Neighbourhood Pharmacy
Gazette
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INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.
A publication of the Neighbourhood Pharmacy Association of Canada

Fertile ground?

EXPLORING THE ROOTS OF PUBLIC FUNDING FOR PHARMACY SERVICES IN CANADA

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INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.

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MESSAGE FROM THE CEO

Time to rethink pharmacy funding

How much would you spend to protect an investment of $20,000?

I often pose this question to governments grappling with rising drug-plan costs. It comes from a real-life situation that happened when I was working in community practice. During a MedsCheck at Home medication review, I discovered an almost-full package of a drug priced at more than $20,000. The patient, a pleasant woman in her seventies, explained she had stopped taking it because of the side effects. She did not tell the doctor or pharmacist.

Neither she nor the payor benefited from a drug that is proven to improve quality of life and reduce healthcare costs elsewhere in the system. And the payor was out more than $20,000.

The situation could have been avoided with a relatively small added investment in post-dispensing medication management services to ensure appropriate use of the drug.

As noted in the cover story, the funding model for pharmacy services is decades out of date. Today's drugs may be much more complex in terms of inventory management, reimbursement, patient education, adverse events and adherence. Even if the drug itself is not complex, the demand for services to support chronic disease management is steadily growing, in part due to an overburdened primary care system that simply can't keep up. The value of such chronic disease management is the same whether the drug price is $20,000 or $2.

Neighbourhood Pharmacies well understands the need to manage costs and get full value from spending. But we must work together to prevent or mitigate the unintended consequences of policies that continue to apply a one-size-fits-all approach to medications.

When we think about the upcoming pharmacare program and medication coverage in general, we can't lose sight of the professional services that wrap around the dispensing of that medication, and that increasingly need to wrap around its continued appropriate use.

Stagnant dispensing fees and reduced revenue from markups hurt pharmacies' ability to sustainably provide full services for all drugs for all patients. While growth in prescription volume has helped blunt the impact of the deficits in these core sources of funding, we are increasingly at risk of a false economy that hurts all participants, patients most of all. Now that fees for services are slowly becoming part of the equation, we are long overdue for a cohesive funding model that provides better value for everyone.

Rather than continuing to grapple with the pharmacy sector over funding cuts, I challenge payors to flip their view and see us as partners in cost containment. Pharmacy teams' interactions with patients uniquely position them to act as frontline stewards, maximizing the value of much-needed investments in medicine.

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> **"We are long overdue for a cohesive funding model that provides better value for everyone."**

By Karen Welds

Fertile ground?

Exploring the roots of public funding for pharmacy services in Canada

On the surface, community pharmacy's growth as health hubs appears to be flourishing. Expansions to scope show no signs of slowing and, unlike a decade ago, most new authorities today are backed with public funding from the get-go. Positive trends in claims data substantiate pharmacies' ability to operationalize the new services and Canadians' acceptance of pharmacists' expanded roles.

When we dig deeper, however, long-term sustainability is far from assured. Vulnerable reimbursement models, regulatory barriers and administrative burdens are among the pockets of clay that prevent pharmacy's evolution from taking deep root.

As the association representing the business of pharmacy, one of Neighbourhood Pharmacies' primary objectives is to work with governments to deploy enablers so that community pharmacy can sustainably scale services that are vital for a more resilient healthcare system.

"Community pharmacy gained a lot of ground during the pandemic and we are much more likely to have a seat at the table," says Shelita Dattani, Neighbourhood Pharmacies' Senior Vice President, Pharmacy Affairs and Strategic Engagement. "Neighbourhood Pharmacies' pan-Canadian perspective has become especially important and we are making inroads in connecting the dots so policymakers can understand the unintended consequences of some of their decisions."

In this article, the *Gazette* focuses on the enabler of remuneration by providing an overview of where funding currently stands, drawing from Neighbourhood Pharmacies' Remuneration and Services report and the Canadian Foundation for Pharmacy's annual Services Chart. We summarize the wide variations that exist between provinces and territories. In the case of fees for dispensing services, some jurisdictions have not seen an increase in more than a decade. At the same time, cutbacks and caps on markups have become more frequent in the past decade.

"We need to step back and modernize the funding model so that it reflects the complexity of the service as well as the complexity of the drug," says Dattani. "We can learn from best practices around the globe and in other healthcare sectors."

> **"The traditional pharmacy funding model of dispensing fees and markups is vulnerable and no longer sufficient or appropriate to sustain pharmacy operations in the way it once did."**

Dispensing fees and markups

Community pharmacies rely on dispensing fees and markups for more than 80 per cent of their revenue, notes Dattani. The fee and markup not only reimburse the clinical and technical tasks associated with the filling of each and every prescription, but they are also essential to pay for staff, maintain inventory and cover operating costs.

As summarized in this article, these core sources of revenue have reached a critical crossroad. "The traditional pharmacy funding model of dispensing fees and markups is vulnerable and no longer sufficient or appropriate to sustain pharmacy operations in the way it once did," says Dattani.

Publicly reimbursed dispensing fees are largely stagnant. In 11 years (from January 2014 to December 2024), dispensing fees increased only once or not at all in six provinces and all three territories. Manitoba's fee of $6.95 for beneficiaries of the Employment and Income Assistance plan has not increased since the 1990s. While Manitoba pharmacies can bill remaining public plans up to $30, that seemingly high amount shrinks significantly when you consider it includes the markup, which can't be billed separately in that province.

Ontario lays claim to the lowest dispensing fee for all prescriptions covered by all provincial plans, at $8.83. The fees paid to rural pharmacies are more in line with the rest of the country, ranging from $9.93 to $13.25—but have not increased in a decade. It's also worth noting that, prior to 2015, Canada's largest province had increased its reimbursement for the dispensing fee by 2.5 per cent each year for five years, from 2010 to 2014 inclusive.

Observations of note in other jurisdictions:

- While Alberta's publicly paid dispensing fee is relatively high at $12.15, it is lower than it was in 2014 ($12.30).

- Governments in Saskatchewan, Quebec and Prince Edward Island increased the dispensing fee reimbursed to pharmacies three or more times since the start of 2014.
- Nova Scotia distinguishes itself as the only jurisdiction with an annual increase to the dispensing fee for at least 10 years, from $11.50 at the start of 2014 to $12.84 today (an increase of 12 per cent over 11 years).

According to the Bank of Canada's inflation calculator, inflation pushed the cost of goods up by just shy of 32 per cent during the 11-year period from October 2013 to October 2024. That means a dispensing fee of $10 in 2014 (the 2014 and current fee in British Columbia) would need to be approximately $13.15 today to maintain its reimbursement value for pharmacy operators.

A growing number of pharmacy agreements in other countries—for example, Denmark, Spain, Australia and New Zealand—allow for annual increases to account for changes in the consumer price index. Over the past five years, New Zealand has reported an average annual increase of three per cent, notes Dattani.

"Annual indexation of dispensing fees needs to be table stakes for pharmacy," summarizes Dattani. "The costs to operate are going up and we can't pass the growing costs on to patients."

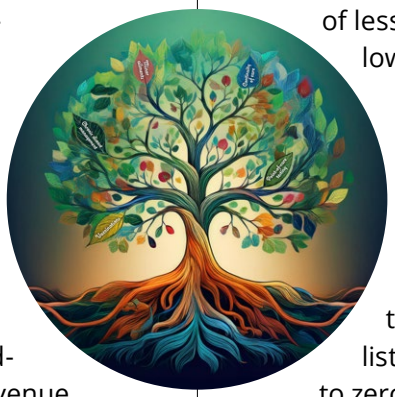
Closer look at markups

When we turn our lens to markups, community pharmacies simultaneously face inflationary *and* deflationary pressures. On the one hand, operating costs to maintain inventory steadily increase; on the other hand, governments—and private plans that follow governments' lead—have reduced or capped markups, and lower drug prices mean that markups generate less revenue.

"It's a constant struggle," says Dattani. "In other sectors, markups more or less keep pace with inflation

because as the price of the good goes up, revenue from the markup goes up. That doesn't happen in pharmaceuticals, where pricing is carefully controlled."

While pricing controls help protect consumer access to medications, they have a significant downstream impact on community pharmacies and pharmacy distributors. For example, when the pan-Canadian Pharmaceutical Alliance implemented the Generic Tiered Pricing Framework in 2014 to reduce the prices of generic drugs, an analysis by Neighbourhood Pharmacies calculated that the pharmacy sector lost more than $375 million in funding over four years due to the reduced revenue from markups.



Legislated price compression remains very much on the horizon with coming reforms to the pricing framework of the Patented Medicine Prices Review Board (PMPRB) and the new pharmacare legislation. "We strongly support the need for affordable drugs for Canadians, but community pharmacies cannot continue to absorb the unintended consequence of less revenue from markups resulting from lower drug prices," says Dattani.

As well, during the past two decades most jurisdictions have reduced and/or capped—and in one case clawed back—revenue in response to higher-cost specialty drugs. For example:

- B.C.'s markup of eight per cent declines to five per cent for drugs on its high-cost list, to two per cent for hepatitis C drugs and to zero for drugs to treat rare diseases.
- In Saskatchewan, pharmacies can bill a markup no higher than $20 once the drug's acquisition cost exceeds $200.
- In January this year, Yukon capped its markup at $100.

- In Ontario from 2020 until April 2024, the government clawed back revenue from markups through "reconciliation adjustments." It then replaced its two markups of six percent or eight per cent with a six-tier payment structure, where the lowest tier of five per cent is applied to drugs costing $4,000 or more.

To complicate matters further, pharmacies in Manitoba and Quebec cannot bill public plans for markups *at all*. Instead, the dispensing fee is expected to account for the costs associated with stocking medications.

The no-markup policy in Quebec is especially difficult to fathom considering its dispensing fee of $10.12 or $10.82 (based on prescription volume) is at the low end compared to other provinces. Pharmacies are able to make up the revenue shortfall somewhat by billing dispensing fees more often; that is, they are able to routinely dispense 30-day supplies of chronic medications, whereas policy in other provinces has come to require or encourage 60- or 90-day supplies.

There's more. Wholesalers bill pharmacies an upcharge or markup to cover their costs for distribution—which may exceed the markup that pharmacies are allowed to bill their provincial drug. "It's happening more often that the government's markup is less than the wholesaler's, which means that pharmacies are operating at a loss," says Dattani. "They have no recourse short of turning away patients—which they won't do because it goes against pharmacists' professional duty of care."

The bottom line is that policy changes and revenue compression are happening on too many fronts in both the public and private sectors. Add to that the growing expectations from both patients and governments for medication management and other services in primary care and public health, and pharmacy's position is "increasingly untenable," says Dattani.

"We are raising awareness of the need for a whole-of-government, multistakeholder approach and the benefits of funding models that reflect the value and complexity of care and are not totally dependent on the price of the drug," concludes Dattani.

Dispensing fees reimbursed by public drug-benefit plans, 2024 versus 2014

	Current	January 2014
British Columbia	$10.00	$10.00
Alberta	$12.15	$12.30
Saskatchewan	$12.15	$10.75
Manitoba	$6.95 or market-based with a cap of $30.00*	$6.95 or market-based*
Ontario	$8.83*	$8.62*
Quebec	$10.12 - $10.82	$8.57 - $9.16
New Brunswick	$11.00	$11.00
Nova Scotia	$12.84	$11.50
Prince Edward Island	$12.84	$12.00
Newfoundland & Labrador	$11.96 - $50.00*	$11.05 - $49.55*
Yukon	$11.00	$8.75
Northwest Territories	$13.00	$9.33
Nunavut	$16.95	$16.95

**In Manitoba, $6.95 maximum for Employment and Income Assistance program, unchanged since the 1990s. For rural pharmacies in Ontario, current maximum of $9.93 to $13.25 versus $9.69 to $12.92 in 2014. In Newfoundland & Labrador, the fee varies based on type of plan and cost of drug.*
Sources: Provincial pharmacy associations, Neighbourhood Pharmacies Pharmacy Services and Remuneration report, Canadian Foundation for Pharmacy Services Chart, Canadian Institute for Health Information and Patented Medicine Prices Review Board (National Prescription Drug Utilization Information System)

Current allowable markups on drugs paid by public drug-benefit plans

British Columbia	0%, 2%, 5%, 7% or 8%*
Alberta	3% and 7% with cap*
Saskatchewan	10%, 15% or 30% with $20 cap
Manitoba	No markups
Ontario	5%, 5.5%, 6%, 7%, 8% or 8.5%
Quebec	No markups
New Brunswick	8%
Nova Scotia	8% or 10%
Prince Edward Island	8% or 10%*
Newfoundland & Labrador	8.5% or 9%
Yukon	5% or 17.5%
Northwest Territories	20% with $100 cap
Nunavut	n/a

** B.C.'s markup drops to zero for drugs to treat rare diseases. Alberta's markup is a two-step calculation with a cap of $100, e.g., for a drug costing $2,000 the allowable markup is $160, calculated as $60 (3% of $2,000) plus $100 (7% of $2,060, rolled back to $100). In P.E.I., 8% markup and no cap for single-source drugs with ingredient charge >$3,000.*
Source: Neighbourhood Pharmacies Pharmacy Services and Remuneration report

Funding for services

For services outside of dispensing, only three provinces currently negotiate funding under separate contractual agreements.

Alberta's Compensation Plan for Pharmacy Services took effect in 2012, followed by Nova Scotia's Pharmacy Service Agreement in 2019 and Quebec's decision in 2021 to move funding for non-dispensing-related pharmacy services out of the drug insurance plan and into budgeting for all healthcare services included in the Health Insurance Act.

As pharmacists' scope of practice increasingly overlaps the scopes of other healthcare professionals—such as in the areas of immunizations, assessments for minor ailments and chronic disease management—funding models between providers should also align, notes Dattani.

It's essential to take funding for expanded services out of the drug plan for two reasons, she continues. "First, to protect the drug plan's ability to pay for drugs, dispensing fees and markups. Otherwise, we are always squeezing the balloon and new funding for one area threatens to take funding away from another area."

Second, a dedicated source of funding for non-dispensing-related services enables equitable allocations between healthcare providers. "Governments will have far greater visibility. Budgeting can be system-wide, which aligns well for them to be far more responsive to patients' needs and expectations," says Dattani.

Scoping out service fees

As with dispensing fees, public funding for services outside of dispensing varies widely across Canada. And outside of Quebec, increases do not happen often—if at all. For example, Saskatchewan's reimbursement of $6.00 for renewals and adaptations is well below other provinces—and hasn't changed since day one in 2011.

"The good news is more jurisdictions recognize the fundamental need to fund these services in the first place, to get the most value for the healthcare system. Minor ailments are a big example of that," says Dattani.

Six years ago, three out of eight provinces reimbursed pharmacies for assessing and prescribing for minor ailments. Today, 10 out of 10 have at least some funding in place. "The data is coming in to prove the value of these services, including fewer visits to the ER and high patient satisfaction," notes Dattani.

Ongoing objectives for Neighbourhood Pharmacies are equity with other community-based healthcare providers and fees that accurately reflect the resources required, such as time.

"Most current fees enable pharmacies to get their foot in the door, which is fantastic. But that door can't open wide until funding is sufficient to enable long-term planning in the allocation of resources," says Dattani.

> **"The good news is more jurisdictions recognize the fundamental need to fund these services in the first place, to get the most value for the healthcare system."**

Nova Scotia may be a forerunner in determining a funding model that accurately reimburses not only the pharmacist's expertise, but also resource allocation. Its 18-month Community Pharmacy Primary Care Clinic pilot project, which became permanent this fall, includes extensive data collection, including times required for services. "We know that some services took a lot more time than was budgeted, and other services took less time. We're hopeful that these findings will be incorporated during current negotiations to renew the Pharmacy Service Agreement," says Dattani.

Restrictions are another factor. For example, some provinces cap the number of billings per patient per year or limit reimbursement to certain drug classes or conditions, or to beneficiaries of public drug plans only.

"We recognize it's a difficult balance between what's available in public funds and what's needed to see enough of a return on investment for both governments and pharmacies," says Dattani. "But the fact is that restrictions like this prevent pharmacies from scaling up enough to make the service worthwhile not just for the pharmacy but also for patients and payors."

Using data from provincial pharmacy associations and CFP's annual Services Chart, *Neighbourhood Pharmacy Gazette* pulled together the following historical synopses of fees paid by public plans for pharmacy services outside of dispensing.

Vaccinations for influenza and COVID-19

- Fees range from a high of $17.26 in Quebec to a low of $8.50 in Ontario (for flu shots).
- Ontario's original fee for influenza was $7.50 in 2012, increasing to $8.50 in 2021.
- Manitoba's original fee was $7 in 2014, increasing to $13 in 2023.
- Alberta's original fee was $20 in 2012, decreasing to $13 in 2018. Alberta's original fee for COVID-19 vaccines was $25 or $35, decreasing to $17 in 2023 and $13 in 2024.
- Since pharmacists in Quebec gained authority to administer vaccines in 2020, the fee has increased annually.

Renewals, adaptations, therapeutic substitutions

- Fees for renewals range from $20 in Alberta and the four Atlantic provinces to $6 in Saskatchewan.
- Quebec has increased its fee for renewals six times since the initial fee of $12.50 in 2015. The current fee is $15.53.

Publicly funded fees for administration of influenza and COVID-19 vaccines

	Influenza	COVID-19
British Columbia	$12.10	$18.00
Alberta	$13.00	$13.00
Saskatchewan	$14.00	$20.00
Manitoba	$13.00	$20.00
Ontario	$8.50	$13.00
Quebec	$14.24-$17.26*	$14.24-$17.26*
New Brunswick	$13.00	$13.00
Nova Scotia	$13.00	$18.00
Prince Edward Island	$13.00	$20.00
Newfoundland & Labrador	$13.00	$17.00
Yukon	$15.00	$20.00
Northwest Territories	authority pending	authority pending
Nunavut	no authority	no authority

**In Quebec, $17.26 when administered by pharmacists and $14.24 when by other authorized staff.*
Sources: Provincial pharmacy associations, Canadian Foundation for Pharmacy Services Chart, Neighbourhood Pharmacies Pharmacy Services and Remuneration report

- In B.C. ($10), Alberta ($20) and Saskatchewan ($6), fees for renewals and adaptations have not increased since 2012.
- Ontario and Manitoba do not reimburse pharmacies to renew or adapt prescriptions and New Brunswick does not reimburse for adaptations. Authorities for these services have been in place for more than a dozen years in all three provinces.
- Quebec pharmacists gained authority to adapt prescriptions in 2015. Public funding began in 2018 at $20.10, the highest fee in Canada, and has since increased five times (to $26.25 as of April 2024).
- Fees for therapeutic substitutions range from $26.25 in Nova Scotia to $11.96 in Newfoundland and Labrador.
- B.C. ($17.20) and Alberta ($20) were the first to reimburse for substitutions, in 2012, and fees have not changed since then.
- Pharmacists in Manitoba and Ontario do not have the authority to do therapeutic substitutions.

Publicly funded fees for prescription renewals, adaptations and therapeutic substitutions

	Renewals	Adaptations	Therapeutic substitutions
British Columbia	$10.00	$10.00	$17.20
Alberta	$20.00	$20.00	$20.00
Saskatchewan	$6.00	$6.00	$18.00
Manitoba	no funding	no funding	no authority
Ontario	no funding	no funding	no authority
Quebec	$15.53	$24.60	$19.89
New Brunswick	$10.00 - $20.00	no funding	no funding
Nova Scotia	$12.00 - $20.00	$14.00	$26.25
Prince Edward Island	$20.00	1.3X DF up to $16.50	1.3X DF up to $16.50
Newfoundland & Labrador	$10.00 - $20.00	$11.96 or $12.00	$11.96 or $12.00
Yukon	$20.00	$20.00	$20.00
Northwest Territories	no funding	authority pending	authority pending
Nunavut	no authority	no authority	no authority

DF=dispensing fee
Sources: Provincial pharmacy associations, Canadian Foundation for Pharmacy Services Chart, Neighbourhood Pharmacies Pharmacy Services and Remuneration report

Minor ailments & common conditions

- Fees to assess and possibly prescribe for minor ailments or common conditions (e.g., contraception) range from $25 in Alberta, Saskatchewan and Prince Edward Island to $15 (virtual) or $19 (in person) in Ontario.
- Alberta and Saskatchewan were the first to reimburse pharmacies, in 2012 (fees of $25 and $18, respectively); however, pharmacies can submit a claim only when assessments result in a prescription. In all other provinces, pharmacies can bill per assessment with or without prescribing.
- The number of conditions for which pharmacies can bill for services ranges from one in Manitoba (out of 13 conditions that pharmacists are authorized to assess) to full professional autonomy in Alberta (by pharmacists with additional prescribing authority).
- In Quebec, the fee was initially $16 for 19 conditions in 2016. The fee increased six times since then and split into two tiers in 2020. The higher fee ($21.25 in 2020, $24.60 today) is to assess and possibly prescribe for shingles, influenza and COVID-19.

Publicly funded fees for to assess minor ailments and common conditions*

	Fee	Billable conditions/ total eligible
British Columbia	$20.00	23/23
Alberta	$25.00*	unrestricted
Saskatchewan	$25.00*	32/32
Manitoba	$20.00	1/13
Ontario	$15.00 or $19.00*	19/19
Quebec	$19.89 or $24.60	35/35
New Brunswick	$20.00	11/34
Nova Scotia	$20.00	5/33*
Prince Edward Island	$25.00	35/35
Newfoundland & Labrador	$20.00	10/34
Yukon	$25.00	20/20
Northwest Territories	authority pending	n/a
Nunavut	no authority	no authority

**In addition to minor ailments, conditions may include common conditions such as contraception and smoking cessation. In Alberta and Saskatchewan, pharmacies can only bill for assessments that result in a prescription. In all other jurisdictions with a program, pharmacies can bill per assessment with or without prescribing. In Ontario, virtual assessments are billable at $15.00. In Quebec, the higher fee of $24.60 applies to assessments for herpes zoster, influenza and COVID-19. In Nova Scotia, pharmacies with a Community Pharmacy Primary Care Clinic can bill for all 33 conditions.*
Sources: Provincial pharmacy associations, Canadian Foundation for Pharmacy Services Chart, Neighbourhood Pharmacies Pharmacy Services and Remuneration report

- Funding in New Brunswick, Nova Scotia and Newfoundland and Labrador includes follow-ups for contraception (fees of $12 and/or $20) and, in New Brunswick, for mild acne ($12).

Alberta case study: care plans

A recent analysis of Comprehensive Annual Care Plans (CACPs) in Alberta by the Canadian Foundation for Pharmacy dramatically illustrates not only the importance of public funding, but also the constant tension between investment and cost containment.

Funding for CACPs began in 2012. Pharmacists with additional prescribing authority (APA) could bill $125 for an initial CACP and $25 per follow-up for up to 12 follow-ups annually. Pharmacists without APA billed $100 and $20.

For the first four years, uptake climbed exponentially as pharmacies scaled operations, more pharmacists obtained APA and public acceptance grew. The number of follow-ups per CACP reached 4.9—a promising trend for the health outcomes of patients with chronic disease. Near the end of fiscal year 2017-2018, the provincial government removed the higher fees for pharmacists with APA. Billings dropped by 14 per cent for CACPs and slowed significantly for follow-ups. The average number of follow-ups per CACP dropped to 4.6.

Pharmacies rallied, enough so that double-digit growth rates for CACPs returned by the end of 2018-2019 and continued until pharmacists had to focus their time on mass vaccinationsfor COVID-19 in 2021. However, follow-ups never did rally, declining further and appearing to plateau at about 4.3 per CACP throughout the pandemic.

Growth rates resurged starting in 2022, propelled in part by referrals from other healthcare providers and the emergence of pharmacy-led clinics for primary care services. The average number of follow-ups per CACP regained its upward trajectory, climbing to 5.2 by early 2024.

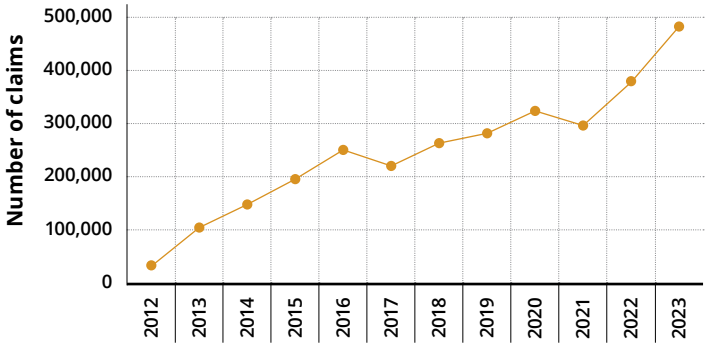
"By this point elected officials were publicly crediting pharmacy with improving access to primary care and mitigating the impact of the physician shortage," recalls Dattani.

However, as noted in the Gazette's Fall cover story, Alberta's funding agreement for pharmacy services became a victim of its own success.

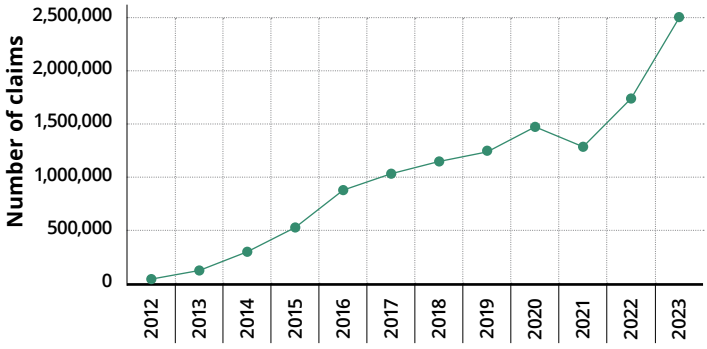
Cost containment returned to the fore. Alberta Blue Cross's October newsletter to pharmacies announced amendments to the Compensation Plan for Pharmacy Services "so expenditure controls can be introduced and cost overruns can be prevented."

A 12-year history of claims data for comprehensive annual care plans in Alberta

CACPs



CACP follow-ups



Source: Canadian Foundation for Pharmacy Services Chart

As of November 1, fees for CACPs dropped by 30 per cent to $70 and billings for follow-ups were capped at four annually. "This is a huge blow not only to the pharmacies that were becoming successful in building a business model around clinical services, but also for patients needing regular support for chronic disease management. People with complex needs will be hardest hit because four follow-ups are often simply not enough," says Dattani.

The fact that this happened in Alberta, a pioneer of expanded scope and funding for services in Canada and around the world, is a sombre reminder of the competing priorities between improving access to healthcare and managing costs. "Leaders in government commend pharmacy on our value, but that value is always at risk of being reduced to a ledger-line expense," says Dattani.

Stronger roots

Members of Neighbourhood Pharmacies well understand governments' need for a return on investment on taxpayers' dollars. "Time and again community pharmacy has proven itself to be a cost-effective solution to mitigate challenges in the healthcare system especially with respect to key primary care and public health services," says Dattani.

A whole-of-government approach is prerequisite to take discussions to the next level and ensure all participants—including all sectors of healthcare providers, not just the pharmacy sector—realize adequate returns on respective investments for the foreseeable future. That approach entails breaking down silos within governments and between government agencies.

"Governments can't publicly champion pharmacy on the one hand, then limit funding on the other. I believe we've come to a crossroad, and public opinion will help ensure we choose the right path. Governments will realize they can't afford *not* to take a system-wide approach that will nurture pharmacy's integral role in building a better healthcare system," says Dattani.

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

Innovation and action

NEIGHBOURHOOD PHARMACY ASSOCIATION OF CANADA
SPECIALTY PHARMACY SUMMIT

Funding models, accreditation, technology and patient support programs were on the agenda at Neighbourhood Pharmacies' fifth annual Specialty Pharmacy Summit in Toronto in November.

"Having these conversations is the first step to working together and finding solutions," said Sandra Hanna, CEO of Neighbourhood Pharmacies. "We have a responsibility to drive changes as leaders in this sector...for the sake of our businesses and more importantly for the sustainability of the pharmacy services that patients rely on."

Marissa Sangers

Mark Omoto

This is why

When her three-year old daughter was diagnosed with juvenile idiopathic arthritis in 2016, "I was overwhelmed and terrified to say the least," said Marissa Sangers, Family Engagement Coordinator at Cassie + Friends, a non-profit national support network for families living with juvenile arthritis and other rheumatic diseases.

Treatment for her daughter progressed from non-steroidal anti-inflammatory drugs to disease-modifying antirheumatic drugs and finally, in 2018, a biologic that's infused every four weeks. Home injections and over-the-counter pain management are also part of ongoing treatment. "In almost a decade of navigating her disease, we've had a lot of great times in the pharmacy," said Sangers. "[Our pharmacist] is incredible."

She also lauded the training of the infusion staff. "The pediatric support that they have put in place has made a world of difference."

Sangers called on pharmacies to help communicate the needs of patients to payors. "We often feel that our voice is not heard," she said. One priority is better access to medications by streamlining insurers' processes for prior authorization. "There are a lot of hoops to get through [and] it's a hard thing for overwhelmed families to navigate."

From healthcare providers, families are always looking for information and supports that are pediatric-specific, such as how to address needle phobia. For example, one pharmacy created videos on how to use an autoinjector.

Medication trends

Commercialization and "diabesity" were among the topics addressed by Mark Omoto, General Manager, Thought Leadership Marketing and Communications at IQVIA, during his annual presentation on trends in specialty drugs.

Specialty drugs, dominated by biologics and biosimilars, now represent almost half ($20.3 billion) of the total prescription market ($42.8 billion). That said, fewer specialty products are coming to market and they're taking longer to get there. For the last three years, commercialization rates are less than half of the Notices of Compliance granted by Health Canada. As well, average rates of sales growth for specialty launches have been lower since the pandemic.

"It's really speaking to...the amount of effort and complexity involved in commercializing [specialty products, which has] changed the trajectory in terms of what... pharmaceutical launch success looks like," said Omoto.

He added that manufacturers' challenges will multiply as the pipeline includes increasingly innovative and complex therapies that do not fit the existing healthcare infrastructure.

On the other hand, the explosive growth of glucagon-like peptide 1 (GLP-1) agonists for diabetes and obesity has jump-started a resurgent interest in the much broader category of cardiometabolic disease. The focus in "diabesity" will expand beyond efficacy to address, for example, muscle loss. "And behind the scenes a whole lot of other conditions are being looked at, like sleep apnea and chronic kidney disease," said Omoto.

He added that the new wave of cardiometabolic products will "require personalized medicine use" and is taking "a pipeline approach that's very similar to oncology, where many agents cover multiple indications."

Funding landscape

"Specialty pharmacy is a low-margin business. That may be counterintuitive, and I would bet that payors don't think of specialty pharmacy as a low-margin business," stated Jeff Mehltretter, Principal Consultant, Mehltretter Pharma Consulting.

Mehltretter walked through the core funding mechanisms of dispensing fees and markups for traditional community pharmacies and pharmacies dedicated to patients taking specialty medications. The bottom line is that the higher the cost of the medication, the lower the gross-profit margin.

In community practice for example, clinical and technical services attached to a typical drug costing $10 would be funded through a typical dispensing fee and markup of, for example, $10 and eight per cent (80 cents), respectively. The resulting gross profit translates into a gross-profit margin of 52 per cent.

The average gross-profit margin in specialty practice is much lower at eight per cent (assuming the markup remains the same and has not been capped by the payor). The $10 dispensing fee contributes significantly less to funding a wider range of services that are often more complex than in community practice, which means the markup plays a much more important role—yet is vulnerable to reductions in drug price and caps by payors.

Can specialty pharmacies take advantage of the public fees for services that have emerged in community practice? It can if the government allows billings for virtual consults, said Mehltretter. The biggest opportunity is in medication reviews, for which six provinces fund virtual consults.

"It's not bad to try and add these services and bill the public payer for whatever you can because it reduces the dependence on markup, but it cannot eliminate the need for markup," said Mehltretter.

The case for accreditation

Should specialty pharmacies in Canada pursue an accreditation process similar to what's available to other healthcare sectors and in other countries? Yes and no, said panelists Renée St-Jean, Senior Director, Pharmacy Services, Innomar Strategies Inc. (Cencora), and Shelita Dattani, Senior Vice President, Pharmacy Affairs and Strategic Engagement, Neighbourhood Pharmacies.

Jeff Mehltretter

Renée St-Jean

Nicholas Hui

Yes, if it's modeled on voluntary accreditation programs already in place for other providers, such as hospitals and long-term care in Canada. No, if it follows the path of accreditation in the U.S., where it's "very much payor- and manufacturer-focused," said St-Jean.

The intent in Canada is accreditation to ensure a consistent patient experience. "It's not a minimum standard setting, it's an opportunity to define and build credibility, and to define excellence and value," said Dattani.

Accreditation will help "protect the value of the sector…from further erosion in markups [by demonstrating] that what we do in specialty [pharmacy] is different," added St-Jean. "This is about best practices, about promoting excellence and driving innovation and ensuring that we still have the funding to be able to drive innovation."

The time to start is now, before stakeholders outside of pharmacy design and mandate some form of accreditation. "There is still an opportunity ahead where we can be in the driver's seat for what the standards could look like, whether you call it accreditation or something else," said St-Jean.

Technology toolbox

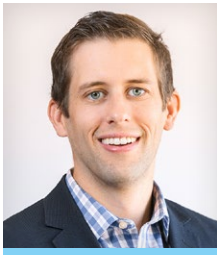
Technology solutions are key not only for operational efficiencies in the pharmacy, but also for optimal health outcomes.

"Even single-digit improvements in adherence are very meaningful. A lot of [pharmacies] are solving for that by having humans call the patient. But eventually that's not going to scale," said Nicholas Hui, Co-founder and Chief Product Officer, MedMe Health. Instead of hiring more staff, "technology can really help you scale an exceptional patient experience."

"Fundamentally what we have to do is have richer information around the true patient journey," said Jeff Wandzura, CEO, KEEP Labs. Today's technologies for patients make that possible, and from there "we can

train AI modules in a way where we can have relevant and impactful information to really empower the human, empathetic type of consultation."

Furthermore, technology solutions need to be interoperable and agnostic—that is, inclusive of all drugs, therapies and providers, including patient support programs and between traditional community pharmacies and specialty pharmacies.


Jeff Wandzura


Ramy El-Kholi


Shelley Burnett


Clare Dillon

For example, "let's not portal everyone to death. People don't want multiple portals, whether it's the prescriber or pharmacist," noted Ramy El-Kholi, Chief Commercial Officer, OkRx. He also cited the universal use of Microsoft Word as an example of agnostic technology. "We're using the same solution but leverage it differently within our brands and within our strengths. That's what agnostic technology solutions can do."

Interoperability is also as much about sector collaboration as it is software compatibility. "In the technology world, we know each other," said Shelley Burnett, Executive Vice President of Product and Delivery, Auxita. "We are all interested in making things better, but we're not interested in being the single solution because realistically that's never going to happen.... we can be a bridge for you [between providers]."

PSPs today and tomorrow

Interactions between pharmacy and patient support programs (PSPs) have greatly evolved over the years to better support patients—and continued expansions to scope of practice will propel that further, agreed participants in a panel discussion moderated by Clare Dillon, healthcare consultant.

To optimize these interactions, Uchenwa Genus, Vice-President, Specialty Pharmacy McKesson Biopharma and Payer Solutions, said investing in technology is crucial "to enable, inform and create visibility" around

the entire patient journey for all stakeholders and to generate the data that can serve as real-world evidence to improve future access to medications and care. However, "fragmented data systems across Canada and even within the specialty area," as well as a general reluctance to adopt new technologies among healthcare providers, are major challenges to overcome, said John Snowden, Executive Director, Value, Access & Policy at Amgen Canada.

Uchenwa Genus

John Snowden

Chris Dalseg

Panelists spoke to the value of a decentralized model of care driven by the need to serve patients where they are (rural or urban). The fact that larger populations are using "retail-friendly" specialty medications (e.g., oral therapies, auto-injectors) is further impetus to "democratize these treatments and get them out there," said Genus.

But with too "many cooks in the kitchen," it can be challenging to effectively operationalize this model to track the customer experience for which PSPs are accountable, added Snowden.

In terms of where community pharmacy can work most effectively with PSPs, patient advocate Marissa Sangers said it's essential that the pharmacies are specialized in treatment areas. "I'm very fortunate with our experiences, but I've also had many families who reach out to me because their pharmacist is giving them information that is not pediatric-friendly [and it should be]," she said.

Elephant in the room: funding

The first step to optimally fund services for patients taking specialty medications is for governments to bring pharmacy and pharmaceutical manufacturers into the conversation, stated participants in a panel moderated by Mehltretter.

Chris Dalseg, Vice President, Strategy and Growth at BioScript Solutions, noted that while governments increasingly recognize the value of pharmacy services in specialty care, the fact that dispensing fees and markups are "increasingly eroded" for cost-savings is not sustainable. "This has to be a win-win and there are


Qaim Giga


Martin Chung


Jason Wentzell

technology and systems gaps that we're going to need to overcome as a collective," said Dalseg.

Qaim Giga, Co-founder of Capsule Pharmacy, argued exclusive distribution arrangements are part of the problem and solutions need to include "democratizing" funding. Another challenge is that payors currently don't have an economic incentive to approve a great number of specialty drugs.

Martin Chung, Assistant Vice-President of Strategic Health Management, Equitable Life of Canada, challenged pharmacy to get better aligned on how to address issues around drug funding by bringing forward "a well-thought-out proposal with recognition and flexibility that it is a starting point," he said. He added "there are funds available if we can create a clearer value story," keeping in mind that employers with benefits plans must also address issues in coverage for dental and paramedical services, and for employees on disability leave.

The industry needs to ensure that public and private payors have an even greater understanding about what pharmacy does in the specialty market, said Jason Wentzell, Oncology Pharmacist and Founder of Extend Pharmacy and Extend Health Solutions. "What kinds of tools and competency guides do we need as pharmacists," he said, adding that it takes significant human resources to develop and track competency measures.

Panelists also cautioned against solutions such as outcome-based funding models that could cause future issues. "Outcomes, especially in chronic disease states, can be highly subjective to the patient experience," said Giga. "For a patient who started on a low bar...a great outcome for them might be a lower erosion of health. How do you measure that?"

Diabetes, mental health share top rankings

The past year has seen the diabetes category widen its lead among the top-five categories based on dollar value, according to Neighbourhood Pharmacies' *Pharmacy Market Insights* report released in October and powered by IQVIA Canada.

For the 12-month period ending August 2024, sales of diabetes medications climbed eight per cent to reach $4.2 billion. The remaining four of the top five categories were for:

- autoimmune conditions such as rheumatoid arthritis, which grew 12 per cent to $3.8 billion;
- cancer, up seven per cent to $3.6 billion;
- arthritis, which remained the same at $3.4 billion; and
- mental-health conditions, up nine percent to $3.1 billion.

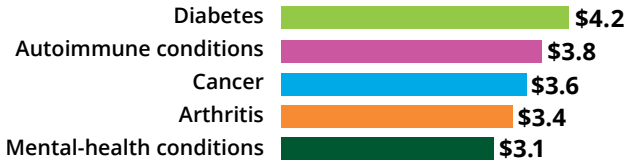
These top five categories represented half of the dollar value of prescriptions filled by pharmacies. For several years now, the off-label use of semaglutide for weight loss has been a major factor behind the growth in the diabetes category.

Patients aged 60 to 74 accounted for the largest share of the market for diabetes medications, 38 per cent ($1.6 billion), an increase of seven per cent over the previous year. Growth rates were highest in the following age groups:

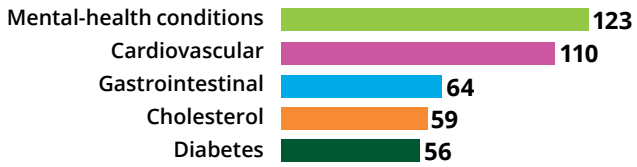
- 25 to 34, which climbed 14 per cent to $141 million;
- 35 to 49, up 13 per cent to $636 million; and
- 50 to 59, up nine per cent to $886 million.

Top 5 drug categories

By prescription dollars (billions)



By prescription volume (millions)



Source: IQVIA Rx Premium, year ending August 2024

The diabetes category also ranked in the top-five by volume, though its position was at the bottom of the list. The mental-health category maintained its number-one position, with a prescription volume (123 million) that was more than double that of diabetes prescriptions (56 million).

That said, the rate of growth for diabetes prescriptions was the highest at 10 per cent, followed by medications to treat high cholesterol, which grew six per cent to reach 59 million prescriptions, mental-health conditions (up four per cent), gastrointestinal disorders and cardiovascular disease (both up three per cent, resulting in 64 million and 110 million prescriptions, respectively).

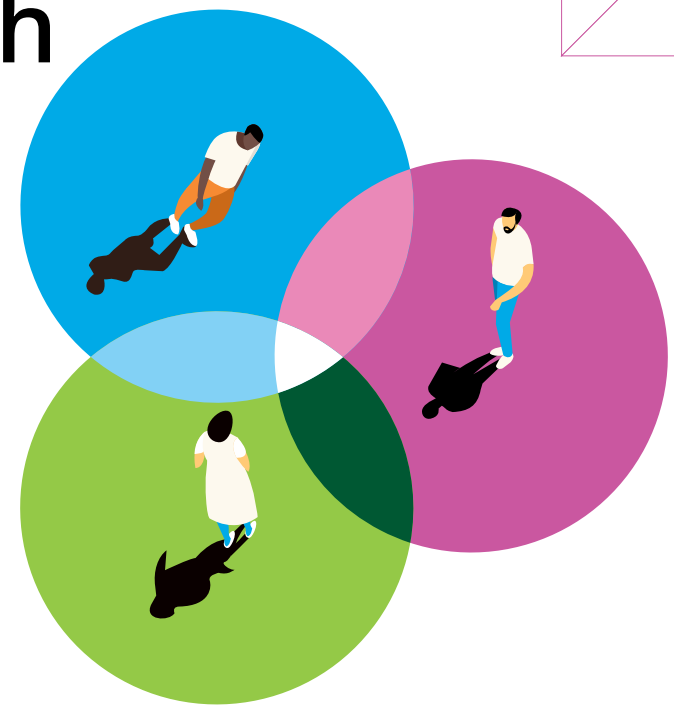
Understanding the pharmacy landscape

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

INSIGHTS: INTEROPERABILITY

By Ian Lording, RPh

Connecting health via e-prescribing



In Canada, there's a pressing need for a seamlessly connected healthcare system.

Patients should be able to access their health information effortlessly, and healthcare providers need to share and access vital health information with one another and between clinics and systems, regardless of geographical barriers or technological disparities.

Right now, our healthcare system is grappling with growing health human resource challenges, in part because pharmacists and healthcare professionals are burdened with unnecessary administrative backlogs, diverting precious time away from patient care.

To address the challenges facing our healthcare system, we must continue to innovate and find tangible ways to make personal health data flow seamlessly and safely.

In March 2023, Canada Health Infoway took a significant step forward with the release of its Shared pan-Canadian Interoperability Roadmap. The Roadmap charts a path towards a fully interoperable health system, with the goals of reducing data blocking and easing portability, improving provider access to patient data at the point of care, enabling patient access to their health record and improving care coordination and collaboration.

This Roadmap facilitates productive discussions among stakeholders and supports recent federal-provincial-territorial bilateral health agreements that will advance digital health initiatives across the country.

E-prescribing has set a strong example of healthcare system interoperability in Canada. Backed by a decade of development, e-prescribing is changing the way electronic data and records are shared and managed. Canadian jurisdictions are steadily mobilizing e-prescribing, lessening the reliance on fax and paper records.

"As we continue to navigate the complexities of Canada's healthcare landscape, it's increasingly evident that interoperability, particularly within e-prescribing, serves as a cornerstone in our pursuit of a seamlessly connected healthcare system," says Bhavesh Modi, Infoway's Senior Director, Health Solutions Deployment & Utilization.

Interoperability generally means different systems—such as electronic medical records (EMRs), pharmacy management systems and other healthcare software—can communicate and exchange data seamlessly and securely. In the context of e-prescribing, interoperability enables prescribers to electronically transmit prescriptions directly to pharmacies, streamlining the prescription process and reducing potential errors associated with traditional paper-based methods.

E-prescribing requires interoperability at various levels. First, interoperable standards—for example, standardized data formats and communication protocols—are necessary to ensure different systems can accurately understand and interpret prescription data. Further, interoperability is essential between EMRs and pharmacy systems, allowing healthcare providers shared access to patients' medication histories, allergy information and drug formularies.

Interoperability facilitates the transmission of electronic prescriptions across different healthcare settings, such as primary care clinics, hospitals and community pharmacies, giving patients timely access to their prescribed medications regardless of where

they seek care. Such interoperability supports patient safety, improves medication adherence, and enhances medication management services provided by pharmacists in collaboration with the patient's team of healthcare providers.

PrescribeIT®, operated by Infoway, is Canada's national service delivering e-prescribing options to Canadians, prescribers, and pharmacies while demonstrating the real-world value and application of interoperable solutions. One of PrescribeIT®'s significant achievements in interoperability is the timely and secure exchange of a patient's medication records to provide a more complete patient health record, crucial for care teams to deliver more effective and personalized care.

Importantly, public demand for interoperable solutions like e-prescribing is growing.

Infoway's 2023 Canadian Digital Health Survey reveals that 83 per cent of Canadians prefer prescriptions to be sent electronically to a pharmacy. Seventy-seven per cent would like to send prescription renewal requests electronically, and 75 per cent would opt for a virtual visit over an in-person visit for a prescription renewal.

However, even e-prescribing, while advanced, presents opportunities for enhancement in functionality and implementation. Pharmacists offer invaluable insights in how to achieve meaningful and sustainable progress towards more connected care, drawing from their first-hand experience and adoption of e-prescribing.

Infoway's 2022 Pharmacists Survey has evaluated trends shaping pharmacists' practice environments. The coexistence of paper and electronic record-keeping underscores the necessity for improved exchange of and access to patient health information. Further, variations in the adoption of e-prescribing across provinces provide unique insights into the practical implications of current interoperable solutions, and highlights the outstanding potential of electronic tools in pharmacist decision support and patient management.

Pharmacy teams recognize the value of e-prescribing and the need for improved interoperability to facilitate access to electronic health records and seamless communication with physicians and other healthcare providers. They recognize interoperability's pivotal role in streamlining pharmacy workflows and enhancing patient safety.

"PrescribeIT® aims to not just streamline the prescription process; we're also demonstrating the immense potential of system-wide interoperability in transforming patient care. The demand for interoperable solutions like e-prescribing only continues to grow, and we remain steadfast in our commitment to advancing interoperability across the Canadian healthcare system," says Modi.

Advancing interoperability is not just a goal; it is a necessity. Collaborative efforts are essential to make it a reality within prescribing and all areas of healthcare. Together, let us continue to strive for a healthier and more connected future.

Ian Lording, Executive Vice President of Health Solutions & Operations, Canada Health Infoway.

POLITICS: PHARMACARE

By Nate Clark

Pharmacare hanging by its fingernails?

Bill C-64: An Act respecting pharmacare became the law of the land in early October. Yet numerous questions remain. In this article, we lay out what can be expected as national pharmacare unfolds—or not—in 2025.

Background

Before discussing what to expect, let's remember how we got here. The Trudeau government first set eyes on national pharmacare in 2019 when they announced an Advisory Council on the Implementation of National Pharmacare to be chaired by former Ontario Health Minister Dr. Eric Hoskins. The Council's final report, now commonly referred to as the Hoskins Report, recommended a universal, single-payor pharmacare program that would come at a cost of $15 billion a year once fully implemented.

Fast forward to Spring 2022 and, having fallen short of securing a majority government, the Liberals signed a Supply and Confidence Agreement with the NDP that included a commitment to introduce legislation that would establish a national pharmacare program. On February 29th, 2024, Bill C-64 was tabled.

According to the federal government, Bill C-64 proposed "the foundational principles for the first phase of national universal pharmacare in Canada and describes the Government of Canada's intent to work with provinces and territories to provide universal, single-payer coverage for a number of contraception and diabetes medications." This legislation was supported by the governing Liberals and the NDP and opposed by the Conservatives and Bloc Quebecois.

So now what?

With the legislation becoming law this past October, one could argue that the hard work must now actually begin. The federal government has sought to quickly negotiate bilateral agreements with provinces and territories with similar aspirations, such as Manitoba and British Columbia. Both provinces signed a Memorandum of Understanding with the federal government prior to their respective provincial elections. Ottawa also knows the optics will be politically advantageous amongst key segments of the voting population, particularly surrounding universal access to contraceptives.

Negotiations with those provinces that have claimed they will opt out of a national pharmacare program, like Quebec and Alberta, will likely take much more time and be far more contentious, as was the case with previous bilateral health agreements.

Further, as Bill C-64 states that federal resources for national pharmacare must prioritize funding for drugs for rare diseases, we can expect numerous announcements between Ottawa and the provinces and territories in this area. B.C. was the first to do so.

The Committee of Experts, tasked with making recommendations for how a national, universal, single-payor pharmacare may look in the future, was also a key commitment within Bill C-64 and had to be struck within 30 days of the legislation receiving Royal Assent. The five committee members, announced on November 14, include pharmacist Amy Lamb, Executive Director of the Indigenous Pharmacy Professionals of Canada and founder of Lamb and Sage Personalized Health Solutions, a consultancy for patients and pharmacy businesses. The government and the NDP selected the members and agreed that Dr. Nav Persaud,

Canada Research Chair in Health Justice, Canadian Institutes of Health Research at the University of Toronto, would serve as its Chair.

The Committee is expected to report back to the Minister with recommendations one year following Royal Assent, in Fall 2025—smack dab in the middle of the next scheduled election campaign. Given the Conservatives' lead in polls, the Committee's recommendations may hold little to no influence if presented to a newly elected government.

The same fate may await other deliverables in the legislation, including the development of a national formulary and strategies related to bulk purchasing and the appropriate use of medications—both of which the Conservatives have criticized as unnecessary given the current role of the pan-Canadian Pharmaceutical Alliance and the need for medical professionals to determine what medications are appropriate for their patients.

Another significant factor

In early September, NDP Leader Jagmeet Singh ended the Supply and Confidence Agreement with the Liberals, resulting in even greater uncertainty about the future of national pharmacare as well as the life and tenure of the Trudeau government. Whereas it seemed that an election would certainly not be called until Fall 2025, the ending of this Agreement and the political climate in Ottawa has led to significant political uncertainty.

To date, the Conservatives have tabled two unsuccessful non-confidence votes in the House of Commons, the Bloc Quebecois has failed to have their demands met by the Liberals and the NDP continues to state they will determine their support of the government on a vote-by-vote basis.

The biggest test will likely come when the Liberals table their Spring budget and face another confidence vote. It appears increasingly unlikely that the Liberals will survive, which will mean an earlier election—and a national pharmacare program that is likely too undeveloped to make a meaningful impact for Canadians.

Nate Clark is a Director at Enterprise Canada, a national strategic communications firm.

STUDENT VOICE

By Meagan Wenzel

How students are shaping the future

As community pharmacy practice continues to evolve, PharmD students can hit the ground running not only in their clinical rotations but also upon entering practice. We are trained to be at the forefront of the evolving landscape of pharmacy practice, ready to help redefine the role of the pharmacist in the healthcare system.

Bridging theory and practice

All pharmacy faculties now offer entry-level PharmD programs, which include extensive hands-on training. We go through a multitude of clinical rotations and experiential learning opportunities to apply theoretical knowledge in real-world settings.

As part of our hands-on training to identify potential medication-related issues before they become significant problems, we proactively advocate for patients and seek collaborative solutions. This active involvement in patient care marks a shift away from the traditional training of pharmacists as dispensers of medications.

We are encouraged to think critically about patient care so that we are well-prepared to address real-world challenges. We are not only learning about drugs and dosages, but also how to improve patient outcomes and contribute to the overall healthcare system.

Patient-centered care

Our training revolves around patient-centred care. We incorporate clinical knowledge and experiences with the needs and preferences of each patient, viewing them as active participants in their own healthcare journeys. Through real-world and simulated patient experiences, we learn how to dispense medications while also providing comprehensive medication management strategies, education and support. PharmD curriculums include communication skills, motivational interviewing techniques and other interpersonal skills training to build strong relationships with patients.

Technology for efficiency and reach

Pharmacy students are accustomed to having technology at our fingertips and routinely leverage technologies in new ways. From using AI tools to help take notes and summarize patient interactions to using social media platforms to reach underserved populations, we instinctively desire to incorporate technology into our practice in ways that save time and improve efficiency.

Additionally, social media expands the ability of community pharmacy to educate the public about the diverse services available from their pharmacist—whether for minor ailments, medication management or chronic disease prevention. We understand one of our roles is to break down traditional barriers to healthcare access and inform the public about what we can do to support overall health management.

The coming years will be pivotal for community pharmacy. PharmD students are in the perfect position to play a transformative role by fusing clinical expertise with a patient-centered approach. We have the technical skills to manage medications and improve patient outcomes, while also embracing our role as advocates for patient care and healthcare access. By integrating technology, fostering strong patient relationships and continually adapting to the changing healthcare landscape, PharmD candidates are ready to help shape a more efficient, accessible, and patient-focused healthcare system.

Meagan Wenzel is Vice President of Professional Affairs, Canadian Association for Pharmacy Students and Interns, and a PharmD 2025 candidate, University of Saskatchewan College of Pharmacy and Nutrition.

Making connections in our capital

Parliament Hill resonated with the voice of community pharmacy on November 19, 2024.

Pharmacies on the Hill, a day of advocacy organized months in advance by Neighbourhood Pharmacies, was jam-packed with one-on-one meetings and an evening reception. Twenty-five representatives of Neighbourhood Pharmacies' Members met with more than 20 Liberal and Conservative Members of Parliament, Senators and senior federal government staff, among them Mark Holland, Minister of Health, Mary Ng, Minister of Export Promotion, International Trade and Economic Development, and Senators Scott Tannas and Iris Petten.

Neighbourhood Pharmacies raised awareness of the role of the Association and focussed their messaging on three calls to action:

- Involve pharmacy operators in policy planning for programs affecting medication or healthcare services.
- Consider the impact of national policies on the pharmacy sector, including reduced access to pharmacy care.
- Advance the delivery of care by pharmacy teams serving as community health hubs for primary care and public health.

"Our member pharmacy operator teams shone a light on the changing face of pharmacy and drew the connections around how federal and provincial governments can enable a strong pharmacy sector," says Shelita Dattani, Senior Vice-President, Pharmacy Affairs and Strategic Engagement, Neighbourhood Pharmacies.

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1 During his remarks at the reception, Health Minister Mark Holland expressed his support of the expanding role of pharmacists.
2 Health Minister Mark Holland, centre, with Sherif Guorgui, OnPharm United, and Christine Kamel, Total Health Pharmacy.
3 Member of Parliament Shelby Kramp-Neuman (Conservative/ Hastings Lennox Addington), centre, met with, from left: Cole Kander, South Country Co-Op; Rola Barakat, Pharmacy Practice Lead, Rexall; Saba Mahmood, Senior Director of Operations, Rexall; and Sandra Hanna, CEO, Neighbourhood Pharmacies.

Finding solutions that stick

Canada's broken healthcare system is as much a victim of political expediency as it is an aging population and public-health crises. We must break free of short-term thinking and band-aid solutions.

At Neighbourhood Pharmacies, our goal is to provide longer-term solutions that stick—for pharmacies, patients and governments. Armed with an even stronger governance model implemented at the start of this year and a bold new strategic plan launching in 2025, we are laser-focused on bringing forward sustainable solutions that balance the business of pharmacy with the profession's capacity to help fix an ailing healthcare system.

One of our key areas of focus is adequate remuneration for services, including dispensing services. As detailed in this issue's cover story, dispensing fees across Canada are not annually indexed to inflation. And as pharmacists' scope continues to expand, a new funding model is essential for services in medication management, primary care and public health.

That model may resemble a physician model, which uses a fee-for-time approach to reflect the complexity of services provided. Many specialty medications require complex patient support and education, and more of these medications are coming into traditional community pharmacies. Pharmacists play a huge role here but how do we protect the funding so we can continue to deliver this type of care?

When pharmacies are appropriately remunerated, they can step fully into their role as community health hubs by providing services in primary care and public health that keep patients out of emergency rooms and urgent-care clinics. And in so doing we mitigate the impact of physician shortages.

Sustainability goes beyond remuneration. For example, the new pharmacare legislation will be yet another blow to the business of pharmacy due to the unintended consequence of reduced revenue from markups. For patients, the risk of disruptions in drug coverage and continuity of care is high—adding even more to pharmacies' administrative burden. Much work remains to be done, and our goal is to protect patients' access to the right drug at the right time, which includes access to the medication-management services of pharmacists.

At Neighbourhood Pharmacies, our real power rests in our membership. Our business acumen provides actionable insights into successful models for operations and funding. As one of the Board's longest serving members myself (since 1997), I am proud to bring decades of operational experience to the table. As we work with governments and look to the future, I'm convinced that truly collaborative efforts will lead to better and longer-lasting healthcare solutions.

Rita Winn
PAST CHAIR
Neighbourhood Pharmacy Association of Canada

DIRECTOR, PHARMACY
Canadian Foundation for Pharmacy

DIRECTOR
Lovell Drugs (Neighbourly Pharmacy)

> **"We are laser-focused on bringing forward sustainable solutions that balance the business of pharmacy with the profession's capacity to help fix an ailing healthcare system."**

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

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BioScript Solutions
Calgary Co-op Pharmacy
Co-op
Costco Pharmacy
cencora Innomar Strategies
London Drugs
Lovell Drugs
Neighbourly Pharmacy
ONPHARMUNITED
McKesson Canada
Guardian
I.D.A.
The Medicine Shoppe Pharmacy
Proxim
RemedyRx
uniprix
metro pharmacy
food Basics pharmacy
Jean Coutu
Brunet
SENTREX HEALTH SOLUTIONS
PharmacyBrands Canada
Apple Drugs
mettra Pharmacy
PEOPLES PHARMACY
Rxellence
Value Drug Mart
PHARMASAVE
Rexall
save on foods
SRx HEALTH SOLUTIONS
Sobeys Pharmacy
Pharmacy at SAFEWAY
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