

# Neighbourhood Pharmacy Gazette

FALL 2024

 **INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.**

A publication of the Neighbourhood Pharmacy Association of Canada



## Turn of the season

Community pharmacy's role in  
the evolution of primary care



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

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# Growing our roots in primary care

## Fall is harvest season, which aptly symbolizes what's happening in community pharmacy these days.

Seeds planted by pharmacy advocacy bodies and regulators in recent months and years—and even more than a decade ago—are coming to fruition.

In the last few months alone: Nova Scotia's pilot project of Community Pharmacy Primary Care Clinics has become permanent and will expand; New Brunswick's pilot project of Pharmacist Care Clinics, self-funded by the participating pharmacies, has become permanent and has earned interim public funding while permanent funding is negotiated; pharmacists in B.C. gained the authority to order lab tests; Saskatchewan's second pilot project for pharmacists' services in primary care focuses on assessing, testing and prescribing for strep throat and ear infections; Ontario's current public consultation will guide the roll-out of new authorities for pharmacists, including the ordering of lab tests and performing more point of care tests, to support the anticipated expansion of its minor-ailments program.

In this month's *cover story*, the *Gazette* speaks with Allison Bodnar of the Pharmacy Association of Nova Scotia and Anne Marie Picone of the New Brunswick Pharmacists Association about their journeys to help community pharmacies put down roots in primary care. We also share key learnings from Margaret Wing of the Alberta Pharmacists Association,

currently involved in probably the toughest round of negotiations yet for the province's 12-year-old, precedent-setting pharmacy services funding framework. Why? Because growth in pharmacy services for primary care was explosive in the past year and, for the first time, billings are projected to exceed budget.

In all provinces, sustainability is the necessary goal for both sides of the table. On the pharmacy side, fair remuneration is essential. The groundwork for that includes ensuring decision-makers have accurate perceptions of community pharmacy and are taking steps to fully integrate pharmacy into the public healthcare system. As Wing, Bodnar and Picone attest, that soil can be tough to hoe, even as progress is being made.

Neighbourhood Pharmacies applies its unique pan-Canadian lens to amplify the efforts and achievements of community pharmacy teams from coast to coast—we serve as the grow lights, so to speak, to boost awareness and cross-pollinate ideas and strategies across provincial borders.

In the coming months we will increase our efforts in integration, with the objective to remove barriers in the adoption of technologies and digital solutions. Not only will these technologies support pharmacy teams to do their best for patients, but they are also the linchpin to integrate with the public health system. With these technologies in place, the harvest will be bountiful indeed for governments, community pharmacies and Canadians. 🌈



**Sandra Hanna,  
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# Turn of the season



Community  
pharmacy's role  
in the evolution  
of primary care

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**“My experience was wonderful.... A very valuable addition to healthcare.... The professionalism was top notch.... Very supportive and friendly.... A fantastic service for the community.... I am so thankful.”**

These remarks from a handful of patients typify the feelings of thousands surveyed after visiting one of 31 community pharmacy-led primary care clinics in Nova Scotia, part of a research project that began in February 2023. Add the fact that emergency visits for non-urgent medical issues decreased, freeing precious resources in hospitals, and it appears the news—and outlook—could not be better for community pharmacists in the province.

And in fact, the news was so good that on September 19 Nova Scotia Premier Tim Houston

confirmed that funding will not only continue for the existing clinics, but it will also expand to enable another 14 sites to open before the end of the year—which means that 15 per cent of pharmacies in the province will include primary care clinics.

While the road ahead may still be long, the destination both for pharmacy and the government appears finally to be within reach. “We never lost sight in this project that there is this capital infrastructure and skilled human infrastructure of more than 300 pharmacies across the province that’s saving the province from building new centers and hiring new people,” says Allison Bodnar, CEO of the Pharmacy Association of Nova Scotia (PANS).

Sustainability, of course, is a central part of discussions. On the one hand, a permanent, province-wide model for primary care services in community pharmacy must be affordable for the government; on the other hand, it must deliver equitable remuneration to pharmacies for services rendered. And the key to strike that balance, says Bodnar, can be summed up in one word: integration.

“I think the piece that is missing in many provinces is that connection with government to really integrate and solidify pharmacy as part of ordinary healthcare delivery,” emphasizes Bodnar. “The data has shown very clearly that allowing all practitioners, not just pharmacy professionals, to work for their full scope requires a redesign of the healthcare system so that people are getting the right care at the right time from the right provider, at a cost our taxpayers can afford.”

**“I think the piece that is missing in many provinces is that connection with government to really integrate and solidify pharmacy as part of ordinary healthcare delivery.”**

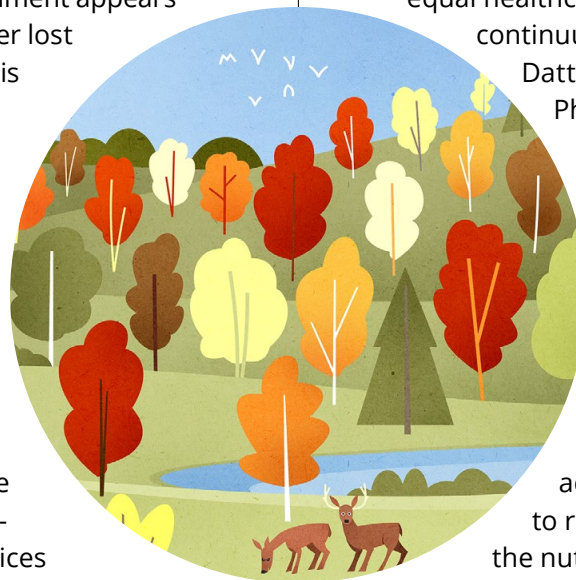
In Nova Scotia, that means current discussions are as much about enablers such as IT tools and patient referral pathways as they are about more public funding. “We’re now at the stage with government that we’re

looking at what we need to do as a system to make this work for the long term. And when we can make it work for patients and healthcare professionals, affordability and remuneration will fall into place,” summarizes Bodnar.

The integration of community pharmacy as an equal healthcare partner in the primary care continuum is essential, agrees Shelita Dattani, Senior Vice President, Pharmacy Affairs and Strategic Engagement, Neighbourhood Pharmacies.

“The partnership between the Nova Scotia government and pharmacy in implementing pharmacy-led clinics offers a proven model for other jurisdictions to adopt,” says Dattani. “Its success is a call to action for all of us around the table to redouble our efforts to get down to the nuts and bolts of what’s holding us back from transformative improvements in the delivery of primary care.”

Barrier-busters include overcoming historical bias, upfront remuneration models, rigorous data collection, removing regulatory or bureaucratic roadblocks and



a structured, top-level approach to interprofessional consensus-building. In this article, the Gazette dives into these factors by sharing more key learnings from Nova Scotia as well as insights from Alberta, currently renegotiating its pharmacy services funding framework initiated in 2012, and New Brunswick, which recently wrapped up its pilot project for pharmacy-led primary care clinics.

“Community pharmacies nationwide are making inroads,” says Dattani. “For more than a decade, Alberta was a trail-blazer jurisdiction and set the example with the broadest scope of practice and a ground-breaking funding framework. What Nova Scotia has done more recently is pull together a research-centered model for primary care that the government, the media, the public, pharmacy teams and other healthcare providers can really wrap their heads around. It’s a data-driven model that has the potential for us all to further adopt and adapt.”

## Nova Scotia

Perhaps the most important, toughest job for pharmacy advocacy bodies is changing people’s perceptions, says Bodnar. “One of the biggest challenges we’ve always had is the strong historical bias against pharmacists in terms of their competence and against pharmacies in that they are seen not as a profession but as a private, for-profit business.”

After 15 years as CEO of PANS, Bodnar can finally say those views are turning around in government and among other healthcare providers. “We are thinking of pharmacists the same way we think of nurses and physicians. As part of a profession first, not a business.”

Without doubt, the election of a new Progressive Conservative government in 2021 was a turning point. The party’s campaign focussed on healthcare, led by Tim Houston, a self-proclaimed out-of-the-box thinker. The government’s slogan to this day speaks to this: “More, faster.”



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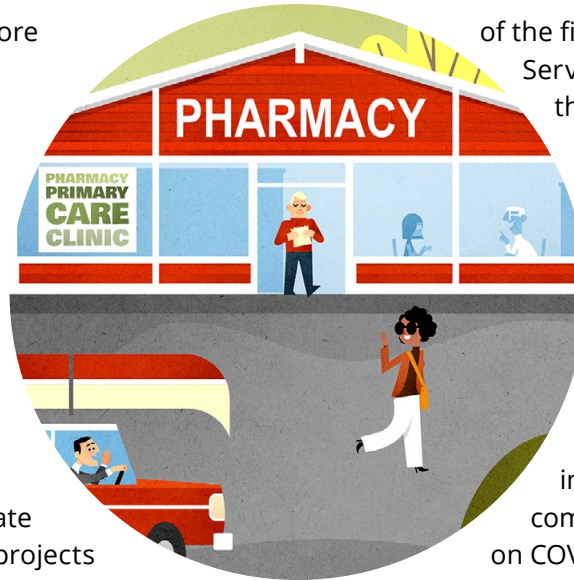
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Yet the journey began long before the election. PANS had laid the groundwork for more than two decades, working with previous governments and the Nova Scotia College of Pharmacists to expand scopes of practice for pharmacists and, eventually, pharmacy technicians. Then in 2013, PANS negotiated additional contractual funding from the provincial government for demonstration research projects. With funds to remunerate participating pharmacies, these projects were able to fully explore pharmacists' untapped roles in minor ailments, chronic disease management and anticoagulation management.

The positive results contributed to what Bodnar describes as a "fundamental shift" in government relations, culminating in 2019 with the implementation



of the first provincial Pharmacy Service Agreement—similar to the Physician Service Agreement—to fund pharmacy services for all Nova Scotians. While it did not automatically fund all services possible under scope of practice, the long-sought framework for remuneration, outside of the drug-plan budget, had been put in place.

The second major shift occurred in 2021 after government asked community pharmacy to take the lead on COVID-19 vaccinations. "Being able to solve such a massive issue changed many people's views and our relationships with them," says Bodnar. "Now people are seeing pharmacy as a possible solution to many problems."

The most pressing problem in recent years is the crisis in access to primary care, intensified by

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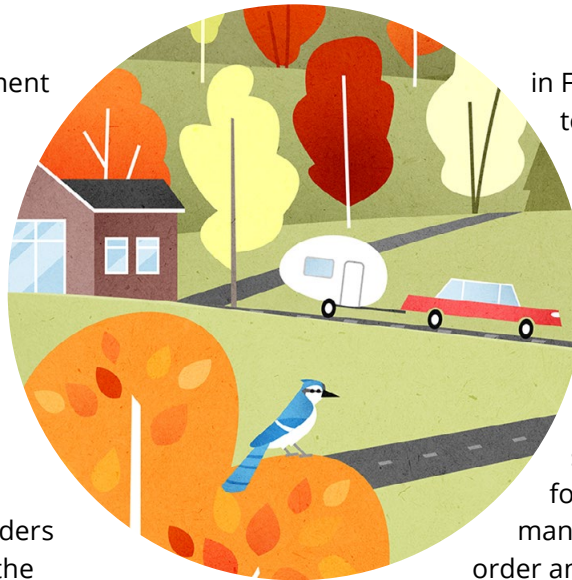


population growth. "This government was elected on a healthcare platform and they're serious about making changes at a pace that makes sense, which in some cases means as fast as we possibly can," observes Bodnar.

To set the stage for quick action, one of Houston's first acts as premier was the establishment of a quarterly healthcare summit, which he personally chairs. "Healthcare leaders from every discipline get around the table every three months and we're essentially challenged by the premier about what we've done lately to improve healthcare. And what are the hurdles or barriers that he can help us overcome," says Bodnar.

"It's not all roses," she continues. "We may have different views of how something should go forward. But ultimately, we all want to solve the same problem and these meetings enable us to come together to solve those problems collectively."

PANS and the government launched the Community Pharmacy Primary Care Clinics (CPPCCs) pilot project



in February 2023. In addition to being able to bill for more than 30 eligible minor ailments, rather than only the few that are billable in the rest of province, the pharmacy-led clinics provide and bill for assessments, point-of-care testing (POCT) and prescribing for strep throat, chronic disease management services and POCT as needed for renewals and chronic disease management. Pharmacists can also order and interpret lab tests, an authority not yet operational in the rest of the province. Assessments, testing and prescribing for sinusitis and ear infections also recently became available at the clinics.

**“ We may have different views of how something should go forward. But ultimately, we all want to solve the same problem and these meetings enable us to come together to solve those problems collectively. ”**

Participating pharmacies must hire a full-time administrative person and pharmacy staff as needed to prevent overlap in staffing between the dispensary and the clinic, and they must commit to extensive data collection. In addition to revenue from the billable services,

pharmacies receive a monthly stipend to help cover the added labour costs. Finally, the project

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stipulated that the CPPCCs operate for 20 or 40 hours a week.

The research results—including more than 150,000 services provided by the clinics during the first year, a decline in emergency visits and high satisfaction scores from patients and pharmacists—met expectations and paved the way for expansion.

And now that the historical biases against community pharmacy are being put to rest, at least among key decision-makers, broader discussions around the integration of pharmacy and systemic change move to the forefront. IT infrastructure and patient referral pathways are at the top of the list.

“By and large we have recognition now that pharmacy professionals are primary care providers,” confirms Bodnar. “What we’re doing now is solving for how to design the system so it’s very clear for providers and patients alike to navigate. We’re talking about a ‘no-wrong-door’ policy where it doesn’t matter

where they started, the system will get them to the place they need to be.”

## Alberta

Community pharmacy in Alberta has reached a critical juncture as providers of primary care services. From the point of view of the provincial government, it could be described as a perfect storm.

The current pharmacy services funding framework, which sets the fees that pharmacies can bill for professional services such as care plans, renewals and vaccinations, expires on March 31, 2025. And for the first time in its 12-year history, pharmacies’ billings are projected to exceed the budget cap.

“We’ve never witnessed the exponential growth in pharmacy services that we’re seeing now, since coming out of COVID,” says Margaret Wing, CEO of Alberta Pharmacists’ Association (RxA). “More than 400,000 unique Albertans now receive clinical care through our

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pharmacy services framework every month. These are not dispensing-related services, they are professional services such as assessments that lead to chronic care management.”

On the surface, this appears to be good news. Pharmacies are improving access to primary care and reducing pressure on physicians and hospitals. Dig a bit deeper, however, and underlying cracks in the healthcare system may jeopardize the government’s ability to sustain the growth in funding for pharmacy services. Long story short, Canada’s longest-standing, first-in-class funding agreement for pharmacy services runs the risk of being a victim of its own success.

“The government always has the prerogative to implement an authorized adjustment, which means they can decrease the fees to stay within the established budget cap” explains Wing. “With pharmacy billings now expected to materially exceed the Alberta Health pharmacy budget cap, it is our concern that they may choose to implement cost containment strategies before the end of the fiscal year.”

As in Nova Scotia, the systemic cracks point to the need for improved integration between providers, including pharmacy. Again, on the surface Alberta appears to be ahead of most other provinces on this front, for example with its well-established electronic health record that connects all healthcare providers, including pharmacy, to a central source of patient information.

Yet the need for more integration goes deeper than what happens at the level of direct patient care. Stepping back, it’s important to understand that the surge in pharmacy services is not only due to increased public awareness and demand, notes Wing.

“What’s interesting is we’re seeing a shift in some of the work that has happened in the traditional physician-based primary care environment to community pharmacy,” she explains. “So not only is the public more aware, but also the health system is more aware of what community pharmacists can do, and that they can bill the service framework. This appears to be one factor that is driving a lot of the care that we’re seeing in the context of our framework, which we haven’t experienced historically.”

Unfortunately, this reallocation of work doesn’t come with new dollars attached. “The funding doesn’t shift from one part of the health system to another,”



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says Wing. "If we had a system where we had better integration around a team-based care environment there would be more visibility around where the work has shifted, and budgeting could be system-wide and more responsive."

Negotiations to renew the pharmacy services framework are underway. The projected budget shortfall has "put a lot of pressure on our conversation about what happens next," says Wing.

It's also RxA's first negotiation with the new United Conservative Party under the leadership of Premier Danielle Smith. As in Nova Scotia and other provinces with recent or impending elections, healthcare reform was a major part of their winning campaign. In May, Alberta's new health minister announced a restructuring of the

healthcare system, including a new agency for primary care.

"Their mandate really speaks to access, where clearly we're playing a major role. They're very

focused on rural health service, and again we know pharmacists play a major role in these communities," says Wing.

"We are aligning our advocacy priorities with their mandate as best we can. However, we remain steadfast in our

position that the most cost-effective way of delivering accessible healthcare is to better utilize pharmacists and pharmacies in the overall delivery of primary care services," she continues. "We think that Alberta Health should be investing further in enhancing the delivery of care available from pharmacists across Alberta."

Community pharmacy also brings other bargaining chips to the negotiating table this time around: an indisputable groundswell in public support, provincial population growth higher than the national average and the continuing shortage of other primary care providers. "Hopefully this fragile healthcare environment will be top of mind when elected officials think about funding for pharmacy services," says Wing.

Successful grassroots advocacy may also make a difference. Five years ago, just before the pandemic, RxA established its Leadership Cohort, which recruits and trains volunteer community pharmacists to become local advocates for the profession. Each of Alberta's 87 ridings has at least one such advocate, and all of them have established relationships with their elected official.

"It takes the profession to not only provide great care, but also to make sure that the public is aware and that government is aware. Otherwise, many elected officials will default to what their own personal experience has been in a pharmacy," stresses Wing. "When our practitioners have relationships with elected officials, that's when we as a community of practitioners create meaningful change."

Wing, who has been CEO of RxA since 2010, is hopeful that pharmacists' relationships with elected officials will help with negotiations. "It won't just be

**“When our practitioners have relationships with elected officials, that’s when we as a community of practitioners create meaningful change.”**



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us, RxA, saying that reductions to the pharmacy service framework would have a direct impact on all those pharmacies and in turn patients, especially in this environment where there's nowhere else for many Albertans to go to receive care."

## New Brunswick

In July 2023, New Brunswick's Department of Health announced a partnership with the New Brunswick College of Pharmacists to conduct a 12-month pilot project to study the impact of community pharmacy-led primary care clinics. The New Brunswick Institute for Research, Data and Training would collect and analyse the data, and six community pharmacies signed on.

"This initiative is a step forward in helping patients access the care they need in a timely manner," said Health Minister Bruce Fitch at the time.

Similar to Nova Scotia, additional scope was authorized by the College to enable pharmacists in the six Pharmacist Care Clinics to offer point of care testing and prescribe for Group A strep throat, as well as assess and prescribe as part of chronic disease management for diabetes, chronic obstructive pulmonary disease, asthma and cardiovascular disease.

However, unlike Nova Scotia, participating pharmacies could not bill government for these new services. They had agreed to self-fund these offerings "in order to provide the data to show the benefit of expanded pharmacist's services," says Anne Marie Picone, interim Executive Director of the New Brunswick Pharmacists Association (NBPA), adding that the

pharmacies could continue to bill—as can all pharmacies in the provinces—for prescription renewals, contraception management and 10 minor ailments.

Public uptake was slow and steady at the start of the pilot but, unbeknownst to all the participants, it was the calm before a storm.

"We had a huge outbreak of strep from December to April," says Picone. "Deaths were reported, one within hours of diagnosis. People were panicking for their kids and for themselves and they were calling all pharmacies because they heard pharmacists could do strep tests now. Since it was only the six that were allowed to assess, test and prescribe there was a lot of confusion and ultimately these six sites became completely inundated."

The NBPA had been brought into the project in May 2023 to help oversee the operational aspects. The association advocated for funding from the get-go, and its efforts gained traction during the strep outbreak. "The six pharmacies had spent close to \$40,000 for the strep-test cartridge alone and it was becoming cost-prohibitive for all the sites," says Picone. "They were willing to self-fund for the space, the additional staffing and the new services, but the cost burden of these tests was not anticipated."

Fortunately, NBPA was able to obtain limited funding from the Department of Health to help offset the tests' hard costs.

Meanwhile, services for chronic disease management quickly became mired by another



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operational roadblock: the inability to order lab tests. “We have the authority but can’t do it because pharmacists working outside a Regional Health Authority are not recognized under the Lab Act. So our colleagues in the hospital can order labs, but community pharmacists can’t,” explains Picone.

The pilot wrapped up on September 17. On September 18, the Department of Health announced limited interim funding to incentivize the six Pharmacist Care Clinics to continue operating.

“The NBPA has clearly indicated the proposed funding is not sustainable, but in good faith we have agreed until the final report on the data comes out,

which is due at the end of October. Then we can negotiate proper, sustainable long-term funding, which we hope to have in place in early January 2025,” says Picone.

**“We still have work to do, but I believe we are slowly garnering the respect associated with the expertise we have in medication management and the knowledge we have acquired through our education and training for the services within our scope of practice.”**

the removal of the legislative loophole that prevents community pharmacists from ordering lab tests.”

NBPA also met with the Ministry of Post-Secondary Education, Training and Labour to warn of the fallout if expansion of the project—and rectifying the

Picone expects another event in October will work in their favour: the provincial election. “Healthcare will be a part of everyone’s platform for sure. We are advocating strongly for sustainable funding for pharmacists’ services, for all pharmacies, and for

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regulations for ordering lab tests—doesn't happen. "We will lose our pharmacists to Nova Scotia, P.E.I. and Quebec because they're already allowing pharmacists to work to the top of their scope. They recognize their fair and equitable value," states Picone.

As in Nova Scotia and Alberta—and throughout Canada—Picone agrees that the integration of community pharmacy in the public healthcare system ultimately revolves around people's perceptions. In New Brunswick, despite significant inroads made by pharmacy during the pandemic, the lack of upfront funding for the Pharmacist Care Clinics is a sober reminder that much work still needs to be done.

"Pharmacists are healthcare professionals and should be viewed as such. I always say, 'Not everyone on medication has a doctor, but everyone on medication has a pharmacist.' We still have work to do, but I believe we are slowly

garnering the respect associated

with the expertise we have in medication management and the knowledge we have acquired through our education and training for the services within our scope of practice," says Picone. "We will get there."

Any regrets about the primary-care pilot project? "Absolutely not. A lot of lessons were learned. It's been a monumental sacrifice for the participating pharmacies but from our own data we know the satisfaction levels are high and the pharmacy teams found the clinic to be extremely rewarding. Being able to help patients in this way has been significant for them," says Picone. 🌈



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



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# Opening all doors for patient-centred care



Members of the Board and staff of Neighbourhood Pharmacies with Premier Tim Houston (from left): Rita Winn, Shelita Dattani, Bev Herczegh, Jim Johnston, Sherif Guorgui, Premier Houston, Marie-Claude Vézina, Jon Johnson, Renée St-Jean, Chris Dalseg, Sandra Hanna, Smita Patil

## One of community pharmacy's biggest proponents is the Right Honourable Tim Houston, Premier of Nova Scotia, who was a keynote speaker at Neighbourhood Pharmacies' Pharmacy EXPO in Halifax in June.

In primary care, Houston lauded the government's partnerships with the Pharmacy Association of Nova Scotia (PANS) and other healthcare-provider associations to build new avenues for access to healthcare. The result after just one year: one million more appointments for primary care. "That's a lot more capacity," Houston told the hundreds of Members and Partners of Neighbourhood Pharmacies in attendance at EXPO. "We will continue to look for those opportunities, and you're a big part of that."

After winning the election in 2021 with a campaign focused on healthcare, Houston zeroed in on opera-

tionalizing expanded scopes of practice. For pharmacy, "we looked at expanded scope across an infrastructure that's already there, with qualified, professional, caring people. We just had to mobilize it. So that's what we've done."

Working closely with PANS, in February 2023 the government began to fund a research project that saw 31 community pharmacies serve as Community Pharmacy Primary Care Clinics (CPPCCs).

In addition to assessing and prescribing for 35 minor ailments, the pharmacy-led clinics offer assessments, point-of-care testing (POCT) and prescribing for strep throat, chronic disease management services and POCT as needed for renewals and chronic disease management. Pharmacists can also order and interpret lab tests.

After one year, Nova Scotians visited the pharmacy-led clinics more than 150,000 times and the breakdown





of services was not as expected.

“We thought the demand for services would be for the things that were already funded, and people were aware of. But the demand was [high] for the strep, for chronic disease management, for the things that are not currently funded province-wide,” said Allison Bodnar, CEO of PANS, who shared the stage with Houston at the conference.

Houston credited the CPPCCs as well as minor-ailment prescribing by pharmacists throughout the province with helping to reduce emergency visits by nine per cent in one year. As well, the data found that 56 per cent of the clinics’ patients were attached to family physicians. When asked why they went to a CPPCC rather than their physician, surveyed patients responded that “it opens up an appointment for somebody who needs the physician more,” said Bodnar. “Patients themselves are starting to understand that a traditional model where we funnel everything through



Allison Bodnar



John Colaizzi

one physician no longer works.”

Houston and Bodnar discussed some of the keys to success of the pharmacy-led clinics, including Houston’s quarterly summit meetings with all healthcare-provider associations to build collaboration from the top down and, within the participating pharmacies, a separation in workflow between dispensing and the clinic’s services.

The government and PANS are now discussing a permanent model for pharmacy-led primary care clinics, which could possibly become an option for all 315 community pharmacies in the province. “It’s about the right care at the right time by the right provider, and integrating all systems and ensuring sustainability, both from a system-payer perspective

and from a provider perspective,” said Bodnar.

In her closing remarks, moderator Shelita Dattani, Neighbourhood Pharmacies’ Senior Vice President, Pharmacy Affairs and Strategic Engagement, noted that Nova Scotia serves as a model for the rest of Canada.

“We’re issuing the call to action today. We want all jurisdictions in Canada to enable access to primary care, to pharmacy-led clinics, as we’ve seen and heard... today,” Dattani announced. “There are primary care challenges across this country [and] provincial governments need to embrace what we can offer them in pharmacy...[while] recognizing the challenges and not letting them hold us back.”

For more on Neighbourhood Pharmacies’ call to action, see the cover story on [page 4](#).

### Protecting the workforce

When tackling current human resource and workforce challenges in pharmacy to keep the focus on patient care, lessons can be learned from both sides of the border.

John Colaizzi, Walgreen’s Vice-President, Pharmacy Practice, spoke to the power of technology in improving patient safety and pharmacy efficiencies. The U.S. chain has transferred a third of its prescription fulfillment to 10 central-fill facilities across the country, servicing some 4,000 Walgreen pharmacies.

“We are working feverishly to take fulfillment out of our pharmacies,” he said. Not only does this free more time for pharmacist clinical services, but Walgreen’s data shows that automated fulfillment is safer for patients due to fewer medication errors.

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Colaizzi also noted the success of Walgreens' "workload balancing." Common tasks such as data entry and clinical reviews are conducted by "an army of pharmacists and technicians" working in call centres or at home. "Work can be shared between pharmacies within state lines...we do this because pharmacies get busy at different times."

Beyond increased capacity to address pharmacy workforce challenges, pharmacy operators need to encourage competence, connection and celebration in the profession, noted Alicia Matthews-Kent, Senior Vice President, Pharmacy Strategy & National Operations, Neighbourly Pharmacy. "As organizations we have to build in training [opportunities] to ensure our teams feel competent and confident to deliver these new services," she said.

Pharmacy teams are also "starved for connection" and need safe spaces to come together to talk about

challenges as well as celebrate achievements, said Matthews-Kent. "Now we can prescribe for minor ailments and have

primary care clinics opening up across the country," she said. "I don't think we take enough time to celebrate how far we've come as a profession."

In addressing pharmacist shortages, Colaizzi spoke of a need for partnerships with academia to address declining enrollment at a time when demand for pharmacy services climbs exponentially. As well, fewer graduates

are choosing to go into community practice. Walgreens partnered with 17 pharmacy school deans this year to form the Walgreens Deans' Advisory Council, to help determine strategies to increase enrollment and raise awareness of the benefits of a career in community pharmacy. 🌈



Alicia Matthews-Kent

NEIGHBOURHOOD PHARMACY ASSOCIATION OF CANADA

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# A close race means more opportunity

**When the calendar turned to 2024, British Columbia Premier David Eby was in the driver's seat.**

His British Columbia New Democratic Party (NDP) was up by 20 points in most public opinion polls and appeared to be cruising to a third straight term in government. Many political watchers were predicting the provincial election this fall would be a sleeper.

But six months is a long time in politics—enough for a generational shift in the alignment of centre-right voters in British Columbia. By the time kids were out of school for the summer, the campaign was shaping up to be a close race after all.

Now pundits have their popcorn ready for a competitive campaign, and while healthcare may not be the sole ballot question for British Columbians the way it has been in recent elections across the country, there may be opportunities to advocate to all parties for a greater role for pharmacists.

A quick trip down memory lane: a little under two years ago, Eby took over at the controls from former NDP Premier John Horgan, who had won a historic majority government in 2020. The opposition BC Liberal party, which had governed for 16 years prior to the NDP's return in 2017, rebranded to BC United under a new leader. And in early 2023, John Rustad took over leadership of the Conservative Party of British Columbia, which won less than two per cent of the vote in the last election, after he was removed from the BC United caucus over comments suggesting climate-change denial.

Rustad has ridden a simple, populist message—largely focused on drugs, crime and the carbon tax—jumpstarted by the success of federal Conservative leader Pierre Poilievre. Centre-right voters long aligned with BC United began shifting their support and



fundraising dollars and a few MLAs crossed the floor to the Conservatives, until momentum reached a point that BC United leadership ended the party's campaign and declared support for the Conservatives.

Once the dust settled on the partisan realignment, a string of public polls offered only one conclusion: it is a tight, two-horse race. The NDP and Conservatives have traded slim leads, both around 44-to-46 per cent support, while the BC Greens had fallen to around 10 per cent and appear to be in danger of being shut out of the legislature entirely.

Where British Columbians ultimately park their votes is likely to come down to whether they think Premier Eby and his party are taking enough action on a few key issues. Affordability is at the top of the mountain of challenges facing the incumbents, with 66 per cent of British Columbians pointing to the cost of living and inflation as their top concern and 43 per cent citing housing affordability, according to an Angus Reid survey. Healthcare is also on the mind of 52 per cent of voters but, as in other jurisdictions, has slipped from being at the forefront the way it was at the height of the COVID-19 pandemic.

Like much of the country, workforce shortages have dominated the conversation about healthcare in British Columbia over the last few years. After significantly changing how doctors are paid, the government successfully helped attract hundreds of new family



physicians, and it has cut administrative costs in a bid to shorten the list of one million British Columbians without a family doctor.

One of the most significant changes by the NDP government was enabling pharmacists to assess and prescribe for minor ailments and contraception. Decision-makers point to the success of these actions, which resulted in more than 310,000 British Columbians receiving these services from pharmacists during the first year of the program. People were able to get help for these health issues more quickly, especially those without a family doctor, and wait-times eased at walk-in clinics and emergency rooms. The NDP's platform includes further expansion to pharmacists' scope of practice to include assessing, testing and prescribing for routine conditions like strep throat or UTIs.

Few detailed policy commitments have come with the Conservatives' meteoric rise on the west coast, but the party has alluded to more "choice and competition" in the delivery of healthcare services, promised to fire the Provincial Health Officer, and advocated for the

rehiring of unvaccinated healthcare workers.

Both the Conservatives and BC United have spent considerable time sounding the alarm on the lack of access to primary care. With a closer race, many voters are rightfully weighing whether they can get the care they need in a timely fashion, and which party they trust to follow through on delivering that care.

Since pharmacists are often the first health professional British Columbians see when they have a health issue, this close race presents an opportunity for pharmacy to get the attention of all parties and highlight the profession's important role as a first line of defense in the healthcare system, and to advocate for further integration of pharmacists into primary care. 🌈



*Mike McKinnon was an advisor to former B.C. Premier John Horgan and has worked for NDP governments and campaigns across the country. He is a Senior Consultant at Enterprise Canada, a national strategic communications firm.*



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# Specialty drugs match traditional's share

**After years of steady growth, including an increase of nine per cent in 2023, specialty drugs now account for half of the dollar value of all prescriptions dispensed by community pharmacies.**

The market was evenly split between specialty drugs and traditional drugs by the end of 2023, at \$17 billion each, for a total market worth \$34 billion, states Neighbourhood Pharmacies' latest *Pharmacy Market Insights* report, which draws on data from IQVIA Canada. Specialty drug's previous market share was 45 per cent at the end of 2022 (or \$14 billion out of a total of \$31 billion).

Meanwhile, specialty drugs accounted for 1.8 per cent of prescription volume, or 15 million out of 821 million prescriptions dispensed. The huge differential between dollars and volume dramatically illustrates the much-higher average cost of a specialty medication, which typically carries an annual cost of \$10,000 per patient at minimum.

Non-traditional pharmacies, which include specialty pharmacies, saw their share of the specialty-drug market grow by 10 per cent to reach 60 per cent (or \$10 billion of the \$17 billion). This compares to a 52 per cent share a year earlier, at the end of 2022.

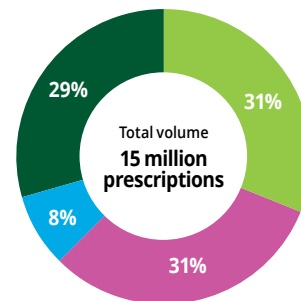
Specialty-drug prescription volume grew by nine per cent in non-traditional pharmacies to reach 4.5 million prescriptions, or 29 per cent of the total specialty-drug volume.

The highest rates of growth occurred in independent and banner pharmacies: their dollar share increased

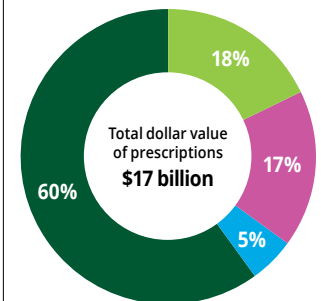
## Specialty drugs by type of pharmacy

- Banner & independent
- Chain
- Food/Mass
- Non-traditional

Share of prescription volume



Share of prescription dollars



Source: IQVIA Rx Premium, year 2023

by 13 per cent to reach \$3 billion, representing 18 per cent of the total specialty-drug market, and their share of volume grew by 10 per cent to reach 4.8 million, or 31 per cent of the total specialty-drug volume. These results place independents and banners on par with chain pharmacies, which accounted for 17 per cent of dollars and 31 per cent of volume in 2023.

The remaining format of community pharmacy, food and mass-merchandise pharmacies, accounted for five per cent of the dollar value (\$760 million) of specialty drugs and eight per cent of the specialty-drug volume (1.3 million) by the end of 2023. 🌈

## 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](mailto:info@neighbourhoodpharmacies.ca)

# A pharmacy legacy lives on

## Len Marks Pharmacy Advancement Award: The Coutu family

**If ever there was ever a family inextricably linked to pharmacy in Quebec, it's the Coutu family.** Over 55 years, this dedicated group of entrepreneurs has evolved and expanded its network of community pharmacies to more than 420 locations across several provinces to effectively meet the changing needs of pharmacists and patients.

"Thanks to the network's consistent attention to patients' health and well-being, innovation and highly personalized local services, we have created a trusted brand in communities across Quebec, Ontario and New Brunswick," says Jean-Michel Coutu, President, Pharmacy Division of METRO.

"The Jean Coutu brand has held a special place in the hearts of Quebecers for many years and is a legacy for the pharmacy sector that METRO has proudly carried for the past five years." (The Jean Coutu Group became a wholly owned subsidiary of METRO in 2018.)

From humble beginnings as a discount pharmacy in Montreal in 1969, the Coutu family has demonstrated a willingness to take risks, innovate and lead change in the profession. In the pharmacy retail sector in Quebec, for example,

they innovated with professional services, longer store-opening hours and a wide array of products in the frontstore.



JEAN-MICHEL COUTU

The Jean Coutu Group was also an early adopter of technology. Twenty-five years ago, the company led the country with online prescription renewals. And in 2010, its pharmacies could accept requests for renewals from patients' smartphones.

With pharmacy now undergoing a tremendous transformation as a full partner in patient care, Coutu expects pharmacists to play an even greater role in Canada's healthcare system in the future. "By expanding the situations in which they can help their

patients, community pharmacies will become an essential frontline health destination for patients," he says.

**“By expanding the situations in which they can help their patients, community pharmacies will become an essential frontline health destination for patients.”**

The Coutu family can justifiably feel it played a significant part in helping make that happen. "This Award is a recognition of the work we have done, in collaboration with our industry

partners, to enhance the profession and position our pharmacy banners as healthcare destinations in their communities," says Coutu.



### ABOUT THE AWARD

**The Len Marks Pharmacy Advancement Award**, in memory of Len Marks, Chair of the Board of the Canadian Association of Chain Drug Stores from 1997-2000, recognizes an individual for demonstrating outstanding dedication to the advancement of pharmacy.



# Effecting change in drug supply chain

## Distinguished Partner of the Year Award: Mike Dutton

**Mike Dutton began his career at the largest Canadian-owned pharmaceutical company in the country 22 years ago—and has taken on a wide range of roles ever since.** His vast experience at Montreal-based Pharmascience spans positions in sales, finance and strategic planning across multiple therapeutic areas, including endocrinology, neurology, oncology, cardiovascular care, mental health and infectious diseases.

“I was drawn to the pharmaceutical industry by its significant impact on people’s lives,” says Dutton, currently Vice-President and General Manager at Pharmascience. “The chance to contribute to the development and distribution of life-saving medications and health solutions in Canada was highly appealing.”

Staying true to intentions, one of Dutton’s most notable achievements to date has been his ability to leverage his network to educate and influence industry leaders about the importance of a sustainable Canadian supply chain. He says this is especially important in light of ongoing global drug shortages and future pandemic threats. “Failing to address this will jeopardize the effectiveness of our healthcare system and well-being of our communities.”

During his tenure at Pharmascience Canada, the company has consistently prioritized investment in local manufacturing and the research and development of medications in Canada. “By producing these critical products domestically, we ensure that all Canadians have quicker and more reliable access to essential drugs,” he says.



MIKE DUTTON

Prior to his current position, Dutton oversaw the Canadian sales division for the company’s generic and private label products, helping establish Pharmascience as one of the leading generic drug manufacturers in the country. As a business leader, his reputation for forming and guiding high-performance teams—and achieving outstanding results—aligns with his passion for sales excellence and leadership.

He says receiving the Distinguished Partner of the Year Award from Neighbourhood Pharmacies is a “tremendous honor” that acknowledges his commitment to the Association, its members, and the Canadian patients who depend on medications to enhance their health and quality of life. “This award is a reflection of the collective efforts, shared vision, and values of our entire team at Pharmascience,” says Dutton.



### ABOUT THE AWARD

**The Distinguished Partner of the Year Award** honours a Neighbourhood Pharmacies Partner in good standing who displays commitment to Neighbourhood Pharmacies’ initiatives and/or committees and contributes to the advancement of pharmacy.

# It takes a village to raise awareness

**Recently, I had the privilege to attend two conferences organized by advocacy associations,**

one by the Canadian Association of Pharmacy Technicians and one by the Canadian Pharmacists Association. Since then, I have been reflecting on the importance of advocacy and how professionals should be involved in moving their profession forward.

By definition, advocacy is an activity by an individual or group that aims to influence decisions within political, economic and social institutions. Advocacy seeks to influence public policy, laws and budgets by bringing forward facts, building relationships and delivering key messaging to educate government officials and the public. Advocacy can include many activities, such as media campaigns, public speaking and research.

Why should pharmacists and pharmacy technicians advocate for the profession? Honestly, with all the pressures within healthcare in general and the widespread recognition that the current system needs to change, it is time for everyone to start championing the profession of pharmacy. The public and other health professionals need to truly see pharmacists and pharmacy technicians for the value they bring.

One simple, powerful example of individual advocacy: when asked what you do, no longer is it enough to answer, "I work in a pharmacy." It's time to elaborate and include your education, the fact that you're a licensed pharmacy professional with liability insurance, and the role you play in providing healthcare to patients.

All pharmacy professionals should follow what is going on within the world of pharmacy, and likely do so on social media. Take the time to "Like" or repost information to build awareness within your network among those who may not be directly involved with the pharmacy sector. And among your peers, this form of advocacy shows support and engagement to those dedicated to improving the profession.

Another way for pharmacists and technicians to support their profession is to join an advocacy



association. Unlike regulatory bodies, which license health professionals and protect the public, associations support the professionals and advocate for the profession. They do so through leadership, government relations, communications, education and networking (e.g., at conferences).

Membership in an association can also lead to personal career growth. It provides the resources, services, professional development programs and invaluable networking opportunities—the latter is especially true when you volunteer to serve on a committee or the board. In return, the association benefits by capturing your views to guide advocacy efforts and ensure the collective voice of pharmacy is heard when policy changes affect the work environment.

Burnout across healthcare professions is a current priority for our advocacy bodies. Now imagine how much more the profession of pharmacy could achieve if our collective voice became stronger. We must all do our part. At the very least, it is time each of us becomes loud and proud of pharmacists and pharmacy technicians! 🌈



*Sheena Deane is President of the Canadian Association of Pharmacy Technicians, President of the Canadian Council on Continuing Education in Pharmacy, and Operations Manager at Kristen's Pharmacy in Southampton, Ontario. Deane was recently profiled as an advocacy leader in [CanadianHealthcareNetwork.ca](https://www.CanadianHealthcareNetwork.ca).*

# Standardizing specialty care in Canada

A conversation with Renée St-Jean and Jason Zabransky of Innomar Strategies, a Cencora company, member of Neighbourhood Pharmacies



**Renée St-Jean,**  
BScPhm, MBA, RPh  
*Senior Director,  
Pharmacy Services*



**Jason P. Zabransky,**  
MBA, P.Eng  
*Vice-President,  
Specialty Operations*

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## What is the #1 priority for InnomarPharmacy™?

At InnomarPharmacy™, our purpose is being united in our responsibility to create healthier futures. It is all about the patient experience: getting specialty therapies to patients as fast as possible, helping them with adherence and persistence, as well as educating them on all aspects of their care so they can have the best experience possible. We've invested in the development and standardization of our pharmacist counselling for each product we support. Sessions around new therapies can last from 45 minutes to an hour, which means pharmacists have adequate time for counselling and patients can feel comfortable and confident about the therapeutic journey they're about to embark on.

## How else are you helping staff provide patient-centred care?

We give our pharmacists and technicians the development opportunities and dedicated time to practice to their full scope in their respective provinces, enhancing clinical patient care provided at InnomarPharmacy™. Our pharmacists are not just medication experts but therapeutic experts, which means they are taking time to educate themselves on how to manage side effects and help patients access resources through patient advocacy groups and other community resources.

## What are the key challenges for specialty pharmacies?

Sometimes our peers and regulators don't fully understand what it takes to provide specialty services to patients. Beyond the

investment in logistics and infrastructure, there is the investment in continuously educating our pharmacists and other care providers on new therapies and administration. Inadequate reimbursement models are another distinct challenge to providing specialty pharmacy services. Neighbourhood Pharmacies is certainly helping us raise awareness on both these issues.

## What drives you to advance the profession in specialty pharmacy?

Patients on specialty medications and their caregivers have so many questions and so many concerns when starting therapy. It can be completely overwhelming. Being able to educate them and properly steer them on this therapeutic journey is extremely rewarding. Plus, having the ability to constantly enhance services and tackle problems as new products launch is creating a dynamic professional opportunity for pharmacy team members within the specialty market.

## Why is Innomar Strategies part of Neighbourhood Pharmacies?

There is no other organization out there currently advocating for specialty pharmacy to the same degree. Over the last five years, the organization has made tremendous strides in demystifying the specialty pharmacy market and raising awareness about its growth potential. Although Neighbourhood Pharmacies represents the business of pharmacy, the association's thought leaders truly believe in the profession too. It makes sense that we work together to collaboratively shape the future of specialty pharmacy in Canada. 🌱



# How to temper climate risks

**Navigating the needs of patients during extreme weather events, the loss of infrastructure, prescribing for Lyme disease and environmental stewardship** are among the demands put on pharmacy practice with the current climate crisis. These demands will multiply quickly.

The [World Health Organization](#) has declared the climate crisis to be humanity's biggest health threat. As summarized in the Chief Public Health Officer of Canada's [2022 report](#), "Mobilizing Public Health Action on Climate Change in Canada," extreme weather events (e.g., heatwaves, wildfires, flooding, warming oceans, coastal flooding) impact the health of Canadians in many ways, including direct injury, impaired access to health-care services, dehydration, cardiovascular and respiratory effects, increased risk of lung cancer, vector-borne diseases (e.g., Lyme disease, West Nile virus, malaria), water-borne disease, and increased risk of death.

Research shows that pharmaceuticals contribute significantly to the greenhouse gas emissions that are causing climate change, totalling one-quarter of healthcare's emissions, which globally is more than the automotive industry.<sup>(1,2)</sup>

Pharmacy professionals have a vital role to play in the climate crisis as healthcare leaders and providers of essential services. "Pharmacists, as medicines experts, are well-positioned and ethically responsible for mitigating climate and pollution risks to health throughout the pharmaceutical supply chain and across the spectrum of medication management," stated the International Pharmaceutical Federation in its [policy statement](#) on environment sustainability in 2023.

The good news is that reputable resources for pharmacies in Canada are emerging, such as the [Climate Resilient, Low Carbon Sustainable Pharmacy Playbook](#) produced by CASCADES (Creating a Sustainable



Canadian Health System in a Climate Crisis) in 2023. Mitigation-related activities start upstream with manufacturing and transportation, and continue down the distribution-and-use pathway through packaging, medication optimization and deprescribing, prescribing less environmentally harmful pharmaceuticals, and properly disposing of pharmaceuticals.

Climate adaptation in pharmacy includes disaster planning, ensuring continuity of care in extreme weather events, and educating patients on the effects of climate change (e.g., medication effects in heatwaves and air-pollution effects on chronic diseases).<sup>(3)</sup> For example, if you have a low supply of medications and your order is not coming in due to supply chain challenges due to a flood, are there processes in place to ration medications according to specific patient factors? Or are there processes to transfer prescriptions or communicate with nearby clinics for changes in services due

to an emergency evacuation during a wildfire?

Navigating climate change is vital, not only for patient well-being, but also for a successful business. Awareness, interest and climate anxiety are growing

among consumers. When choosing their pharmacy, climate mitigation practices are a differentiating factor and, for the pharmacy, a competitive advantage. Climate mitigation activities reduce waste and associated costs, resulting in low-carbon, high-value care.

Importantly, an anti-greenwashing amendment to Canada's Competition Act, adopted in June 2024, requires businesses to provide proof to support their environmental claims. Any messaging regarding products or practices

“Pharmacists, as medicines experts, are well-positioned and ethically responsible for mitigating climate and pollution risks to health...”

that benefit the environment (e.g., eco-friendly, recyclable, net-zero) must be substantiated with evidence.

Finally, as is the case for adaptation strategies, disaster planning has the potential to prevent or minimize disruptions to services. The more detailed it is the more it will benefit the business, as every hour your pharmacy is down affects patient care and business.

Pharmacy owners and operators must prioritize climate change to provide optimal patient care. Opportunities exist to modify one's own practices to be more environmentally sustainable, advocate upstream and influence the industry overall through educated and transparent procurement practices. Contracts, negotiations, purchases and networking are all significant moments in advocating for a more sustainable industry.

### New organization for pharmacy

The Canadian Association of Pharmacy for the Environment (CAPHÉ), established in 2022, is a national organization of volunteer pharmacy professionals with a mission to promote and improve planetary health in the pharmacy profession. Key areas of action for

urgent mobilization include system-level initiatives (e.g., regulations, accreditation standards, organizational strategic priorities) and the development of knowledge and skills at the individual level. An all-hands-on-deck approach, particularly from those involved in pharmacy leadership, is required to tackle this critical health crisis. 🌍



Caitlin Roy is Co-Chair of the Canadian Association of Pharmacy for the Environment and a pharmacist working at the Saskatchewan Health Authority

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# Making room for pharmacy innovation

**As a pharmacist with 25 years at Sobeys in primarily operational roles,** I've had a front-row seat to the varied challenges faced by our profession across the country. Identifying and implementing improvements to tackle those challenges has been an especially rewarding part of my career.

Whether discovering operational efficiencies to address the financial pressures of drug pricing reforms and new government regulations, or finding ways to embed expanded clinical services into our business model, the common thread to supporting the profession is that solutions require constant innovation.

For that reason, the Neighbourhood Pharmacy Association of Canada is an invaluable part of the pharmacy ecosystem. Its members recognize the importance of challenging the status quo to advance the pharmacy profession. We are open to new ideas for pharmacy models, drawing inspiration from jurisdictions throughout the country and around the world.

Sustainability is an equally important part of the equation for success. Now more than ever, Neighbourhood Pharmacies advocates for evolving business models that enable pharmacists and their teams to work to their full scope of practice. The Association's leadership team has been critical to help governments, regulators and other stakeholders better recognize what is required to successfully integrate pharmacy practice into the greater healthcare landscape. The Association is in a unique position

to apply an essential national pharmacy lens to these and other important advocacy discussions.

In this time of strained healthcare resources, our pharmacy practice must evolve; outdated processes and models can risk the wellbeing of pharmacy teams and their patients.

For example, we need to seek opportunities for clinical services outside of traditional pharmacy models. At Sobeys, we have invested in central fill technology to offload the technical side of dispensing and increase pharmacists' capacity to focus on clinical care. Such technology plays a complementary role in clinical care by improving patient safety and optimizing drug outcomes.

The timing is also ideal for pharmacy professionals to embrace technologies that have the potential to create new capacity for greater scope. And to improve accessibility, we should also consider what care and other services can be offered in patients' homes or in other non-traditional environments.

As governments and healthcare providers move through tremendous transition in healthcare, community pharmacy will continue to keep pace, and at times set the pace. By leveraging new technologies, participating in forward-thinking remuneration models and proving our worth in team-based care, we will demonstrate that innovation and collaboration is our new "status quo" for sustainable solutions today and for generations to come. 🌈



**Jim Johnston,  
B.Sc.Pharm., MBA**

BOARD MEMBER  
*Neighbourhood Pharmacy  
Association of Canada*

VICE-PRESIDENT AND  
GENERAL MANAGER  
*Sobeys National Pharmacy*

“  
Innovation and collaboration is our new “status quo” for sustainable solutions today and for generations to come.”





**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 PREMIUM AND ASSOCIATE PARTNERS**

Abbott Laboratories Co. AbbVie*	ASOP (Alliance for Safe Online Pharmacies)	CAPT (Canadian Association of Pharmacy Technicians)	Jones Healthcare Group	The Pangaea Group
Amgen Canada Inc.*	Astellas*	Dexcom	Juno Pharmaceuticals	Pear Healthcare Solutions
Apotex Canada*	AstraZeneca Canada Inc.*	Dr. Reddy*	Kenvue	Pfizer Canada Inc.*
Ascensia Diabetes Care	AuroPharma Canada*	Ecolopharm	Knapp	Pharmascience Canada*
	Auxita	embecta – formerly part of BD	Kohl & Frisch Ltd.	Sandoz Canada Inc.*
	Bausch Health	Fresenius Kabi Canada Ltd.	Lundbeck	Sanofi Pasteur Ltd.
	BD*	GSK (GlaxoSmithKline)*	Merck*	ScriptPro Canada Ltd.
	Biocon	Healthmark Ltd.	Mint Pharmaceuticals*	Sterimax Inc.
	Boehringer Ingelheim	Imperial Distributors Canada Inc. (IDCI)	Moderna*	TempAid
	Canada Health Infoway**	IQVIA Solutions Canada Inc.*	NATCO Pharma (Canada) Inc.	Tension Packaging & Automation
	Canopy Growth Corporation*	Jamp Pharma Corp.*	Novavax*	Viatrix*
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			Organon	Zonnic Canada

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