

Neighbourhood Pharmacy Gazette

FALL 2022

 **INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.**

A publication of the Neighbourhood Pharmacy Association of Canada

Open skies and new horizons

COMMUNITY PHARMACIES HONE THEIR ABILITY
TO SERVE AS COMMUNITY HEALTH HUBS



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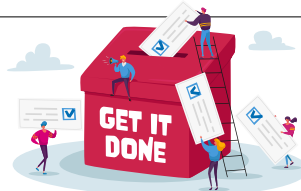
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We want to hear from you!

Send us your ideas, opinions and questions to help guide the content of the Gazette. We also welcome submissions for contributed articles.

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The public-private healthcare connection

For decades, community pharmacy has been dogged by an Achilles heel when it comes to fulfilling our potential in the healthcare system.

These past few years have finally shown that our so-called weakness is in fact one of our greatest strengths.

Yes, community pharmacy operates in the private sector. But that does not mean it cannot be entrusted to deliver public healthcare services. Critics have warned about the privatization of essential services, but we can now state unequivocally that's not what's happening.

The reality is the current public system doesn't have the capacity to do what it needs to do. Demand exceeds supply and our system cannot possibly build more capacity quickly enough to catch up. We need to be creative and expand capacity by leveraging the current infrastructure—which is precisely what community pharmacy has proven it can do.

Moreover, Canadians are ready to access healthcare in new ways. While the crisis of a pandemic really brought that message home, proof was building long before then. I'm thinking specifically of influenza vaccinations. Public acceptance has steadily grown in the past decade or so (depending on the province), to the point that the community pharmacy has become the preferred destination for flu shots.

Primary care will be in a state of crisis for some time to come. Long wait times and staff shortages are forcing everyone to think outside the box and for the longer term. Governments are finally coming to us as a potential solution.

They have also asked about our own capacity. Health human resources are strained across all sectors, including in pharmacy. Will pharmacists and their teams be able to continue to do more? On the one hand, absolutely. As private businesses, community pharmacies are able to staff up quickly to meet demand.

On the other hand, reasonable remuneration is essential. Only then can pharmacies resource the services they're being asked to provide.

Services available through our universal healthcare system should be funded regardless of who administers them. In fact, we should incentivize Canadians to seek out providers who can provide those services most cost-effectively if we are to truly affect public behaviour and lighten the load borne by primary care physicians and hospitals.

Thankfully, government decision-makers have started to move away from regarding community pharmacy as businesses that are an "adjunct" to the healthcare system. Instead, they are starting to truly see us as partners in care. With that recognition in place, we will all finally be able to work at full strength on behalf of Canadians.



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Open skies and new horizons



Despite the pandemic—and in part because of it—community pharmacies hone their ability to serve as community health hubs

Illustration ©Jojo Ensslin, agoodson.com

Community pharmacists and their teams are earning their stripes as essential providers on the healthcare team—and we're not just talking about their achievements so far during the COVID-19 pandemic.

Yes, community pharmacy teams have administered more than 19 million COVID-19 vaccines, and counting. They were and still are a vital part of public education and testing campaigns. And more recently, they've

mobilized to appropriately dispense Paxlovid to treat COVID-19, with prescribing authority in some provinces.

And yes, pharmacy teams' herculean efforts to maintain continuity of care for all things non-COVID cannot be overstated. For example, the first year of the pandemic saw huge upswings in prescription renewals and flu shots by pharmacists, as captured in an analysis by the [Canadian Foundation for Pharmacy](#).

And we can't forget that Canadians are ready and willing to receive more healthcare at their community pharmacy. Almost one in three (30 per cent) agreed they interacted

with their pharmacist more or much more during the pandemic than beforehand, and 96 per cent trusted pharmacists to be an important first point of contact for their healthcare system, according to a survey by the [Canadian Pharmacists Association](#).

So yes, the pandemic has done much to show community pharmacy's mettle during a time of crisis. And yet there is so much more to talk about.

Because the pandemic has also accelerated or helped validate progress already underway to expand pharmacists' scope of practice and better integrate them into healthcare teams. Perhaps most important, these extraordinary times have helped crystallize pharmacy's capacity as community health hubs.

"Being a health hub doesn't just mean taking care of sick people; it means keeping people well," says Shelita Dattani, Vice-President, Pharmacy Affairs, at the Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies). "There's a lot of great work that pharmacy has done and I think we'll need to continue to do post pandemic for health promotion—things like screening for blood pressure, and screening and assessing for mental health, for example."

The pharmacy of the future may see vaccines administered in one area, a wellness consult in another area, and medication management and prescribing services in another—and some of that can be

happening virtually. "We can dream big here in terms of how we can really re-engineer pharmacy services to support primary care and people in their communities going to the physical pharmacy or 'meeting' people where they need to get care, which could include virtual access to medications and services," says Dattani.

Of course, challenges need to be met—with a reasonable funding model being chief among them. "We understand governments' own challenges to find budget amid so many competing pressures. But as the pandemic has proven, we can move mountains. And we're going to continue to prove that

pharmacy is worth the investment," states Dattani.

She adds that a big part of Neighbourhood Pharmacies' job will be to maintain a sense of urgency. "We need to think about the required investments in order to harness the opportunities now to enable pharmacy to provide community-based care, so that our healthcare system is not playing catch-up for years to come."

**“Being a health hub
doesn't just mean taking
care of sick people; it means
keeping people well.”**



Last but not least, the realization of pharmacy's potential as community health hubs will help protect the system's most important assets—its healthcare providers. "We know that pharmacists are exhausted and burned out, as are all healthcare providers," says Dattani.

Pharmacy's team environment proved to be invaluable during the pandemic, and now that the worst of the crisis is over it can be leveraged further to mitigate burnout. For example, in some provinces registered technicians can administer vaccines or point of care testing.

New primary care models

Primary care is spreading its wings—most recently in Nova Scotia and Alberta—to include community pharmacy as a possible entry point for patients.

In July the Nova Scotia government approved funding for up to 10 pharmacy-led primary care clinics to open in 2023. Participating pharmacies, in areas of the province where there is a high need for access to primary care, will have a designated clinic operating for 40 hours a week.

The one-year demonstration project, managed by the Pharmacy Association of Nova Scotia (PANS), includes equitable funding for services; in other words, a service available at no cost to patients in a physician's office is available at no cost to patients in the pharmacy clinic as well (as long as it is within pharmacists' scope of practice). So, for example, funding for services for minor ailments would be expanded to include additional conditions within scope.

Following the demonstration period, "we'll be looking at uptake," says Allison Bodnar, CEO of PANS. "What type of services is the public interested in from pharmacists? What are the limitations to implementation? What are the barriers? What can we do to improve primary care collaboration? We'll also be studying the impacts on other providers, again, looking at how does this contribute to the primary healthcare system in Nova Scotia and what can we learn to advance it?"

The project's working group is currently finalizing the evaluation matrix and recruiting pharmacies. "We're hoping to have our pharmacies selected in September, and then we'll be working with those pharmacies to prepare their environment for this type of clinic," explains Bodnar. "We're incredibly excited to be rolling this out. It's ground-breaking research in pharmacy. We'll really be able to demonstrate what pharmacy could do in the primary care system."

These will not be the first pharmacy-led primary care clinics in the province. In May 2021, Lawtons Drugs opened its Pharmacist Walk-in Clinic+ in New Glasgow. A pharmacy team provides primary care, including prescribing services, for chronic disease management and minor ailments. The positive response led Lawtons to open two more clinics.

The clinics' success also led to Nova Scotia Health, the provincial health authority, partnering with Lawtons in February 2022. A nurse practitioner from Nova Scotia Health is now part of the healthcare team. Michelle Stewart, head of the pharmacy team, cites the gratitude expressed by patient after patient. "You realize how significant something like this is," she says, adding that the clinic "is reimagining how healthcare can be managed."

"The most important outcome of the clinics is that we are adding capacity to the healthcare system in rural Nova Scotia and already improving health outcomes for the community," says Sarah Dawson, Public Affairs Lead, Sobeys, parent company of Lawtons Drugs. "Together with our partners at Nova Scotia Health, we will continuously monitor this pharmacist and nurse practitioner proof-of-concept collaboration to learn how it benefits patients, providers and the healthcare system, and its potential to be scaled to more locations."

In Alberta, the first pharmacist-led primary healthcare clinic opened its doors in June, at the Real Canadian Superstore in Lethbridge. The Pharmacist Walk-In Clinic, developed in partnership with the University of Alberta, takes advantage of the province's expansive scope of practice to offer a range of healthcare services. Loblaw, parent company of Real Canadian Superstore, provided a \$500,000 grant to the University to research and evaluate innovative models of care, including opportunities for collaborative care with other healthcare providers.

"Extending the bandwidth within pharmacy and across everyone in the healthcare system can help us all become more resilient," summarizes Dattani.

Giving vaccines a boost

A key objective for Neighbourhood Pharmacies and provincial advocacy groups is for community pharmacies to join other providers as immunization hubs for all recommended, routine vaccinations, beyond COVID-19 and influenza. "Immunizations can be described as the vanguard of pharmacy's emerging role in public health," says Sandra Hanna, CEO of Neighbourhood Pharmacies.

In fact, the stage is already set. Pharmacists in virtually all jurisdictions (except Nunavut and Northwest Territories) can already administer most if not all recommended and publicly funded vaccines. However, only British Columbia and Québec, and to

a very limited extent Alberta and Manitoba, remunerate pharmacists for giving publicly funded injections.

"Immunizations can be described as the vanguard of pharmacy's emerging role in public health."

Patients' reluctance to pay for vaccinations at the pharmacy that are free at the doctor's office coupled with the limitations on access to physicians during the pandemic have meant that many routine immunizations fell by the

wayside. According to a joint poll by 19 to Zero and Neighbourhood Pharmacies in 2021, 25 per cent of adults missed, or were unsure if they missed, a routine vaccination for themselves or their child, and up to 35 per cent of children may have missed a critical routine vaccination. And yet, 70 per cent of Canadians reported they support routine vaccinations happening in pharmacies, which would reduce the current strain on the health system and protect Canadians from

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preventable illnesses.

Like Neighbourhood Pharmacies, the Ontario Pharmacists Association (OPA) has made routine immunizations a major push in its advocacy efforts. “We’ve really been focusing on the inclusion of pharmacists in the delivery of other publicly funded vaccines, such as pneumococcal, shingles, and HPV vaccines,” says Jen Belcher, a pharmacy owner and OPA’s Vice-President, Strategic Initiatives & Member Relations.

She adds that pharmacists can make a real impact to catch up on missed vaccinations not only for adults, but also for children who missed their shots due to the cancellations of school-based programs during the pandemic.

With a decade of flu vaccination campaigns under the belt of community pharmacies in Ontario and nine million COVID-19 vaccines administered so far, OPA is hopeful the government will soon agree that remunerating pharmacists as immunizers of publicly funded vaccines—and facilitating distribution so pharmacies don’t have to get supply from public health units—just makes sense.

“That’s definitely a priority, given the success we’ve had in both the flu and the COVID programs. More than half of the Ontario population gets their flu shot at a community pharmacy. Patients love going to their pharmacies for vaccines, so let’s better enable that,” says Belcher.

Sharing the load for non-emergency care

Nine provinces now authorize pharmacists to assess and prescribe for certain minor ailments. Ontario is the latest to do so, leaving B.C. as the sole outlier. Among the territories, Yukon will be the first to implement a minor ailments program (expected to start in December). The number of eligible ailments ranges from 12 to a high of 35. While public funding is hit and miss, it is at least moving forward in the right

direction.

Up until recently, Manitoba and the Atlantic provinces did not fund any pharmacists’ services provided under their programs for minor ailments.

Pharmacies bill patients directly or provide the service at no cost. Early this year, Manitoba began remunerating pharmacists’ services for uncomplicated urinary tract infections (UTIs), following on the heels of New Brunswick, Nova Scotia and Prince Edward Island. Pharmacists in Nova Scotia also recently became able to bill government for assessments and prescribing services for oral contraception, herpes zoster and Lyme disease. Although the funding patchwork is not ideal, these recent moves by government represent important wins

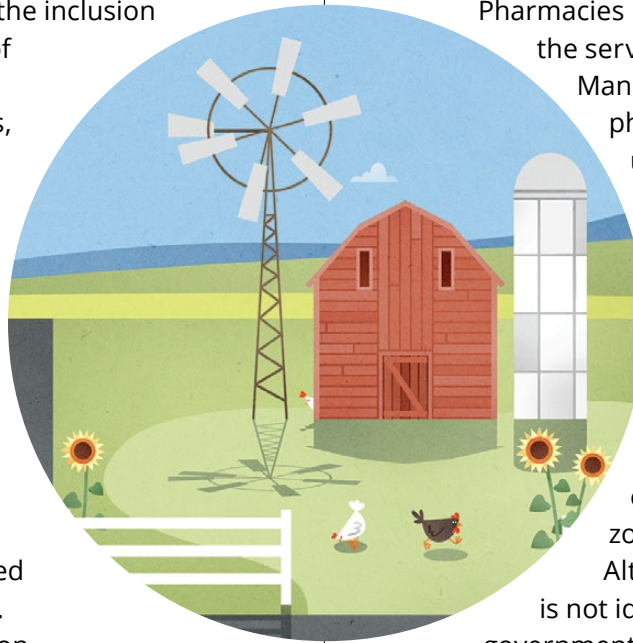
for community pharmacy because they come after advocacy bodies, backed by research, successfully proved the value of pharmacists’ role in minor ailments. For example, a 2020 study in Ontario, published in the *International Journal of Pharmacy Practice*, concluded that community pharmacists who

assessed and prescribed for minor ailments significantly reduced visits to emergency departments and doctors’ offices and “could potentially lead to large savings for the government.”¹ Pharmacy groups are confident that this

pattern for funding will continue, driven by addressing patients’ greatest needs.

All eyes are now on Ontario. “We had a commitment from the Ministry of Health that over the course of the summer, after the election, we would have the discussions and negotiations around funding and how the minor ailments program will be implemented in pharmacies, starting January 1, 2023,” says Belcher. “But we can’t release any details yet.”

Other discussions to ease the burden on the healthcare system include further prescriptive authority for chronic disease management, notes



“Patients love going to their pharmacies for vaccines, so let’s better enable that.”

Belcher, similar to what's been possible in Alberta for more than a decade now. In that province, more than half of pharmacists now have additional prescribing authority. She is optimistic about pharmacy's future in public health and primary care, noting that Ontario's Chief Medical Officer of Health, Dr. Kieran Moore, "has been exceptionally supportive of the role of pharmacists and has always spoken out on the contributions of pharmacy."

Making strides, province by province

The lack of harmonization in scope of practice across provinces is no doubt a source of frustration. "Access to care through pharmacy shouldn't be dependent on your postal code," says Dattani.

Still, the pharmacy profession has made many gains over the past few years to better serve their

communities, as provincial governments gradually expand scope and funding for both public health services and primary care.

“Access to care through pharmacy shouldn't be dependent on your postal code.”

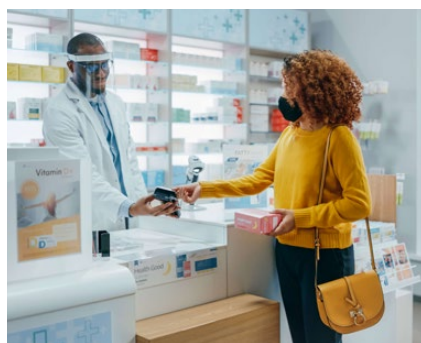
An important national achievement was the extension of exemptions made by Health Canada to the Controlled Drugs and Substances Act.

Triggered by the pandemic and originally set to expire in October 2020, these exemptions—which include allowing pharmacists to extend/renew, transfer and adapt prescriptions, among other actions, for controlled drugs—are now in place until September 30, 2026. While implementation varies slightly by province, subject to scope of practice and legislation, the timespan of more than five years is a positive sign for permanent expansion of authorities for pharmacy teams in this important area of medication management.

PARTNER SPOTLIGHT

Pharmacists' worth finally recognized

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It has been almost three years since COVID-19 began its creep across the globe, and we continue to grapple with its impact.

From delays in diagnoses and emergency room shutdowns to

unprecedented healthcare worker burnout, the pandemic has brought Canada's healthcare system to its knees. We had hoped that the worst was over, as mask mandates lifted and many Canadians started to head back to the office, but today's increasing case counts remind us we are not out of the woods yet.

While the pandemic has highlighted the many gaps in healthcare, it has also spotlighted our system's strengths, one

of which is our pharmacists. As the most accessible healthcare providers, pharmacists responded quickly and effectively from day one. They are supporting patients not only by administering COVID-19 vaccines and tests, but also through their unwavering availability to provide education on how to best manage health conditions and treatments.

Community pharmacists and pharmacy teams have long served the public in these ways, but it took a pandemic to truly shed light on the sector's ability to fill gaps—and build bridges—in the healthcare system.

As we move forward through this health crisis and those to come, it will be important to continue to recognize the critical role of pharmacists. We already see evidence of that as provinces continue to expand scopes of practice, particularly in the areas of immunization (including travel vaccines), the treatment of minor health issues and prescribing authority. We support this larger role; after all, pharmacists have certainly proven they are capable.

—Lisa Machado, Executive Producer, Healthing

Here is a summary of other recent advances for community pharmacy, from coast to coast:

BRITISH COLUMBIA The “leveraging of community pharmacists” is one of the strategic areas of focus in B.C.’s Pharmaceutical Care Management Strategy, unveiled in July 2020. In May 2022, the government announced it will “rebuild” its community-based medication review services, provided by pharmacists, to develop “high-impact services that target areas of unmet needs,” starting with pain management and opioid stewardship as well as deprescribing in patients aged 65 and older.

ALBERTA Already the province with the broadest scope of practice for pharmacists, in 2020 Alberta added a billable service for assessments to screen and/or test for infectious diseases. While the program was put in place with COVID-19 in mind, the potential is there to include other infectious diseases.

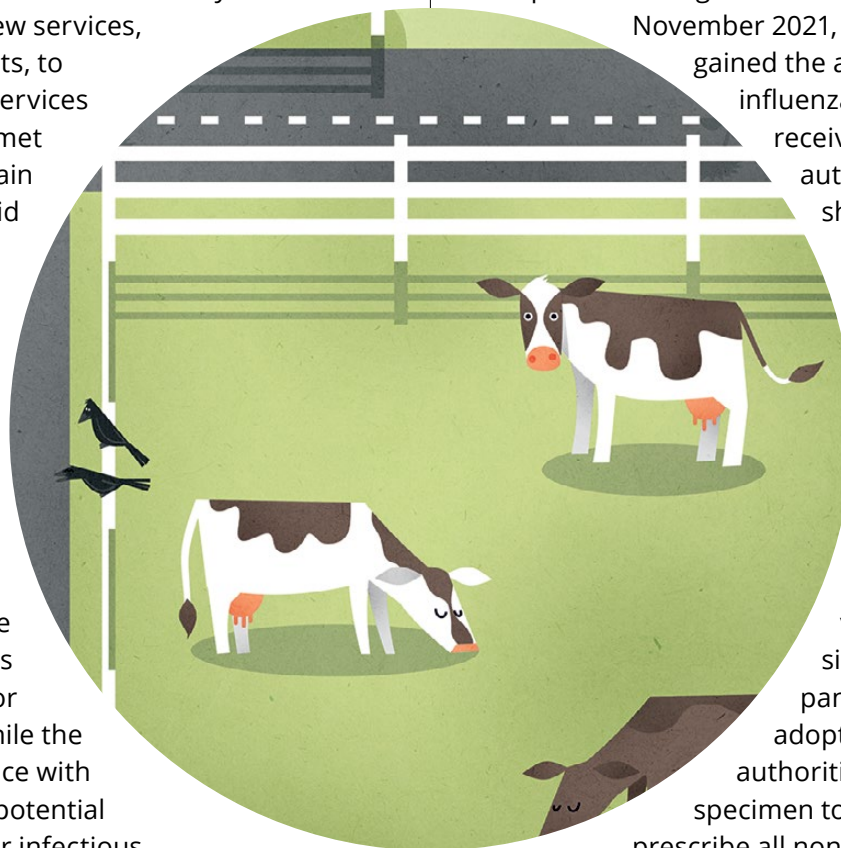
SASKATCHEWAN Pharmacists are temporarily authorized to “test-to-treat” for Paxlovid. Starting November 2021, pharmacy technicians and students received temporary authorization to administer COVID-19 and influenza vaccines.

MANITOBA Government recently expanded its minor ailments program to include assessments and prescribing for uncomplicated UTIs, funded up to three times per year. This marks the first funded service for a minor ailment in this province. In April, the province launched the “Quit Smoking with your Manitoba Pharmacist” program, funded by the province’s first health-related social impact bond in partnership with Pharmacists Manitoba and Shoppers Drug Mart.

ONTARIO As of July 1, Ontario pharmacists, pharmacy technicians, registered pharmacy students and interns can perform point of care tests and collect blood to support patients’ medication management of certain chronic diseases. The province’s minor ailments program in pharmacies comes into effect January 1, 2023. Discussions on public funding for the latter are ongoing. In November 2021, pharmacy technicians gained the authority to administer influenza vaccines after receiving temporary authority to give COVID-19 shots.

QUÉBEC The province was the first to implement the “test-to-treat” strategy for Paxlovid, which permits pharmacists to assess, prescribe and dispense Paxlovid, the anti-viral drug, during a single interaction. The pandemic prompted early adoption of permanent authorities to obtain a throat specimen to aid in drug monitoring, prescribe all non-prescription drugs and prescribe and administer all publicly funded vaccines. Outside of scope of practice, the pharmacy advocacy body, the Association québécoise des pharmaciens propriétaires, has also resumed talks with the government, interrupted by the pandemic, to revamp the province’s reimbursement model so that dispensing fees are tied to complexity of the drug.

NEW BRUNSWICK In June, the province began to remunerate pharmacists for assessing and prescribing for birth control and to assess and treat shingles. Public funding for UTI assessments began in October 2021. Starting in January this year, pharmacists could bill for prescription renewals without limits on eligibility, although this funding is not permanent (if discontinued, funding would revert to renewals for patients without a primary care health provider or in urgent situations).



Effective May 2021, pharmacy technicians could administer injections.

NOVA SCOTIA In December 2021, the province rolled out the Community Pharmacy-led Anticoagulation Management Service (CPAMS) as a permanent, publicly funded service following a successful pilot in partnership with the Pharmacy Association of Nova Scotia (PANS) in 2018 and 2019. PANS and the government have gone on to launch pilot projects in hypertension management and deprescribing to demonstrate the value of expanding scope, funding, or both. The authority to administer all publicly funded vaccines and the authority to order lab tests, both granted before the pandemic, are awaiting the resolution of operational issues (put on hold due to the pandemic). Remuneration for prescription renewals became

available in March 2020 and for UTI assessments in January 2020.

PRINCE EDWARD ISLAND

The province began to remunerate pharmacists for administering the publicly funded shingles vaccine in February. Pharmacy technicians will soon

have the authority to provide injections (anticipated to take effect in October). In April 2021, pharmacies could start billing for UTI assessments and prescribing.

NEWFOUNDLAND AND LABRADOR Along with Alberta, Saskatchewan and Québec, the province is one of four to authorize pharmacists to adopt the “test-to-treat” regimen for COVID-19, which may include prescribing Paxlovid.

Clearing a path

While there is cause to celebrate the accomplishments of both governments and pharmacy to build capacity in the healthcare system to better serve patients, and to look forward to what’s possible on the horizon, much groundwork still needs to be laid.

Within the profession, pharmacists must have the right work environment to feasibly practice to full scope, explains Allison Bodnar, CEO of Pharmacy Association of Nova Scotia (PANS). “That means looking at workforce issues, professional supply, technicians, pharmacists, workforce wellness, mental health issues, as well as the core efficiencies within the pharmacy, and looking at how we split the non-dispensing role of pharmacy from the dispensing process and allow the two workflow streams.”

The pandemic has underscored the urgency of addressing each and every one of these areas, none of which has easy or quick solutions. Provincial and national pharmacy associations, as well as pharmacy owners and corporate offices, clearly have their work cut out for them. On the positive side, the developments of recent years have at least provided reason for greater optimism when it comes to government relations.

“Government is very receptive to solutions that will help fix current ailments in the healthcare system.



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There is a lot more willingness to talk and listen and consider. If you have a good plan and can show how you can do something, they're very receptive," says Bodnar. "We're quite lucky in Nova Scotia to be able to work as well as we do with not just government but now, more recently, with our public health authorities."

When it comes down to it, productive government relations are essential to put the funding in place to help address the internal challenges faced by community pharmacies.

"Many provinces have made a lot of progress, but it's not sustainable if it's not funded," says Dattani. Experience has also shown that patients are reluctant to pay for services they can get at no cost at the doctor's office. "Where pharmacy services are equivalent to those offered by other

healthcare providers, pharmacists should be remunerated appropriately for the services they provide."

"We need to better align pharmacy payments with things like cost-of-living increases," adds Belcher. "We've seen inflation go quite wild for the past several years yet we've had stagnation in pharmacy payments, which can be problematic when you look at things like trying to attract and retain employees. We've been

having conversations with governments around better aligning pharmacy payments with some of the increases in costs that we've had to face due to inflation and the pandemic."

Drug pricing reform further complicates matters. Pharmacies and pharmaceutical distributors are bracing for an annual loss of \$77.6



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million in markup revenue should the new guidelines of the Patent Medicines Prices Review Board go through as currently written. “If these funding cuts go through and new revenue streams are not identified, pharmacies will have no choice but to find savings in their costs, which will ultimately mean a reduced ability to deliver services patients rely upon,” says Dattani (for more on drug pricing reform, see the [Gazette’s summer issue](#)).

Again, pharmacy groups hope that the profession’s accomplishments during the pandemic—enabled by governments’ willingness to entrust pharmacists to take on new services—continue to help move conversations forward. “The ability to talk about pharmacy services

as an investment in access to care rather than as an expense is important because you can

realize cost savings elsewhere in the health system by investing in pharmacy,” says Dattani. “A patient can be well served in the pharmacy rather than waiting for care somewhere else in the healthcare system that’s already under pressure.” 🌈

“The ability to talk about pharmacy services as an investment in access to care rather than as an expense is important because you can realize cost savings elsewhere in the health system by investing in pharmacy.”



Sally Praskey is a journalist with more than 30 years of experience, specializing in community pharmacy and retail grocery.

Reference: 1. Kim JJ, Tian AH, Pham L, et al. Economic evaluation of pharmacists prescribing for minor ailments in Ontario, Canada: a cost-minimization analysis. *Int J Pharmacy Practice*. 2021 Jun;29(3):228-234.

PARTNER SPOTLIGHT

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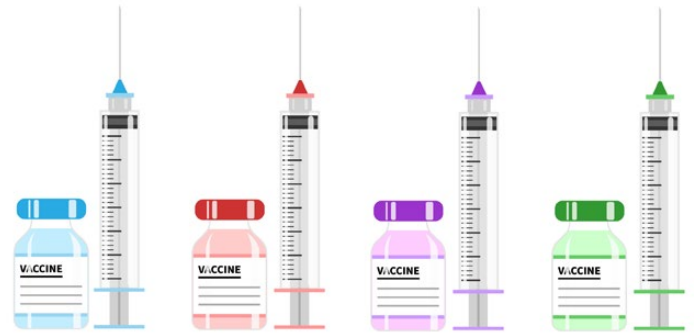
Multiple vaccines get thumbs up

Two out of three Canadian adults are comfortable receiving other vaccinations at the same time as a COVID-19 vaccination, and most pharmacists are already offering to co-administer influenza and COVID-19 vaccines.

These among the findings of a national survey conducted in March 2022 by 19 to Zero, a multi-disciplinary coalition of experts working to build public confidence in vaccines. 19 to Zero also surveyed healthcare providers, working with Neighbourhood Pharmacies on the questions for pharmacists.

Among the 1,965 adults surveyed, 90 per cent had received at least one dose of a COVID-19 vaccine. Those respondents, as well as those likely to get vaccinated against COVID-19 and who indicated they sometimes follow healthcare providers' recommendations to get a routine vaccination, were then asked questions about getting two or more vaccinations at the same time.

Sixty-eight per cent indicated they are comfortable receiving other routine vaccines alongside the



COVID-19 vaccine. Fifteen per cent were unsure. From a list of four possible vaccines, they were most comfortable being immunized against influenza (79 per cent) at the same time, followed by pneumococcal disease (47 per cent), tetanus-diphtheria (46 per cent) and shingles (39 per cent).

Interestingly, when asked separately how many vaccines they were comfortable receiving at once, the largest proportion, 42 per cent, appeared to revert to just one vaccine. Thirty-eight per cent were unsure or said none, leaving 20 per cent who said two or three vaccines.

"While these results may seem contradictory, they reflect what we hear in pharmacy all the time," says Shelita Dattani, Vice-President, Pharmacy Affairs, Neighbourhood Pharmacies. "Patients want the convenience of co-administration but need guidance and reassurance. Pharmacists can really help get the word out that multiple vaccinations are safe and effective."

Indeed, 79 per cent of surveyed pharmacists have already begun offering to co-administer the flu and COVID-19 vaccines. Just 26 per cent of physicians and nurse practitioners indicated doing the same.

Looking ahead, a clear majority of the surveyed healthcare providers—96 per cent of pharmacists and 79 per cent of physicians and nurse practitioners—are open to co-administering flu and COVID-19 vaccines in the future.

While you're here ...

Canadians who are comfortable receiving other routine vaccines alongside the COVID-19 vaccine



Which vaccines they would get at same time as COVID-19 shot



Source: *Co-Administration of Vaccinations Results*. 19 to Zero. 2022 June.

Get more results at [19 to Zero's website](https://www.19tozero.ca).



Community pharmacy & COVID-19 vaccinations

Information current as of September 12, 2022



Province	Start date (2021)	# (%) pharmacies registered (estimated maximum)	Vaccines (manufacturer and brand) and eligibility by age for administration in pharmacy*	Provincial fee for administration	Pharmacy doses and % of total (estimate)
British Columbia	Mar. 31	1,000 (70%)	<ul style="list-style-type: none"> Moderna Spikevax: 6+ Moderna Spikevax bivalent: 18+ (12+ if eligible) Pfizer-BioNTech Comirnaty: 5+ 	\$18	1.2 million (10%)
Alberta	Feb. 24	1,430 (91%)	<ul style="list-style-type: none"> Moderna Spikevax: 6+ Moderna Spikevax bivalent: 18+ Pfizer-BioNTech Comirnaty: 5+ 	\$25	4.9 million (53%)
Saskatchewan	Apr. 29	382 (92%)	<ul style="list-style-type: none"> Moderna Spikevax: 12+ (6-11 in select pharmacies) Moderna Spikevax bivalent: 70+ (50+ if eligible) Pfizer-BioNTech Comirnaty: 5+ 	\$20	662,000 (26%)
Manitoba	Mar. 15	322 (72%)	<ul style="list-style-type: none"> Janssen (Johnson & Johnson): 18+ Moderna Spikevax: 6+ Moderna Spikevax bivalent: 65+ (18+ if eligible) Novavax Nuvaxovid: 18+ Pfizer-BioNTech Comirnaty: 5+ 	\$20	467,000 (16%)
Ontario	Mar. 12	2,957 (62%)	<ul style="list-style-type: none"> Moderna Spikevax: 6+ Moderna Spikevax bivalent: 18+ Pfizer-BioNTech Comirnaty: 5+ 	\$13	8.9 million (26%)
Québec	Mar. 22	1,465 (76%)	<ul style="list-style-type: none"> Moderna Spikevax: 12+ Moderna Spikevax bivalent: 18+ (12+ if eligible) 	\$11.60 (\$17.10 from start date to May 14/2022)	1.9 million (9%)
New Brunswick	Mar. 17	218 (93%)	<ul style="list-style-type: none"> Moderna Spikevax: 6+ Moderna Spikevax bivalent: 50+ (12+ if eligible) Novavax Nuvaxovid: 18+ Pfizer-BioNTech Comirnaty: 5+ 	\$17	800,000 (46%)
Nova Scotia	Mar. 9	295 (94%)	<ul style="list-style-type: none"> Moderna Spikevax: 12+ Moderna Spikevax bivalent: 18+ Pfizer-BioNTech Comirnaty: 5+ 	\$18	1.4 million (63%)
Prince Edward Island	Mar. 11	48 (96%)	<ul style="list-style-type: none"> Astra/Zeneca Vaxzevria: 18+ Janssen (Johnson & Johnson): 18+ Moderna Spikevax: 12+ Moderna Spikevax bivalent: 18+ Novavax Nuvaxovid: 18+ Pfizer-BioNTech Comirnaty: 12+ 	\$15 (\$20 from Jan. 1 to Jun. 30/2022)	85,000 (22%)
Newfoundland & Labrador	Jun. 1	160 (78%)	<ul style="list-style-type: none"> Moderna Spikevax: 12+ Moderna Spikevax bivalent: 65+ (12+ if eligible) Pfizer-BioNTech Comirnaty: 5+ 	\$17	148,000 (12%)
TOTAL DOSES					20.5 million (23%)

* Distribution of Moderna Spikevax bivalent to pharmacies began in September therefore age eligibility in some provinces may have changed from what's stated in this chart, which is current as of Sept. 12. AstraZeneca Vaxzevria is available for administration in pharmacies in some provinces; however, its use is typically limited to situations where other vaccines are not available; Sources: Neighbourhood Pharmacies, COVID-19 Vaccine Update: Trends and Tracking; provincial pharmacy associations; National Association of Pharmacy Regulatory Authorities (pharmacy counts)

Normalizing mental healthcare

Featuring Safeway Pharmacy, member of Neighbourhood Pharmacies

Several years back, pharmacist David Lai started noticing more people coming into his Alberta pharmacy to pick up prescriptions for anti-depressants.

Or more were complaining of feeling overwhelmed and unable to cope. Then the pandemic hit.

"It really started snowballing during the pandemic as physicians weren't seeing patients and we were acting as the primary area where people could get assessed and talk about issues they were having with their medications," says Lai, who is the assistant pharmacy manager at Safeway Pharmacy in Airdrie, Alberta.

According to a [2020 survey conducted by the Canadian Mental Health Association](#), the most pressing concerns of Albertans in the wake of COVID-19 were isolation, access to mental health support and services, and challenges to mental health. As for future concerns, almost one-third of respondents noted ongoing, increased mental illness and mental health problems as a top concern.

Today, people being treated with depression and anxiety make up 30 to 40 per cent of the pharmacy's patient base. Pharmacy staff agreed that they could do more to serve as a mental health resource during the pandemic and fill an unmet niche in the community.

"The feedback so far has been phenomenal. People love the fact they have someone in the community they can talk to," says Lai.

What exactly is generating the buzz? Lai starts by asking patients refilling scripts for depression or anxiety if they are having any trouble with symptoms. For those interested, he conducts an assessment to gauge how they were doing, using validated and easily accessible [screening tools](#): the PHQ-9 for major depressive disorder and the GAD-7 for generalized anxiety disorder.

"Incorporating my quantitative metrics by using the PHQ-9 and GAD-7 scales, I could see which folks were



David Lai, assistant pharmacy manager at Safeway Pharmacy, Airdrie, Alberta, specializes in supporting patients with depression or anxiety.

doing well and which ones I needed to talk to further," he says. "I started growing this aspect of my practice because I wanted it to be a more comprehensive part of what I do."

Based on the assessment results, he advises on non-pharmacological ways to help better manage

symptoms and follows up on current therapy, which includes extending and adapting prescriptions as required. As an Alberta pharmacist Lai also has additional prescribing

authority, which enables him to change or initiate therapy if appropriate.

Backed by the team

Working in a busy dispensing pharmacy, Lai says he was fortunate to get the support of his manager right off the bat to be able to focus more on patients with mental health conditions. "I really rely on support staff to take over on the production side, too," he says. "We have a

“We have a regulated technician who helps check prescriptions so I can spend quality time with patients.”

regulated technician who helps check prescriptions so I can spend quality time with patients.”

Lai also works with a pharmacy colleague training to be a psychologist, who helps him vet free apps and online resources to which he can refer patients (see sidebar for a sampling).

At the pharmacy, Lai is the primary mental health clinical expert, and he and his colleagues also focus on other areas such as diabetes management, travel health and hypertension management.

Initial mental health assessments run from 15 to 30 minutes and take up 10 to 20 per cent of Lai's time weekly. These assessments, as well as follow-ups, often qualify under billable services (e.g., care plans, prescription adaptations, etc.) but Lai says he provides care at no cost to the patient if needed, for those who don't qualify.

“Adding mental health services has definitely helped business because we're building rapport with these patients,” says Lai. “We are shifting away from being product-based to being services-based so they don't see us as a one-off pharmacy, but more like a health

Mental health apps



BetterHelp (available on Apple or Google Play) provides mental health counselling through web, phone and text. There is a free trial period.



MindShift is a free cognitive behaviour therapy (CBT) app that provides exercises that patients can work on at their own pace.



TherAppx helps healthcare providers recommend the best apps for patients.



What's Up? (available on Apple or Google Play), is a free app that provides CBT and Acceptance Commitment Therapy to help with depression, anxiety and stress.



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hub where we are providing services they can rely on time and time again.”

While he admits that there aren't a whole lot of mental health training resources currently available for pharmacists, Lai says he continually refers to clinical practice guidelines from the Canadian Psychiatric Association and the Canadian Network for Mood and Anxiety Treatments (CANMAT) to stay on top of the latest recommendations, in addition to doing any continuing education available.

“I think people tend to shy away from the area of mental health because we haven't had a lot of formal pharmacy training in it but using the clinical guidelines to back up my assessment makes it that much more quantitative in nature,” he says. “I have

several colleagues who have now successfully adopted the same mental health assessment scales in their own practices.”

Lai's collaborations with his patients' family physicians include sending detailed reports on his findings. “If ever I feel a patient is at imminent risk of self-harm, I contact the Alberta Addiction and Mental Health Line

for further support from psychiatric nurses and activation of relevant safeguards, if appropriate,” he adds.

Based on his own experiences so far, Lai says he is always happy to talk to other pharmacies seeking to grow their mental healthcare services. “It's really quite rewarding to help break down the barriers and demystify mental health in the community,” he says.



“It's really quite rewarding to help break down the barriers and demystify mental health in the community.”

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Jason Frame, Vice President, National Sales, Jamp Pharma, is the 2022 Recipient of the Neighbourhood Pharmacy Association of Canada's Distinguished Associate of the Year Award

How does JAMP Pharma exceed the needs of pharmacists and their communities?

We strongly believe that pharmacists should be at the centre of the patient care team. This is why we are so passionate about discovering new ways to support the profession and create value for pharmacists to better meet patients needs. We've made considerable investments to stabilize supply disruptions, develop pharmacy services, offer unique niche medicines, and expand rapidly into the specialty segment. We aim to offer the most complete portfolio in the Canadian pharmaceutical market and be at the forefront of market trends. We are also incredibly proud of our knowledgeable and dedicated field

team, the largest in Canada, who provide personalized service to over 11,500 pharmacy partners from coast to coast.

Where do you see the future of the generic industry?

As the pharmacy business model continues to evolve and face challenges, we have unlimited opportunity to think differently about solutions and brainstorm with key stakeholders to improve the patient experience, while still playing a vital part in controlling healthcare costs. We are entering another phase of accelerated growth into 2023 and will be heavily focused on further development of our specialty partnerships. We now have nine key specialty products, all supported by our JAMP Care™ patient support program, with a massive pipeline of launches to follow, to further deliver value to the pharmacy landscape. As the pharmacy industry continues to shift from traditional products to specialty products, we feel that we are incredibly well-positioned to support our partners who are also growing into this space.

PARTNER SPOTLIGHT

A bright future for technicians

A conversation with Robert Solek of the Canadian Association of Pharmacy Technicians (CAPT), associate partner of Neighbourhood Pharmacies



Robert Solek
President



FULL COMPANY NAME
Canadian
Association
of Pharmacy
Technicians

ESTABLISHED
1983

NUMBER OF MEMBERS
1,095

MISSION
To advocate for
all pharmacy
technicians and
assistants; to
help educate
the public about
the importance
of pharmacy
technicians and
their scope of
practice

What is CAPT's main priority?

As the only national organization representing pharmacy technicians, we know that having more members gives us a stronger voice so want to grow our membership. We also want to communicate better with our members, stakeholders and the public. To do that, we are improving our website and we continue to offer conferences and opportunities for techs to come together to learn and share ideas.

Why is this an important time for techs?

The pandemic shone a huge spotlight on the lack of resources in healthcare. When physicians weren't available, people turned to pharmacists, who also couldn't keep up with patient demand. Pharmacy technicians proved that a lot of those technical tasks they could do, including injections in some provinces, do not need to take up pharmacists' time.

As flu season approaches we're happy to see many regulatory bodies allowing technicians to provide flu vaccines. In our opinion this should be expanded to other vaccines, as well, in due time. Imagine the business model of vaccination clinics staffed with pharmacy technicians.

What are pharmacy techs' biggest challenges?

Generally speaking, community pharmacy technicians currently work to a fraction of their full scope. Some pharmacies are leveraging their techs to do more, but we need to do a better job promoting their full scope. For example, technicians really

should be the pharmacy's expert in inventory and cold chain management. They should be training patients on the use of medical devices, preparing and checking blister packs and performing the final accuracy check on prescriptions. I still hear complaints from pharmacists who check hundreds of scripts a day—why aren't they offloading this to their pharmacy techs so they can focus on more clinical tasks?

What is your vision for pharmacy technicians?

As the population ages, we see a huge role for technicians outside of the pharmacy as more healthcare services head into the home. Pharmacy techs could vaccinate and monitor diabetes readings in the home or be part of family health teams. The future is also bright with the province of Québec starting regulation. We hope that Manitoba will follow suit and then all provinces will have regulated techs.

Why is CAPT part of Neighbourhood Pharmacies?

We realize technicians are underutilized in retail pharmacies and often leave retail positions for hospitals. We're looking for new ways to 'sit at the negotiating table' with pharmacists and other pharmacy stakeholders. Joining Neighbourhood Pharmacies gives us a greater opportunity to get our perspectives heard. We hope to gain even more insight into the retail sector and promote the worth of technicians. Working together we can be part of the solution and improve healthcare in Canada, but first people need to know that CAPT exists.

Healthcare conspicuous by its absence?

Many had predicted that the outcome of Ontario's recent election would reflect voters' views on the state of healthcare in the province.

That this trip to the ballot box would be a referendum on the Progressive Conservative's pandemic response. Yet, with the polls now closed, campaign buses parked and two of Premier Doug Ford's main opponents left without a job, that was not at all the case. One is left wondering: Why wasn't healthcare the determining factor when voters cast their ballot?

There are a number of reasons. Perhaps the most important factor relates to the Ford government's ability to successfully drive its narrative throughout the entirety of the campaign. Public opinion research had consistently demonstrated that Ontarians, and Canadians, are experiencing significant pandemic fatigue. People want to focus on the future. As a result, opposition attacks often fell on deaf ears while the PCs continued to hammer home their plan to build key infrastructure and their commitment to "Get It Done."

On top of the pandemic fatigue is the rising cost of almost everything. Gas prices are at record levels, inflation is at its highest level in decades and the dream of owning a home remains a distant reality for far too many Ontarians. Affordability and concern for one's own pocketbook turned out to be the true ballot questions and, in a resounding fashion, Premier Ford and his team were able to hold on to the keys to the Premier's Office.

Yet, despite healthcare not being the driver of votes in this election, onlookers should not view this as an indication that healthcare is not top of mind for Ontarians. On the contrary.

As a result of the pandemic, Ontarians are arguably more aware of the goings-on of Ontario's health



system than ever before. Gaps in long-term care were tragically exposed and the health human resources crisis continues to negatively affect access to care throughout the province.

The Ford government's decision to include high-profile measures in its [spring-budget-turned-campaign-platform](#) to address these shortcomings was no doubt strategic. It provided confidence to Ontarians that their provincial government shared their belief that these problems are unacceptable and that immediate action must be taken.

Ontario voters also signalled their favourable views on the provincial government's response to the COVID-19 pandemic. Despite the tragedies that were profiled night after night in the media, Premier Ford initially injected confidence into the hearts and mind of Ontarians by stepping up to the podium every day to provide an update on the province's response. The government then executed one of the most successful vaccine distribution campaigns in the world, based on vaccination rates—a fact that allowed many of us to enjoy our summer with friends and family for the first time in years.

Community pharmacies played a key role throughout the pandemic, administering more than nine million vaccine doses and administering or distributing count-

less testing kits. Their actions contributed to Ontarians' confidence in the pandemic response and their attention moving elsewhere by the time the election came around.

So now that the election is over and a new cabinet sworn in, what is next for healthcare in Ontario? Expect to see a quieter but equally busy Ministry of Health during this second term of a Ford government.

Pharmacy will be part of the action. Expansions in scope to enable prescribing services for minor ailments and point of care testing, long in the works, have finally received the green light.

However, public funding for these services, critical for sustainable execution, remains under discussion.

Ontarians can expect considerable fanfare relating to the much-hyped investments in hospital infrastructure. The Tory government will also continue to vocally call upon the federal government for an increased Canada Health Transfer while expressing their opposition to a single-payor national pharmacare program.

However, the most significant undertaking within the health system will occur mostly out of the public eye. Ontario Health, a Crown agency established by the Ford government, will come to play a central role as the entity responsible for coordination and integration within the health system. In addition, Ontarians can expect Ontario Health Teams, unveiled

over the past couple of years, to organize and deliver coordinated regional care through various local partners including hospitals, mental health services, home care, palliative care, midwifery services, etc.

It is also widely expected that the province will finally move forward with the adoption of a non-medical switch policy that will require patients to move from originator biologic medicines to lower-cost biosimilars.

The Conservatives know that there is generally more support for their

handling of the economy than healthcare. So, while the government will continue its efforts to transform the health system into an integrated, modern-day system that addresses the weaknesses exposed by the pandemic, we can expect the next four years to unfold in a much more traditional conservative manner. All decisions will be made through an economic lens. The previous four years were most definitely an exception to that rule.

“The most significant undertaking within the health system will occur mostly out of the public eye. Ontario Health, a Crown agency established by the Ford government, will come to play a central role.”



Nathan Clark is a Senior Consultant at Enterprise Canada and worked in the Progressive Conservative Party of Ontario War Room during the recent provincial election in Ontario.

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Embracing the future with digital tools

As Canada locked down in March 2020, Canadians raced to download new videoconferencing and messaging apps. Healthcare was no exception—the pivot was unprecedented, with clinicians needing new ways to connect.

“Most clinics weren’t open in the beginning of the pandemic, because everyone was trying to figure out what the pandemic meant from a health and safety perspective,” recalls Tarek Hussein, owner and manager of the Weller Pharmacy in Kingston, Ontario. “You had to fax and cross your fingers that somebody could respond to you.”

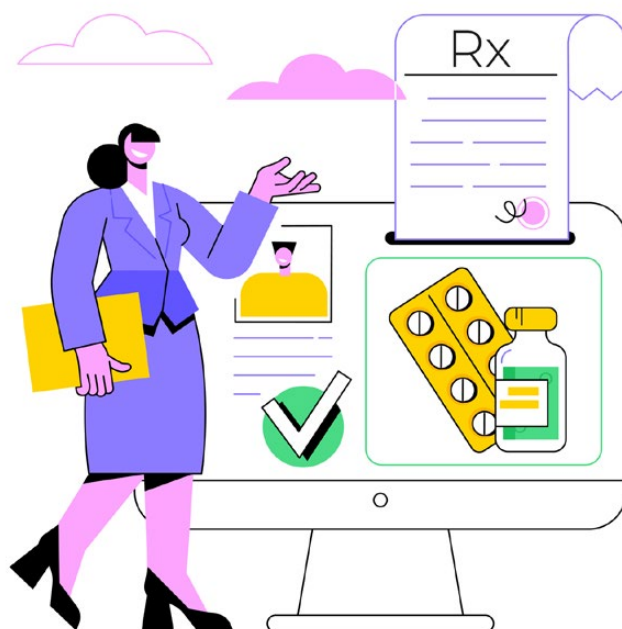
Well into the pandemic’s third year, one thing is very clear: digital tools have become necessities for navigating the new normal. This sea change in digital enablement has rolled out alongside a broader shift in pharmacy itself: it’s increasingly connected, increasingly collaborative and increasingly patient-focussed. As the health system looks towards building its post-pandemic future, it’s critical that pharmacies have the right tools to carry out their evolving role.

Fax: the living fossil

While the health system made significant strides in implementing virtual care during the pandemic, certain tools feel like relics from an earlier era. Fax is a perennial example: healthcare is one of the few sectors in which faxing is still deeply entrenched. Even the introduction of e-fax (faxes sent via the internet, rather than phone lines) hasn’t truly moved the needle.

“The issue isn’t having a physical fax or e-fax,” says Hussein. “e-Fax is still like a physical fax.”

A single fax passes through multiple steps and people to reach its destination. And that’s assuming a best-case scenario. Faxes risk getting lost, Hussein explains, which can delay care and cause frustration—for pharmacists and patients alike. “We’re trying to connect the dots, but people are working in silos.”



The challenge of delivering timely care in a fragmented system is also familiar to Carolyn Khan, owner and manager of Queen Lynch Pharmacy in Brampton, Ontario. When she needs to clarify or correct a prescription, she can struggle to get answers quickly via fax. “You have to track the doctor down.”

That might mean faxing multiple providers—say, a specialist sending a new prescription and the patient’s family doctor.

“I’m persistent,” she says. “At the end of the day, it’s about care.”

Connecting systems for better care

But that care relies on the coordination of many different care providers and settings. As more healthcare moves online, it’s more important than ever to build digital connections across the health system.

According to a survey commissioned by Canada Health Infoway, one-third of patient-reported visits between January 2021 and March 2022 were virtual. From a practical standpoint, paper prescriptions don’t make sense for virtual appointments. Nor is it efficient for prescriptions to travel through a patchwork of phone and fax.

Electronic prescribing, or e-prescribing, presents the clearest path forward in an increasingly digital world. It transmits prescription data directly from a prescriber's electronic medical record (EMR) to the pharmacy management system (PMS).

Yet while the path is clear, the journey to implementation requires cooperation. E-prescribing demands seamless integration between software vendor platforms. In 2017, Canada Health Infoway—a not-for-profit, federally funded organization—launched PrescriberIT® to make this happen. “PrescriberIT® is one of the few services that connects silos,” Hussein explains.

Because the prescription is sent directly from the EMR to the pharmacy's PMS, it can't get lost or delayed. When one of Hussein's patients was recently seeking medication for a viral infection, Hussein was able to use PrescriberIT® to coordinate with their family doctor. He estimates that communicating via fax would have added at least another day's delay to the patient receiving their prescription.

In addition to transmitting prescription data, PrescriberIT® serves as a communication tool, enabling prescribers and pharmacists to message each other directly within their respective systems. It means that pharmacists can spend less time coordinating faxes and phone calls, and more time providing patient care.

Not only does that drive better health outcomes, it also deepens the relationship between pharmacists and their patients. For Khan, that personal connection is an essential part of care delivery. “In that thirty-second touchpoint, I make a difference. Care is not just about medication, it's a mindset.”

Looking ahead

Better communication between clinicians facilitates better collaboration—including across care teams. Khan sees increased engagement with other care providers as essential to pharmacies' evolving role. “Pharmacies' role has to be more clinical. We have to engage clinicians more; we have to use our allied health professionals more.”

Hussein agrees. “As pharmacists are moving from dispensing to providing clinical services, technology is core and centre in enabling pharmacists to optimize patient care.”

As pharmacists continue to work more closely with prescribers and other healthcare providers, their toolkit will need to be up to the task. With

the right data reaching the right clinicians at the right time, pharmacists can apply their clinical knowledge more effectively—and with streamlined workflows, they'll spend less time chasing responses, and more time with patients.

And ultimately, pharmacy doesn't operate in a vacuum. Canadians are used to going digital—whether for shopping, streaming, or staying in touch. Pharmacies that persist with older tools run the risk of getting left behind, trapped in an outdated model.

For pharmacists, that's clearly not an option. “Pharmacy has to grow with the times that are happening now,” says Khan. “There has to be a different way to reach people.”



Ian Lording is Vice-President, Business Operations at Canada Health Infoway. Since becoming a licensed pharmacist in 1998, Ian's goal and passion is to better leverage digital solutions to improve health outcomes for all Canadians.

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Emerging priorities for a better future



"We need leaders. I've never seen, until this point in time, that we need leaders so badly," Ron Tite, a leadership and marketing expert, told attendees at Neighbourhood Pharmacies' 2022 Pharmacy EXPO in June.

As the opening keynote speaker and moderator throughout the conference, the founder and Chief Creative Officer of Church+State, a content advertising agency based in Toronto, challenged conventional thinking about leadership and encouraged pharmacy leaders to take stock and take action.

Particularly in a post-pandemic world, "the future will happen in boardrooms, it will happen in businesses," said Tite. "That's not an anti-government message... it's a partnership message. We have to stop looking to government to solve everything and start working with government."

Even before the pandemic, the role of business, especially of large corporations, was changing. The focus on shareholders wasn't working any more. "Leaders need to drive growth, but here's the redefinition: it's not just financial growth. It has to start with personal growth," emphasized Tite. Personal growth—which must include authenticity in your words and actions—leads to team growth, company growth and community growth.

"Leadership is taking specific actions based on the information you have to improve the lives of the people around you," summarized Tite. "If you're only improving the lives of your customers, that's not leadership, that's just sales. Leadership means something so much more than that."

Leadership was the constant theme of the conference, on topics as far-ranging as the metaverse, a resilient workforce and long-term economic growth. Here are more key takeaways.

Leadership for all times

Whether in a time of crisis or prosperity, inspiring your people is always the right way to go, said General Rick Hillier, Canada's former Chief of the Defence Staff. "If you win their hearts and minds, they will follow you and get things done."

Too often leaders focus on the five per cent of team members causing problems, instead of the 95 per cent who make the organization successful. "When things go right, be there to shake someone's hand and tell them what an incredible thing they did," said Hillier. "Don't be one of those people who rushes out to take the plaque [yourself]."

As Chair of Ontario's Vaccine Task Force, Hillier had a firsthand view of pharmacy's tremendous leadership role in the COVID-19 vaccine rollout. However, he also witnessed the reluctant support of Public Health in some jurisdictions and the delays in making vaccines accessible in pharmacies, and the major discrepancies in remuneration for pharmacist-administered vaccinations, both between provinces and when compared to physicians.

"You bring so much to the fray and thank you for what you did for the vaccine rollout... but I think your entrepreneurship needs to step up a little," he said. For example, by doubling down on working with government to improve vaccine distribution to pharmacies. Pharmacies can also take better advantage of marketing their clinical services when patients are already in-store for their shots.

Retailing in the metaverse

A world of interconnected technologies, where virtual pharmacies and virtual healthcare play a key part, may still seem like science fiction to some—but it's not,



Ron Tite



General Rick Hillier



Doug Stephens

emphasized retail industry futurist Doug Stephens. The metaverse is unfolding and pharmacy should already be preparing for it.

When organizations discount technological innovation and miss trends for the future, they put themselves in the unfavourable position of having to catch up. “The things that eventually contain momentous levels of change often start off looking like toys,” said Stephens, who is founder and CEO of Retail Prophet, and best-selling author of three books on the future of retail. The smart phone is a prime example. “It’s responsible for more social change than anything except maybe fire and the automobile.”

Stephens told attendees that innovations such as digital currencies and virtual reality are the “building blocks” of this next phase of the Internet called the metaverse. “A place where you and your friends and customers and suppliers will teleport into and out of,” he said, noting that companies like Walmart and CVS are already exploring digital real estate opportunities here. “The metaverse promises a world where you can potentially interact with thousands and even millions.”

In preparing for the future, he said retailers need to familiarize themselves with virtual reality applications and consider investing in “a chief metaverse officer,” who is engrossed in this digital space and can help determine strategies going forward.

Stephens also pointed out that retailers are still ultimately in control, as the metaverse will rely on their ad dollars and content to survive—and in the case of pharmacy, health content is particularly valuable. “You don’t have to accept the Internet that gets handed to you this time around,” he said, noting the unforeseen repercussions of previous technologies like Facebook, which prompted higher rates of depression and cyberbullying. “We can demand more accountability.”

Unlocking people potential

The pandemic has without doubt forever changed how people think about work and future careers, observed Karen Forward, Human Potential Executive, Strategy & Consulting Practice at Accenture.

“People are fundamentally reflecting on what they want from work and how this fits into their lives,” she

said, noting that employees are expecting their employers to evolve to meet their needs. “The previous focus was on customer experience but now it’s about the workforce as part of that.”

Forward urged company leaders to listen to their teams and shape strategies accordingly. For example, in the new omnichannel workplace, companies

should be thinking about how to equitably connect people working in offices, remotely and on the frontline. “How you create that omnichannel experience makes a valuable difference...because culture thrives on relationships, not just places and spaces,” she said. “We will see a lot more experimentation around [working] hours too—it doesn’t matter if it fails because at least you’re trying.”

Along with evolving business practices to meet employee needs, Forward said leadership teams should be well-versed on five elements of responsible leadership: stakeholder inclusion, emotion and intuition, mission and purpose, technology and innovation, and intellect and insight.

“Green skills” (the knowledge, ability and attitude needed to support sustainability) are also gaining momentum post-pandemic as companies look to attract new talent. “Eighteen months ago, we were not talking about green skills.....but this is something that is being infused in everybody’s roles now and it’s very important for the talent you’re attracting,” she said.

To help identify priorities in the creation of a sustainable and resilient workforce, organizations should also tap into data collection opportunities that go well beyond traditional employee engagement surveys. “Data is now available across all sorts of [social media channels] when you look at talent...and it’s really worth investing to get it,” she said. “It can help you reimagine work and pivot [so you can] build an adaptive workforce.”

Focus on long-term growth

The pandemic proved that when governments and businesses work together, much can be accomplished, and quickly. Is it wishful thinking to imagine this can continue without a crisis as catalyst?

The answer is no, according to Canada’s [Coalition for a Better Future](#), established in August 2021. In fact,



Karen Forward



Lisa Raitt

such collaboration as well as individual accountability are key to bring about the best possible future for Canada, stated the Honourable Lisa Raitt, Co-Chair of the Coalition and Vice-Chair, Global Investment Banking, CIBC Capital Markets.

The Coalition is “studiously non-partisan and will work with any government,” said Raitt, a former federal Conservative cabinet minister who is co-chair with the Honourable Anne McLellan, a former federal Liberal cabinet minister. Its goal is to put the focus back on long-term growth rather than “transactional stuff put together to garner votes.”

Raitt explained that “our demographics are against use, the bills are getting bigger and competition is more fierce... If we don’t act on long-term growth, we’re going to have a problem.” Canada’s average annual rate of economic growth has already been slowing for decades and “we have the lowest growth projected in the OECD [Organisation for Economic Co-operation and Development] over the next 20 years,” she added.

The state of long-term care is a prime example of the devastating impact of short-term thinking. “Dementia is a freight train that we are not prepared for economically or from a care perspective. If we don’t increase our economic growth, the care is going to have to come from somewhere [and] the toll on [family] caregivers will be significant. It derails people’s careers because they have to care for someone who has no place to go.”

However, the Coalition is not advocating growth for

growth’s sake. “A bigger GDP is not necessarily going to translate to a better life or a better future,” said Raitt. Growth must be sustainable, result in a better quality of life for everyone and measure up on the global stage.

To that end, the Coalition has developed 21 metrics, using internationally accepted indicators of economic or social development, to track Canada’s progress in six key areas: climate change, economic resilience, living standards, human capital, scale-through-innovation and global champions. It has set targets for each of the 21 metrics.

The Coalition has 131 members so far. They include Neighbourhood Pharmacies and other advocacy groups, private businesses, community and civic organizations, Indigenous groups and environmental non-government organizations.

Raitt urged business leaders at Neighbourhood Pharmacies’ Pharmacy EXPO event to “engage, engage, engage. The urgency for long-term growth is now. Make politicians talk about it and consider it in your own business plans... View the economy through a lens that’s apolitical and push your local elected representatives for incentives on long-term growth.”



Have a listen

Check out the sessions at Neighbourhood Pharmacies’ [2022 Pharmacy EXPO](#).

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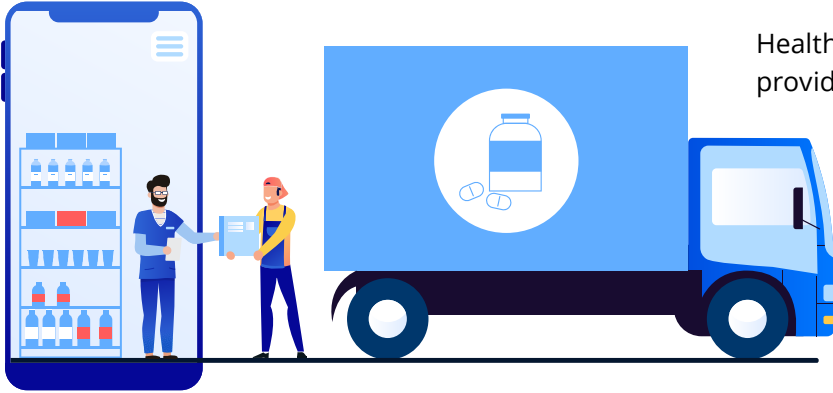
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NEIGHBOURHOOD PHARMACY ASSOCIATION OF CANADA
SPECIALTY PHARMACY SUMMIT

NOVEMBER 7 - 8, 2022

What Makes Specialty Pharmacy Special:
Defining the Value of Specialty Pharmacy Practice and Services

Canadians more open to prescription delivery



Early this year, I needed to renew a prescription for my hypertension medication and was informed that this visit would take place virtually.

My doctor phoned at a pre-arranged time and asked how I was feeling. I described the tracking of my blood pressure, the type of device I was using, how often and what time of day. As a self-proclaimed numbers geek, I was able to give him the median and mean values, the range and more details than he probably wanted to hear. He asked several other questions about my health and ended the call by asking where I would like the prescription sent, to which I replied, 'My usual pharmacy, thanks.'

The phone appointment was very easy for both of us. The care I received was excellent, in my opinion.

My experience is not unusual. A February 2022 report by the Virtual Care Task Force (a joint initiative of the Canadian Medical Association, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada) noted that 40 per cent of all physician visits in 2021 occurred virtually or remotely, i.e., by telephone, video, email or text messaging.¹

Most of these visits involved individual doctors in the public health system and their patients; however, the report also noted a surge in the use of private virtual services. A scan of direct-to-patient virtual care services by the Canadian Agency for Drugs and Technologies in

Health (better known as CADTH) noted a dozen private providers operating in the first half of 2021.²

Private virtual care services are often delivered via an app and paid for on a fee-per-visit or subscription basis, or as a benefit through an employee health plan. If the virtual consultation results in a prescription, it is sent electronically to the pharmacy of the patient's choice. Some providers also offer to deliver the prescription directly to the patient, often free-

of-charge. The pharmacy that fills these prescriptions will be a mail-order or strictly virtual pharmacy, rather than a traditional community pharmacy. It has no need for a storefront and is not open for walk-in traffic.

IQVIA classes these strictly virtual pharmacies as "non-traditional" and reports they are growing in number. Are they having an impact on traditional community pharmacies? Are patients changing their pharmacy habits as a result of receiving care virtually? In other words, are patients who would normally walk out of the doctor's office with a physical piece of paper to take to their usual pharmacy choosing delivery from a remote or virtual pharmacy connected with the virtual care service?

Recent IQVIA data suggests this may indeed be the case, with new growth in prescription volume at non-traditional pharmacies. Note that this was determined after removing volume for specialty pharmaceuticals, which are dispensed by specialty pharmacies that are also part of IQVIA's non-traditional class of trade.

Virtual care services in Canada

(alphabetical order)

- [Felix Health](#)
- [Maple](#)
- [TELUS Health MyCare](#)
- [Tia Health](#)
- [WELL Virtual Clinics](#)

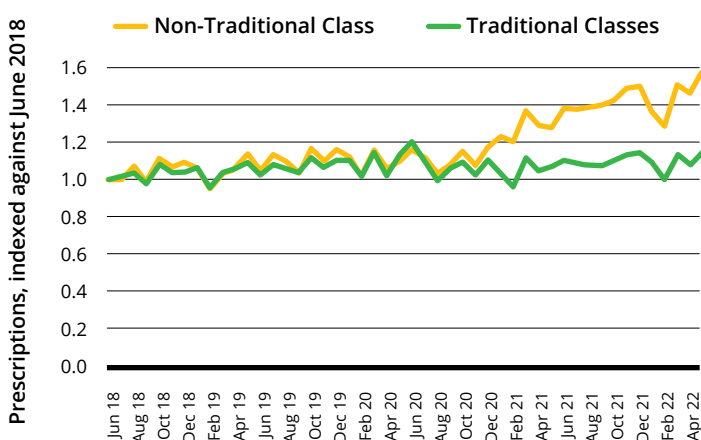
As seen in Figure 1, non-traditional pharmacies saw much higher growth than traditional pharmacies for non-specialty drugs—an increase of 34 per cent over the 18-month period from December 2020 to May 2022. The increase in dollars (not shown) is even more significant: 68 per cent, representing an additional \$44 million per month for the non-traditional class.

“Forty-six per cent of Canadians with prescription drug plans indicated they are likely to order prescriptions online and have them delivered.”

The non-traditional class of trade is still relatively small, representing only about 11 per cent of prescriptions in Canada (including prescriptions for specialty pharmaceuticals). However, it has clearly captured a new source of prescriptions in the past 18 months, most likely from virtual pharmacies.

The data presented here is not conclusive, as there could be other explanations for the growth of non-traditional pharmacies. For example, central-fill pharmacies shipping direct to the patient would show a similar pattern. Yet regardless of whether the prescription was preceded by a consultation on-line, by telephone or in-person, patients are more willing to have their prescription delivered rather than pick it up in-person.

FIGURE 1 Prescription growth of non-specialty drugs by class of trade



Source: IQVIA, Rx Premium, May 2022

A 2022 survey by *Benefits Canada* appears to back this up. Forty-six per cent of Canadians with prescription drug plans indicated they are likely to order prescriptions online and have them delivered, up from 37 per cent in 2021.³

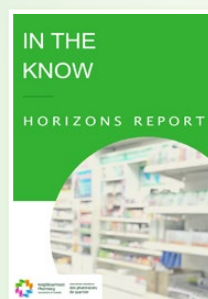
It's fair to say that this data provides further evidence of how the pandemic has accelerated change in the way consumers think and act, and how the pharmacy sector—traditional and non-traditional pharmacies alike—are evolving as a result.



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Taking Care of Business



A resource exclusively for members

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A starring role in healthcare journey

Our healthcare system is broken.

With major gaps in continuity of care across this large country, people are slipping through the cracks. As our population ages, this is especially true when it comes to chronic disease management.

As a pharmacist and former independent pharmacy owner, I've always envisioned pharmacists as the quarterbacks of the medical system. The frequency of our touchpoints with patients is greater than that of any other healthcare professional, which is a great advantage in bridging gaps in chronic disease care.

If healthcare is ultimately a journey, pharmacists and their teams are absolutely equipped to help patients through it. Beyond ensuring that patients are taking the right medications, they can safeguard against drug interactions, navigate insurance issues and educate on important lifestyle changes. Then there are specialty drugs on top of that, where pharmacists can play a pivotal part in education, access and optimizing treatment outcomes.

Right now, there are specialty and retail pharmacies, and I don't believe the separation is necessary. Given medication access and expanded scope, there is no reason patients should go to two different pharmacies for chronic disease care.

With this concept in mind, I started SRx Health Solutions 12 years ago to establish a more comprehensive and

collaborative pharmacy structure—one where pharmacists can use their full scope to provide optimum patient care. We have taken our specialty knowledge and integrated it into retail settings across the country. With our model, pharmacists work with nurses, physicians and dietitians to help patients manage their chronic diseases better.

The pandemic cast a harsher light on the influence of social determinants of health, such as income and race, on health status. And in some rural or remote communities, the pharmacist is often the only healthcare practitioner readily available. When pharmacists are encouraged, enabled and empowered to use their full scope, which includes working cohesively with nurses and physicians, they can bridge gaps and make an impactful change in the lives of their patients. Our model is proof of that.

As someone who is passionate about this profession, I am motivated to bring down any barriers preventing its success. My organization's recent decision to join Neighbourhood Pharmacies will help do that. It is extremely important to present a united, cohesive voice to government, and to our peers, to do what's best for the sector. Working together we can help promote and strengthen the rightful role of the community pharmacist and the community pharmacy: to be a highly valued, frequent touchpoint in a patient's healthcare journey.



**Adesh A. Vora,
Pharm.D.**

BOARD MEMBER
*Neighbourhood Pharmacy
Association of Canada*

PRESIDENT & CEO
SRx Health Solutions

“As someone who is passionate about this profession, I am motivated to bring down any barriers preventing its success.”



**Neighbourhood
Pharmacy**
Association of Canada

Association canadienne
des pharmacies
de quartier

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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