

Neighbourhood Pharmacy Gazette

WINTER 2022



INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.

A publication of the Neighbourhood Pharmacy Association of Canada

Our stories

HEALTHCARE IN THE HEART OF THE COMMUNITY



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immunizations**

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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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Taking measure so we all can do more

“You can do anything, but not everything.”

This popular quote by productivity consultant David Allen captures one of those truths that seems so simple yet can be so difficult in daily life.

These words took on greater meaning during the pandemic. In healthcare, patients, providers and related stakeholders were thrown out of comfort zones. Longstanding challenges to do with capacity, accessibility, modernization and collaboration reached pressure-cooker status. Yet out of crisis comes opportunity, and we were buoyed by some long-awaited breakthroughs in technologies, policies and, perhaps most important, mindsets.

Community pharmacy proved time and again that it could serve as both bolster and ballast within the healthcare system. From triage to testing, education to vaccination, our capability to serve as community health hubs, touted before the pandemic, was validated. The pharmacists and patients who contributed to this issue's cover story ([page 5](#)) attest to that. Without exception, their stories speak to how community pharmacies add capacity and are a safe space for compassionate care.

Continued expansions in scope and new government programs are further evidence of community pharmacy's integration in the health system, beyond COVID-19. A recent example is P.E.I.'s shingles vaccination campaign, which saw thousands flock to pharmacies ([page 15](#)). Pharmacy immunizers

(including technicians and students, where authorized) are ready and able to boost vaccination levels for all recommended, publicly funded vaccines.

Minor ailments are a growing area of focus for governments. Come the spring of 2023, pharmacists in all provinces have the authority to assess and prescribe for at least a dozen common conditions. However, public funding is far from universal. Without it, pharmacies cannot resource appropriately to provide the services at a level that truly builds capacity.

Specialty pharmacy practice sits at the other end of the spectrum for complexity of care. As explored during our roundtable event ([page 20](#)) and Specialty Pharmacy Summit ([page 26](#)), pharmacy providers want to build an inclusive environment to support this growing patient population. However, sustainability is again a serious concern.

Which brings me back to the adage that you can do anything, but not everything. Pharmacies have proven their versatility, yet they cannot do it all. Our mission at Neighbourhood Pharmacies is to work with governments to ensure that the important enablers—such as technology, regulation and remuneration—are in place so that pharmacies can contribute as much as they can from a position of strength, safeguarding their workforce. So that, collectively, pharmacy professionals, physicians, nurses and other providers across the health ecosystem can indeed do anything, *and* everything. 🌈



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“Continued expansions in scope and new government programs are further evidence of community pharmacy's integration in the health system, beyond COVID-19.”

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Our stories

Healthcare in the heart of the community



The global COVID-19 pandemic is about to enter its fourth year. The fact is difficult to fathom, yet this is our ongoing reality. Pharmacists and other healthcare providers especially are doing whatever they can to maintain equilibrium for their patients, for themselves, and for the healthcare system. While the challenges are at times immense, the rewards are equally so.

Neighbourhood Pharmacy Gazette invites you to take a few minutes to reflect on a “day in the life of a pharmacy,” pandemic notwithstanding. Pharmacists and a few patients share their stories here, in part to recognize the difference that pharmacy teams do

make—sometimes with dramatic results, and often with the smallest of gestures. By taking the time to listen. To be kind.

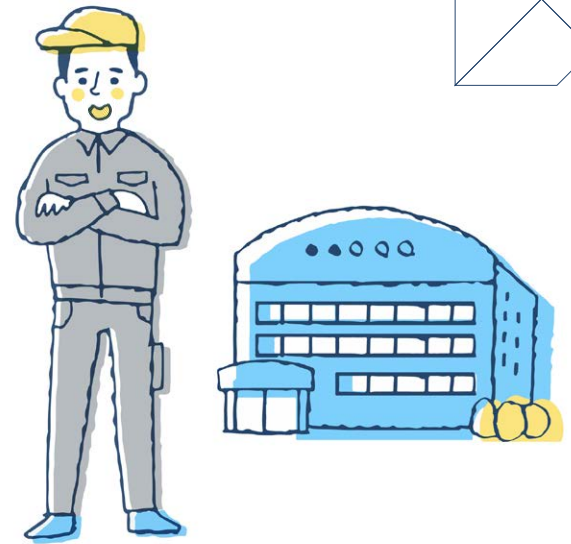
Equally important, these stories celebrate the patients who increasingly place their trust in pharmacists as the profession evolves and explores how to fulfill the potential of the pharmacy as a community health hub. The smiles and heartfelt thanks of patients and their caregivers constantly inspire pharmacy teams to keep going, to keep stretching outside of comfort zones. Life *does* go on and, yes, together we are always stronger.

Helping to keep food on the table

It was December 2021 and the Omicron variant was spreading fast.

Employees at our company's retail service centres (RSCs) play a vital role to maintain the supply of foods to our network of grocery stores across Canada to ensure Canadians find what they need to feed their families. They work in shifts, which makes it challenging to book appointments for a COVID-19 vaccination. The right thing to do was bring the vaccinations to them. In early January, pharmacists and nurses from our pharmacies held a pop-up vaccination clinic at each of our seven RSCs in Ontario. They administered more than 800 vaccines to help keep employees and their families safe, and to protect the food supply chain.

From head office, Sobeys Ontario



Teamwork the winning game plan

I recently had the most amazing conversation with a patient.

He could not be more complimentary of everyone at our pharmacy who has helped him. He was almost reduced to happy tears. He told me he moved to Canada about six years ago and has had several health challenges, including severe asthma. This condition has greatly impacted his ability to breathe. He used to be very physically active, but this condition has made that impossible. His new medication will allow him to get back to a moderately physically active lifestyle.

He could not get over how helpful we were. He said the many steps in the process to prepare for treatment were as painless as possible and went like clockwork. He was thrilled and relieved that I could get him up to date with his vaccinations so he could start his medication sooner. During the training on how to use the autoinjector, and after I administered the first injection, he was impressed by the time spent taking his vital signs and answering his questions. As a professional sports coach he said he knows the importance of teamwork and he really emphasized that "you folks have a fantastic team." That just made my day. It is great to hear appreciation for all the work that happens behind the scenes that often goes unnoticed.

Jeff Jardine, pharmacist and PEI Operations Manager, Bayshore Specialty Rx in Charlottetown, Prince Edward Island



"We probably saved a life that day"

It was a sunny summer afternoon

when Lana Boyechko, our frontend manager, rapidly approached me with smartphone in hand. The phone was on speaker and a 911 operator was on the line. Lana asked if we had any naloxone. I grabbed a kit of injectable naloxone, asking for details as Lana quickly led me outside. A young woman was lying unconscious by the side of the store. The 911 operator believed she may have overdosed on opiates.

I quickly administered the naloxone. Her breathing improved almost immediately, and paramedics arrived soon after to take her to the hospital. While I may never see this person again, I hope she is doing okay. And I am forever grateful that our pharmacy always has naloxone on hand. We probably saved a life that day.

Matthew Tomiak, pharmacist and Pharmacy Manager, FreshCo Regent Pharmacy in Winnipeg, Manitoba

COVID-19 vaccines: keep them coming!

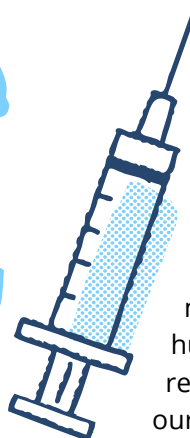
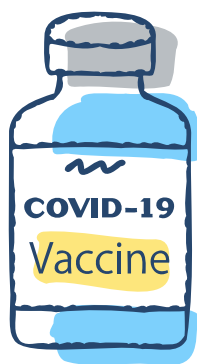
On a Saturday morning in December 2021,

I arrived at the Public Health building to pick up more COVID-19 vaccines to supplement the shipments from our wholesaler, to maximize our efforts to protect the community against this deadly virus. We had 250 appointments booked that day and I knew the week ahead would be busy with appointments and walk-ins, just as the many weeks before had been.

Soon after getting there, I found out that Public Health had to cancel its clinic due to a shortage of immunizing healthcare professionals. I could see people walking around, disappointed and wondering if they could still get the shot elsewhere. I invited them to come to our pharmacy and informed the Public Health staff they could send others my way. Almost 120 did come to us, and each and every one was so grateful. Some were short of words.

Although that day became extremely busy for us, with a total of 370 shots administered by just two pharmacists assisted by three pharmacy assistants, it was also extremely satisfying to know the difference we made.

Recently, we celebrated 15,000 vaccine doses administered. Incredible! Words cannot express the pride we feel in knowing we are improving access to healthcare.



And we are not done yet. We continue our efforts

to increase vaccine uptake by ensuring easy access. Daily walk-ins are a big factor behind our success. We are also eliminating disparities in access by bringing the vaccines to more vulnerable populations. Our mobile vaccine clinics have served hundreds and hundreds of residents in retirement and long-term care homes in our community.

Before Christmas last year we held in-pharmacy clinics dedicated to firefighters and their families. More than 400 firefighters and their loved ones rolled up their sleeves. I'll never forget one firefighter with his wife and two very talkative young girls. They were very happy to be able to get their shots together. The father thanked us several times for our team efforts, saying how it was difficult for him to secure appointments for his family elsewhere.

The past few years have been stressful at times. No doubt about it. But our pharmacy team has come out stronger. Support from head office is stronger than ever. Most important of all, the smiling faces keep us going, no matter what the challenges.

Faheem Ahmed, pharmacist and Pharmacy Manager, Walmart Pharmacy in Kitchener, Ontario

Filling gaps in primary care

A man phoned and asked if he could talk to someone about his acid reflux.

He did not have a family doctor and had not seen a physician in at least three years. When he heard he could get an appointment that afternoon, he was thrilled. He agreed to a full assessment, which included a blood glucose test. The result was very high. We quickly referred him to a chronic disease management clinic, which confirmed the diagnosis of type 2 diabetes. For more than a year now he has been coming to the clinic regularly and we help him manage his diabetes and other conditions. He's doing great.

Michelle Stewart, pharmacist and Clinical Lead, Lawtons Pharmacist Clinics, Nova Scotia



Bringing back the joy of Christmas

About five years ago I was invited to participate in the start of an opioid addiction treatment program in one of our northern communities to help people break their addiction to illicit opioids. Four couples enrolled to start. Between them, they were parents to more than 15 children.

I was privileged to go up for a week with a physician and mental health team to do the inductions for therapy. Prior to induction, the patient needs to be sufficiently in withdrawal before we titrate the dose, which is individualized to the patient's needs to alleviate their symptoms and manage cravings. It takes about four days to complete the induction, at which point the mental health team plays a much larger role in helping patients identify the triggers or

the trauma that may have led to the addiction. It was serious work, with lots of education and discussion, but we also took the time to get to know each other and share some stories.

A year later, I went back for a follow-up visit. Three of the four couples were successfully maintaining treatment and living stable, productive lives. One of the mothers told me that it was their first Christmas with enough food for the kids, and her kids were no longer worried she would have to sell their new toys to feed her addiction. It was a very emotional conversation, and I still cry today when I think of it.

The program continues, self-managed by trained members of the communities. And back here at the pharmacy, I continue to feel very privileged to be part of a team that helps others battle their addiction and take their first steps to a new life.

Bryan Neufeld, pharmacist and Pharmacy Manager, Sioux Lookout Remedy's Rx in Sioux Lookout, Ontario



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Answering the call for testing

I will never forget the weeks before Christmas in 2021.

We were in the middle of another wave of COVID-19 and people were so desperate to get tested so they could visit grandma and other loved ones over the holidays. Patients were crying and begging us to test them. We added hours to our already-long work week, and the time was a blur between administering COVID-19 vaccines on the one hand and testing for the infection on the other hand, all the while adhering to public health safety measures.

We had to turn people away because we were not permitted to test anyone with symptoms, even knowing that Public Health was overwhelmed and test results were taking longer than seven days. It was emotionally very trying, yet we were sustained—and continue to be sustained—by the gratitude and tears of happiness of the many, many people we could help.

The situation was especially bad in Newfoundland and Labrador because, unlike other provinces, the government was not distributing free home rapid



antigen tests, and they were difficult to find for purchase. Home test prices were climbing, and the Minister of Health had to advise people not to purchase them from the “black market.”

Even well before December 2021, our pharmacy had become a destination for testing. In the fall we became the first pharmacy in the province to conduct in-person COVID-19 tests. Since there was no blanket authority from government to do this, we had to complete a lengthy approval process with Public Health. We worked with our Pharmacy Board and colleagues in other provinces to develop policies, procedures and training. It was a steep learning curve, but the need for more access to COVID-19 tests was dire. We knew we could do it.

It was just Robyn Voisey, our pharmacy technician, and me to start. The phone calls exploded as soon as word got out and we had to open an extra room in our building to accommodate the appointments. Our team grew as a result, creating jobs at a time when many people were out of work.

We laid the foundation for a few other pharmacies to become testing sites. I am very proud of the fact that we spearheaded point of care COVID-19 testing in pharmacy in Newfoundland and Labrador. We were filling a major gap in care.

Until the spring of 2022, when free home rapid antigen tests finally started to become available from the government, we were one of just a handful of sites outside of Public Health where people could receive an observed COVID-19 test. We were able to administer the test and certify the results for travel, employment and personal use. We were able to provide a healthcare service at a time when our community needed it most. It was an honour to be able to do so.

Cindy Maloney, pharmacist and Pharmacy Manager, SRx Pharmacy in St. John's, Newfoundland and Labrador



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Whatever it takes for complex care

This patient was 27 years old when diagnosed with multiple sclerosis (MS).

The medication costs more than \$20,000 a year, and she was extremely worried about how that would be paid. Coordinating coverage was complex, requiring more facilitating at the pharmacy level than usual. She was so relieved that we could take the lead on that and thrilled that she could start the medication before coverage was fully in place because we were able to coordinate a bridging dose through the patient support program.

However, over the course of treatment, it became evident the medication was not slowing the progression of the disease as intended. We kept in close contact with the physician to safely transition to another drug, since we had to wait for the blood work to be clear. We also kept the patient fully informed along the way, which is important for reassurance and to instill confidence about the change in therapy.



The patient recently moved from Ontario to Manitoba. There was some back and forth between the two provinces and we sometimes couriered her medication to Manitoba until she was fully settled and switched to our Manitoba pharmacy. It was a

busy, stressful time for her, but she knew she never had to worry about her medication. Shortly after her move, I received this handwritten note in the mail:

*"Dear BioScript Pharmacy Mississauga,
Thank you so much for everything and for taking care of me [regarding my medication].
You played a very important role in my MS journey. For that, I'm very grateful."*

We have a bulletin board filled with notes like this, and we plan to keep them coming.

Peter Chiu, pharmacist and Pharmacy Manager, BioScript Pharmacy in Mississauga, Ontario

A "sleeper hit" for pharmacy!

"PharmaZzz is a very good program.

I was getting to the point of feeling the need to add more medication for sleep, which I didn't want to happen. I am now off all sleep medication, and for that I am excited. This is my dream come true, it was better than my expectations. I found the service very good; the program answered all my questions and had lots of good information. I now get up in the morning not groggy, I can sleep the night through. I wasn't able to sleep through the night before, even on sleep medication, and now I have a less disturbed sleep. Absolutely would recommend PharmaZzz to others."



From a patient in recognition of Kristen Dobrowolski, one of three pharmacists at Lake Country Co-op Pharmacy in Prince Albert, Saskatchewan, trained to provide non-medication therapy for insomnia (NMTi) as part of the PharmaZzz program. The program is an initiative of the PharmaZzz Research Group, a collaboration of the University of Saskatchewan College of Pharmacy and Nutrition, Rx Files and MedSask, Saskatchewan's drug information service. Services include behavioural therapy, cognitive restructuring of negative thoughts and relaxation techniques. Pharmacists also help patients safely reduce and eventually stop their use of sleep medications. Long-term use of sleep medications can result in physical and mental dependence. People are at higher risk of motor accidents and falls, the quality of their sleep worsens, and daytime functioning is negatively affected. While research shows that NMTi can be more effective than sleep medication, it is widely underused due to the lack of trained clinicians. Pharmacists can help fill that gap in care providers and are ideally situated to deprescribe sleep medications, which is a goal of many people with insomnia.

On alert for drug interactions

The patient, a woman in her 70s, had been taking an oral medication for liver cancer for six months. I was refilling her prescription and had put it through the Ontario government's ClinicalViewer portal. It flagged a drug interaction, which hadn't happened before.

A closer look revealed the patient had started a medication to help manage the side effects of nausea and stomach pain caused by the cancer drug. When I checked with the oncologist, he was not aware of this additional medication. The family physician likely prescribed it. He agreed that it should be stopped since it could cause an irregular heartbeat and other unwanted side effects.

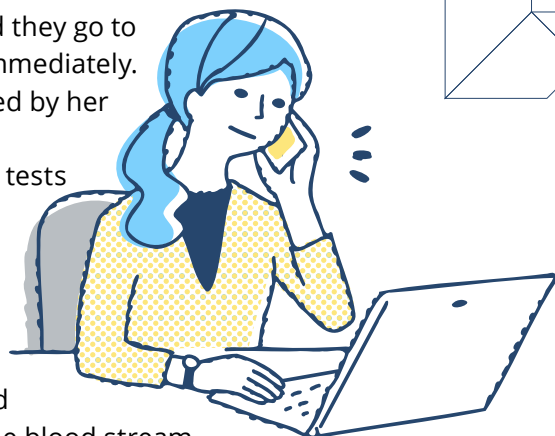
I called the patient. Her husband responded, saying that his wife wasn't feeling well. When he described her symptoms of dizziness and brain fog, I suspected it may be due to the new medication interacting with the cancer drug. After I let them know about that—and she agreed to stop taking the new medication—I

recommended they go to the hospital immediately. I was concerned by her symptoms.

The hospital tests revealed reduced liver function, increased cirrhosis of the liver and ammonia in the blood stream.

Fortunately, she felt much better after a few days' treatment at the hospital. While she was there, I recommended a different medication to reduce the side effects from the cancer drug, which would not cause an interaction, and she confirmed it helped.

She was very appreciative of us going the extra mile. But in my mind, this is all in a day's work for pharmacists. This is what we are trained to do, and we don't take it lightly—in part because the healthcare system is fragmented. Patients see multiple healthcare providers and multiple pharmacies—even more so as more complex drugs, such as this cancer drug, become available. Just as there are physicians in



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“This is all in a day's work for pharmacists. This is what we are trained to do, and we don't take it lightly.”

general practice and in specialty practice, there are pharmacists in community practice and in specialty practice. As a community pharmacist for more than 30 years, now in specialty pharmacy practice, I can say that the medical advances of the past decade have been especially exciting, and professionally fulfilling.

I would also like to give credit to Ontario's ClinicalViewer tool, available from eHealth Ontario. It details all dispensed medications for ODB beneficiaries, no matter the prescriber or pharmacy. It's an important step toward connecting healthcare providers. This tool is invaluable for pharmacists and saves precious time that can be redirected to patient care.

Joria Tse, pharmacist, Sentrex Pharmacy in Markham, Ontario

Moving fast to treat COVID-19

My mother's prescription for Paxlovid was faxed to another pharmacy but it was unable to fill it because they did not have any remaining. The pharmacist contacted Eddie Ahoff, who reached out to me to confirm he could fill the prescription and to get some information about my mother. He filled it immediately and when I went to pick it up, he reviewed the medication and the possible side effects and what to look for. He was so gracious and accommodating.

From a patient in recognition of Eddie Ahoff, Pharmacy Manager, Sobeys Kenaston Pharmacy in Winnipeg, Manitoba

Nurse helps us do even better

This fall we had a nurse immunizer help administer our flu and COVID-19 vaccines. The process was efficient and helped decrease our workload immensely on these clinic days. During one of these clinics, a regular patient of ours came in for his vaccines and made sure to let us know afterwards how the nurse, Amanda, did such an excellent job and that he didn't even feel the injections. He said that she fit right in with the rest of our pharmacy staff in providing exceptional customer service. We are looking forward to our upcoming vaccination clinics as Amanda did such an exceptional job and hope to see more of this interprofessional collaboration in the future.

Larissa Emley, pharmacist and Assistant Pharmacy Manager, London Drugs in Chilliwack, B.C., in recognition of Amanda Ram, licensed practical nurse 🌈



PARTNER SPOTLIGHT

Transition to biosimilars: key role of the pharmacist

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The role of pharmacists

Pharmacists are frontline with patients daily and serve as an important source of information and education. Pharmacists can help ensure continuity of care for patients as they transition to a biosimilar, working in collaboration with the treating physicians, healthcare practitioners and patient support program providers.

Biosimilars at Sandoz

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Our mandate is to work closely with all healthcare professionals by providing training, tools and resources (including The Biosimilars Generation, a website) to support patients during this transition period and beyond. The Sandoz team and its patient support program are there to help healthcare professionals and their patients to achieve the best possible treatment outcomes.



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Community pharmacy & COVID-19 vaccinations

Information updated November 18, 2022



Province	Start date (2021)	# (%) pharmacies registered (estimated maximum)	Provincial fee for administration	Pharmacy doses and % of total (estimate)*	Vaccines (manufacturer and brand) available for administration in pharmacy
British Columbia	March 31	1,000 (70%)	\$18	1.2 million (10%)	<p>The selection of vaccines varies by province, based on patient criteria and/or supply:</p> <ul style="list-style-type: none"> • AstraZeneca Vaxzevria • Janssen Jcovden (Johnson & Johnson) • Moderna Spikevax • Moderna Spikevax bivalent • Novavax Nuvaxovid • Pfizer-BioNTech Comirnaty • Pfizer-BioNTech Comirnaty bivalent
Alberta	February 24	1,430 (91%)	\$25	4.9 million (53%)	
Saskatchewan	April 29	382 (92%)	\$20	662,000 (26%)	
Manitoba	March 15	322 (72%)	\$20	574,100 (16%)	
Ontario	March 12	2,957 (62%)	\$13	9.4 million (26%)	
Québec	March 22	1,465 (76%)	\$12.10	2.0 million (9%)	
New Brunswick	March 17	218 (93%)	\$17	800,000 (46%)	
Nova Scotia	March 9	295 (94%)	\$18	1.4 million (63%)	
Prince Edward Island	March 11	48 (96%)	\$20	107,700 (22%)	
Newfoundland & Labrador	June 1	160 (78%)	\$17	148,000 (12%)	
TOTAL DOSES				21.2 million (23%)	

Sources: Neighbourhood Pharmacies, COVID-19 Vaccine Update: Trends and Tracking; provincial pharmacy associations; National Association of Pharmacy Regulatory Authorities (pharmacy counts)

* Timestamps vary by province, as follows: fiscal year April 1, 2021 to March 31, 2022 in B.C.; September 11, 2022 in Alberta, Saskatchewan, New Brunswick, Nova Scotia, and Newfoundland & Labrador; September 19, 2022 in Manitoba; October 4, 2022 in P.E.I.; October 20, 2022 in Ontario; October 28, 2022 in Québec

Pharmacy primed for all routine vaccinations



Many older adults in Prince Edward Island (P.E.I.) don't have to worry about shingles anymore,

thanks to a government campaign encouraging them to go to their pharmacy to get vaccinated against the disease.

The provincial government kicked off its shingles vaccination program on February 22, 2022. Islanders aged 65 and older could get the shot at no cost at their pharmacy. The government's goal for uptake is ambitious: 70 per cent, well ahead of the national rate of 27 per cent for adults aged 50 and older recorded in early 2021 by the Public Health Agency of Canada.

Early results are promising: in just six weeks, by March 31, pharmacists had administered 5,494 doses, according to claims data reported in the Canadian Foundation for Pharmacy's most recent chart about publicly funded pharmacy services.

Prince Edward Island is just the third province or territory, joining Nova Scotia and Yukon, to remunerate pharmacists for administering the shingles vaccine. 19 to Zero, a non-profit coalition seeking to build vaccine confidence among Canadians, is making the case to other governments to do the same, for shingles and all publicly funded, recommended routine immunizations. The fragile state of overburdened provincial health systems and flagging vaccination rates, especially among adults, require all hands on deck.

"We can't limit education or the administration of vaccines to only one provider group or even a few provider groups," said Dr. Jia Hu, family physician and CEO and Co-Chair of 19 to Zero at a webinar hosted by Neighbourhood Pharmacies in September. "Very few places beat the convenience, the skill and the counselling that pharmacists can provide."

19 to Zero's joint research with Neighbourhood Pharmacies in fall 2021 found that as many as one in four Canadian adults or children had missed or delayed a routine vaccination due to the pandemic. Research conducted by GSK in July 2022 echoed these findings: one in five Ontario adults had missed or delayed a routine immunization since the start of the pandemic, increasing to one in three when results include those who are unsure.

19 to Zero's findings also suggested that improved access to providers could have prevented 71 per cent of adult and 87 per cent of pediatric missed or delayed routine vaccinations. Indeed, 68 per cent of respondents agreed they would like to be able to receive more routine vaccinations at their community pharmacy.

Pharmacists in almost all jurisdictions (except Northwest Territories and Nunavut) have the authority to administer most if not all routinely recommended and publicly funded vaccines. Pharmacy technicians

in some provinces can now also become certified to immunize. However, the out-of-pocket cost of the injection service is the main limiting factor of the pharmacy setting since there is no such cost for patients in doctors' offices. Currently, only governments in B.C. and Québec broadly remunerate pharmacists for injecting vaccines other than the influenza or COVID-19 vaccines. Governments in Alberta, Manitoba, Nova Scotia, P.E.I. and Yukon do so to a very limited extent.

"P.E.I.'s campaign for shingles demonstrates what can happen when there is complete equity in access across all providers.

It's like a tap suddenly turned on," says Shelita Dattani, Vice President, Pharmacy Affairs, Neighbourhood Pharmacies. "Not only did thousands of people make up their minds to get their shingles shot, but many, many cases of shingles have been prevented or mitigated at a time when the health system and primary care providers need all the help they can get."

Even better: co-administration

More research by 19 to Zero in March 2022 found that 68 per cent of Canadians are comfortable receiving other routine vaccines, such as the flu shot, at the same time as the COVID-19 vaccine.

Pharmacists, physicians and nurse practitioners were also surveyed. Seventy-nine per cent of pharmacists

and 26 per cent of physicians and nurse practitioners already offer to co-administer the flu and COVID-19 vaccines. Ninety-six per cent of pharmacists and 79 per cent of physicians and nurse practitioners are open to doing so.

"This research confirms pharmacists are

comfortable co-administering vaccines and reassuring patients that multiple vaccinations administered at the same time are safe and effective," says Dattani. "Everyone benefits from increased vaccine uptake through co-administration, including the healthcare system. Pharmacy

professionals—pharmacists and technicians—should have the scope to immunize broadly and should be appropriately remunerated for their contributions to immunization efforts."

Neighbourhood Pharmacies is also raising awareness of logistical factors. "Technology is a huge enabler, but it varies by province. Pharmacy teams would like to be able to document vaccinations just once, and access to an electronic health record is a huge advantage. That way pharmacists know which vaccinations to recommend," says Dattani.

When it comes to routine immunizations, "the goal is to have as many access points in the healthcare system as possible while maximizing the convenience for patients," she summarizes. 🌈

“This research confirms pharmacists are comfortable co-administering vaccines and reassuring patients that multiple vaccinations administered at the same time are safe and effective.”

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Best is yet to come with techs on board

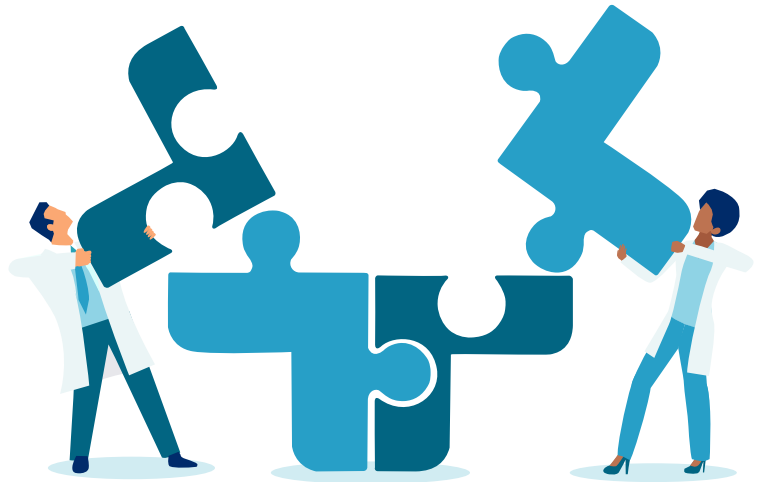
I am a pharmacy technician. When I sat for the exam in 2010, the second pharmacy technician exam ever offered by the Pharmacy Examining Board of Canada, I felt like I was at the forefront of a revolution in the delivery of healthcare across the country. Similar to how the role of nurse practitioners began to expand in the late 1990s to add capacity to the system and free up physicians' time, pharmacy technicians (RPhTs) would enable pharmacists to focus on their patients' clinical needs. It was very exciting!

The "revolution" has been slower to unfold than I had expected. While a great number of hospitals in urban areas now employ RPhTs and leverage their full scope of practice to a large extent, many community pharmacy owners and managers are still unsure what technicians can bring to their business, or even why they should employ them. They remain unclear about the distinction between pharmacy technicians and pharmacy assistants.

While technicians' scope varies somewhat province by province, RPhTs are authorized to perform a number of tasks that are not permitted to assistants (summarized in a [chart](#) by the National Association of Pharmacy Regulatory Authorities). These include receiving verbal orders from prescribers and performing final checks on prescriptions to ensure they have been properly filled. In all provinces where RPhTs are regulated, techs can provide instruction to patients about how to operate or use healthcare products, aids or devices. They can also perform sterile and non-sterile compounding.

RPhTs have permanent authority to administer injections in Ontario, New Brunswick and Nova Scotia. During the COVID-19 pandemic, several other provinces granted temporary immunization authority to technicians to help meet the massive demand.

At the Canadian Association of Pharmacy Technicians, too often we hear of pharmacists who are struggling with stress levels and burnout. Too many say they don't



have time for bathroom breaks and they check more than 100 prescriptions daily. Why would anyone want to work in such conditions? There is a solution: employ pharmacy technicians and pharmacy assistants and let them work to their full respective scopes of practice.

Does this mean looking at workflow in the pharmacy, and creating a new business model? Probably. Many pharmacists think, "I don't have time to look at workflow!" This is good evidence that they are not utilizing their pharmacy technicians and assistants to their full potential. Empowering these employees will give pharmacy owners and managers the time to plan for a better future. It will improve mental health, employee happiness and, yes, profitability. Today's most successful community pharmacies inevitably point to the essential contributions of their RPhTs.

While the revolution may be slow in some ways, I am still excited by the fact that members of our relatively new professional community are gaining recognition and contributing their knowledge and expertise in myriad ways to improve healthcare. And we are really just getting started. 🌈



Robert Solek is President of the Canadian Association of Pharmacy Technicians and a Program Analyst, Pharmacy Policy Development Division, at Indigenous Services Canada in Ottawa, Ontario

Pharmacists out front with changes in B.C.

Like many in Canada, British Columbians are feeling the pinch in primary care—nearly a million residents are without a family doctor and wait times in emergency rooms are the highest in the nation. B.C.'s New Democratic Party (NDP) government came into power in 2017 and again with a sweeping majority in 2020 on a pledge to improve healthcare by finding new and better ways to connect people to the care they need, when they need it, where they need it.

While the government has taken action to address the root causes of issues in healthcare access, such as shortages in healthcare personnel, the fixes are taking time to work through the system. Plans are only as good as the outcomes they deliver, and pressure is mounting from British Columbians to be able to access primary care more quickly and more easily.

Pharmacists and pharmacies are coming to the forefront as an important part of quicker, easier access. In October, B.C.'s Minister of Health announced additional expansions in scope of practice for pharmacists. By spring 2023, pharmacists will be able to assess and prescribe for minor ailments and contraception and thereby divert people away from swamped emergency rooms, reduce pressures on doctors' offices, improve rural access to primary care and provide convenience for busy families. Leveraging pharmacy for prescription contraceptives could also help government, in a most effective fashion, fulfil its 2020 campaign promise to offer free oral contraceptive pills.

The minor ailments program is long-awaited and perhaps long overdue since B.C. is the last province in Canada to put one in place. And details on remuneration, which is critical for uptake by pharmacies, have yet to be announced. Nonetheless, its implementation comes at a critical juncture for a government bent on maintaining its electorate's favour.

Pharmacists will also be empowered to adapt and renew prescriptions for a wider range of drugs and conditions, and to administer a wider range of



prescribed drugs by injection or intranasally. Expanded or new remuneration has already been put in place. Furthermore, the government is looking to bolster pharmacists' prescribing ability by extending the time period for a prescription's validity from one year to two years, thereby setting the stage for enhanced continuity of care for patients who cannot practically access a primary care provider for a prescription renewal.

These expanded authorities for pharmacists are part of the B.C. government's broader efforts to deal with the primary-care crunch. Since 2017, the government's measures have included recruiting more healthcare workers, and as a result B.C.'s health workforce has grown by more than 20 per cent over the last five years. There has been a push for more training opportunities, with the addition of more health-related education training spaces at post-secondary institutions within B.C.

In a critical step this fall, the government introduced a new health human resources plan. It talks about balancing workload and staffing levels to improve quality of care by optimizing scopes of practice, expanding and enhancing team-based care, redesigning workflows and adopting enabling technologies.

Throughout the tenure of Premier John Horgan's

government, prioritization has been on increasing attachment to primary care providers, building healthcare teams and implementing models that better serve the needs of a changing population. The clearest evidence of this is with the expansion of Urgent and Primary Care Centres (UPCCs) across the province. Twenty-eight have opened since 2017.

The Centres serve two purposes: first, to attach patients to the UPCC to ensure appropriate follow-up care after their initial visit, as well as for those experiencing non-life-threatening conditions. Secondly, to serve those who need to see a healthcare provider within 12 to 24 hours but do not require an emergency department. Recognition of the need for team-based care as a solution is apparent, with pharmacists, physicians, nurse practitioners and mental health workers all reflected as important components of the government's UPCC strategy.

To that end, the government has announced more medical education seats and residency seats at the University of British Columbia's Faculty of Medicine. These will be phased in throughout the province beginning in 2023. The expansion will create more opportunities for students and resident doctors to learn, train and stay on to practice in communities around the province. Additionally, new regulations were implemented to enable paramedics and first responders to provide a broader range of services to better care for their patients during emergencies.

The issues in British Columbia's healthcare system were not created overnight, or even throughout the pandemic. They are a culmination of actions—or the inaction—of governments

municipally, provincially and federally over decades, made worse by the COVID-19 pandemic. The systemic challenges require bold solutions, and the government is in the process of taking

those steps. This includes empowering pharmacists to do more for their patients—a step that is perhaps not so much bold as it is common sense—to leverage the community pharmacy as a true health hub. The government's decisions acknowledge the need to better leverage pharmacists' training and their relationships with patients, both to secure better health outcomes and relieve pressure on the primary care system—as well as evolve that system to expand beyond the traditional doctor's office. 🌈

“The government's decisions acknowledge the need to better leverage pharmacists' training and their relationships with patients.”



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Building bridges in specialty care

Specialty pharmacy practice is at a crossroad, hemmed in by sustainability challenges on the one hand while bolstered by a robust pipeline of therapies on the other.

“What I heard today validates the opportunities and the need for intraprofessional collaboration between pharmacy providers,” said Shelita Dattani, Vice President, Pharmacy Affairs at Neighbourhood Pharmacies, which hosted an invitation-only roundtable discussion in September. “I would challenge us all to really think about how we define ‘specialty pharmacy’ so that we can convey a shared understanding in our work and our thought leadership, to protect our investment in caring for these patients.”

The Association’s Specialty Pharmacy Standing Committee is co-chaired by Dattani and Renée St-Jean, Senior Director, Pharmacy Services at Innomar Strategies. A key objective is to support an environment that is inclusive while not limiting healthy competition. The overarching goal is to uphold the highest level of patient care in the delivery of specialty pharmacy services.

“We want to represent the sustainability of the practice regardless of where the services are offered,” said Sandra Hanna, CEO of Neighbourhood Pharmacies, at the roundtable discussion.

Terminology is an important start for level-setting. “The historic label of ‘specialty pharmacy’ has led to a divide between providers. It is a legacy term,” emphasized Hanna. “This is not about a sector, it’s about specialty pharmacy practice. It’s about the inclusive nature of specialty care as part of pharmacy practice.”

“The business of pharmacy has always forced us to compete with one another, but the profession should be bringing us together,” said St-Jean during the round-

table’s panel discussion. “These patients really need us. Some are very sick and require a different level of care, and it doesn’t matter what your brick-and-mortar is. We need to work more together.”

Spectrum of care

Neighbourhood Pharmacies convened the roundtable discussion, attended by more than 20 representatives for community pharmacies, specialty pharmacies and provincial pharmacy advocacy associations, to help inform its advocacy efforts on specialty pharmacy practice (see [sidebar](#)).

During introductions, participants from community pharmacy consistently spoke to the need to better understand the nature of specialty services and how community pharmacies can do more to be part of the patient’s care journey. They also spoke of barriers that need to be overcome, such as “closed-loop medications” that are available only through specialty pharmacies.

The panel of representatives for three specialty pharmacy service providers—BioScript Pharmacy, Innomar Strategies and Sobeys—spoke to the components of specialty pharmacy practice. All three agreed they are an amplification of what occurs in community practice—in some cases, to a significant degree.

“It is a complementary practice that can occur in any setting where patients are being treated for complex disease states with potentially high-cost medications,” summarized St-Jean. Pharmacists and their teams need the in-depth knowledge for the complex condition



Renée St-Jean



Marc Grenier



Katherine Giannoulis

and medication and/or be adept at navigating reimbursement.

"The stakes are higher. The financial stakes are higher [for pharmacies] and the health outcomes can be higher [for patients]. There may not be another treatment for patients if they fail on this one," noted Marc Grenier, Vice President, Operations at Bioscript Pharmacy.

Patients are also more likely to be stressed and overwhelmed, both by their diagnosis and the many steps to access and maintain treatment, added Katherine Giannoulis, Consultant Pharmacist at Sobeys Pharmacy. "To get on many of these medications, patients have gone through a lot of hurdles and have probably waited a long time. [The pharmacy needs] to ensure they have all the tools they need to succeed."

Panelists provided details on the requirements and possible added complexities of patient onboarding, pharmacist training, reimbursement navigation, adherence monitoring, lab monitoring, infusion, inventory management, cold chain management, pharmacovigilance, liability and adjudication.

Checks and balances

During the open group discussion, panelists emphasized the importance of staffing up with pharmacy technicians and assistants and using them to their full scope. Both serve as care navigators and are in regular contact with patients, and they are responsible for all non-clinical functions. "The

Quantifying the value

As part of its advocacy work, Neighbourhood Pharmacies believes the delivery of specialty pharmacy services requires appropriate due diligence to thoroughly comprehend the expertise, investment and infrastructure necessary to provide expected standards of patient care. To that end, the Association has signed on with IQVIA to produce a report to quantify the value of specialty pharmacy services. The report will be completed in the second quarter of 2023.

"This information is critically needed to help inform policy work not only for specialty pharmacy practice, but also for biosimilars and drugs for rare diseases. The report will be valuable to many stakeholders," says Shelita Dattani, Vice President, Pharmacy Affairs at Neighbourhood Pharmacies.



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pharmacist's time is very carefully protected. Our guidance is that new intakes or new patients [for the pharmacist] in a day is in the single digits," said Grenier.

Systems for quality assurance are also more likely to be standard operating procedure in specialty practice, for example in the areas of pharmacovigilance, pharmacist training and billing. Grenier cited a recent adjudication for an ultra-high-cost drug that required 307 transactions due to the drug plan's billing limit. "The quality system needs to be in place to make sure that's done right, because mistakes can cost a lot of money."

Manufacturers' patient support programs (PSPs) are unique to specialty pharmacy practice. The breadth of support varies by manufacturer. However, even the most comprehensive PSP may fall short due to individual circumstances, and it's often the pharmacy that steps in. For example, "a lot of the prior authorizations are initiated by the PSPs, but our pharmacies definitely become involved at times," noted Giannoulis. "Perhaps the patient is on a higher dose than the drug monograph says. It can become quite complicated. Some patients require hours of emails and phone calls back and forth to ensure the PSP is set up

appropriately to match the third-party plan."

"Working in this space, there is an expectation by physicians and by patients that the pharmacy supplements the PSP, but there is no fee from manufacturers going to pharmacy for this work," added St-Jean. "That's one of the myths [about specialty pharmacy] that we get reimbursed [by manufacturers] for those additional services."

Dattani emphasized that Neighbourhood Pharmacies' advocacy will communicate the value as well as the complexity of specialty pharmacy services to key stakeholders, including payors. "How does that value get identified and acknowledged? Regardless of who is doing the work, whether it's the PSP or the pharmacy or a combination of both, is this work remunerated appropriately for the complexity of care provided?"

While the answers may not be easy, improved collaboration across all specialty pharmacy providers is a necessary step in the right direction. "We will reach consensus between providers to help shape policy that supports and upholds the care required to serve these complex patients, and protects the sustainability of the pharmacy infrastructure to do that," said Dattani. 🌈

PARTNER SPOTLIGHT

Partnering with pharmacy to expand access to routine vaccines

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The COVID-19 pandemic highlighted the importance of vaccination as a critical tool for disease prevention and how vaccines protect both individuals and communities at large.

Yet, an estimated four

million adults missed or delayed routine immunizations during the pandemic for preventable illnesses such as shingles, tetanus and pneumococcal disease. For 70 per cent, lack of access to vaccination providers was a root cause.¹

The pandemic demonstrated the valuable role pharmacists can play in the administration of vaccination programs beyond flu, supporting the rollout of COVID-19 vaccines for all age groups. Research conducted during the pandemic found that a resounding 70 per cent of Canadians support routine vaccinations being available at pharmacies.¹

How do we get there?

GSK continues to support expanding access to routine vaccinations through pharmacy channels. Prince Edward Island's expansion of its publicly funded shingles vaccine program to include pharmacies is the latest example of a government building off the success of the administration of COVID-19 immunizations through pharmacy.

GSK recently conducted market research to better understand the scope of the issue in Ontario as well as potential solutions. Through this research, GSK confirmed that one in five Ontario adults are still behind on their routine immunizations, 10 per cent do not have a family doctor to support their questions and immunizations, and 62 per cent would be interested in receiving routine vaccinations in a pharmacy at the same time they receive their next COVID-19 booster or flu shot.²

References: 1. [Pharmacy's Role in Routine Immunizations: Building on the COVID-19 Experience](#). Neighbourhood Pharmacy Association of Canada and 19 to Zero. 2021 Jun. 2. [GSK Immunization Study](#) - Jul. 2022. Campaign Research. 2022 Jul. (Accessed Sep. 9, 2022)

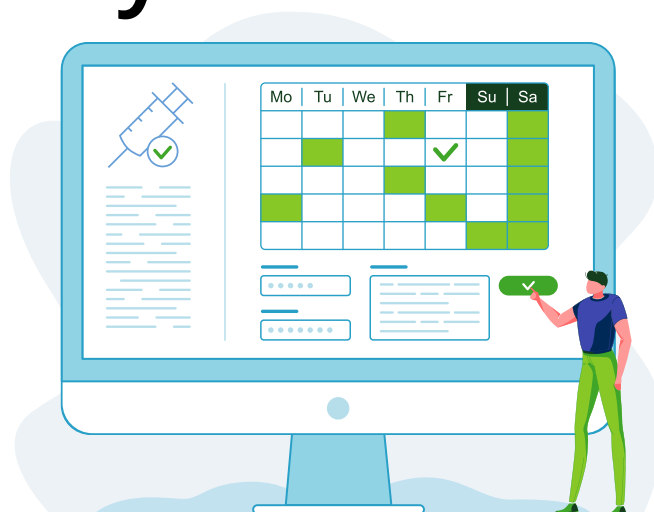
Internet support may be part of care

In response to the pandemic, many pharmacies turned to a variety of digital technology solutions that enabled them to rapidly adapt to public-health measures and the new needs of patients.

For most patients, these digital solutions are welcome options to access medications and services.

And yet, some patients struggle with the new technologies. For example, they find the appointment-booking systems confusing. It is difficult to follow the new voice prompts on the telephone. Some patients have no access to a home computer or smartphone to interact with the technology.

What are the facts? How many Canadians struggle to use the digital technology that is quickly becoming a ubiquitous part of our lives? Results from Statistics Canada's Canadian Internet Use Survey, conducted before and during the pandemic, are revealing.¹ It captures how Canadians used the internet based on a wide range of online activities or digital skills (such as social media, online banking and booking appointments online), then groups the respondents into five categories of users (Table 1). The 2018 survey fielded from November 2018 to March 2019 (just over



13,800 respondents) and the 2020 survey fielded from November 2020 to March 2021 (just over 17,400 respondents).

In late 2018 and early 2019, nearly one quarter of Canadians (23.8 per cent), categorized as non-users (8.7 per cent) and basic users (15.1 per cent), had no or very limited engagement with the internet. Almost one year into the pandemic, this declined to less than one in five (18.9 per cent).

While this result is not unexpected and bodes well, in that 81.1 per cent of Canadians can be described as intermediate, proficient or advanced users of the internet, we must not forget the one in five who are not.

TABLE 1 Types of internet users

Category	Description	Percentage of Canadians		Booked appointments online	
		2018/19	2020/21	Percentage in 2020/21	Percentage point change from 2018/19
Non-users	No engagement with the internet	8.7	7.7	0	0
Basic users	Very limited engagement with the internet	15.1	11.2	11.7	+5.0
Intermediate users	Use the internet for online entertainment, banking, and communication	21.2	22.5	39.2	+16.1
Proficient users	Use of the internet and computer skills as found in typical office settings	22.7	21.8	42.1	+15.3
Advanced users	Sophisticated use of the internet and computer skills on a constant daily basis	32.3	36.7	76.6	+9.0

They may be among the most vulnerable in our population, with a greater need for healthcare services.

Age and education level were the strongest predictors of Internet engagement. Almost half (47.8 per cent) of Canada aged 65 and older remain non- or basic users in the most recent survey. The older they are, the more likely they are to struggle with the online world.

Among Canadians with a high school education or less, who also tend to have a lower income, 37.5 per cent were non- or basic users, compared to 7.2 per cent among those with a university degree.

It's worth noting that income and education are two key social determinants of health. I would argue that digital literacy is fast becoming another important social determinant of health.

Consider the results for booking appointments online, for example. Online bookings in the healthcare space became far more frequent during the pandemic and were strongly encouraged to alleviate staffing challenges. Growth in uptake was very strong among intermediate (up 16.1 percentage points versus 2018/2019), proficient (15.3) and advanced (9.0) users, compared to an uptick of 5.0 points among basic users.

And more generally speaking, the gap between basic and intermediate users has widened, from 6.1 percentage points in 2018/2019 to 11.3 points in 2020/2021.

Pharmacies are well positioned to facilitate equity in access to healthcare for all Canadians, whether in person, on the phone or via online tools. Pharmacy teams will need to be increasingly on guard for patients who may struggle with virtual or digital means

Regional differences

Residents of B.C. and Alberta are much less likely to be categorized as non-users of the internet, according to Statistics Canada.¹ Only 6.0 per cent and 5.9 per cent, respectively, fall into that category. Ontario (7.8 per cent) and Manitoba (8.8 per cent) reported numbers closer to the national average for non-users (7.7 per cent).

Results for non-users in the remaining provinces are solidly ahead of the national average, particularly in Newfoundland and Labrador (14.0 per cent), Québec (12.0 per cent), Nova Scotia and Prince Edward Island (both 11.5 per cent).

of access, particularly among seniors who comprise the majority of their patients, and also among those with conditions such as arthritis or Parkinson's disease, who may find it more difficult to operate a smartphone, tablet or computer.

Pandemic notwithstanding, we know that approximately one in five Canadians has no or very little engagement with tools that are increasingly deployed and promoted to improve access to health. These Canadians, especially the elderly, also likely require healthcare services more than the majority. While technology has opened doors for many, we must ensure that it does not shut out those most in need. 🌈



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Be the change for patients and profession

Advocacy in pharmacy is different from anything I've learned in pharmacy school. While it does not appear at first glance to have anything to do with what I've come to understand and love about pharmacy, I have gained an appreciation for the essential role it plays in growing the practice of pharmacy.

My four months as a Pharmacy Affairs Co-op Student at Neighbourhood Pharmacies barely scratched the surface of the Association's impact, but my learnings there will stay with me for years to come and guide my practice moving forward.

A key takeaway is that advocacy work—whether at a national level or on behalf of a single patient—needs to be tenacious and meticulous. As much as I would like to enact change at the crux of an issue, the barriers can be complex and the solutions are often multifactorial. Consistency, persistence and patience are necessary to achieve a common understanding and advance innovation.

The pandemic accelerated many changes, and I was fortunate to see some of my efforts come to fruition; for example, the Paxlovid test-to-treat strategies in community pharmacy. Neighbourhood Pharmacies' initiative at the provincial and federal levels led to an opportunity to share our experiences with the Centers for Disease Control and Prevention in the U.S., which in turn helped implement a test-to-treat strategy in American community pharmacies.

Pharmacy students have the privilege of learning the most up-to-date information. The use of electronic resources is part of our training, which can be key to operationalize the many advances in pharmacists' scope of practice. All in all, students are uniquely positioned to help shape pharmacy practice. I was delighted to be able to share my perspectives during one of Neighbourhood Pharmacies' In The Know webinars on the role of community pharmacies in re-engineering a resilient healthcare system.



Pharmacy students' desire to innovate at every step makes it so much more important for us to feel empowered to amplify our voices in order to help compel change.

I came to realize throughout my co-op that advocacy does truly begin at the grassroots level. Messages that start from within your team can help fuel a movement for change, expertly guided and leveraged by pharmacy advocacy bodies.

For those who want to understand how to inspire change both within your pharmacy and across the profession, I encourage you to get involved with an advocacy organization. Expand your network and go outside your comfort zone. Advocacy has shifted and enriched my perspective of pharmacy practice, and I'm excited to see where it helps take me as I continue my professional career! 🌈



Margaret Su is a fourth-year pharmacy student at University of Waterloo. She has experienced a variety of practice settings since starting her pharmacy journey and is interested in pursuing a career in ambulatory care.

Coming together for patients

Interprofessional collaboration, patients' expectations and quantifying the value of specialty pharmacy services were among the topics on the agenda for Neighbourhood Pharmacies' third annual Specialty Pharmacy Summit. Read on for highlights.

Key market trends

Canada's specialty medications account for well under five per cent of prescription volume and 44 per cent of costs. It will be interesting to see how that gap evolves as more ultra-high-cost drugs enter the market.

"There is a shifting dynamic in specialty," said Mark Omoto, General Manager, IQVIA Canada. While



Mark Omoto

biosimilar and generic drugs are lowering price points for specialty drugs that typically cost between \$10,000 and \$50,000 annually, which account for 87 per cent of the market, the share of medications costing more than \$100,000 is climbing.

Increasingly complex therapeutic categories are coming through the pharmacy, such as immunomodulators and oral oncology drugs and diagnostics. Pharmacists have to be well versed in the disease states as well as their treatments, and possible areas of expertise will expand and deepen as biotechnologies evolve.

Omoto highlighted oncology and diabetes, which have experienced the largest growth out of all categories due to both utilization and innovation. "[We've seen] transformation in terms of patient approaches, whether it is a diagnostic approach or a treatment approach [and], especially in the oncology area, a movement toward personalized medicine."

Beneficial outcomes are also on the rise, most significantly for conditions that previously could not be treated (such as specific tumour types). The good news is that specialty pipelines is very strong, providing new hope for many therapeutic areas. However, Omoto noted it "will be like living in a house that's still being

built" as stakeholders continuously navigate coverage and patients' needs.

Inclusive pharmacy environment

Pharmacies may be ideally situated to provide care for patients taking specialty medications—if they have the internal infrastructure, resources and time to do so.

Reimbursement navigation, access to lab values, care plan management, injection authority, cold chain management and constant education are among the table stakes for specialty pharmacy practice. There are also unique issues associated with providing high-cost drugs to a very small percentage of the patient population.



Karl Frank

As part of a panel discussion, Karl Frank, Managing Director, Bayshore Specialty Rx, likened specialty pharmacy to the long-term care business model, where there is "no substitute" for the time, care and infrastructure needed to optimally provide services. "You can do anything but not everything....so you need to focus," he summarized.

Panelists pointed to the need for more intraprofessional collaboration between dedicated specialty pharmacies and traditional community



Brent Evans

pharmacies to holistically manage drug therapy and other health issues. "Sure, there are competing interests, but we support the same goal in improving healthcare wherever we are," said Brent Evans, Senior Director, Retail Member Relations & Professional



Sheila Arquette

Affairs at McKesson Canada. “The practitioner in the community still has to manage the whole patient no matter what medications they’re on and that’s where collaboration is so important.”

“It doesn’t have to be so siloed... where you only do this and I only do that. It’s one patient in the middle of all of that,” agreed Sheila Arquette, President and CEO of the U.S. National Association of Specialty Pharmacy.

Patients at the heart of it

In an interactive series of questions posed to audience members, Clinical Pharmacist Consultant Mike Boivin and Neighbourhood Pharmacies’ Shelita Dattani, Vice President Pharmacy Affairs, explored patients’



Mike Boivin

perceptions of specialty care.

The fact that specialty drugs positively impact the course of disease in former “death-sentence” conditions like oncology means the needs of individuals at the start of their treatment journey can be very different a year later, said Boivin.

That changing continuum of care underscores the importance of communication between all pharmacies, said Dattani. “There is so much we can all contribute to the overall care of the patient based on the frequency with which we see them.”

Given the high cost associated with specialty drugs, Boivin noted that patients expect a higher level of care from their pharmacist, who are regarded as “specialists” in their own right. The heightened importance of adherence also positions pharmacies as the go-to resource for regular check-ins and questions. “I’m a real advocate for patients to be guiders of their own care, but not all are ready for this,” he said.

As specialty therapies become more complex, Boivin noted it will be “harder and harder to provide the level of care patients expect.” As a result, he envisions more highly specialized pharmacists serving distinct patient populations.

Quantifying the value

A first of its kind study by Neighbourhood Pharmacies and IQVIA will provide quantitative data on the value of Canada’s specialty pharmacy services.

Data results are expected to help guide future protocols on the treatment and management of specialty patients in Canada, said Brad Milson, General Manager for Oncology at IQVIA. “Often that



Brad Milson

interaction between the patient and pharmacist is unclear...and being able to demonstrate that in a clear, cohesive, evidence-based manner will be very important across all healthcare stakeholders,” he said.

The study looks at four value components of specialty pharmacy services: benefits to patients, benefits to the healthcare system at large, the investment and replacement costs if these services are eliminated, and the overall footprint in terms of scope and scale.

The research also focuses on six core specialty service areas: upfront investment in infrastructure and inventory management; drug access navigation; infusion administration/coordination; dispensing and related clinical services; assessment and management of adherence; and lab coordination and other monitoring.

Some early research shows the importance of drug access navigation. A study of patients taking a biologic and transitioning from a private plan to a public plan found that 75 per cent experienced a gap in reimbursement, with a median interruption in therapy of 19 days.

The report will be completed in the second quarter of 2023.

Real-world evidence

“Everyone thinks their data is really valuable...but the real magic happens when you link it together,” said Mina Tadrous, Assistant Professor at the University of Toronto’s Leslie Dan Faculty of Pharmacy. Real



Mina Tadrous

world evidence (RWE) uses data collected from a variety of sources (e.g., electronic health records, health registries and administrative claims) to give better insights into treatment approaches to improve patient health, he said.

While most consider randomized controlled trials (RCTs) the gold standard of evidence, these inevitably contain “healthy user bias” because study participants don’t look like patients in the real world, Tadrous said. In a RCT in diabetes, for example,

most participants aren't on multiple medicines, which is nothing like typical diabetes patients coming into the pharmacy. "We want to get drugs out and ensure they're efficacious, but we can't do that with the current evidence models."

Instead, RWE can be incorporated into the full drug cycle—from research and development to better efficacy insights to inform guidelines and help determine pricing and reimbursement. This can be especially useful for rare diseases, where sufficient trial participants are difficult to find. Tadrous pointed to the benefits of RWE in formulary modernization as well: taking listed drugs and making them better by looking at how they work holistically as a class instead of individually.

Tadrous also stressed the need to build capacity and skillsets so there are sufficient researchers able to review and analyze RWE.

On the horizon for biotech

If there is a silver lining to the COVID-19 pandemic, it's that the biotech sector is finally gaining government attention as a viable way to produce novel therapies, said Andrew Casey, President and CEO of BIOTEC Canada, the national industry association for biotechnology. "Now you're seeing about \$4 billion at the federal level invested in the life sciences and



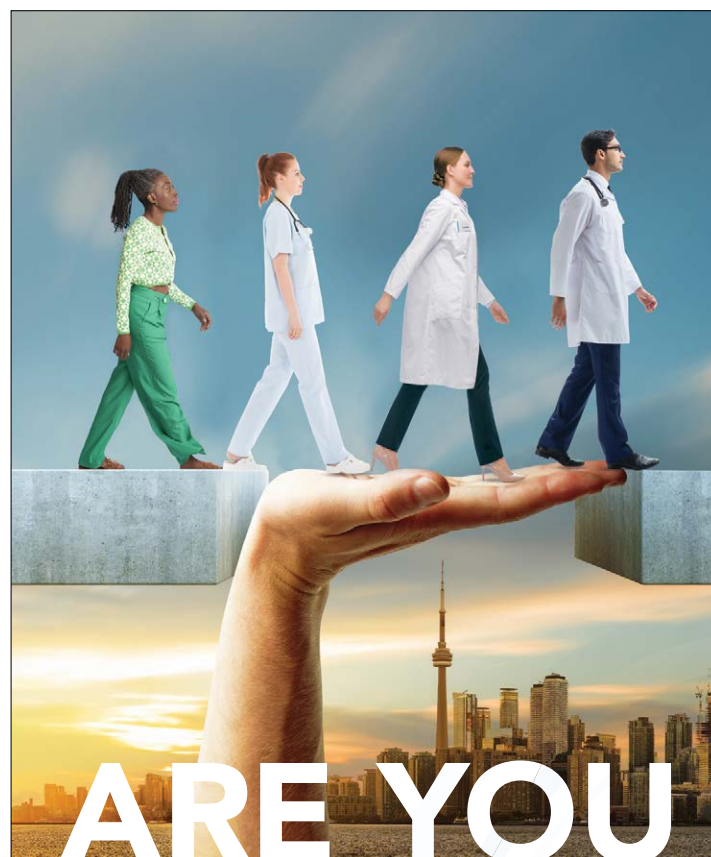
Andrew Casey

a biomanufacturing strategy—all great news that is going to grow the sector," he said.

We can expect to continue to see a "sea change" in complex molecules, for example in the areas of gene and cell therapies and vaccines. "mRNA is just the tip of the iceberg," he said. "For the first time in a long time, I'm hearing the industry use the word 'cure.'"

But while the future looks bright, Casey noted concerns about governments' competing priorities and the very real risk of political change affecting future investments.

On a positive note, he noted the gains made by pharmacists as well during the pandemic. "I would imagine as we move more into biologics and complex molecules there will be an increased opportunity for your sector to play a more important role in the delivery of a lot of these therapeutics and vaccines."



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Building capacity

Across all types of pharmacy practice, we must capitalize on the growing acceptance of virtual care and digital tools to build healthcare capacity and improve equity in access, said Will Falk, Senior Fellow, CD Howe Institute, and healthcare strategist.



Will Falk

Virtual care should no longer be considered an adjunct channel for care but a core part of healthcare delivery, he said, drawing from his [2021 report](#) for Health Canada. Before the pandemic, research by Canada Health Infoway estimated that virtual care saved patients an average of \$99 per visit due to reduced expenses in the areas of lost income, dependent care, transportation and parking. Families and lower-income, non-salaried people saved the most with

virtual care—much more so today, when the added costs associated with infection control due to COVID-19 are factored in.

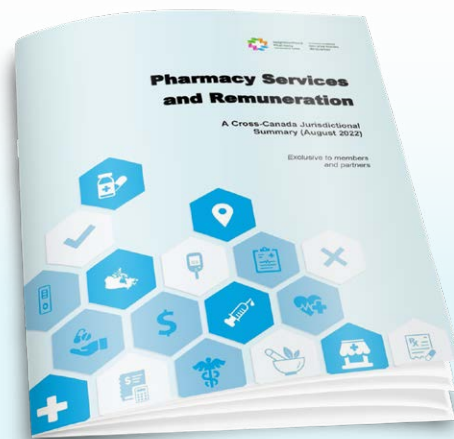
One also needs to factor in the system failures exposed by COVID-19 due to outdated or non-existent technologies. “We have reached a point where paper records put people’s lives at risk. The fax machine puts people lives at risk. It is now a patient safety issue and an equity issue and a quality-of-care issue that we digitize. And I think most pharmacies are ready.”

On the topic of interoperability, Falk stressed that national standards must be enforceable, which is a role for the federal government. For healthcare providers, Falk noted the importance of determining the right mix of in-person and virtual skillsets to provide optimal care to patients, whether they be in urban or rural settings, students or high-risk seniors. 🌈

Ins and Outs of Pharmacy Services

The Pharmacy Services and Remuneration guide uses easy-to-read charts to detail all pharmacy services in all provinces and territories, including professional fees.

It’s updated regularly and available exclusively to members of Neighbourhood Pharmacies.



TO LEARN MORE CONTACT

info@neighbourhoodpharmacies.ca



Neighbourhood
Pharmacy
Association of Canada

Association canadienne
des pharmacies
de quartier

Pharmacy sustainability for the long term

Federated Co-operative Ltd. has been supporting local co-operative associations for more than 90 years.

The Co-op Retail System has always been committed to ensuring the longevity of pharmacy practice in all communities, including rural and urban settings. However, sustainability in pharmacy involves so many factors, from backend resources and revenue generation (for medication dispensing and management, plus a growing suite of cognitive services) to ongoing advocacy for expanded scope so that governments and the public are aware of the services pharmacy teams can provide.

It's not possible to do this in isolation. Being part of Neighbourhood Pharmacies for the last six years has given our organization an opportunity to be part of a collective voice for the profession; one that undoubtedly holds more clout when it comes to advocating for professional services and expanded resources necessary to sustain the profession.

Since we operate out of western Canada, we don't always have access to the national resources, expertise and networking opportunities that other pharmacy operators do. Joining Neighbourhood Pharmacies has helped to level that playing field.

The Co-operative Retail System is active in many commodities outside of pharmacy, all of which require the attention of our government relations

(GR) team. Attending Neighbourhood Pharmacies' many events gives our GR team great exposure to all aspects of the profession and helps them hone in on and better understand the key pharmacy issues that affect our retail stores back home.

Being part of a collective pharmacy voice also opens connections to diverse parts of the profession. We're not in the specialty space, for example, but we want to understand how it may affect us in the future. Neighbourhood Pharmacies represents a diverse group of business minds to provide those unique lines of sight, including insights from specialty and long-term care providers, pharmacy chains and banners, mass and food merchants—and co-operatives like us. There is so much value in being able to come to the table, share ideas and work together for the greater good of the profession.

I know we're not alone in our mission to make pharmacy sustainable. At the end of the day, no matter what sector of the profession, the ultimate aim is (or should be) to support pharmacy teams so they continue to seamlessly fill healthcare gaps. In doing so, we are supporting access to essential healthcare for Canadians across this country—no matter where they live. When pharmacy operators take steps to do this together, while respecting each other as competitors, we significantly strengthen all our efforts to secure a long and healthy future for pharmacy. 🌈



Joe Carroll

BOARD MEMBER
*Neighbourhood Pharmacy
Association of Canada*

PHARMACY MARKETING
AND OPERATIONS
SENIOR MANAGER
*Federated Co-operatives
Limited*

“Being part of a collective pharmacy voice also opens connections to diverse parts of the profession.”



**Neighbourhood
Pharmacy**
Association of Canada

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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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