

Neighbourhood Pharmacy Gazette

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 **INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.**

A publication of the Neighbourhood Pharmacy Association of Canada

Climbing mountains

The peaks and valleys of community pharmacy's emerging role as health hubs





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Neighbourhood Pharmacy
Gazette
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We want to hear from you!

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Stars are aligning as we head into 2024

I have never been prouder to be a pharmacist.

We have accomplished so much in the past few years, from administering millions and millions of shots in arms to gaining recognition—and remuneration—from governments.

Yes, obstacles remain. But for now, as we wrap up 2023, let us look back and give a decisive nod to our achievements.

Our cover story ([page 5](#)) celebrates pharmacy from coast to coast. All provinces can tell at least one good news story in the past year, backed up by claims data that, in some cases, have grown by leaps and bounds. We are making strides in assessing and prescribing for minor ailments, in prescription renewals and adaptations and in funded vaccinations beyond influenza and COVID-19. We are making inroads in chronic disease management, most recently with pharmacist-led primary care clinics in Nova Scotia, New Brunswick and Alberta.

All this to say, when the stage is set through expanded scopes of practice, remuneration and other enablers, pharmacy teams—and the public—are ready for community pharmacies to serve as health hubs.

The cover story speaks to how the stars are aligning for pharmacists to finally put their full training and knowledge into practice. Let's build upon that metaphor by taking ownership of our North Star: the full integration of the pharmacist into

the circle of care as the custodian of medication therapy. In so doing, physicians can finally put their full training and knowledge as diagnosticians into practice. They can see more patients and boost capacity in the areas of greatest need in the healthcare system.

I'd also like to highlight the growing convergence between provinces. The many differences between provinces in the early years of expanding scope made it very difficult to explain what a pharmacist can do. We are finally seeing enough convergence to tell a story that captures the attention not only of governments but also of the public. And this narrative should not be limited to what pharmacists can do for Canadians and the healthcare system. Equally important, Canadians need to know what they should be able to expect from their pharmacy.

Of course, we can't ignore the challenges—staff shortages and burnout being chief among them. As the trade association for the business of pharmacy, Neighbourhood Pharmacies will continue to work hard for progress at the system level, including in the areas of remuneration, administration, electronic health records and the adoption of technologies held back by outdated regulations.

The road is not necessarily easy, but all of us—pharmacies and pharmacy stakeholders and governments—can confidently say we are heading in the right direction. 🌈



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Climbing mountains

The peaks and valleys of community pharmacy's emerging role as health hubs

Illustration ©Jojo Ensslin, agoodson.com

Grateful, energized, healthier and happier. These are some of the words to describe reactions to the rollout of government-funded pharmacists' services that take the profession to new heights in patient care.

And we're not even talking about patients' feelings yet.

"Job satisfaction has been through the roof," says Natasha Mohammed, Senior Director, Professional Affairs Atlantic Canada at McKesson Canada, when asked to describe how participating pharmacists are adjusting to working in one of the 26 Community Pharmacy Primary Care Clinics being piloted in Nova Scotia.

The improvement in morale comes despite the fact that, like other sectors after the pandemic, participating pharmacies continue to face labour shortages and increasing costs for wages and overhead. "Pharmacy teams are being creative with rotating their dispensary staff into the clinics to

cover the full clinic hours while maintaining regular day-to-day dispensary operations. The pharmacists say they find it very rewarding to be able to rotate into the clinic and utilize their full scope," notes Mohammed.

“ The pharmacists say they find it very rewarding to be able to rotate into the clinic and utilize their full scope. ”

"They're happier because they're doing what they've been trained to do," agrees Shelita Dattani, Senior Vice President, Pharmacy Affairs and Strategic Engagement at Neighbourhood Pharmacies.

Governments appear to be happy as well. Nova Scotia Health, the province's health authority, described the pharmacy clinics as "a breakthrough solution to primary care" in a November [article](#) on its web site. On the west coast, the November edition of B.C.'s PharmaCare newsletter includes the statement: "The Ministry extends its appreciation to pharmacists for the ongoing success of MACS [the province's program for minor ailments and

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.



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contraceptive services] and pharmacists prescribing.”

Perhaps more to the point, every single province has expanded pharmacists’ scope of practice and/or increased funding for pharmacists’ services in the past year, as detailed in this article.

The numbers also tell a compelling story. Growth rates for the provision of some pharmacists’ services are double- or even triple-digit in some provinces,

according to claims data from the Canadian Foundation for Pharmacy’s annual [Services Chart](#).

With all that in mind, it’s fair to say that despite the inevitable setbacks of any uphill climb, pharmacy appears to be getting stronger with every step gained. “It’s hard not to get caught up in the challenges but when we take a bird’s eye view, we can see that

Celebrating pharmacy in western Canada

In the four months since launch on June 1, 2023, pharmacists in B.C. conducted more than 135,000 assessments for over 116,000 patients as part of the government’s new [Minor Ailments and Contraceptive Service \(MACS\)](#) program. More than 1,300 pharmacies, or about 87 per cent of all pharmacies, have submitted at least one claim. Residents can book appointments online using a provincial system.

Pharmacies can bill \$20 for 21 minor ailments at this point, as well as for contraception. After four months, the most frequent assessments were for uncomplicated UTIs and contraception. Seventy-eight per cent resulted in a prescription and 11 per cent in referrals.

In November, B.C.’s Emergency Health Services clinical hub for 9-1-1 callers expanded to include referrals to the pharmacy of the caller’s choice for a MACS assessment. “The new pathway ensures that low-acuity patients receive timely care and maximizes the expertise of community pharmacists,” states the November PharmaCare newsletter.

Starting mid-October 2022, pharmacists could renew for a wider range of drugs and conditions. In less than six months, pharmacists renewed over 460,000 prescriptions—67 per cent more than for the entire previous fiscal year. B.C. also increased the number of drugs pharmacists could administer by injection or intranasally and became the fourth province to pay pharmacists to do so—and in less than six months, pharmacists did so just shy of 100,000 times.

B.C. also distinguished itself by becoming the first province to pay pharmacists a fee (\$11.41) to administer recommended vaccines that are not publicly funded (e.g., for shingles).

In Alberta, pharmacists with one of the broadest scopes of practice for the longest period (since 2007) con-

tinue to exemplify the popular saying, “If you build it, they will come.” Claims data for 2022 are especially strong after some slowing of growth rates during the pandemic.

Sixty-two per cent of pharmacists have additional prescribing authority. They conducted just shy of 500,000 assessments for prescribing (including for minor ailments) in 2022, according to CFP’s Services Chart, a resounding 54 per cent more than the previous year and a new record high.

Alberta pharmacists completed more than 380,000 Comprehensive Annual Care Plans (CACPs) in 2022, up 29 per cent from 2021, and CACP follow-ups skyrocketed by 40 per cent to exceed 1.7 million. That’s an average of 4.7 follow-ups per CACP, up from 4.3 in 2021.

Prescription renewals were up 12 per cent (1.3 million) and adaptations (including therapeutic substitutions) were up 26 per cent (180,600).

Finally, over the course of almost three years Alberta pharmacies submitted close to 3.1 million claims under the Assessment to Screen and/or Test for Infectious Disease program, put in place soon after the start of the pandemic. While the program was discontinued on October 1, 2023, the results testify to the volume of assessments for COVID-19 diverted from physicians’ offices and emergency departments.

Things were relatively quiet in Saskatchewan and Manitoba. That said, Saskatchewan gave pharmacists the authority to administer and bill for injections of Evusheld, a monoclonal antibody to prevent severe illness from COVID-19. And in Manitoba it’s worth noting that the \$7 fee for pharmacists to administer flu shots, historically the lowest in Canada, increased to \$13 in August 2023. As well, in early 2022, Manitoba pharmacists could bill \$20 per assessment for UTIs, the first of 13 ailments within the minor ailments program to be publicly funded.

pharmacy is really leaning into practicing to their full scope and training. In some cases, we are global leaders," says Dattani.

How the stars aligned

While efforts and successes for expanded scope were underway before the COVID-19 pandemic, the public health crisis undeniably persuaded governments and regulatory bodies to be more open to solutions put forward by pharmacy advocacy organizations.

"Fortunately for us, seasoned pharmacy leaders were already in place provincially and nationally. A lot of trust was built during those years," says Dattani.

Community pharmacy was able to deliver "the how" of urgently needed public health measures during the pandemic. And now that the worst of the pandemic



has passed, "pharmacy continues to come forward with solutions to help as governments work to fulfill promises to fix broken systems for primary care," notes Dattani.

"Lots of exciting advancements are happening in pharmacy as part of plans to improve access to affordable healthcare in the face of shortages of nurse practitioners and physicians," says Mohammed. "Provincial governments

in Atlantic Canada have worked with the pharmacy regulatory bodies and associations to allow additional prescribing authority for pharmacists to alleviate the demand for non-urgent services from doctors and ERs. They can focus more now on complex conditions."

Once the wheels are in motion, momentum can't

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help but build. For example, health authorities in the Atlantic provinces are taking a fresh look at pharmacists' role within interdisciplinary family care teams. "If someone walks in with an uncomplicated UTI the team coordinator can now refer them to a community pharmacist. It improves the efficiency of care because the patient no longer has to be assessed by the nurse, see the doctor for a prescription and then finally go to the pharmacy," explains Mohammed.

More governments are also recognizing the value of pharmacists by remunerating pharmacies for services that are already funded for other healthcare providers.

"We've been working closely with government on the remuneration piece," says Angeline Ng, Vice President, Professional Affairs at Ontario Pharmacists Association (OPA). While it took months in 2022 to determine a mutually acceptable fee-for-service for the minor ailments program, the government did not dispute the need for funding in the first place. "Despite the different perspectives there is a desire to be collaborative, more so than in previous years."

Public funding is a hugely important enabler for pharmacy, emphasizes Dattani. "While fees for services

Celebrating pharmacy in central Canada

Ontario pharmacists conducted 466,800 assessments during the first nine months of the province's minor ailments program that launched on January 1. The participation rate has grown to more than nine out of 10 community pharmacies.

Pharmacies bill \$19 per in-person or \$15 per virtual assessment. The initial list of 13 ailments expanded to 19 in October, and an additional 17 ailments are under consideration.

"Some of those conditions recommended really highlight the value of access to timely care, such as shingles and contraception," says Ng. "This additional push will bring scope in line with other provinces, and public funding in place from the start will be critical to enable equitable access."

In other good news, Ontario pharmacists administered a record high 2.2 million flu shots during the 2022-2023 season, 30 per cent more than the previous year. "Sixty-five per cent of all Ontarians vaccinated went to their pharmacy," says Ng.

MedsCheck annual medication reviews increased by 31 per cent in 2022, and MedsCheck for Diabetes reviews climbed an impressive 48 per cent.

Since attaining the authority to assess and prescribe Paxlovid to treat COVID-19 in December 2022, community pharmacists in Ontario have gone on to prescribe almost half of Paxlovid prescriptions.

Québec is notable not only for steady expansions to scope in recent years, but also for annual increases to the fees for services. The current agreement between the government and the Association of Québec Phar-

macy Owners, effective from April 2022 to March 31, 2025, includes annual increases of five per cent to most of the fees for services, including the dispensing fee.

Québec pharmacies are generating some of the highest rates of growth for billable services. Assessments for 35 minor ailments soared 76 per cent to exceed 822,000 in 2022. That includes almost 25,000 assessments for Paxlovid—an achievement worth highlighting since Québec was the first jurisdiction in the world to give pharmacists this authority. Prescribing to reach therapeutic targets (for example, for diabetes or anticoagulation) climbed 34 per cent.

Prescription renewals may have increased modestly in 2022, by just two per cent, but the sheer volume reached—1.8 million claims—is more than five times what was recorded just four years ago. Meanwhile, prescription adaptations maintain a steep upward trajectory, with claims more than tripling in 2022 to reach 585,000. Therapeutic substitutions also grew at a steady clip, by 31 per cent.

Pharmacists in Québec attained the authority to administer any vaccine in March 2020. In 2022, claims for publicly funded vaccines other than influenza and COVID-19 vaccines catapulted to 370,000, almost six times the number recorded for 2021. Next year's numbers will also include the shingles vaccine, for which public funding began in March 2023.

Also in 2024, Québec's decades-old Pharmaceutical Opinions program will be phased out and replaced with a new program that centres around the initiation of treatment.

vary wildly across provinces and are arguably too low in some, they are enough for community pharmacy operators to finally invest in resources and begin the process of scaling services.”

Ng and Mohammed have certainly witnessed the frontline investments in technology and staffing. Equally important is the headspace to step outside the box. “More pharmacy teams are being innovative. They’re changing the workflow and rebranding themselves so the community knows to better leverage their services,” says Ng.

Public funding is also an important enabler for patients, adds Mohammed. “Patients in remote communities especially have been without any medical services for a long time. They’ve expressed how grateful they are to be able to access these pharmacy clinics close to home and with no out-of-pocket costs. Public funding is also critical to patient uptake as \$20 these days can be the difference between having groceries or getting the care they need.”

Before the clinics, patients who cannot afford to pay out-of-pocket would just live with their condition, which may lead to more serious complications down the road, or endure long waits in already overburdened urgent care clinics or emergency rooms. “Publicly funded pharmacists’ services really help remove financial barriers to accessing timely care,” summarizes Mohammed.

The claims data speak to the fact that Canadians are receptive to pharmacists taking on more direct care. “Many don’t even have doctors. They’re latching on to community pharmacies as health hubs because of the access and the care that they can get from their pharmacist,” summarizes Dattani.

The ultimate goal, she continues, is a healthcare system that fully integrates pharmacists as part

of a team with physicians, nurses and other healthcare providers as needed for the patient.

“The technology is there to make this happen, but it will take time. Meanwhile, pharmacy is ready

today to do what it can to reduce care gaps.

And patients, more than anything, are telling us they are grateful.”

“More pharmacy teams are being innovative. They’re changing the workflow and rebranding themselves so the community knows to better leverage their services.”

Growing pains

Of course, pharmacy’s ascent is not without setbacks. In fact, the more progress made, the more

issues need to be addressed. Many have to do with cumbersome or obsolete policies and procedures.

For example, a jurisdiction may stipulate a list of vaccines that pharmacists can administer, making it onerous to add vaccines, rather than give blanket authority to administer any vaccines approved by Health Canada. As well, systems to allocate vaccine supplies between pharmacies, physicians’ offices and Public Health units are stuttering to evolve, resulting in shortages and cancelled appointments at pharmacies.

Several provinces or territories still have not authorized pharmacists to order lab tests, considered critical for optimal medication management. Others have authorized ordering but pharmacists have been waiting years for enabling regulation or system operationalization. Or pharmacists can order the tests but can’t communicate the results to patients without physician consent.

The lack of electronic health records in many provinces and territories means that pharmacists’ assessments are still faxed to physicians, resulting in backlogs and inefficient—or misplaced—communications between providers.

Pharmacists in some jurisdictions still do not have authority to do therapeutic substitutions, an important measure to manage drug shortages, in large part due to delays or complexities in the regulatory space.



In Ontario, for example, three pieces of legislation need to be revised.

And in some cases, existing programs need to be replaced and funds reallocated. The pharmaceutical opinion programs in Ontario and Québec are prime examples. Indeed, Québec is in the process of replacing its program.

“When it first started, pharmacists didn’t have the ability to renew or adapt prescriptions, so they had to make a recommendation to the prescriber,” explains Ng. “Now they can adapt or renew independently but in Ontario there is no funding for these services, meaning pharmacists can’t get paid or patients need to pay out-of-pocket, leading to inequitable access to care.”



While the to-do list seems daunting, the fact that it exists at all is a good sign, asserts Dattani. “These are growing pains. So much has come to light in the past few years and we’re tackling the issues one by one.”

The shared vision for governments, regulators and providers is patient-centred care, enabled in large part by the more effective use of human resources. “In many ways the system was originally designed to serve the needs of physicians, traditionally the gatekeeper of medical care,” says Dattani. “Now the changes to policy are all about patients driving the care. All providers in the circle of care need to be able to make decisions and act directly on behalf of patients in ways that take full advantage of their education and scopes of practice.”

Celebrating pharmacy in Atlantic Canada

Prescribing authority for a broad range of minor ailments has been in place in all four Atlantic provinces since 2015 or earlier; however, public funding did not begin until 2020 or later, and then only for a select number of conditions.

P.E.I. was the first to break through in a big way. In October 2022, working closely with the P.E.I. Pharmacists Association, the government launched Pharmacy Plus PEI as a pilot program. Until then, only one of the then-32 conditions—UTIs—was publicly funded (\$20 per assessment).

During the pilot project, pharmacies could bill \$25 per assessment for all 32 conditions. The pilot also introduced universal funding for prescription renewals. In eight months, by June 2023, pharmacists in the 48 participating pharmacies had conducted more than 40,000 assessments for one in six residents, or 28,000 patients. Renewals were the most common reason, followed by UTIs.

In July, P.E.I. expanded the program to include contraception, impetigo, and shingles, and in a memo to all pharmacies announced the full and permanent adoption of the program.

Also in P.E.I., public funding for Shingrix, the shingles vaccine, and its administration by pharmacists began in

February 2022. From date of launch until the end of the first full fiscal year (March 31, 2023), pharmacists have administered more than 25,100 doses, reports CFP’s annual [Services Chart](#).

Funding for all minor ailments is part of Nova Scotia’s Community Pharmacy Primary Care Clinics. Outside of this pilot project, pharmacies are limited to billing for three out of 35 conditions. Since launching in February this year, the number of pharmacies participating in the pilot has increased from 12 to 26.

The clinics also offer point of care testing (POCT) and prescribing for Group A Strep, injections of publicly funded vaccines, chronic disease management for diabetes, cardiovascular disease, asthma and COPD, the ordering and interpreting of lab tests, and POCT as needed for renewals or chronic disease management.

In an [interview with CBC](#) in October, CEO Allison Bodnar of the Pharmacy Association of Nova Scotia reported that more than 60,000 services had been delivered through the clinics.

“These clinics were operating at capacity from the start,” says Mohammed. “We’re hearing a lot of positive feedback from working parents. They’re especially grateful for the strep testing.”

Continued on next page

Healthy workforces

Expanded scopes of practice across healthcare professions is key to allocate human resources more effectively, but the fact remains that burnout and attrition are on the rise across all healthcare professions as well.

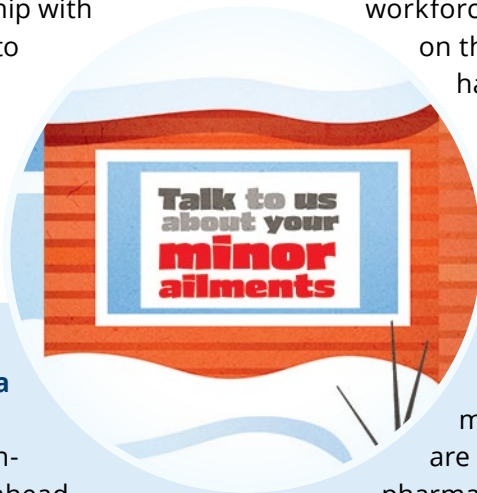
“We talk a lot about how we can better support our members beyond tools and resources and continuing education programs,” says Ng. “How do we plan for the future, with all that’s coming on the horizon?”

OPA recently announced a partnership with Ontario’s three faculties of pharmacy to conduct a workforce planning study in collaboration with the Ontario College of Pharmacists. “We will map out workforce trends in pharmacy and the health needs of Ontarians to

project workforce demands for the next 10 years out. We will get a better understanding of how many pharmacists and technicians are required to work to full scope and meet patients’ needs in a safe and effective manner,” says Ng.

In October, the Canadian Medical Association invited more than 40 health organizations, including Neighbourhood Pharmacies, to discuss a national response to rebuild the healthcare workforce. “It was a visioning exercise for what we need in tomorrow’s

workforce,” says Dattani. “We’re all aligned on the fact that right now we don’t have healthcare, we have sick care. We’re also aligned on patient-led healthcare. Workforce planning is essential to get us to where we need to be.”



Celebrating pharmacy in Atlantic Canada

Continued from previous page

The pilot runs until April 2024. Meanwhile, in July 2023, Nova Scotia went ahead and expanded funding for pharmacists’ fees for prescription adaptations (\$14) and therapeutic substitutions (\$26.25) to include all residents rather than just beneficiaries of public drug plans. And in May 2023, all pharmacies could bill \$18 per injection of meningococcal B vaccine for university students living in congregate settings.

Finally in Nova Scotia, the Community Pharmacist-led Anticoagulation Management Service, billable at \$50 per month, appears to be off to a strong start. Implemented after a successful pilot project, pharmacies submitted more than 18,100 claims during the first full fiscal year.

Earlier this year, New Brunswick expanded funding for minor ailments so that pharmacies can now bill for 10 of the 32 minor ailments in its program, up from two ailments.

Pharmacists in the Pharmacist Care Clinic sites, part of a pilot launched in September, will offer assessments for all the minor ailments at no cost to patients. Government has also granted temporary authority to do strep tests, order lab tests and assess and prescribe for the management of diabetes, COPD, asthma and cardiovascular disease.

Unlike Nova Scotia, the additional minor ailments and other services are not publicly funded—yet. “These pharmacy owners have put their hands up

to self-fund this project because they believe in their ability to help fill the gaps in healthcare,” explains Mohammed. “They’ve made a commitment to bring forth real-world evidence to help policymakers make informed decisions surrounding scope of practice and sustainable funding for pharmacy services. We are confident that government will see the value in these services and support them.”

April 2023 was an important month for pharmacists in Newfoundland and Labrador. The government added four conditions to its minor ailments program, bringing the total to 33. Pharmacists can submit claims for nine so far, as well as for hormonal contraception (all billable at \$20 per assessment).

Newfoundland and Labrador also expanded scope of practice so pharmacists can assess and prescribe for post-exposure prophylaxis for four invasive infectious diseases (for example, pertussis) for all residents referred by Public Health. That service is also billable at \$20 per assessment. Finally, funding for renewals expanded beyond beneficiaries of public drug plans to include all residents of Newfoundland and Labrador.

Biggest strides

Pharmacies today are making the biggest strides in uptake in the areas of minor ailments, vaccinations and renewals and adaptations. Government-funded, pharmacist-led primary care clinics are increasingly on policy makers' minds, with many eyes on the Community Pharmacy Primary Care Clinic pilot project in Nova Scotia (see sidebar, [page 11](#)).

Minor ailments – As of June 2023, with the implementation of B.C.'s program, pharmacists in all provinces can assess and prescribe for minor or common ailments/conditions. The number of eligible conditions varies, from a low of 13 in Manitoba to a high of 35 in Québec, Nova Scotia and P.E.I. (and in Alberta, pharmacists with additional prescribing authority can prescribe any Schedule 1 drug).

In six provinces, public funding for minor ailments is universal—that is, for all conditions and residents. Pharmacists in the remaining provinces can bill for selected conditions only. Pilot projects in partnership with the governments of Nova Scotia and New Brunswick seek to make the case for universal funding in those provinces.

“Many provinces have had programs for minor ailments for years, but pharmacy operators couldn't sustainably resource the service without funding,” says Dattani. “Expecting patients to pay out-of-pocket was a non-starter—and raises the issue of equity of access. Why would patients pay for care in one healthcare setting that is available without cost in other healthcare settings?”

Vaccinations – Year after year, community pharmacy strengthens its position as Canadians' preferred destination for influenza vaccinations. Pharmacies administered almost a quarter of COVID-19 vaccines during the initial vaccination campaign. Today, community pharmacy is making its mark with other vaccines, including the first adult vaccine for respiratory syncytial virus (RSV), and the shingles vaccine.

“Flu and COVID-19 shots have paved the way for community pharmacies to be immunization hubs for

all recommended vaccines. We anticipate a lot more activity from governments on this, aided by equitable remuneration,” says Dattani.

Renewals and adaptations – As detailed in this article's sidebars, pharmacists in several provinces are making inroads in renewing and adapting prescriptions. Renewals have historically outpaced adaptations by almost 10 to one, but the most recent claims data suggests the gap is closing.

“Pharmacists are taking agency of their role as the authority on medication management and optimization,” says Dattani.

Primary care clinics – The pilot Community Pharmacy Primary Care Clinics in Nova Scotia, launched in

February 2023, and the pilot Pharmacist Care Clinics in New Brunswick, launched in September, are testing a new, appointment-based model for pharmacy practice. The ordering and interpreting of lab results and point of care testing to guide

prescribing decisions—be it for strep throat or as part of chronic disease management—equip pharmacists to seamlessly be part of the primary care team, up to the limit of their scope of practice.

“The Nova Scotia clinics are drawing in people with chronic conditions who haven't had follow-up appointments or lab tests in years. And they've kept thousands of patients out of walk-in clinics, doctors' offices and emergency rooms,” says Mohammed.

On a personal note, she adds that these clinics are what pharmacists have been waiting for. “When I graduated back in 2004, I had a vision of pharmacy practice. With these initiatives in the Atlantic provinces, I truly believe that vision can be made possible. Every pharmacist wants to put their full training and knowledge into practice.” 🌈

“Pharmacists are taking agency of their role as the authority on medication management and optimization.”



Karen Welds is a healthcare journalist and has written about community pharmacy for more than 30 years.



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A future for pharmacy in primary care

The healthcare sector is facing many simultaneous challenges—an aging population, workforce shortages and fewer applicants to post-secondary programs in healthcare fields, to name a few. These challenges

have direct impacts on Canadians who do not have adequate access to care, including those without a primary care provider or in rural locations without convenient access to walk-in clinics or outpatient care.

Governments and the profession of pharmacy alike have identified these issues and addressed them through expansions to scope of practice across Canada. Moreover, some provincial jurisdictions have prioritized change at the system level through the implementation of pharmacist-led primary care clinics. Several examples of system change are in the Atlantic provinces: Community Pharmacy Primary Care Clinics (CPPCCs) in Nova Scotia and Pharmacist Care Clinics in New Brunswick for chronic disease management, strep throat testing and other primary care services, and the Pharmacy Plus program on Prince Edward Island for renewal services and minor ailment prescribing.

Results so far show significant improvements in pharmacists' levels of professional satisfaction, and patients are very receptive to receiving care from these clinics. Just three months after opening in February 2023, the original 12 Nova Scotia CPPCC sites provided more than 9,000 services to 5,000 Nova Scotians. In May, the program expanded to include another 14 pharmacies, and as of October 2023 have provided more than 60,000 services.

Additionally, the ability for the CPPCC pharmacies to order lab tests has improved pharmacists' ability to safely provide renewals and new prescriptions to patients without having to go through over-burdened primary care physicians' offices, potentially delaying patients' access to care.



While the pilot program for New Brunswick Pharmacist Care Clinics just began in August 2023, a similar outcome is expected from the six participating pharmacies.

Generally, students training to become pharmacists recognize that our education and training are preparing us for a role as medication experts. However, as pharmacists, we encounter limitations that prevent us from fully assuming that role.

These limitations can only be overcome through practice change. Pharmacists delivering primary care through pharmacist-led clinics have shone a spotlight on what we can do when we can practice to full scope—putting pharmacists in a new light not only for patients visiting the clinics, but also for other pharmacists and governments.

As pharmacy students and interns, we must prioritize the evolution of the profession and determine the barriers that hold us back from fully contributing to healthcare. We must find a way to address those barriers, whether through advocating for change or adapting our career path to work with others who share a similar vision for the profession.

As we transition from pharmacy students and interns to practicing pharmacists—and new leaders of the profession—our continued commitment to professional development will build upon today's exciting changes in practice, from grassroots implementation to policy reform. Many students and interns hope that pharmacist-led primary clinics will become common practice across Canada and are ready to support this growth within the profession. 🌈



Nolan Barkhouse is Vice President, Professional Affairs, Canadian Association of Pharmacy Students and Interns, and a PharmD student at Dalhousie University, class of 2024.

What's in store for healthcare in Manitoba

After more than seven years on the opposition benches, Manitoba's New Democratic Party (NDP) is back in government after a decisive victory in early October's provincial election.

Wab Kinew took the keys to the Premier's office after running a campaign with an almost singular focus on healthcare, promising to repair Manitoba's health system following the major transformation and changes initiated by the former Progressive Conservative (PC) government.

Those changes—which included the closure of emergency departments in Winnipeg and significant system reorganization, coupled with the challenges of the pandemic—drew the ire of healthcare workers and put a sour taste in voters' mouths, three-quarters of whom felt the Tories performed poorly on the issue.

Now the heavy lifting begins. The New Democrats' extensive "new vision for healthcare" includes a significant effort to address staffing challenges throughout the system, from nurses and doctors to paramedics and allied health professionals. The government also plans to open new primary care clinics under a team-based care model that could feature pharmacists among other healthcare professionals, including family physicians, nurse practitioners, mental health workers, physicians' assistants, midwives, social workers, physiotherapists and occupational therapists.

At the helm is Uzoma Asagwara. The new Minister of Health, Seniors and Long-Term Care is a former psychiatric nurse and addictions specialist and was a frontrunner for this portfolio after performing well as opposition critic. The Premier has enormous faith in Asagwara, who also holds the role of Deputy Premier, and is making history as the first Black and non-binary person in the role.

In addition to staffing up hospitals and clinics and finding ways to reduce wait times for primary and emergency care, Asagwara is tasked with improving healthcare for women. The NDP's commitments



include universal coverage for prescription contraceptives, with plans to cover the full cost of dozens of commonly used birth-control methods, including oral contraceptives, copper and hormonal intrauterine devices, hormonal injections and the morning-after pill. When implemented, Manitoba will become the second province to do this, following the footsteps of NDP-led British Columbia, which began covering them earlier this year.

What is not yet known is whether the government will borrow from the Tories' promise to equip pharmacists with further expansions to their scope of practice. The PC party's campaign commitments included authorizing pharmacists to provide—and bill government for—a wider range of primary care services, including the treatment of common conditions such as strep throat, pink eye, minor skin infections, tick bites, sprains and strains and painful menstrual periods, as well as enhanced management of chronic diseases like high blood pressure and diabetes.

While similar commitments around scope in practice and funding have yet to be voiced, the new NDP government has said no stone will be unturned and that healthcare professionals should be practicing to their full scope.

Premier Kinew has acknowledged that healing what ails Manitoba's healthcare system will be far from an overnight fix. Many of his commitments may take four years or longer to deliver on, such as re-opening three emergency departments in Winnipeg. While healthcare has faded from the number-one issue in the minds of Manitobans, taking a back seat to the rising cost of living, some polls showed it was still one of the top issues on the mind of voters as they cast their ballots during the campaign. It's why the Premier and his team will be working to show progress in the early days and reward voters for the faith they put in the NDP to deliver on the healthcare file.

In their first appearance together before the media, the Premier and Health Minister promised to strengthen the province's relationship with healthcare professionals and work with them "every step of the way to deliver better care for people." The government hopes to "change the culture" in healthcare after

relationships with frontline workers came under strain during the PC's time in power. The NDP's overtures in the early days in government

came with an invitation to share perspectives and solutions that all healthcare organizations should consider. "No matter where in the province and health system you work, your voice is important."

“The new NDP government has said no stone will be unturned and that healthcare professionals should be practicing to their full scope.”

Community pharmacies across the province should be encouraged by this invitation and hopeful that, as this new government shapes its agenda, pharmacies will be able to play a greater role in providing quality healthcare services to Manitobans across the province. 🌈



Mike McKinnon is a Senior Consultant at Enterprise Canada, a national strategic communications firm. He has advised NDP premiers, governments and campaigns across the country.

Amgen Canada Proudly Supports Neighbourhood Pharmacies



“Amgen Canada applauds the Business of Pharmacy for their ongoing commitment to the transformation of care across the country. Improving patient care through meaningful and innovative healthcare solutions lends itself to building a resilient healthcare system for all Canadians.”

Ugur Gunaydin
Vice President and General Manager
Amgen Canada

“The evolving Scope of Practice for pharmacists continues to support patients when and where they want to receive their healthcare. Pharmacists practicing to their full scope, in every province, creates space for increasing access to care.”



John Snowden
Executive Director, Value, Access and Policy
Amgen Canada



Rolling up sleeves against infectious disease



Pharmacist Faheem Ahmed has a mission: to protect as many people as possible against vaccine-preventable infectious diseases.

"My whole team is really enthusiastic about promoting our vaccination services as a way to avoid hospitalization and complications," says the manager of the Walmart pharmacy in Kitchener, Ontario. The fact his pharmacy leads all other Walmart pharmacies in Canada in providing the most COVID-19 shots during the pandemic—with more than 18,000 vaccinations administered—proves he takes his mission seriously.

His team's accomplishments—and that of a growing number of pharmacy teams across Canada—deserve to be acknowledged and celebrated, says Kiran Basra, Walmart Canada's Senior Director, Pharmacy and Field Operations. "At Walmart Health, our mission is to enhance access to affordable, personalized care. With 95 per cent of households living within five kilometres of a community pharmacy, we are one of the most convenient and accessible locations for patients and customers to get vaccinated."

Ahmed has implemented processes in which all 15

Pharmacy Manager Faheem Ahmed, second from right, with team members (from left) Nikitha, Shemin, Sarabjit, Evelyn, Lina and Sui.

team members play a part in supporting vaccination services. It includes the store greeter, who is not part of the pharmacy staff but plays a very important role by telling shoppers about these services as they enter the store.

At the pharmacy, pharmacy assistants inform patients about the vaccination services during prescription drop-off or pick-up. Since starting to give both the influenza and COVID-19 vaccinations at the same time in early October, Ahmed says his pharmacy has the capacity to administer between 80 and 120 of these shots daily. Ahmed, two other staff pharmacists and a pharmacy technician administer the vaccines.

Pharmacists across Canada are administering vaccines for travel, shingles, RSV (respiratory syncytial virus) and more, as authorized by their provincial regulatory body. "COVID-19 and influenza vaccinations are the most popular right now," Ahmed says.

When it comes to building a successful vaccination practice, Ahmed emphasizes that awareness needs to be ongoing. “People may not be aware they need a booster or know that they can get the COVID-19 and flu shots at the same time instead of coming back for multiple visits, so it’s up to us to educate them,” says Ahmed. “We also make store announcements every 15 minutes to alert shoppers that we’re offering flu and COVID-19 shots at no charge and this grabs shoppers’ attention.”

To overcome vaccine hesitancy, Ahmed says it’s the responsibility of staff to listen to patients’ concerns, clarify any misinformation and tailor the

information accordingly. “For example, focus the discussion on how getting a vaccine can help protect a loved one such as a grandparent, a child or someone who is immunocompromised,” he says.

Ahmed, who completed his Master’s in Pharmacy in India, did his first injection in 2013 while at a Walmart pharmacy in Alberta. He says developing a robust vaccination program at his current pharmacy has been rewarding both personally and professionally.

Before the start of the flu season, Ahmed met with all staff to ensure everyone understood their roles and responsibilities. Pharmacy assistants oversee distribution and completion of vaccine consent



“People may not be aware they need a booster or know that they can get the COVID-19 and flu shots at the same time instead of coming back for multiple visits, so it’s up to us to educate them.”

—Faheem Ahmed

forms for patients, which are readily available at the drop-off and pick-up counters. The assistants also pre-populate the forms with patient information from their profile and the name of the pharmacist on duty, so it’s quick and easy for patients to complete them. The pharmacist on duty reviews the completed forms to ensure clinical appropriateness and confirm that the vaccine is appropriate to be administered to the patient.

The forms come from Walmart’s Store Support Centre and can accommodate people getting the flu and COVID-19 shots at the same time. As well, “our online appointment

scheduler makes it easy for customers to book an appointment online, or they can walk into their local Walmart pharmacy,” says Basra.

During cold and flu season, most customers are walk-ins at the pharmacy. The technician with immunization authority is on duty from 10:00 am to 6:00 pm (the busiest times for vaccinations) and shares the load with the pharmacist as needed. Patients typically wait less than five minutes to get their shots. “We have a flow in our pharmacy that’s like a river,” says Ahmed with pride.

During weekly staff meetings, Ahmed makes sure to remind staff about their roles and the positive impact they are making on patients’ lives, and he gives a running count of vaccinations administered so far. “This gives them constant motivation,” he says.

Walmart is committed to supporting adoption of expanded scope of practice in all of its more than 400 pharmacy locations across the country. “With the convenient one-stop shopping experience, our teams are well positioned to take care of Canadians this cold and flu season, from their shopping needs to their health, wellness and pharmacy needs. In addition to vaccination services, our pharmacists assess and prescribe for several minor ailment conditions, provide medication reviews, testing for strep throat—in Alberta only at this point—and more,” says Basra. 🌈

E-prescribing supports transitions of care

The story is all too common—it is a weekend, and a patient is discharged from the hospital with 20-plus medications. A local pharmacist tries to track down the hospital physician to clarify the medications listed, some of which are illegible due to poor handwriting. It is a pharmacist's nightmare, one that can require hours on the phone, while still managing other patients. The patient, wanting to have their medications in hand before they go home, must wait in the pharmacy after a long stay in the hospital. That wait is longer than it should be due to the time it takes to clarify the medications.

We see this situation in pharmacies every day. Pharmacists will even personally deliver medications late at night, after their shift is done, so patients do not go without. While we may applaud their commitment to go above and beyond, these situations should not arise in the first place. The administrative burden of hospital transitions, when pharmacists must manage discharge paperwork and reconcile medications, too often contributes to stress and anxiety within the pharmacy team, and negatively impacts patient care.

Fortunately, innovative approaches and tools help alleviate some of these pain points. Among them is PrescribelT[®], Canada Health Infoway's (Infoway's) national e-prescribing service that enables the digital transmission of prescriptions between prescribers and community pharmacies, thereby enabling safer and more efficient medication management.

In a hospital setting, PrescribelT[®] is embedded within a prescribing system, such as a hospital's health information system (HIS) or physician's electronic medical record (EMR), as well as within the pharmacy's pharmacy management system (PMS). Electronic prescribing enabled by PrescribelT[®] significantly reduces the likelihood of errors (especially as they pertain to legibility/handwriting) and provides the ability for pharmacists and prescribers to communicate



to one another securely via a messaging tool (clinical communications). If the community pharmacy team spots a possible error, they can leverage clinical communications to resolve the issue more rapidly with the patient's prescriber.

The security of PrescribelT[®] increases pharmacists' confidence that the prescription is legitimate. They no longer need to play phone tag to confirm its legitimacy, which is particularly helpful in situations involving complicated opioid prescriptions. PrescribelT[®]'s features address common issues faced by pharmacists and can not only save time when caring for patients discharged from the hospital, many of whom are on complex medications, but can also enable improved care and reduce stress and anxiety on both sides of the counter.

PrescribelT[®] has begun to ramp up its efforts in the hospital sector. The Ottawa Hospital (TOH) was the first hospital to launch PrescribelT[®] earlier this year with core e-prescribing functionality. Significant momentum and great success are already being realized: PrescribelT[®] e-prescriptions replaced 70 per cent of print and fax prescriptions during the trial phase. Workflow efficiency has improved and there has been a reduction in errors. The project has successfully moved from a pilot to full-scale implementation with more than 2,500 prescribers.

Dr. Glen Geiger, Chief Medical Information Officer at TOH, attributes the success primarily to the foundational work that had occurred in previous years at the hospital, making it easy to integrate PrescribelT® into the hospital's workflow. Those foundational elements include: the establishment of a comprehensive HIS; an active database of patients' pharmacies; and enabling patients to update their pharmacy information directly through a patient portal tied to the HIS. Looking ahead, TOH wants to build on its success by expanding the use of PrescribelT® from ambulatory care to include inpatient care, as well as incorporating additional PrescribelT® functionalities such as clinical communications.

"Electronic prescribing is a safer, more reliable way to provide prescriptions to patients and pharmacies, and is a better service for everyone," says Dr. Geiger, adding that PrescribelT's underlying value proposition comes from its ability to reduce medication errors and prescription misuse, improve medication adherence and increase overall efficiency. "All prescribers and pharmacists across the country should get onboard with the service."

The word seems to be spreading, with growing interest from hospitals across the country. In addition, PrescribelT® has strengthened its commitment to the hospital space with the recent announcement of its partnership with Meditech (one of Canada's major HIS providers) to carry out a pilot in Ontario in the coming months.

Hospitals' adoption of PrescribelT® is a strategic priority for Infoway, with hospital-specific medication management functionality under consideration. The more players that adopt PrescribelT®, the more community pharmacies will continue to see efficiencies in their workflows. Community pharmacies are already experiencing the benefits of increased adoption rates in family physicians' offices, and we look forward to even more value to community pharmacy as additional clinical settings start onboarding with the service. 🌈



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

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Top prescriptions filled by pharmacies

What prescription do people most often bring to the pharmacy? One for a mental-health condition, such as depression or anxiety.

Canadian pharmacies dispensed almost 117 million prescriptions for psychotherapeutic drugs during the 12-month period ending in August 2023, states Neighbourhood Pharmacies' latest *Pharmacy Market Insights* report, powered by IQVIA Canada. The remaining four of the top five drug categories by prescription volume were:

- cardiovascular drugs, primarily for high blood pressure (103 million prescriptions);
- gastrointestinal drugs, primarily for ulcers (61 million);
- cholesterol drugs (56 million); and
- diabetes drugs (51 million).

When we switch our view to prescription dollars, psychotherapeutic and diabetes drugs trade places. Diabetes was the number-one category, valued at \$3.8 billion, and psychotherapeutics sat in fifth position with a market value of \$2.8 billion. The remaining three categories were:

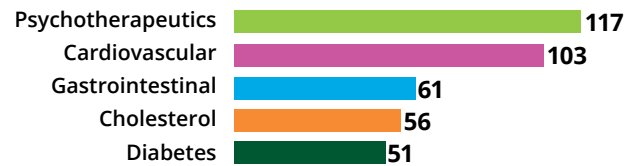
- arthritis drugs (\$3.4 billion);
- oncology drugs (\$3.3 billion); and
- drugs for autoimmune conditions such as rheumatoid arthritis (\$3.3 billion).

The top five categories by prescription dollars represented half of the total market.

Diabetes drugs were not only the top category by dollar amount, but they also posted the highest rate of growth: a compelling 24 per cent during the 12-month period. Autoimmune drugs (15 per cent), oncology

Top 5 drug categories

By prescription volume (millions)



By prescription dollars (billions)



Source: IQVIA Rx Premium, year ending August 2023

drugs (13 per cent) and psychotherapeutics (10 per cent) also grew strongly, while arthritis drugs saw almost no growth (one per cent).

Prescriptions for Ozempic (semaglutide) drove the growth rate in the diabetes category, in large part due to off-label prescribing for weight loss.

A closer look at the data reveals that the diabetes market mushroomed 71 per cent among patients aged 25 to 34. Growth was also significant in the 35-to-49 age group, at 53 per cent.

In the mental-health category, 25- to 34-year-olds again laid claim to the highest growth rate based on prescription dollars, at 15 per cent, followed closely by 35- to 49-year-olds (13 per cent). 🌈

Understanding the pharmacy landscape

Pharmacy Market Insights is a sector-intelligence resource 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. Trends in classes of drugs, conditions and patients' age are highlighted and explored, as well as the impact of biosimilar drugs. For more information contact info@neighbourhoodpharmacies.ca.

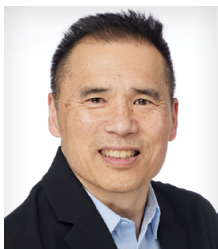
Forging paths for specialty care



Convergence, coordination of care, new delivery models and the value of pharmacy services were top of mind at Neighbourhood Pharmacies' fourth annual Specialty Pharmacy Summit, attended by more than 300 delegates virtually or in person in Toronto in November. Read on for highlights.

Top trends

Convergence between pharmacy formats was one of the main themes in Mark Omoto's presentation of trends in specialty medications.



Mark Omoto

"In the past this presentation [focussed] on the specialty market because the products more or less went along on their own route," said Omoto, General Manager, Thought Leadership, Marketing and Communications at IQVIA. "Things have changed though.... We're

starting to see more how specialty and traditional pharmacy are coming together, and it's evolving around the patient."

A look at the top 10 specialty products by purchase over the past 10 years reveals a "subtle, emerging trend" toward more easily administered specialty products, namely oral drugs and self-injectables. While these drugs still treat complex conditions and require enhanced support services for patients, their requirements for distribution, storage and administration can be met by traditional community pharmacies.

IQVIA predicts accelerated growth in products for obesity, oncology, respiratory disease and the central nervous system (including migraine and Alzheimer's disease). Immunology products have stabilized in large part due to biosimilars, although growth is still strong in psoriasis and dermatology.

Omoto also emphasized the exceptionally high prevalence of mental-health conditions as a co-morbidity among people with rare or complex conditions. For example, 61 per cent of those with

epilepsy and 41 per cent with multiple sclerosis take a psychotherapeutic drug.

"You can't see these patients as being separate. They're dealing with their condition that needs a specialty product and they're dealing with other chronic conditions as well," said Omoto.

His presentation also addressed where Canada sits in the global specialty market, biosimilar adoption rates and the state of Canada's infrastructure around diagnosis and treatment for highly complex therapies such as CAR-T and gene therapy.

Proof of value

Neighbourhood Pharmacies' landmark 2023 report, *The Value of Specialty Pharmacy Services to the Healthcare System*, concludes that Canadian 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."

Neighbourhood Pharmacies collaborated with its members and partners and IQVIA Canada to analyse the value of six categories of services provided by specialty pharmacies.



Brad Milson

The research showed that pharmacies providing specialty services invested \$700 million upfront and up to \$200 million in ongoing costs. "The risk involved in handling these products is quite high and that burden falls to the pharmacy," noted Brad Milson,

General Manager, Real World Solutions at IQVIA Canada. Putting together this data in such a comprehensive

way has helped validate the value of these pharmacy services, said Milson, while also exposing gaps such as the lack of remuneration models based on services rather than products, and easier navigation of care.



Chris Dalseg

“[This report] helped validate what we believed to be true,” said Chris Dalseg, Vice President Strategy and Growth at Bioscript Solutions. “It helps anchor some of the conversations we’re having with payors and other stakeholders.”

The report’s publicly available Executive Summary, released in August, is already providing “credibility around the pharmacy team’s value in specialty care in Canada,” agreed moderator Shelita Dattani, Senior Vice President, Pharmacy Affairs and Strategic Engagement at Neighbourhood Pharmacies.



Shelita Dattani

The patient’s perspective



Jonathan Allenger

Jonathan Allenger, diagnosed with multiple sclerosis in 2013, urged attendees to think of the patient first, not the disease or the treatment.

“The one message I want to leave with you... [is that] when I talk about outcomes, I’m not necessarily

talking about disability or disease progression, but also mindset and contributions to society,” said the volunteer ambassador for MS Canada, who works as the Executive Director at CIBC Capital Markets in Toronto.

Before the patient can fully accept their diagnosis, let alone their treatment, healthcare providers need to have a better understanding of their mindset. Patients may be shell-shocked, in denial—or even fed

up. “There are disenfranchised people out there because they’ve been through the system and had a poor outcome,” said Allenger.

The current healthcare system is equipped for episodic patient interactions. “But for patients with complex chronic specialty diseases, we’re unable to



Dr. Hemant Shah

really address a lot of their needs,” said panelist Dr. Hemant Shah, liver specialist at the University Health Network and Chief Medical Officer, SRx Health Solutions. “Specialty pharmacy feels the burden of filling that gap because we’re probably interacting with patients the most, but it’s a huge gap to fill.”



Jeff Schlotter

“The pharmacy is having to navigate the system for the patient [and] coach the patient through the issues they are having,” noted Jeff Schlotter, Director of Pharmacy Services, Pharmacy Brands. He added that another priority—and challenge—is “making sure throughout the patient journey that everyone is well informed.”



Mike Boivin

“There’s a role for all of us...[in] coordination of care,” agreed panel moderator Mike Boivin, Clinical Pharmacist Consultant, CommPharm Consulting. He added “we can make

such a huge difference by helping the patient become an advocate for their own health.”

Allenger described his specialty pharmacy as a “critical touchpoint” throughout his journey. “Having that specialty pharmacy team there to answer my questions or to say, ‘You know what, we’re going to take those questions to your neurologist, and we’ll get back to you,’ is immensely helpful.”



Suzanne McGurn

Views from CADTH

Suzanne McGurn, President and CEO of the Canadian Agency for Drugs and Technology in Health (CADTH), spoke about redefining sustainability in healthcare at the Specialty Summit’s Leadership Dinner.

During the invitation-only event (for Members and Premium Partners of Neighbourhood Pharmacies), McGurn and Sandra Hanna, CEO of Neighbourhood Pharmacies, focussed on the challenges faced by the pharmacy sector (including pharmaceutical manufacturers and distributors) and discussed key trends and activities in policy and health technology assessment.

Updated delivery models



Heather Mitchell

Canada's models for the delivery of specialty care for patients taking specialty medications—which emerged more than 20 years ago to fill a gap not met by the healthcare system—need to evolve, noted panelists at the Specialty Summit. Specifically, changes are due in the areas of patient support programs (PSPs), access to medicines and remuneration.

Moderated by Heather Mitchell, President of LUMA Health Consulting Inc., the panelists stressed the need for equitable access and consistency of care for patients—and a bigger role for pharmacists.

“There are a lot of costs that go out the door to get patients on [specialty] treatments and having the health system and payors understand where some of those gaps still lie is what we have to fundamentally do as a next step,” said Lori Singh, a nurse and Network Lead, Patient Services at Roche Canada. That could mean programs that are “less nursing-heavy” as well as



Lori Singh



Dimitris Polygenis



Bruce Winston

new partnerships to better leverage valuable real-world data collected through PSPs.

Dimitris Polygenis, President, Biopharma & Payer Solutions, said manufacturers would rather be designing and investing in healthcare technologies than carrying the brunt of PSP costs. “They don’t want to be funding infusions and injections...or people to support the paperwork, yet they’re doing all of that,” he said.

As someone taking a biologic since 2019, pharmacist Bruce Winston, Head of Alberta Pharmacy Strategy and Professional Affairs at Neighbourly Pharmacy, talked about having to get his medication from a pharmacy hundreds of kilometers away even though he has a perfectly good local pharmacy. “We used to say specialty was too complex...but there are

practitioners with PharmDs who are very highly trained to deal with complex drugs.”

Recognizing that not all pharmacies want to deliver specialty care, panelists also spoke to the need for helping patients make informed choices about where to access care.

Drugs for rare diseases



Bill Dempster

As Canada’s first-ever National Strategy for Drugs for Rare Diseases rolls out, pharmacy can play a vital role, said Bill Dempster, CEO of 3Sixty Public Affairs.

The federal government announced the strategy in March 2023. Funding of \$1.5 billion over three years includes \$32 million for research (with a focus on developing better diagnostic tools) and \$20 million to improve the collection and use of evidence to improve decision-making. Up to \$1.4 billion is going to the provinces and territories in the form of bilateral agreements to improve access to drugs and support early diagnosis and screening.

The federal government also recently established

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the Implementation Advisory Group on Rare Disease Strategy, of which Neighbourhood Pharmacies is one of 18 stakeholder advisors.

Dempster is confident that if done right, this “significant infusion of funds into the healthcare system” can finally bring Canada closer to Europe and the U.S., which are decades ahead in terms of a strategy for drugs for rare diseases.

Dempster credited Neighbourhood Pharmacies for participating in the working groups of the Canadian Organization for Rare Disorders’ (CORD), which launched its strategy for rare diseases in 2015, an action that he believes led to Canada finally putting money aside starting in 2019.

“The main point is don’t depend on government to necessarily implement what you need to have done,” he said. “If we wait too long for governments to act, some things will never happen.”

Role of technology



Andrew Bakhit

Specialty pharmacies and other providers in the specialty pharmaceutical ecosystem are having to develop breakthrough information technology systems to support breakthrough medications—and it’s time for everyone to work together to

standardize, connect and future-proof these systems.

Andrew Bakhit, Divisional Director of Operations, Bayshore Specialty Rx, presented examples of highly complex specialty drugs that require an infrastructure of equipment, diagnostics and monitoring before, during and after treatment. Next generation therapies such as CAR-T “will take a village of case workers, reimbursement specialists and care specialists.”

None of that is possible without technologies that are adaptive, patient-centric, customized and accessible to everyone in the circle of care. Such technology is also necessary to “enhance operational efficiency to sustain the services,” said Bakhit.

He outlined seven key components of an “outcomes-based approach” technology system:

1. Intelligent prescribing, or prescribing that’s dynamic and informed by data;
2. Automated enrollments of patients to improve time to therapy;
3. Dynamic reimbursement support, including for

- health assessments, tests and scans;
4. A clinical management system for all care touch points, for example for nurses to input hourly readings of a patient’s pulse;
5. Value-chain mapping that captures the value of each interaction for stakeholders (i.e., for the patient, healthcare providers and payors);
6. Interoperability that’s agile and adaptive, and again ensures that the value to each stakeholder is captured and made accessible to others; and
7. An accessible interface that provides visibility into the journey for all stakeholders and regardless of geographic location.

Thank you, Rita



Rita Winn, centre, Board Chair of Neighbourhood Pharmacies from 2021 to 2023, is thanked by Sandra Hanna (left), CEO, and Marie-Claude Vézina, the new Board Chair.

At the Specialty Pharmacy Summit, Rita Winn, Director of Lovell Drugs, passed the mantle of Board Chair of Neighbourhood Pharmacies to Marie-Claude Vézina, Senior Vice President and Chief Network Officer at Metro Inc.

“Rita has helped lead our Association through really important transformation,” said Sandra Hanna, CEO of Neighbourhood Pharmacies, prior to presenting Winn with a plaque and a gift to commemorate her time as Chair from 2021 to 2023. “Our Association, our Board and our sector have benefited so much from your leadership, your knowledge, your demeanour and your guidance.”

Winn’s career in pharmacy spans more than 30 years, most of it at Lovell Drugs where she became General Manager and Chief Operation Officer. She has advocated for pharmacy throughout her career, serving as Chair of the Canadian Association of Chain Drug Stores, predecessor to Neighbourhood Pharmacies, in 2004. 🌈

Stronger than ever for our patients

After years of advocacy and tenacity to prove our value in the healthcare system, pharmacy has turned a monumental corner in securing our spot as essential healthcare professionals.

Over my career in pharmacy operations, professional programming, strategic planning and training and development, I've witnessed many changes firsthand. Technology is a big one. When I first started at Lovell Drugs 26 years ago, a pharmacy had one or two computers to basically fill and bill prescriptions. Now we have technology to e-prescribe, document patient interactions and services, send refill reminders, schedule appointments, verify drug bar codes and improve workflow and patient safety.

Most important, expansions to scope of practice are propelling the profession in the right direction, especially when buttressed by public funding. Just look at the major strides we've made in vaccine administration alone.

Yet the essence of what we do hasn't changed. As pharmacists and members of the pharmacy team, we are still here to provide care to patients. We were always looking to do more for our patients. We were always a health hub, only now we finally have the tools to fulfill our potential as a provider of essential services.

Having been on the Board of Neighbourhood Pharmacies (and its previous iteration, the Canadian Association of Chain Drug Stores) for 23 years, I've had

the privilege of a front-row seat to witness the impact advocacy can make on changing policies and mindsets. We've had good success at raising awareness of the unintended, downstream consequences of lower drug prices on patient care and the supply chain, and the disruptive effects of a single-payor pharmacare system. Without doubt we have government's ear now, even if we can't always be at all negotiating tables.

Our recent report, [The Value of Specialty Pharmacy Services to the Healthcare System](#), contains invaluable data that shows how pharmacy is closing gaps in care for patients with the most complex needs. Yet the lack of a formal funding mechanism jeopardizes the sustainability of these services. We're confident that the report will help inform government's next steps toward a sustainable care model for the growing number of Canadians taking specialty medications.

Within our organization we're also evolving. Neighbourhood Pharmacies' new governance structure, to take effect early in the new year, better positions us to grow our membership. We will have an even bigger, more united voice representing pharmacy across the country.

Like everyone who is part of Neighbourhood Pharmacies, I am passionate about what we do here. When we gather, we set aside our competitiveness and put our full and collective efforts towards the greater good. Providing the best care for patients is all that matters. 🌈



Rita Winn, RPh

2021-2023 CHAIR
OF THE BOARD
*Neighbourhood Pharmacy
Association of Canada*

DIRECTOR, PHARMACY
*Canadian Foundation for
Pharmacy*

DIRECTOR,
LOVELL DRUGS
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Pharmacy*

“
We were
always a
health hub,
only now we
finally have
the tools to
fulfill our
potential as
a provider
of essential
services.”



**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

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