



# From Burnout to Balance

Regaining equilibrium  
in a new age of  
pharmacy practice



Tips for  
**Work-Life Balance**

The Key to  
**Happy Staff**

Tools for  
**Easing Workload**

Our Annual **Pharmacy**  
**Services Chart**

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ASCVD=atherosclerotic cardiovascular disease; HeFH=heterozygous familial hypercholesterolemia; HoFH=homozygous familial hypercholesterolemia; LDL-C=low-density lipoprotein cholesterol; MI=myocardial infarction

\* Fictitious patient. May not be representative of all patients.

**Reference: 1.** Repatha® (evolocumab injection) Product Monograph. Amgen Canada Inc., December 9, 2021.

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The road to  
resilient workforces

After years and years of advocacy and effort—and a global pandemic to boot—we've finally turned a corner in pharmacy practice. Governments and patients alike now better understand the real value of pharmacy teams in providing essential healthcare services to Canadians.

But to ensure we stay the course and our progress is not all for naught, we have another major hurdle looming: figuring out how to keep pharmacists engaged and burnout at bay.

The reality is that the last three years have been tough. Yes, pharmacy teams showed immense fortitude in being the most accessible healthcare providers during COVID-19, but they're now feeling the consequences. As our cover story notes (see page 4), 80% of pharmacists are at risk of burnout and only 40% feel fulfilled in their work. Half also say inadequate staffing is having a negative impact on their mental health and wellbeing.

So, what can we do about it? In this latest *Changing Face of Pharmacy* Fall report, we look at practical ways for pharmacists and their employers to restore work-life balance. With real-life examples from pharmacy owners in the trenches, we offer inspiration on what can be done to get staff excited about their jobs again, while ensuring patient needs continue to be met. Overworked and overwhelmed pharmacists need to know there is change on the horizon with tangible solutions to a more fulfilling practice.

In my new role as Executive Director of the Foundation, I am pleased to be part of an organization that has a long-standing commitment to advancing pharmacy. Through our various grants and awards program, we are continually supporting pharmacists and pharmacy teams leading positive change in the profession.

As a pharmacist who has been in the trenches myself, work-life balance is of personal interest too. I'm so glad CFP is helping bring such important issues to light.

Linda Prytula

Executive Director

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Canadian Foundation for Pharmacy



Canadian Foundation  
for Pharmacy

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# FROM BURNOUT TO BALANCE



ILLUSTRATION: Sébastien Thibault, agoodson.com



# PRACTICAL WAYS FOR PHARMACISTS—AND THEIR EMPLOYERS—TO REGAIN EQUILIBRIUM

BY ANNE BOKMA

**M**anjit Hansra had an enviable career as a pharmacist. Eighteen years after graduation he was a pharmacist-owner of a large Toronto pharmacy with a staff of 65 and sales of \$20 million. But last year he quit that job. The pandemic pushed him over the edge and he craved more balance in his life. He wanted to spend more time with his two young children. “I wanted to live with no regrets,” he says.

Hansra is one of the thousands of Canadians who “pivoted” during the pandemic, who took stock of their lives and realized they needed to make a sanity-saving change.

In his case it was launching a consulting firm that offers “Rx for Renewal” wellness retreats to help healthcare professionals improve their resiliency and manage burnout. Once burnt out himself, he’s now teaching others the strategies he’s adopted to lead a healthier and happier life.

The decision to get off the treadmill changed his life, he says. “I’m more present with my kids, which has taught me a lot about myself. I’ve put a focus back on my mental and physical health and I am con-

tinuing to search for what I am passionate about and share my experiences in life to help others grow and develop into better versions of themselves.”

If you’ve found yourself wanting to quit your job like Hansra, you’re not alone. In fact, you are

among the thousands of Canadians pharmacists, who, after close to three years on the frontline of the COVID-19 pandemic, are at their breaking point.

The picture is pretty grim. Eighty per cent of pharmacists are at risk of burnout. Only four in 10 are fulfilled by their work. One in three are considering leaving the profession and half say inadequate staffing is having a negative impact on their mental health and wellbeing. These facts are from a 2023 national survey of more than 1,000 pharmacists and almost 200 pharmacy



Manjit Hansra

technicians commissioned by the Canadian Pharmacists Association (CPhA).

We all know that the pandemic slammed stressed-out, sleep-deprived pharmacists who were under intense strain as they worked overtime on the frontlines, administering millions of COVID-19 tests

and vaccines while still managing their regular responsibilities of filling prescriptions and counselling patients. Almost 40 per cent of pharmacy staff experienced abuse or harassment from patients at least on a weekly basis during the pandemic, according to the CPhA survey.

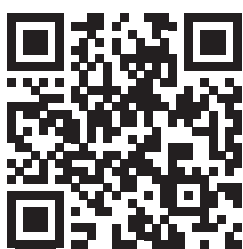
The workplace demands inevitably took their toll on home lives. Recreational activities, fitness routines, domestic chores and vacations took a backseat. Pharmacists’ roles as partners and parents became more challenging and stressful.

## “PHARMACISTS ARE EXHAUSTED AND OVERWHELMED.”

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"Pharmacists are exhausted and overwhelmed and, in some cases, are facing more conflict because everyone is quicker to anger and more emotional and frustrated," says health coach Cheryl Breukelman, President of Epiphany Coaches, a global leadership firm based in Hamilton, Ont. "They've been working on overtime for so long. They are resilient people, but they got punched in the face with COVID."

While the worst of the pandemic is over, it can take months or even years to fully recover from burnout. The restoration of work-life balance is key.

### Personal and organizational change

Pharmacists can take many steps on their own to recover balance in their lives (see Breukelman's top 10 on page 23). Employers also have a huge role to play. But both parties need to recognize it takes time and commitment. There is no easy fix.

"We can't solve issues of burnout and overwork with aromatic massages, a bubble bath, a gift certificate or even a cheque for \$5,000 as a bonus at the end of the year," says Karen Agro, Director of Agro Health Consultants, based in Waterdown, Ont. A community pharmacist for more than 30 years, she is also a consultant to the pharmaceutical industry. Three years ago, she became a workshop facilitator and keynote speaker to help individuals and corporate teams avoid burnout and create thriving employees.

"There's a tug of war in pharmacy," she says. "Pharmacists and staff are at one end and the volume of work is at the other. We are in this game because we wanted an expanded scope—we have been asking for it for years. But work is pulling so hard that staff on the other side is going to tip over."

Agro says if we continue to ignore the problem, the rate of attrition will only get worse. "We need to find ways to empower and strengthen our people. Otherwise, we are going to lose ourselves in that tug of war." If you're curious about your own level of workplace stress, Agro's "Corporate Burnout Scorecard" ([karenagro.com/the-quiz/](http://karenagro.com/the-quiz/)) will help determine where you land on the stress-versus-fulfillment scale.

A dedicated classical guitarist, Agro combines her training as a pharmacist and musician in her workshops and keynote addresses. "My goal is to help transform stressed-out workers into resilient ones and one of the ways to do that is teaching people how to improve their mood and productivity through music."



Karen Agro

**"MY GOAL IS TO  
HELP TRANSFORM  
STRESSED-OUT  
WORKERS  
INTO RESILIENT  
ONES..."**



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**CONTINUED ON PAGE 22**

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PHOTO: Kaitlin Rogers

L-R: Laura McDonald, Jenna Lazarenko, Julie Anderson, Mary Thomas, Lisa Thomas, Risa Hansen (owner of Dog Clover), Alle Bernardi, Saige Bell, Hannah Brown, Averil Morris

# Holacracy in action

At Epic Pharmacy, making time for life outside of work is part of the business model

BY ROSALIND STEFANAC

**W**ith its abundant wildlife, epic beaches and prime surfing conditions, Tofino, British Columbia, is a pretty sweet backdrop for a pharmacy. Laura McDonald, owner of Epic Pharmacy and an avid traveller right out of pharmacy school, would be the first to agree—and she's created a work environment that ensures she and her staff can take the time off to explore and lead full lives outside the pharmacy.

Epic Pharmacy's employees work mostly three- and four-day weeks (full-time staff work 35 hours/week), leaving plenty of time for travel and other personal pursuits. They also get a paid day off for their birthday (after six months on the job) and

don't work on stat holidays. And none of this has come at the expense of patient care or financial success, as this busy pharmacy has become a hub of patient care services for this oceanside community.

"Laura has created something really special here," says staff pharmacist Julie Anderson, a third-generation pharmacist who joined Epic in 2016. "She has employees who would go to the ends of the earth for her—we see she is genuine and that it's critically important that there is a true separation between work and being out, enjoying life."

Originally from New Brunswick, McDonald first came to Tofino on a surfing vacation. She enjoyed it so much she took on a pharmacy manager role at the only pharmacy in town—and stayed for six years. "It really gave me time to get to know the community, which includes a large First Nations population," she says. "I started integrating more and more with our offshore communities too, flying in with physicians to provide medication reviews and offering education sessions for new moms and people with diabetes, among other topics."

The work proved so rewarding, McDonald opened her own pharmacy under the Pharmasave banner, focussing on health and wellness services and products. She also decided to create a business model that enabled her to focus on her own health and well-being, and that of her staff.

Ten years later, Epic Pharmacy is thriving, with a roster of 15 full- and part-time staff and no shortage of regular customers. "We're a community where locally owned businesses are a way of life...and we all support each other so if there is an issue, there is a big network to call on," she says. "It's really a magical place to run a small business."

True to her word, McDonald has also implemented a work model that puts a priority on keeping burnout at bay. First and foremost, shorter work weeks give staff adequate time for vacation and personal projects. "It's a little costlier on the business to have more people on payroll but we find it really helps with our recruitment and retention," she says.

Full-time staff work four days a week, are all on the management team and are still able to take six to eight weeks of vacation





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In 2022 a total of 5,265 opioid-related poisonings occurred and there were 14 hospitalizations per day, on an average, compared to 12 before the COVID-19 pandemic.<sup>2</sup>

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Consult the Product Monograph at <http://narcannasalspray.ca/pdf/NARCAN%C2%AE-Nasal-Spray-product-monograph-Mar%2005-2021-red-plunger.pdf> for important information on contraindications, warnings, precautions, adverse reactions, interactions, dosing. The Product Monograph is also available by calling 1-844-898-0657. Always direct patients to read and follow the directions on the label.

**References:** 1. Tsuyuki R *et al.* Canadian national consensus guidelines for naloxone prescribing by pharmacists. *Canadian Pharmacists Journal*. 2020;153(6):347-351. 2 Ottawa: Public Health Agency of Canada. Federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses. Opioid- and Stimulant-related Harms in Canada. Available at: <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>. Accessed August 2, 2023. 3. NARCAN® Product Monograph. Emergent BioSolutions Canada Ltd. March 5, 2021.

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per year as employees are cross-trained to take over various roles as needed. (As an owner, even McDonald travels up to eight weeks outside of Tofino yearly.)

The work culture also supports the fact that most employees volunteer in the community. “We’re flexible with schedules so employees can pursue these things that help replenish them outside of work,” says McDonald.

She credits the holacratic working model—a system of self-management where employees are accountable and participate in decisions within their own domain, rather than the traditional top-down approach—for helping create an environment where everyone feels valued and heard. “This model allows us to see where people are feeling compressed and need support, or where we can dissipate issues before they become really disruptive.”

**Technology to ‘unplug’ employees**  
Technology has proven to be hugely

beneficial too. McDonald has invested in various systems to create a paperless environment; most tasks are automated, from pill counting to patient appointment bookings for vaccines and other services. All staff have a dedicated email address, plus they communicate via an internal communication system where they can chat about issues and keep on top of each other’s projects as needed.

“We do not have a texting culture during—or after—business hours and having this communication system means employees can keep their devices for personal use,” says McDonald, noting that there is no need to check emails or texts for business after hours either. Even the pharmacy’s HR system is automated to handle employee contracts, onboarding, pay increases etc.

“Laura has built a seamless communication model that’s transparent, respects everyone’s boundaries and ensures we aren’t getting calls outside of work hours unless there is an emergency,” says Anderson. In

fact, in the seven years Anderson has worked at Epic, she’s worked off-schedule just twice.

When she logs into the pharmacy’s communication system, Anderson also appreciates that the daily record shows what’s happened during previous days so she can easily pick up where things were left off. “We’re also scheduling the team a month in advance so people can plan accordingly,” she adds.

Regular teambuilding events help keep staff motivated and interested in evolving the business. Each year McDonald takes some staff to a natural health conference in Vancouver and to tour businesses developing new health-related products. She also organizes local retreats where she will bring in speakers, such as Indigenous leaders from the community to speak about their principles and values. “I find this the most rewarding part of being a leader: to provide shared experiences for the team is the foundation of the company culture at Epic Pharmacy.” ■

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# CFP SERVICES CHART

British Columbia		Alberta	Saskatchewan
<b>Care plans</b>		\$100 per Comprehensive Annual Care Plan (CACP) (380,357 claims); \$60 per Standard Medication Management Assessment (SMMA) (55,843); \$20 per follow-up, max. 12 annually (1,778,993 for CACPs; 198,096 for SMMA's); \$60 per SMMA for Diabetes and \$20 per follow-up, max. 4 annually (27,557 combined)	
<b>Medication reviews / management</b>	\$60 per Medication Review - Standard; \$70 per Medication Review - Pharmacist Consultation, max. 2 annually for both combined; \$15 per Medication Review Follow-Up, max. 4 annually (claims for all pending SEE NOTES)	Medication reviews a component of CACPs and SMMA's (see Care plans above)	<b>\$60 per Medication Assessment (seniors) (8,084 claims), max. 1 annually; \$20 per follow-up, max. 2 annually (2,175)</b>
<b>Pharmaceutical opinions</b>			
<b>Vaccination</b>	\$12.10 for flu; \$18 for COVID-19 inc. \$5.90 to offset costs; \$11.41 for non-publicly funded vaccines as of Oct. 14, 2022 (claims for all pending SEE NOTES)	\$13 (971,241 claims for flu, 15,766 for pneumonia, 13,313 for Tdap); \$25 or \$35 (weekends/stat holidays) for COVID-19 (1,136,612); authority for other vaccinations, inc. travel vaccines. NOTE: Fee for COVID-19 reduced to \$17 as of Oct. 16, 2023 and to \$13 as of Apr. 1, 2024	\$14 for flu (168,610 claims); \$20 for COVID-19 (214,434); authority for other vaccinations, inc. travel vaccines
<b>Administration of drugs by injection</b>	\$11.41 as of Oct. 14, 2022 (exc. allergy serums and substances for cosmetic use; claims pending SEE NOTES)	\$20 (342,226 claims)	\$13 for medroxyprogesterone and, as of Jun. 13, 2022, Evusheld (5,790 claims combined)
<b>Prescribing: renewals and adaptations</b>	\$10 to renew or adapt, max. 2/drug every 6 months or one-time renewal for controlled substances (claims pending SEE NOTES)	\$20 to renew or adapt (inc. altering insulin orders and discontinuations) (1,308,878 claims for renewals; 180,598 for adaptations)	\$6 to renew, alter dosage form, max. 4/28 days, or alter missing information, max. 1/28 days; \$10 to continue prescription in emergency, max. 1/28 days (390,119 claims inc. reconciliations with prescribing [see "Prescribing authority: initial access"])
<b>Prescribing: common or minor ailments</b>	\$20 per assessment with or without prescribing for 21 conditions and contraception (inc. emergency contraception) as of Jun. 2023, as part of Pharmacare daily billing max. of \$78 (claims n/a SEE NOTES)	As part of CACPs and SMMA's by those with additional prescribing authority (APA); outside of CACPs and SMMA's, \$25 per assessment resulting in a prescription by those with APA (claims inc. under prescribing for initial access)	\$18 per assessment resulting in a prescription for 27 conditions (36,403 claims)
<b>Prescribing: initial access or to manage ongoing therapy</b>		\$25 per assessment for initiating prescription by those with APA (491,990 claims); \$20 per emergency prescription (31,208); \$20 per continuity of care prescription during declared "state of emergency" (1,633)	\$25 for medication reconciliations with prescribing (claims inc. under all Rx authority, see "Prescribing: adaptation"); authority to assess and prescribe in emergencies; authority to assess and prescribe for preventable diseases (e.g. HPV, varicella)
<b>COVID-19 prevention and treatment</b>	Selected pharmacies dispense govt-funded Paxlovid: \$30 for clinical assessment plus usual dispensing fee plus \$25 for follow-up (claims pending SEE NOTES)	<ul style="list-style-type: none"> <li>\$10 plus dispensing fee to dispense govt-funded Paxlovid (12,758 claims)</li> <li>Pharmacists with APA can prescribe Paxlovid</li> </ul>	<ul style="list-style-type: none"> <li>\$18 to assess, prescribe or make referral for Paxlovid plus \$20 to dispense (491 claims)</li> <li>\$20 to dispense Evusheld as of Jun. 13, 2022</li> </ul>
<b>Therapeutic substitution</b>	\$17.20 (claims pending SEE NOTES)	\$20 (claims inc. under adaptations)	\$18 per substitution pending regulations
<b>Trial prescriptions &amp; refusals to fill</b>	\$10 per trial (claims n/a); \$20 per refusal (claims n/a)	\$12.15 per trial plus \$20 for follow-up (claims n/a); \$20 per refusal (3,222)	<b>\$11.85 per trial plus \$7.50 for follow-up (4 claims); 1.5X dispensing fee max. \$17.40 per refusal (15)</b>
<b>Deprescribing</b>		\$20 (claims inc. under adaptations)	
<b>Laboratory tests</b>		Authority to order and interpret lab tests	Authority to order lab tests pending regulations
<b>Point of care testing (POCT)</b>	\$75 per case for distribution of COVID-19 rapid antigen tests	<ul style="list-style-type: none"> <li>Authority for POCT within scope of practice</li> <li>\$60 per case for distribution of COVID-19 rapid antigen tests</li> </ul>	
<b>Smoking cessation</b>	\$30 (3 dispensing fees) per 12-week course of treatment	\$60 for SMMA for Tobacco Cessation; \$20 per follow-up, max. 4 annually (32,804 claims combined)	<ul style="list-style-type: none"> <li>Up to \$300 annually (\$1 [individual] or \$2 [group] per minute) for Partnership to Assist with the Cessation of Tobacco (PACT) (3,428 claims)</li> <li>Authority to prescribe for smoking cessation as part of minor ailments</li> </ul>
<b>Opioid harm reduction</b>	<ul style="list-style-type: none"> <li>\$7.70 plus dispensing fee per witnessed dose of methadone (claims n/a)</li> <li>Govt-funded naloxone available through pharmacies</li> </ul>	\$12.15 for dispensing of govt-funded naloxone (59,352 claims)	<ul style="list-style-type: none"> <li>\$3.50/day per witnessed dose for Methadone Managed Care (49,414 claims) and Suboxone Managed Care (13,459), max. 7 weekly</li> <li>\$16 for education for govt-funded naloxone available at selected pharmacies (1,666)</li> </ul>
<b>Other services</b>	\$15 per Biosimilar Patient Support service during transition	\$20 per Assessment to Screen and/or Test for Infectious Disease, max. 5/day/pharmacy (not a POCT and currently for COVID-19 only; 1,320,602 claims) NOTE: Program ended Oct. 1, 2023	<ul style="list-style-type: none"> <li>1.5X dispensing fee max. \$17.40 for seamless care (368 claims)</li> <li>\$3.50/day for Direct Observed Therapy for Hepatitis C drugs (79)</li> <li>\$18 per Biosimilar Insulin Transition as of Feb. 27, 2023 (357 claims)</li> </ul>



## Manitoba

## Ontario

## Quebec

## New Brunswick

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NOTES: Information current as of October 20, 2023. Claims data are for fiscal year ending March 31, 2023. In **B.C., Ontario and Nova Scotia**, some or all claims data pending at time of publication or not available until the next fiscal year (for services begun after March 31, 2023). Check for updates at [www.cfpnet.ca/publications](http://www.cfpnet.ca/publications). In **Manitoba**, claims for vaccinations may include non-publicly funded vaccines. In **Quebec**, private insurance plans pay the same professional service fees as the public plan, for most but not all of the services listed here. In all provinces, pharmacists have authority to prescribe emergency refills.

	\$60 for MedsCheck Annual, max. 1 annually (657,848 claims); \$75 for MedsCheck for Diabetes, max. 1 annually (187,750); \$150 for MedsCheck at Home, max. 1 annually (7,109); \$25 per follow-up (112,836 for MedsCheck; 83,883 for MedsCheck for Diabetes Education)		\$52.50 per PharmaCheck (low-income), max. 1 annually (11,499 claims)
	<ul style="list-style-type: none"> <li>\$15 per Pharmaceutical Opinion</li> <li>\$15 per PO during Paxlovid dispensing (claims for all pending SEE NOTES)</li> </ul>	\$21.25 per Pharmaceutical Opinion (202,000 claims) NOTE: New PO on initiation of treatment to be implemented Apr. 1, 2024	
\$7 increased to \$13 as of Aug. 2, 2023 for flu (179,517 claims); \$20 for COVID-19 (300,701); \$7 for other publicly funded vaccines (3,224 for pneumonia; 1,015 for HPV; 5,932 for Tdap; 278 for Td)	\$8.50 for flu (2,190,841 claims); \$13 for COVID-19 (claims pending SEE NOTES); authority for other vaccinations inc. travel vaccines; authority pending for RSV vaccine	\$15.66 when administered by a pharmacist or \$12.91 by authorised staff, increased to \$16.44 and \$13.56 as of Apr. 2023 (648,000 claims for flu, 516,000 for COVID-19, 370,000 for other); \$16.44 or \$13.56 for shingles vaccine as of May 2023	\$13 (453,632 claims for flu, COVID-19 and pneumonia combined); authority for other vaccinations, inc. travel vaccines
Authority to administer drugs by injection	Authority to administer certain substances within specified limitations	\$20.31 increased to \$21.33 as of Apr. 2023 for demonstration purposes (1,500 claims) or in emergencies (claims n/a)	Authority to administer drugs by injection
Authority for continuity of care prescribing and prescription adaptations	Authority to renew and adapt	\$14.09 increased to \$14.79 as of Apr. 2023 per renewal (1,776,000 claims); \$22.31 increased to \$23.43 as of Apr. 2023 per adaptation (585,000)	\$20 to renew batch of 4 or more prescriptions, \$15 for 3 Rx, \$10 for 1 or 2 Rx, max. 4 annually (claims n/a); authority to adapt
\$20 per assessment for UTIs with or without prescribing (claims pending SEE NOTES); 13 conditions in total	\$19 (in-person) or \$15 (virtual) per assessment with or without prescribing for 13 conditions as of Jan. 2023 (135,137 claims); increased to 19 conditions as of Oct. 2023	\$22.31 increased to \$23.43 as of Apr. 2023 per assessment with or without prescribing for herpes zoster, influenza and COVID-19; \$18.04 increased to \$18.94 as of Apr. 2023 for other common conditions; 35 conditions in total (822,000 claims)	<ul style="list-style-type: none"> <li>\$20 per assessment with or without prescribing for 9 conditions, max. 1-3 annually (claims n/a); \$20 per assessment or change in therapy for mild acne, max. 3 annually and \$12 for follow-up without change or discontinued; 33 conditions in total</li> <li>\$20 per assessment or change in therapy for Contraception Management, max. 3 annually; \$12 for follow-up without change or discontinued</li> </ul>
Authority for prescribing by Extended Practice pharmacists within scope of their specialty; authority to prescribe in "state of emergency"	<ul style="list-style-type: none"> <li>Authority to initiate Schedule 1 smoking cessation therapy; see Smoking cessation below for funding details</li> <li>Authority pending to prescribe oseltamivir</li> </ul>	<ul style="list-style-type: none"> <li>\$17.47-\$20.85 increased to \$18.34-\$21.89 as of Apr. 2023 per initial evaluation to reach therapeutic target; \$18.94 per monthly follow-up for INR, \$23.67 per follow-up for other conditions, max. 2 annually (278,848 claims for INR; 96,000 for other conditions)</li> <li>\$19.34 to prescribe for emergency contraception (132,000)</li> <li>\$21.33 to prescribe and administer salbutamol and nonprescription drugs in an emergency (560)</li> </ul>	Authority to assess and prescribe in emergencies; for preventable diseases (e.g., HPV, varicella)
\$15 or usual dispensing fee if lower to dispense govt-funded Paxlovid (claims pending SEE NOTES)	<ul style="list-style-type: none"> <li>\$19 per assessment with or without prescribing Paxlovid; \$13.25 to dispense govt-funded Paxlovid</li> <li>Up to \$31 to prepare and dispense remdesivir (claims for all pending SEE NOTES)</li> </ul>	<ul style="list-style-type: none"> <li>\$22.31 increased to \$23.43 as of Apr. 2023 per assessment with or without prescribing Paxlovid as part of minor ailments (24,700 claims)</li> <li>\$10 plus usual dispensing fee to dispense first 30,000 Paxlovid prescriptions (\$5 after 30,000)</li> </ul>	\$20 per assessment with or without prescribing Paxlovid, or to adapt, complete or correct prescription, max. 3 annually
		\$18.04 increased to \$18.94 as of Apr. 2023 (111,000 claims)	Authority to substitute
	\$15 as part of Pharmaceutical Opinions (see above)	\$9.38 or \$10.03 per trial plus \$8.98 or \$9.62 for follow-up (2,400 claims); \$9.62 per refusal (30,000) NOTE: Separate billings discontinued for trials on Feb. 15, 2023 and for refusals on Mar. 31, 2023 as part of preparations for new PO on initiation of treatment to be implemented on Apr. 1, 2024	
		\$18.34 as of Feb. 15, 2023 (2,250 claims)	
Authority to order tests, receive and follow up with results		Authority to order and interpret lab tests	Authority to order and administer lab tests
	<ul style="list-style-type: none"> <li>Authority to perform certain POCTs (glucose, HbA1C, lipids, PT/INR) for medication management</li> <li>\$42 for in-store COVID-19 PCR test; \$20 for screening if patient ineligible for PCRT (claims for all pending SEE NOTES)</li> </ul>	Authority to obtain throat specimen for medication management	<ul style="list-style-type: none"> <li>Authority to perform, interpret and communicate results of POCT for medication management</li> <li>Authority to witness self-administration of COVID-19 rapid antigen test and certify result</li> </ul>
\$100 to assess and prescribe (881 claims); \$20 per follow-up, max. 9 annually (1,398) NOTE: Funded under a social impact bond	\$40 for initial consult; \$15 per primary follow-up, max. 3; \$10 per secondary follow-up, max. 4; max. \$125 annually (claims pending SEE NOTES)	\$18.04 increased to \$18.94 as of Apr. 2023 to prescribe for smoking cessation (claims inc. under minor ailments)	Authority to prescribe for smoking cessation as part of minor ailments
Govt-funded naloxone available through participating pharmacies	<ul style="list-style-type: none"> <li>\$10 for dispensing injectable or intranasal govt-funded naloxone; \$25 for training for initial injectable naloxone (claims n/a)</li> <li>Dispensing fee for each of: daily dose of methadone; daily dose of witnessed buprenorphine/naloxone; all carry doses dispensed at one time; any combination of witnessed and carry doses dispensed at one time</li> </ul>	\$20.31 increased to \$21.33 as of Apr. 2023 for training for govt-funded naloxone (11,769 claims)	
	<ul style="list-style-type: none"> <li>\$42 for specimen collection for lab COVID-19 PCR test; \$15 for handling self-collected specimen for PCRT, increased to \$35 when pharmacist is ordering clinician</li> <li>Authority to perform procedure on tissue below dermis with lancet-type device to demonstrate proper use</li> <li>Authority to administer certain substances by inhalation</li> <li>\$15 per Biosimilars Patient Support service during switch period (Mar. 31 to Dec. 28, 2023)</li> </ul>	\$9.96 increased to \$10.18 as of Apr. 2023 per transmission of medication profile (170,472 claims); \$27.74 increased to \$29.13 per hospital discharge support (69,000); \$44.63 increased to \$46.86 per prescriber-requested consult (24,700); \$33.30 increased to \$34.97 per palliative care support (10,000); \$19.65 increased to \$21.66 per consult for medical abortion (512); \$31.98 increased to \$36.68 per on-call service (claims n/a)	



# CFP SERVICES CHART

Services, fees and claims data for government-sponsored pharmacy programs as of October 20, 2023

	Nova Scotia	Prince Edward Island	Newfoundland and Labrador
<b>Care plans</b>			
<b>Medication reviews / management</b>	\$52.50 per Basic Medication Review (4,727 claims); \$150 per Advanced Medication Review for seniors (claims pending SEE NOTES); \$20 per follow-up, max. 2 annually (509)	\$52.50 per Basic Medication Review (2,995 claims); \$65 per Diabetes Medication Review (1,392); \$20 per follow-up for Basic Medication Review, max. 4 annually (1,970); \$25 per follow-up for Diabetes Medication Review, max. 4 annually (875)	\$52.50 per Medication Review, max. 72/ pharmacy annually (2,222 claims)
<b>Pharmaceutical opinions</b>			
<b>Vaccination</b>	• \$12.85 for flu up from \$12.55 as of Apr. 2023 (235,279 claims); \$18 for COVID-19 (394,536); \$18 for meningococcal B as of May 2023	\$13 for flu (37,041 claims); \$20 for COVID-19 (47,901); \$20 for Shingrix (19,663); authority for other vaccinations, inc. travel vaccines	\$13 for flu (87,256 claims); \$17 for COVID-19 (82,282); authority for other vaccinations, inc. travel vaccines
<b>Administration of drugs by injection</b>	Authority to administer drugs by injection	Authority to administer drugs by injection	Authority to administer drugs by injection
<b>Prescribing: renewals and adaptations</b>	\$20 to renew batch of 4 or more prescriptions (15,155 claims), \$12 for up to 3 Rx (196,134); \$14 per Prescription Adaptation (2,032) NOTE: Funding for adaptations expanded to all residents as of Jul. 2023	\$20 per renewal as of Oct. 18, 2022, max. 4 annually (16,801 claims); 1.3 times dispensing fee up to \$16.50 per adaptation (363)	• \$11.96 or \$12 per renewal (77,187 claims) NOTE: Funding expanded to all residents as of Apr. 2023 with following fee structure: \$20 to renew batch of 4 or more prescriptions, \$15 for 3 Rx, \$10 for 1 or 2 Rx, max. 4 annually • \$11.96 or \$12 per Medication Management adaptation (4,421 claims)
<b>Prescribing: common or minor ailments</b>	• \$20 per assessment with or without prescribing for herpes zoster (1,705 claims), Lyme disease (claims n/a) and UTIs (19,887), max. 2 annually; 35 conditions in total • \$20 per annual assessment with or without prescribing for Contraception Management (3,314); \$20 per follow-up with change, max. 1 annually; \$12 per follow-up with no change, max. 1 annually (1,857)	\$25 per assessment with or without prescribing as of Oct. 18, 2022 (7,645 claims for UTIs); 35 conditions in total	• \$20 per assessment with or without prescribing for 9 conditions as of Apr. 4, 2023, max. 2-4 annually; 33 conditions in total • \$20 per assessment with or without prescribing for hormonal contraception as of Apr. 4, 2023, max. 3 annually; \$20 per follow-up with or without change, max. 3 annually; \$20 per follow-up with discontinuation and/or referral, max. 3 annually
<b>Prescribing: initial access or to manage ongoing therapy</b>	Authority to assess and prescribe in emergencies; for preventable diseases (e.g., HPV, varicella); for diagnosis provided by primary care provider	Authority to assess and prescribe in emergencies	Authority to assess and prescribe for 19 preventable diseases (eg, HPV, varicella)
<b>COVID-19 prevention and treatment</b>	• \$20 per assessment with or without prescribing budesonide (2,654 claims) • Selected pharmacies dispense Paxlovid; \$3.50 plus dispensing fee (3,061)	• \$25 per assessment with or without prescribing Paxlovid as part of common ailments (870 claims) • \$5 plus dispensing fee to dispense Paxlovid (7,682)	• \$20 to assess eligibility for Paxlovid (5,306 claims); \$11.96 to dispense (4,591) • \$7.50 to provide rapid antigen test (1,636)
<b>Therapeutic substitution</b>	\$26.25 (420 claims) NOTE: Funding expanded to all residents as of Jul. 2023	1.3X dispensing fee max. \$16.50 (11 claims)	\$11.96 or \$12 (claims n/a)
<b>Trial prescriptions &amp; refusals to fill</b>	\$14 per refusal (26 claims)	1.3X dispensing fee max. \$16.50 per refusal (23 claims)	\$23.92 or \$24 per refusal (5 claims)
<b>Deprescribing</b>	Authority to taper doses as part of adaptations		\$23 per assessment for SaferMedsNL (939 claims for PPIs, 634 for sedatives); \$10 per follow-up (185 for PPIs, 85 for sedatives)
<b>Laboratory tests</b>	Authority to order lab tests within Community Pharmacy Primary Care Clinic pilot	Authority to order lab tests pending health system operationalization	
<b>Point of care testing (POCT)</b>	• Authority to perform POCT for medication management • \$50 per month for Community Pharmacist-led Anticoagulation Management Service inc. INR test (18,160 claims) • Authority to administer COVID-19 rapid antigen test and certify result for travel	Authority to perform glucose, HbA1C and INR tests pending regulations	
<b>Smoking cessation</b>	Authority to prescribe for smoking cessation as part of minor ailments	Authority to prescribe for smoking cessation as part of common ailments	\$20 per assessment with or without prescribing for quit-smoking therapies as of Apr. 4, 2023, as part of program for common conditions
<b>Opioid harm reduction</b>	\$25 for dispensing and education for provincially funded naloxone (claims n/a)		\$3 per carry for opioid agonist therapy (OAT, claims n/a); \$50 per delivery of OAT for those isolating due to COVID-19 (97 claims)
<b>Other services</b>			• \$50 per assessment and dispensing for medical abortion (373 claims) • Authority to administer drugs by inhalation

Sources: Provincial pharmacy associations, provincial ministries of health

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PHOTO: Curtis Comeau

Pharmacy manager Sam Lowe with her son, Tobias.

# Work feels less like work

Flexible scheduling and new software help strike the balance at Primrose I.D.A.

BY KAREN WELDS

**S**am Lowe fondly remembers taking her son, Tobias, to the opening of a new indoor playground a few months ago. “We got there bright and early so we could have the entire place to ourselves before it got busy. It was such a blast!” she recalls.

Not an unusual memory, perhaps, except for the fact that it was a Thursday, normally a workday for most people with full-time jobs.

“Before the changes to scheduling at our store this would never have been possible,” says Lowe, Frontstore Manager at Primrose I.D.A., in Edmonton, Alta. “My new four-day work week gives me the flexibility to make these choices and not lose out on precious moments with my son.”

Reduced work weeks and flexible scheduling (facilitated with a scheduling app) were among the first changes Dimitri

Kachenyuk made when he became Store Operator and Pharmacy Manager of the pharmacy, part of the Neighbourly Pharmacy network, in 2021. He’s thrilled when he hears that staff can spend more time with their children, or attend special events, thanks to a flexible work schedule.

“Having that freedom of scheduling is honestly, in my opinion, the number-one priority for work-life balance. That way it doesn’t feel like you always have to schedule your life around work. Instead, work gives you the ability to schedule your life more freely,” says Kachenyuk.

He adds that “as long as the needs of the operation are met, staff can choose however they see fit to make their schedules work. They do not need to run that by me.”

Employees are happier, more focused at work and more supportive of each other. “You’re not frustrated or sad that you’re missing something,” says Lowe. “It takes a lot of pressure off because you don’t have to juggle work and life so much.”

Kachenyuk’s schedule is four 10-hour workdays, one day off, another four 10-hour workdays and then five days off.

“The extra two hours a day are relatively

easy to work in. The trade-off is an extra 52 days off per year. It’s a lot easier to do housekeeping things and my wife and I can easily go on mini vacations,” he says.

Lowe’s schedule is four eight-hour days plus a couple of hours in weekly coverage to maintain her full-time status. She’s not at work on Thursdays, typically a quieter workday, and weekends. “This wasn’t in place when I had my baby and I had just two hours a day with him plus weekends. It was not enough. Now the whole extra day with him is great. I’m very happy with my work-life balance,” she says.

Kachenyuk is the only full-time pharmacist. His colleague covers for him when he’s off and the two of them coordinate any changes to their schedules directly, including occasional overlaps—for example, for immunization clinics.

Recognizing that his five-day absences may be an adjustment for patients, particularly the large number of Ukrainian refugees in the area with whom Kachenyuk speaks Ukrainian or Russian, the pharmacy clearly communicates his availability.

“What we’ve done is set two days, every Wednesday and Thursday, when I’m there

no matter what,” says Kachenyuk. He adds that “setting that clear boundary with patients was important. They got used to it fairly quickly, actually. They’ll say, ‘I understand, I’ll come back Wednesday.’ And they do!”

### Radio silence after hours

Another important boundary has to do with all staff: no contact about work after work hours.

“In the past it was extremely difficult for me to delineate between work and home time because problems and questions were constantly coming out on my phone,” says Kachenyuk. “What I’ve done is separate that as much as possible. Unless it’s absolutely necessary, I’m not going to reach out to staff when they’re at home. I leave them a note for the next time they come into work.”

The policy has made a huge difference, agrees Lowe, who’s worked at Primrose I.D.A for 12 years, starting as a cashier during high school. “You don’t feel pressured to keep in touch and there’s a real sense of respect for your space when you’re at home.

### No more overtime

Technology has also enabled work to stay at work, especially for pharmacy staff. “One of the biggest problems in pharmacies, especially if you’re offering more clinical services, is the documentation. Pharmacists stay behind or come in early to keep up, or even come in on unpaid personal time,” notes Kachenyuk.

New software was the solution at Primrose I.D.A. For example, Medi-scribe automates documentation for prescribing. “Today I rarely stay behind for anything whatsoever. Not to mention things have become a lot more efficient, which allows us to expand our business.”

### Making time for fun

Last but certainly not least, Kachenyuk is committed to comradery. “I focus a lot on just having fun. We’re constantly joking around, telling stories. And we’ll help each other solve repair problems at home, things like that.”

For many staff members this was a “big culture shift,” he recalls, since they were used to a head-down kind of environment without



Dimitri Kachenyuk, Store Operator and Pharmacy Manager

a lot of personal chatter. “Many have told me they’re a lot happier now. They may even have had a stressful day, but they’re much more relaxed about it. Work feels less like work.”

“We have a happy, easy-going environment,” says Lowe. “We respect and appreciate that. It’s changed our outlook about work, that it shouldn’t be a stressful thing. I think it’s improved how we are with our customers, too.” ■

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PHOTO: Natalie D'Souza

L-R: Pharmacist Peri Koussa, Sandy Faheim and nurse Danielle Kamerman.

# Happy staff, happy life

Teamwork at work and at home keeps this pharmacy owner and her staff on track

BY ANNE BOKMA

**A**sk Sandy Faheim about the key to her success as the pharmacist/owner of four thriving independent pharmacies in southwestern Ontario and she'll tell you it's simple: "Happy employees."

A 2012 graduate of the University of Waterloo, Faheim believes it's incumbent upon pharmacy owners and managers to recognize the pressures experienced by staff and do what they can to ease the stress of heavy workloads.

In her four medical clinic-based pharmacies, this means regularly checking in with staff and offering personal support when needed. New technology, standard operating procedures (SOPs), outsourcing, mentoring and leading by example are

among the tools in her toolbox to promote work-life balance.

"A lot of employers don't realize the extent of mental health issues on their employees—it's very, very real," she says. "People have a life outside the pharmacy. I don't just care about their work life but also about their personal life because they blend into each other. When people need time off or help in some way it's encouraged. As an owner it's important that they know that I care about work-life balance."

She recounts the experience of an employee who needed to take weeks off of work because she was struggling with personal burnout. "I didn't know her date of return. I was patient, told her we would wait for her, provided some financial support and we hired more part-time help. She needed the break and she came back. The impact this had on her, knowing we would wait for her, was immense," says Faheim.

"Knowing your employer supports you in personal matters and that you can take a break when you need to can make all the

difference in how employees feel about their jobs," she says.

Providing professional services is the cornerstone of her practice. "It's how we connect to patients to make a lasting impact on their health outcomes and quality of life."

She offers financial incentives to her staff (i.e., a specific dollar amount depending on the service provided for professional services) as a way to build job satisfaction and to demonstrate their work is valued. "Professional services are the future of pharmacy and I want to put a focus on this in all my stores. For my employees to want to fit this into their workflow, incentives go a long way," she says.

## Outsource and standardize

To streamline workflow and prevent overtime, Faheim invested in a new cloud-based platform (Box Labs) that integrates the point-of sale system with all pharmacy terminals. It flags when a patient is eligible for a service and directly bills the Ontario Drug Benefit program and other third-party payers. An e-commerce module allows patients



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**References:** 1. SHINGRIX Product Monograph. GlaxoSmithKline Inc., November 15, 2022. 2. Public Health Agency of Canada. An Advisory Committee Statement (ACS), National Advisory Committee on Immunization (NACI) – Updated Recommendations on the Use of Herpes Zoster Vaccines. Ottawa, Ontario: Public Health Agency of Canada; June 2018. Available at: <https://www.canada.ca/en/services/health/publications/healthy-living/updated-recommendations-use-herpes-zoster-vaccines.html>. 3. Harpaz R, Ortega-Sanchez IR, Seward JF; Advisory Committee on Immunization Practices (ACIP). Centers for Disease Control and Prevention (CDC). Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep* 2008;57(RR-5):1-30.

to order OTC products, refill their prescriptions, arrange for delivery, book appointments and fill out documentation forms in advance. "It creates an incredible amount of efficiencies," says Faheim. "You can't do everything so outsourcing is key. If you can get tech support, do it. If you can get social media marketing experts to help, do it. Our scope is expanding, and our focus needs to be on patient care."

Faheim's SOPs, which provide step-by-step instructions on everything from what to say to someone complaining about a dispensing fee to how to handle a physician fax, have also been a time-saving, stress-reducing tool. "Employees always know what to do if the owner isn't there and patients are getting those high levels of service whether or not I'm there."

### Putting people first

Faheim also eases workloads by hiring third-year students from the University of Waterloo's pharmacy co-op program, who assist with the usual dispensary operations as

well as vaccinations, MedsCheck reviews and smoking cessation consults. "I love having the students. To be completely honest, they are the ones who teach me most of the time and some will become my future employees and partners."

Mentoring all staff for career development is also important. For example, after encouraging a staff member to become a certified compression stocking fitter, that employee now runs a compression stockings program and takes home a portion of any sales she earns.

A reality of running a pharmacy practice is that the work is never done—faxes and phone calls come in after hours and the prescriptions never end. "Staff members can feel overwhelmed because they are never done clearing the baskets or finishing their to-do lists. When the pharmacy closes, I tell them, 'You did your best for today and that's it.' We do what we can and resume the next day."

Nurturing teamwork also helps. Faheim hosts quarterly staff dinners at restaurants, regularly orders lunch in and ensures everyone

gets a cake on their birthday. These small gestures make employees feel appreciated, she says.

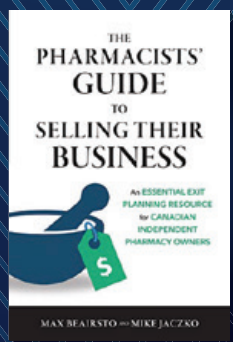
And vacations are a priority. "Time off is valued. In our meetings we work together to talk over vacation times and days off. We discuss all of this openly, so we feel like a team."

Vacations are also a priority for Faheim, who is 39, married and the mother of a nine- and seven-year-old. "We go somewhere warm or tropical every four to six months, so I always have something to look forward to." She eases her responsibilities on the home front by asking for help from family when needed for afterschool pickups, using cleaning/meal prep services and immensely credits her partner who, although he has a demanding career of his own, is very much a hands-on dad and full participant in the household.

"Getting your partner to understand what's on your plate and coming together as a team to think of an action plan for the family is essential," she says. "Without a supportive partner it's hard for any entrepreneur, let alone a female one, to succeed." ■

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CONTINUED FROM PAGE 7

## NATIONAL PHARMACY TASKFORCE AIMS TO IMPROVE MORALE

In 2022, the Canadian Pharmacists Association launched the Pharmacy Wellness Task Force to help identify solutions to improve the morale and mental health of the profession. The task force is part of the Pharmacy Workforce Wellness initiative which was created to help understand the core causes driving stress and burnout in the profession, and identify solutions and strategies aimed at minimizing the impact of the pandemic and its effect on the pharmacy workforce.



Check out the task force's wellness toolkit ([pharmacists.ca/advocacy/pharmacy-workforce-wellness/wellness-toolkit/](https://pharmacists.ca/advocacy/pharmacy-workforce-wellness/wellness-toolkit/)), which includes mindfulness sessions for healthcare professionals and a "Healthcare Workforce Rescue Package," among other evidence-based resources.

**"IF YOU WORK 50 TO 60 HOURS A WEEK, YOU HAVE TO BRING SOME SELF-CARE AND MINDFULNESS INTO YOUR WORK."**

Agro also extolls the restorative power of microbreaks—short pauses that last from a few seconds to a few minutes throughout the day, taken whenever needed. A microbreak can be a short walk outside for fresh air, a few minutes to stretch or just closing your eyes. Music, of course, can be brought into these breaks.

Microbreaks can and should become an intentional workplace strategy to decrease fatigue and increase engagement. "Research on microbreaks has been based on the surgeon's space—they can't leave their sterile work area, but studies have found those who were allowed to step away for a few minutes without leaving their environment saw an increase in their mental focus and fatigue rates went down," Agro explains. "Research proves this works. We are a science-based profession. Why aren't we listening to the science and incorporating microbreaks into our days?"

The traditional pattern for work-time breaks started more than 100 years ago at the time of the industrial revolution, but in today's knowledge economy the output of our work is from our brain, not our bodies, she adds.

"The problem in pharmacy is we are all working full tilt, and we rarely get the breaks we need. When someone steps away from the dispensary the team may think they aren't working, but people need to rest their minds. If our knee is sore, we need to sit down. When our brain is full, we need to step away for a few minutes. People don't always understand that."

Hansra, who still works part-time in community pharmacy, echoes Agro's advice about the importance of taking time-outs

at work. "If you work 50 to 60 hours a week, you have to bring some self-care and mindfulness into your work."

While pharmacists will go the extra mile to care for patients, it often comes at the expense of their own health and wellness, he continues. "I wanted to do something to help pharmacists put the focus back on themselves so they can be of even greater service in their communities."

It all starts, he says, with how we breathe. "The average person takes 22,000 breaths a day, so much of it unconsciously. It needs to become conscious. We are taught how to do so many things in life, but we aren't taught how to utilize the very thing that keeps us alive."

A trained breathwork facilitator, Hansra says breathwork allows a person to move quickly from a dysregulated state to a regulated one. "It's beneficial for pharmacists because they can do it anywhere, anytime. If you have a challenging situation with a patient or staff member, you can go back to your computer, stare at the power button and do five or six rounds of breathing. It only takes two minutes and it decreases your heart rate and allows you to get refocused."

Hansra offers free monthly virtual breathwork sessions and also writes about this technique and other lifestyle hacks in his weekly Sunday newsletter ([manjithansra.substack.com](https://manjithansra.substack.com)) to subscribers.

Like microbreaks, pharmacy owners and managers can encourage—and bring in training for—work-life skill sets such as breathwork to help staff surmount both professional and personal challenges.

Last but not least, employers who encourage or even facilitate forms of exercise will benefit as much as their employees. "Integrating exercise can be challenging for those of us suffering from burnout," says Hansra, "but I cannot stress enough how quickly you will notice an improvement in your physical state and mental clarity."

He also recommends incorporating self-care as part of the regular morning and evening routine. This could be sitting quietly for two minutes, journaling or shutting down digital screens an hour before bedtime. Hansra's own routine includes reading,

answering three questions in his journal—“What did I learn today?” “How did I grow today?” and “What will I do differently moving forward?”—and a prayer of gratitude. He also does five to 15 minutes of stretching. “As pharmacists our backs and legs need the ability to reset,” he notes.

### Cultivate happiness at work

It’s one thing to learn to calm yourself in a stressful work environment, but the workplace culture itself needs to be such that people feel valued and happy when at work.

“We need to learn from other sectors, like the tech sector,” says Agro. “Those employees love going to work because they are in a cool environment—lunch is provided, snacks are available, music is playing, it’s a fun place to be.”

More than that, happiness at work is about making connections. “When was the last time someone at work asked you how you are really doing and what’s happening in your world? When was the last time you felt celebrated for the work you do? A lot of pharmacies and management don’t see the value in that—and they are going to lose people because of it,” stresses Agro.

One of the ways pharmacists can support employees “is to help your team members embrace life outside of work,” she recommends, citing a cover story in the *Harvard Business Review*, “To Retain Employees, Support Their Passions Outside of Work” (March 2022). Successful strategies include flexible work hours, dedicated time off (such as for sabbaticals), financial stipends to support outside interests, and time for team members to share their passion pursuits (for example during lunch breaks and staff meetings).

“Employers need to support people in their passions outside of work because that might be what lights them up, what rejuvenates them. Their energy often comes from what they do outside of work and they bring that to work with them,” says Agro.

Another way employers can make people feel good about their workplace is to determine their core values, then openly communicate and actively practise those values. “If compassion and honesty are your core values, are you showing these on a daily basis?” asks Hansra. “If you are, you will have a more engaged relationship with your team members, which promotes productivity and helps with patient outcomes.” ■

# 10 TIPS

## THAT CAN DO WONDERS FOR YOUR WELLBEING\*

### Hit the basics

Enough sleep, proper nutrition and regular exercise are key to feeling your best, which helps you do your best.

### Set boundaries

Overwork leads to burnout. It’s okay to say no to an invitation to sit on the board of directors. When setting boundaries, take initiative rather than hope others will give you what you need.

### Aim for small doses of self-care

Make a list of 10 small things that invigorate you and do one every day. It could be dancing to an upbeat song, a phone call with a friend, a 10-minute walk, flowers near your workstation, or a candle-lit dinner. The trick is to make it a daily practice.

### Delegate the domestic stuff

You’ve got a whole life beyond work filled with responsibilities, from cooking dinner and outdoor maintenance. Consider whether you can hire others to do some of those tasks.

### Check your mindset

When you are feeling fried, step back and remind yourself of the purpose and meaning in your work. When you have a lineup of

patients, rather than think, “I’ll never get through all this,” try to consider that you have the opportunity to serve people who really need your help. What we think and what we believe dictate how we feel and how we behave.

### Ask for help

Muscling through your days with a high level of stress is unmanageable and will only make you more inefficient. Reflect on the kind of support you need. If it’s an additional technician, make a case to your manager. If you are an owner who is feeling overwhelmed, consider hiring a business coach.

### Do your best for today

We all have tough days where life can feel overwhelming. Be kind to yourself, show up and don’t expect quite so much of yourself that day.

levels. When gratitude is practised at work (e.g., acknowledging a colleague for a job well down), it can have a positive effect on workplace wellbeing.



### Ditch the distractions

The average person spends 2.5 hours daily on social media, which steals attention from the main priorities in our lives. Studies show that when we compare ourselves to others on social media, we are more likely to feel worse about our lives. Turning off notifications and setting limits on daily social media use can boost productivity and overall wellbeing.

### Get inspired

A slew of bestsellers offer great advice on how to reduce burnout, find better balance and increase happiness. Reading also forces you to slow down and be in the moment. Check out *Atomic Habits: An Easy & Proven Way to Build Good Habits & Break Bad Ones*; *How to Work Without Losing Your Mind*; and *Love It or Leave It: How to Be Happy at Work*.

\*Source: Cheryl Breukelman, President of Epiphany Coaches.



### Practice gratitude

Studies prove that a regular gratitude practice—whether it’s keeping a gratitude journal, sharing something you’re thankful for with a friend, or reflecting on what you appreciate—has a positive impact on stress and anxiety





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