

Neighbourhood Pharmacy

SUMMER 2024

Gazette

 **INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.**

A publication of the Neighbourhood Pharmacy Association of Canada



Blazing trails

HOW COMMUNITY PHARMACY IS EMBRACING TECHNOLOGY TO MEET GROWING DEMAND FOR CLINICAL SERVICES

ALSO IN THIS ISSUE:

Navigating pharmacare
Snapshot of community pharmacy



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Technology is knocking on healthcare's door

Picture this. Paperless—and fax-free!—pharmacies, physicians' offices and hospitals.

A single electronic health record (EHR) accessible to patients and their healthcare providers, including efficient communications between providers.

Picture AI-assisted screenings, assessments, clinical decision-making and follow-ups. For patients taking complex, high-cost drugs, especially for rare diseases, picture digitized patient registries as part of seamless, real-world data collection that spans jurisdictions and healthcare settings.

This vision is oh-so-close. The technologies exist. However, their adoption in the regulated, publicly funded world of healthcare can seem interminably slow.

Governments recognize the need to pick up the pace, for the sake of burned-out workforces as well as patients. The federal government's Connected Care for Canadians Act, introduced in June, will require IT companies to adopt common standards as part of the secure exchange of health information across systems. New bilateral agreements between the federal government and provinces and territories (PTs) will deliver much-needed funds for health system reform, including the integration of health data and adoption of digital tools.

As public-sector progress unfolds across Canada, community pharmacies are investing in transformative technologies both behind the scenes and for direct patient care. They are positioning themselves to readily integrate with modernized PT healthcare systems. This

issue's cover story (page 5) showcases what a few of Neighbourhood Pharmacies' members are doing to free pharmacists' time and improve the experiences and health outcomes of patients. From central-fill facilities to virtual services and AI for operational efficiencies as well as clinical decision-making support, community pharmacy is breaking ground.

To break more ground, Neighbourhood Pharmacies is working with PT governments and regulatory bodies to remove roadblocks such as red tape and outdated regulations. We are offering our expertise and learnings as early adopters of digital tools. And as the new foundational infrastructure makes headway across Canada, we are advocating that community pharmacy be equitably incorporated into federal and PT plans.

Some have suggested slowing the pace of scope and service expansion to ease pharmacist burnout. However, the health system needs are too great to rest on our laurels. And in fact, expanded scope—and the gratitude of patients—are powerful motivators for pharmacists. Instead, what we collectively must do is pick up the pace of overcoming barriers that prevent our strained workforce from focusing on what is most highly valued and impactful—direct patient care!

Today's emerging technologies are ultimately a gateway to better health through the delivery of much more holistic care. And the ultimate beneficiary is as much the healthcare system as it is the patient. Community pharmacy stands ready to do its part to open the gate wide. 🌈



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“
As public-sector progress unfolds across Canada, community pharmacies are investing in transformative technologies both behind the scenes and for direct patient care.
”

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COVER

By Karen Welds

Blazing trails

How community pharmacy is embracing technology to meet growing demand for clinical services

Cover image created using AI in Adobe Photoshop

Odd as it may sound, my first tick bite ended up being an enjoyable experience.

Thanks to the services of a nearby community pharmacy.

I was able to book a same-day appointment for an assessment; the pharmacist was on time, well-prepared and reassuring; and in less than half an hour I left with preventative antibiotics in hand—and my first smile since discovering that awful insect buried in my skin.

Technology played a big part in this positive experience, both for me and the pharmacist. I was able to book my appointment online, which was not only convenient but also let the pharmacist know in advance the reason for my visit. And his interactions with the computer suggested the use of an app to facilitate the assessment and documentation.

Things could not have gone more smoothly, and I was hugely grateful not to have to spend hours in a walk-in clinic.

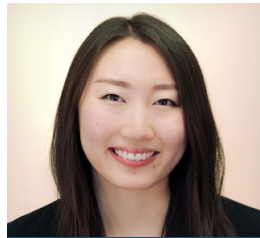
I am certainly not alone. Ontarians met with pharmacists for more than 656,000 assessments during the first full year of the province's minor-ailments program in 2023, reports the Ontario Pharmacists Association. And in B.C., 11 months after its minor-ailments program launched in June 2023, pharmacists had conducted more than 380,000 assessments, according to the latest data from [B.C. Pharmacare](#).

Trends have been positive for other non-dispensing services as well. For example, pharmacists administered more than 13.4 million influenza and COVID-19 injections in 2022-2023, reports the latest service-claims analysis by the [Canadian Foundation for Pharmacy](#). Prescription renewals and adaptations, where billable, steadily climb year after year.

How can pharmacists and pharmacy teams do it? Government funding in the form of fees for services is certainly key to mobilizing human resources. To maintain momentum, pharmacy's investments in technologies are also essential.

"Clinical services and technology go hand in hand," says Molly Yang, Director, Pharmacy Innovation and Professional Affairs, Wholehealth Pharmacy Partners. "Without enough of a technology infrastructure it can be challenging for pharmacies to sustainably support changing their practice around new clinical services."

Wendy Pilgrim, Senior Director, Professional Affairs (Ontario), McKesson Canada, agrees. For example, a digital-health platform for onboarding, counselling assistance and documentation can make all the difference. "Initially there was a lot of hesitancy around how services for minor ailments would fit into the workflow. Today, pharmacists using a digital



Molly Yang
Wholehealth
Pharmacy Partners



Wendy Pilgrim
McKesson Canada

platform are telling me they are comfortable providing the service. They are as capable and competent with assessing and prescribing for a minor ailment as they are dispensing and managing drug-related problems on an everyday maintenance drug."

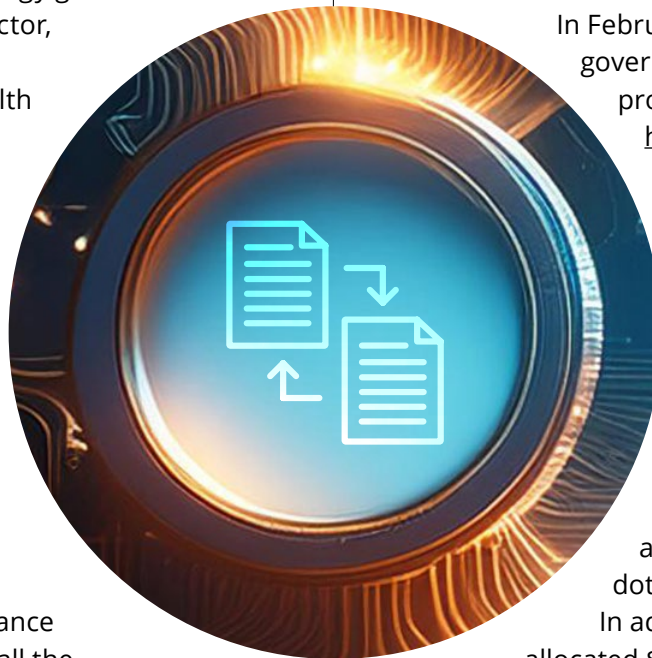
National efforts, grassroots results

Patient-facing digital tools are but one small piece of the technology infrastructure required to set pharmacies up for success. An electronic health record (EHR) is arguably the Holy Grail for all healthcare providers; that is, an infrastructure that integrates all points of access to the healthcare system and is interoperable with providers' existing software.

Canada Health Infoway (CHI), funded by the federal government, has been working with the provinces and territories for more than a decade to put such an infrastructure in place. Progress varies by jurisdiction, and more than one has faced criticism about the slow pace of change.

In February 2023, the federal government attempted to boost progress as part of its new [healthcare strategy](#), which includes \$25 billion in new funding to be disbursed under provincial and territorial bilateral agreements. "Modernizing the healthcare system" is one of four objectives that are conditional for the receipt of funds. As of March this year, all provinces and territories have signed the dotted line.

In addition, the federal government allocated \$505 million over five years to CHI and the Canadian Institute for Health Information, in part to advance digital health tools and interoperability. And in June this year, the federal



government introduced Bill C-72, the Connected Care for Canadians Act. The legislation will require IT companies to adopt common standards to enable the secure exchange of health information across systems.

As momentum slowly builds in the public health system, community pharmacies are not waiting on governments to innovate and operationalize new, long-awaited services for patients. “Healthcare in Canada often takes time to adapt but I believe the next few years will see pharmacy as a driver of new technologies and artificial intelligence that will make adaptation easier for everyone,” says Bikram Nahal, Chief Pharmacy Officer, SRx Health Solutions.

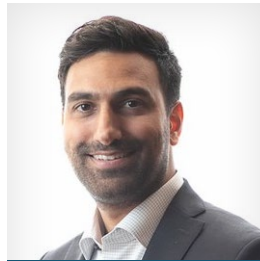
He adds that new technologies will engender more service opportunities—for example, in personalized precision medication. “I envision pharmacies being much more involved in creating new models of care using digital therapeutics,” summarizes Nahal.

Pharmacy has already proven its capability to break new ground to help pave the way for governments and other providers in the healthcare system. “As demonstrated during COVID with vaccinations and other services, pharmacies can pivot and resource, test and refine new

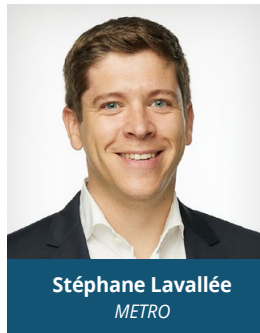
technologies and new processes relatively quickly, once any regulatory and funding barriers are removed,” says Shelita Dattani, Senior Vice President, Pharmacy Affairs and Strategic Engagement, Neighbourhood Pharmacies.

Dispense with dispensing

The reduction—and eventual removal—of dispensing-related technical tasks from pharmacists’



Bikram Nahal
SRx Health Solutions



Stéphane Lavallée
METRO

workloads is prerequisite for pharmacies’ success as community health hubs. “We have to help pharmacists delegate all technical activities,” says Stéphane Lavallée, Director, Support for Pharmacist Owners, The Pharmacy Division of METRO.

Currently, almost two-thirds of Jean Coutu and Brunet pharmacies use automated counting equipment for chronic medications and/or central fill facilities for blister (or compliance) packs. It is anticipated that most of the 560 stores will use one or both technologies in the near future, says Lavallée.

The unique ownership model in Quebec stipulates that only licenced pharmacists can own pharmacies, including central-fill facilities. To create economies of scales, the pharmacist-owner can offer central fill as a business-to-business service to other pharmacies.

“The automation of weekly blister packs generates huge efficiencies and reduces errors,” says Lavallée. “Our network’s five highest-volume dedicated central fills produce tens of thousands of compliance packs for more than 150 pharmacies per week.”

“I envision pharmacies being much more involved in creating new models of care using digital therapeutics.”

In 2020, five years after opening its first pharmacy, SRx began installing automated counting equipment in pharmacies with high volumes of maintenance medications, in Ontario to start. “From day one we’ve always said that once a pharmacy gets to a certain point, we invest in different tools to free up pharmacists’ time for more counselling and other services,” says Nahal.

In 2022, SRx installed its first central-fill machine to

take over the preparation of blister packs for some of its pharmacies operating in Ontario. “We will extend this technology to the rest of the country as we grow our network,” says Nahal.

Nahal estimates that automation and central fill will free at least 80 hours a week for assistants, technicians and pharmacists. Most of that time goes to new services and activities, including immunizations, assessments for minor ailments and community outreach.

AI gets real

All pharmacy operators represented in this article—supporting more than 3,000 pharmacies across Canada—are actively pursuing the application of artificial intelligence (AI).

“Our dispensing systems are such a large database of information that we often don’t leverage to the fullest, both for business efficiencies and for optimizing care for patients,” says Yang. “That’s something we would like to change.”

To start, the focus is on operational efficiencies. AI for inventory management is already underway, including real-time order management.

“AI is giving us a lot of insight into forecasting the peaks and valleys in demand and what’s happening from a seasonal perspective to make sure that we’re well prepared, drug shortages aside,” says Pilgrim. “Equally important, it removes mundane tasks at the store level, allowing pharmacists to focus on what matters most—patient care.”

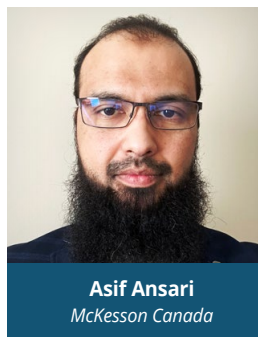
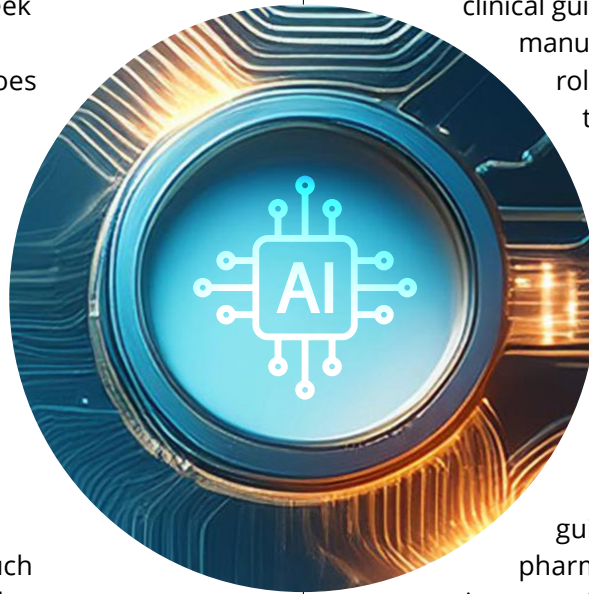
In the not-too-distant future, AI will help guide the efficiency of operations overall based on patients’ behaviours and needs. While development is still in early stages at SRx, “the aim is for AI to analyse patient outcomes and understand why people go to the pharmacy. The results can help determine a lot about how the pharmacy should operate and what products and services patients are more interested in,” says Nahal.

Wholehealth Pharmacy Partners is preparing to launch a pilot project that will test an AI tool to answer pharmacy staff’s frequently asked questions.

“So much information comes at pharmacists from every which direction, from governments, clinical guidelines, regulatory bodies and manufacturers. And a big part of our role here at head office is decoding this information,” says Yang. “In this pilot, we want to summarize and distill that information in the most pragmatic way by taking our existing databases and our existing knowledge and leveraging machine learning to provide contextual answers to pharmacists and pharmacy staff.”

While the application of AI to guide interactions with patients in a pharmacy setting is not fully embedded into practice yet, it is high on the priority list. “There is sensitivity around accuracy at this point when it comes to making clinical decisions or offering advice based on AI. As more AI solutions get deployed in pharmacies, the technology will evolve further and pharmacy teams will feel more confident in its usage and adoption,” says Asif Ansari, Senior Director, Product Development, Pharmacy Technology Solutions, McKesson Canada.

For example, AI can save pharmacists time and guide decision-making in medication management, adherence support and coaching for lifestyle changes. “Think of the current state of smart watches, at-home ECG tests, and so on to help people make informed health decisions. Pharmacy will tap into that flow of data, and augment it,” says Nahal. Until then, a stepping stone will be the use of AI to analyse and flag patients’ files to “identify opportunities and offer services that are relevant to that patient, such as immunizations and lab tests,” says Ansari. “Eventually we hope to extend AI analysis to a consolidated view of health records from multiple sources.”



"We have such a rich source of data in the pharmacy to help understand and guide the patient's journey. We are starting to harness that data with AI and then when we can marry that with other sources of data, the quality and efficiency of patient care will improve exponentially," adds Dattani.

What's app-enig

As AI works and evolves behind the scenes, digital-health tools are very much at the forefront for patient interactions.

"With the increase in scope of practice, it's really important for pharmacists to have a holistic view of the patient," says Carla Colombi, Director of Customer Success, Pharmacy Technology Solutions, McKesson Canada. "Digital platforms that include mobile applications, allowing patients to view their medications and with personalized health goals and outcomes, is where I see pharmacy moving."

Pharmacy owners and head offices are taking their lead from pharmacy students and recent graduates. "Perhaps one of the biggest things we're seeing right now with younger pharmacists is the focus on a digital mindset. They are coming to us and saying, 'You know what, there's a better way to do this. We can use technology to make everybody's lives easier.' They are a great internal resource to drive large scale innovation," says Pilgrim.

Mobile applications to manage prescription renewals, book appointments and schedule deliveries have become table stakes for most pharmacies. Regulations permitting, the pharmacy app can be used to fill new prescriptions as well.

"Patients can send pictures of new prescriptions, pay their prescriptions online and access health and drug information using our Jean Coutu Santé app and the MaSanté app for Brunet patients," says Lavallée. "Utilization keeps going up and users' comments are very positive."



Carla Colombi
McKesson Canada

Apps that offer virtual consults and secure asynchronous communications are not far off. "There will be more digital communication through the app or through a chat. Outreach will also be more automated, enabling pharmacy teams to become more active in doing follow-ups on the health of patients," says Ansari.

Taking it to the next level, "we want to be able to offer teaching moments," adds

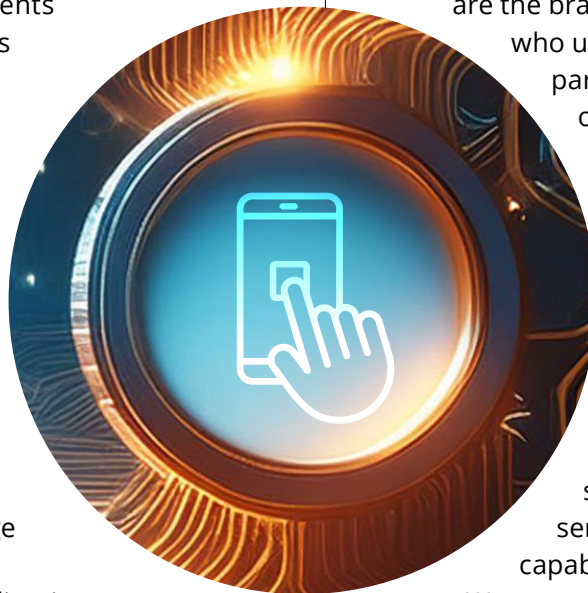
Nahal. "Not just by patients reading something but through live or recorded podcasts with pharmacists, nurses and physicians. Patients can tell us the types of things they want to hear about, which can be especially valuable for people with rare diseases or taking specialty drugs."

Behind the counter, pharmacies are implementing apps or digital platforms that streamline and guide the execution of services under expanded scopes of practice; for example, to assess minor ailments. Many are the brainchild of practising pharmacists, who understand the pain points and partner with technologists to be part of the solution.

"When I think more broadly about what we do for the pharmacies in our banner programs, it's about enabling capabilities through partnerships," says Ansari. "Throughout COVID many different vendors emerged in the digital space and became specialized in providing certain services. Our goal is to enable those capabilities quickly and on a broad scale.

We research, vet and pilot the technology. If it passes evaluation, we integrate the partner solution in our ecosystem and enable its use in the pharmacy."

Everyone interviewed currently has pilots underway to test new technologies—and determine how best to support rollouts to pharmacies if the pilot proves successful. McKesson is currently piloting a module to follow up on minor ailments. "The app uses questionnaires to gather information from the patient. Pharmacies engage through a portal to access the



feedback and follow up with patients,” says Ansari.

For its pilot projects, Wholehealth regularly partners with academic researchers, including those at University of Toronto, University of Waterloo and McMaster University. “These pilots break ground and then we share the learnings with all our pharmacists and encourage them to participate,” says Yang. “We’ve collaborated on many projects using technologies to identify when an opportunity for a service is present, to guide the pharmacy team on optimizing therapy, and also to facilitate documentation.”

Putting the pieces together

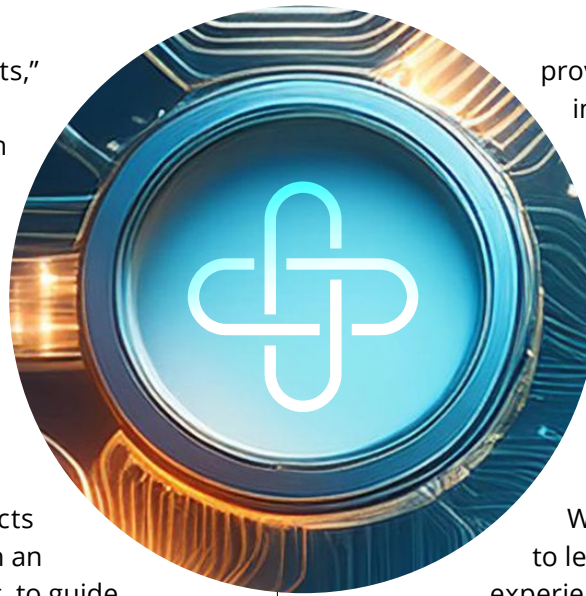
Pharmacy head offices are also pushing through the challenges of integrating the latest digital tools and platforms with existing pharmacy management software (PMS).

During my exchange with the pharmacist for my tick bite, the one hiccup was that he had to re-enter some of the information that I had already provided while booking the appointment. When I asked whether any of the information from appointment bookings carries over to his system, he replied, “Not yet.”

Everyone interviewed for this article agreed that full interoperability is on its way. It already exists for in-house pharmacy apps, for example for prescription renewals, and it’s only a matter of time before all new third-party apps are brought in. “We are currently working to interface our Propel Rx PMS with our technology partner’s app for prescribing services for minor ailments,” notes Pilgrim.

At Jean Coutu, upgrades to its RxPro PMS occur 10 times a year and interoperability is always on the agenda to “streamline the management of health files, clinical decisions and the pharmacy workflow,” says Lavallée.

Interoperability as well as integration between



providers are also occurring in other ways, as demonstrated at Wholehealth.

“One of our programs of focus right now is in partnership with a banner member specialized in cancer care. With Extend Pharmacy, we’ve created the Extend Cancer Pharmacy Network, which uses a hub-and-spoke model to enable our Wholehealth pharmacy partners to leverage Extend’s oncology experience to better support oncology patients within their communities,” says Yang.

A customized technology platform facilitates the sharing of clinical data back and forth between Extend Pharmacy and Wholehealth pharmacies. “Historically, health data is so siloed, and not just in pharmacy. It’s difficult for patients to navigate between pharmacies and between different sectors of healthcare. Our pharmacies are aligned and engaged with our initiatives to break down some of those siloes, making life easier not only for patients but also for pharmacists to collaborate,” notes Yang.

For its part, Neighbourhood Pharmacies is working to boost momentum both within the pharmacy sector and with governments. “We are

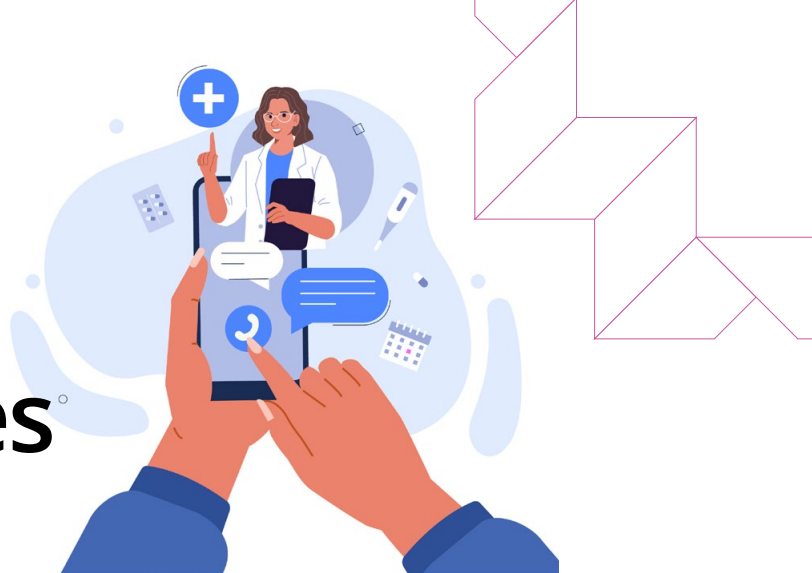
pushing for innovation and engaging with those who innovate, and serving as their collective voice at key discussion tables. We have rolled up our sleeves and are ready to collaborate with governments sooner rather than later to modernize healthcare systems,” says Dattani. 🌈

“We are pushing for innovation and engaging with those who innovate, and serving as their collective voice at key discussion tables.”



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

Advocating for new technologies



Within the last decade, pharmacy teams have done an incredible job expanding their scope of practice and optimizing patient care. However, our use of technology has not improved at the same rate.

Each new cohort of future pharmacists brims with technologically savvy students and interns who must resort to using antiquated tools that fall short of meeting clinical expectations. More and more, our advocacy role as students and interns includes recommending the adoption of technologies that fully support pharmacists in utilizing their full scope of practice. Pharmacy owners and managers may find value in assessing the following three areas.

Dispensing versus clinical software

Generally, pharmacists conduct clinical services using software originally developed for dispensing medication only, which have been adapted to incorporate clinical aspects. Unfortunately, this sometimes does not suffice and becomes particularly problematic considering the evolving role of pharmacists in primary care, where the dispensary is often a separate entity from the primary care clinic.

To ensure that pharmacists' ability to conduct clinical services is not compromised by the constraints of dispensing software, it is important to implement modernized pharmacy software that focuses on where pharmacy practice is heading rather than where it has come from.

The technology framework

Pharmacy students and interns are uniquely positioned to offer guidance due to their exposure to various technologies in multiple employment areas in a short period. This exposure includes not only their clinical rotations, but also prior work experience leading up to—and potentially throughout—pharmacy school. This level of exposure enables a broad understanding of the technologies available, which allows for quick identification of inefficiencies in existing pharmacy technology.

Additionally, students and interns have completed most—if not all—of their education in an age of rapid advances in technology. We bring a predisposition that accepts and enables the integration of new technology in the workplace, and that can provide valuable insights for modernizing pharmacy practice. Consider, for example, the quick adoption of AI tools by students, which may lead to ideas for the creative inclusion of AI in the pharmacy.

Social media presence

Most pharmacies have not adapted their use of social media to reflect modern-day consumer behaviour. For example, many still rely on Facebook and e-newsletters to put out information about changes in store hours, sales, special events and clinical services. However, many consumers, especially younger consumers, have dropped their Facebook accounts and don't subscribe to newsletters.

Pharmacy students and interns can advise pharmacies on how to effectively communicate through new mediums, such as Instagram, YouTube and even TikTok. This approach is a sound business strategy, but more importantly, it engages youth and young adults on what pharmacy practice can offer.

Pharmacy students and interns are valuable agents for embracing technologies that must exist in modern-day pharmacy practice. I urge pharmacy owners and managers to recognize and leverage students and interns as technology "teachers" to enable prompt adoption of emerging technologies in pharmacy. 🌈



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

Choppy waters, but at least we're moving

Universal pharmacare has been drifting off course for too long. No matter what your political stripe or stakeholder group, we can all agree it's time for this boat to make harbour and finally do its part to help remove personal cost as a barrier to Canadians' access to medications.

But single-payor pharmacare is not the best way to get there. It is not in the best interest of Canadians, both as users of the medications and as taxpayers funding the program. It would disrupt workplace health benefits plans, which work well for the majority of Canadians and their families. For example, Canadians with workplace plans may discover their medications are no longer covered under single-payor pharmacare.

Single-payor pharmacare will also have negative unintended economic consequences on community pharmacy, at a time when more and more Canadians are recognizing and embracing pharmacies as community health hubs for minor ailments, immunizations and other services in primary care and public health.

Before we get into those details, let's step back. Since the 1960s, a series of federally appointed committees have called for some form of universal pharmacare—



most recently in 2019, when the Advisory Council appointed by the current Liberal government recommended single-payor pharmacare. Yet many years have passed, with very little progress. This fact alone suggests a need to open our eyes to approaches previously not considered if we hope to break through the inertia that appears to stall meaningful progress.

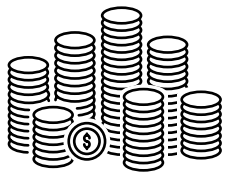
Political expediency has at least temporarily broken through the logjam. As outlined in another article in this issue, "The political football that is pharmacare" (page 18), the Liberal government introduced [Bill C-64](#), the Pharmacare Act, in February this year in large part to meet its obligations under the Supply and Confidence Agreement with the New Democratic Party, thereby averting a snap election.

Bill C-64 will test the waters of "universal, single-payor, first-dollar coverage" for "specific" prescription drugs and related products for contraception and diabetes. While Neighbourhood Pharmacies does not support a single-payor model, we welcome the opportunity to finally and formally make our case during the consultation phase of the legislative process.

Indeed, the specificity of the Bill, targeting medications in just two therapeutic areas at this time, permits more focussed and meaningful number-crunching of the financial implications, particularly since British Columbia recently released the first year of data from its universal, single-payor contraceptives program. As spotlighted in the charts here and

Projected impacts on government spending for contraceptives and diabetes drugs under ...

Bill C-64, a single-payor pharmacare



\$836 million
65% increase

versus

A pharmacare for uninsured Canadians only

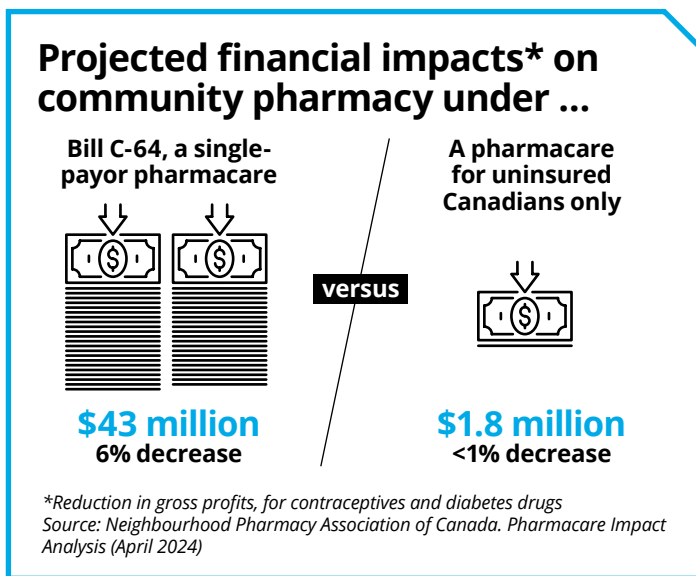


\$334 million
26% increase

Source: Neighbourhood Pharmacy Association of Canada. Pharmacare Impact Analysis (April 2024)

detailed in our written [submission](#) to the House of Commons Standing Committee on Health, our number-crunching forecasts that a single-payor pharmacare would increase government spending for these two therapeutic areas by 65 per cent, or by \$836 million.

In contrast, a universal pharmacare that focusses on uninsured Canadians—a fill-the-gaps model—



would increase spending by 26 per cent, or \$334 million. Even that amount is sizeable yet, given the many competing demands on the healthcare budget, it is far more achievable and sustainable.

Impact on pharmacy

As with all federal policies that affect drug pricing, Bill C-64 will jeopardize community pharmacy's ability to sustainably deliver medications, care and a growing suite of new services to Canadians. That's because pharmacies currently depend almost entirely on funding generated through dispensing fees and markups tied to drug prices. While such fees are provincially negotiated, federal programs have a significant downstream impact.

For contraceptives and diabetes medications alone, Neighbourhood Pharmacies has calculated that Bill C-64 will cost pharmacies \$43 million annually, equivalent to 860,000 hours of pharmacist care, due to lower public-payor dispensing fees and mark-ups. At a time when so many Canadians are turning to their community pharmacists for needed primary-care services, alleviating burdens on an over-stretched public healthcare system, this expected impact is untenable. Such a financial hit may not only jeopardize pharmacy operations, but also patients' health and in turn the health system at large.

If Bill C-64 passes into law as currently stated, we expect it will serve as a useful case study—some have described it as a pilot project—that will demonstrate once and for all that a single-payor pharmacare is not feasible for Canada. Instead, we can look to other countries, such as Germany and the Netherlands, to develop our version of a workable, regulated mixed-payor model to deliver universal drug coverage.

Bill C-64 will be an expensive, time-consuming lesson, but perhaps necessary for all of us—federal and provincial governments, healthcare-provider organizations, patient groups and the providers of private drug plans—to finally row in the same direction. 🌈



NEIGHBOURHOOD PHARMACY ASSOCIATION OF CANADA

SPECIALTY PHARMACY SUMMIT

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November 28-29, 2024

OMNI KING EDWARD HOTEL
 TORONTO

REGISTRATION OPENS SOON



Shelita Dattani is a pharmacist and Senior Vice President, Pharmacy Affairs and Strategic Engagement, Neighbourhood Pharmacy Association of Canada.

Other countries show the way for our strategy

More than a year has passed since the federal government announced \$1.5 billion in funding for a Canadian strategy for drugs for rare diseases.

Yet patients with debilitating, often-life-threatening illnesses have yet to benefit from improved access to drugs that are changing and saving lives in other countries.

What's especially frustrating is that Canada does not have to invent the wheel. We can adopt and tailor proven models from any of a number of our peer countries in Europe.



Since 2021, **France** has been pursuing its Health Innovation 2030 Plan, which grants immediate access for patients to new rare-disease treatments for a two-year test period after their approval, if they have been designated as providing an "improvement in actual medical benefits."



Germany makes rare-disease treatments immediately available to patients after regulatory approval, and there's no need for a health technology assessment (HTA) if the budget impact is lower than €50 million annually, which is often the case for

rare disease medicines or orphan drugs as they're sometimes called. For meds with an annual budget more than €50 million, an HTA review happens after six months on the market to determine its level of therapeutic benefit versus other treatments available. Similar thresholds to exempt orphan drugs from HTA reviews exist in France and the Netherlands.



In **Italy**, community pharmacists play an important role in the online registry that allows prompt country-wide access to



rare-disease treatments through a prescription-and-use tracking system to monitor costs and appropriate use. After regulatory approval, new treatments are immediately added to the register and made available

to patients through their local pharmacy. In special cases the treatment is made available even before approval is finalized to meet patient need. Pharmaceutical companies interact with individual pharmacies on the platform to provide the treatments.

“Germany makes rare-disease treatments immediately available to patients after regulatory approval, and there's no need for an HTA if the budget impact is lower than €50 million annually.”



The Catalonia region of **Spain** is also innovative in its use of registries to carefully track medication utilization and evaluate outcomes. The data also guides the development of risk- or cost-sharing agreements with manufacturers.



Belgium has been a leader since 2014 in developing and maintaining a comprehensive Central Registry of Rare Diseases, a database of all Belgian patients with a rare disease. The registry is a valuable resource for everyone from patient groups to researchers, and it helps track the effectiveness of treatments.



For patients with life-threatening or seriously debilitating conditions and where there is a clear unmet medical need, the

United Kingdom has implemented a process for early access to medicines that do not yet have a marketing authorization.

Canada—under the leadership of the rare-disease community, represented by the Canadian Organization for

Rare Disorders—has taken a step forward with the recent creation of the non-governmental Canadian Rare Disease Network to help link patients, health professionals and specific disease experts to accelerate scientific and medical innovation and improve standards of care across Canada. However, when it comes to accessing the many innovative new medicines now available to treat rare diseases, Canadian patients are still waiting, despite many successful international models and channels of access that could be emulated. 🌈



William (Bill) Dempster is President of 3Sixty Public Affairs, based in Ottawa.

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JAMP Pharma Manufacturing: A New Site to Increase Domestic Manufacturing Capacity



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Changing lives with Hep C treatment

Two years later, London Drugs Pharmacy Manager Helena Atkinson still recalls exactly how it felt to treat her first patient with hepatitis C virus (HCV) through a pilot program at her pharmacy in Grande Prairie, Alberta.

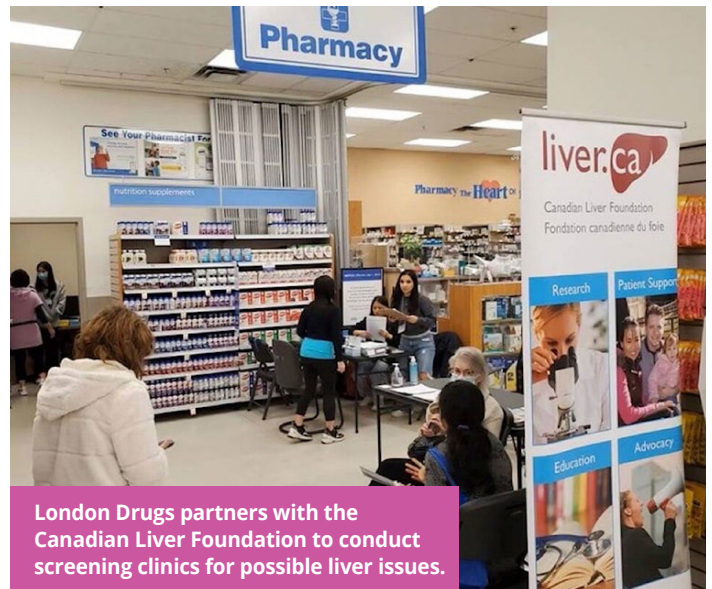
“He was a patient on methadone I had known for a while who told me he had Hep C for five years and didn’t realize he could treat it,” she says. “Three months after working together, his blood work showed he was cured and I cried, thinking, wow this is so amazing.” Every patient she’s treated since—25 and counting—has been equally inspiring.

Atkinson is one of a small but growing number of pharmacists in Alberta offering screening and treatment for HCV. For her training, she took part in two ongoing research studies, *LiveRx* and *Approach 2.0*, which helped her to conduct point-of-care testing (POCT), order labs and prescribe medication for patients with chronic, uncomplicated HCV. Atkinson monitors patients throughout treatment, which takes eight to 12 weeks.

While many people are screened for HCV, Atkinson says the disconnect happens between diagnosis and treatment. “Here in Grande Prairie, we have no family physicians taking new patients, and those who are, are a four-hour drive away,” she says. “When you extend that to our marginalized patients, access becomes a million times worse.”

To fill those care gaps among marginalized patients dealing with HCV, Atkinson works with local harm-reduction and HIV support groups like Northreach Society to seek out potential patients for screening at the pharmacy. “They refer patients to me and we organize community screening days where we go to the homeless shelter and people can get tested,” she says. “If they test positive, I can write a requisition for more bloodwork and offer treatment.”

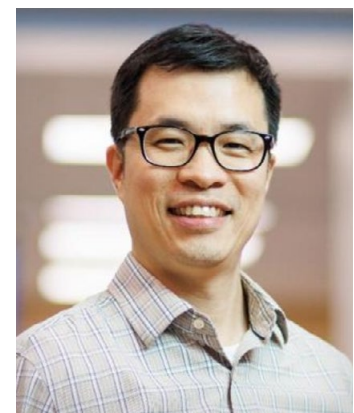
Pharmacist Joshua Kim, Manager, Specialty Pharmacy and Services at London Drugs, says the



London Drugs partners with the Canadian Liver Foundation to conduct screening clinics for possible liver issues.



Helena Atkinson, London Drugs Pharmacy Manager



Joshua Kim, Manager, Specialty Pharmacy and Services at London Drugs

company decided to help its pharmacists take a more proactive approach to managing liver issues about a decade ago, when oral medications for Hep C became available in Canada.

“Given that this new group of medications had a 95 per cent cure rate with minimal side effects, we thought it was a really good opportunity for community pharmacists to get more involved,” he



Dr. Daljeet Chahal, board member of the Canadian Liver Foundation, demonstrates the FibroScan screening tool on Aman Singh, a Member of the Legislative Assembly of British Columbia.

says. “Initially they were focusing more on the Hep C prescriptions coming in, but then became more active in screening and helping find people who were infected.”

In addition to offering regular liver health clinics with hepatitis C screening at select locations in Alberta and British Columbia, London Drugs is raising public awareness around disease screening, vaccinations and lifestyle management through in-store signage and resources, as well as traditional and social media platforms.

Kim notes that in British Columbia, where scope of practice

is not as broad as in Alberta, pharmacists are still able to interpret Hep C POCT results, share them with a patient’s doctor with consent and provide one-on-one counselling on healthy living. London Drugs also reached out to nursing groups in British Columbia to gain insights and expand efforts to extend pharmacists’ role in treatment. “For those with positive results, London Drugs pharmacists and nurses facilitate further blood work and referral to a liver specialist for necessary treatment,” says Kim. “Throughout the treatment journey, the pharmacy team remains engaged, providing continuous support through multiple touchpoints.”

FibroScan, that measures the amount of scarring and excess fatty tissue in the liver. The free program was offered at select London Drugs stores for four months and proved so popular it was repeated in 2023 and expanded in 2024.

“Many concerning cases were identified and linked to care appropriately, underscoring the project’s impact on early detection and intervention in liver

health,” says Kim, noting that close to 1,500 people were screened through this initiative in each of the two years.

He says the HCV screening program and raising awareness around

liver health has proved to be an invaluable tool in engaging with patients and local communities. “With minor ailments now, there are so many valuable services that we can offer to patients in community pharmacies, but it really does start with building relationships,” he says.

Atkinson couldn’t agree more. The HCV screening and treatment program at her pharmacy has opened the door to other services for marginalized groups in her community, in the areas of sexually transmitted diseases, birth control and other women’s health issues. “Patients who started with me for Hep C, now come to me for everything,” says Atkinson. 🌈

“Many concerning cases were identified and linked to care appropriately, underscoring the project’s impact on early detection and intervention in liver health.”

The political football that is pharmacare

The prospect of a national pharmacare program in Canada has been a saga that health-system insiders have been watching with interest since 2018, when first announced by the governing Liberals.

This epic story has had its peaks, including the Advisory Council chaired by former Ontario Minister of Health Eric Hoskins, which recommended a single-payor pharmacare system in 2019, as well as the Supply and Confidence Agreement between the Liberals and the NDP that committed the government to passing pharmacare legislation by the end of 2023. And then the climactic—or anti-climatic?—event on February 29 this year, when the federal government tabled Bill C-64, “An Act respecting pharmacare,” in the House of Commons.

With the governing Liberals facing significant political headwinds based on polling numbers across Canada, we can expect the narrative to intensify as we near the next election. All three major political parties will use this proposed legislation to win points with voters or stir controversy.

For the Liberals, the pharmacare legislation is an opportunity to highlight their commitment to making life more affordable for Canadians. While the road ahead is long for government to negotiate with provinces and territories for single-payor coverage for contraceptives and diabetes medications, the two drug classes singled out by the legislation, the timing is good for the Liberals to make positive affordability announcements leading into the next election.

Without doubt, the government agreed to cover two classes of medications that would give them a positive story to tell those who are more likely to support them at the ballot box. While this legislation may not have been what the government had initially intended, they have taken full advantage of the NDP’s position. Meaning that while the NDP will look to hold the government accountable for not following through on a



full single-payor pharmacare program, the Liberals will focus on showing progressive voters, and their base, how they have taken meaningful actions to make life more affordable, while keeping their hand on the wheel of the country’s finances.

New Democrats see this deal as one of their biggest wins in recent years. The legislation goes well beyond the commitment in the Liberal-NDP Supply and Confidence Agreement, which required only a framework for single-payor pharmacare. When the deadline to get a deal done was extended by two months, leader Jagmeet Singh and his team fought to add more to the agreement, which resulted in the inclusion of free contraceptives and diabetes coverage.

With provincial governments in British Columbia and Manitoba already rolling out their own programs for universal coverage of contraceptives, a national program was an easier step. And single-payor coverage of diabetes medications would play out well in the media as it would benefit the 10 per cent of Canadians and 20 per cent of seniors living with diabetes. Whether or not Singh’s declaration to stand his ground truly pushed these components of the legislation over the finish line, that is the case New Democrats hope to

make. Marching toward the next election, expect them to use pharmacare as a symbol of how only the NDP can deliver tangible wins desired by progressive voters.

As for the Conservatives, they are pessimistic. They view Bill C-64 as little more than a lifeline for the survival of the Liberal-NDP agreement. Conservative leader Pierre Poilievre has signalled that, should his party win the next election, this proposed national pharmacare plan will get a second look. To date the Conservatives have tended to support a 'fill-the-gaps' model that would see uninsured or underinsured Canadians covered under a national plan—the same model long recommended by community pharmacy.

Having said that, the Conservatives will need to be strategic in their opposition to the current legislation, to avoid getting caught in a trap set by the Liberals. Some Liberals have already begun to claim, both in Parliament and various media settings, that Conservatives are opposing a woman's right

to control their future and their body. Expect such accusations by the Liberals and the NDP to ramp up as we get closer to an election – and especially if the Conservatives maintain their significant lead in the polls.

What is clear, following the introduction of Bill C-64, is that little has changed. The never-ending debate on pharmacare, on what it means and what it will look like, will continue as the legislation works its way through Parliament, and as Ottawa works to secure agreements with provinces and territories relating to contraceptives and diabetes in time for the upcoming federal election.

Despite politicians of all parties agreeing that all Canadians need improved access to medications, they remain miles apart on the route that will get us there. 🌈

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Community pharmacy in Canada: a snapshot

Canadians can access community pharmacy in several formats to best suit their needs or preferences—be it an independently owned pharmacy, a pharmacy that's part of a chain or a pharmacy dedicated to specialty medications. All of these formats are continuing to thrive, according to Neighbourhood Pharmacies' latest *Pharmacy Market Insights* report with data from IQVIA Canada.

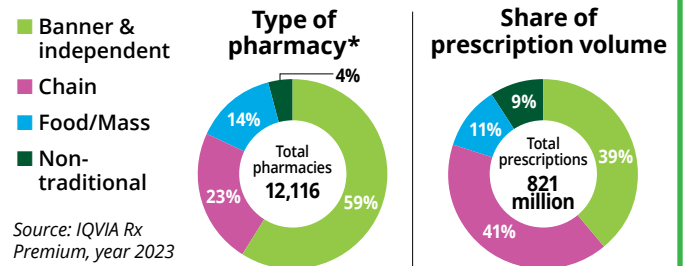
Banner and independent (banners/independents) pharmacies remain the most numerous in Canada, accounting for 59 per cent of all pharmacies by the end of 2023, unchanged from the previous year. Chain pharmacies hold the second largest share of the market at 23 per cent, also unchanged from last year.

Shares for food and mass-merchandise (food/mass) pharmacies and non-traditional pharmacies shifted ever-so-slightly. Food/mass pharmacies accounted for 14 per cent of pharmacies in 2023, compared to 15 per cent in 2022, and non-traditional pharmacies inched ahead to four per cent from three per cent.

A closer look reveals that the number of non-traditional pharmacies jumped 28 per cent. Non-traditional pharmacies include specialty pharmacies, mail-order pharmacies, long-term care pharmacies and out-patient hospital pharmacies. The number of food-mass pharmacies declined four per cent.

Chain pharmacies also slightly declined, by one per cent, while banners/independents grew three per cent. All told, the number of community pharmacies exceeded 12,000 in Canada by the end of 2023 (12,116), an increase of two per cent over 2022.

Community Pharmacy At-A-Glance



*Banner pharmacies are independently owned and members of a third-party banner program (i.e., for centralized operational supports); food/mass pharmacies operate in grocery or mass-merchandise stores; non-traditional pharmacies include specialty, long-term care, mail-order and hospital out-patient pharmacies

When we flip the lens to prescription volume, the total increased three per cent to reach 821 million prescriptions. Chain pharmacies accounted for the largest share (41 per cent), followed by banners/independents (39 per cent), food/mass (11 per cent) and non-traditional (nine per cent) pharmacies.

Volume growth was highest for banners/independents and for non-traditional pharmacies (five per cent for both formats), resulting in slightly higher shares—and subsequently slightly lower shares for chains and food/mass. However, the differences are less than one percentage point for all pharmacy formats.

It's worth noting that non-traditional pharmacies are lifting above their weight: while they represent just four per cent of all pharmacies, they dispense 11 per cent of all prescriptions. This likely reflects the relatively high volumes dispensed by long-term care pharmacies. 🌈

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 explored, as well as the impact of biosimilar drugs. For more information contact info@neighbourhoodpharmacies.ca

Building unity for meaningful change

Early in my career as a community pharmacist, I think I was a bit of a purist about the profession of pharmacy and perhaps lacked sensibility about the business side. But years of varied work experience have taught me that pharmacy has to be sustainable in order to evolve, and the business side plays a key part in that process.

Today I recognize the importance of aligning the needs of the profession and business of pharmacy, but also the effort and expertise required to do that well. That's where Neighbourhood Pharmacies fits in. In joining this organization, which represents and advocates on behalf of the broad sector of pharmacy stakeholders, I can participate with the potential to make a much more meaningful impact.

Joining the Board has given me greater insight into the tremendous work underway to address the needs of pharmacy stakeholders. When hoping for a particular outcome from government legislation, it's easy to miss the small wins. But every time advocacy has helped to favourably alter a decision that affects the business or practice outlook for the profession—or reduce the potential of harm to patients—that's progress for the profession.

Regardless of where we fit in the pharmacy landscape, there are factors now unifying all of us, be it equitable funding models or market access to medications. In taking a very strategic approach to such issues to ensure everybody's in-

terests are considered, Neighbourhood Pharmacies is connecting the business and profession of pharmacy in innovative and meaningful ways.

Having worked in community, long-term care, consulting and now specialty pharmacy, I am excited to bring a range of perspectives to the table. In my current role at Sentrex, I am looking at what's needed to support patients on specialty medications and then operationalizing programs to assist them. There's no doubt that pharmacists have an important role in the appropriate use of specialty medications, both in specialty and community practice.

When it comes to appropriate medication use overall, plenty of evidence supports pharmacists' critical role. If medications were always used appropriately and accessible to people when they needed them, I am certain we would significantly improve health outcomes and save large sums of healthcare dollars in the process.

However, moving towards these goals for the profession, for patients and for the healthcare system stems back to aligning our interests and leveraging the connections across our profession. In doing so we become more than the sum of our parts. Wherever we fit in the spectrum of pharmacy practice, Neighbourhood Pharmacies provides a unifying forum from which we can mobilize the best possible future for our profession and for our patients. 🌈



Bev Herczegh

BOARD MEMBER
*Neighbourhood Pharmacy
Association of Canada*

CO-FOUNDER
Sentrex

“Wherever we fit in the spectrum of pharmacy practice, Neighbourhood Pharmacies provides a unifying forum from which we can mobilize the best possible future for our profession and for our patients.”



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The Neighbourhood Pharmacy Association of Canada advocates for the business of community pharmacy and its vital role in sustaining the accessibility, quality and affordability of healthcare for Canadians. Through its members and partners, Neighbourhood Pharmacies is driving innovative solutions through advocacy, networking, research and information services.

The benefits of membership include:

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- Exclusive business-building networking events
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