently launched MyFreeStyle Getting Started. The program includes a live, educational webinar hosted by an Abbott representative alongside a diabetes educator. It's designed for new FreeStyle Libre and FreeStyle Libre 2 patients, teaching them the basics of the system:

- how to apply the sensor;
- how to read and understand the scan; and
- the difference between blood glucose and sensor readings.

Pharmacists and pharmacy technicians can invite their patients to visit RegisterGettingStarted.com to participate in the program. When patients sign up for the webinar, they can request a FreeStyle Libre* or FreeStyle Libre 2 trial kit† to be shipped to their home. Conditions apply.



The FreeStyle Libre flash glucose monitoring system is indicated for measuring interstitial fluid glucose levels in adults aged 18 years and older with diabetes mellitus. Always read and follow the label/insert.

The FreeStyle Libre 2 flash glucose monitoring system is indicated for measuring interstitial fluid glucose levels in people aged 4 years and older with diabetes mellitus. Always read and follow the label/insert.

*FreeStyle Libre sensors are available for eligible patients who meet the labelling requirements of 18 years or older with diabetes mellitus. Limit: one per registrant.

†FreeStyle Libre 2 sensors are available for eligible patients who meet the labelling requirements of 4 years or older with diabetes. Limit: one per registrant.

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Mental health and addiction

The Trudeau Liberals pledged to get serious about addressing mental health and addiction issues, which worsened during the pandemic. Veteran minister Carolyn Bennett has been appointed to a new standalone portfolio as the Minister of Mental Health and Addictions (and Associate Minister of Health). Her experience includes serving as Minister of State for Public Health in the



wake of the SARS outbreak, when she appointed the country's first chief public health officer and was responsible for overseeing the design of the public health network we have relied on so heavily over the past two years, the Public Health Agency of Canada.

While the pandemic brought to light a number of challenges that previously persisted largely in the shadows, mental health is no doubt one of the most prominent. The fact that it now has its own cabinet portfolio is demonstrative of both the size of the challenge and the commitment of the Trudeau

government to invest in solutions. Minister Bennett will likely be tasked with implementing the platform commitment to establish permanent, ongoing funding for mental health services under the new Canada Mental Health Transfer, with an initial investment of \$4.5 billion over five years.

Minister Bennett is also tasked with developing a comprehensive strategy to bring Canada's opioid crisis to an end. This aspect of her portfolio cannot be understated, as the worsening opioid crisis and other substance use disorders severely impact both society and the economy.

There is cautious optimism that we may have at long last overcome the most acute phase of this pandemic. Ministers Duclos and Bennett have been nominated to command the falling action of Canada's pandemic story and they offer a powerful combination of experience to help the country face the daunting health challenges ahead.



Melissa Pasi is a Vice-President at Hill+Knowlton Strategies.

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Growing demand spurs efficiencies

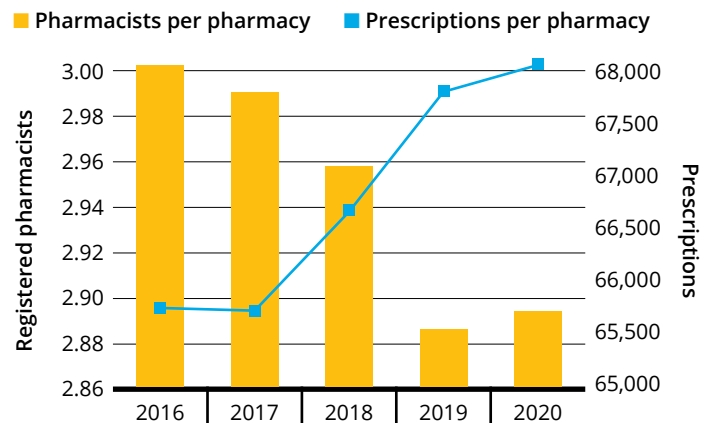
Pharmacy is a significant employer and driver of economic growth, concluded a 2018 study by the Conference Board of Canada. The study estimated that the pharmacy sector directly employed 163,400 persons and generated \$5.8 billion in labour income.

Just three years later, Neighbourhood Pharmacies estimates that the number of community pharmacy employees has risen to more than 185,000 based on the higher number of community pharmacies and increased labour demands resulting from the pandemic. Of these, more than 32,000 are pharmacists and nearly 10,000 are regulated pharmacy technicians.¹ The remaining 143,000 occupy a wide variety of positions, including non-regulated pharmacy assistants, cashiers, stock clerks, etc. Many of these positions are part-time and require a variety of skill levels.

How has pharmacy employment changed? Over the past five years the number of pharmacists, pharmacies, and pharmacy technicians has climbed each year. As of December 31, 2020, there were 1,040 more community pharmacies, 1,907 more community pharmacists and 2,574 more registered pharmacy technicians compared to December 31, 2015. There were also 1.8 million more Canadians and 96 million more prescriptions dispensed.^{2,3} As the number of patients and the workload (as measured by prescriptions dispensed) has increased, so has the number of healthcare workers (pharmacists and pharmacy technicians) needed to provide these services.

A more interesting story emerges when we dig a little deeper. The number of prescriptions dispensed per pharmacy has risen from 65,683 in 2016 to 68,143 by 2020, a four per cent increase. From 2016 to 2018 the growth in pharmacies matched the growth in prescriptions; however, starting in 2019 pharmacy growth slowed while the growth in prescriptions remained strong (Figure 1). Similarly, the number of pharmacists has not kept pace with the growth in prescriptions so that each pharmacist now dispenses 7.5 per cent more

FIGURE 1 Pharmacy workforce compared to workload



Sources: National Association of Pharmacy Regulatory Authorities; IQVIA Rx Premium

prescriptions than they did five years ago.

As prescription workload has increased, so has the demand for other services such as immunization. In the past twelve months pharmacists administered 5.6 million influenza vaccines and 11.9 million COVID vaccines for a total of more than 17 million doses.⁴ Assuming 10 to 15 minutes of combined pharmacist and administrative work, this means that pharmacy provided an additional 2.8 to 4.3 million hours of labour on top of services associated with medication stewardship.

These figures suggest that pharmacies are becoming ever more efficient at providing healthcare services. Several strategies enable these efficiency gains:

- increased use of pharmacy technicians to their full scope of practice, enabling pharmacists to practice to the full extent of their scope;
- increased use of automation and information technology;
- increased use of central fill systems to create economies of scale, which allow higher throughput of prescriptions.

All these strategies improve efficiencies and empower pharmacy teams, yet they also require extensive investment and massive changes in workflow and pharmacy procedures. It's fair to say that the huge role

pharmacy has played in society's response to the pandemic would not have been possible without these investments.

Pharmacy is expected to remain a strong employer of Canadians and skilled healthcare workers. With continued growth in prescriptions and as pharmacists devote more time to the provision of professional services in medication stewardship and immunizations, pharmacies will need the right mix of skills to serve patients. This means an ongoing demand for pharmacists supported by a strong team of skilled pharmacy technicians as well the ongoing adoption of technologies and processes that enable their teams to efficiently provide the best possible care.



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References: 1. *National Association of Pharmacy Regulatory Authorities*, 2021 Jan 1. (Note: Alberta does not distinguish community pharmacists from other licensed pharmacists. Neighbourhood Pharmacies estimates 4,276 community pharmacists in Alberta); 2. *Statistics Canada, Table 17-10-0009-01*, Population estimates, quarterly; 3. *IQVIA, Rx Premium*, annual retail pharmacy prescriptions; 4. *Neighbourhood Pharmacies*, data on file.



Taking Care of Business



Neighbourhood Pharmacies' In the Know Horizons Report is a quarterly, members-only publication that pulls together information from many sources and wraps it in analysis to help with business planning.

Among the topics addressed in this quarter's report:

- supply chain challenges
- labour and wage pressure
- population growth
- impact of new PMPRB regulations
- the drug pipeline
- cannabis health products in pharmacy

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**Neighbourhood
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Inspired by a deep appreciation of pharmacy

Distinguished Associate of the Year Award: **Denis Langlois**

Frequently described as a passionate advocate for pharmacy, Denis Langlois uses his business acumen and professional connections to help advance the profession.

"Pharmacy is a part of my life 24 hours a day," Langlois told virtual attendees at the Neighbourhood Pharmacies' annual awards ceremony in October. "My wife is a pharmacist and owns her pharmacy, so we regularly discuss pharmacy issues over wine and dinner."

In accepting Neighbourhood Pharmacies' award for Distinguished Associate of the Year, Langlois recounted the benefits of being part of the Association since 1997 (when it was the Canadian Association of Chain Drug Stores). "Over the years, I have had the pleasure of meeting people from all sectors of the profession committed to the advancement of pharmacy," he said.

In turn, his innate ability to encourage individuals to think more broadly has made him a valued contributor to the Association. "I am proud to have motivated others to join Neighbourhood Pharmacies to gain national exposure."

Langlois started his career in sales in the pharmaceutical division of Abbott Laboratories in Montreal. He went on to successfully manage the Quebec sales team in non-prescription, branded

generics and consumer packaged goods with Frank W. Horner/Carter Products, before joining Technilab as sales manager for Quebec and Atlantic Canada.

During his time at ratiopharm and Teva between 2001 and 2015, he held various positions, managing national sales and marketing for non-prescription and

generic drugs for hospitals, and even veterinary businesses, before securing his present role as Vice-President Corporate Sales at Auro Pharma in 2016. With this deep understanding of the pharmaceutical industry, Langlois has developed a real appreciation for what customers want and need from pharmacy.

Today, he continues to demonstrate his tremendous work ethic and ability to inspire others. "You lead from the front and have always demonstrated that to

stand apart, you have to stand together as a team," said his colleague and long-time friend Fadi Roumie, Vice-President Corporate Sales, Auro Pharma. "Your honesty and professionalism are always appreciated."

Other award attendees expressed similar sentiments, commending Langlois for his "phenomenal leadership," and "tremendous compassion for others."

"This is a great moment for you, Denis," noted Sandoz Canada President Michel Robidoux. "What a great acknowledgment of all the work you've done in Canada and for the industry."



DENIS LANGLOIS



ABOUT THE AWARD

The Distinguished Associate of the Year Award honours a Neighbourhood Pharmacies Associate in good standing who displays an extraordinary commitment to the Association's initiatives and/or committees, while helping advance community pharmacy.

All for one, one for all

Len Marks Pharmacy Advancement Award: **Community Pharmacy**



This year, Neighbourhood Pharmacies' awards committee could not choose a single recipient of the Len Marks Pharmacy Advancement Award. Instead, we decided to dedicate this award to all pharmacists in Canada for their commitment and selfless actions since the start of the COVID pandemic.

This award, established in memory of pharmacist Len Marks, recognizes those whose passion for pharmacy helps advance the profession. In pharmacies across Canada, from sunup to sundown and even into the night, pharmacy teams have rallied again and again to serve their patients in the face of extraordinary challenges. Many adapted their models of practice and invested in new technologies and additional human resources. Pharmacists' competence, leadership and solidarity

on the frontline have communicated volumes to governments and other healthcare providers. Without a doubt, they are helping to elevate the profession to assume a greater role in healthcare.

To recognize the resilience and steadfast contributions of community pharmacists during the past year, we present here some of their stories, as well as testimonials from patients. Thank you to our members for sharing these stories, which have been edited for length and clarity.

"I am so happy that she is my pharmacist"

I first met Angie when I was looking for a new pharmacy to manage my daughter's very complicated medication regime. We had experienced many issues with errors and mix-ups previously. My daughter had two life-threatening illnesses, cystic fibrosis and Crohn's disease, both diagnosed at age 23. Angie immediately was so helpful, reassuring and proficient in managing her meds and helping it all run smoothly. Although she was dealing with multiple physicians from different disciplines, I have always felt that she is just the best in her field. I never had to worry about medications again! She has helped us with renewals, side effects, made sure that she had the meds we needed on hand, and is an invaluable member of our healthcare team.

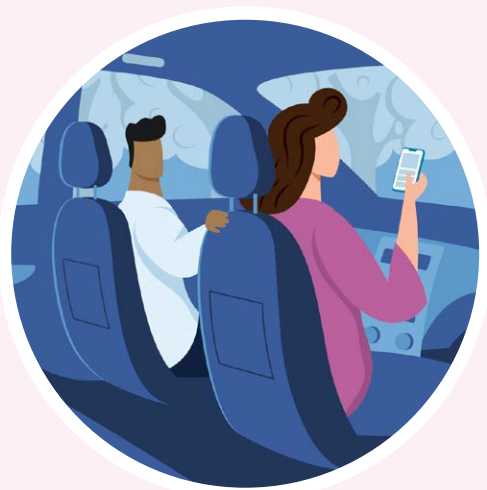
Over the next few years, my daughter's condition deteriorated, and life became very difficult. But I never needed to worry about medications. Angie always had a smile, a comforting word and time for us. Eventually, my daughter had a lung transplant, with multiple complications in her recovery. Angie was on top of the new medication regimes and assisted us with pain control, drug interactions and more. She spoke with many of the specialists, including the rheumatologist to develop care plans.

During this time my husband suffered two undiagnosed heart attacks, ended up with severe



congestive heart failure and was in ICU at the same time as our daughter. His regime was very complicated as well. Angie arranged to bubble pack his meds and even helped to manage the warfarin, especially when I was so involved with our daughter's care. I cannot tell you what it meant to me to have the additional worry managed by Angie. It was such a weight off my shoulders. She reconciled their meds, gave us advice and support, and really helped me with her kind words of support when both my husband and daughter died last year. Angie is amazing: so professional, courteous, kind, insightful and intelligent. She is a real asset to my healthcare team, and to the community. I am so happy that she is my pharmacist.

Submitted by a patient in recognition of **Angie Chirila** at Safeway Pharmacy in Maple Ridge, B.C.



Bringing vaccinations to my (car) door

I want to give a commendation to one of your superior pharmacists who went above and beyond the call of duty for one of their customers... me! Jackson was kind enough to accommodate my disabled husband by administering his two vaccines under extenuating circumstances. My husband has severe mobility issues and is unable to walk distances. Upon my ask, Jackson was so polite and accommodating by coming to the vehicle to administer both vaccines. This saved both my husband and me so much anxiety, all the while being able to stay safe. It was a great experience.

Submitted by a patient in recognition of **Jackson Tran** at Sobeys Pharmacy in Winnipeg, Manitoba

Heart-breaking, preventable casualties of COVID

I've always wanted to be a pharmacist and feel very privileged to be part of the profession; however, I never thought that I would have to work frontline during a global pandemic. Situated near the Misericordia Hospital, our store has been the epicenter of the pandemic in Edmonton. I wanted to share a recent event that really affected me, yet unfortunately it represents a regular occurrence over these past months.

The husband of a 76-year-old woman with whom we were very close recently informed us that she had passed away. He was in tears, and we all stopped to console him. For many years, this patient would regularly cook us traditional Greek food as a thank you for all the services we provided. Even as they both struggled with the ageing process, they would still visit us almost biweekly to shop in the store or say hello.

The husband informed us that his wife had a urinary tract infection (UTI). She had gone to multiple walk-in clinics in the city and eventually was admitted to the hospital. A treatable infection ended up spreading to her kidneys and later throughout her body (sepsis). She ended up passing away from the UTI, a common condition that usually isn't complicated to treat.

The husband was so angry to lose the love of his life. He felt her death was preventable had our community been more compliant with the government's orders on COVID instead of consumed by misinformation, fear, hesitancy and/or blatant refusal. Hospital staff were overwhelmed with the treatment of complicated COVID patients and he was told that the majority of those patients hadn't received their COVID immunizations. His wife, who was in almost perfect health, passed away years before her time.

I had to step aside after the encounter to regain my composure. Despite our close relationship with this patient and her husband, they did not realize they could have come to us for help. All our pharmacists have additional prescribing authority and could have assessed and prescribed for a UTI. It was heart-wrenching to console the husband while knowing this.

The pandemic has not only been extremely physically demanding, but also mentally challenging. In West



Edmonton, most of the physicians' offices are not open to the public, opting to see patients virtually. We've had to push the limits of our expanded scope of practice in Alberta to help with the overflow of patients requiring healthcare—which has every staff member literally running all day long and regularly working overtime to help the needs of our community.

We build great relationships with our patients and customers. This is my favourite part of the job, particularly when I'm able to prescribe, write lab requisitions or modify existing drug therapy to help create positive health outcomes, thereby reducing hospitalizations and extending longevity. What we've learned from this patient and others, however, is that public awareness of pharmacists' expanded role needs to be much higher.

Unfortunately, we've lost many of these patients well before their prime due to the pandemic—often as a result of choices made by other members of the community. This aspect of their deaths has been the most difficult part of my role in leading my great pharmacy team and keeping up the morale, particularly after comforting a family member of a patient who died directly or indirectly from this virus.

I continue to try my best to help patients. It is a real honour to work in pharmacy and I truly appreciate the support of head office as we try to make a difference and have a continued positive impact in our society.

Submitted by **Anil Goorachurn, R.PH, CDE, APA**, Pharmacy Manager at London Drugs Jasper Gates in Edmonton, Alberta.

Compassionate conversations

Heewon was completing an annual medication review for a regular patient with multiple chronic conditions, including hypertension, high cholesterol and type 2 diabetes. The patient was in his mid-40s, obese and always short of breath. While it is not always an easy discussion, Heewon took the opportunity to discuss BMI. She carefully explained that weight loss would benefit his chronic conditions as well as his quality of life. The patient left with dietary and exercise recommendations as well as a good understanding of his optimal BMI. A few months later, the patient returned to the pharmacy to thank Heewon. He was working hard to lose weight and was already feeling much better. He added that in the past he was only told about his medication and not about lifestyle changes. He told Heewon he would continue to work

hard to maintain good health so he can be happy with his wife and kids for many more years.

Submitted by head office in recognition of **Heewon Kim** at Sobeys Pharmacy in Ajax, Ontario.

A voice for patients

When Brayden was counselling a patient with multiple sclerosis, the patient shared that they were having issues tolerating their medication.

Brayden encouraged the idea of updating the physician, but the patient didn't want to "cause a commotion." Brayden connected with the patient's physician and they determined that the current treatment was not the best therapy for the patient. After the patient spoke with their physician to discuss new treatment options, they contacted our pharmacy manager to personally rave about how Brayden went above and beyond to help, and was so impressed with the follow-ups and Brayden's initiative to ensure that they were on the right course of treatment.

Submitted by head office in recognition of **Brayden Leclair** at BioScript Pharmacy in Saskatoon, Saskatchewan.

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* Source: Pharmaceutical manufacturers with the highest volume of product launches in Canada from 2016 to 2020. Based in part on data obtained under licence from IQVIA Solutions Canada Inc., concerning the following information service: Canadian Drug Store and Hospital Audit, moving annual total from January to December 2016 to 2020. All Rights Reserved. The statement expressed herein is not necessarily that of IQVIA Solutions Canada Inc. or any of its affiliated or subsidiary entities.

Not taking 'no' for an answer...

A patient called the pharmacy to say that she was discontinuing her heart medications. During her discussion with Eman, she indicated that two days before she had slurred speech and the day before a bad headache and spent the day sleeping in bed.

She believed that the medications were the cause. Eman asked about any problems moving her extremities and the patient indicated that she could not lift her left hand. Concerned that the woman had suffered a stroke, Eman advised her to go to the hospital; however, the patient refused because she was worried about getting COVID.

Eman described the hospital's measures to prevent transmission, but the patient was not convinced. Still unsettled, Eman called the patient's doctor, who was not in the office. She then discussed the matter with the doctor on call, who called the patient and was able to convince her to go to the hospital. The patient called back to thank Eman for caring about her and making the extra effort to see that she went to the hospital.

Submitted by head office in recognition of **Eman Abulatta** at FreshCo Pharmacy in Saskatoon, Saskatchewan.

Inspiring confidence to quit smoking

Stephen noticed a man browsing the section for smoking cessation and asked if he could help. The man said he used to smoke a pack a day but was able to cut down to five to seven cigarettes in combination with vaping. Now he would like to quit both. After congratulating him on his decision to quit, which is a huge step for anyone, Stephen learned about the man's past experiences trying to quit. In addition to recommending products, Stephen discussed the effects of food and drink, the removal of smoking paraphernalia from the home and distraction techniques such as hobbies to help take the mind off smoking. Stephen finished the conversation with a reminder that every attempt is a learning opportunity. The discussion seemed to inspire the gentleman, who said, "I feel I have the confidence to quit now" and that he "wishes someone had this conversation with me sooner."

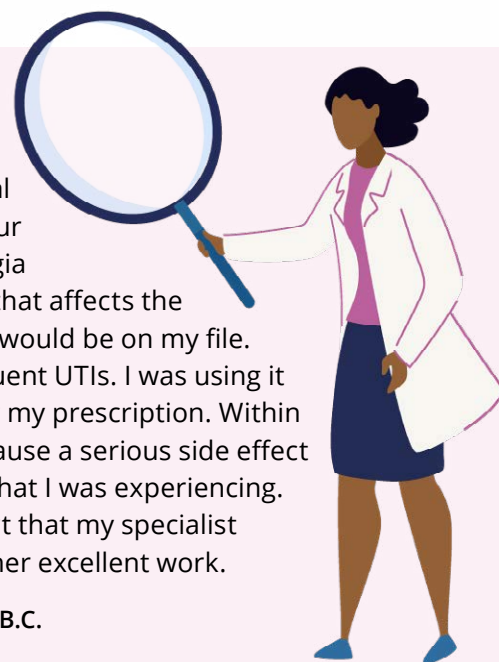
Submitted by head office in recognition of **Stephen Dawson** at Lawtons Drugs in Halifax, Nova Scotia.

Mystery solved

I would like to take this opportunity to commend Randi. She was instrumental in determining why I was having extreme pain in my knee and fingers. My four doctors were mystified by my symptoms. I have a condition called polymyalgia rheumatica and was diagnosed in April 2020. It is an auto-immune disorder that affects the muscles in my shoulder and hips. I reported this to the pharmacist so that it would be on my file.

A couple of years ago, I had been prescribed an antibiotic for treating frequent UTIs. I was using it in January 2021. I had exhausted my supply and contacted Safeway to renew my prescription. Within hours Randi called me to tell me that the drug had been flagged and could cause a serious side effect with musculoskeletal tendons. She described symptoms that were exactly what I was experiencing. She provided a handout that I shared with my specialist. I am happy to report that my specialist confirmed that Randi was correct. Please express my gratitude to Randi for her excellent work.

Submitted by a patient in recognition of **Randi Vose** at Safeway Pharmacy in Langley, B.C.



We see you: a diabetes patient

When a senior with diabetes

came in to pick up his long-acting insulin, Elaine took the opportunity to ask how he was managing his blood sugar. While he said he was doing pretty well, further discussion revealed his readings were high around supper. After reviewing his meal choices throughout the day, Elaine suggested a slight increase in his fast-acting insulin at lunch. During the conversation it also became apparent there was an opportunity to review injection technique and site rotation as well as sick day management. Finally, Elaine checked his vaccinations and recommended a pneumococcal vaccine. The patient could not thank Elaine enough for her time and advice. This is just one example of how Elaine always takes the opportunity to look not only at a prescription, but at the patient as a whole.

Submitted by head office in recognition of **Elaine Chee** at Sobeys Pharmacy in Vancouver, B.C.



Over and above for mental health

Daniel Posliff demonstrated his continued commitment to mental health patients by providing long-acting injections throughout the pandemic, even when all doctors' offices in the beginning were closed and not providing injections of any sort. This innovative practice is one of a kind—a true example of someone going above and beyond to provide a service to some of the most vulnerable patients during the pandemic.

Submitted by head office in recognition of **Daniel Posliff** at Lovell Drugs in Kingston, Ontario.

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"Thank you from the bottom of my heart"

Thank you for the opportunity to express my gratitude and appreciation for the entire staff at Bayshore Pharmacy.

A brief background about me. Genetics caused my very first migraine at 19. Many, many years later, I found myself at my doctor's office in tears because the migraine episodes had exploded to five to six per week. I was referred to a neurologist and my journey to good health began.

By month three of taking a new biologic drug for chronic migraine, I kept asking my husband: "Is this what a normal life is like? Walking out the door not attached to rescue medication and not being afraid of needing to rush home to deal with the effects of my migraines?"

Bayshore Pharmacy has made me feel like part of their family. Every single call from the pharmacist or pharmacist assistant has been pleasant, professional, courteous and so very kind. The respect I have been shown is remarkable. Last month, I was left with an expired prescription. My neurologist was on a well-deserved holiday. The pharmacist helped resolve the issue and not only managed to ensure the prescription was filled, but was also able to accommodate an early delivery so I could spend a week away with my family. These actions kept me on track and solidified the true meaning of "teamwork." Thank you from the bottom of my heart and my family thanks you for taking such good care of me.

Submitted by a patient of **Bayshore Pharmacy** in South Surrey, B.C.



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Raising our voices for patient care

I've advocated for an expanded pharmacy scope of practice since the day I graduated from pharmacy school in 1996. What's different now is that the stakeholders who weren't listening in the past are realizing they don't have the bandwidth to continue doing what they've been doing. As well, the pandemic has opened patients' eyes to how care can be delivered differently and the big role pharmacy teams can play—and there's no going back.

As pharmacists become more recognized as providers of healthcare services, the connection between product and profession is finally uncoupling. That's not to say the dispensing aspect isn't important, but rather that it's time to figure out how to fund a pharmacy business model that allows pharmacists to provide the services that patients want and need.

The Specialty Pharmacy Committee at Neighbourhood Pharmacies, of which I am co-chair, supports growing the role of community pharmacies in specialty care services. Specialty pharmacy teams are important care partners in the care journey of patients with complex disease states and medication regimens. The ecosystem is rapidly evolving as more specialty drugs come to market and more patients look to pharmacies for access to treatments.

Representing both specialty and retail pharmacies, Neighbourhood Pharmacies is advocating to expand pharmacists' roles in specialty care. A key objective is

to be the go-to Association to help inform the broader pharmacy sector as well as other key stakeholders about the value of specialty pharmacy services, and the resources and infrastructure required for these services. We will engage the entire pharmacy community through cross-sectoral events, discussions and accredited education ([page 19](#)). We will collaborate and re-imagine a coordinated care journey that engages all retail pharmacies, leveraging all providers' expertise to best serve Canadians.

Along with this focus on specialty services, it's imperative to raise our voice on national issues and policies that could affect the profession. My biggest hope is that we will find ways to collaborate well on a national level. While pharmacists and pharmacies are more aligned than ever, we could do so much more, as businesses and as providers of patient care, to draw on our collective strengths. Neighbourhood Pharmacies delivers the platform to bring forward a stronger and more united voice.

For a long while we have been singing the praises of pharmacists, yet all the public could see was someone behind the counter "counting pills." Now patients have finally experienced firsthand what pharmacists can do. Let's not waste this opportunity to solidify our roles permanently as critical providers of public health and primary care, to continue to provide increasingly meaningful patient care.



**Renée St-Jean,
BScPhm, MBA, RPh**

BOARD MEMBER
*Neighbourhood Pharmacy
Association of Canada*

SENIOR DIRECTOR
PHARMACY SERVICES
Innomar Strategies

“Representing both specialty and retail pharmacies, Neighbourhood Pharmacies is advocating to expand pharmacists' roles in specialty care.”



**Neighbourhood
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The Neighbourhood Pharmacy Association of Canada advocates for the business of community pharmacy and its vital role in sustaining the accessibility, quality and affordability of healthcare for Canadians. Through its members and partners, Neighbourhood Pharmacies is driving innovative solutions through advocacy, networking, research and information services.

The benefits of membership include:

- Industry-wide representation with governments
- Exclusive business-building networking events
- Informed and independent information-sharing and analysis
- Real-time industry and regulatory updates

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