

THE Tablet

FALL 2022 | ADVOCATING FOR BRITISH COLUMBIA PHARMACY

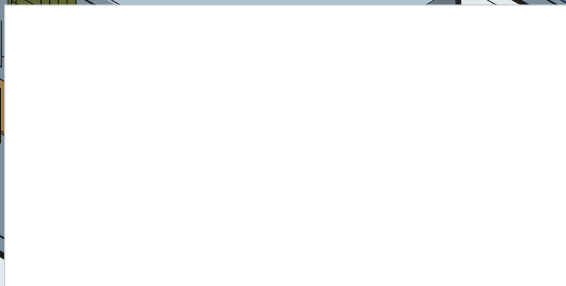
Expanded Pharmacy Services Arrive

Prescribing authority
on the horizon for
pharmacists PAGE 12

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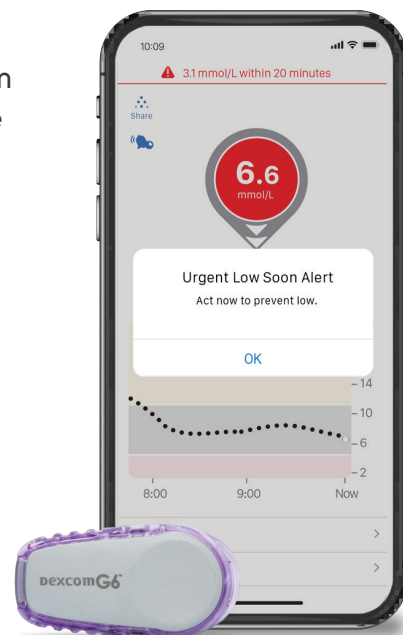
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1. Shah VN, et al. Diabetes Technol Ther. 2018;20(6):428-33.

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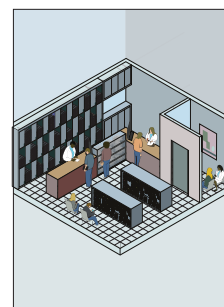
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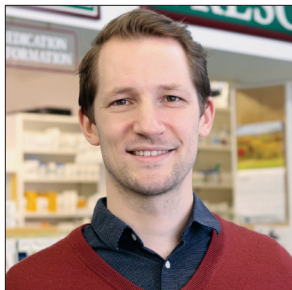
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ON THE COVER

The types of services British Columbians can expect to see in their local community pharmacy is changing.



Jamie Wigston

One giant leap forward


As we get closer to the end of yet another year, I am also met with the end of my term as president. It has been an amazing year to say the least. Not everything went exactly according to plan, but I think everybody can agree that this year has pushed us further ahead as a profession and has made us all even more proud to be called pharmacists.

With our new expanded scope, we are now able to take care of our patients to a much higher level than before. Not only can we adapt any medication that a patient has been on for at least six months, apart from cancer meds, but we can also now inject any medications that we were entirely capable of doing before but were not allowed to, apart from cosmetic treatments. In addition to this, we can also extend emergency supplies for up to three months at a time now, for those prescriptions which do not quite meet the adaptation criteria.

With all that being said, I realize the timing of this aspect of the scope increase was not ideal for many of you, in that we are currently in the middle of flu/COVID vaccine season. However, many of these changes are things we have been asking for a long a time now, and if we were to say “no” or “not yet” at such a crucial time, it’s hard to say when we would be provided with such opportunities again in the future.

On a better note, prescribing is finally on our horizon. In talking with many of you, this is something that our profession has been wanting and waiting for ever since almost every one of you has been in pharmacy school, regardless of the year that may have been.

While the exact medications and payment model of this new scope is going to be negotiated over the coming months, I know that the Association is going to be pushing extremely hard to make sure we are all as happy with the outcome as possible. This is only going to be the first stepping-stone in what will hopefully be a much wider scope in prescribing rights, better aligning us with other provinces, such as Alberta. In that respect, this will invariably bring about more avenues and revenue streams in pharmacy practice.

Finally, and not for the first or last time, I want to thank the staff of the BCPhA for how amazing they have been throughout this whole process. I for one know we would not be in the position we are today as a profession without their amazing work, and tireless effort. 



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Geraldine Vance

Opportunity arises in community pharmacy

It is often the case opportunity comes knocking when least expected, and sometimes, at an inconvenient time. Over the course of my career I have seen this happen time and time again. And it is also true that in times of crisis, sometimes opportunity arises. All of these things are certainly true when we consider the announcement Health Minister Adrian Dix made on Sept. 29 about changes to pharmacy practice.

British Columbia continues to face unprecedented challenges in our health-care system: COVID-19 and all its many twists and turns; floods and fires compromising the delivery of care and essential medications; a never-before experienced pressure on the acute care system over more than two and a half years; a severe shortage of health-care workers; a million people without a family doctor; and now, a flu season that could be worse than we have seen in years.

For pharmacy, the last two and a half years have taken an enormous toll, with pharmacists never having taken the foot off the gas pedal. Everyone is tired, uncertain and desperate to make this time be over. I have said this often because it is worth repeating: pharmacists are the unsung health-care heroes of the pandemic. All of you have stepped up, filled the gaps and done what patients needed.

That effort has not been unnoticed. Our Minister of Health and Provincial Health Officer have regularly applauded the incredible efforts of pharmacists. Pharmacists have shown they can be counted on in times of crisis and earned a reconsideration of what more they can do to support patients and the health-care system. Some might say this recognition has come too late. But in my view, the new opportunities come at just the right time. Patients and decision makers have never had a higher level of confidence in community pharmacists.

The solutions to the health-care human resource crisis Canada-wide and in fact, internationally, are not easy. It takes time to train all health professionals — doctors, nurses, pharmacists, paramedics, to name a few. Important commitments have been made at the provincial and federal levels to increase the overall number of doctors and nurses that are trained, and to make it easier for foreign-trained professionals to work in Canada. This will take time.

Meanwhile, the obvious short-term solution is to ensure each health-care professional is working to their maximum expertise. The government Health Human Resources Strategy that was announced on Sept. 29 is focused on this. For B.C. pharmacists, this means new and exciting opportunities to adapt the widest range of medications, to provide injections for medications important to people dealing with mental health and addictions, and to help patients without a family doctor get the medications they need. Work is also beginning to introduce prescribing authority for pharmacists in the spring.

While these are things we have all been advocating for over the years, this news caught some members off guard. Many welcomed the news, but there may have been a sense of “why now?” as pharmacies balance flu shots, COVID-19 vaccines, and are moving into the busy season leading up to the year’s end. I appreciate this is a very busy time. But it is also a time when community pharmacists can all continue to make a big difference for patients and, for that reason, I think there couldn’t be a better time for these new authorities to be initiated. **T**

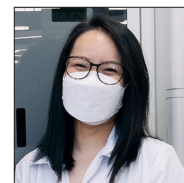
The Tablet asks our contributors:

In your view, how will the new expanded pharmacy services benefit patients in B.C.?



Michelle Gray is the owner of Gray's Compounding Pharmacy and a Board

Director of the BCPhA. “Since the new expanded Pharmacist Scope of Practice went into effect, I have had many opportunities to utilize it and help patients. For example, I have received a transfer of a birth control prescription that didn't have refills but was able to issue a renewal. A couple of patients were on Bupropion XL 300mg once daily and with this medication's long-term shortage, I was able to adapt them and ensure continuity of care. I received calls from the public to enquire about prescribing for minor ailments and have told them we expect this scope next spring.”



Stephanie Mah is a pharmacist at Save-On-Foods Pharmacy Sunwood in

Coquitlam. “Unfortunately, there are many patients in B.C. without a family doctor. Pharmacists are well positioned to ensure the public doesn't go without their chronic medications. With the new expanded pharmacy services, we can support our patients ensuring timely access to their medications. The addition of prescribing for minor ailments will improve patient access and reduce the backlog of care in our health care system. It is also very rewarding to serve my patients in this area of practice.”

Kevin Chu and Gary Go win BCPhA Board elections

The BC Pharmacy Association will have one new face joining the 2023 BCPhA Board of Directors and one returning Director. This year BCPhA members elected Kevin Chu, from Richmond and Gary Go, from Vancouver.

The two elected Board members will begin their three-year terms on Jan. 1, 2023. Read more about your newly elected BCPhA Board members below:



Kevin Chu

Elected 2023-2025

Pharmacy Manager
Save-on-Foods Pharmacy #936
(Richmond)

Kevin Chu has been a pharmacist and manager with Save-on-Foods Pharmacy for five years and is a student in the Masters of Health Administration program at UBC.

Kevin is passionate about serving his community, and has an interest in mentorship and coaching. He believes that cultivating a supportive and safe environment that offers work-life balance and career development is needed as a foundation for expanding pharmacist scope of practice.

As a result, Kevin is a passionate advocate for community pharmacists and is the

founder of the New Pharmacist Engagement Committee. The committee has provided mentorship, social engagement and a collective voice for new graduates.

As a member of the BCPhA Board of Directors, Kevin will continue to advocate for empowering pharmacists, representing your interests to find ways to improve scope of practice while not compromising on quality of life.

“Pharmacist burnout and job shortages have been negatively impacting our profession, and identifying solutions will require stakeholder engagement at all levels. Tailored surveys and interviews will help us to determine the proper course of action and to work with the correct policy makers. By the end of 2023, I want us to have started developing a framework based on the information we gathered.”



Gary Go

Elected 2023-2025

Regional Manager, Pharmacy Operations
Save-on-Foods Pharmacy (Vancouver)

Gary Go is elected to his second term on the BCPhA board. His first term was served from 2020 to 2022, during the pandemic, and was a challenging and very rewarding experience.

He worked as a pharmacist in various Lower Mainland locations and in Victoria before becoming a regional manager, pharmacy operations with Save-on-Foods Pharmacy. In his current role, he has looked after pharmacies in Alberta, Kootenay, Vancouver Island, Okanagan,

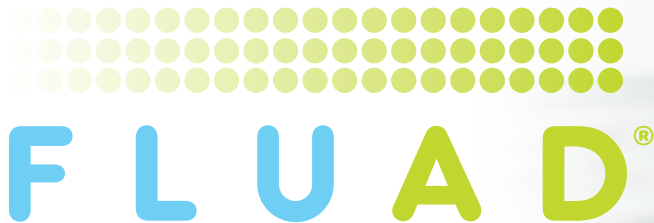
Vancouver Lower Mainland and the Fraser Valley.

Gary completed a Bachelor of Science in Biology before completing a Bachelor of Science in Pharmacy in 1995, both from the University of British Columbia.

He has been a BC Pharmacy Association member since he graduated and is a participant of the Neighbourhood Pharmacy Association of Canada.

Pharmacy is a great profession and has provided Gary with lots of opportunities. He is looking forward to giving back to pharmacy and helping the profession progress and advance. The only thing constant in pharmacy is that it is always changing.

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References: 1. Data on file 2022. 2. Data on file 2021. 3. FLUAD[®] Product Monograph. Seqirus Canada Inc., September 9, 2021. 4. An Advisory Committee Statement (ACS). National Advisory Committee on Immunization (NACI). Statement on Seasonal Influenza Vaccine for 2021-2022.

[†] Comparative clinical significance is unknown.

[‡] ≥65 years

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Working in a Primary Care Network

Charles Au is the Primary Care Clinical Pharmacist for the Fraser Northwest region. He completed his hospital pharmacy residency in 2012 and is also a Board Certified Pharmacotherapy Specialist. Prior to his current role, he worked as a pharmacist at Vancouver General Hospital, Vancouver and Foothills Medical Centre, Calgary.

When did you start your current position, and what is your role within the Fraser Northwest Primary Care Networks?

I started in this role in September 2021. As a Primary Care Clinical Pharmacist (PCCP), I provide comprehensive medication management services to adult patients in the primary care setting, in collaboration with their health care team. Patients are referred to me by their primary care provider — common reasons for referral include polypharmacy, chronic pain and mental health, cardiovascular risk factor management and issues with medication adherence and affordability.

What does an average day at work look like for you?

I spend the majority of my time providing direct patient care. During a patient's initial one-hour appointment, I conduct a comprehensive assessment of their medications, problem-solve barriers to optimal medication use and provide patient education. After reviewing my recommendations with the

patient, I communicate them to the referring provider and other members of the care team in a consultation note and will book care conferences with providers to discuss any complex cases. I follow-up with patients as needed to verify that they are achieving their therapeutic goals. Most of my work is currently conducted by telehealth, but I am able to see some patients in person at their provider's clinic.

In the rest of my time, I connect with primary care providers, pharmacists and other health care team members in the Fraser Northwest, with a goal of building more collaborative and efficient ways to provide care to mutual patients. I also have a strong interest in teaching and provide education to pharmacy students, medical residents and nursing groups.

What do you enjoy the most about your work?

The most rewarding part of my work is developing longitudinal relationships with patients. I enjoy following up with patients regarding the outcomes of shared decisions and any new concerns or questions they have, and have a deep sense of satisfaction when they refer to me as “their pharmacist.”

How have patients in the Fraser Northwest region benefitted from having a Primary Care Clinical Pharmacist available to their primary care providers? How does this differ from consulting with patients' community pharmacists?

Most of my patients are fairly complex — for example, they have usually seen multiple specialists or are in a waitlist to see one, have not responded to or not tolerated several medication trials, and/or have past trauma or socioeconomic factors that impact their care. I try to help patients decide on the best path forward for themselves by taking the time to assess their medication use, discuss feasible alternatives and how these might align with their therapeutic goals. As an example, I am following a patient who was self-managing their chronic pain with opioids from illicit sources and had a history of multiple traumatic experiences with the health care system. Although I was not expecting much improvement, I continued to engage the patient in monthly conversations regarding their pain and opioid use. One year later, I am thrilled to report they successfully initiated opioid agonist therapy and several adjunctive analgesics, and were able to discontinue their illicit opioids.

For primary care providers in my community, my involvement with typically their most complex patients helps them provide better care as well. Instead of trying to do all the “digging” and problem-solving themselves, they can focus on my recommendations and know that I have already discussed them in detail with the patient. I hope that as part of a team-based approach to patient care, we can reduce provider burnout and improve the quality, accessibility and sustainability of primary care in the Fraser Northwest.



As a pharmacist myself, I have immense respect for existing relationships that pharmacists working in community pharmacies and other settings have with patients and health care providers. My goal as a PCCP is to assist patients with complex medication-related needs and to facilitate continuity of care and timely communication with other pharmacists in their circle of care. As an example, I recently reviewed a patient with poorly controlled hypertension, partly due to a complex medication schedule and frequently missed doses. I conferred with their

community pharmacist who had tried to transition the patient to a blisterpack; however, the patient was also fiercely independent and wished to maintain control over their own medications. During my consultation, I engaged the patient in discussion about how we could simplify their medications and how they take them, and how this would give them more time and better health to pursue their goals in life. With the assistance of their community pharmacist, the patient is now taking medications regularly from a blisterpack, has excellent blood pressure control and continues to be independent in the community.

What steps has your team taken to integrate your services to the primary care providers in the region?

Before I was even hired, the Pharmacists in PCN Program (<https://pharmacistsinpcn.ubc.ca/>) and Lower Mainland Pharmacy Services engaged primary care leadership to determine the best way to utilize my skillset to support providers in the Fraser Northwest. For my community, we have developed a referral pathway that prioritizes equitable, low-barrier access to my services. I have introduced myself to many clinics in the region, and we strive to continue fostering awareness of the PCCP role and collaborative relationships with primary care providers. **T**

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L-R: College of Pharmacists of BC leadership team members Colin Wong, Director of Communications and Engagement, Heather Biggar, Deputy Registrar, and Suzanne Solven, Registrar and CEO.





Above: BCPhA CEO Geraldine Vance (left) meets College Deputy Registrar Heather Biggar and Registrar Suzanne Solven during a pharmacy tour in October.



Right: The College leadership team tours the London Drugs - Broadway and Vine location.

A Message from the Registrar

What's On the Horizon for the College of Pharmacists of BC

BY SUZANNE SOLVEN, REGISTRAR & CEO, COLLEGE OF PHARMACISTS OF BC

Let me start by saying how honoured I am to join the College as its Registrar and CEO and to have the opportunity to lead such an important and noble profession.

As I say these words, I realize that I have now been in this role for nine months! The time sure has flown. I want to take this opportunity to thank everyone who has offered a congratulatory word and made me feel welcome back at the College. It is so exciting to be here at such a pivotal moment for B.C.'s health care system.

I'd also like to thank B.C.'s pharmacists and pharmacy technicians for the vital role you have played in responding to dual public health emergencies. From ensuring continuity of care by keeping your doors open when other businesses shut down; to providing vaccines to millions of British Columbians, your unwavering commitment to clients is at the core of our province's response to both COVID-19 and the toxic drug crisis.

And your commitment and resilience are just as important today as you continue to provide critical assistance to the approximately one million B.C. clients without access to a primary care provider.

As was recently announced, our staff and Board have been hard at work alongside the Ministry of Health and the BCPhA to optimize the services available at community pharmacies to help alleviate our province's primary care crisis. This included removing restrictions on adapting prescriptions and drug administration by injection and intranasal route; and extending prescription expiry dates from one year to two.

I look forward to continuing to build on this incredible progress as we develop the requirements for Pharmacists Prescribing for Minor Ailments and Contraception by Spring 2023.

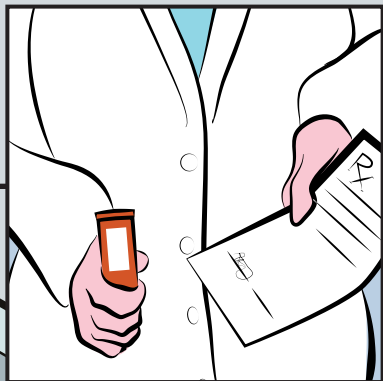
In my first nine months as Registrar and CEO, I have also been fortunate to work with a passionate Board and dedicated staff on several other priorities to enhance the health of British Columbians including:

- › Modernizing the College's Strategic Plan and Organizational Values to ensure that we are more responsive to emerging health issues and that we continue to apply Right Touch Regulation to every decision that we make as a regulator.
- › Adopting the Indigenous Cultural Safety, Humility & Anti-Racism Standard of Practice which sets clear expectations for B.C. pharmacy professionals to provide culturally safe and anti-racist care for Indigenous patients and clients.

To that end, I encourage everyone to learn about the trauma experienced by Indigenous peoples in Canada and how pharmacists, as health professionals, can incorporate greater cultural safety and humility into their practices to end Indigenous-specific racism.

Thank you to Geraldine and the team at BCPhA for their continued support and collaboration, and for the opportunity to address their members. I look forward to strengthening our collaborative relationship as we continue to work toward advancing pharmacy care for British Columbians. **11**



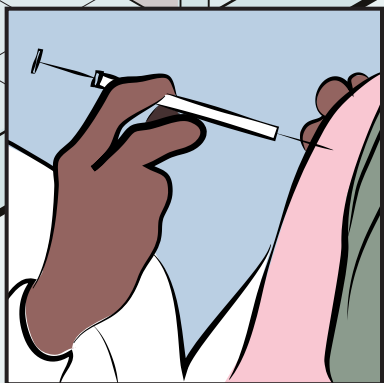


B.C. Gets New Pharmacy Services

In the midst of a primary health care crisis, B.C.'s Minister of Health announced broad changes that expand the scope of practice for pharmacists in British Columbia. These changes ranged from being able to adapt and renew prescriptions for more medications to lifting restrictions on injections, which began on Oct. 14, 2022.

At his announcement in September 2022, Minister Adrian Dix directed plans to allow pharmacists to be able prescribe for minor ailments and contraceptives by spring 2023.

BY ANGIE GADDY
COMMUNICATIONS DIRECTOR, BCPHA



Injections



Pharmacists in British Columbia have been asking for expanded scope of practice for more than a decade — pointing to other provinces that allow pharmacists to prescribe like Alberta and Saskatchewan. Ontario is set to implement pharmacist prescribing for minor ailments in January 2023.

“Ask anyone and they’ll always say, ‘We want what Alberta has,’” says Jamie Wigston, president of the BC Pharmacy Association. “This is an exciting time to be a pharmacist in B.C.”

Expanding Injections

As part of the changes, restrictions on which medications could be administered via injection or intranasally by pharmacists have been lifted.

Pharmacists can now administer medications like B12 shots, anti-psychotics and other medications through injection as long as a patient has a prescription. What is excluded are cosmetic drugs and substances or allergy serums.

While the injection fee for these other medications now sits at \$11.41, the same fee as physicians, the Association will continue to advocate for increased remuneration.

“Pharmacists have been key during COVID-19, ensuring British Columbians have been able to get their COVID-19 vaccines and flu shots. Pharmacists have consistently demonstrated our commitment to public health, and we should be very proud of that,” Wigston says.



Mona Kwong
Pharmasave #87,
Vancouver

Mona Kwong was one of the first 12 injection trainers when B.C. pharmacists gained the authority to administer injections in 2009.

Over the years, she’s seen the shift in attitudes of pharmacists, the public and other health-care care providers around pharmacists administering injections.

“Back in 2008 (when training began) people were awkward about touching,” Kwong says, “Now, look how many pharmacists and pharmacies are giving different types of vaccines over the years.”

Kwong is currently reworking her Vancouver pharmacy’s office to accommodate further injections and expanded scope.

“I’m so excited,” she says. “I see so much potential right now.” One of her team members charged their first shingles vaccination administration fee days after the Oct. 14 change. Another patient was having difficulty getting in for a B12 injection with a doctor but was able to book an appointment to have it done at her pharmacy. In the future she sees the ability to provide patients with testosterone injections or their psychiatric injections.

Previously nurses were injecting anti-psychotics for patients. Now Kwong sees team-based care.

“I’m hoping we merge together more as groups. There’s only so much one person can do. We need to do it together. Because the health care system has to change,” Kwong says. “And it’s changing.”

Prescription Renewal



Prescription adaptation and renewals

With nearly 1 million British Columbians without a family physician, Minister Dix announced a health human resources strategy that included “optimizing the scope of pharmacists.”

Within a few weeks, this meant pharmacists could renew and adapt medications for all ongoing conditions, except for cancer chemotherapy, for up to 24 months from the original prescription date. Previously, mental health and cardiac medications — some of the most common medications — could not be renewed or adapted by pharmacists.

Emergency Supplies

Additionally, for patients who don’t have access to a prescriber or have difficulty in accessing one, pharmacists are being encouraged to expand the length of emergency supplies when appropriate. Depending on the patient’s specific situation that could be up to 90 days of an emergency supply.

“What we don’t want to see happen is patients going into the emergency department for prescription renewals. We are in a primary health care crisis, and it makes no sense for individuals to have to sit hours in an ER waiting for a prescription,” Wigston says.

“Pharmacists have the knowledge and the training to provide these clinical services and can deliver them well.”



Justin Dovale
Two Nice Guys
Pharmacy,
Kelowna

For Pharmacist Justin Dovale, allowing adaptation and renewals for more medications means helping patients with opioid use disorder stay stable on their medications.

Dovale, who co-owns Two Nice Guys Pharmacy in Kelowna, found that even if patients were stable and motivated to stay on Opioid Agonist Treatment (OAT), they may miss an appointment or miss a couple of days of treatment. This meant they may have to visit a prescriber to restart treatment, and potentially deal with withdrawal symptoms, or a relapse and the risks associated with using illicit substances. But with the recent changes to PPP-58 that allows him to renew OAT prescriptions, his patients can remain stable.

“Renewals really support continuity of care,” he says. Many patients on OAT are also on other psychiatric medications for mental health. Allowing pharmacists to adapt and renew these medications, ensure patients stay healthy.

For many patients on OAT, they are also taking psychiatric medications for mental health. Allowing for adaptations and renewals for those have been key to helping continuing care.

Within the first week, Dovale’s team was adapting and renewing prescriptions for mental health medications and Opioid Agonist Treatment.

“We noticed an immediate impact.”

Prescribing Authority



Pharmacist prescribing on the horizon

For pharmacists like Fairuz Siraj of Victoria, having future of prescribing for minor ailments and contraceptives is what he was trained to do.

A 2019 graduate of UBC's Faculty of Pharmaceutical Sciences, Siraj has longed to join the ranks of his colleagues in other provinces.

"Those of us who are new practitioners are excited about practicing to the fullest scope possible. We've have wanted this since starting pharmacy school," he says.

The Minister of Health gave a directive that work should begin so that pharmacist prescribing for minor ailments and contraceptives should be in place by the spring of 2023. That means the BC Pharmacy Association will work with the College and Ministry of Health on what the future looks like for pharmacist prescribing in B.C.

Fairuz is quick to point out that expanded scope for pharmacists doesn't mean taking away roles from prescribers. What it means, is that physicians, nurses, and nurse practitioners are able to bring their expertise to patients to provide the best care.

"Now we're all on the same team," Siraj says. "There's a lot of work to be done, but it's exciting to see the Association do this."



Fairuz Siraj
Pharmasave #142,
Victoria

The news that B.C.'s pharmacists would soon join their counterparts in other provinces able to prescribe for minor ailments made Victoria Pharmacist Fairuz Siraj proud.

"I've always felt privileged to be a pharmacist," Siraj says. "Now we have this rejuvenated pride again. The mind shift has changed. We get to have a direct impact on the next 100 years."

On Sept. 29, Minister Dix announced work should begin to allow pharmacists to prescribe for minor ailments and contraceptives by the spring of 2023.

For Siraj, this shift should give pharmacists the confidence in themselves both in the work environment and as a member of the health-care team.

Like others in health care, pharmacists have been burned out from working long hours during the pandemic, and there are job openings across B.C. Some are worried and not sure what the future means.

"But I'm pumped. You can create your own role. You can create what you want. Because of this expanded scope you have way more opportunities," Siraj says.

Siraj is excited about the planning stages, knowing there's a lot of work to be done.

"The last thing we want to see is not a lot of uptake," he says. "At the end of the day you have to have the courage to make the best of this opportunity."



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National Advisory Committee for Immunization (NACI) recommends that IIV-HD should be used over IIV-SD, given the burden of influenza A (H3N2) disease, and based on IIV3-HD in adults 65 years of age and older.²

Abbreviations: IIV-HD: high dose inactivated influenza vaccine IIV-SD: standard-dose inactivated influenza vaccine IIV3-HD high dose trivalent inactivated influenza vaccine IIV3-SD: standard-dose trivalent inactivated influenza vaccine

References: 1. FLUZONE® High-Dose Quadrivalent Product Monograph. Sanofi Pasteur. March 3, 2022. 2. National Advisory Committee on Immunization (NACI). Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2022–2023.

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sanofi





Introducing the **Indigenous Pharmacy Professionals of Canada**

Indigenous pharmacy professionals from coast-to-coast-to-coast have come together to create the Indigenous Pharmacy Professionals of Canada (IPPC)—a new association with the goal of building a supportive community for the country's Indigenous pharmacy professionals, while making a positive impact on the lives of all Indigenous Peoples across Canada.

First announced at the Canadian Pharmacy Conference in June by IPPC co-chairs Jaris Swidrovich and Amy Lamb, the association will help build a foundation for anti-racism, anti-oppression and cultural safety in the delivery of pharmacy care to and by Indigenous Peoples in Canada.

"Recognizing that pharmacy professionals are among the most accessible health-care professionals and knowing that the greatest gaps in health outcomes experienced by people in Canada are between Indigenous and non-Indigenous Peoples, we are well positioned to lead the way in identifying and addressing the historical and ongoing policies, practices and racism that are at play in creating and re-creating these gaps," said Swidrovich.

The IPPC plans to offer mentorship and support to Indigenous pharmacy professionals, develop education and resources for non-Indigenous pharmacy professionals and create standards for developing safe spaces for both Indigenous pharmacy professionals and patients.

In addition to improving the pharmacy care delivered to Indigenous patients, the IPPC wants Indigenous Peoples across Canada to see themselves reflected in the profession and feel a sense of belonging throughout their educational and career journeys in pharmacy. The association will support work to recruit and retain Indigenous pharmacy professionals, including scholarship programs, training and mentorship.

More information is available at www.pharmacists.ca/ippc

Indigenous Trauma Informed Care Basics for Pharmacy Professionals

BY GEZINA BAEHR, PHARMD

What is Trauma Informed Care?

Trauma informed care, along with concepts such as cultural safety or harm reduction, are topics that have been gaining prominence in health care. These concepts focus on safety and engagement with our patients at the forefront of patient care delivery. The *BC Trauma Informed Practice Guide* explains that trauma informed health care services “take into account an understanding of trauma in all aspects of service delivery and place priority on the individual’s safety, choice, and control”¹. In essence, practicing in a trauma informed manner is more about the overall way we interact with our patients, and not a specific set of techniques or maneuvers.

Why is Trauma Informed Care important?

Canada’s colonial history has caused deep historical and intergenerational trauma in its Indigenous communities across the country. Colonial practices — like residential schools, which saw an estimated 150,000 Indigenous children forcibly removed from their homes and families to assimilate to European practices and religion — caused massive group trauma. Even though the last residential school closed in 1996, the generational repercussions are immense².

We are now at a place in clinical research where we can see clear negative connections between trauma and health, and especially trauma that occurs in childhood. One of the largest studies on childhood trauma and later-life health, the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) study (1995)³, clearly noted the correlation between traumatic childhood experiences and later health and well-being, listing extensive outcomes, such as worsened mental health and increased frequency of all kinds of chronic and infectious diseases.

Trauma informed care finds an important place in pharmacy practice when we see the clear link between historical trauma and the resulting health gaps. Understanding Canada’s colonial history means we need to be mindful that Indigenous peoples have experienced this historical trauma and act accordingly. Our Indigenous patients require us to intentionally practice new ways of delivering health care services to begin addressing the harm from centuries of European focused delivery methods.

Basic Trauma Informed Care Principles

While trauma informed practice recommendations are broad, there are some very basic principles we can focus on and implement into patient care. We work towards the goal of creating an environment where patients do not experience further traumatization or re-traumatization by being trauma aware, working to create safety and trust, collaborating with our patients and empowering them to take control of their health.

1. Being Trauma Aware

Trauma informed care begins with an awareness of what trauma is and realizing pharmacists have the potential to ease or exacerbate a person's capacity to cope with trauma. We have already begun working on building trauma awareness by discussing the commonness of trauma, how trauma impacts development and its relationship with substance use, physical health and mental health.

Another action that could be taken is cultivating a more in-depth awareness of the colonial practices, such as how residential schools caused Indigenous children to be subject to loss of family, language, language and culture and exposed to ritualized abuse, including neglect, physical and sexual abuse. It's often not mentioned that Indigenous parents and other community members also deal with the trauma from the incredible loss of their children.

2. Safety and Trustworthiness

Safety, including physical, emotional and cultural safety, is central to trauma informed care. Trauma survivors often feel unsafe, are likely to have experienced abuse of power in important relationships and may be in currently unsafe relationships or environments. Pharmacy professionals should be intentional about cultivating safety in every interaction.

Ways we can do this include:

- › Demonstrating predictable expectations and being consistently trustworthy and empathetic to your patients. This can look like doing what you say you're going to do and following up about why you did or didn't do what you said.

- › Adapting physical environments to be less threatening. Examples include putting up inclusive posters, opting not to wear your white coat, leveling physical counters to patient-height. At work, I wear a medicine wheel pin on my nametag lanyard.
- › Ensuring informed consent or explaining why we're asking sensitive questions. For some patients who have experienced trauma related barriers to trusting others, a "sensitive" question may turn out to be almost every question we ask.

3. Choice, Connection and Collaboration

Safe environments foster a sense of self-determination, dignity and personal control for those receiving care. The goal is to level the power differential between pharmacist and patient and create a meaningful sharing of power and decision-making. Pharmacists understand the way in which Indigenous peoples have been historically diminished in choice and voice, and have been frequent recipients of coercive treatment, such as with Indian hospitals. Having the opportunity to establish safe connections with treatment providers, families, peers, and the wider community has shown to be reparative for those with early/ongoing experiences of trauma¹.

Ways we can do this include:

- › Use open-ended questions for people to tell us their story in their own words, and allow for the expression of feelings without fear of judgment. I have witnessed multiple care situations in which a "difficult" patient who expresses emotions, such as frustration, distrust or apathy, receives a lesser standard of care than their "non-difficult" patient counterpart. This isn't trauma informed because we are penalizing patients for the expression of feelings, which may often be associated with trauma.
- › Following a shared decision-making model in which the patient actively helps to determine the plan that they need to heal and move forward.
- › If someone refuses a medication or test, or if they're upset about something (like vaccinations), we should respond with compassion and work with them, rather than attempting to force them or becoming annoyed.

4. Empowerment and Strengths Focus

There is a focus on an individual's strengths and experiences. There is an inherent belief in the importance of the people being served, in their resilience, and in their ability to heal from trauma. Pharmacists are facilitators of health and recovery, not controllers of it.

Ways we can do this include:

- › Work to empower our patients to actively participate in their treatment plan. We can use motivational interviewing, a technique to elicit behaviour change, for this.
- › Affirming our patients to acknowledge their efforts and successes and offer appreciation or understanding. I often affirm my daily witnessed opioid agonist therapy patients for prioritizing their health when they choose to come in day after day.

Conclusion

Indigenous peoples have experienced a lot of trauma over the last few centuries. Making health care a safer place, where it has traditionally failed us, is a major step towards reconciliation. Trauma informed care expands beyond Indigenous peoples, into every Canadian who has ever experienced trauma from the death of loved ones, displacement, homo or transphobia, sexism, racism, war, and poverty.

Be aware of trauma, make a safe and trustworthy space for patients, give them choice in their care, and empower them to make decisions at a pace that feels safe to them. Every health care professional can do their part to become more trauma informed when dealing with patients — and by reading this article, you have already taken the first steps to become trauma informed in your practices. **T**



Further Resources

This article can only skim the surface of the essential skills of trauma informed care and I invite you to access further resources to deepen your understanding and continue implementing these skills into your practice. Some of my favourites include:

- 1 Canadian Centre on Substance Use and Addiction (CCSA) Essentials of Trauma Informed Care Guide⁵
- 2 trauma-informed.ca
- 3 Native American Motivational Interviewing: Weaving Native American and Western Practices⁶
- 4 Trauma-informed practice (TIP) guide by the BC Provincial Mental Health and Substance Use Planning Council (2013)¹

References

- 1 BC Provincial Mental Health and Substance Use Planning Council. (2013). Trauma-informed practice (TIP) guide: https://cewh.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
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- 3 Centers for Disease Control and Prevention. (2021, April 6). About the CDC-Kaiser Ace Study. Centers for Disease Control and Prevention: https://www.cdc.gov/violenceprevention/aces/about.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Ffacestudy%2Fabout.html
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Bivalent vaccines and flu shots arrive

Patients' appetites for vaccines have been reinvigorated with the arrival of bivalent vaccines and the start of the flu season

BY MICHAEL MUI
COMMUNICATIONS MANAGER, BCPHA

Andrea Silver (right), pharmacy manager at Heart Pharmacy IDA Shelbourne in Victoria and vice-chair of the College of Pharmacists of BC, administers a flu shot for B.C. Provincial Health Officer Dr. Bonnie Henry in October.

BC GOVERNMENT PHOTO



A flurry of activity accompanied the fall respiratory disease season in British Columbia with the launch of the Moderna Spikevax bivalent COVID-19 vaccine and the inaugural use of the ImmsBC vaccine booking system for flu shots.

As of Sept. 9, community pharmacies in B.C. began receiving the Moderna bivalent vaccine. These new vaccines reinvigorated the public's demand for COVID-19 boosters and the work was quickly followed by the rollout of the public flu vaccine campaign just a month later, on Oct. 11, and the arrival of the Pfizer bivalent vaccine in B.C. in mid-October.

For community pharmacists, this year's flu season also had the additional weight of mandatory ImmsBC enrolment, which replaced the various vaccine appointment booking systems traditionally used by pharmacies.

Since the flu campaign launch, community pharmacists have provided a record number of vaccines: more than 330,000 vaccinations in a single week. Strong demand for both the COVID-19 bivalent vaccine and flu vaccines is anticipated to continue into at least mid-November.

ImmsBC for flu vaccine rollout

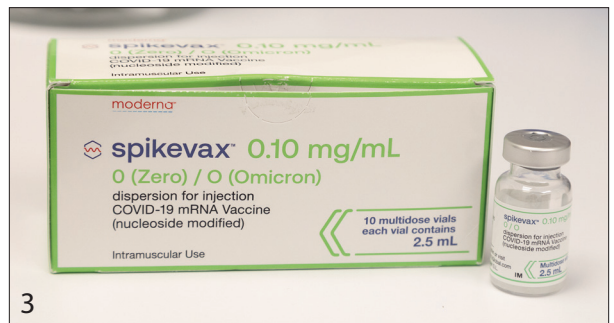
Andrea Silver, pharmacy manager at Heart Pharmacy IDA Shelbourne in Victoria and vice-chair of the College of Pharmacists of BC, said flu bookings in particular had a shaky start for the first two weeks, but things are beginning to smooth out.

"Having vaccine come from our wholesalers has reduced the administrative burden associated with coordinating pick ups from Health Units, and having the Association control allotments has made the process more transparent and therefore easier to know what and when we will be receiving so we can plan clinics accordingly," Silver said.

"Things will never go completely smoothly with so many moving parts, but generally the public has been pretty understanding."

Silver said her pharmacy continues to accommodate walk-ins, though the decision to accommodate walk-ins or not can vary from pharmacy to pharmacy. Another pharmacist, Dennis Taruc, owner at the Town Centre Pharmacy in Coquitlam, has chosen to focus on patients who have booked through the Get Vaccinated system.

"As we get supplies sent to us in batches I need



to make sure those people that have an appointment actually have vaccine available to them. Most people are understanding as they can physically see how busy I am,” Taruc said. “I assure my patients that we will get to everyone eventually and the first two to three weeks of influenza vaccination season are the busiest time at most pharmacies. While I encourage people to get vaccinated as soon as they can, it just doesn’t have to be on the first day.”

Taruc said the change to use ImmsBC for flu bookings has resulted in his pharmacy delivering more vaccines than in the past. In previous years, the vast majority of flu vaccine bookings would be made by regular patients at his pharmacy. This year, three in four bookings are from patients who have never visited his pharmacy, who found his pharmacy when booking through ImmsBC. This meant Taruc had to come up with creative solutions to ensure his regular customers could still get their shots.

“An example I did was set appointments for every 10 minutes on ImmsBC and then inactivated every second slot. When a regular patient of mine would call to book a flu shot, I would activate a time slot of their choice and then quickly book the slot for them on ImmsBC,” Taruc said.

“Unfortunately, it has alienated some of my regular patients that are used to talking to me directly and arranging an appointment. Now they are competing with the general public for time slots.”

Stephanie Mah, pharmacist at Save-On-Foods new Sunwood store in Coquitlam, heard similar feedback

from patients who were used to booking vaccines directly at the pharmacy. Her pharmacy is also accepting walk-ins depending on vaccine availability and resources. If walk-in appointments are not available, her team would direct the patient to book through the 1-833-838-2323 Get Vaccinated phone line, or have a staff member help the patient make the booking online if appointments are available.

For Mah’s pharmacy, her team already had experience using the ImmsBC system for COVID-19 vaccinations, but she sympathized with pharmacists who may be learning the system for the first time, and also with patient groups who find the new booking system challenging to use.

“I suspect those stores that did not have prior experience would find it time-consuming to learn a new system, particularly when pharmacists are already busy caring for their patients during an already strained health-care system,” Mah said.

“Additionally, some senior clients have difficulty with technology, and it makes it hard for them to schedule an appointment. The phone lines can be very busy with long wait times and some clients may not have the time to wait.”

Silver, the pharmacist at the Victoria Shelbourne pharmacy, said other challenges included inventory management, the requirement to carry a cell phone for ImmsBC dual-authentication, and the uncertainty of whether someone who is showing up for a COVID-19 vaccine would also like a flu vaccine, and vice versa.

However, the new system also brings some advantages in



1: Pharmacist Stephanie Mah draws a bivalent dose from a vial. 2: Mah consults with a patient. 3: The Moderna Spikevax vaccine, in its box and vial. 4: Patient Wendy Lam gives a thumbs up after receiving their bivalent COVID-19 vaccine. 5: Pharmacist Dennis Taruc administers a vaccine for patient Sepahpour Azarmidokht.

administering flu vaccines, she said.

“Imms has been great for ensuring the pharmacy doesn’t get too packed with people all coming in for walk-in vaccine at once,” Silver said. “It is nice that all pharmacies are providing appointments using the same platform. Communication with the public, training and troubleshooting was centralized, collaboration was enhanced, and vaccinators could work in multiple sites without too much difficulty.”

Bivalent vaccine rollout

All three pharmacists agreed the bivalent vaccines becoming available appears to have reignited the interest of the public in keeping up with COVID-19 booster schedules.

Mah, the Save-On-Foods pharmacist, said many patients are excited and would ask upon arriving for their vaccine appointments to ensure they are receiving a bivalent vaccine. She said patients have been eager to learn the types of strains covered by the two approved bivalent vaccines, the benefits of each, and whether the more newly approved Pfizer-BioNTech bivalent vaccine is more effective.

“The updated bivalent vaccines target both the original COVID-19 and Omicron subvariants, providing better protection against the current circulating subvariants in the general population,” Mah said. “It’s fantastic to see greater public awareness in this push to increase booster vaccination rates.”

She said for pharmacists, the preparation of the bivalent

vaccines is also more convenient — the vaccines are ready for use after removing from the fridge and waiting 15 minutes. Unlike some earlier monovalent vaccines, there is no requirement for the pharmacist to dilute the vaccine vial before administering the injection.

Silver, the Victoria pharmacist, said many of her patients believe the bivalent vaccines offer better protection against COVID-19.

Silver noted it is a sign vaccines are working as there are now reduced reporting of new cases, reduced media coverage, fewer hospitalizations, and more people are recovering naturally.

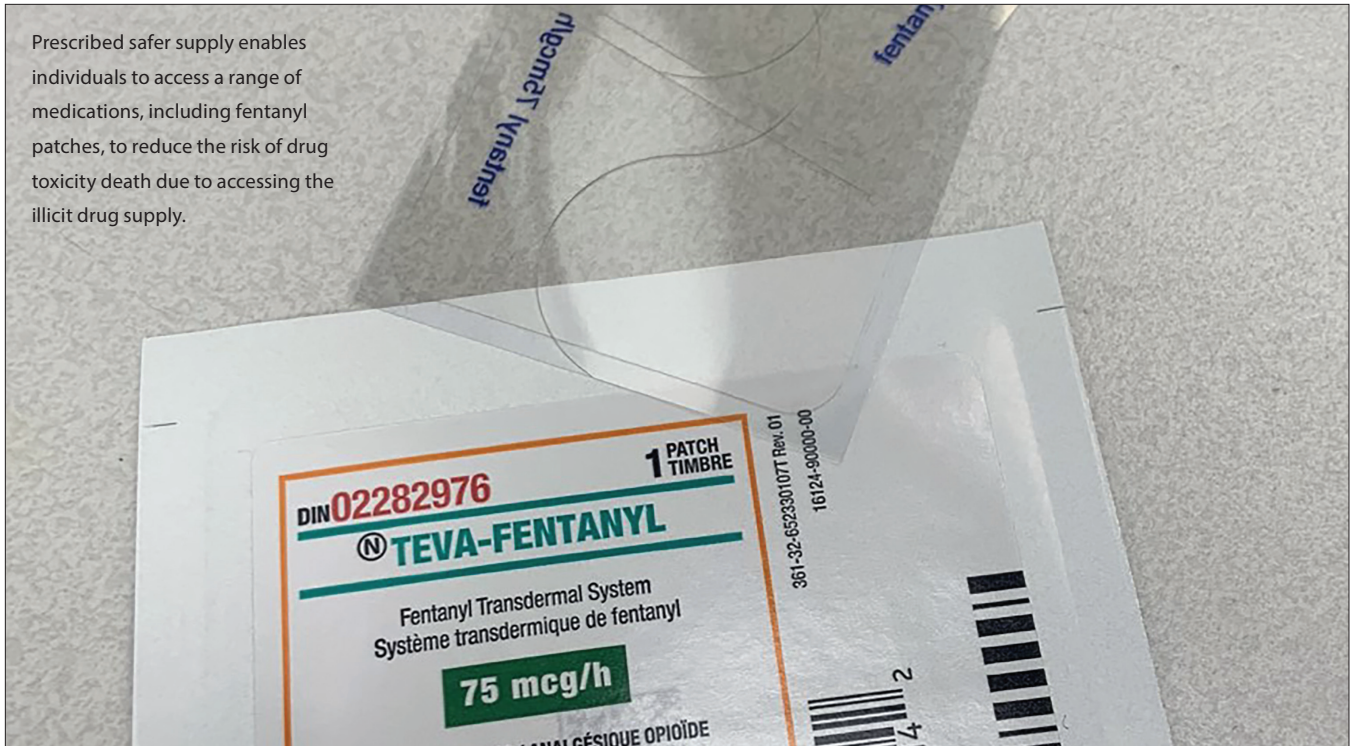
“Overall, I think more people got a second booster than there would have been if a bivalent vaccine had not been available, but I have a feeling less people overall received their fourth dose,” Silver said.

Taruc, the independent pharmacy owner, said most of the questions he has heard from his patients are about whether there are issues switching from the Pfizer to the Moderna vaccine, or from the latter to the former. Some patients, he added, believed that side effects can be more severe with one vaccine versus the other.

“I tell them that current clinical guidance shows us that there is no issue with switching,” Taruc said. “While personal anecdotes are not always evidence based, I often share my personal vaccine history as well and how I did not get negatively impacted from switching vaccines.

“Again, these are just personal anecdotes; but it tends to sway the conversation.” **T**

Prescribed safer supply enables individuals to access a range of medications, including fentanyl patches, to reduce the risk of drug toxicity death due to accessing the illicit drug supply.



Prescribed Safer Supply Protocols: Fentanyl Patch

An update from BC Centre on Substance Use

BY MONA KWONG, BSC(PHARM), PHARMD, MSC;
KEVIN HOLLETT, ASSOCIATE DIRECTOR, COMMUNICATIONS

Prescribed pharmaceutical alternatives — referred to as prescribed safer supply — have been identified as one strategy for reducing the risks of illicit drug toxicity events and deaths. Not intended as a treatment for a substance use disorder, prescribed safer supply is a harm reduction approach.

In the summer of 2021, the Ministry of Mental Health and Addictions, Ministry of Health, and Office of the Provincial Health Officer released *Access to Prescribed Safer Supply in British Columbia: Policy Direction*, which enables individuals to access a range of medications through prescription.

To support implementation of this innovative and emerging practice, BC Centre on Substance Use (BCCSU) has begun developing prescribed safer supply protocols. The first of these resources, *Prescribed Safer Protocols: Fentanyl Patch*, were released October 2022.

Providing fentanyl patches to reduce harms associated with illicit opioid use is not an evidence-based intervention. To date, there is no evidence supporting this intervention or established best practices for when and how to provide it. However, limited clinical experience has shown this practice to be a beneficial

intervention for individuals with opioid use disorder using unregulated/illicit opioids.

Two possible models are described in the protocol:

1. A nurse performs maintenance dose changes
2. A pharmacist performs maintenance dose changes

Either or both models may be adapted, depending on local context and resources. Some pharmacies have nurses from Health Authorities using pharmacy space to support patch changes while others either provide the patients with patches or help change patches.

Within the pharmacy model, working within their knowledge, skills, abilities, and scope of practice, the pharmacist dispenses the patches to the patient. Either the patient or the pharmacist may apply and remove the patches at the pharmacy in a private area. If the prescription indicates that witnessed application is not required, the pharmacist may dispense the patches to the patient, who would be responsible for applying and removing the patches as well as returning them to the pharmacy for disposal.

Briefly, the pharmacist in this model would be responsible for:

- › Patient identification
- › Assessment and communication of assessment results back to prescriber (See Patch Change Assessment in protocol)
- › Ensuring the safe and appropriate use of new patches by confirming all previously dispensed patches have been removed and exchanged prior to dispensing and/or applying new patches
- › Ensuring patients' privacy needs are met during patch application
- › Destroying returned or changed patches
- › Following the missed dose protocol (The missed dose protocol alignment with clinical protocol)
- › Updating PharmaNet regarding any missed or adjusted doses
- › Notifying the prescriber of any missing patches
- › Patient education and counselling
- › Documentation of all aspects of clinical care



New provincial protocols provide guidance for pharmacists to perform maintenance of fentanyl patches.

Communication is important for this program to be successful for the patient. Regular case conferences between the prescriber, care team, and non-prescriber regulated health professional (nurse or pharmacist) should be conducted to discuss engagement, progress toward care plan goals, and any clinical concerns for each patient.

As this is a new and emerging practice, this protocol will be regularly reviewed and updated to align with emerging evidence and amassing clinical experience.

Read the full document:

- › Prescribed Safer Supply Protocols: Fentanyl Patch bccsu.ca/clinical-care-guidance/prescribed-safer-supply

Other Resources:

- › 24/7 Addiction Medicine Clinician Support Line: (778) 945-7619 / bccsu.ca/24-7

Note: *Provision of other medications for harm reduction is outside the scope of this protocol.**

* See the BCCSU's *Risk Mitigation in Dual Health Crises: Interim Clinical Guidance* for guidance on supporting individuals who use drugs to self-isolate or quarantine due to COVID-19; the BCCSU's *Opioid Use Disorder Practice Update* for information on prescribing hydromorphone and/or M-Eslon to help reduce individuals' reliance on the illicit drug supply and, thus, overdose risk; and the BCCSU's *Stimulant Use Disorder Practice Update* for information on trialing stimulant prescribing to help reduce individuals' reliance on the illicit drug supply and related harms. **11**



L-R: Gray's Compounding Pharmacy team members, pharmacy technicians Heidi Radcliffe, Leslee Nicholson, pharmacist Michelle Gray, owner Andy Gray, pharmacist Lei Lei Wu, pharmacy assistant Tiffany Berg, and Mambo, unofficial therapy dog.

Why it pays off to be a rural pharmacist

BY MICHELLE GRAY, BSC(PHARM)

When I was in pharmacy school, a lot of my classmates wanted to stay in Vancouver after graduation. I think many current pharmacy students at the University of B.C. are the same way, they want to stay in the big city, but I grew up differently.

I was born in Revelstoke, though that was never really my hometown. When I was 10 months old, I must have already travelled 10,000 kilometres because my father travelled a lot for his job with BC Hydro. By the time I was 10 years old, I had lived in Lumby, Cranbrook and settled in Prince George as well. When I entered pharmacy school, my family was living in Creston. I have been fortunate to experience many of the interior communities in B.C. and see how rich and diverse they all are.

One of the things I knew I wanted to do as a pharmacist was to spend time with my patients, to really get to know them and be their health provider. At the time of graduation, many pharmacies were beginning to offer 24-hour dispensaries, and I knew from experience from my practicums that I wasn't interested in the volume and the prescription loads the city setting demanded.

Back then, there was a massive pharmacist shortage, much like now. The amount of rural students enrolled in UBC pharmacy was very limited. Most students wanted to stay in the Lower Mainland and there just wasn't enough new graduates who were willing to work in a rural setting.

For me, one draw of working in a rural community was that I really get to spend more time to develop meaningful relationships with my patients, exchange ideas, and become an important part of their personal health and wellness.

At the time, compensation for working in a rural community was also a lot more attractive. In the Vancouver area, I believe pharmacists were starting at around \$20 per hour when I first started. But because I was seeking a job at a rural pharmacy, when I took my first job in Cranbrook, I started as pharmacy manager earning \$39 per hour, while a staff pharmacist at the time was earning \$34 per hour. That was at the Zellers Pharmacy in Cranbrook.

Cost of living is also a big draw. The same-sized home in

Kimberley, where I live now, costs one-quarter the price of its equivalent in the Lower Mainland.

In 2013, I opened my pharmacy, Gray's Compounding Pharmacy in Kimberley. I love owning and working in a rural-pharmacy setting. Being an owner in rural communities has allowed me to create the collaborative workspace to truly practice all the clinical skills I've developed.

Earlier in my life, I had considered becoming a teacher or a nurse before I went down the path of pharmacy. I truly have been fulfilled in my career, I get to do it all. Sometimes I will put my first aid skills to use when soccer players or general public will come in with a cut, and as the pharmacist in town I'll end up bandaging them up right there on the spot. Most days I am teaching either patients, staff or prescribers. I coach patients in one-on-one consultations, and I'll teach them about their lifestyle, how to decrease their blood sugar, manage their medications, and often help them learn more about themselves. I also consult patients and their physicians about hormone balance and pain management.

In terms of personal life, living in Kimberley is amazing. The community was recently voted CBC's 'Best Small Town in BC'. This is a wonderful place to raise a family. We have three kids and have been able to support them in all their endeavors. From wherever you live, it's 10 minutes to butt on chairlift at the ski hill. I can ski for an hour and make it to work for 10 a.m., albeit a little snow covered. I have even ski-jored with my dog down the rails to trails from home to work a few times this last winter. In the summer, there's a lot of outdoor recreation going on, whether that's hiking, mountain biking, kayaking, paddleboarding, golfing or camping. In addition to sports the art community is very much alive and well.

Working in rural community pharmacy is really ideal for that adventurous personality, who wants to learn, enjoy sports, discover their community, and have a great work-life balance without ever worrying about a big-city commute. A true sense of community, where you walk down the street and are greeted by most people you come across.

At the end of the day, I'm fulfilled, happy and satisfied. **T**

Michelle Gray graduated from the University of B.C. Faculty of Pharmaceutical Sciences in 1997. She is the owner of Gray's Compounding Pharmacy in Kimberley, B.C. and a member of the BCPhA Board of Directors and most recently named PCCA's Compounding Pharmacist of the Year.



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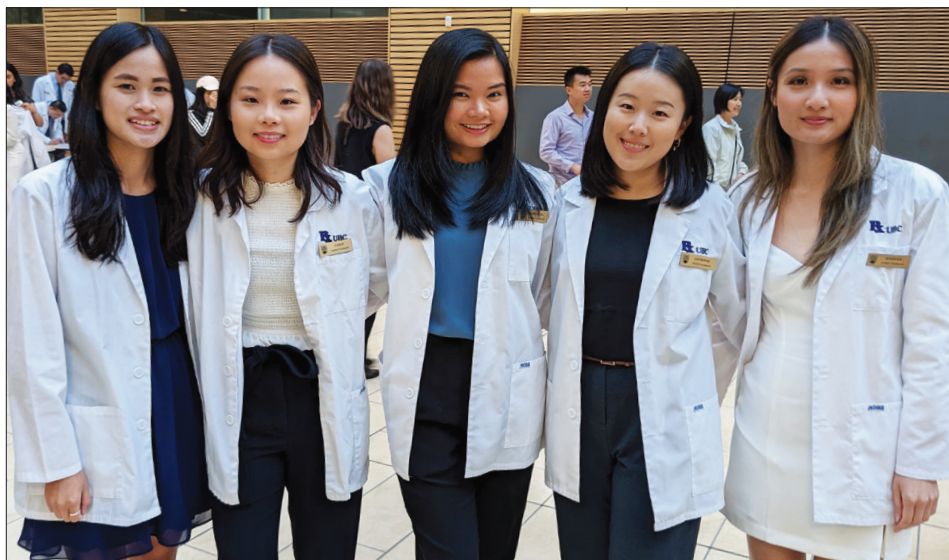
L-R: pharmacy students Reema Abdoulrezzak and Zoey Banks.



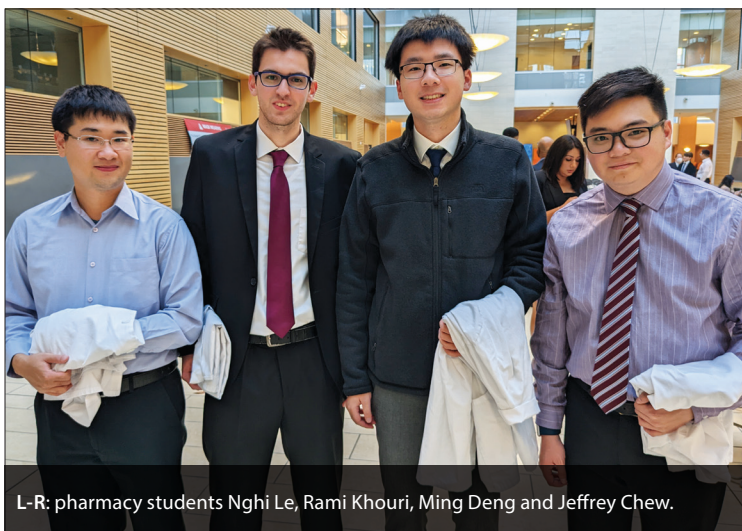
L-R: Faculty members Colleen Brady, Aileen Mira, Michelle Fischer with BCPHA President Jamie Wigston.

White Coat Ceremony

On Oct. 19 and Oct. 20, the University of B.C.'s Faculty of Pharmaceutical Sciences held a pair of White Coat Ceremonies for pharmacy students, welcoming them into the profession. Third year students who did not get to receive an in-person ceremony during the pandemic finally had the chance to attend one, while this year's first year students also received their ceremony. The ceremony was preceded by remarks from Dean Michael Coughtrie and BC Pharmacy Association President Jamie Wigston.



L-R: pharmacy students Emily Miou, Cassie Li, Cremson Soto, Catherine Koo and Jennifer Ho.



L-R: pharmacy students Nghi Le, Rami Khouri, Ming Deng and Jeffrey Chew.



BCPhA President Jamie Wigston (right) cloaks a student with his white coat during the ceremony.



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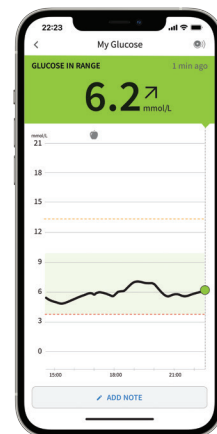
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HCP, healthcare provider.

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