

Neighbourhood Pharmacy

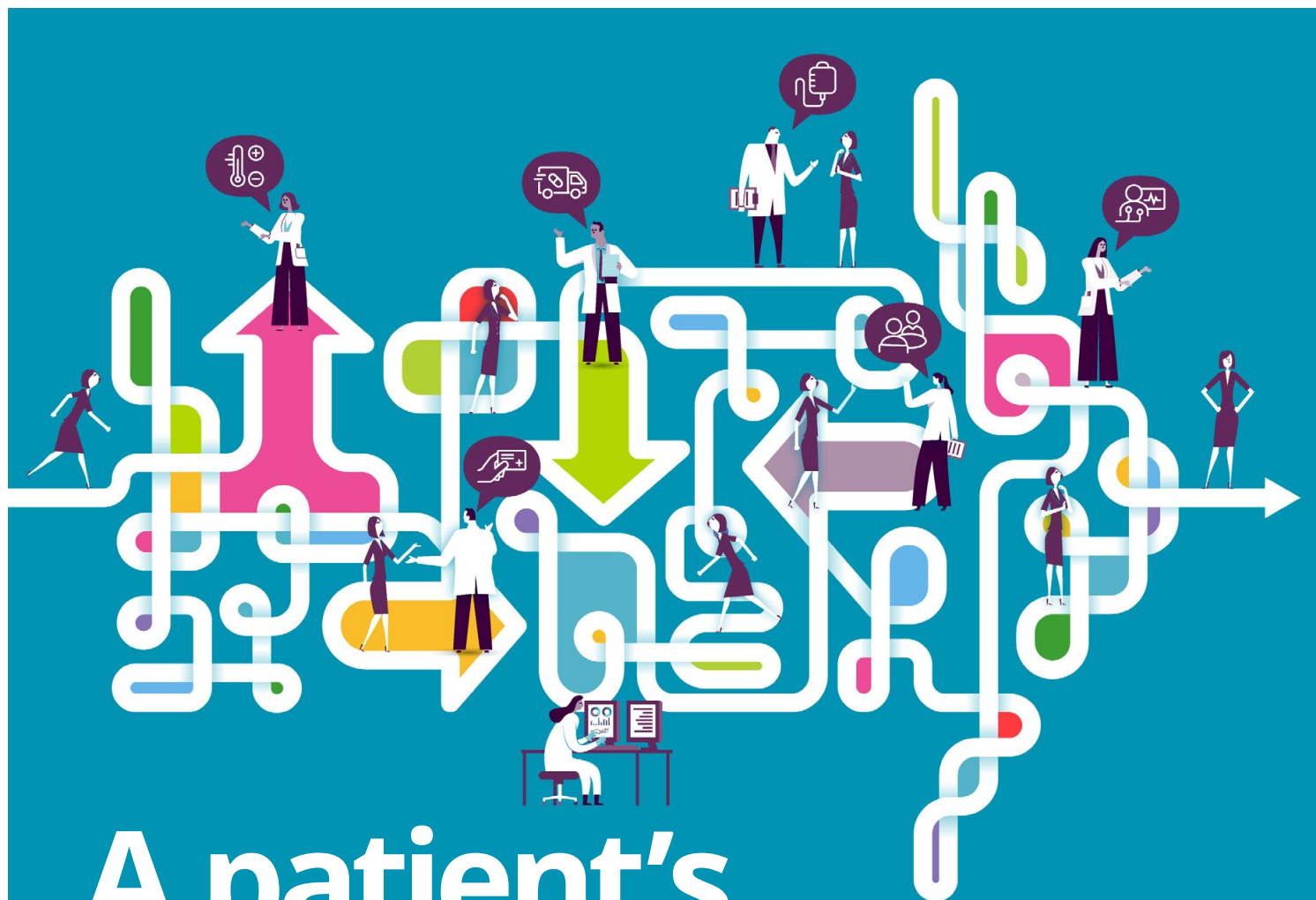
SUMMER 2023

# Gazette



INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.

A publication of the Neighbourhood Pharmacy Association of Canada



## A patient's journey

**SHEDDING LIGHT ON PHARMACIES' SERVICES FOR CANADIANS TAKING HIGH-COST SPECIALTY DRUGS**

ALSO IN THIS ISSUE:

**Snapshot of pharmacy landscape**

**Opioid stewardship and e-prescribing**



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# Neighbourhood Pharmacy Gazette

INSIGHTS, ADVOCACY, HEALTHIER CANADIANS.

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

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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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# Embracing the future of specialty drugs

**A long-time patient of my pharmacy recently presented a new prescription for adalimumab, a biologic.** In her 40s with a lot on the go, she was excited about the new treatment. Her usual drugs for rheumatoid arthritis no longer seemed to work and her quality of life had greatly declined.

But she was also nervous—and confused about what happens next.

Her doctor said our pharmacy may be able to set everything up or she may prefer to use a pharmacy that's dedicated to specialty drugs. She couldn't decide and had come to me for advice. We agreed to try and navigate this journey together, then if she felt she wanted to get this prescription from a specialty pharmacy going forward, we could absolutely transfer her prescription over. We would continue to coordinate with the other pharmacy to ensure we were working in synch to ensure holistic care.

While I had brushed up on the clinical knowledge I felt I needed to effectively provide care to my patient, and I had robust protocols for managing cold chain in my pharmacy, I learned about several other elements of dispensing this biologic to my patient.

First, we had to do a lot of upfront work to get the drug covered, as her private plan initially declined the claim. After making a few calls to her insurer, I learned that this product required prior

authorization. Her benefits would cover 80 per cent, leaving a significant amount to be paid out of pocket.

My patient gave me the contact information for the patient support program (PSP) to which she was referred by her specialist, and which was being managed by a specialty pharmacy. I worked with the specialty pharmacy's PSP staff to navigate the prior authorization process for coverage from her private drug plan. Next, to reduce the out-of-pocket cost, we secured coverage from Ontario's Trillium program for catastrophic drug costs and even some coverage from the manufacturer, available through the PSP.





Second, while training my patient on the injection technique I discovered that she was anxious about self-administering the drug and didn't have anyone who could help her. I shared this with the specialty pharmacy, and they arranged for a nurse to go her home to support her with the administration of the drug and to continue training efforts for self-administration.

Third, I worked with my patient and the specialty pharmacy to coordinate dispensing with scheduled administration, and to ensure that once the product left our pharmacy, strict processes were in place to ensure cold-chain protection up to the moment it was administered. This required additional protocols at our pharmacy for



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“  
To protect the future of pharmacy, we must collaborate and coordinate on behalf of our patients, no matter how complex the drug or the care.”

all staff to follow, as well as some training for our patient.

Finally, we continued to stay in close contact, coordinating between our pharmacy, the specialty pharmacy and the patient to ensure we were working together as an extended team. We felt confident that we were providing our patient with the highest level of care.

What I am trying to illustrate with this real-life example is that as a pharmacist and speaking

for all members of Neighbourhood Pharmacies, we are committed to patient choice above all. That is the crux of patient-centred care. And ultimately, we want to do what is in the

best interest of our patients. None of us can do it all, but together, we can provide our patients with diverse areas of expertise that ensure that they get the best from all of us.

Specialty drugs are shaping the future of healthcare. They enable Canadians to resume productive lives that support the economy. Specialty drugs are also a very important part of the future of pharmacy, as the fastest growing segment of pharmaceuticals.

We want to embrace that future. Yet remuneration for the myriad of enhanced, at times extremely complex, services is too heavily dependent on markups. In an environment of downward pressure on pricing and direct cuts to markups, this funding model is precarious.

Neighbourhood Pharmacies represents all types of community pharmacy, from independently owned pharmacies like mine to large chains and pharmacies dedicated to patients taking specialty drugs. To

protect the future of pharmacy, we must collaborate and coordinate on behalf of our patients, no matter how complex the drug or the care.

And we need to demonstrate to policy

makers and to payors the value of these services—to our patients and to the healthcare system more broadly. Our hot-off-the-press report, *The Value of Specialty Pharmacy Services to the Healthcare System*, is a critical first step. As so aptly put by Alicia Wood of Walmart Canada and Karl Frank of Bayshore Specialty Rx in this issue's cover story ([page 5](#)), our collective goal is to be most effective in how we supply these medications and serve our patients. 🌈

“ We are committed to patient choice above all. That is the crux of patient-centred care. ”

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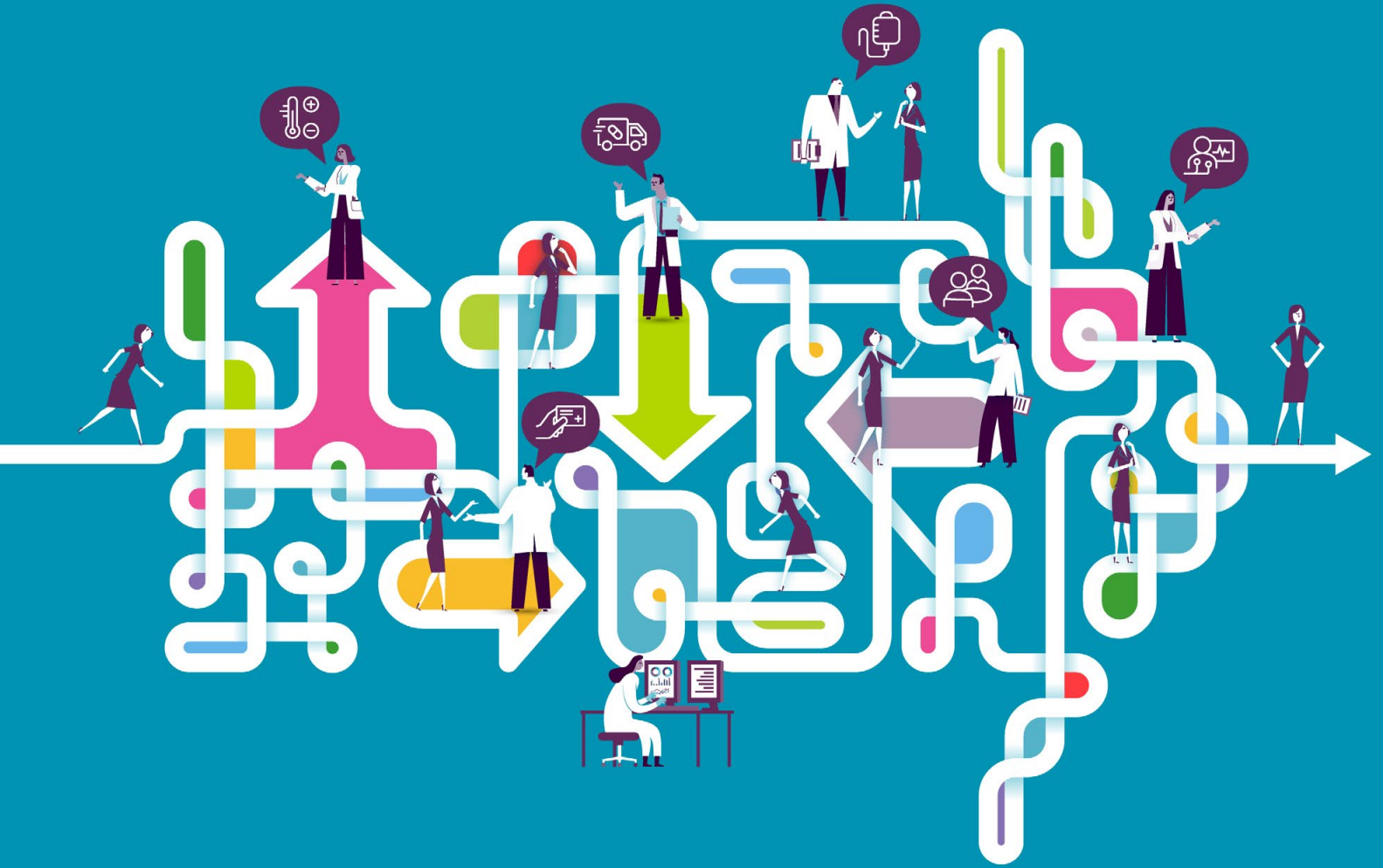
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# A Patient's Journey



**Shedding light on the value of pharmacy services for Canadians taking high-cost specialty drugs**

**Specialty medications treat chronic, complex, rare or genetic conditions.** They are revolutionizing treatments and may even be a cure for debilitating diseases such as cancer, hepatitis C and autoimmune disorders.

And they are complicated. And costly.

Specialty medications represent just 1.7 per cent of medications dispensed yet 44 per cent of costs, reports IQVIA Canada.<sup>[1]</sup> Pharmacies dispensed 13.1 million prescriptions for specialty drugs in 2022, valued at \$13.3 billion.<sup>[1,2]</sup>

They are “specialty” drugs because they often require specialized handling (such as compounding and cold chain protection), administration (by injection or infusion), reimbursement navigation and enhanced clinical services (for adherence, to prevent adverse events, to monitor outcomes, etc.).

All community pharmacies dispense specialty medications. Some have dedicated their operations to these medications, investing millions in an infrastructure that includes distribution sites and infusion clinics.

A formal funding mechanism does not exist for most of the services associated with specialty medications. Pharmacies and pharmacy distributors rely mostly on revenue from markups that are tied to the cost of the medication.

The reliance on markups is problematic. “There is a misconception that the higher price points of specialty drugs generate markups that are enough to cover costs and help keep pharmacy sustainable,” says Shelita Dattani, Senior Vice President, Pharmacy Affairs and Strategic Engagement, Neighbourhood Pharmacies.

“In reality, this type of funding model is precarious for both pharmacy operators and patients. Payers are looking to contain costs by lowering prices and markups and don’t realize these actions jeopardize sustainability and compromise the ability of pharmacies to provide the level of care needed for these patients.”

To help build the understanding of all stakeholders, Neighbourhood Pharmacies decided to produce an evidence-based report to capture and communicate what’s involved in the services provided by pharmacy teams to Canadians taking specialty medications—and how pharmacies are filling gaps in care that would otherwise have to be provided, and funded, by the public healthcare system.

In March 2023, the Association commissioned IQVIA to conduct an analysis of several key specialty services offered by pharmacies, drawing from IQVIA’s internal databases, the experiences of Neighbourhood Pharmacies’ members and partners, and published clinical research.

“Up until now the value of the interaction between specialty patients and pharmacy teams has not been well documented,” says Brad Millson, General Manager, Real World Solutions, IQVIA Canada. “Being able to demonstrate that in a cohesive, evidence-based manner is very important to advance discussion among all stakeholders on where we need to go from here.”

“We anticipate the report will help inform policy change on pharmacy practice for patients taking specialty drugs in Canada.”

The resulting report, *The Value of Specialty Pharmacy Services to the Healthcare System*, became available in August.

“We anticipate the report will help inform policy change on pharmacy practice for patients taking

specialty drugs in Canada,” says Dattani. “We are also excited to leverage this report as we start to think about pharmacy as a partner in the national strategy for drugs to treat rare diseases.”

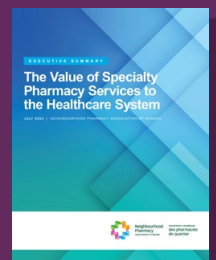
The *Gazette* shares excerpts from the report here, supplemented with commentary from Karl Frank, Managing Director, Bayshore Specialty Rx, and Alicia Wood, Senior Manager, Specialty Pharmacy, Walmart Canada, members of Neighbourhood Pharmacies and the task force that guided the report’s development.

The report focusses on six categories of service associated with specialty medications:

1. Infrastructure and inventory management
2. Reimbursement navigation
3. Intravenous infusion administration and coordination
4. Enhanced dispensing-related services
5. Enhanced medication management
6. Enhanced clinical monitoring

## Get your copy

Download the [Executive Summary of \*The Value of Specialty Pharmacy Services to the Healthcare System\*](#) from Neighbourhood Pharmacies’ website. The full report, released in August, is available to members and premium partners of the Association.



## 1. Infrastructure and inventory management

### EXECUTIVE SUMMARY EXCERPT

*While all pharmacies dispense medications that meet the definition of a specialty medication, some have invested millions of dollars to upgrade their facilities to meet all possible requirements for the distribution, storage, handling and administration of complex, high-cost, fragile medications.*

*Cold chain protection is a huge component of costs. Close to half of the 13 million specialty prescriptions dispensed annually require cold chain protection. The maintenance of on-site cold chain integrity costs between \$400,000 and \$2 million per pharmacy per year, or between \$27.2 million and \$136 million annually for the sector.<sup>[3,4]</sup> Cold chain shipments go to infusion clinics, other medical facilities or directly to patients' homes.*

"Inventory management is really about getting patients on their medication as quickly as possible," says Frank. "The pharmacy needs to strike a balance between having enough inventory on hand and the inventory capital costs, which can be very high."

This takes on added significance for specialty medications since prior authorization and the securing of reimbursement can delay dispensing by days or even weeks. While those requirements are met, the pharmacy makes sure that product availability does not further delay the start of treatment.

In fact, once pharmacies get the green light to dispense, the patient will usually have the medication within 24 hours. "Canada's pharmaceutical distribution system is top-notch, with state-of-the-art measures for cold chain protection and same-day or next-day delivery for most orders," says Dattani.

The 24-hour turnaround is standard whether patients get their medications from pharmacies dedicated to caring for patients taking specialty medications, which have their own wholesale facilities

and ship directly to patients or healthcare institutions, or from their local community pharmacy, which orders specialty medications from either their usual distributor or a specialty distributor.

Cold chain protection is a huge, and costly, factor in inventory management. "It's really a skill set that requires significant training, infrastructure investment and follow-up to ensure shipments maintain their required storage temperature throughout the supply chain," notes Frank.

The process can be incredibly complex, as was the case for an autologous stem cell transplant that recently took place for an oncology patient in New Brunswick. "The medication needs to be administered to the patient at exactly the right time during the procedure, and in this case the oncology centre could give very little advance notice. We flew the drug to the patient within hours. The rapid response and constant coordination with the oncology team were critical," says Frank.

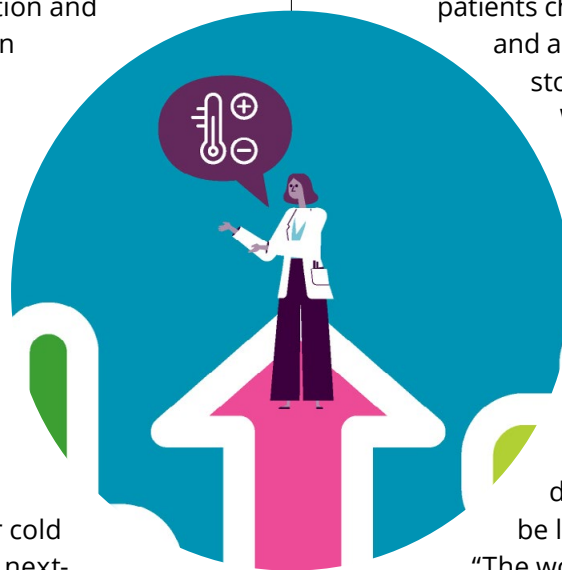
For less complex specialty medications, such as self-injectable biologics that can be stored in household refrigerators, cold chain protection revolves around education and continued dialogue with the patient. "We ensure that patients have the means and the understanding to maintain the cold chain. Many

patients choose to come with their own cooler and are confident with their ability to store their medication," says Alicia Wood, Senior Manager, Specialty Pharmacy, Walmart Canada.

High medication costs and small patient populations are two other factors that influence inventory management—and the evolution of pharmacy practice for patients taking specialty drugs.

For medications to treat rare diseases, the patient population can be less than a few dozen in Canada.

"The working capital alone would be prohibitive for broad distribution across every community pharmacy, which is why centralizing through specialty pharmacies works really well to ensure adequate inventory is on hand for quick and safe delivery," says Frank.



Inventory management in traditional community pharmacies more commonly involves specialty medications used by relatively larger patient populations, where perpetual inventory management can occur. Patients can also benefit from community pharmacies' "just-in-time" practices for special orders needed by specific patients. "Typically, our wholesalers operate on a next-day basis. This provides our teams with the ability to order products well in advance of when a patient needs their medication, so that the patient can pick it up or we deliver it the same day as part of our usual delivery service," says Wood.

## 2. Reimbursement navigation

### EXECUTIVE SUMMARY EXCERPT

*An average annual cost of \$10,000 is not unusual for a specialty drug and a growing number cost more than \$100,000 annually. It is imperative that the out-of-pocket financial burden for patients does not prevent, curtail or interrupt access to these life-changing therapies.*

*Accessing insurance coverage can be complicated and time-consuming due to the process of prior authorization. Reimbursement navigation support is essential, and a key offering of Canadian pharmacies that provide specialty services. Canadian studies with oncology patients found that reimbursement navigation services reduced the time to initiation of treatment by six to 25 days.<sup>[5,6]</sup>*

*Reimbursement navigators connect patients to public and private sources of coverage they may not know they already have. They demystify industry jargon and guide patients through enrollment, options, applications and appeals. They coordinate with patient support programs for additional financial assistance, if warranted.*

*Reimbursement demands consistent and ongoing effort. Canadian pharmacies providing specialty services estimate that reimbursement navigation requires 30 to 120 minutes per patient per encounter.<sup>[7]</sup>*

Reimbursement navigation is about more than the money. It's about removing a huge source of stress so that patients can focus on their health.

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“Patients are usually already struggling with their physical health, and often their mental health. Having to sort through reimbursement from private or public drug plans can easily overwhelm them. The initiation of treatment is delayed, and symptoms can worsen because of the stress,” says Dattani.

Reimbursement navigation is also about jump-starting patients’ access to a drug that could be life-changing, even life-saving.

“Because of the work we do obtaining early coverage, we feel we’re actually a key part of the launch of the drug into Canada,” says Frank. That’s because coverage by public drug plans is typically not available for more than

a year after a specialty drug is approved by Health Canada, whereas private funding—from private drug plans and the manufacturers themselves, through their compassionate coverage programs—can usually be put in place within weeks or even days, often thanks to navigation support from the dispensing pharmacy.

Payors and providers also benefit. First, an earlier start to

treatment generates savings through reduced visits to hospitals and physicians’ offices. Second, “pharmacies get a lot of exciting real-world data starting from the launch of a product. It gives good insights on patient outcomes and can aid prescribers in making decisions based on data that wasn’t collected during the clinical trials,” says Frank.

For example, in some areas in oncology, “we are finding that outcomes differ in the broader population and when we look at combinations with other drugs that wouldn’t be considered during the trials. This level of insight for the prescriber can result in improved clinical outcomes,” says Frank.

Manufacturers’ patient support programs (PSPs) often serve as the starting point for reimbursement navigation. “Where a patient support program exists, our teams work with them to get our patients set up for success in terms of their coverage,” says Wood.

PSP personnel often rely on the pharmacy team

to clarify the details of a health benefits plan and provide real-time adjudication data on copayments and deductibles to ensure patients avoid delays in therapy due to financial circumstances.

“In one example, our team supported an Ontario patient who had been paying over \$70,000 out-of-pocket every year for two specialty medications that were being dispensed by competitor pharmacies. The patient was submitting claims manually to a public program. Now this patient avoids these financial and administrative burdens and has all their medications consolidated and digitally reimbursed through one of our pharmacies,” says Wood.

### 3. Intravenous infusion administration and coordination

#### EXECUTIVE SUMMARY EXCERPT

*More than a third of specialty medications require administration by intravenous (IV) infusion, administered at infusion clinics.<sup>[8]</sup>*

*Pharmacies dedicated to specialty medications have established more than 420 infusion clinics across Canada, which represents 98 per cent of all infusion clinics. Clinic staff administered more than 500,000 specialty IV infusions worth more than \$2.2 billion to more than 130,000 patients in 2022.<sup>[8,9]</sup>*

*This network of clinics is especially important for the one-in-three patients who live in rural or remote areas, who would otherwise face hours of additional time per infusion to travel to a clinic in a major city. This extra time, as well as the added transportation costs, can negatively impact adherence as well as physical and mental well-being.*

*Specialty pharmacy-run infusion clinics fill a gap in timely and equitable access to care. They increase healthcare capacity by operating during weekends and outside of work hours, adding an estimated 1 to 2.5 million hours of essential infusion capacity to the healthcare system.<sup>[10,11]</sup> They do not receive government funding; however, without them, the public healthcare system would have to take on significant costs to match their volume and level of service.*

Specialty pharmacy infusion clinics add capacity to the public healthcare system on multiple levels, the most obvious being the availability of hundreds

of brick-and-mortar clinics throughout Canada. Of equal value is the “collaboration and coordination between our pharmacy teams and our nursing teams to fully manage the patient. In addition to injections and infusions, there are blood draws required for lab tests, companion diagnostics, EKGs and other services. The clinics provide whatever is required for that patient and their medication,” says Frank.

The infrastructure of these infusion clinics also includes mobilizing to meet the needs of vulnerable patients in the comfort of their own home. “Patients may not be ambulatory. They may be struggling with a rare or other debilitating disease or, in some unfortunate cases, palliative care. We make it easier for these patients to receive home-based infusions or injections,” says Frank.

And competition does not get in the way of patient-centred care. For example, soon after the start of the COVID-19 pandemic Canada’s largest specialty pharmacies collaborated to ensure

zero interruptions to therapy. “If any clinic had to shut down because of staffing issues or an outbreak, other competitor clinics would take on their patient loads until the original clinic was safe to

resume. That only happened once or twice during the pandemic, but it was very important to have that set up ahead of time, to share our infrastructure and to make sure that patients didn’t go without their therapy,” explains Frank.

In the absence of an established infusion clinic infrastructure, community pharmacies coordinate with many specialty pharmacy infusion clinics to

“The clinics provide whatever is required for that patient and their medication.”

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**References:** 1. SHINGRIX Product Monograph. GlaxoSmithKline Inc., November 15, 2022. 2. Public Health Agency of Canada. An Advisory Committee Statement (ACS), National Advisory Committee on Immunization (NACI) – Updated Recommendations on the Use of Herpes Zoster Vaccines. Ottawa, Ontario: Public Health Agency of Canada; June 2018. Available at: <https://www.canada.ca/en/services/health/publications/healthy-living/updated-recommendations-use-herpes-zoster-vaccines.html>. Accessed December 15, 2021.

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administer IV products. And as the scope of practice for pharmacists continues to expand, patients are increasingly able to turn to their usual community pharmacists for support with the administration of other injectable specialty medications.

**“Our patients rely on the convenience and accessibility of their community pharmacists to administer these medications on their behalf.”**

“Our patients rely on the convenience and accessibility of their community pharmacists to administer these medications on their behalf. The prevalence of this service will continue to grow as more provinces expand their scope of practice to complement the growing number of self-injected products in Canada,” says Wood.

Canada’s network of private infusion clinics is also evolving in response to the growing availability of biosimilar biologics. “In many cases, biosimilars have really opened things up from a patient selection perspective,” says Frank.

That said, certain higher-risk medications require infusions to be administered in highly specialized clinics. “You may have to have a physician on site, for example,” notes Frank. “Or there may be a need for EKG monitoring or post-dose monitoring. We have become very innovative and open to provide community health services that were previously available only in hospitals.”

With all that in mind, Frank has found that most external stakeholders don’t understand the economics of infusion clinics. “One big misconception is that manufacturers pay for the full cost of the services. That’s not the case. The infrastructure, the lease, staff management—including frequent schedule changes to expand hours to meet patients’ needs—and the working capital to manage lab coordination and all the services are not covered at all by manufacturers.”

#### 4. Enhanced dispensing-related services

##### EXECUTIVE SUMMARY EXCERPT

*The fragile and potentially sensitive nature of specialty medications, as well as their unique administration requirements (e.g., infusion), necessitate enhanced dispensing-related services.*

**Compounding** Pharmacists may need to alter the strength or formulation of a medication, or combine medications. Ten to 20 per cent of all specialty medications involve compounding.<sup>[1,4]</sup> A “clean room” is mandatory to compound and work safely, with an upfront investment of at least \$680,000 on average and \$300,000 annually for maintenance, including training.<sup>[4]</sup>

**Coordination of deliveries** Many pharmacies deliver specialty medications directly to patients’ homes to remove the risks associated with vulnerable, frail or immunocompromised patients leaving their homes. A large number of specialty medications must be administered in combination with IV infusions. Pharmacies ensure that these medications are delivered on time to infusion clinics.

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The more complex the medications, the more they must be handled with care—and administered quickly.

“There is a big pipeline of monoclonal antibodies and cytotoxic medications that must be mixed in a sterile environment. Then they may be only stable for only 24 hours or less, so you’ve got to make sure you prepare and deliver them on time to the infusion clinic,” says Frank.

This requires coordination not only with the clinic but also with the patient, to ensure they get to their appointment on time. If all the pieces do not fall into place, the medication must be discarded and the pharmacy absorbs the cost of the spoilage, which could exceed \$10,000.

## 5. Enhanced medication management

### EXECUTIVE SUMMARY EXCERPT

*The complexity of medication management derives from one or more of the following factors: the nature of drug itself, the way it must be administered, the management of adverse events or the nature of the disease or condition treated.*

*Standard clinical services such as patient education, counselling and medication assessment are often more frequent and involve more time and expertise than is typical for non-specialty medications. The pharmacy team may need to provide unique clinical services for testing and monitoring. Without these services, the risk is much higher for avoidable healthcare costs due to sub-optimal therapeutic effect, treatment delays and disease progression.*

**Education and counselling** *General education for patients taking specialty medications can take up to one hour per consultation. Counselling on disease states and related health concerns, or answering patients’ own questions, can take up to another one hour.*

*Injection training is another important service. In 2022, Canadian pharmacies dispensed more than 1.9 million prescriptions for self-injectable medications.<sup>[8]</sup>*

**Medication assessment** *Specialty medications carry risks of serious adverse events. Pharmacists’ assessments of safety, effectiveness and appropriateness, which includes checking for interactions with other medications, are generally more time-consuming than assessments for traditional therapies. A medication history alone can take 30 minutes to 2.5 hours.*

*The full assessment may require consultations with other members of the healthcare team. All told, each assessment takes one to four hours and occurs at least several times a year per patient, or with each refill of their medication.*

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**Medication adherence** Many factors can negatively impact adherence. Patients often live with multiple chronic conditions or co-morbidities, such as pain and depression, which can affect mood, functionality and energy levels. Multiple medications, each with its own regimen, can be difficult to coordinate.

Non-adherence not only jeopardizes health outcomes and may speed the progression of disease, but also wastes valuable medications and healthcare services. In Canada, nonadherence is the cause of five per cent of hospital admissions and five per cent of physician visits, resulting in \$4 billion in avoidable annual costs to the healthcare system.<sup>[12]</sup>

Canadian pharmacies providing specialty services support adherence in multiple ways and spend, on average, 30 minutes per adherence activity.<sup>[7]</sup> One study found that adherence support for patients taking specialty medications reduced the risk of discontinuations by 72 per cent and increased the likelihood of adherence by 83 per cent.<sup>[13]</sup>

**Services for biosimilars** Biologics constitute approximately two-thirds of the specialty market.<sup>[3]</sup> In recent years, as patents for originator biologics expire, biosimilar versions of these biologics have come to market and have become a focus for cost-containment efforts by public and private payors. In Canada, from March 2021 to March 2022, sales of biosimilars increased by 51 per cent.<sup>[3]</sup> Higher uptake of biosimilars will continue apace as “biosimilar switch” initiatives roll out across provincial drug programs and are subsequently adopted by some private payors.

Biosimilars require the same level of services as the originator biologic. As well, pharmacies assist patients in transitioning from the originator biologic to a biosimilar.

The coordination of services around many specialty medications naturally boosts adherence rates. “There’s a built-in adherence model with delivery where pharmacy staff are reaching out to the patient with every fill, as opposed to the traditional model where the patient comes to you,” says Frank. “We proactively reach out and address any issues or questions they may have before they become

problems. Adherence rates are very high as a result of that coordinated effort.”

Throughout the community pharmacy sector and from coast to coast, expanded scopes of practice also help drive new approaches in the provision of medication management.

“New authorities, patients’ expectations, technologies and registered pharmacy technicians—so much is coming together to enable our profession to evolve like never before,” says Wood. “We are transitioning our teams away from a lot of the traditional dispensing services by bringing in tools and processes to free up their time for clinical care.”

Wood agrees with Frank that proactive outreach is a critical component of new service models—for non-specialty as well as specialty medications. “A proactive approach helps to keep our patients on track and inherently frees up time for clinical care provisions and patient monitoring. It’s exciting to think of the impact we can make on people’s lives by acting proactively,” says Wood.

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**“A proactive approach helps to keep our patients on track and inherently frees up time for clinical care provisions and patient monitoring.”**

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On the specialty drug front, self-injectables are a good example of the benefits of proactive adherence support. “There is often a need for additional support when it comes to self-administered products—we see it every day at our pharmacies. Patients may not be comfortable or confident in their abilities to self-administer, and some may hesitate to say anything,” says Wood.



On another front, proactive care combined with PSPs and new technologies translate into “some pretty amazing real-world data that’s critical when you’ve got small patient volumes,” says Frank. “It’s exciting when you think about what we can do with the data—like predictive and prescriptive analytics to help understand when patients are at higher risk of adverse events, to allow you to take action in advance. It’s also a goldmine for researchers.”

For example, data from the PSP and a global database made it possible to study the safety of ocrelizumab, for multiple sclerosis, before and during pregnancy.<sup>[14]</sup> Traditional clinical studies would not be feasible for such a small patient group. (For more on real-world data from Canadian PSPs, get the April 2023 edition of [The 20Sense Report](#).)

## 6. Enhanced clinical monitoring

### EXECUTIVE SUMMARY EXCERPT

*Unlike most other drugs, specialty medications often have a much smaller “window” between the dose needed for therapeutic effect and the dose that can lead to adverse effects. Specialty pharmacies and infusion clinics provide or support a range of monitoring services.*

**Therapeutic drug monitoring (TDM)** is a laboratory-based service that measures drug concentrations in the patient’s blood and enables healthcare providers to adjust doses with a high degree of precision for the individual patient.

**Therapy adjustments** are very common due to the progression of the disease, other health issues and life events. Pharmacists become experts in the pathophysiology and progression of complex diseases and use evidence-based treatment decision-making algorithms to determine when adjustments are required.

The **prevention of adverse drug events (ADEs)** involves services that can require 2.5 hours per patient on average.<sup>[4,7]</sup> Some patients require these services several times a year. ADEs are responsible for almost three per cent of hospital admissions in Canada.<sup>[15]</sup>

Early this year, Frank received a thank-you message from a patient—whose treatment began more than

a decade ago. “She’s been cancer-free for 11 years. It was a beautiful email thanking our team for everything we’ve done over more than a decade of therapy.”

The treatment was one of the first immunology therapies in Canada, he recalls. “It was ground-breaking, for melanoma, and we designed a whole new service model. It required adverse event monitoring, clinic coordination and constant coordination with the oncologist and specialist.”

“The physicians and everyone else on the healthcare team are trusting you as a pharmacist to have the knowledge and the education to reach out to their patient to monitor for adverse events and, if necessary, suggest or adjust dosages so that the patient remains on therapy.”

Such enhanced clinical monitoring is standard operating procedure for a growing number of specialty medications.

“The physicians and everyone else on the healthcare team are trusting you as a pharmacist to have the knowledge and the education to reach out to their patient to monitor for adverse events and, if necessary, suggest or adjust dosages so that the patient remains on therapy,” says Frank, adding that remote monitoring, so patients do not need to leave their home, is increasingly possible.



These services reach their apex for drugs with a risk management plan required by Health Canada as a condition of approval.

**“Health Canada’s risk management program requires our industry to have an infrastructure for these drugs to be much more closely monitored. The pharmacy is at the heart of that.”**

“Twenty years ago, many of the products that are on the market today may not have been launched because of their high-risk profile. Health Canada’s risk management program requires our industry to have an infrastructure for these drugs to be much more closely monitored. The pharmacy is at the heart of that,” notes Frank.

While the risks are higher with most specialty medications, so are the rewards, summarizes Frank. “It is such a great experience working with these patients, especially when there have been no really effective therapies until now. When we see the results and hear back from the patients, that’s what provides so much meaning to the work that we do.”

## Conclusion

### EXECUTIVE SUMMARY EXCERPT

*Canadian pharmacists and pharmacy teams safeguard the distribution and preserve the integrity of \$13 billion worth of specialty drugs every year, a figure that grows at an approximate rate of 10 per cent annually.<sup>[1,3]</sup>*

*Without the enhanced services of pharmacies that dispense specialty medications, patients would be vulnerable to limited access to the medications as well as reduced access to professional advice. They would likely face increased out-of-pocket costs. Their risk of adverse drug events, interruptions in therapy and poorer health outcomes would be higher. Drug spoilage and wastage would increase.*

*Canadian pharmacies that provide specialty services fill gaps in the public healthcare system in the areas of reimbursement navigation, infusion, patient education, monitoring and adherence support and, more recently, the transition of patients from originator biologics to biosimilar biologics. The current public system simply does not have the capacity to provide these services.*

*Overall, pharmacies providing specialty services contribute an estimated 8.9 million hours of clinical services annually.<sup>[2,4,7]</sup> Such clinical support alleviates a substantial burden on the public health system, potentially offsetting up to \$790 million in incremental costs if these services were provided by physicians<sup>[2,4,7,16]</sup>*

*In total, pharmacies that provide specialty services directly invest and offset an estimated \$1 billion, at minimum, in economic value for the 1.9 million patients who are otherwise unsupported by the current public health system.*

# Taking Care of Business



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*Despite the value of these services, a formal funding mechanism does not exist. Pharmacies must rely mostly on revenue from markups that are tied to the price of the medication. As medication prices and markups are cut back as part of payors' cost-containment efforts, the sustainability of these services is in jeopardy.*

*At the same time, the pipeline for specialty medications continuously evolves, with increasingly complex medications for small numbers of patients on the one hand and more readily available, self-administered medications for relatively large patient populations on the other hand. Additional models of remuneration, based on the complexity of the service, are essential for pharmacies to resource appropriately so that patients, and the healthcare system, can benefit fully from these life-changing, and at times revolutionary, medications.*

Pharmacies that provide services to patients taking specialty medications represent a continuum of community-based settings, from bustling neighbourhood pharmacies to office-based specialty pharmacies where pharmacy teams mainly connect virtually (by phone) with patients. That continuum will continue to evolve and mature in response to medical advances and the complexities of patient care—and to protect sustainability.

“There may always be a need for specialty pharmacies since it may not be feasible for traditional

community pharmacies to establish infusion networks or invest in the highly specialized infrastructure required for the most complex therapies,” explains Wood.

“The collective goal is to be most cost-effective in how we supply and steward these medications.”

For lower-touch, lower-complexity specialty molecules, she anticipates a growing shift to the neighbourhood community pharmacy. In fact, she notes it's essential to help safeguard the sustainability of the specialty sector. “The collective goal is to be most cost-effective in how we supply and steward these medications,” she says, adding that expanded scopes of practice, improved operational efficiencies and new technologies in recent years have bolstered traditional community pharmacies' state of readiness.

Wood, Frank and Dattani emphasize that the service model must revolve around



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the patient. “The key here is patient choice. Some patients really want to stay with their regular community pharmacy, others prefer a pharmacy that’s dedicated to specialty medications. As a sector we want to seamlessly offer up what fits best for the patient based on their needs, the complexity of their disease and the requirements of the medication,” says Dattani.

All three also agree that a funding model that hinges on markups hampers efforts to build an environment that is inclusive for patients while allowing for healthy competition between pharmacies. Markups also devalue the care provided by all pharmacies because they do not effectively recognize the complexity of services tied to these medications.

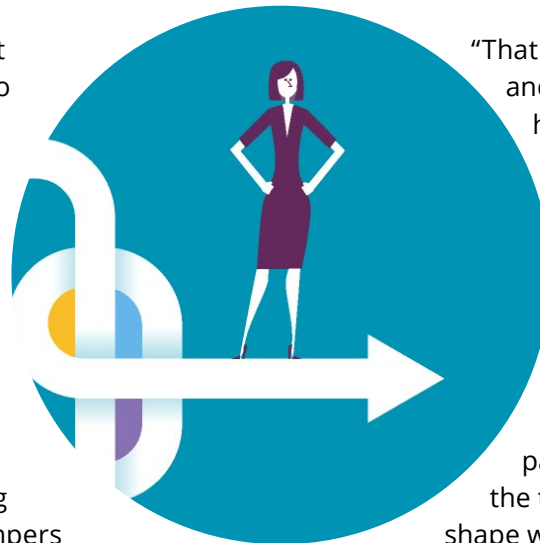
“There needs to be a healthy balance between markups and service remuneration,” states Wood.

Markups have long served to recoup the costs of services that are not directly remunerated, both for specialty and non-specialty drugs, remarks Dattani.

“But markups are eroding due to price compression and direct cuts. The

balance needs to be reset through additional funding models tied to services. We’re ready to come to the table to help payors do that, with solutions that are reasonable for both sides.”

Frank recalls what happened several years ago when some provinces reduced the markup for hepatitis C drugs. Before the cutback, pharmacies and clinics proactively went into the community to conduct liver scans and get patients on therapy.



“That stopped after the cutback and individuals who were homeless or less privileged went without treatment because there wasn’t a funding model to aid in the diagnostics,” he says.

Conceptually, funding models that are tiered based on the complexity of care make sense to better enable the wraparound care required for more vulnerable patients, suggests Dattani. “We have the tools and the evidence to start to shape what this should look like.”

In the bigger picture, Neighbourhood Pharmacies is asking for a seat at government tables to help guide decisions on service models as well as funding models for the many exciting yet complicated new therapies available for patients. Raising awareness, through initiatives such as *The Value of Specialty Pharmacy Services to the Healthcare System* report, is a priority.

“We know we need to provide visibility into the great work pharmacies do for Canadians taking specialty drugs.”

“We know we need to provide visibility into the great work pharmacies do for Canadians taking specialty drugs,” says Dattani. “And we don’t want payors to just hear it from us—we want them to listen to the patients and

specialists involved in their care. We can’t emphasize enough our desire, and our ability, to be part of the solution for all stakeholders.” 🌈



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

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# The many faces of community pharmacy

**A high-level view of community pharmacy practice in Canada paints an interesting picture of where consumers shop and the impact of specialty pharmaceuticals.** Captured here are highlights from Neighbourhood Pharmacies' inaugural *Pharmacy Market Insights* report, powered by data from IQVIA Canada.

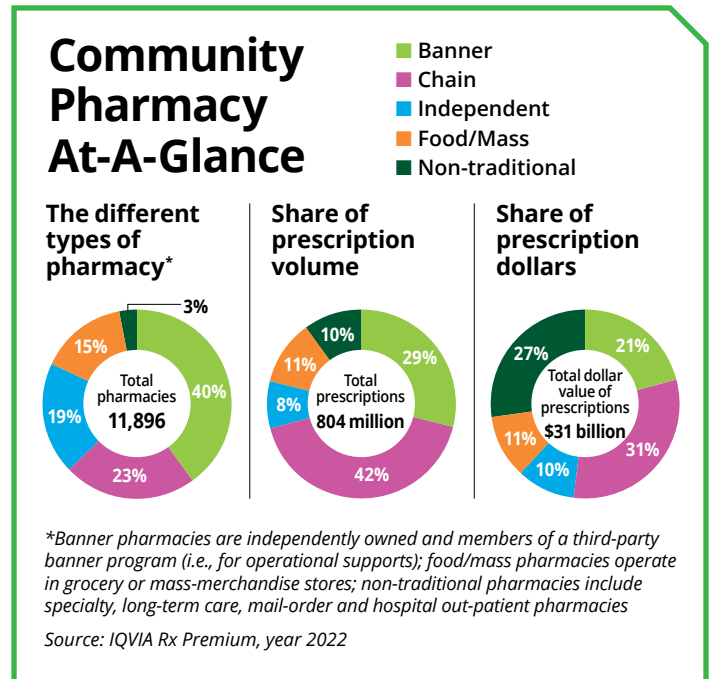
A bricks-and-mortar view reveals that banner pharmacies are the most numerous in Canada, accounting for 40 per cent of all pharmacies. Banner pharmacies are independently owned and belong to a third-party banner program or network that provides centralized operational supports, such as volume purchasing and marketing programs.

Chain pharmacies hold the second largest share (23 per cent) of the market, followed by independent pharmacies (19 per cent), pharmacies in grocery or mass-merchandise stores (food/mass, 15 per cent) and non-traditional pharmacies (three per cent). A non-traditional pharmacy typically does not have a frontshop or walk-in traffic (e.g., most specialty pharmacies, long-term care pharmacies, mail-order pharmacies and hospital out-patient pharmacies).

All told, the number of community pharmacies approached 12,000 in Canada by the end of 2022 (11,896), an increase of 1.3 per cent over 2021.

When we flip the lens to prescription volume, chain pharmacies—which tend to have the largest dispensaries and frontshops—take the lead with a 42 per cent share of the total volume of 804 million prescriptions.

Non-traditional pharmacies appear to be lifting above



their weight: while they represent just three per cent of all pharmacies, they dispense 10 per cent of all prescriptions. This likely reflects the relatively high prescription volumes dispensed by long-term care pharmacies.

As expected, chain pharmacies also lead in terms of prescription dollars, at 31 per cent of the total \$31-billion market in 2022. And this time, non-traditional pharmacies are clearly lifting well above their weight, ranking second behind chain pharmacies with a 27 per cent share. Specialty pharmacies, dedicated to the dispensing of higher-cost specialty pharmaceuticals, are driving this trend. 🌈

## Pharmacy Market Insights

Neighbourhood Pharmacies is pleased to produce *Pharmacy Market Insights*, a new sector-intelligence asset customized exclusively for Neighbourhood Pharmacies' members and partners. Powered by IQVIA Canada, this biannual report looks at prescription and pharmaceutical trends, broken down by region and class of pharmacy. Notable trends in classes of drugs, conditions and patients' age are highlighted and explored, as well as the ongoing impact of new biosimilar and generic drugs. For more information contact [info@neighbourhoodpharmacies.ca](mailto:info@neighbourhoodpharmacies.ca).

# Short-term pain for long-term gain

**Despite initial indications to the contrary, the new deal for healthcare funding in Canada was well played by the federal government.**

Heading into the highly anticipated negotiations in February, there was little doubt that the provinces and territories, collectively known as the Council of the Federation (COF), held the upper hand. A year earlier, a Leger survey commissioned by COF had found that 89 per cent of Canadians agreed that the federal government needed to increase healthcare funding.

In October 2022, COF launched an advertising campaign that called on the federal government to increase the Canada Health Transfer (CHT). Against the backdrop of the COVID-19 pandemic, COF's efforts appeared to hit their mark: the 2023 Confederation of Tomorrow Survey, commissioned by several think tanks and conducted by Environics in January and February of this year, found that 54 per cent of Canadians believed that changes are needed to the healthcare system and 28 per cent believed it was in crisis, a record high.

When asked to choose between federal funding and provincial management as the main cause of problems in the healthcare system, 40 per cent of Canadians primarily blamed lack of federal funding, up from 26 per cent in 2012. And while almost the same number (42 per cent) blamed ineffective provincial management, that's down significantly from 62 per cent in 2012.

By delaying a meaningful discussion with provincial and territorial counterparts—who were unified across all political stripes—the federal government fed into public perceptions that it was failing to take the healthcare crisis seriously.

Finally, in February of this year, Prime Minister Trudeau met with the premiers, who were ready to get the deal they had long been waiting for, with public opinion on their side.



## Changing the narrative

Knowing that the provinces and territories were in a bind and there was an immediate need for cash flow, the federal Liberal government held fast to its requirement for accountability, the lack of which it had long considered a barrier across healthcare systems.

The provinces and territories wanted free rein to spend additional federal dollars as they wish (as can be done with funding through the CHT), but the federal government insisted that before major new funding would flow—to the tune of an immediate, unconditional top-up of \$2 billion to the CHT, plus a guaranteed five per cent increase annually for the next five years—there had to be a commitment to demonstrate results. With all provinces working to fix similar but nuanced issues, Ottawa pushed for improvements in how health information is collected and shared, and the use of comparable indicators to measure outcomes. Such a move would not only allow Ottawa to monitor the efficacy of these new funds, but also to tout greater political successes.

As it did during its first mandate, the federal government offered additional funding outside of the CHT via bilateral agreements. In this case, it would

provide \$25 billion over 10 years with a focus on four shared priorities: expanded access to primary care services; a resilient, supported health workforce; improved access to services for mental health and substance use disorders; and a modernized healthcare system with electronic health information that can easily be accessed by Canadians and shared between health professionals.

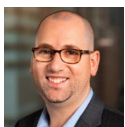
Provinces may also have unique health system pressures that they will want to see addressed in their own bilateral agreement; for example, Ontario’s call for additional funds for long-term care capital projects.

In a matter of days, all provinces and territories agreed to sit down at the table. As stated in COF’s formal response to the federal deal: “Considering the urgent needs in our healthcare systems, provinces and territories are accepting the federal funding and will all be moving forward with necessary negotiations to conclude our respective bilateral agreements.”

While the final numbers fell short of what provinces asked for—coming in at \$46.2 billion in new funding over 10 years—the federal government demonstrated that it is indeed playing a larger role in ensuring positive health outcomes for all Canadians. The provinces had headed into negotiations with a clear and public case to boost the CHT alone, but the Trudeau government endured the short-term pain of negative public opinion for long-term improvements in the healthcare system.

Ottawa emerged the clear winner, leaving the table with a deal that was deemed sufficient to all parties, will not run the federal coffers dry, and mobilizes considerable resources and pan-Canadian efforts necessary to improve patient care.

That said, the conversations on increased federal health spending are far from over. As stated in its response, COF remains “disappointed” and states that “further constructive discussions are required.” At the same time, provinces and territories are challenged like never before to spend wisely and make meaningful investments that will pay off over the long term. 🌱



Nate Clark



Jesse Shea

*Nate Clark and Jesse Shea are Senior Consultants with Enterprise Canada, a national strategic communications firm.*

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# Specialty practice: filling care gaps

**Fear, frustration, confusion, sadness—navigating patients' emotions can be as much a part of Krista Gilroy's role as navigating the healthcare system.**

"You can be working with patients who have a poor prognosis," says Gilroy, the Pharmacy Manager at Sentrex Pharmacy in Moncton, New Brunswick. "Many believe their family's financial welfare may be on the line for them to be able to take a medication that can really help them."

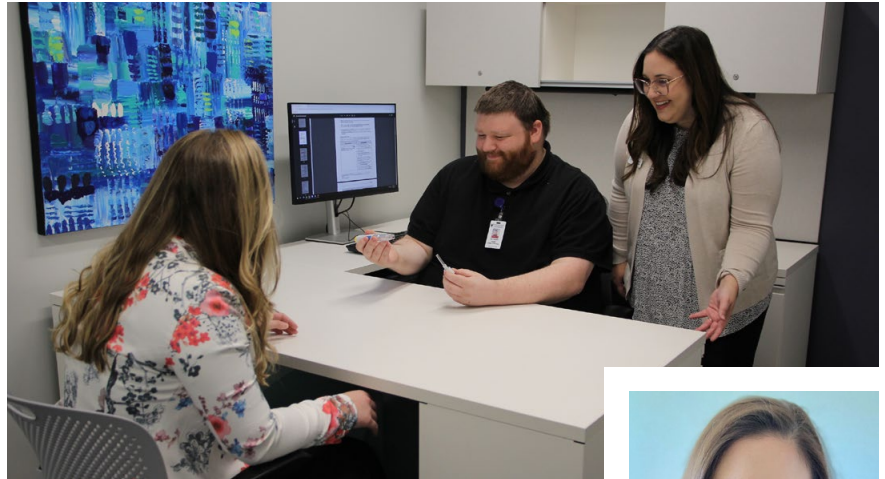
Every member of her team, including the delivery person, is trained to manage every detail, so patients and their families don't have to. "Our three pharmacy assistants are experts in special authorization and drug access navigation. Our registered technician takes care of regulated technical activities so that I and our other pharmacist can focus on medication management and the patient's well-being," says Gilroy, who graduated from Dalhousie University's College of Pharmacy in 2011 and has worked in specialty practice since 2015.

In the days and weeks that follow the initial consultations, as reimbursement is put in place and treatment is coordinated, joy is often the next emotion that patients share with Gilroy and her team.

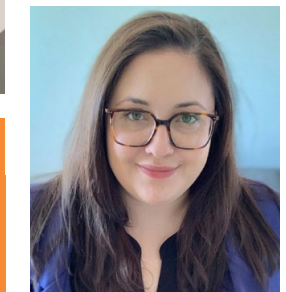
"Just the sense of relief that they feel is really rewarding. And then they're able to focus on their health," says Gilroy.

## Removing complexity

Sentrex Health Solutions got its start in 2017 in Markham, Ontario, by preparing prescriptions for medications administered by intravitreal injection at retina clinics. As demand steadily grew, Sentrex's role expanded to provide more support to the ophthalmologists in the areas of reimbursement navigation, inventory control and medication



Barbara Silva-Rodrigues (seated), Pharmacy Clerk, Gary Johnston, PharmD student, and Krista Gilroy, Pharmacy Manager (right and inset), get comfortable in the patient counselling room at Sentrex Pharmacy in Moncton, New Brunswick



management (the latter by pharmacists on staff).

Since then, Sentrex has evolved specific offerings that meet clinics' needs in the areas of hepatology, neurology, oncology and gastroenterology. Sentrex also began to work with pharmaceutical manufacturers to provide customized patient support programs.

Today Sentrex operates specialty pharmacies that supply and monitor complex drugs, mainly in the stated therapeutic areas, in seven provinces. In the three remaining provinces (Saskatchewan, Manitoba and P.E.I.), it has established partnerships with community pharmacies to serve patients as needed.

In all provinces, an important role is ensuring a continuum of care. This work includes gathering a complete medication history and communicating with other healthcare professionals involved in the patient's care. "In addition to medication management, a big part of our duties is to act as a bridge between patients and their specialty health clinic, their community pharmacy and their family doctors," says Gilroy.



Amanda Hatto-McCall,  
Pharmacy Assistant,  
Gilroy and Cassidy  
Swetland, Pharmacy  
Assistant, in the foyer

## Raising awareness

The relatively low number of patients on specialty medications means that exposure to these drugs at the community pharmacy level can be limited. Inventory management for high-cost specialty drugs may also present a challenge.

“A key role for us is to build awareness that we’re here to bridge gaps in care. We are prepared to access and stock the medication and support patients with informed medication management. We’re here to collaborate,” says Barbara Willson-Rymer, Director, National

Pharmacy Operations, Sentrex Pharmacy Group, a pharmacist who was working as a director for a sterile compounding pharmacy before joining Sentrex in 2018.

Even among specialty physicians, misconceptions persist, says Gilroy. “I just got back from the CAPhO [Canadian Association of Pharmacy in Oncology] conference in Toronto and some specialists are concerned about polypharmacy. They worry about having to send prescriptions to two places, whether they talk to each other, whether there’ll be more work for them down the line.”

While any concerns are usually put to rest once physicians work with her team, Gilroy echoes Willson-Rymer about the need to proactively raise awareness throughout the circle of care, including

within community pharmacy, for the benefit of patients.

“Everybody is under a lot of pressure with the public healthcare system right now and trying to find ways to save time and be more efficient. We can play a huge role. One of our goals is to evolve everyone’s understanding of our value and what we can provide to the patient’s circle of care,” summarizes Gilroy.

Adds Willson-Rymer: “Our work helps ensure that the full value of specialty medications is realized by both patients and the health system, where resources are limited.”

## Closing gaps

Numerous touchpoints may require the unique capabilities of specialty practice. Consider hepatitis C patients, says Willson-Rymer. The three-month treatment costs about \$60,000 and adherence can be a challenge. “This patient population tends to be very transient and even filling the prescription can be a huge issue. You may have only one chance to get them on therapy. Physicians at hep C clinics know how important it is to send them to a pharmacy that always has the medication in stock, and can engage the patient right away,” she says.

Once treatment is underway, the pharmacist has the training and the confidence to adjust the dosage as required, for example

to prevent interactions with proton pump inhibitors or cholesterol medications in the case of one hepatitis C drug. “That really saves time because we don’t have the back-and-forth between prescribers,” says Willson-Rymer, adding that new technologies have streamlined communications and data-sharing, and eliminated paper forms.

What does the future hold? An ongoing focus to fill gaps in care will drive expansion, answers Willson-Rymer. “We started off really catering to the needs of specific sets of patients and clinicians and we will continue to do that. In specialty practice you really need to be forward-thinking. Many exciting, complex therapies are on the horizon, and we’ll continue to evolve and customize and be ready to do our part.”



“A key role for us is to build awareness that we’re here to bridge gaps in care.”

—Barbara Willson-Rymer, Director, National Pharmacy Operations, Sentrex Pharmacy Group

# Raising awareness to advance the profession

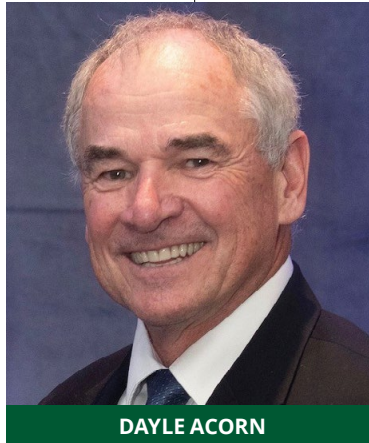
## Len Marks Pharmacy Advancement Award: Dayle Acorn

**At the awards ceremony in Vancouver, Dayle Acorn reflected on his time at the Canadian Foundation for Pharmacy (CFP).** When he accepted the position of Executive Director in 2007, it was soon after the Ontario government had announced Bill 102—the Transparent Drug System for Patients Act—which aimed to cut \$750 million from pharmacy budgets.

“At a time when I was aiming to grow the Foundation, many were panicked trying to figure out this new paradigm,” says Acorn. “Despite CFP’s long history as Canada’s only charitable foundation for pharmacy, few even knew about it, let alone wanted to support it.”

Bringing more than 25 years’ experience from the pharmaceutical industry, Acorn spent the next 15 years championing CFP’s profile as a leading advocate of pharmacy research and innovation in Canada. As the longest-serving executive director in the Foundation’s 75-year history, Acorn worked with more than 50 board members to raise over \$2 million to invest in grants to support practice research, with a focus on pharmacy services.

CFP expanded its recognition of innovation and pharmacy leaders through the Innovation Fund and various prestigious awards, including the Wellspring Pharmacy Leadership and Pillar of Pharmacy awards.



DAYLE ACORN

The Foundation launched the now bi-annual *Changing Face of Pharmacy* report, which includes the Provincial Pharmacy Services chart that many in the profession have come to rely on.

One of Acorn’s key accomplishments, the *Pharmacy Management* textbook, is the only resource of its kind in Canada that integrates the business and practice of pharmacy. He collaborated with seven editors, 52 authors and 104 reviewers to develop the textbook, which has become a “unique and essential resource in Canada,” he says, and has prompted the creation of an accompanying, accredited online educational program.

Acorn has previously been recognized for his work with CFP, first in 2015 by the Canadian Pharmacists Association with an Honorary Life Membership, then in 2019 with a Leader in Pharmacy award from *Pharmacy Practice + Business*, and most recently with CFP’s Lifetime Achievement award in 2022.

“At the end of the day, I think we’ve proven that CFP has a clear role to play in supporting innovation in pharmacy,” says Acorn. “It has been a tremendous honour to be the most recent steward of the Foundation and I leave knowing it is in a great position to tackle future challenges.”



### ABOUT THE AWARD

**The Len Marks Pharmacy Advancement Award** was established in memory of pharmacist Len Marks, who was an advocate for community pharmacy. This award recognizes someone whose passion for the advancement of pharmacy helps lead change in the areas of education, pharmacy practice, advocacy and collaboration.

# Collaboration is key for patient care

## Distinguished Associate of the Year Award: Jeff Watson

**As someone who has spent most of his career in the generic pharmaceutical industry, Jeff Watson recognized early on the benefits of collaborating with pharmacy to bring healthcare solutions to Canadians.**

He recalls calling on pharmacists in the 1990s, in the early era of drug substitutions and bioequivalents, and the importance of their role.

"The generics now thriving here in Canada and globally have really benefitted from those partnerships and I've never lost sight of that as I've watched my own company grow," says Watson, who served as President and CEO of Apotex, one of the largest generic manufacturers in Canada, from 2018 to 2023.

At Neighbourhood Pharmacies, Watson has represented Apotex for more than 20 years. Apotex is a longstanding premium partner and regularly participates on advisory boards and event planning committees. Of his work with the Association, Watson says, "I have enjoyed supporting our retail pharmacy partners and the great people I have had the opportunity to work with."

He stresses that the common ground between all healthcare silos is patient care. "That's something we're all trying to achieve as we find our way out of our own verticals," Watson says. To that end, he is eager to listen to and understand pharmacist's point

of view as frontline healthcare providers, while also participating in industry associations that are moving the healthcare needle forward through advocacy and policy change.

With almost a decade of corporate governance experience, Watson has served on numerous boards throughout his career. These include the Association for Accessible Medicines, the Canadian Generic Pharmaceutical Association, and the U.S. Healthcare Distribution Alliance's Research Foundation. In 2021, he became a member of the first-ever CEO Advisory Committee for the International Generic and Biosimilar Medicines Association. He is currently on the Board of Directors for TruLeaf Sustainable Agriculture and CareRx. In addition, he represents SK Capital Partners on two of their portfolio company boards.

Lauded for his leadership acumen, Watson has led many teams over

his 30 years in healthcare, primarily in corporate roles at Apotex, where he was instrumental in significant transformational business growth, including international market expansion and global partnerships. With the recent acquisition of Apotex by SK Capital Partners, Watson has joined the SKCP/ Apotex Board of Directors, which will undoubtedly benefit from his stewardship and counsel.



JEFF WATSON

### ABOUT THE AWARD

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





# Technology's role in opioid stewardship

## Behind every prescription for a controlled substance is a story.

It could be an acute injury or surgery, a bad fall, a vehicle collision or a knee replacement. In other cases, it's a chronic condition requiring the ongoing management of pain.

For many Canadians, controlled medications such as opioids are necessary therapy. But they're not without risk. Substance use disorder and overdose cause harm not only to individuals and families, but if unused medication enters the illicit market, to communities as well.

What's more, Canada's opioid crisis is accelerating. Apparent opioid toxicity deaths increased by 91 per cent when the two-year periods of April 2020 to March 2022 and April 2018 to March 2020 are compared, as reported by the Public Health Agency of Canada. Opioid-related hospitalizations increased by 24 per cent during the same timeframe.

How do we ensure that patients can access these vital medications, while also reducing the potential harms associated with their use?

Communication, communication, communication. Pharmacists, prescribers and patients all have a role to play in opioid stewardship. Informed, effective collaboration is key to maximizing the benefits and mitigating the risks of controlled substances.

## Connection through innovation

All patients deserve timely care. For individuals managing pain or chronic conditions, a failed fax or missed phone call can have serious consequences. Paper prescriptions can take longer to validate, especially for new patients. When prescribing controlled substances, time can be short, and the stakes can be high. Pharmacists and prescribers need efficient ways to connect with each other.

Electronic prescribing (e-prescribing) offers a solution. Canada's e-prescribing service, PrescribeIT<sup>®</sup>, transmits prescription data directly from a prescriber's electronic medical record (EMR) to a pharmacy management system, increasing efficiencies and removing doubt as



to a prescription's origin. Prescribers and pharmacists can also message each other directly, providing another channel for collaboration.

"The biggest benefit I found is the direct communication between the pharmacist and the prescriber," says Tarek Hussein, owner and manager of Weller Pharmacy in Kingston, Ontario. "If I get the prescription and I have a question, I can send information directly to the prescriber, or I can initiate a whole conversation."

## Personalized care

Opioid stewardship requires many interactions with patients. Dosages and intervals of controlled substances may need to be reviewed and adjusted, making timely communication invaluable. For example, a patient may need more medication than anticipated to manage their pain. If they increase the amount taken, as directed by their care provider, their next renewal may need to be released early.

So, what happens when a patient returns to the pharmacy sooner than expected? Communication between the pharmacist and prescriber is essential but delays due to phone tag or faxes are not acceptable.

Digital tools like PrescribeIT<sup>®</sup> can bridge the communications gap. Any changes in treatment are communicated across the circle of care. By messaging the prescriber directly, pharmacists can quickly address safety concerns, confirm new information and avoid disruptions to care.

### Safeguards against fraud and loss

Digital technologies also have a role to play to reduce fraudulent prescriptions.

The fax, phone and paper create vulnerabilities. Highly sophisticated forged prescriptions can be faxed to pharmacies. Paper prescriptions can be lost or stolen. E-prescribing removes the opportunity for fraudulent actors to insert themselves into the prescribing process.

But it's not just prescriptions that can be diverted. Unused or surplus controlled substances are in medicine cabinets across the country, heightening the risk of theft, diversion to the illicit market and overdoses.

Improved clinical communications safeguard against these scenarios. For example, electronic renewals through PrescribEIT® enable pharmacists and prescribers to switch more confidently to a shorter dispensing cycle. In turn, patients can be assured they won't be stranded without medication between prescriptions, potentially reducing the number who ration or stockpile their supply.

### A shared responsibility

It's essential to involve patients in their care. Hussein recalls a patient using prescribed opioids for a chronic condition. When the initial dosage proved insufficient, they were able to safely increase it after consulting with Hussein, who communicated with the physician through PrescribEIT®. The patient dramatically improved, effective therapy continued, and everyone remained informed. "The patient did not go off on their own," Hussein explains.

In the end, the effective use of controlled substances is a shared responsibility. Prescribers, pharmacists and patients all contribute to ensuring the use of the right medication at the right time. To do that, they all need to be on the same page—or perhaps more accurately, the same e-page. 🌈



*As PrescribEIT's Senior Director, Medication Services, Tanya Achilles leads the PrescribEIT® Opioid Working Group and the PrescribEIT® Clinician Feedback process.*

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# Planning for a sustainable future



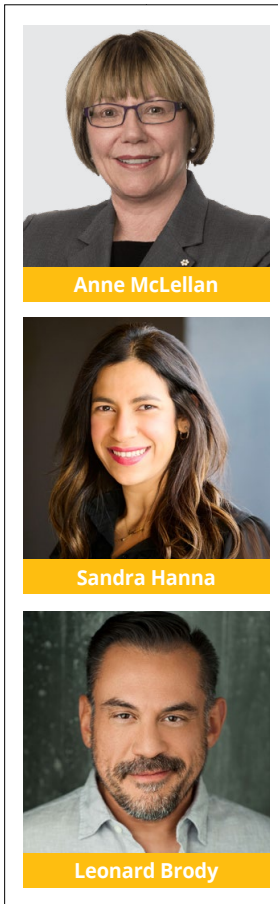
**Pharmacy is an essential part of the plan to secure Canada as an inclusive, sustainable society that will drive economic growth, said keynote speaker The Hon. Anne McLellan at Neighbourhood Pharmacies' 2023 Pharmacy EXPO in May in Vancouver.**

The "plan" is one McLellan is helping orchestrate as Co-Chair of the Coalition for a Better Future, a diverse group of Canadian leaders and organizations (including Neighbourhood Pharmacies) working together to support long-term economic growth in Canada. The Coalition has created 21 metrics that are measured annually until 2030, grouped under the categories of "Living Better," "Winning Globally" and "Growing Sustainably."

"We believe if we meet those targets, we will be the most inclusive, sustainable country in the world, with the highest economic growth of any nation," said McLellan, a former Deputy Prime Minister of Canada and currently Strategic Planning Advisor at Bennett Jones LLP in Edmonton.

Pharmacy has a critical role to help Canadians live better through improved access to high-quality healthcare and information. "We know that, coming out of COVID-19, our healthcare system...failed the elderly, failed inner-city families and failed children in too many cases," she said. "One of the things we would like to do as a Coalition is help people get behind these metrics and say health is a precondition of getting to our targets in 2030."

Inclusive, sustainable economic growth requires a "cross-partisan" approach, said McLellan, whereas today's "constant bickering between orders of government" gets in the way of achieving outcomes and puts Canada behind the rest of the world in



Anne McLellan



Sandra Hanna



Leonard Brody

key areas. She pointed to the United Kingdom as a prime example of a unitary state that was able to act more quickly to make decisions during the pandemic. The Coalition's goal is to ensure all levels of government are enacting policies that help Canadians live better while also prioritizing sustainable growth.

Looking more specifically to primary care, she pointed to community health teams in Edmonton, where practitioners (including social workers, mental health and addiction counsellors) come together and use their scopes of practice to more effectively allocate healthcare resources. "They work together, they share together and they act as true teams," she noted.

Collaboration is also essential in making headway with policy changes. While all healthcare providers have their vested interest, ultimately no one wins until everyone is on the same side.

McLellan urged conference attendees in leadership positions to become bigger advocates around public policy and regulatory reform, and to speak with one voice considering all sides of the equation. "Don't come to government with complaints. Bring solutions," she said. "Understand your data to make a compelling case."

## Maintaining momentum

There's no question that pharmacy is in "acceleration mode" and it's time for the entire sector to seize opportunities to maintain the momentum achieved over the last few years, noted Neighbourhood Pharmacies' CEO Sandra Hanna.

To that end, she reiterated the Association's commitment to help shape and inform policy decisions that will not only allow pharmacy to participate in opportunities

to drive growth, but also mitigate risks that challenge the sustainability of pharmacy business models.

For the remainder of 2023, Neighbourhood Pharmacies will focus its advocacy on three areas:

- A **new remuneration model** for universal pharmacy services that protects dispensing fees and markups from further erosion and pursues revenue streams outside of traditional pharmacy funding envelopes.
- Promotion of its **Complete the Plan model** for a **national pharmacare** that fills gaps in existing coverage and could serve as a potential new model for the remuneration of pharmacy services.
- **Resilient work environments** that address current HR challenges by educating and working with governments to ensure enablers are in place to help pharmacies operationalize new services (e.g., reduced administrative burdens and adoption of new technologies).

Progress on any of these measures requires strategic collaboration and partnership. “I truly believe we are stronger together, and never has there been a time

where we have been more aligned as a sector,” said Hanna. “Our challenge now is to find the most effective and efficient way to coordinate our collective efforts for collective success.”

### Equipping for disruption

In sharing his insights on societal and economic patterns, Canadian media visionary and best-selling author Leonard Brody spoke to the world’s latest “reset,” triggered by the pandemic. He predicted three to 12 years of economic growth, including technology-driven shifts in how we communicate and how we consume products. He urged the pharmacy sector to take advantage of this latest disruption by revamping and upselling its retail offerings to stay competitive.

With the likes of technology giants such as Amazon homing in on healthcare (as evidenced in part by the company’s purchase of One Medical last year), he said pharmacies need to differentiate themselves by becoming wellness centres that provide high-touch, high-value, concierge-type services, supported by technology on the back end. 🌈

UPDATED IN JULY!

# 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 and partners of Neighbourhood Pharmacies.



TO LEARN MORE CONTACT

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Neighbourhood  
Pharmacy  
Association of Canada

Association canadienne  
des pharmacies  
de quartier

# Supporting Canada's emerging health hubs

**As a profession, we have been walking a fine line for a very long time now.** Unlike nurses, doctors and other healthcare providers whose services are primarily publicly funded, community pharmacists must constantly balance the provision of healthcare with the need for revenue from the private sector.

It's one of the reasons pharmacy advocacy has been so challenging—and essential. Even today, regulators don't fully understand that while pharmacies play a vital part in community healthcare, they need to operate efficiently to provide these essential services. When I get an opportunity to speak to members of government, they often think that giving pharmacists opportunities for expanded scope is sufficient to draw the public in and stay profitable. From a scope perspective, we all know pharmacists can do a lot, but without equitable government funding the reality is these services aren't sustainable.

Immunization is a prime example of how more needs to happen to secure pharmacy's position as a community health hub. Drawing on our experiences throughout COVID-19, it makes sense to look at vaccinations from a pan-Canadian perspective and recognize that community pharmacists are well positioned to work with public health departments to become immunization hubs. With adequate funding for vaccination services, pharmacies can

do so much to help fill immunization gaps, particularly among adults and new immigrants.

Neighbourhood Pharmacies is also raising awareness about specialty pharmacy practice. Our recent report, *The Value of Specialty Pharmacy Services to the Healthcare System*, is a huge step forward in deepening stakeholders' understanding of the unique, enhanced services required to support patients taking these complex treatment options and how pharmacies have stepped up to fill a gap in the healthcare ecosystem. As well, internally between the Association's members and across all pharmacy formats, we are better realizing the resources and collaboration needed to make specialty medications even more accessible to our patients.

Despite the challenges, I feel hopeful about the future. As a board member of Neighbourhood Pharmacies for several years now—and a pharmacist at both the community and corporate levels for more than 20 years—I've had a firsthand view of what ongoing advocacy can do, even when the odds are against us. During the pandemic, the Association played a key part in positioning community pharmacy as a true extension of the healthcare system. We will continue to make the case that an investment in pharmacy services is an investment in the sustainability of universal healthcare in Canada. 🌈



**Smita Patil, RPh,  
BSc.Pharm**

BOARD MEMBER  
*Neighbourhood Pharmacy  
Association of Canada*

VICE-PRESIDENT, RETAIL  
MEMBER RELATIONS &  
PROFESSIONAL AFFAIRS  
*McKesson Canada*

“ We will continue to make the case that an investment in pharmacy services is an investment in the sustainability of universal healthcare in Canada. ”



**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**

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- |                                    |   |  |                            |   |
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| Amgen Canada Inc.*                 | AstraZeneca Canada Inc.*                            | GSK (GlaxoSmithKline)*                   | Kohl & Frisch Ltd.         | <b>NEW</b> Pharmacy Access Solutions Inc. |
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