

Neighbourhood Pharmacy

SPRING 2023

Gazette

 **INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.**

A publication of the Neighbourhood Pharmacy Association of Canada

Crossroads and tipping points

**PUSHING FORWARD WITH HEALTHCARE SYSTEMS
THAT CONNECT PROVIDERS AND PATIENTS**



ALSO IN THIS ISSUE:

**Technician-led
dispensary in action**

**Alberta's battle
over healthcare**



MESSAGE FROM THE CEO

3 The right tools for healthcare today

COVER STORY

5 Crossroads and tipping points

Pushing forward with healthcare systems that connect providers and patients

TECH CORNER

14 How technicians can transform pharmacy



15 MEMBER Q&A: SAVE-ON-FOODS

Holistic approach to healthcare



INSIGHTS: ALBERTA ELECTION

16 Battle of Alberta to fix healthcare



STUDENT VOICE

18 A prescription to attract pharmacy graduates



ADVOCACY: MEDICAL CANNABIS

19 A pressing need to fill care gaps



LAST WORD

20 A collective voice for specialty pharmacy



Neighbourhood Pharmacy Gazette is published four times a year by the Neighbourhood Pharmacy Association of Canada. 1205-3230 Yonge St., Toronto, ON M4N 3P6. 416-226-9100. info@neighbourhoodpharmacies.ca

When sharing or reproducing content, please ensure it is sourced to Neighbourhood Pharmacy Gazette.

EXECUTIVE EDITOR

Shelita Dattani

CONSULTING EDITOR

Courtney Secord

MANAGING EDITOR

Karen Welds

ART DIRECTOR

Shawn Samson

CONTRIBUTORS

Chris Dalseg, Sheena Deane, Lynn D'Souza, Mike McKinnon, Nicole Sparrow, Rosalind Stefanac, Karen Welds

ADVERTISING

Courtney Secord

csecord@neighbourhoodpharmacies.ca

Find us online

neighbourhoodpharmacies.ca



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.

Contact us

info@neighbourhoodpharmacies.ca

The right tools for healthcare today

Imagine cooking a feast for 100 with a firepit and a pot. It can be done, but the results—and the time required—would likely disappoint compared to what's possible in today's modern kitchen.

Similar can be said of expanded scopes of practice for pharmacists and pharmacy technicians. We see the tremendous potential to serve our patients better, to make a real difference in their quality of life, yet by and large we are limited to using outdated equipment (including the dreaded, can't-work-without-it fax machine).

The members of Neighbourhood Pharmacies are taking important steps to enable their pharmacy teams. Pharmacy management systems are evolving and digital tools, such as online appointment bookings and virtual care, are becoming the norm.

But these improvements are like icing without a cake. As outlined in our cover story ([page 5](#)), systemic enablers from the public sector—culminating in an electronic health record (EHR) that connects pharmacists with all healthcare providers and pharmacies with the broader healthcare system (for primary care and public health)—are essential to fully do right by our patients.

Some jurisdictions, like Alberta, were fast out of the gate with an EHR. All are now hitting their stride, yet still have a long way to go to achieve a medical record that is truly patient-centred and equips all providers to provide seamless

care as patients move through the healthcare system.

Will the federal government's latest injection of funding for a modernized healthcare system, announced in February, be enough to get everyone to the finish line?

At Neighbourhood Pharmacies, we're advocating hard that community pharmacy can and should play an important role in that final push to the finish line. Our cover story summarizes some of the tenets for success that cannot be overlooked, such as universal implementation, information sharing and change management.

If pharmacies had access to all the information they needed, they could partner with other healthcare providers much more effectively and proactively engage in supporting preventive health and wellness. For example, imagine the impact we could make with access to immunization records. As part of a community health hub, the first and most frequent touchpoint most Canadians have with the healthcare system, pharmacy teams have up to 10 times the opportunity to identify and close gaps in recommended routine immunizations.

A modernized healthcare system will not just enable pharmacy teams. It will empower all stakeholders, including patients. It will galvanize healthcare providers to collaborate and patients to take agency. It will help build trust between providers and with patients, which is arguably the most important enabler of all. 🌈



Sandra Hanna, RPh
CEO

*Neighbourhood Pharmacy
Association of Canada*

📞 416-226-9100

✉️ info@neighbourhoodpharmacies.ca

🐦 @pharmacy_CAN

🌐 Neighbourhood Pharmacy
Association of Canada

“
A modernized healthcare system will not just enable pharmacy teams. It will empower all stakeholders, including patients.”

"This is all in a day's work for pharmacists. This is what we are trained to do."



Neighbourhood Pharmacy
Association of Canada

Association canadienne
des pharmacies de quartier

"I am now off all sleep medication, and for that I am excited. This is my dream come true."

Pharmacists and their patients **say it best**

"Her kids were no longer worried she would have to sell their new toys to feed her addiction."

"We were filling a major gap in care."

"You played a very important role in my MS journey. For that, I'm very grateful."



Thank you to all pharmacy teams for your dedication to patient care.

Read their full stories in the Winter 2022 edition of the Gazette.

PHARMACY APPRECIATION MONTH

#PAM2023

Crossroads and tipping points

Pushing forward with healthcare systems that connect providers and patients



A “modernized healthcare system” is one of four key objectives that the federal government has tied to \$25 billion in new funding for the provinces and territories over the next 10 years. Discussions on the ensuing bilateral agreements began almost immediately after Prime Minister Justin Trudeau made the announcement on February 7—many would say with unusual alacrity, given the premiers’ traditional stance against federal-dollars-with-strings-attached.

In its announcement, the federal government succinctly defined a modernized healthcare system as

“access to a patient’s own electronic health information that is shared between the health professionals they consult.” Few would argue against the premise that such a system underpins the ultimate success of the other three priorities, which are: improved access to healthcare; a resilient and supported healthcare workforce; and improved access to services for mental health, substance use and addictions.

The mix of public and private drug plans as well as a federated system of 13 provincial and territorial healthcare systems are key reasons why “Canada’s

health IT infrastructure has lagged behind other similar countries,” says Kelly Grindrod, Associate Professor, University of Waterloo School of Pharmacy, whose research focuses on the use of digital technologies.

Which is not to say that the provinces and territories, or the federal government, have been idle. All have come together through Canada Health Infoway (Infoway), established in 2001, to create a pan-Canadian health infrastructure, including electronic health records (EHRs). While some provinces, such as Alberta, are further ahead than others, all are working toward their version of a “one person, one record” healthcare system. Nova Scotia, for example, recently reaffirmed its commitment to do just that, with \$365 million in funding.

“Transformative change doesn’t happen in five years. It takes a decade, two decades,” says Simon Hagens, Senior Director Performance Analytics, Canada Health Infoway. “Our first 15 years of work

was about building the infrastructure pieces in terms of drug information systems, lab information and digitizing physician offices.”

Electronic medical records (EMRs) in physicians’ offices have increased from 27 per cent in 2006 to 93 per cent today, says Hagens, and most physicians are accessing test results, medications and other health information electronically. With these building blocks finally coming together, “we are now able to focus more attention on our biggest challenge, which has always been and continues to be interoperability or connectivity.”

Pharmacy’s involvement has been another key development in recent years.

“Initially these systems tended to be designed with physicians and nurses in mind as the primary users. Pharmacists raised their hands and explained why they’re an important part of the care journey for a patient and why having access to that patient’s lab history, for example, is really relevant to

Tomorrow’s pharmacists ready and able

Before too long, almost all graduating pharmacists will be proficient in the use of an electronic health record (EHR)—and primed to become advocates in provinces where an EHR is not yet available, or fully developed.

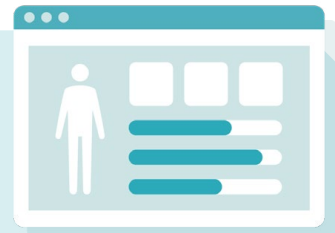
“If they’re in a practice site where their access to information is limited, they’re going to know that right away. They’re going to question that because they know they need the information to provide the best care. It will be exciting to see how the next generation of pharmacists helps push things along,” says Jason Min, Assistant Professor of Teaching at the University of British Columbia and Clinical and Technical Development Lead of the Association of Faculties of Pharmacy of Canada’s (AFPC’s) academic EHR (aEHR) that began rolling out in faculties of pharmacy in December 2021.

At the very least, new pharmacists will be able to help train practicing pharmacists—and ignite their enthusiasm for adoption. It was already happening during development of the aEHR, when Min brought in faculty members to build patient cases. “We’d start with a paper case they already use, then they look

at it in the aEHR and realize there were so many gaps in the patient’s chart. And then things would get exciting because they’d add the missing pieces and see the potential impact on patient care. Before they know it, this tool had pulled them out of their comfort zone,” says Min.

It took about three years for the aEHR to move from concept to reality. In 2018, Min and a multidisciplinary team received government funding to build an open-source prototype. In 2020, AFPC secured additional funding from Canada Health Infoway to enhance the prototype, make it bilingual and embed it in faculties of pharmacy. So far, nine out of 10 have done so.

Faculties for other disciplines—nursing, dental, medical and physical therapy—are piloting the aEHR. “Their feedback has been fantastic,” says Min. In fact, the next goal is for these faculties to integrate it into their curriculums. “And then all future practitioners will come to expect that degree of access to information on everything related to the patient. That’s how we will do our best work,” states Min.



decisions made in the dispensing process,” says Hagens. “Expanding the clinicians that are engaged in developing digital health solutions was a very important lesson and pharmacists are front and center in that particular lesson.”

“We have fought hard for expanded scope to better serve patients, but we won’t come close to filling our potential without leveraging technologies that enable effective collaboration between healthcare providers with the patient’s needs at the centre,” says Shelita Dattani, Vice President, Pharmacy Affairs, at Neighbourhood Pharmacies. “We won’t come close to truly reducing the burden for all providers and across the healthcare sector without systems that

remove the layers of administrative work that hold everyone back.”

We’ve reached a time of crossroads and tipping points, agree Dattani and other experts interviewed by the *Gazette*.

Consider, for example, the fax machine, a technology that is essentially obsolete outside of healthcare. “We are at a point where the fax machine and paper records put people’s lives at risk. Digitizing health is now a matter of patient safety,” says Will Falk, healthcare strategist and Senior Fellow at the C.D. Howe Institute.

Meanwhile, technology vendors have worked with the provinces and Infoway to upgrade their systems and enable compatibility, be it for drug information, lab tests, electronic medical records (EMRs), EHRs or e-prescribing.

“We’re at a tipping point, for labs and e-prescribing especially. The vendors are ready, and I believe most pharmacies are ready,” says Falk.

What will it take to successfully tip over to deployment? Our experts share their insights and recommendations, with a focus on community pharmacy.

Where scope goes, systems follow

It’s no coincidence that provinces with the most advanced scope of practice for pharmacists—complete with billing codes—are ahead with systems support. “When one moves ahead, whether it’s the scope or the system, the other follows,” says Grindrod.

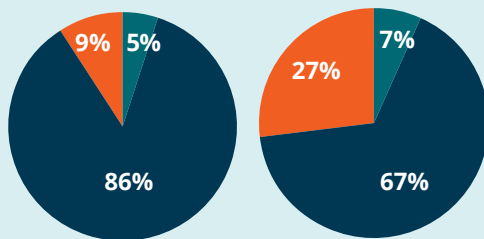
Alberta is the clearest example of that, launching the first iteration of its EHR in 2004 and breaking ground with a massive expansion to pharmacists’ scope of practice—including independent prescribing authority, ordering of lab tests, care planning and vaccinations—in 2007. In more recent years, Nova Scotia and Québec have significantly stepped up their efforts to lay the groundwork for systems that support pharmacists in implementing expanded scopes of practice, notes Grindrod.

Given the steady expansions to scope in all provinces, accelerated by the pandemic in many cases, it’s fair to say that better systems across the country are not long in the offing—or at least, the pain points will grow such that healthcare providers will demand new actions.

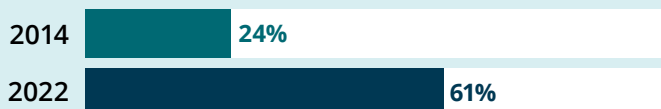
Digital health systems by the numbers

PATIENT RECORD-KEEPING IN PHARMACIES, 2014 VERSUS 2022

- Paper only
- Paper and electronic
- Electronic



PHARMACIES WITH ELECTRONIC ACCESS TO LAB RESULTS, 2014 VERSUS 2022



PHARMACIES THAT CAN ELECTRONICALLY TRANSFER MEDICAL INFORMATION SECURELY TO/FROM OTHER HEALTH PROFESSIONALS, 2014 VERSUS 2022



Sources: 1. *Infoway Insights: 2022 National Survey of Canadian Community Pharmacists*. Canada Health Infoway and Canadian Pharmacists Association. April-June 2022; 2. *Survey of Canadian Community Pharmacists: Use of Digital Health Technologies in Practice*. Canada Health Infoway and Canadian Pharmacists Association. August 2014.

In Ontario, for example, the long-awaited minor ailments program may serve as a turning point. While both physicians and pharmacists herald the program's advantages for patients, they bemoan yet more faxes that need to be sent or manually entered into EMRs.

Axing the fax is on Ontario's agenda: in February, Minister of Health Sylvia Jones released *Your Health: A Plan for Connected and Convenient Care*, which states: "The Ontario government is replacing antiquated fax machines with digital communication alternatives at all Ontario healthcare providers within the next five years." No details on how, but undoubtedly it's part of the province's Digital First for Health strategy launched in 2019.

Interoperability is a huge part of the solution, so pharmacists don't have to log in to multiple systems to get patient information. "Interoperability reduces redundancy in documentation and workload for pharmacy professionals. This is a key enabler to help a struggling health human resources workforce," says Dattani.

Grindrod also urges system designers to think beyond improvements to workflow. Equally important is systems design that is patient-centric and supports cognitive decision-making. "Systems are often designed to bill more efficiently or collect data more efficiently. Yes, that frees up time, but we need to see more for frontline workers so they can provide better care."

Provincially, B.C.'s new Provincial Prescription Management (PPM) system, set to start rolling out this year, is

one example of a more patient-centric design (see sidebar, [page 12](#)).

“The Ontario government is replacing antiquated fax machines with digital communication alternatives at all Ontario healthcare providers within the next five years.”

Universal and “date certain”

History proves the wisdom of governments that require universal implementation by a set deadline, emphasize Grindrod and Falk.

For example, the rollout of Alberta's EHR included legislation in 2007 requiring all pharmacies to submit all dispensing information to Alberta Health. Universal drug plans in B.C., Saskatchewan, Manitoba and Québec necessitated pharmacy operators and



Foundation for the Future

Explore what Neighbourhood Pharmacies has been up to over the past year.

Read about our achievements and milestones as we work to make pharmacies stronger so that they can excel as Canadians' community health hub for primary care and public health. Learn more about Neighbourhood Pharmacies' advocacy impacts in the areas of:

- Pandemic recovery
- Minor ailments assessment services
- Routine immunizations
- Lab-based and point of care testing services
- Medical cannabis
- Specialty pharmacy practice
- Pharmaceutical pricing policies
- National pharmacare

Read the 2022 Impact Report [here](#)



Neighbourhood
Pharmacy
Association of Canada

Association canadienne
des pharmacies
de quartier

their vendors to adapt their proprietary systems accordingly.

Contrast that with Ontario, which is “showing the consequences of overcomplicated systems that are voluntary,” says Grindrod.

Two EHRs are available: the ConnectingOntario ClinicalViewer and ClinicalConnect (for southwest Ontario only). Dispensing information is limited to publicly funded medications, since the government does not have data from private drug plans. Pharmacies must opt in, do the legwork to meet the system’s criteria, and learn the system on their own. “That’s a lot to ask of busy pharmacies for something that is voluntary,” says Grindrod.

In short, she says, “universal access to electronic health records is probably *the* priority for pharmacists across Canada. It can’t be opt-in and piecemeal. It needs to include training. The expectation should be that all pharmacists at a minimum have access to this information.”



Universal, “date-certain” implementation is key, agrees Falk. “We cannot continue to operate in ‘partial worlds’ where there are multiple processes and growing confusion,” he says.

Change management research shows that external events or threats help individuals and corporations manage change. The pandemic was an extreme demonstration of that. “The discussion changes from ‘Are we going to do this?’ to ‘Okay, we need to get this done. How are we going to do it?’ That’s a critical change in mindset that generally leads to more positive results for everyone involved,” says Falk.

To that end, given the levels of investment and preparation of the past few years—by pharmacy operators and vendors as well as governments—now is the time for policies and “date-certain” deadlines from provincial and federal governments, he concludes.

“We need a clear commitment that we are going to make the move and a clear set of standards so that individuals and companies make the move once and not 13 times,” says Falk.

Adds Dattani: “Our members are ready to do their part to connect into provincial systems. They’ve invested significantly so that their own systems can be compatible. But the complexity of all of this means the historical patchwork approach within provinces and between provinces has to stop.”

Making connections

On top of its new healthcare funding for the provinces and territories, the federal government has budgeted \$505 million over five years to federal agencies. As outlined in its Background document, some of that money will go to Infoway “to advance digital health tools and an interoperability roadmap.”

A key part of Infoway’s job is to license, define and maintain pan-Canadian standards that promote interoperability between the myriad of systems used by clinicians. Now that nine out of 10 clinicians use electronic records, according to a survey of physicians, nurses, pharmacists and other health professionals conducted by Infoway in April 2022, the challenges around interoperability can be more clearly stated and addressed.

Taking Care of Business



A resource exclusively for members

TO LEARN MORE CONTACT

info@neighbourhoodpharmacies.ca



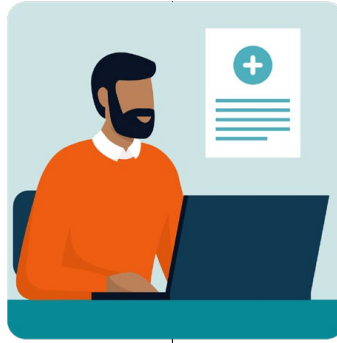
Neighbourhood
Pharmacy
Association of Canada

Association canadienne
des pharmacies
de quartier

The survey found that clinicians spent an average of one hour and 17 minutes per day, beyond what they feel they should, searching for patient information. While most of that information can be obtained electronically, a substantial amount is obtained by phone, fax, email or mail. The number-one barrier to improved interoperability, according to three out of five respondents, is the lack of universal adoption of exchange standards.

“We’re in the process right now of working very closely with the federal government and provincial and territorial governments to lay out a roadmap for interoperability,” says Hagens. “We will determine accountabilities and get to work on some really substantive pieces of the interoperability challenge.”

While the universal adoption of standards remains one of those pieces, the roadmap will start further upstream. “We need to fundamentally change the way that we collect, manage and share health information,” states Hagens.



Infoway’s PrescribelT[®] system for electronic prescribing will also serve to help inform the way forward—and likely evolve as the roadmap unfolds. Now operational in seven provinces, it transmitted millions of e-prescriptions from enrolled prescribers’ offices to pharmacy systems in 2022.

“PrescribelT[®] is an example of the kind of connectivity we need to see across the healthcare system,” says Hagens.

Canada is also a member of the [Global Digital Health Partnership](#). “Interoperability is a global challenge. The United States and the U.K. have made good progress, and we’re looking to learn from them,” says Hagens.

On a much smaller scale, the national QR code for COVID-19 vaccinations is another example of interoperability. “Vaccine policies varied by province, but they were able to work toward a federal, unifying QR code that was readable across provincial systems. It seems like a small thing, but

THE WAIT IS ALMOST OVER

Coming soon – unprecedented research that quantifies the value of specialty care for patients and the healthcare system.



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

—Brad Milson, IQVIA



“The results will help inform policy change on specialty pharmacy care and practice in Canada.”

—Shelita Dattani,
Neighbourhood Pharmacies



Neighbourhood
Pharmacy
Association of Canada

Association canadienne
des pharmacies
de quartier

considering where we are at in Canada right now, that was a big step,” notes Grindrod.

The privacy conversation

A key roadblock for pharmacy has been the issue of privacy.

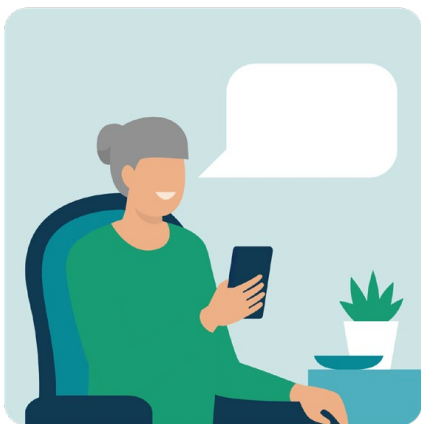
“One of our biggest challenges is the thinking that certain information is out of scope for pharmacists so it should not be readily available to them. That if we are not within the immediate circle of care, it’s not appropriate,” says Jason Min, Assistant Professor of Teaching at the University of British Columbia and Clinical and Technical Development Lead of the academic EHR recently adopted by faculties of pharmacy across Canada (see sidebar, [page 6](#)).

Even for patients, debate continues whether they should get full access to their medical records or a filtered version. “Everyone preaches about patient-centred care but when

it comes to medical records, it’s still physician-centred care,” says Min. “Now with digital charts, patients should be in charge of their own records, and they need to be the ones who decide whether pharmacists or other healthcare providers can see them.”

“This change in mindset is so critical and a big reason why pharmacy needs to be further upstream in the development of information systems. Pharmacy-led, safe and effective medication stewardship requires a complete picture of the patient’s health status, including diagnoses, lab results and vaccinations,” says Dattani.

Canadians themselves appear to be comfortable with pharmacists knowing more about their health. Ninety-five per cent reported high levels of trust that pharmacists would keep their personal health information



safe, according to a March 2022 [survey](#) by Infoway. And 93 per cent were comfortable with doctors and other healthcare providers sharing their personal health information with each other through an EHR.

Similarly, a [2021 poll](#) by Neighbourhood Pharmacies and 19 to Zero found that 76 per cent of Canadians are comfortable with pharmacists accessing vaccination records.

Frontline adoption

As someone who has tested numerous software applications and worked in both community pharmacy and primary care settings, Min stresses

the importance of change management at the frontline. “Technology enablers are the future of pharmacy practice, but they must fit within a practice management structure or implementation will fail.”

In change management terms, it’s about addressing the skill gap between computer developers and end users. There needs to be a middle person—plus training or education—that understands both worlds and gives new users the space to absorb and try out the technology. This could be a change management expert or facilitator, or frontline “super users” or champions to demonstrate utilization in the real world.

As well, new users need to have the freedom to learn without worrying about what happens if they make mistakes, which can be a barrier for pharmacist adoption, says Min. “Fortunately, organizations are starting to pick up on all of that now, and that’s a real opportunity to make progress in adoption.”

The academic EHR (aEHR) is an example of that. Prototyped by Min and his colleagues at the University of B.C. and then further developed by the Association of Faculties of Pharmacy in Canada, the bilingual aEHR is now operational in nine out of 10 faculties of pharmacy (see sidebar, [page 6](#)).

At the B.C. Ministry of Health, a full-time change-management expert is part of the team for the new Provincial Prescription Management (PPM) system, expected to start rolling out this year (see sidebar, [page 12](#)).

“In the past, most of the effort was put into the technical development and then when it comes to adoption, we just don’t realize the outcomes we anticipated,” says Taryn Drlik, Clinical Lead, PharmaNet. “With PPM we are doing things differently and have realized that building a stronger

change-management competency is critical to our success.”

Change management is part-and-parcel of the project, from planning through to implementation. “From the beginning we have been working to create awareness among pharmacists, physicians

B.C. sets digital stage for interdisciplinary care

B.C.’s Provincial Prescription Management (PPM) project is an essential building block for the province’s electronic health record (EHR). It will expand PharmaNet, its drug information system, into a “real-time, best-possible medication list that care providers can interact with across care settings,” says Taryn Drlik, a pharmacist and Clinical Lead, PharmaNet, at the B.C. Ministry of Health.

Since 1995, B.C.’s PharmaNet has captured every medication and device dispensed in the community setting as part of the province’s PharmaCare drug plans, regardless of benefits coverage. PPM will integrate PharmaNet with physicians’ electronic medical records (EMRs) and hospital systems and enhance it to serve a role greater than a dispense record. Providers other than pharmacists can now leverage PharmaNet to support their workflows in managing patient prescriptions.

“At an interdisciplinary care level, providers want to work with medication orders, not a dispense record. They want to be able to understand when and why another provider has made a change—for example, when something is discontinued or adapted. That’s what we’re bringing into the system,” says Drlik.

For pharmacists, it will remove guesswork and follow-up. For example, when a telephone conversation results in a dosage adjustment but the next prescription comes back at the previous dosage—did the prescriber change it back, or does the EMR need to be updated? The PPM “will greatly improve the efficiency of the medication reconciliation process across the care team. PPM gives the opportunity for all involved care providers to be on the same page,” notes Drlik.

As well, the enhanced PharmaNet will give visibility to pharmacists’ and pharmacy technicians’ interventions.

“I know from practice how often we catch things that are not reflected in the dispense. This will help pharmacists be recognized more as care providers, which also feeds into the changes to scope of practice that are currently underway,” she says.

Patients will have far more convenient access to their medications wherever they are in the province. Ubiquitous access is especially valuable for those on opioid agonist therapy who may have transient living arrangements, and in emergency situations such as wildfires and floods. “The prescription is housed centrally in PharmaNet so any pharmacy can pull the prescriptions down and see the details and quantity remaining. At the care team level, prescriptions can be updated as changes occur. It will really improve transitions in care, especially when we achieve the final vision of integrating all clinical end points,” says Drlik.

The PPM will launch in community pharmacies this year, starting with early adopters, and the goal is for physicians to start joining in early 2024. The next phase will bring in health authorities’ systems.

While e-prescribing will be achieved when physician users go live with PPM, the initial launch to pharmacies will result in an end-to-end electronic record from prescription authorization to dispense in PharmaNet. “As they do the order entry of a paper prescription the system will automatically create a prescription record under the physician’s name and then the dispense claim goes in against it. Then as physician systems come on board, the data is ready, which eases reconciliation and physician transition to e-prescribing. At this point, pharmacies will just download the information to dispense against. Paper prescriptions, while supported, are no longer necessary,” says Drlik.

and patients on why this product is important to them, so they are motivated to participate and can prepare,” explains Drlik. “This helps the PPM team to ensure the resulting product reflects the end users’ needs, and in developing strategies to support these stakeholders through their respective training and adoption journeys.”

On the e-prescribing front, agreements between Infoway and many pharmacy operators have pushed enrollments in PrescribelT®, Infoway’s e-prescribing platform, to almost 7,000 pharmacies. Now comes the task of converting participation from paper to daily practice.

Infoway is leveraging “super users” to champion the service among their colleagues and in their networks. For example, the PrescribelT® “Ask a Peer” program brings in current PrescribelT® users to field questions from potential interested clinicians and explain how to integrate the platform into their existing workflow. “We find that it means more to clinicians when they

can hear directly from their peers, so setting up opportunities for them to do so has been a meaningful endeavour,” says Ian Lording, Vice President, Business Operations at Canada Health Infoway and a former community pharmacist.

At the national level, Infoway joined Neighbourhood Pharmacies as a supporter and partner in 2022. “We are working together to understand and help address the opportunities and barriers to current technologies to foster increased uptake of technologies like PrescribelT®,” confirms Dattani.

“Input from our pharmacy partners is critical and helps us evolve PrescribelT® as a national solution for e-prescribing,” says Lording. 🌈



Karen Welds is a healthcare journalist and has written about community pharmacy for more than 25 years.

REGISTER NOW: MAY 17 – 18, 2023



KEYNOTE SPEAKER
Hon. Anne McLellan
Co-Chair, Coalition
for a Better Future

Enabling the Community Health Hub of Tomorrow

VANCOUVER CONVENTION CENTRE

We're in-person, we're connecting and we're growing together!

Our annual, highly anticipated Pharmacy EXPO brings together retailers and suppliers from across the sector for an event unlike any other.

The in-person, 1:1 business meetings are sought-after networking opportunities for members and partners. Meet-the-Sector “speed dating” is a new power-up feature this year, where we will pair vendors with members and pharmacy operators for 10-minute high-impact meetings. The right connection doesn’t take long, it takes being there!

How technicians can transform pharmacy

When I look back at these past few years, I don't think so much about the challenges of COVID-19.

I mainly think about the empowering transformation of workflow at our pharmacy.

In 2020, our pharmacy transitioned to a technician-led dispensary. We renovated to create a workflow that optimized technicians' ability to perform all technical functions. We added two offices where our pharmacists work 100 per cent of the time.

Our pharmacy team includes four pharmacy technicians, four assistants (one is a nurse, who does all injections), one driver and one frontstore staff person. We currently have one full-time pharmacist, owner Kristen Watt. To help prevent burnout, we switched to a 40-hour, four-day work week for full-time employees.

Two technicians work remotely and perform all the data entry and billing. Their main duties are to enter prescriptions and contact patients or insurance plans when needed. After entry, the pharmacist does the clinical verification in their office. The prescription then goes to the packaging team. If the drug is not available, an assistant updates the patient on when the prescription will be ready.

After packaging, the pharmacy technician conducts the technical verification. If the medication requires counselling, it is flagged before being filed for pick-up. Kristen counsels patients in her office. If she's not available at pick-up, she follows up and provides counselling over the phone.

A blister packaging team, comprised of one technician and one assistant, is responsible for the preparation and checking of 150 blister-pack patients. This includes coordination of all changes to blister packs.

The technician-led dispensary works well because we have the right person in the right role in the right position. Technologies, such as interactive voice response for incoming phone calls, internal messaging and an online appointment-booking system all help with productivity. For patients who can't navigate the



online system, our assistant who does phone intake books appointments on their behalf.

We have developed process documents for all tasks that are easily accessible to all employees. Coupled with our requirements for clear, concise documentation on prescriptions, such standardization is important to provide consistent and optimal patient care.

These changes in workflow have dramatically boosted Kristen's ability to fully embrace scope of practice and provide billable services. She has appointments from 10am to 5pm most days.

Kristen does MedsCheck medication reviews with all patients who transfer in and all patients discharged from hospital. She is building her expertise in travel medicine, pain management, Paxlovid prescribing and, most recently, assessing and prescribing for minor ailments. Between in-person appointments, Kristen provides care virtually, over the phone. About two out of three appointments are virtual.

Words cannot adequately describe the transformation of our pharmacy—and how our personal and work lives have improved. As a pharmacy technician, I am thrilled to be an integral part of that transformation, in a work environment that supports working to full scope of practice. 🌈



Sheena Deane is the Operations Manager at Kristen's Pharmacy in Southampton, Ontario, Vice President of the Canadian Association of Pharmacy Technicians and President of the Canadian Council on Continuing Education in Pharmacy.

Holistic approach to healthcare

A conversation with Gary Jung at Pattison Food Group Ltd., formerly Save-On-Foods, member of Neighbourhood Pharmacies



Gary Jung

Manager,
Professional Services/
Managed Care



FULL COMPANY NAME

Formerly Save-On-Foods Limited Partnership, now Pattison Food Group Ltd.

ESTABLISHED
1915

PHARMACY LOCATIONS

154 pharmacies in more than 60 communities across B.C., Alberta, Saskatchewan, Manitoba and Yukon

DIVISIONS

Save-On-Foods, PriceSmart Foods, Urban Fare, Script Care Pharmacy (central-fill facility)

What is Save-On-Foods' number one priority in the pharmacy?

Our vision has always been to be part of a patient's entire healthcare journey. We are making sure our pharmacists can adapt and are equipped to deal with patients' changing healthcare needs—throughout all life stages and circumstances. It is part of our customer-first organizational culture. During the pandemic, our pharmacy team provided routine COVID-19 updates, implemented workplace health and safety policies across the organization, hosted ongoing continuing pharmacy education, implemented COVID-19 testing in selected locations, and provided tools and resources as needed.

How are you operationalizing expanded services?

With the recent announcement of expanded scope around minor ailments for pharmacists in B.C., where we have most of our stores, a priority will be to ensure buy-in from all stakeholders involved. We'll be helping consumers understand what we do and how we can help them. We'll also be looking to invest in technologies and aligning pharmacy team members to improve workflow so our pharmacists have time to dedicate to minor ailments prescribing. It's exciting and a great opportunity for pharmacists to step up and fill current healthcare gaps.

What are the key opportunities to demonstrate pharmacists' value?

The last few years have demonstrated that pharmacists are truly accessible,

and it's much easier for us to be involved in a patient's regular care when other healthcare providers can't be. For example, COVID-19 opened the door for vaccines that were missed in the school system during lockdowns. Along with recent expanded scope changes that will provide greater opportunities for pharmacy services, pharmacists in B.C. and elsewhere are now graduating with their PharmD, which means their clinical knowledge level is enhanced and they're being trained to work almost immediately in a collaborative healthcare setting. We have dedicated pharmacists who are focused primarily on clinical activities in several of our pharmacies across various communities.

Which personal attributes are most important for today's pharmacists?

Being open and able to take a holistic approach to caring for a patient's overall healthcare needs. We know that patients trust pharmacists and come to us for questions and services beyond just medication management.

Why is Save-On-Foods a member of Neighbourhood Pharmacies?

As a western-based pharmacy retailer, sometimes our focus is regional in particular areas of our practice so we may not be aware of global issues or challenges in other parts of the country. Being part of Neighbourhood Pharmacies gives us a national presence and a better understanding of the industry nuances across Canada so we can collaboratively focus on strengthening our profession. 🌍

Battle of Alberta to fix healthcare

As Albertans get ready to go to the polls in Spring 2023, the two major political parties – the United Conservative Party (UCP) and New Democratic Party (NDP) – are sizing up the issues that matter to Albertans and building their platforms accordingly. As the details come into full view, the crisis in healthcare is shaping up to be one of the major ballot box questions. Party strategists on both sides are keenly aware that a majority of voters (56 per cent) believe healthcare is a top issue, according to an Angus Reid poll in late 2022.

This isn't surprising given the increased attention on healthcare across the country. 2023 is the first calendar year since the beginning of the pandemic that COVID-19 isn't considered the greatest healthcare challenge for provincial and federal governments. Now decision-makers are grappling with the numerous other healthcare challenges facing Albertans. Everything from labour shortages and longer wait times to limited access to a family doctor and empty medication shelves in pharmacies will be issues on the minds of Albertans as they cast their ballot.

Let's start by taking a quick trip down memory lane. In October 2022, with just seven months before the general election, the UCP elected a new leader and Albertans got a new Premier, Danielle Smith. During the leadership race, Smith was one of the most outspoken candidates about the need for overall healthcare reform in Alberta. Once she moved into the Premier's office, the health file was one of the first items she tackled, stating, "healthcare is the number-one most important thing Albertans expect me to act on."

Leading with the slogan, "Help is on the way," Premier Smith dismissed the 11 members of the Alberta Health Services (AHS) Board, replacing them with Official Administrator Dr. John Cowell. Health Minister Jason Copping and Cowell now have the mammoth task of carrying out the government's Healthcare Action Plan. The four goals of this plan are to:



- decrease emergency room wait times;
- improve EMS response times;
- reduce wait times for surgeries; and
- empower frontline workers to deliver healthcare.

If the UCP can make enough tangible progress on the health file before the election, chances are good that enough Albertans will vote to keep them in the government benches in Alberta's legislature.

As the governing party, the UCP has the advantage of controlling the government's super-sized purse strings. The 2023 Budget forecasts a \$2.4 billion surplus and includes some splashy investments in healthcare. Some Budget highlights include:

- Boosting healthcare spending by 4.1 per cent, bringing the investment to \$24.5 billion in operating funds.
- \$158 million to address the challenges in health human resources.
- 15 per cent increased investment to continuing care, for a total spend of more than \$4.3 billion.
- \$125 million for early interventions to improve primary care.

Across the aisle, Rachel Notley and the NDP have been outspoken on what they deem to be a healthcare

system in “chaos.” The opposition leader is touting a return to a “stable, no-surprises” government, starting with rebuilding bridges with healthcare providers whose relationship with the UCP has been tumultuous over the last few years.

In the lead-up to the campaign, the NDP unveiled a detailed plan to transform family medicine and connect one million more Albertans to a family doctor over the next decade. It leans heavily on family health teams, a model taken from Ontario’s Family Health Teams.

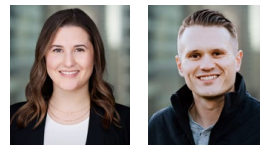
Notley and her team see pharmacists as one of the first lines of defence in primary care—after all, people often go to pharmacies first when they have a health issue. The NDP will shape policy through that lens, with a focus on improving how pharmacists are integrated into Alberta’s health system overall.

Albertans should also expect the NDP to focus on the training, recruitment and retention of staff in every part of the system to relieve overcrowded ERs and take the pressure off facilities in smaller communities that have experienced service disruptions. Look for them

to propose new solutions to solve ambulance shortages after recent government efforts were light on addressing issues with understaffing.

There is no shortage of complex healthcare problems. All governments are grappling with the fallout and the best possible solutions. Like all Canadians, Albertans expect to be able to get an ambulance, go to the emergency room, and access healthcare services when needed in a timely fashion.

While the challenges are not unique to Wild Rose Country, Alberta will provide a revealing glimpse as to how political parties plan to tackle them, and who voters trust to follow through. 🌈



Nicole Sparrow was a Chief of Staff in the Alberta UCP government. Mike McKinnon was a Communications Advisor to NDP governments in Alberta and B.C. Both are currently Senior Consultants with Enterprise Canada, a national strategic communications firm.

PARTNER SPOTLIGHT

E-Prescriptions: a key technology enabler for pharmacy

SUPPLIED CONTENT, BROUGHT TO YOU BY



Healthcare has moved beyond the four walls of the clinic.

Digital health enables Canadians to connect with healthcare providers and health information through virtual tools and services — whether accessing lab results online, exploring mental health

exercises on an app or having a video visit with a doctor, digital health can help to better manage care.

As more Canadians use virtual care, they’re enjoying the benefits of virtual prescriptions as well. By freeing Canadians from faxed and paper prescriptions, e-prescribing is playing an increasingly important role in the modern health system.

What is e-Prescribing?

PrescribelT® is modernizing the way prescriptions are sent and received in Canada. It’s a national e-prescribing service that

enables pharmacies to receive electronic prescriptions directly into their pharmacy management system. It also improves communication while enhancing medication safety and protecting patient privacy. PrescribelT® is today’s answer for the future of healthcare collaboration.

- Improves workflow so you can spend more time with your patients
- Reduces dispensing errors related to prescription entry
- Improves communication with prescribers through clinical communication
- Seamlessly integrates into your pharmacy management system
- Reduces fraud and misuse, enabling you to dispense with confidence
- Enables patients to maintain their pharmacy of choice

Interested in learning more about PrescribelT®?

Visit PrescribelT.ca

A prescription to attract pharmacy graduates

It's no surprise that community pharmacists are in demand. But is community pharmacy still an attractive place to work for new graduates? Employers want to attract pharmacy students and graduates, and many new pharmacists want to serve patients in a community setting. Yet any dissonance between what's learned in school and the realities of pharmacy practice can be disincentivizing.

Here are three suggestions that go a long way to attract Canada's newest pharmacists.

1 - Embrace our teams' full potential. By the end of 2023, pharmacists in every province can prescribe medications. Pharmacy school shapes graduates to become experts in medication management.

It's time to remove the technical tasks of dispensing from the pharmacist's role. While operational barriers need to be overcome, the greatest detractor seems to be an abiding comfort level with traditional business models. Pharmacy graduates will gravitate to pharmacies that demonstrate they are working to step out of those constrictive comfort zones so that pharmacy teams can work to their full potential; for example, by leveraging the full scope of pharmacy technicians, who can conduct full technical checks of prescriptions, and by investing in pharmacy automation systems and scheduling software.

2 - Prioritize mental wellness. The Canadian Association of Pharmacy Students and Interns (CAPSI) 2022 survey on the mental wellbeing of future pharmacists found that 49 per cent rated their mental health as a two out of a best-possible score of five. Fifty-one per cent reported that concerns about job availability or working conditions post-graduation caused a moderate-to-severe negative impact on mental health.

While the resiliency of healthcare workers has been applauded throughout the pandemic, it is imperative that pharmacy employers encourage a shift away from



this self-sacrificing culture. We must put pharmacists' well-being first, which will ultimately lead to better care for patients.

Workplace supports include enforced meal breaks, adequate staffing during shifts and a reasonable number of sick days and vacation days. A health benefits plan that includes paramedical services and a health spending account would also be highly valued.

3 - Help with student debt. Much post-graduate stress comes from the need to pay off student loans and manage finances. What can employers do? In addition to a competitive salary, you can differentiate yourself by offering a student debt-repayment contribution plan and paying for board examination fees. Other win-win opportunities include covering all or some of the costs for additional training or conferences.

Pharmacy employers who make these investments in support of clinical services, mental wellness and financial health will see the returns of attracting the best and the brightest of pharmacy graduates.



Lynn D'Souza is the Vice-President of Professional Affairs for the Canadian Association of Pharmacy Students and Interns. She'll be graduating from the University of Waterloo's Faculty of Pharmacy in 2023.

A pressing need to fill care gaps

Canadians have been able to legally access cannabis for medical purposes since 1999.

Regulations for medical cannabis have evolved several times since then and are currently contained in the *Cannabis Act*, which legalized recreational cannabis in October 2018 and regulates access to cannabis for all Canadians.

As required by law, the *Cannabis Act* is currently under review. The independent expert review panel is expected to release its report with recommendations in spring 2023. On the topic of medical cannabis, recommendations will revolve around whether a separate program for medical cannabis remains necessary.

The public-consultation phase of the review concluded in November 2022. Captured here are key points from Neighbourhood Pharmacies' submission to the Cannabis Act Legislative Review Secretariat.

A separate program is necessary

Access to any evidence-based therapeutic product that carries a risk for harm or misuse must include access to expert guidance from healthcare providers. The removal of a distinct medical stream for cannabis would leave Canadians without appropriate health oversight to ensure its safe and effective use.

Access must be convenient and equitable

The current program for medical cannabis is cumbersome and there is a shortage of healthcare providers authorizing medical cannabis or providing guidance. These impediments, plus the higher cost of medical cannabis compared to recreational cannabis, can drive



users to seek recreational cannabis or even illicit products to treat their symptoms, leaving them without guidance on their safe use and putting them at risk of harm.

Expand authorization and dispensing

Currently a small number of healthcare providers can officially provide the medical authorization for patients to legally obtain cannabis for medical use. Expanding the pool of providers to include pharmacists will improve access for patients and spread the workload among providers.

Community pharmacies can readily incorporate the dispensing of medical cannabis. Pharmacists have the expertise, skills and professional judgement to educate patients about the appropriate and safe use of all products containing cannabinoid. They can identify and mitigate any potential interactions with other medications.

Use pharmaceutical distributors

Canada's well-established network of pharmaceutical distributors can proficiently distribute medical cannabis to Canada's 11,500 community pharmacies and provide safe, comprehensive and timely access to eligible patients. The use of wholesale distribution to pharmacies will also allow for adequate security, the management of product recalls and appropriate record-keeping, including pharmacovigilance. 🌈

Most medical cannabis users on their own



14% of cannabis users in Canada use it for medical purposes¹

78% do so without documentation from a healthcare professional¹

90% support pharmacies dispensing medical cannabis²

92% support pharmacists providing medical guidance on its use and risks²

Sources: 1. Canadian Cannabis Survey 2021: Summary. Government of Canada, 2021 April 7 – June 28 (Accessed February 2022); 2. Medical Cannabis Patient Survey. For Medical Cannabis Canada, conducted by Abacus Data, 2020 July 28 – August 1 (Accessed February 2022).

A collective voice for specialty pharmacy

When I first joined Neighbourhood Pharmacies in 2016, important changes were happening around the reimbursement of high-cost, complex drugs. Yet we did not have a collective voice for pharmacies focused on these specialty medications—a voice that would be heard by both public and private payors, as well as other industry stakeholders. That’s why joining this Association—one that could represent the interests of pharmacies including those providing specialty care—was important to us at BioScript Solutions.

Since then, Neighbourhood Pharmacies has taken the lead to help bring specialty care to the forefront. Last year, the Association hosted its third annual Specialty Pharmacy Summit and convened its first roundtable discussion for member and non-member pharmacies. Both events successfully delivered a better understanding of what makes specialty pharmacy services unique, and why advocating for the sustainable delivery of these services is important to the future of healthcare.

Neighbourhood Pharmacies has included the future sustainability of specialty care as part of its overall strategic plan. In partnership with IQVIA, it is conducting Canada’s first study on the real value of specialty pharmacy services. As specialty drugs steadily grow their share of pharmaceutical spending, the unique requirements and services attached to these drugs should increasingly be a part of discussions on

healthcare in this country. Pharmacy needs to continue to be a key player at the table.

From my vantage point as a pharmacist, it’s extremely important for the profession at large to understand why these unique services exist, how they fill gaps in our broader healthcare landscape, and how they support patient care.

There’s no question that every type of pharmacy practice can assume a role in specialty care. The task before all pharmacies is to determine the needs of each patient and product, and how they can best support that product distribution and patient journey in a way that affords the best possible outcomes. The complexities of inventory management, cold chain management, reimbursement and pharmacovigilance—and of course the individual needs of patients, many of whom may be struggling with serious, complicated conditions—are among the many key aspects that Neighbourhood Pharmacies will strive to communicate to all stakeholders, including all of pharmacy, in the months ahead.

As members of Neighbourhood Pharmacies, we each have our unique areas of focus, yet we are part of one voice that represents the business of pharmacy. Collectively, I believe we can advocate for what’s needed for everyone to be successful—including, most importantly, for what’s needed to provide the best care to our patients. 🌈



Chris Dalseg

BOARD MEMBER
*Neighbourhood Pharmacy
Association of Canada*

VICE-PRESIDENT,
STRATEGY AND
GROWTH
BioScript Solutions

“

Collectively, I believe we can advocate for what’s needed for everyone to be successful.”



**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

OUR MEMBERS AND PARTNERS

OUR ASSOCIATE PARTNERS

- | | | | | |
|------------------------------------|---|--|------------------------------|--|
| Abbott Laboratories Co.
AbbVie* | ASOP (Alliance for Safe Online Pharmacies) | Fresenius Kabi Canada Ltd. | Jones Healthcare Group | Pharmapod,
a Think Research company |
| Amgen Canada Inc.* | AstraZeneca Canada Inc.* | Green Shield Canada | Juno Pharmaceuticals | Pharmascience Canada* |
| Apotex Canada* | NEW ATS Healthcare | GSK (GlaxoSmithKline)* | Kohl & Frisch Ltd. | Sandoz Canada Inc.* |
| Ascensia Diabetes Care | AuroPharma Canada* | Healthing.ca* | Mantra Pharma | Sanofi Pasteur Ltd. |
| | NEW BD | Healthmark Ltd. | Merck Canada* | ScriptPro Canada Ltd. |
| | Biogen Canada | Hikma | Mint Pharmaceuticals* | Seqirus Canada Inc. |
| | Canada Health Infoway** | HTL-Strefa | NEW Moderna* | Sterimac Inc. |
| | Canopy Growth Corporation* | Imperial Distributors Canada Inc. (IDCI) | NATCO Pharma (Canada) Inc. | NEW Sun Life |
| | CAPT (Canadian Association of Pharmacy Technicians) | IQVIA Solutions Canada Inc.* | Odan Laboratories | Tension Packaging & Automation |
| | Ecolopharm | Jamp Pharma Corp.* | OkRx | Viatrix* |
| | embecta – formerly part of BD | Johnson & Johnson Inc. | NEW The Pangaea Group | Vigilance Santé |
| | | | Pear Healthcare Solutions | |
| | | | Pfizer Canada Inc.* | |

*Premium Partners

**Special thank you to PrescribeIT®, Canada's national e-prescribing service, for their support and partnership