2017 CHANGING FACE OF PHARMACY

Increasing Our Value to Canadians
In this, our 8th annual Changing Face of Pharmacy report, we are excited to be highlighting some quantitative ways that pharmacists improve health care. It’s one thing to talk about the great initiatives of individual pharmacists and pharmacy teams across the country. It’s quite another to have the economic studies and concrete numbers that prove pharmacists’ value in helping achieve better healthcare outcomes.

At the Canadian Foundation for Pharmacy (CFP), we have made it our mandate to support the people and research ideas that propel the profession forward. It’s especially gratifying to see many of the initiatives we funded now proving successful in promoting pharmacists’ worth.

Yet even with all this newfound evidence, there are roadblocks ahead. Governments are still hesitant to support the idea that pharmacists—when used properly—can save them healthcare dollars in a variety of disease areas, via treatment and prevention. On the flip side, pharmacists still need to do more in demonstrating their worth on a larger scale.

MedsCheck is a prime example of a service that isn’t being optimized. Perhaps the economics don’t work yet to make it worthwhile for pharmacists. Perhaps we need more research on what needs to be done to enable better uptake—and governments to better embrace these study results.

At CFP, we will continue to do our part in supporting pharmacy forward. This year, our Innovation Grant attracted 47 applicants and three of those will receive a total of $135,000 to help bring their ideas to fruition.

We believe in an expanded scope for pharmacy that will lead to a more sustainable healthcare system for the future. But to make that happen, we all need to do our part.

Dayle Acorn,
Executive Director,
Canadian Foundation for Pharmacy

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Pharmacy advocacy groups and researchers are successfully linking pharmacists’ services with economic benefits for public and private payers—and in even better news, key stakeholders outside of pharmacy have begun beating the drum in response.

For example, the recent release of an economic analysis on the impact of pharmacists’ interventions for hypertension management, on top of numerous randomized controlled trials that demonstrate improved health outcomes, has prompted Hypertension Canada to take action on behalf of pharmacists. “We presented this information to provincial governments as part of Hypertension Canada’s World Hypertension Day initiatives, to try to get them to support the expanded role for healthcare professionals, including pharmacists, in hypertension management,” says Dr. Nadia Khan, President of Hypertension Canada, Professor of Medicine at the University of British Columbia and general internist, St. Paul’s Hospital. “This seems like a natural fit for pharmacists, within the context of optimizing the roles of all healthcare professionals.”

Hypertension Canada is also actively reviewing the data on “shared care” between physicians, pharmacists and other healthcare professionals, including the data on independent prescribing by pharmacists, which the Alberta RxACTION clinical trial has shown to deliver the biggest clinical—and therefore economic—impact in hypertension management.1

“We are reviewing these data and we are supportive of all new initiatives, based on high-quality evidence, that help patients control their blood pressure better,” says Khan.

The economic analysis, conducted by the EPICORE Centre, University of Alberta, estimates that pharmacists who adopt a full scope of practice can generate savings of almost $16 billion over 30 years—and that assumes that just half of Canadians with poorly controlled hypertension agree to take part. The analysis takes into account fees for pharmacists’ consultations, including follow-ups, based on Alberta’s current fee schedule.2

“Reducing the risk of stroke by 40% to 50% is good, and that impresses us [as clinicians], but it doesn’t necessarily impress policy makers. When we can say that we will get better clinical outcomes and we will save money, then it becomes extraordinarily compelling,” says Dr. Ross Tsuyuki, one of the authors of the economic analysis, and Director of the EPICORE Centre and Professor of Medicine at the University of Alberta.

Making the case to governments

The Canadian Pharmacists Association (CPhA), which funded the hypertension economic analysis, has broken down the results into provincial numbers so that they’re more meaningful during pharmacy contract negotiations. The association is also keeping a close eye on another study underway in New Brunswick, regarding pharmacists’ services (including prescribing) for urinary tract infections. “If the outcomes are as positive as we expect they will be, we will do something similar to what we did for the hypertension study and model the economic impact by province,” says Perry Eisenschmid, CEO of CPhA.

The association also helped fund the research behind a recent report from The Conference Board of Canada, a not-for-profit research organization, entitled The Value of Expanded Pharmacy Services in Canada.4 The report modelled the Canada-wide implementation of reimbursed pharmacists’ services for smoking cessation, pneumococcal vaccinations and advanced medication reviews and management for cardiovascular disease (similar to the care plans that are unique to Alberta), and estimated total direct and indirect cost savings of between $2.5 billion and $24.7 billion by 2035 (depending on the level of uptake). The research also demonstrated positive returns on investment for all three services, and suggested that governments would stand to see the greatest economic benefits by scaling up advanced medication reviews and management services for cardiovascular disease.

The report was partly funded by The Canadian Alliance for Sustainable Health Care, a multi-stakeholder advisory arm of The Conference Board whose membership includes provincial health ministries, pharmaceutical manufacturers and healthcare professional organizations. CPhA sought input from the Alliance to help set the stage for acceptance of the results. “We engaged representation from provincial drug plan managers to help scope out the research that was relevant to them,” says Eisenschmid. As with the hypertension economic analysis, the intent is for both provincial governments and pharmacy associations to “have more tools and information so everyone can make better informed decisions about the future role of the profession.”

Indeed, by the end of the year CPhA will have its own research department to conduct economic analyses on an ongoing basis. “There is a lot of research around the impact of pharmacists’ interventions on health, but not a lot of economic analysis. We recognize the need to build our own in-house capacity to help fill this gap,” notes Eisenschmid.

Louise Morrin, Senior Provincial Director of the Kidney Health Strategic Clinical Network, Alberta Health Services, agrees that such research helps demonstrate value. “For any kind of sustainability these days, the economic analysis is important to demonstrate value for investment,” she says, adding that pharmacists are another potential trusted touch point and have a key role to play within the broader context of primary health care.

Community pharmacists are another potential trusted touch point and have a key role to play within the broader context of primary health care.5

Louise Morrin, Alberta Health Services

Taking measure of quality

Green Shield Canada (GSC) is charting new territory with its Value-Based Pharmacy (VBP) program, which uses claims data to evaluate pharmacy performance on a number of metrics, including adherence, chronic disease management and patient safety for certain disease states and medications. The insurer will eventually tie reimbursement to the ratings, with five-star pharmacies receiving the highest payment amounts.

Ned Pojskic, Pharmacy Strategy Leader at GSC, emphasizes that VBP is the first of several programs under the insurer’s new SmartSpend initiative for employee health benefits. “We are scrutinizing the value of our spend on every healthcare professional. But it’s not about scrutinizing in order to pay less; it’s about rational spending to ensure that every dollar is generating value.”

The provider behind VBP is Pharmacy Quality Solutions, a U.S. company that has developed the EQuiPP (Electronic Quality Improvement Platform for Plans & Pharmacies) system for community pharmacies and benefit plan providers. According to PQS’s March 2017 newsletter, more than 95% of all community pharmacies in the U.S. subscribe to EQuiPP. The secure, online dashboard includes a function called “Outliers,” which identifies patients (by prescription numbers) who have the greatest impact on a pharmacy’s overall score, for example due to low adherence levels.

“We all know pharmacy practice is in a period of evolution and we’re here to help with that by providing health outcomes information that up till now has not been available. If pharmacists choose to use it, it’s practical and actionable. It can help you target your efforts to focus on patients who are struggling,” says Pojskic.

Canadian pharmacists can access the dashboard by going through GSC’s ProviderConnect website for its providers or directly through PQS. GSC is also taking the extra step of mailing hard-copy score cards, every month, to approximately 6,000 pharmacies that are not registered with ProviderConnect. “We questioned these mailings from a dollar and cents perspective, but we recognized that uptake will be slow without them. It is really important to us to help build that culture of quality improvement, so we decided to be proactive in pushing out the necessary information.”

Before launching the program, in October, GSC contacted provincial pharmacy associations to enlist their aid in communicating to their members. It continues to gather their feedback as part of efforts to ensure that VBP is a positive for both pharmacy and GSC plan members. “We have heard some comments that this is just another cost-containment initiative from our industry. In fact, this is not meant to be a cost-containment strategy. At the end of the day, on balance, we may end up remunerating pharmacies to a greater level than today, but that will depend on the level of engagement,” says Pojskic.

For more information on EQuiPP from Pharmacy Quality Solutions visit www.equip.pqs.com or call 1-800-762-7762.

Note: These data and quotes are based on a pre-launch response from provincial pharmacy associations to the VBP program and to the EQuiPP system.

By Karen Welds

2. Tsuyuki, R. et al. (2017). Reducing the risk of stroke by 40% to 50% is good, and that impresses us [as clinicians], but it doesn’t necessarily impress policy makers. When we can say that we will get better clinical outcomes and we will save money, then it becomes extraordinarily compelling. Personal Communication.
adding that it can help decision-makers address the growing list of demands placed on budgets.

Most importantly for pharmacy, this type of research demonstrates that paying pharmacists to provide greater levels of care is a necessary part of the equation, and worth the investment. "Governments and private payers can do more to compensate pharmacists for the expanded scope services they are authorized to provide. Current reimbursement models in Canada are outdated and in urgent need of an overhaul," says Justin Bates, CEO of Neighbourhood Pharmacy Association of Canada.

With that in mind, the association is working with its members to present alternatives to government. "Neighbourhood Pharmacies is currently working on a major initiative to reorient pharmacy reimbursement from a transactional model to one that is service-based and patient-focused. The time has come for pharmacy to become a true partner in frontline primary care," says Bates.

Where is the greatest value?

Another increasingly compelling argument for policy-makers is the growing recognition of the value of closing costly gaps in health care. That’s certainly the case in Alberta, which funded a multi-pronged vascular risk reduction program. In 2012, when she was Executive Director of Alberta Health Services’ Cardiovascular Health & Stroke Strategic Clinical Network, Morrin approached Tsuyuki and his team to study pharmacists’ ability, under expanded scope, to identify people at risk and help them manage their health.

“We wanted to look at hypertension, diabetes, chronic kidney disease, smoking and other risk behaviours and engage pharmacists more broadly. We are very pleased with the results,” says Morrin. Results of the ReEach study were published in the Journal of the American College of Cardiology.

Alberta Health Services is now developing a knowledge transfer strategy. “We want to motivate more pharmacists to adopt the scope of practice and be active in screening and case-finding in their own practices, and intervening appropriately.”

While the strategy will focus on pharmacists first, it will eventually include educational outreach to family physicians and the public. An economic analysis of ReEach is also underway. “We are keen to get those results to support what we’re doing, but the knowledge transfer strategy is not contingent on that,” says Morrin. It comes down to the value of closing the “significant” gaps in care for patients.

“While people with chronic diseases who go to their family doctors are typically well managed, we really struggle to reach the people who aren’t regularly going to family doctors and whose diseases or risk behaviours are not well managed. Community pharmacists are another potential trusted touch point and have a key role to play within the broader context of primary health care,” asserts Morrin.

That’s the positioning of Hypertension Canada as well. “Thirty-five percent of Canadians have uncontrolled hypertension, and it’s been at that level for about a decade. We need new strategies to help the current healthcare system close that gap,” says Khan. “Pharmacists can make a real contribution.”

More studies help build case

Alberta Pharmacy Services Framework Study

Supported by a grant from CFP, researchers at the University of Alberta are conducting a longitudinal study of four pharmacies that have incorporated publicly funded care plans into their day-to-day practice.

During the three visits over a two-year period, researchers are interviewing patients, pharmacists, pharmacy staff and other health care. They have also interviewed policy-makers within government and healthcare professional organizations. “Having an understanding of what everyone defines as value is really important so we can compare and contrast the different views,” says Christine Hughes, one of the principal investigators for the project.

Researchers are also observing interactions between pharmacists and patients and how systems are being adapted to incorporate care planning. “We will identify the challenges and successes that can be built on and share that with other sites, as well as share the information with policy makers who may be looking at doing this in other provinces,” says Hughes.

Study results are scheduled for release early in 2018. While preliminary results are not available, Hughes notes that “we are definitely very excited about the results so far.”

Saskatchewan Evaluation of Pharmacist Prescribing for Minor Ailments

Researchers at the University of Saskatchewan recently wrapped up a multi-phase study on the clinical and economic value of pharmacist prescribing for minor ailments, funded in part by CFP. The economic analysis showed that for every dollar spent on the minor ailments program in Saskatchewan, the province saved $2.15 in direct and indirect costs, with an increased return on investment as time goes by. The cumulative savings are projected to reach $3.5 million in 2019.3

While outside the scope of the economic analysis, researchers also remarked upon the savings associated with avoided visits to doctors’ offices and emergency departments. “Almost 30% of patients said they would have gone to their doctor or emergency if the pharmacist had not helped out. One person would have gone to the ER for a cold sore! This has big implications for payers,” says Jeff Taylor, co-principal investigator.
Patients welcome service at Estevan Pharmasave, Saskatchewan, where physicians are in short supply  

By Sonya Felix

When pharmacists in Saskatchewan gained authority to prescribe for minor ailments in 2012, pharmacist Brad Cooper was one of the first to take the training required to add the service to his practice.

“In reality, I have been assessing and ‘prescribing’ for ailments for as long as I have been a pharmacist, but it was exciting to stretch those skills and include provision of Schedule I medication,” says Cooper, a managing partner at Pharmasave in Estevan, Sask. “Minor ailment prescribing adds to our menu of services and continues to grow year after year. It’s a good program in our area, where there is a physician shortage and walk-in care is non-existent.”

Wes Kreklewich, a long-time patient at the Estevan Pharmasave, agrees that being treated for minor ailments at the pharmacy is a valuable service. “It’s especially great if you have young children,” he says. “You don’t have to make an appointment with the doctor and spend time sitting in the waiting room. Instead, the pharmacist’s minor ailment service is quick and convenient—and the assessment is usually bang on.”

“Awareness was the largest hurdle when we started prescribing for minor ailments,” adds Cooper. “I had already cultivated a trusted relationship with my patients but these new services were outside the ‘norm.’ I had a lot of ‘Hey, did you know we can prescribe for that?’ conversations with my patients.” As time passed, he saw more and more people coming back, as well as new patients referred by friends or family members. “Feedback has always been positive when [I] make follow-up calls four to seven days after prescribing.”

By now, every province except British Columbia and Ontario has authorized pharmacists to assess and prescribe for a growing list of minor ailments such as cold sores, joint pain, mild headaches, acid reflux and bacterial skin infections (see chart, page 12). Saskatchewan was the first province to reimburse pharmacists $18 as a consultation fee for the service—an investment that has shown positive returns, according to an economic impact analysis done by researchers at the University of Saskatchewan. The study, funded in part by CFP, found for every dollar spent on pharmacists’ prescribing for minor ailments in Saskatchewan in 2014, the province saved $2.15 in direct healthcare costs and indirect costs, such as lost productivity.

While Cooper appreciates that Saskatchewan’s drug plan has recognized the value of the service to residents by reimbursing pharmacists, he says the fee isn’t enough. “Reimbursement levels are always a challenge in our industry,” he explains. “The $18 fee helps offset the cost of providing minor ailment services but not at a sufficient level.”

Despite that challenge, Cooper remains committed to offering the service. “Minor ailment prescribing has been a personally rewarding service to offer to my patients as I see the impact I have on improving patients’ health,” he says. “Pharmacies are truly becoming health destinations in our communities as pharmacists are given more and more tools in our toolkits.”

Cooper is fortunate to already have a private consultation room for doing minor ailment assessments and prescribing, as required by the Saskatchewan College of Pharmacy Professionals, but he admits that lack of time is an ongoing issue. To help mitigate these time constraints, the pharmacy uses a program called Simpl to help implement appointment-based pharmacy services. “Patients participating in the Simpl program have their medications synchronized and filled on a regular cycle which reduces the number of monthly visits and phone calls by patients,” he explains. “It allows myself and my staff to focus on more quality interactions with patients when prescribing for minor ailments, rather than dealing with large amounts of dispensing duties.”

Acknowledging the pushback to pharmacists gaining prescription authority, Cooper stresses that minor ailment assessment and prescribing is proving its value. And demand is building from patients. “This service is not a fad—it is here to stay.”
This year’s Changing Face of Pharmacy polled provincial pharmacy associations on their respective expanded scopes of practice. Our goal is to help cast light on the differences and similarities, and hopefully generate thinking on what provinces can learn from each other.

We asked each association the following questions:

1. MOST SUCCESSFUL
   When you consider all the authorities or services in your province’s expanded scope of practice, which have pharmacists adopted most successfully?

2. MOST CHALLENGING
   Which authority or service is the biggest challenge?

3. WHAT’S MISSING
   What authority or service, if any, would you say is missing from your province’s scope of practice?

4. GOVERNMENT ADVOCACY
   What are your current activities or priorities with government regarding scope of practice?

**PHARMACISTS ASSOCIATION OF NEWFOUNDLAND & LABOUR**

1. Medication management, i.e., prescription refills and adaptations. It naturally flows out of dispensing, and pharmacists have been doing it for years in an unregulated way.

2. Minor ailment assessments and prescribing, because of fears of insurance and lack of financial reimbursement.

3. Independent prescribing for more than minor ailments.

4. A type of reimbursement for current expanded-service scopes, for all patients rather than just those with coverage from the province’s public drug plan.

Source: Glenda Power, Executive Director

**PRINCE EDWARD ISLAND PHARMACISTS ASSOCIATION**

1. Influenza vaccinations due to demand from the public and marketing efforts by pharmacies.

2. Prescribing for minor ailments due to necessity to charge fee as a service that patients can receive at no personal cost from physicians or nurse practitioners. Pharmacy teams are also challenged to differentiate between traditional “no cost” recommendations and patient assessments that may or may not lead to the prescribing of a drug.

3. Independent prescribing. Pharmacists ideally would capture the patient’s diagnosis and prescribe the most appropriate medication; from monitor and adjust medications to achieve pre-specified desired outcomes.

4. We spend all year touring the support of our colleagues to actually lay the regulatory charges required for new services. On the government front, discussions have become more frequent about moving beyond traditional talks on remuneration as part of the pharmacy contract, through negotiations that may or may not lead to the prescribing of a drug.


**PHARMACY ASSOCIATION OF NOVA SCOTIA**

1. Injections. October and November are now extremely busy periods based on flu season. Many pharmacists are already pressed for flu vaccine, shingles, etc. The public readily accepts and trusts pharmacists for these services.

2. Assessments for minor ailments and adapting or adopting. Both take time and dedication. Without appropriate funding from public or private payers, it’s easier to refer the patient back to the doctor or simply call for prescription by permission.

3. Authorities to assess minor ailments, such as shingles and birth control and other much-needed interventions that consumers would be willing to pay for. As well, the ability to initiate care plans for patients with chronic conditions such as diabetes, consider in Alberta.

4. We are working with government to implement and improve the electronic Drug Information System and Prescription Filling Program, which provides online access to lab values. On a related front, to help demonstrate the value of pharmacy services, we are funding research on the impact of pharmacists’ advanced services and interventions for uncomplicated urinary tract infections.

Source: Paul Blanchard, Executive Director

**NEW BRUNSWICK PHARMACISTS’ ASSOCIATION**

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Source: Paul Blanchard, Executive Director

**ASSOCIATION QUÉBÉCOISE DES PHARMACIENS PROPRIÉTAIRES**

1. Prescribing for minor ailments: patients are requesting the service and it is fairly easy to do. Pharmacists are also confident in their capacity to do it and consider it a ‘no-brainer’ opportunity to help patients.

2. Dosage adjustments to meet therapeutic targets. Quebec pharmacists don’t have the necessary medical information to sufficiently provide this service. The information is not shared easily by physicians and technology is not facilitating the transfer of information.

3. Injection authority and programs to support medication refills and medication management (excluding dispensing).

4. We are working with government on a new remuneration model that includes services under an expanded scope. But to do that we have to consider all the costs and benefits that impact all necessary sources for pharmacy—what means much of our advocacy has to do with related issues, such as generic drug pricing and negotiating new agreements with the government and private insurers.

Source: Paul Blanchard, Executive Director

**PHARMACY ASSOCIATION OF SASKATCHEWAN**

1. By dry volume, prescriptions for refills and vaccines. Prescribing for refills has considerably been in demand as inpatient patients need to access, although that prescription continues to increase exponentially.

2. Aesthetically, we have been told sending consultation services through PACT (Partnership for Access to Care in the Community of Tobacco) can be challenging to implement, especially in single-pharmacy pharmacists. Pharmacists have also noted the complexity and challenges associated in addition to education and medication therapy counseling.

3. Prescribing for therapeutic substitution. Our regulatory bodies means assessing this as an option for the future.

4. We have become more proactive, seeking needs to be used with other provisions, but also to pioneer new programs and services (including reimbursement). It is an amazing time to be a pharmacist but there are many challenges, especially to do with balancing government budgets, financial remuneration and simply changing new territory. It is not only about readiness for change but also the importance of patient and public expectations.

Source: Jeff Whitham, Director, Pharmacy Practice

**ONTARIO PHARMACISTS ASSOCIATION**

1. Influenza vaccinations: pharmacists administered more than one million shots last season. Public awareness and demand are tremendous.

2. MedsCheck: recent changes to a more heavily standardized and documentation-intense program, without full integration into pharmacy software systems, has dramatically impacted workflow, especially for high-needs patients.

3. Assessment and treatment of common (non)ailments supported by prescription authority for Scheduled I products, as well as the ability to dispensing adapt and/or stop documents, and cost containment substances.

4. We are advocating for fair and reasonable funding to help drive adoption. We have become more collaborative with other stakeholders, including healthcare professionals, public and private payers and patient advocacy groups. Our message is that private and public payments in pharmacy services and an expanded scope of practice action team are health costs, better health closer to home and a sustainable health system.

Source: Angie Ng, Manager, Pharmacy Practice
In Quebec, legislation requires private insurance plans to pay the same fees as the public plan for pharmacists’ services, except for refusals to fill and Pharmaceutical Opinions. This chart gives claims data for the public plan only.

### Medication reviews/management
Medication reviews are a component of CoPs and SMaHS (see Patient care plans above).

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### Administration of drugs by injection

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### Immunizations

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### Smoking cessation

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### Other services

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Information current as of September 2017, and collected from provincial ministries of health and provincial pharmacy associations. Claims data are for fiscal year ending March 31, 2017, with the exception of Quebec where the data is for year ending December 2016.

*In Quebec, legislation requires private insurance plans to pay the same fees as the public plan for pharmacists’ services, except for refusals to fill and Pharmaceutical Opinions. The chart gives claims data for the public plan only.*

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**CHANGING FACE OF PHARMACY 2017**

**FEES AND CLAIMS DATA FOR GOVERNMENT-SPONSORED PHARMACIST SERVICES, BY PROVINCE (UPDATED SEPTEMBER 2017)**

**NOTE:** All content in this report indicates that public funding is available only to eligible beneficiaries of the provincial drug plan.

**BRITISH COLUMBIA**

- $100 per Comprehensive Annual Care Plan (CAP) (2018 survey; $150 per prescription with additional prescribing authority (APA); $250 per prescription without prescribing authority (CoP) (3,885 claims); $20 per follow-up for CAPs; $150 per prescription for APA; $150 per prescription for CoP) (17,998 claims); $70 per follow-up for APA; $150 per prescription for CoP; $60 per quarterly follow-up for APA; $60 per quarterly follow-up for CoP

- $125 per CoP for follow-ups; max. 2 annually (118 claims)

**ALBERTA**

- $30 per Medication Review - Standard; max. 2 annually; $60 per Medication Review - Complex; max. 2 annually; $60 per Medication Review - Special; max. 2 annually; $15 per Medication Review - Initial (19,235 claims)

- $20 per follow-up; max. 2 annually (19,235 claims)

**SASKATCHEWAN**

- $15 per Medication Review - Standard; max. 2 annually; $30 per Medication Review - Complex; max. 2 annually; $30 per Medication Review - Special; max. 2 annually; $10 per Medication Review - Initial (19,235 claims)

- $20 per follow-up; max. 2 annually (19,235 claims)

**MANITOBA**

- $15 per Medication Review - Standard; max. 2 annually; $30 per Medication Review - Complex; max. 2 annually; $30 per Medication Review - Special; max. 2 annually; $10 per Medication Review - Initial (19,235 claims)

- $20 per follow-up; max. 2 annually (19,235 claims)

**ONTARIO**

- $15 per Medication Review - Standard; max. 2 annually; $30 per Medication Review - Complex; max. 2 annually; $30 per Medication Review - Special; max. 2 annually; $10 per Medication Review - Initial (19,235 claims)

- $20 per follow-up; max. 2 annually (19,235 claims)

**QUEBEC**

- $15 per Medication Review - Standard; max. 2 annually; $30 per Medication Review - Complex; max. 2 annually; $30 per Medication Review - Special; max. 2 annually; $10 per Medication Review - Initial (19,235 claims)

- $20 per follow-up; max. 2 annually (19,235 claims)

**NOVA SCOTIA**

- $15 per Medication Review - Standard; max. 2 annually; $30 per Medication Review - Complex; max. 2 annually; $30 per Medication Review - Special; max. 2 annually; $10 per Medication Review - Initial (19,235 claims)

- $20 per follow-up; max. 2 annually (19,235 claims)

**NEW BRUNSWICK**

- $15 per Medication Review - Standard; max. 2 annually; $30 per Medication Review - Complex; max. 2 annually; $30 per Medication Review - Special; max. 2 annually; $10 per Medication Review - Initial (19,235 claims)

- $20 per follow-up; max. 2 annually (19,235 claims)

**PRINCE EDWARD ISLAND**

- $15 per Medication Review - Standard; max. 2 annually; $30 per Medication Review - Complex; max. 2 annually; $30 per Medication Review - Special; max. 2 annually; $10 per Medication Review - Initial (19,235 claims)

- $20 per follow-up; max. 2 annually (19,235 claims)

**NEWFOUNDLAND/ LABRADOR**

- $15 per Medication Review - Standard; max. 2 annually; $30 per Medication Review - Complex; max. 2 annually; $30 per Medication Review - Special; max. 2 annually; $10 per Medication Review - Initial (19,235 claims)

- $20 per follow-up; max. 2 annually (19,235 claims)
When people know their pharmacists by name, it’s a sure sign of a good relationship. And it’s become a common marker for success at pharmacies that are part of Rubicon Pharmacies Canada since the adoption of an appointment-based pharmacy practice model. “It’s wonderful for patients and very rewarding for pharmacy teams,” says Michael Wright, CEO of Rubicon. “Through the monthly appointments we can promote a whole array of expanded services.”

More than 5,000 patients at 65 pharmacies have enrolled in Rubicon’s “Simpl” program since November 2015. Technicians or assistants synchronize medications for monthly pick-ups, and phone patients one week ahead to ask about changes in health or visits to the doctor that may affect prescriptions. Should patients raise clinical issues, the technician arranges for a consultation with the pharmacist, which could occur at the time of pick-up or during a separate phone call or appointment.

Come pick-up day, the pharmacist focuses on the patient, not the product. “There are a lot of informal appointments at the counter, or they can be in the counselling room. The pharmacist can talk about their health, provide a service or even just talk about the weather. The main thing is to get to know the patient, create name recognition and build a relationship,” says Wright. From there, other appointment-based services naturally unfold.

“You may need to touch base five or six times about the benefits of a medication assessment, for example, before patients take you up on it.”

Distribution efficiencies cannot be overemphasized, he adds. Synchronized prescriptions are filled by Rubicon’s fulfillment sites or in-house during slower periods. “Before Simpl, pharmacists could not schedule their workload. Now a large proportion of prescription volume is taken care of two to three weeks out and we are seeing significant improvements in work flow. Good things really start to happen once enrollment reaches 100 patients in a pharmacy.”

Making time for expanded services

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Sticking with a valuable service

Pharmacists’ injections already improving immunization rates

By Sonya Felix

When Gordon Bentley told his pharmacist he was driving more than an hour each way to get his monthly B12 shot from his doctor, he was surprised to learn about a simpler option: he could get his injection at the pharmacy. “My wife and I are both in our 80s and it was hard to get to our doctor’s office, especially in winter,” says Bentley. “We sometimes had to cancel appointments. But Kawartha Lakes Pharmacy is only seven minutes away so when my pharmacist said he could do it for me, it was a godsend. Now we get our flu shot there, too.”

Bentley’s pharmacist is Mike Cavanagh, co-owner of the Kawartha Lakes Pharmacy and one of nearly 9,500 pharmacy professionals (including pharmacists, interns and students) in Ontario trained to administer injections since the province granted authority to publicly funded flu shots in 2012. Last year, Ontario expanded pharmacists’ injection authority to include vaccines to protect against 13 other preventable diseases, including hepatitis A and B, pneumococcal disease and herpes zoster.

At Kawartha Lakes, Cavanagh was already ahead of the game. Since 2011, a nurse-led clinic in his pharmacy has been providing travel vaccines through medical directives. “Once we were given authority to administer influenza by the Ministry of Health, we began to look at areas we could expand,” he says. “It’s all about access—pharmacies are typically open late hours and give on-demand service, often without an appointment.”

Moving the public health needle

By now, most provinces allow pharmacists to administer flu shots and other vaccines by injection. Pharmacists in Alberta, Saskatchewan, Manitoba, New Brunswick, Prince Edward Island and Newfoundland and Labrador have even broader authority to inject any drug or vaccine (see chart, page 12). Early research already shows the value of pharmacist-administered injections.

“We’ve seen a lot of positives with pharmacists as immunizers,” says Nancy Waite, co-leader of Ontario Pharmacy Evidence Network (OPEN), which researches the impact of pharmacist-administered vaccines among other things. Although the number of flu shots administered at physician offices, public health clinics and other locations has declined over time, she notes that Ontario had a net increase of almost half a million influenza vaccinations due to the involvement of pharmacists.

“At OPEN we’re looking at the impact of different pharmacy services and we think that immunization is a great news story,” says Waite. “There is huge uptake by the profession because of the convenience, leads more seniors to get vaccinated at the pharmacy and provides greater awareness of the service could lead more seniors to get vaccinated at the pharmacy because of the convenience,” says Hoole. Kwong, too, suggests pharmacists’ expanded role could further improve vaccination rates. “Not enough adults are receiving the shingles vaccine and pharmacists could help with that as long as they are sufficiently knowledgeable about a patient’s medical history,” he says. Other important adult vaccines that Kwong feels pharmacists could play a role in delivering include: the tetanus, diphtheria and pertussis booster, pneumococcal vaccines, human papillomavirus vaccine and travel vaccines.

After five years with authority to administer vaccines, starting with flu shots, Cavanagh says pharmacists are now comfortable with the role and most pharmacies in Ontario offer the service. “Fitting it into the workflow was tough the first year but now it is as easy as pie. We’ve learned to utilize other staff to obtain consents and handle the transaction side, so it has become seamless and doesn’t interrupt our workflow,” he says.

“Patients trust us and we’ve had such a positive response,” Cavanagh adds. “The results so far have proven the value and we all know this is a good thing.”

“I strongly believe that pharmacists can play an important role in the immunization system because of their accessibility and the trust that patients place on them,” says Kwong, who is an epidemiologist and scientist with Public Health Ontario and the Institute for Clinical Evaluative Services. “I think pharmacists providing other types of vaccines is a great idea, because they provide the system with more capacity to immunize the population.”

Just the beginning

Meanwhile, researchers at OPEN continue to study the impact of pharmacists as immunizers and are deepening their initial analysis. For example, while earlier surveys showed that younger people (aged 20 to 64) were most likely going to pharmacies for flu shots, greater awareness of the service could lead more seniors to get vaccinated at the pharmacy because of the convenience, says Hoole.

Charging patients for travel vaccines has never been as issue, adds Cavanagh. “Patients typically pay out-of-pocket for the travel consultation, and some private health plans will cover the cost of the vaccines. From a business standpoint, the service attracts patients who travel a lot and there isn’t as much cost inhibition when it comes to paying for vaccines.”

On the other hand, Cavanagh currently offers injections like B12 free of charge to aid in convenience and adherence. He plans to re-examine this in the new year. “All the vaccines we provide are appreciated by our patients,” he says. “It’s all about access—pharmacies are typically open late hours and give on-demand service, often without an appointment.”

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PHARMACISTS: PLAYING A KEY PART IN HIV PREVENTION
With new generic options available, patients need education and support

Fortunately, the roster of treatment options to prevent HIV has grown substantially over the last several years. Condoms and the use of antiretroviral treatment by people living with HIV have played a key part. So has the consistent use of an oral medication (Truvada) as part of pre-exposure prophylaxis (PrEP). Combined with regularly testing and treatment of sexually transmitted diseases, this medication has been highly effective in reducing the risk of HIV infection when used as directed.

Earlier this year, Health Canada approved generic medications for PrEP that have been shown to be equally effective and will make treatment even more accessible. As more and more patients seek these options, the pharmacy can be the ideal go-to space for accurate information and adherence help.

Providing a non-judgmental, safe environment in the pharmacy for HIV patients and those at higher risk for infection, is an ideal way to engage these patients in the communities where they live.

Taking action in the pharmacy
A recent Learning module developed by the World Health Organization (WHO) for pharmacists, outlines ways pharmacy staff can monitor PrEP adherence and support patients to regularly take their medications for optimal prevention of disease.

According to the WHO, the pharmacist is in a key role to ensure accurate dispensing of prescriptions for PrEP, as well as to provide information on side-effects. For example, HIV patients may need assurance that there are no restrictions with food when taking PrEP and that alcohol (in moderation) is permitted.

Given that the effectiveness of this treatment in HIV prevention is incumbent on patients taking their medications daily, pharmacists with their pharmacy teams can monitor refills and ask about adherence during patient visits. Being open and never critical helps ensure that patients won’t over-report consumption and hide problems.

Other ways to assist patients with adherence is to suggest they put a reminder on their phone when it is time to take their daily tablet, or have it coincide with another daily action, such as brushing teeth. Alternatively, pharmacists can encourage patients to talk to other PrEP users or join an online forum for adherence tips.

More education around HIV
To help health care providers address the needs of their HIV patients, Teva has developed an accredited live webinar focusing on how to identify at-risk patients who would be candidates for PrEP. This continuing education program for pharmacists and physicians explores best practices and discusses the importance of adherence to maximize PrEP efficacy. Contact your Teva sales representative for details on how to register for an upcoming session.

Teva has also added an HIV-specific topic to its current series of pharmacist counselling guides. All guides are available at TevaPharmacySolutions.com in English and French and are accredited by the Canadian Council on Continuing Education in Pharmacy.

By engaging in open, supportive discussions with their at-risk patients, pharmacists can have a major impact in HIV education and prevention.

Hypertension heroes
Pharmacists beat a path towards better health for patients By Rosalind Stefanac

When Alberta pharmacist Lonni Johnson was approached to take part in a study examining the effect of pharmacist prescribing on improving blood pressure in the community, she was initially apprehensive. “My first thought was, I’m too old and I’ll never be able to do this,” recalls the 50-year-old, who has been in practice for almost 30 years.

The lead investigator of the RxAction study, Dr. Ross Tsuyuki, managed to convince her otherwise. Four years later, Johnson continues to work on various pharmacy research initiatives. “I was getting a little disenchanted with pharmacy but now I’ve had a complete flip in my thinking—I would love to be the pharmacist who changes things and I’m nowhere near ready to retire,” she says.

The pharmacy manager at Rita’s Apothecary & Home Health Care in Barhead, Alta., Johnson obtained additional prescribing authority as a prerequisite to joining the study. Once patients were screened for eligibility, she provided advanced care by conducting risk assessments and medication reviews, ordering lab tests and educating patients. She altered prescriptions and managed to provide therapy as needed. Follow-up consultations occurred monthly for six months.

“I had my ‘aha’ moment with a patient early in the study,” she says. When his lab work revealed his cholesterol was dangerously high, Johnson sent him immediately back to the doctor. “Tests showed that he could have had a heart attack if an intervention with screening and follow-up had been missed. We made a real difference by being there,” Johnson says.

Pharmacists beat a path towards better health for patients

The proof is in the numbers
Proof that pharmacists have a major impact in hypertension management reveals that pharmacists who adopt a full scope of practice (i.e., with independent prescribing authority) and who consistently support patients with hypertension management over their lifetime can generate significant savings to the healthcare system. Paid pharmacists’ services that excluded independent prescribing authority were also found to be cost-effective.

A recent report from The Conference Board of Canada also showed a substantial return on investment for pharmacists’ services around advanced medication reviews and management of cardiovascular disease.

In fact, findings like these have helped prompt Hypertension Canada to develop the country’s first hypertension certification program specifically for pharmacists, which will be launched in 2018.

Dr. Nadia Khan, President of Hypertension Canada, says the range of work provided by pharmacists during the RxAction study really highlighted the additional benefit of using pharmacists to help hypertensive patients. “Almost one million Canadians have hypertension but are unaware—we need new and accurate BP screening strategies to target these people,” she says. “Once patients have a diagnosis of hypertension, and see a healthcare professional, they are much more likely to have their BP treated and controlled.”

Adherence is another area pharmacists can have a big impact, believes Dr. Khan.

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The proof is in the numbers
“Up to 50% of those taking medication for hypertension are not taking it as prescribed within one year of diagnosis,” she says. “Pharmacists have a great advantage in that they have access to prescription filling patterns.”

Making a difference
Outside of Alberta, where scope of practice does not include independent additional prescribing authority, pharmacists still improve outcomes in hypertension. Allan Greene, a pharmacist at Murphy’s Pharmacies in Charlottetown, PEI, estimates that one in four of his pharmacy patrons deals with cardiovascular issues. “We are always looking at preventative health, and hypertension is an area we key in on to make a difference,” he says.

Three years ago, Murphy’s began offering a suite of health promotion initiatives called “Hypertension Wellness” at several of its stores. In addition to cardiovascular risk assessments and comprehensive medication reviews, the pharmacy conducts clinic days where patients can sit down with a pharmacist or pharmacy student to learn about their BP readings and ask questions. Greene also involves his pharmacy techs by having them take BP readings and arranging follow-up visits with the pharmacist. Workplace wellness days—where pharmacists go to local businesses and educate employees—are another key part of the program’s offerings.

“It’s a wonderful opportunity to target a common health disease and educate people on how to manage it,” says Greene, adding that the goal is to eventually roll out the services to all Murphy’s Pharmacies.

“It’s rewarding as a pharmacist as I can see the direct impact.”

Taking better aim at diabetes

Pharmacist and CDE Tino Montopoli of Orono, Ontario, urges pharmacists to close gaps in care

By Sonya Felix

About seven years ago, Teresa Topham was dismayed to learn she needed insulin injections to better control her glucose levels. “I have a severe needle phobia and didn’t want to ‘take the needle,’” she says. “But my pharmacist encouraged me, gave me all the information, and when I was ready, he showed me how to prepare the injection and stick it in. I now take four needles a day, and although I still don’t like it, I’m used to it and I really appreciate how Tino helped me.”

Tino Montopoli, co-owner of Stutt’s Pharmacy in Orono, Ont., has been Topham’s pharmacist since he started to practice in Orono 21 years ago. He is a Certified Diabetes Educator, a Certified Insulin Pump Trainer and member of the Diabetes Pharmacists Network in Canada (created by The Banting & Best Diabetes Centre). “Diabetes is my passion,” he says, adding that he has had type 1 diabetes since he was nine years old. “It’s a complicated disease that’s impacted by so many factors such as lifestyle, emotions and medications,” he says.

These days, Montopoli spends much of his time counselling patients and conducting MedsCheck for Diabetes medication reviews at his community pharmacy and at the Peterborough Family Health Team, where he has a medical directive to initiate and titrate certain drugs. “Patients are often overwhelmed with the details of their disease so it is important to give information in smaller packets,” he says. “With MedsCheck we can provide the information gradually since they can come back for follow-ups.”

Ontario implemented MedsCheck for Diabetes in 2010 and last year enhanced the program with new tools and standardized documentation. Patients with diabetes are eligible for one MedsCheck for Diabetes annually, as well as multiple follow-ups as long as they are performed at the same pharmacy. Pharmacists receive $75 for the annual review and $25 for follow-ups.

A four-year review of MedsCheck for Diabetes by researchers at the Ontario Pharmacy Evidence Network (OPEN) found that only about half of Ontarians with diabetes received a MedsCheck for Diabetes between 2010 and 2014. And very few came back for follow-ups: only 4.1% of recipients 66 years and older and just 2.7% of those younger than 66.1

Currently, most people with diabetes don’t reach all three targets for A1C, blood pressure and lipid levels, stresses Montopoli. “Pharmacists should pay more attention to their patients with diabetes. We can help them understand the progressive nature of the disease and how diet and exercise are important for increasing insulin sensitivity.”

The new standardized documentation and tools are steps in the right direction. “MedsCheck for Diabetes is more regimented now and includes a checklist of questions to ask. It’s not a bad idea to have a reminder that certain things have to be done.”

He has found that getting people to come back for follow-ups, or even the initial consult, tends to be the biggest challenge. Over time he’s determined that the best approach is simply to be persistent with face-to-face reminders when people come in for their prescriptions.

Topham is one patient who doesn’t need encouragement to come back for a MedsCheck. “That’s a wonderful service because I can get answers to any queries I have about my medications, whether it is to do with my diabetes or aches and pains,” she says. “Tino is always available to help me when there are problems and, between the two of us, we control my diabetes.”

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Relevant Warnings and Precautions⁵:
- Systemic adverse effects
- Somnolence
- Local nasal adverse effects, inhibitory nasal wound healing.
- Candida infections, nasal ulceration and nasal septal perforation
- HPA axis adverse effects and effects on growth
- Suppression of immune system; avoid use in infections
- Ophthalmologic adverse effects
- Dysgeria, epistaxis and headache
- Replacement of a systemic steroid
- Avoid use with ritonavir, alcohol or other central nervous system depressants
- Avoid use in patients with recent nasal ulcers, nasal surgery, or nasal trauma
- Pregnancy and nursing and risk of hypoadrenalism in newborns

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Consult the Product Monograph at https://health-products.canada.ca/dpd-bcpp/indexx-eng.jsp for more information about conditions of clinical use, contraindications, warnings, precautions, adverse reactions, interactions and dosing. The Product Monograph is also available by calling 1-844-596-9525.

References: 1. Dymista® Product Monograph, May 1, 2017
2. Treatment Class with WHO Code ATC R01 AD28
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