THE Tablet

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Pharmacists Jason Wong and Felicia Yang at Correctional Service Canada's Matsqui Complex.

PHOTO BY: VINCENT CHAN

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Alex Dar Santos

We are all clinical pharmacists

As my term as President comes to a close, I would like to thank the Board of the BC Pharmacy Association for their work this past year.

I find myself reflecting on what we have achieved, what new challenges have arisen and what we as pharmacists face in the future. Certainly as the profession continues to evolve, pharmacists will become even more vital in primary health care. It is also nice to finally get some recognition by the government for the role pharmacists play in primary health care with their recent announcement of putting 50 pharmacists in primary care teams in the next three years.

Thoughts of the future led me to think about a recent trend I've noticed, which is the use of the term 'clinical pharmacist.' I find myself somewhat amused by this term, given how freely it is being used, yet how very few people seem to be able to define what a 'clinical pharmacist' does and how it differs from what most pharmacists do. Which begs the question: What do they do that I don't?

If you were to look up 'clinical pharmacist' online, you would find the following definition: "Clinical pharmacists work directly with physicians, other health professionals, and patients to ensure that the medications prescribed for patients contribute to the best possible health outcomes."

When I read that definition, I thought to myself, 'Wait a second, I do those things! I know many pharmacists that do these things!' Have we been short changing ourselves? Are we, as pharmacists, once again not promoting ourselves for what we do? Is this another case of excessive pharmacist humility?

Certainly, there are varying levels of clinical work. But it is common for pharmacists to discuss topics such as A1C results or lipid values, for example, with patients and physicians. Or to discuss alternative drug treatment due to interactions, side effects or inadequate results. Or to conduct a thorough medication review and identify drug therapy problems, which is addressed by working with the patient and his or her health-care team.

So maybe this is just a passing fad and a new catchphrase will creep into the pharmacist's lexicon soon. Or maybe this really is the future of pharmacy. But for now, do me a favor and update that name tag of yours to say 'clinical pharmacist'... because that's what you are. T

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Geraldine Vance

Pharmacists an essential voice

In complex times there is often an urge to seek simple solutions. With the enormity of the human and environmental crises that we see on our daily news feeds, it is easy to want a tidy fix to such big problems. While I will resist the urge to name political leaders who are simplifying complex issues into hourly tweets, I am concerned that the instinct to get things fixed quickly is spilling over into public policy debates in Canada. Notably, the recently announced review of a national pharmacare model.

The current Federal Government's decision to initiate a review of drug coverage for Canadians is not without merit. While not a new topic, it is fair to think that given the fast pace of change in pharmaceutical therapies and their subsequent cost implications, a review of options is appropriate. The decision to name Dr. Eric Hoskins as Chair of the Advisory Council on the Implementation of National Pharmacare is one few within health-care circles would criticize. He is a respected physician and has considerable public policy experience, as a former Ontario health minister and politician.

Early indications, however, show the Council is starting off on the wrong foot. How can a national review of pharmacare coverage fail to include even a single community pharmacist – the professionals who interact with millions of patients at community pharmacies across the country? Or a representative from the private benefit provider community, which represents nearly 60 per cent of drug coverage in Canada?

I was troubled to hear pharmacists referred to as just one of the stakeholders, whom the Council would hope to engage with during its consultation time. I know the Canadian Pharmacists Association (CPhA) advocated for the inclusion of at least one pharmacist on the Advisory Council and feel that involving pharmacy is essential to the legitimization of the Council's recommendations.

All Canadians want the best health-care system possible and that includes access to the medications they need for both unexpected traumas as well as chronic conditions. Pharmacists know some patients struggle to afford their medications and they are anxious to be part of the debate that finds solutions to this problem. Pharmacists can help manage costs through programs such as adaptation and therapeutic substitutions and these opportunities should be expanded. But how can such opportunities be part of the Council's action plan when pharmacists are not at the table?

The BCPhA, CPhA, Neighbourhood Pharmacy Association of Canada and other provincial associations will certainly take the opportunity to make submissions to the Advisory Council. It is indeed a failing that the Canadian government has not harnessed the expertise of pharmacists in its review of this key issue. T

The Tablet asks our contributors:

"What role do you see pharmacists playing in combating B.C.'s opioid epidemic?"

Derek Desrosiers is President and Principal Consultant at Desson Consulting Ltd. "Pharmacists can be a critical line of defense by engaging in prevention and treatment of opioid use disorders and overdose. Pharmacists can also be educators by providing patients with information about the risks of medications and recommending treatment to patients when appropriate."

Vincent Chan is Owner and Photographer at Invisionation Photography. "Since the introduction of free naloxone kits, B.C. pharmacists have played an important role in ensuring that those who are most at risk of opioid overdoses have safe access to the kits and the proper training to administer this life-saving drug."

Cam Bonell is Pharmacist at Lakeside Centre Pharmacy in Kelowna. "I think one area in particular is education – this could be with respect to harm reduction strategies, expanded naloxone access or pain management assessments. One interesting idea is to educate post-surgical patients that most times they do not need to fill their post-surgical opioid prescription – or at the very least they can part-fill a very limited supply, perhaps enough for 1-2 days."

Member News

Do you have a professional or personal update you want to share in *The Tablet*? Email editor@bcpharmacy.ca to share your member news.

BCPhA Board member **Chris Waller** will be the 2018-2019 President, starting on Sept. 1. A member of the Board since 2015, Waller is pharmacist/owner of Lakeside Medicine Centre Pharmacy in Kelowna. BCPhA Board Member and Sobeys Regional Pharmacy Manager **Keith Shaw** has been selected as Vice President.

Former BCPhA Student Ambassador and recent UBC graduate **Jerry Mejia** has joined the BCPhA as a Pharmacy Practice Support Specialist for the next year. In his role, he takes on pharmacy support questions, including PharmaCare polices, clinical services, College regulations and bylaws, among other items. As a relief pharmacist working in the community, he will bring his front-line experience and knowledge to the role.

BCPhA Pharmacy Practice Support Manager **Ann Johnston** has been seconded to to work on development of training programs for pharmacists.

The **BCPhA office has moved!** Developing more programs means we've outgrown our current location on the 15th floor of 1200 West 73rd Avenue in Vancouver. Starting in August, we will now be on the 4th floor of the same building. Please note: all phone numbers and email addresses remain the same. (See page 30 for more info)

UBC Dean of Pharmaceutical Sciences **Dr. Michael Coughtrie** was appointed a second five-year term in his leadership role, beginning Aug. 1, 2018.

Karen Sullivan

Lori Hurd

Two new members appointed to BCPhA Board

Two member pharmacists have been appointed to the BC Pharmacy Association Board of Directors and will begin their roles on Sept. 1, 2018.

Karen Sullivan is Senior Director, Pharmacy Professional Affairs for Loblaw Companies Limited, where she oversees regulatory affairs, professional relations and advocacy for Shoppers Drug Mart and Loblaw pharmacies in Canada's four western provinces and territories.

Born in Fort St. John, Sullivan completed her Bachelor of Science in Pharmacy and Master of Health Services Administration from the University of Alberta and a Doctor of Pharmacy from Duquesne University in Pittsburgh.

She began her career as a pharmacist with London Drugs and has since practiced in community, government and industrial pharmacy settings, serving in different roles as manager and program development. Sullivan currently sits on the Economics Advisory Committee of Pharmacists Manitoba, the Pharmacy Owner's Council with the Pharmacy Association of Saskatchewan, the Community Pharmacy Owner's Forum with the Alberta Pharmacists' Association and is Co-Chair of both the B.C. and Alberta Caucuses with the Neighbourhood Pharmacy Association of Canada.

Lori Hurd is Pharmacy Manager at the Ironwood location of Save-On-Foods Pharmacy in Richmond. A graduate of Dalhousie University's College of Pharmacy in 2007, Hurd worked as a pharmacist at Sobeys in Ontario and then moved to B.C. in 2010 as a pharmacy manager at Thrifty Foods. She has been working with Save-On-Foods since 2014, where she is a specialist in travel health and vaccinations.

She is currently a preceptor for the UBC PharmD program and has served in the past as an assessor with the Pharmacy Examining Board of Canada (PEBC). In 2017, Hurd spearheaded a run group for pharmacy patients and helped several participants complete a goal run of 10km. T

Your friendly Francophone pharmacist

For the last eight years, French-speaking Vancouverites have found a safe haven in the Pharmasave on Commercial Drive, co-owned and operated by pharmacists **Kunakar Pou** and wife Ja Kyung Kim. While the pair – both fluent in French – didn't set out to open a bilingual pharmacy, it didn't take long to realize the unique need within their neighbourhood. Not a day goes by without Pou speaking French with at least one of his regular clients, who will often pop by just to say, *"Bonjour!"*

"Since I moved, I've never spoken more French than here on Commercial Drive," says Pou, who moved to B.C. from Quebec in 1993 after meeting Kim.

Pou has spoken French his whole life – first as a second language in his native Cambodia and then as a student, after immigrating to Montreal in 1976 with his family, at the age of eight.

In addition to their Francophone community, the pharmacists have embraced their local clientele, tailoring services to meet the strong demand for overall wellness and alternative therapies through a thriving compounding business and strong inter-professional network.

What led you into pharmacy?

For me, it was a natural fit. I was drawn to a profession caring for people. Growing up, we were strongly encouraged to help my grandparents as well as other family members. I also have other family members who chose a career in the health care field.

Having lived and studied in Quebec, how did you end up practicing in Vancouver?

I completed both a bachelor's and master's degree in Pharmaceutical Sciences, at the University of Montreal. I met Ja while doing research. We completed our master's degree in 1993 and decided to settle in Vancouver. I worked in various community pharmacies before opening this Pharmasave location on Commercial Drive. I was interested in setting up a practice focused on taking the time to talk to my patients. I wanted to hear their stories and work toward their health goals. We strongly emphasize educating, or more accurately, learning alongside our clients. This is very much in line with what we're hoping to achieve in our pharmacy practice.

Your pharmacy caters to French-speaking Vancouverites. Was this your goal, or did it happen naturally?

I have always thought of language as a tool. When I originally moved to Vancouver, I never expected to be speaking French on a daily basis. It just so happens that there are a lot of Francophones in this neighbourhood. Each language affords specific ways to express health issues and it is helpful to use the most precise way of sharing information. We didn't plan it this way, but our entire pharmacy speaks French, including our locum pharmacist.

What are some unique aspects of practicing pharmacy in your neighbourhood of Commercial Drive?

I was surprised by the young demographic in this neighbourhood. There is a strong emphasis on natural products and alternative therapy treatments. Optimization of health is never limited to just the medication; it is one piece of the puzzle. It is more of a whole person, nutrition and lifestyle approach. Our clients arrive with relevant questions and we learn together on the latest trends in alternative therapy choices. Our compounding services focus on meeting client demand, whether human or beloved pet. We work with many patients, from those who cannot swallow tablets or capsules to pleasing a finicky cat who refuses most formulations. It's really encouraging and rewarding as a pharmacist to listen to what the patient wants and to be able to meet their needs. It's a team-based approach, working with naturopaths, psychiatrists, GPs and tailoring the treatment to the patient. It feels great to be such a part of the neighborhood and my community. We love being part of the Commercial Drive village.

Pou speaks French with three-year-old customer Milenko Foucault and his mother Celine, originally from France. The young family is one of many in the Commercial Drive neighbourhood that frequent Pou's pharmacy and simply drop by to say, *"Bonjour."*

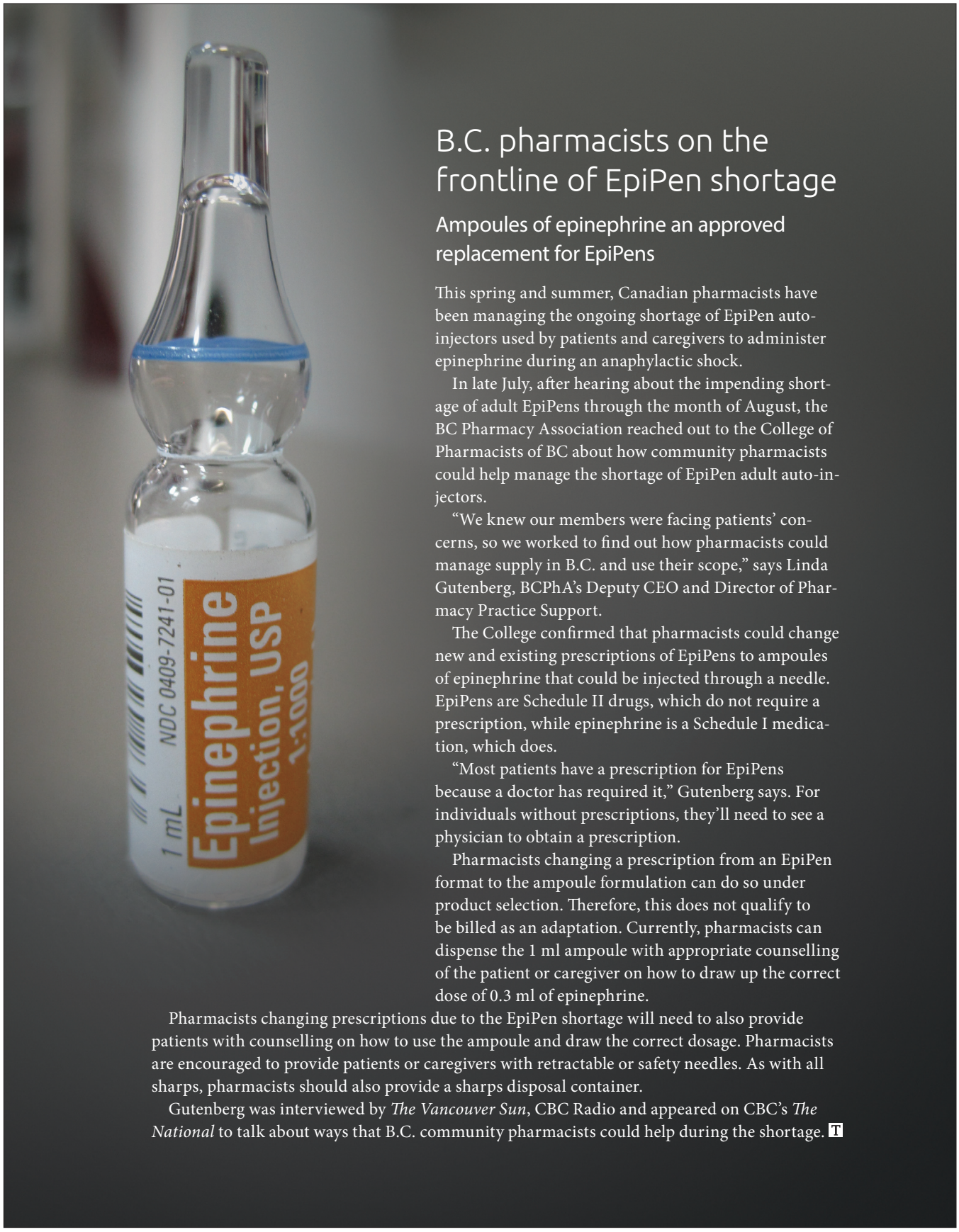
What do you feel are some of the most important issues facing pharmacy now and in the future?

There are a lot of patients that don't have GPs, so there's a lack of follow-up. I would like to see an expansion of our scope of practice within areas such as prescribing for minor ailments – things like cold sore treatment, conjunctivitis, nail fungal infections. We also receive a lot of questions about the legalization of marijuana and the products that come from the marijuana distribution locations. All of these new emerging areas impact our clients and our practice. Appropriate safeguards and proper training will help the pharmacists move into an expansion of our role as a health-care team member.

> *"We strongly emphasize educating, or more accurately, learning alongside our clients."*

Why do you think it's important to be a member of the BC Pharmacy Association? What value does it bring to your career?

The BC Pharmacy Association offers a strong voice for pharmacists when negotiating with the government. The Association also helps to carve out new territory, everything from the inclusion of pharmacies in the distribution of naloxone kits, support for the pharmacist-led flu vaccination programs and the introduction of genetic testing that may impact tailoring of treatment. T



B.C. pharmacists on the frontline of EpiPen shortage

Ampoules of epinephrine an approved replacement for EpiPens

This spring and summer, Canadian pharmacists have been managing the ongoing shortage of EpiPen auto-injectors used by patients and caregivers to administer epinephrine during an anaphylactic shock.

In late July, after hearing about the impending shortage of adult EpiPens through the month of August, the BC Pharmacy Association reached out to the College of Pharmacists of BC about how community pharmacists could help manage the shortage of EpiPen adult auto-injectors.

"We knew our members were facing patients' concerns, so we worked to find out how pharmacists could manage supply in B.C. and use their scope," says Linda Gutenberg, BCPhA's Deputy CEO and Director of Pharmacy Practice Support.

The College confirmed that pharmacists could change new and existing prescriptions of EpiPens to ampoules of epinephrine that could be injected through a needle. EpiPens are Schedule II drugs, which do not require a prescription, while epinephrine is a Schedule I medication, which does.

"Most patients have a prescription for EpiPens because a doctor has required it," Gutenberg says. For individuals without prescriptions, they'll need to see a physician to obtain a prescription.

Pharmacists changing a prescription from an EpiPen format to the ampoule formulation can do so under product selection. Therefore, this does not qualify to be billed as an adaptation. Currently, pharmacists can dispense the 1 ml ampoule with appropriate counselling of the patient or caregiver on how to draw up the correct dose of 0.3 ml of epinephrine.

Pharmacists changing prescriptions due to the EpiPen shortage will need to also provide patients with counselling on how to use the ampoule and draw the correct dosage. Pharmacists are encouraged to provide patients or caregivers with retractable or safety needles. As with all sharps, pharmacists should also provide a sharps disposal container.

Gutenberg was interviewed by *The Vancouver Sun*, CBC Radio and appeared on CBC's *The National* to talk about ways that B.C. community pharmacists could help during the shortage. T

Safeway Pharmacy Manager Mark Robertson checks records at his Fort St. John pharmacy. Record keeping is just one component of the many responsibilities of a pharmacy manager.

Mandatory training for community pharmacy managers launches online

BY SHIRLEY WONG

Beginning this September, all community pharmacy managers in British Columbia will be required to complete the new B.C. Community Manager Training Program, designed to ensure pharmacy managers or pharmacists planning to become managers are equipped with the most up-to-date regulatory requirements.

The development of a community pharmacy manager training program was approved by the College of Pharmacists of BC in June 2017, based on a 2016 report from the College's Inquiry Committee that demonstrated clear gaps and deficiencies between what was required at the community pharmacy level and what was actually delivered. The training tools were to be developed for the purpose of public protection and to be made mandatory by mid-2018.

"We want to make sure that we cover all aspects of the roles and responsibilities of a pharmacy manager," says David Pavan, deputy registrar of the College. "A training program will assist them in better understanding their role. It'll benefit them in decreasing the number of complaints we receive in regard to pharmacies across the province."

On June 15, 2018, the College approved Professional Practice Policy-69 (PPP-69) *Community Pharmacy Manager Education* that requires all B.C. pharmacy managers to undertake mandatory training of their duties and obligations so that they understand all responsibilities of what the role involves.

The College approached the BC Pharmacy Association to develop a new training program for community pharmacy managers that would help guide pharmacy managers in their role. It is accredited for a total of four Continuing Education Units from the Canadian Council on Continuing Education in Pharmacy (CCCEP). The program, a self-paced, three-part course, includes the following:

Part 1 reviews the College's legislative requirements as it pertains to the community pharmacy manager's role.

Part 2 describes general fiduciary responsibilities and management skills.

Part 3 discusses general workplace rights and B.C. employment standards.

HERE ARE SOME ANSWERS TO THE MOST COMMONLY ASKED QUESTIONS:

Who should take this program?

This program is for pharmacists who are managers of community pharmacies and for those pharmacists wishing to become a pharmacy manager. Even if you are not a pharmacy manager, and are interested in the role, you can still take this course.

Why should pharmacy managers take this program?

The College of Pharmacists of BC has released a new PPP-69 which mandates that all pharmacy managers must undergo this training. As per PPP-69, "Pharmacy managers have distinct and extensive responsibilities that are beyond those of general registrants. All pharmacy managers have a responsibility to educate themselves with respect to their obligations under PODSA and the PODSA bylaws."

When will the program be available and when does it need to be completed?

The program was recently launched in July 2018. Under PPP-69, the program is mandatory as of Sept. 1, 2018. Existing pharmacy managers will have until Sept. 1, 2019, to complete the course. For new pharmacy managers, they will have up to one year to complete the course upon appointment.

Is there an assessment and what is the pass mark?

After reviewing the program, you must complete an assessment. The assessment is comprised of 40 questions. A pass mark of 75% (30/40 correct answers) must be achieved for successful completion. After passing, you will receive a statement of completion. The program can be counted towards your yearly professional development learning requirements.

How often do I need to take the online training program?

Every community pharmacy manager must complete the training program every three years from the date of initial completion. With the pharmacy profession continuously evolving, updates or changes to bylaws and policies may be required. This training program will be continuously updated and aligned with the College amendments and new frameworks. To ensure pharmacy managers are kept up-to-date with these ongoing changes, pharmacy managers, whether existing or new, will be required to review this program every three years.

How can I access the online training program?

The B.C. Community Pharmacy Manager Training Program can be accessed at t.bcpha.ca/pmtraining. The program costs $135 plus GST.

After completion, do I still have access to the training program?

Yes, you will be able to access the training program at any time with your login details for up to one year after purchase.

How will the College know I have completed the online training program?

After successfully completing the program and assessment, you are required to self-declare by updating your account on the College of Pharmacists of BC's eServices account by checking the attestation box, available on Sept. 1, 2018. (Those who complete the course prior to this date can submit their attestation on or after Sept. 1, 2018.)

Who do I call if I have any questions about relevant legislation and resources?

Contact the College of Pharmacists of BC at (604) 733-2440 (1-800-663-1940) or email legislation@bcpharmacists.org regarding legislation or prp@bcpharmacists.org regarding practice support queries or visit bcpharmacists.org for more information.

Where can I find more information about the training program?

For further information or inquiries, you can go visit t.bcpha.ca/pmtraining or contact Pharmacy Practice Support at (604) 269-2880. T

Make Your Voice Heard

Join the BC Pharmacy Association's MLA Outreach Program to advocate for community pharmacy in B.C. **BY ANGIE GADDY + ILLUSTRATIONS BY ALLAN WIEBE**

Some may argue that if there were ever a profession most impacted by government decisions, it would be pharmacy. From federal regulations and decisions to provincial laws, private and public payers and College regulations, community pharmacists have a myriad of issues to keep abreast of.

And while governments and payers look for ways to deliver better patient care and try to stem the rising costs of health care, community pharmacists face challenging – but exciting – times if they become advocates for their profession and patients.

This summer the BC Pharmacy Association relaunched the MLA Outreach Program for members. The grassroots advocacy program provides training, education, support and resources to members who want to make outreach to political decision makers, especially their representatives at the legislature.

"We went to pharmacy school to learn about patient care and to become experts on medication," says Linda Gutenberg, a former program member who now serves as the Association's Deputy CEO and Director of Pharmacy Practice Support. "Only when we got out and started practicing and running the business did we learn how important it was to let government officials know how their decisions were impacting not only us, but patients."

The Association began its MLA Outreach Program in 2012 at the time when the B.C. government planned to terminate the Pharmacy Services Agreement. A lack of a formal agreement between community pharmacies and the government payer left uncertainty for pharmacists. Members across the province joined to meet with their local MLAs to explain the impact the decision would have on pharmacy. And while the agreement was eventually cancelled, members' feedback showed that many in the public eye didn't understand the workings of pharmacy.

"Pharmacists have the power to educate members of the Legislature about health care in their local communities," says Geraldine Vance, CEO of the BC Pharmacy Association. "MLAs care about the needs of their constituents, and pharmacists interact daily with patients and the public. They see issues of access and continuity of care and can help decision makers understand issues important to the community."

Key to advocating to decision makers and stakeholders is understanding the problems the audience wants to solve.

Many new to advocacy think they can simply show up, present their demands to government and talk about what should be rightfully theirs, says Bill Tieleman, president of West Star Communications, a strategy and communications consulting firm.

"It's not about what government can do for you, it's about understanding what the pain points are for government and how you can help solve those problems," he says.

Pharmacists interested in getting involved in the advocacy program must understand that advocating is strategic. It's about convincing others to support your position and ultimately have them work with you.

One of the top issues the BCPhA members advocating is pharmacist-initiated therapy, also known as prescribing for minor ailments in other provinces. Pharmacist-initiated therapy, which allows pharmacists to prescribe for issues that patients can self-diagnose and


Rx

are limited, includes urinary tract infections, travel medicine, and smoking cessation, to name a few. With many British Columbians without a family doctor and those who do have one facing longer wait times for appointments, community pharmacists can meet the patient demand and free up physicians to handle more complex cases. All the while using the knowledge and skills they have gained through extensive education.

So what are the requirements of becoming an advocate with the MLA program?

1 **Become well-informed** As part of the program, you will understand how government works, the legislative process and the top advocacy issues for B.C. pharmacy. Stay up-to-date on pending legislation and regulations and what impacts these have on pharmacy. Be willing to ask for research and find information that helps support your position. Be informed of the arguments counter to your position. The BCPhA provides background research and updates to members on top advocacy issues.

2 **Understand your audience** The average person or MLA does not understand the complexities of pharmacy or the important role that pharmacists can play in the health-care system. They may have little to no contact with pharmacy, had excellent care from pharmacists or, worse, a bad experience. Find out their experiences and perceptions and fill in the knowledge gaps. Understand the most pressing issues facing decision makers and the performance measures they use to determine quality health care.

3 **Become an advocate for all of community pharmacy** While it's tempting to ask an MLA during a meeting for a specific issue that will help your pharmacy or business, be aware you are there on behalf of the BCPhA and you are serving as an advocate for the entire profession.

4 **Present solutions** Don't just identify a problem. Have a specific ask and a suggested solution.

5 **Don't be intimidated** Advocacy is about good communication and persuasion. Don't be intimidated by meeting your MLA. They are simply an average person who wants to make the province a better place.

If you'd like to learn more about the program and how to get involved go to bcpharmacy.ca/advocacy. T

Government 101

So you want to get involved in the MLA Outreach Program but don't remember the basics of government structure? Here's your primer on B.C. government. **BY ANDY SHEN**

Elections in B.C.

Every British Columbian in the province is represented by one of the 87 Members of Legislative Assembly (MLAs). The 87 MLAs form the legislative branch and will have to face election, typically once every four years but not more than five years.

MLAs are elected as a result of a provincial general election. Qualified voters in each electoral district will cast a ballot for their preferred candidate of choice. In B.C., we use the first-past-the-post system, which means that the candidate who receives the most votes will get elected in that electoral district.

The electoral districts are determined by a judicial commission after every second election to ensure similar population in each electoral district, known as redistribution. This ensures each MLA represents a similar amount of population in the province.

Most candidates will run under a political party. The political party that wins the most seats in the legislature will be given the opportunity to form government. In B.C., political parties with current seats in the legislature include the BC New Democratic Party, the BC Liberal Party and the BC Green Party.

To stay in government, the winning political party must have the confidence of the legislature. This is determined by whether the government can pass important bills, such as the budget. If an important bill goes to the floor for a vote and if the government cannot get enough votes to pass, then that means the government will have lost the confidence of the legislature.

If the government does not have the confidence of the house, then the lieutenant governor can turn to another party, which usually results in a coalition government, or call an election.

The executive branch

Once a political party has won the most seats in the provincial election, the leader of the political party, by convention, will become the new premier and chief officer of the executive branch, the arm of government that makes and implements decisions including policy and government spending.

The premier will put together a team of ministers to head different ministries, which is known as the cabinet. The minister repsonsible for implementing health policies and priorities is the Minister of Health, a position currently held by Adrian Dix.

In the Westminster system – the system that we use in B.C. – a minister is also an MLA. The premier, when putting together his or her cabinet, will choose from his or her team of elected MLAs. The individual is part of both the executive branch, in his or her role as minister, and the legislative branch, in his or her role as MLA. A minister will serve for as long as his or her government is still in power.

How do laws evolve?

A minister cannot create new laws. He or she does have the ability to create policy based on existing laws. If the minister finds that their policy conflicts with the law, then they will have to change the law before the department can implement the policy.

Any laws that are passed through the legislature started out as an idea. An MLA will take an idea and introduce it to the legislature in the form of a written document, known as a bill. After it is introduced to the house, the bill will proceed through stages of readings where members will debate on ideas and the text. The bill will also go through committees where they can call experts to testify to determine the impact, and make recommendations back to the legislature. After the bill has gone through three readings and is passed by the legislature, it will be sent over to the lieutenant governor, who is the Queen's representative in the province, for royal assent. Royal assent to a bill is the approval of the Crown to allow the bill to become law.

Opposition critics

Although the opposition party did not win enough seats to form government, they do have an essential task in the legislature. Their job is to keep the government accountable through Question Period, voice the concerns of their electoral district and to vote on legislation.

Some opposition MLAs are assigned a special focus, often mimicking the actual cabinet ministers. These special opposition MLAs form the shadow cabinet and those MLAs are most commonly known as critics. The Official Opposition Critic for Health is currently Norm Letnick, who serves as the MLA for Kelowna—Lake Country.

Legislative committees

Legislative committees are designed to mimic the composition of the legislature but on a smaller scale. They are appointed by the legislature to independently examine policy, provide the public with an opportunity to have direct input into the legislative process and to report back to the legislature with its findings.

Policies that impact health, including community pharmacy, are examined by the Select Standing Committee on Health, which currently includes nine members. T

Behind **Bars**

Prescribing inmates' pharmaceutical care

BY ANGIE GADDY +
PHOTOS BY VINCENT CHAN

For the past 25 years, Correctional Service Canada's Pacific Regional Pharmacy has been serving the pharmaceutical needs of offenders within the Pacific region's nine institutions. From medication reviews, health services collaboration and release planning, the pharmacy team ensures inmates are set up for success both while serving time and after being released into the community.

Pharmacist Felicia Yang never imagined she'd wind up behind bars.

But for the past year, she's found her passion helping inmates manage their medications from the Pacific Regional Pharmacy located within Correctional Service Canada's (CSC) Matsqui Complex in Abbotsford.

From helping patients understand their diabetes care to helping move medications over to community pharmacy when inmates are released, pharmacists play an integral role in the prison system's primary health-care team – a fact that many in the outside world might not be aware of, says Yang.

"The education piece is so important," Yang says. "Pharmacists are here to be resources. [Inmates] can be referred to us with any questions."

> *"This is the best I've ever seen in all the years. The pharmacists here go above and beyond. They have a mindset of compassion and care."*
>
> — B.C. inmate

Take the patient who was prescribed olanzapine, an anti-psychotic drug, which may be prescribed off-label to help with insomnia. The patient had already been diagnosed with diabetes and experienced significant weight gain. As olanzapine side effects consist of weight gain and increase in blood sugar levels, Yang alerted the prescribing doctor to the potentially dangerous conflict.

"The patients may not think about it, but direct interventions from pharmacists help," Yang says.

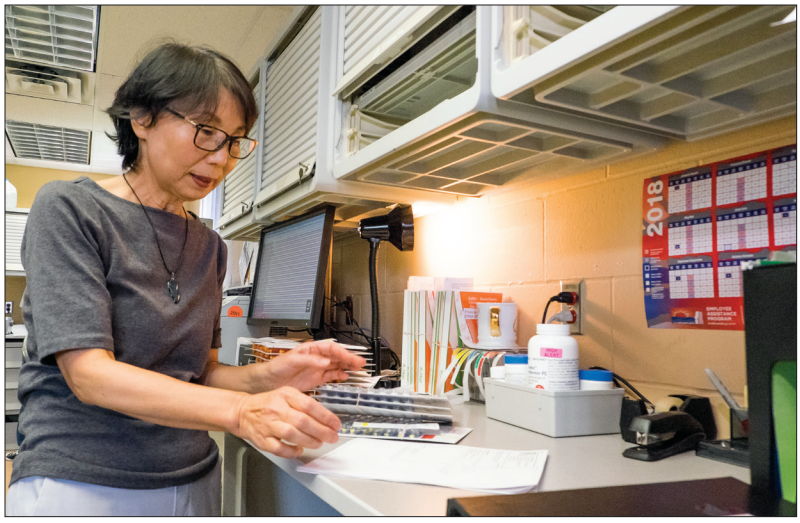
The Pacific Regional Pharmacy is one of five regional pharmacies within CSC, with the other four located in Saskatoon, Saskatchewan; Kingston, Ontario; Laval, Quebec; and Moncton, New Brunswick. Licensed as a hospital pharmacy, the Pacific Regional Pharmacy team provides medications and supplies to more than 2,200 inmates at nine institutions across B.C. The CSC regional pharmacy service began more than 25 years ago when there was a push to include pharmacists as essential members of the inmates' health-care team, says Regional Pharmacist Jason Wong. Before that, local community pharmacies would fill prescriptions for CSC inmates.

"It's a unique practice. Not many people think of it in terms of pharmacy," Wong says of the career option. "It's not easy work, but it's rewarding."

Many patients are often in poor health when entering prison, with many presenting the health impacts of addiction – from liver disease to opioid dependence – as well as transmissible diseases like Hepatitis C and HIV. Mental health medications and opioid substitution therapy are the top two classes of drugs dispensed. The team ensures all medications are provided in a safe manner, identifying potential drug interactions or inappropriate doses. Yang and her four pharmacist peers also conduct clinical activities, such as patient consultations through video conferencing, and set up education days for patients.

"I really think in this lifetime – at a minimum – you should do the best you can and help as many patients as you can. In our case, it's through medication and pharmacist-patient teaching," Wong says. "They deserve the same quality of care as any other patient in the community. They know

Opposite page: Pharmacist Felicia Yang (centre) consults with an inmate on his multiple medications as Regional Pharmacist Jason Wong (left) looks on.



The team at Correctional Service Canada's Pacific Regional Pharmacy provide services and medications for 2,200 inmates at nine institutions across B.C. Clockwise from top left: Pharmacist Miho Rew, Pharmacist John Evans and Pharmacy Assistant Melena Devlin.

we believe this and see us there to help them."

Known for its innovation, the Pacific Regional Pharmacy is the first to offer video consultations with pharmacists for patients in CSC facilities across B.C. The pharmacy has implemented talking labels on bottles and blister packs for visually impaired patients using radio-frequency ID (RFID) tags and text-to-speech software. A battery-operated base station reads the medication label and instructions out loud for patients with visual impairments. There are currently two inmates using this system, and they hope to be able to increase it and even expand to other languages.

"With the aging population, we will need this in the future," says Torey Swindells, a pharmacy technician. "It really helps with medication compliance."

BY THE NUMBERS

Fast facts on Pacific Regional Pharmacy

Number of staff members: **11**

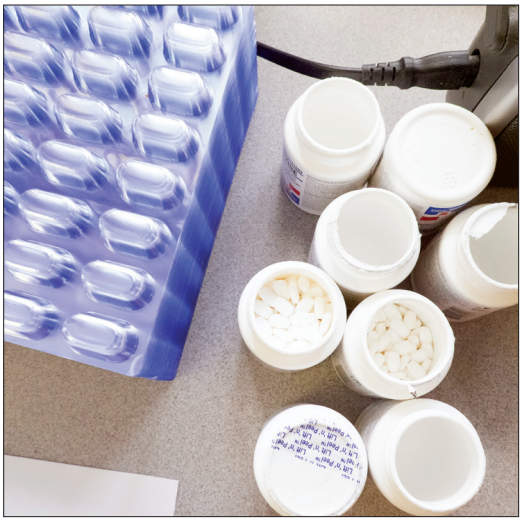
Years in existence: **25**

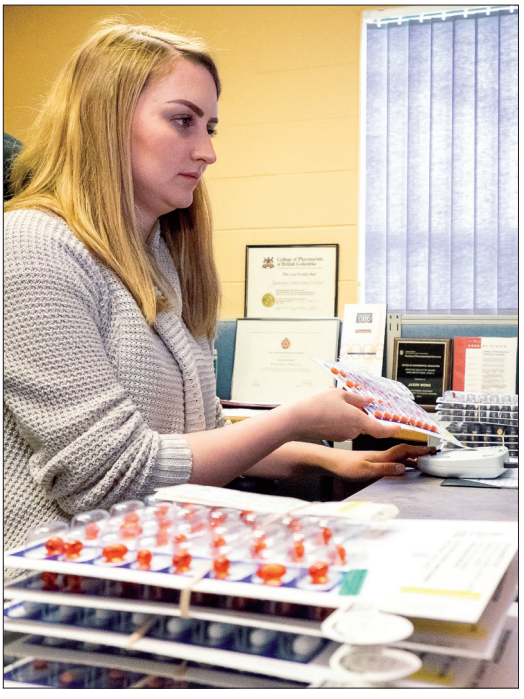
Number of facilities served: **9**

Number of inmates served: **More than 2,200**

The pharmacy has also introduced the release-planning model, which has nurses, physicians and pharmacists working together to make sure inmates being released into the community have access to the medications they need as part of continuation of care.

For Jaymie Kennedy, Chief Nurse of Health Services at the minimum-security William Head Institution in Victoria, the Pacific Regional Pharmacy staff are key members of the health-care team. William Head Institution has many offenders working towards their transition to the community. As they transition to employment some will need to access Fair PharmaCare, which plays an





important role in making sure the cost of medications is covered. As the CSC drug formulary may be different than B.C. PharmaCare's formulary, medication reviews are essential.

"The Regional Pharmacy is very valuable to our institution. The pharmacists will review the meds they are on and if they can't get it, they recommend switching meds," Kennedy says. "It gives the doctor here the time to get the meds changed and monitor their usage before they are released."

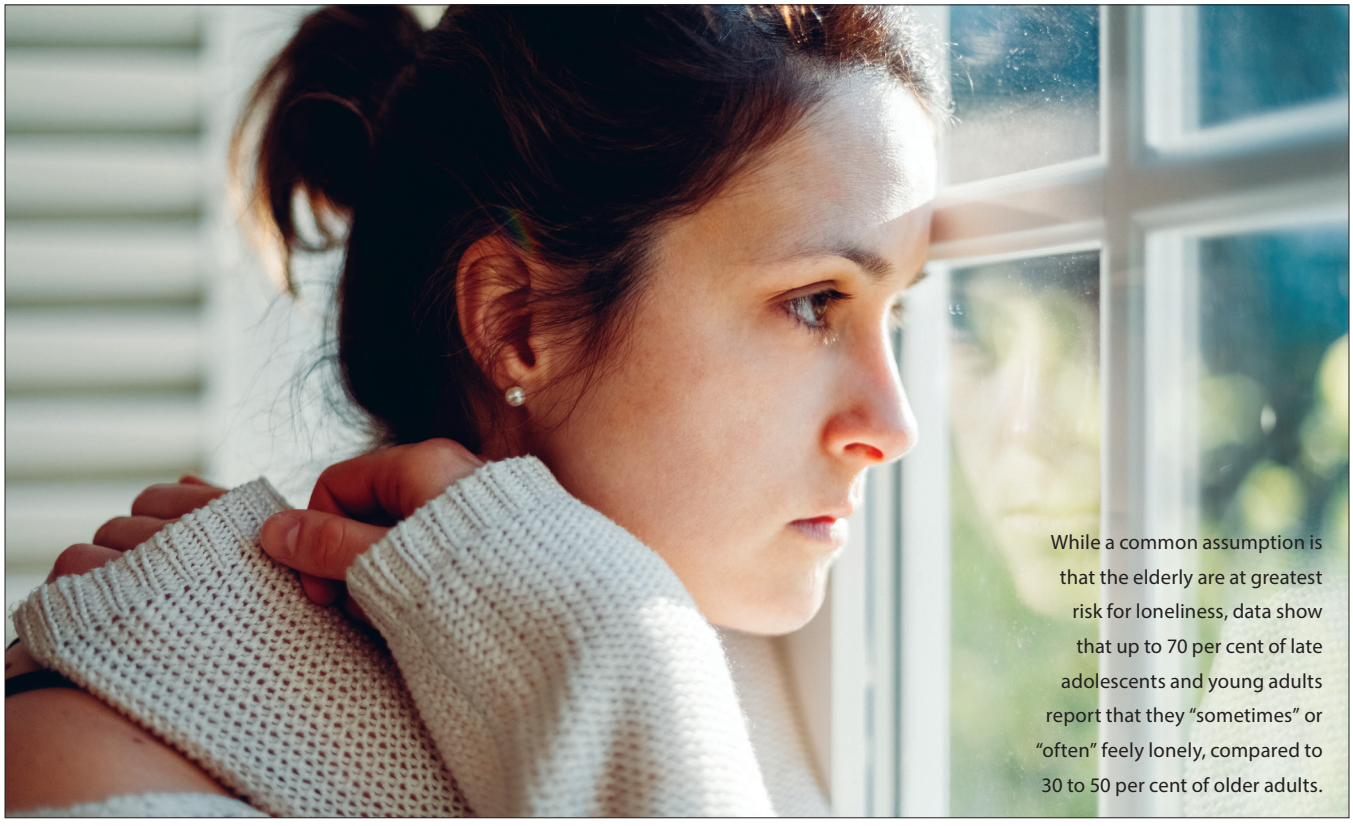
Pharmacists also do assessments for patients who are doing their own self-care. In the prison's canteen, inmates can buy over-the-counter Nonsteroidal Anti-inflammatory Drugs (NSAIDs) like ibuprofen. The pharmacy team makes sure that patients, who might already be on NSAIDs in their daily blister packs, aren't taking too many or duplicating their medications.

It's this kind of care that has helped improve life quality for a 63-year-old prisoner suffering from lung capacity and mobility issues. He is on multiple medications for pain, high blood pressure, opioid substitution (methadone), insomnia, respiratory and mental health conditions. Yang visits him regularly to check on his medication adherence, side effects and to answer any questions he has about his medication.

She set up medication charts for him to follow making sure he remembers the times of day and the amounts of each medication.

In and out of the prison system since he was 17, he says the treatment and care he receives now is like no other he has experienced. "This is the best I've ever seen in all the years," he says. "The pharmacists here go above and beyond. They have a mindset of compassion and care." T

Clockwise from top right: Pharmacy Technician Long Nguyen, Pharmacy Technician Torey Swindells and Pharmacy Assistant Lorena Matthiesen.



While a common assumption is that the elderly are at greatest risk for loneliness, data show that up to 70 per cent of late adolescents and young adults report that they "sometimes" or "often" feely lonely, compared to 30 to 50 per cent of older adults.

SOCIAL ISOLATION AND LONELINESS

A look at pharmacy's role in this public health dilemma

The creation of the Minister of Loneliness in the United Kingdom highlights the growing concern over social isolation and loneliness as a public health problem, with associations to increased mortality, cardiovascular disease and poorer mental health. *The Tablet* explores what role pharmacy plays in tackling this phenomenon. **BY RAYMOND LI**

REVIEWED BY C. LAIRD BIRMINGHAM, MD, MHSC, FRCPC

Social isolation is an objective lack of social contact with others, marked by having few social network ties and infrequent social contact. Loneliness is subjective. It is the perception of social isolation, or the "dissatisfaction with the discrepancy between desired and actual social relationships." Feeling lonely can happen even in the presence of others; conversely being alone does not always mean feeling lonely.

Contributing factors are varied and complex. Living alone, family breakdown, geographic mobility, loss of connection within communities and lack of time are possible factors. The role of technology is controversial – it can facilitate connections across divides, but such connections do not take the place of real human contact.

Who is affected?

A common assumption is that the elderly are at greatest risk for social isolation and loneliness. However, isolation and loneliness can affect people at any stage of life, and data show that the prevalence and intensity of loneliness is

highest in young adults with up to 70 per cent of late adolescents and young adults reporting that they "sometimes" or "often" feel lonely, compared to 30 to 50 per cent of older adults. Adults running single parent households, informal caregivers, unemployed, new immigrants and other marginalized groups are at greater risk; as are people with psychiatric illness, conditions that limit their mobility or ability to communicate, multiple chronic conditions and those with polypharmacy.

Health effects of social isolation and loneliness

Loneliness can be thought of as an adaptive signal like hunger or thirst in that it motivates one to alter behaviour to increase survival. For most people, loneliness is a transient experience with no lasting negative consequences. However, prolonged isolation and loneliness can have negative health effects (see sidebar) both direct and indirect. Associated neural and neuroendocrine responses include altered higher-order cognitive processes (attention, memory, logical reasoning), increased sympathetic tone, altered sleep and reduced sleep quality, altered cortisol secretion patterns and impaired cellular and humoral immunity. Behavioural responses include increased vigilance for social threats with increased anxiety, hostility and social withdrawal; increased negativity and decreased impulse control.

Studies also suggest that social isolation and loneliness may be associated with poorer developmental and educational outcomes in children, and an increased risk of substance and prescription drug abuse in the elderly.

Interventions

Reversing the current trends will require government, community and individual action. Simply increasing social contact may not mitigate loneliness and exclusively altering perception does not mitigate risks associated with isolation. Socially isolated people may need more logistical support (e.g. transportation or deliveries), while lonely people may need more emotional support and many could use both. Most intervention programs are geared toward the elderly, but more work needs to be done for younger adults.

In terms of individual therapies for loneliness, the greatest effect has been reported with cognitive behavioural therapies (CBT). There is interest in pharmacological treatment with serotonin reuptake inhibitors, oxytocin and investigational agents like allopregnanolone, but further data are needed.

How can the pharmacy team have an impact?

The literature on how the pharmacy team can make an impact on social isolation and loneliness is sparse, and is mainly focused on the elderly. However, some evidence shows that medication reviews reduce polypharmacy, improve quality of life and reduce ratings of loneliness among socially isolated elderly. Direct interaction with a pharmacist during medication review, or including a questionnaire with prescription renewals, was found to be an effective way of identifying lonely elderly patients in need of assistance. Addressing health issues such as physical mobility problems or incontinence may help patients increase social connections. Anecdotally, deliveries from or trips to the pharmacy - like visits to the doctor's office – may be an important social connection for some patients, and the pharmacy team remains the most accessible health-care professionals.

Importantly, one of the first steps in addressing mental health issues is to talk about them. Being aware of patients who may be at risk for loneliness may help start a conversation that leads to further help.

References available upon request. T

NEGATIVE EFFECTS OF LONELINESS

Systematic reviews of the health effects of social isolation and loneliness have found adverse associations with:

- all cause mortality
- cardiovascular disease
- depression and anxiety
- impaired general health and well-being
- suicide
- dementia
- impaired physical activity
- impaired diet
- dementia
- increased tobacco use
- impaired sexual health behaviour
- reduced adherence to treatments

HELPING PATIENTS SEEK TREATMENT The provincial resource bc211.ca can help patients locate counselling services, outreach and peer support programs related to loneliness or isolation by postal code or community. Call 2-1-1 or (604) 875-6431 for individual service.

Pharmacist Soyun "Sunny" Park checks inventory behind the counter at a Richmond pharmacy. Her pharmacy manager is ultimately responsible for inventory management and has set proper procedures and ensured she and others are trained and follow them.

BEST PRACTICES FOR COMMUNITY PHARMACY MANAGERS

5 Helpful Tips on Inventory Management

BY ANN JOHNSTON

The BC Pharmacy Association, in partnership with the College of Pharmacists of BC, has developed a new training program for community pharmacy managers to ensure regulatory compliance, encourage best practices and offer overall guidance and support.

BCPhA manager ***Ann Johnston*** *shares some useful tips on inventory management for community pharmacy managers. Watch for further resources in future issues of* The Tablet *or read the full series at https://t.bcpha.ca/pmtraining*

Although inventory management is a primary technical responsibility, often performed by pharmacy technicians, pharmacy managers are ultimately responsible for all the functions in the role and must establish the proper procedures, and ensure pharmacy staff are aware, trained and follow the same procedures.

Under *Pharmacy Operations and Drug Scheduling Act* ("PODSA") bylaws section 24, the pharmacy manager is accountable for maintaining and enforcing policies and procedures to comply with all legislation, applicable to running a community pharmacy. PODSA bylaws section 18(2) outlines specific duties – this includes having proper documentation for handling all pharmacy services – such as having a process in place for inventory management from drug procurement and product selection to proper destruction of unusable drugs and devices.

Let's take a look at what inventory management may involve, as per College requirements.

1 Selecting your products

A pharmacy manager must ensure there is adequate stock in the dispensary area to provide full dispensing services within a licensed community pharmacy. When dispensing, consider interchangeability from brand to generic whenever possible. Does your staff know how to determine the interchangeability of drugs? Check out the College's drug interchangeability resource, which includes a flow chart to determine this process at bcpharmacists.org/drug-distribution. Are drugs near expiring? Rotate your stock and ensure you are not dispensing a quantity of drug that will not be used completely prior to the manufacturer's expiry date when used according to the directions of the label.

2 Receiving shipment of stock

While PODSA by-laws state that orders from drug wholesalers containing Schedule I, II and III drugs may be received without a pharmacist, they must be kept secure and remain unopened. With shipments containing narcotic and controlled drug substances, a pharmacy manager must ensure that the receipts (invoices) are signed and dated by a full pharmacist after reviewing for accuracy against the order invoice and returned to wholesaler within five working days.

3 Tracking your inventory

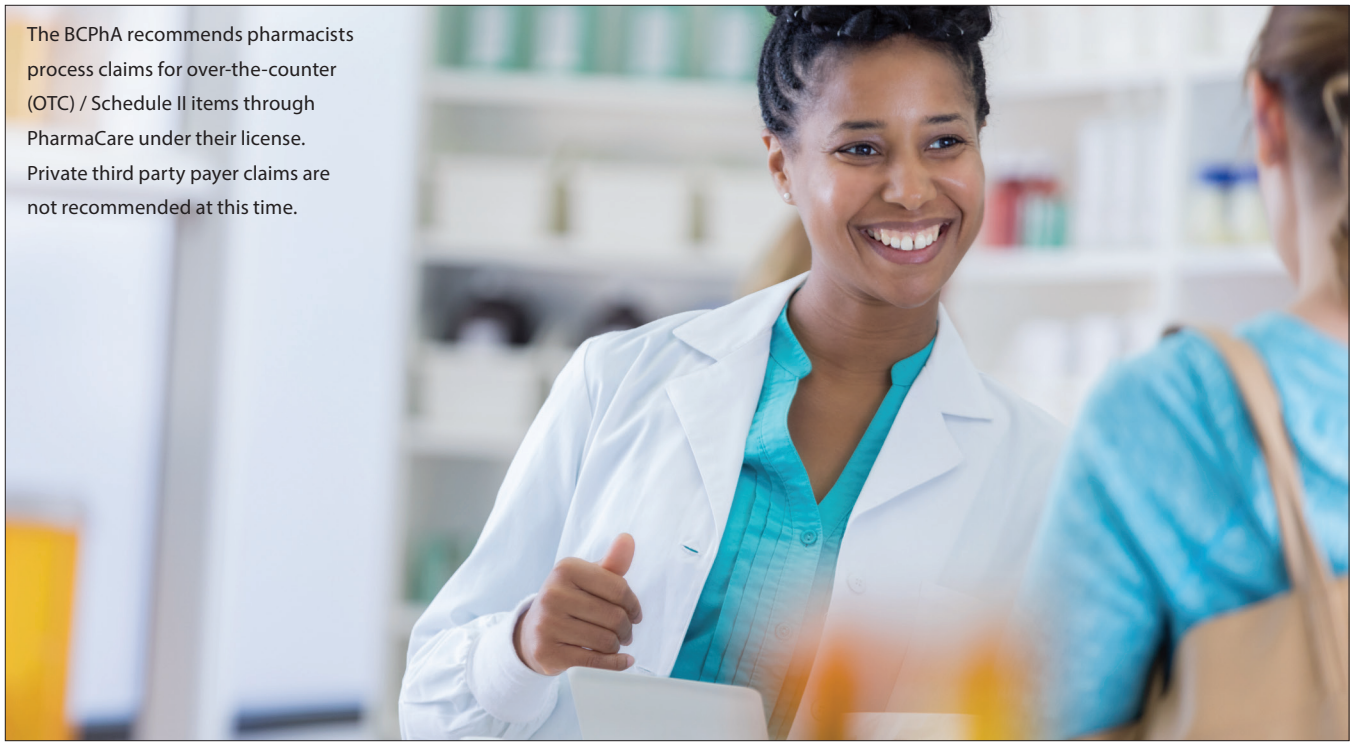
It's good practice to do inventory reconciliation periodically, ensuring inventory reports are verified against actual inventory and to investigate any discrepancies. For narcotic inventory tracking, ensure you practice as per the College's Pharmacy Practice Policy (PPP)-65 *Narcotic Counts and Reconciliations*, which outlines four components: perpetual inventory, physical inventory counts, reconciliation and documentation requirements. As a pharmacy manager, you must verify each component and date and sign off after each completion.

4 Returning your stock to inventory

For patient returns (prescription drugs, OTCs, oral natural health products) from non-residential homes, do NOT put them back on the shelves for re-dispensing! You can dispose patient returns through the B.C. Medications Return Program. Previously dispensed drugs from residential homes must not be returned to stock and re-dispensed unless they have been returned to the pharmacy in a single-drug, sealed dosage unit, or container as originally dispensed, with the labeling intact (with lot number and expiry date) and the integrity of the product can be verified. If a dispensed item has not been picked up by a patient or patient representative from your pharmacy within 30 days, you can put it back into stock but you must reverse this on PharmaNet. You can remove or blackout the patient details and put it back on the shelf, but a policy must be in place to determine the appropriate time-frame to re-dispense if the lot and expiry date are not known. While you can also reverse any "balance owed" medications on PharmaNet within 90 days, be aware of the policies in place. A revision on PharmaNet may be required in this instance for payment agencies.

5 Disposing expired and unusable stock

A pharmacy manager must establish procedures for proper destruction of unusable drugs and devices. For non-patient returns, don't just throw them in the bins belonging to the B.C. Medications Return Program – this is for patients' returned stock only. Instead, clearly identify the expired or unusable stock and store them in a separate area of the pharmacy or a secure storage area until final disposal. Either return them to the wholesaler/manufacturers or safely destroy them through a secure disposal service provider. Narcotics may be destroyed on-site – ensure you document and record the destruction information as per PPP-47 *Operational Procedures for Complying with Benzodiazepines and Other Targeted Substances Regulations*. The method of destruction must render the product unusable and must be witnessed by another health-care professional. T



The BCPhA recommends pharmacists process claims for over-the-counter (OTC) / Schedule II items through PharmaCare under their license. Private third party payer claims are not recommended at this time.

Ask the Experts

Q Can pharmacists process claims for over-the-counter (OTC) / Schedule II items under a pharmacist's license without the need for a prescription?

A

Under the *Pharmacy Operations and Drug Scheduling Act's Drug Schedules Regulation*, a Schedule II item is defined as "…drugs which may be sold by a pharmacist on a non-prescription basis and which must be retained within the Professional Service Area of the pharmacy where there is no public access and no opportunity for patient self-selection."

While a Schedule II item does not require a prescription by definition, this does not necessarily mean that an electronic claim for a Schedule II item will be accepted by all payers, as some payers will have their own policies which must be adhered to.

Our general guidance is that for claims through PharmaCare, pharmacists may process claims under their own license for Schedule II drugs. For private third party payer claims, it is not recommended at this time.

The Public Payer

The procedure for processing non-prescription items through PharmaCare is detailed in the PharmaCare policy manual section 3.7. This section spells out PharmaCare's policy and acceptance of claims for OTC items under a pharmacist's license.

Using Practitioner IDs for non-prescription items

- When submitting claims for non-prescription products, pharmacists may enter their Pharmacist ID in place of the Practitioner ID. If a pharmacist elects to use the Practitioner's ID, the pharmacist must obtain authorization from the practitioner to dispense the item.
- Pharmacists may also need to use their Pharmacist ID in place of a Practitioner ID under other circumstances. For instance, the Pharmacist's ID would be used for:
  - Claiming non-prescription items eligible for PharmaCare coverage

Private Payers

Each payer will have their own specific policies around claim submission, though not all of them refer to requirements for Schedule II item claims. For claims through third party payers, our interpretation is that the validity of the claim is contingent on it being based on a prescription from an authorized prescriber, as seen in the excerpts below taken from the TELUS Health and Pacific Blue Cross pharmacy manuals:

TELUS Health Pharmacy Manual (2018) (pg. 19)

Authorization for prescriptions: TELUS Health requires an autho-

rized prescription for claims submitted electronically. This includes both prescription items and over the counter ("OTC") items. An authorized prescriber can order a prescription. TELUS Health considers authorized prescribers to be as follows: physician, surgeon, dentist or other healthcare professional prescriber* in good standing with their governing body. Any provincial restrictions placed on prescribing practices are followed by TELUS Health (e.g. a specific list of drugs that a practitioner can prescribe from).

*where provincial laws permit these persons to prescribe.

Pacific Blue Cross – Pharmacy Reference Guide (Jan.2018) (pg.17)

Pacific Blue Cross will accept pharmacist authorized prescriptions for test strips and other non-prescription requiring diabetes supplies, as long as the prescription authorization is within the scope of practice for the pharmacist. Both excerpts above will accept claims under a pharmacist license if provincial laws permit pharmacists to prescribe.

Under section 1 of the *Pharmacy Operations and Drug Scheduling Act* (PODSA):
"prescription" means an authorization from a practitioner to dispense a specified drug or device for use by a designated individual or animal;
"practitioner" means a person
(a) Who is authorized to practice medicine, dentistry, podiatry or veterinary medicine, or
(b) Who is
(i) In a class of persons prescribed by the minister for the purpose of this definition.

This is further clarified under section 2 of the PODSA *Pharmacy Operations General Regulation*:

The following classes of persons are prescribed for the purposes of paragraph (b) (i) of the definition of "practitioner" in section 1 of the Act:
(a) Midwives;
(b) Nurses practicing nursing as nurse practitioners, registered nurses or registered psychiatric nurses;
(c) Optometrists;
(d) Pharmacists, but only for the purpose of prescribing the following drugs for emergency contraception:
(i) Ethinyl estradiol
(ii) Norgestrel;
(iii) Progestin;
(e) Naturopathic physicians

Since pharmacists are only considered practitioners under a very narrow and specific set of circumstances, out of an abundance of caution our recommendation is not to submit electronic claims to private payers under a pharmacist's license at this time.

Got a question you want answered in print? Let us know at editor@bcpharmacy.ca.

MLA Shane Simpson (Vancouver-Hastings) received his influenza vaccine from Pharmacist Anoop Khurana during the 2015 flu season. B.C. pharmacists have a role to play in immunizations beyond the flu.

IMMUNIZATION RECOMMENDATIONS

Making valued contributions to patient immunization protection

BY CAM BONELL

In 2002, my wife, son and I were put on a 'Black List.' My wife, who was 38 weeks pregnant, and my three-year-old son both had upper respiratory infection symptoms, with my son's nasal swab confirmed to be pertussis (despite having his immunizations up-to-date). We were all placed on antibiotics and planned for a delivery in isolation at the maternity ward, should my wife go into labour before completing the antibiotics. While, fortunately, my daughter was born three weeks later, antibiotics were finished and respiratory symptoms had resolved, this whole scenario might play out differently today.

In March 2018, Health Canada's National Advisory Committee on Immunization (NACI) issued an update to recommend that immunization with the tetanus, diphtheria and acellular pertussis (Tdap) vaccine be offered to all pregnant women, ideally between 27 and 32 weeks of gestation, but also that it may be considered from 13 weeks up to the time of delivery in some situations.

Immunization recommendations are always evolving; the use of Tdap in pregnancy is just one of the most recent examples. As newer vaccines come to market and as studies explore new indications for existing vaccines, it is important to stay current and know where to access the most current information (see sidebar on page 27 for resources).

Pharmacists are well placed to play an important role in vaccine provision in British Columbia. This role includes both providing immunizations and client education. Education can include answering immunization-related questions, screening for unmet immunization needs and providing counselling and follow-up that reinforces prescriber recommended immunizations. Together, these services put pharmacists on the front line for improving the rate and extent of immunization protection for adults in B.C.

While pharmacists have embraced their role in improving access for annual influenza immunizations, thinking beyond publicly funded influenza vaccines are a key component to ensuring pharmacists help meet

overall public health strategies. In addition, development of newer vaccines and changes in national and international recommendations have increased the number of Recommended but Unfunded Vaccines (RUVs) – a vaccine not part of the publicly funded program.

For example, NACI's current recommendation for adults over 65 years of age for individual immunity is that High Dose Trivalent Influenza vaccine (HDTIV) be offered over the standard dose trivalent product (TIV). This becomes especially important in those who have a high risk of influenza complications. Comparison of HDTIV vs. Quadrivalent Influenza Vaccine (QIV) cannot currently be made and there are no recommendations by NACI in this respect.

When considering immunization needs for a client you should ask yourself:

- What unmet immunization needs does this client have that may qualify for a publicly funded vaccine?
- Does this client fit into a category that may benefit from an immunization that is recommended but not currently funded by the public program?

Improved screening for both publicly funded and RUVs provides many opportunities for pharmacists to make valued contributions to patient immunization protection. Consider these screening opportunities:

- Medication reviews/reconciliation
- When clients present for other immunizations; an excellent opportunity is during influenza immunization season – include a question about other vaccines on the consent form (history for tetanus/diphtheria, pneumococcal and zoster immunizations are an ideal starting point)
- With changes in health status (new diagnoses, new medications, pregnancy) and milestone ages (50, 60 or 65) that may expand immunization indications.

While the cost of RUVs may present a barrier, many clients will have third-party insurance coverage that may assist with these costs. Keep in mind that third party payers often require a physician's prescription for coverage. Remember to always notify the client's physician for all immunizations provided. For clients under 19 years old receiving immunizations other than influenza, you can also notify your local health unit. You can also add a clinical note to PharmaNet so that vaccination information is viewable for longer than the standard 14 months. Follow-up is essential for tracking adverse events and for ensuring clients complete multi-dose vaccine schedules. T

POPULATIONS TO CONSIDER

- Age milestones - 50, 60, 65 years
- Clients on immunosuppressive therapies
- Clients new to B.C. or new to Canada
- College/University students
- Pregnant clients
- Travellers – extended travel, tropical travel, travel to the "meningitis belt" of Africa, pilgrims on the Hajj
- Newly diagnosed heart, lung, liver or kidney disease

VACCINES TO CONSIDER

- High Dose Influenza
- Hepatitis A
- Hepatitis B
- Combined Hepatitis A and B
- HPV
- Meningitis Quadrivalent (A,C,Y,W-135)
- Pneumococcal Conjugate – 13
- Tdap
- Zoster (either live attenuated or recombinant)

KEY RESOURCES FOR IMMUNIZATION NEWS

British Columbia Centre for Disease Control (BCCDC) Immunization Manual Part 4 provides a continually updated list of publicly funded vaccines.

Health Canada – National Advisory Committee on Immunization (NACI) NACI makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada.

Health Canada - Canadian Immunization Guide A comprehensive resource on immunizations, based on recommendations from expert advisory committees.

Health Canada – The Canada Communicable Disease Report Monthly (CCDR) An open-access, peer-reviewed journal on the prevention and control of emerging and persistent infectious diseases.

US Center for Disease Control – Advisory Committee on Immunization Practices (ACIP) A group of medical and public health experts that develop recommendations on the use of vaccines in the U.S.

US Center for Disease Control – Morbidity and Mortality Weekly (MMWR) A scientific publication of timely and useful public health information and recommendations.

Pharmasave pharmacist Nelli Jakac (right) speaks with patient Danuta Mossford about her myDNA results, a new clinical service Jakac offers in her Vancouver pharmacy.

COUNTING BILLS

Expert tips on generating new revenue streams for your pharmacy business

BY DEREK DESROSIERS, BSC(PHARM), RPH

Given the significant generic drug price deflation that pharmacy has seen in the past few years, and, in particular, the recent drop in prices on nearly 70 of the most commonly prescribed drugs in Canada by the pan-Canadian Pricing Alliance (pCPA), it is imperative that you strive to maximize other revenue streams in your pharmacy.

Millions of dollars are coming out of the bottom line of pharmacies right across Canada and independent pharmacies are likely to be hit the hardest. However, through some thoughtful business planning and clever marketing, there are a number of tactics you can employ to help mitigate the negative impact of these price deflations while adding further value to your business.

1 Find a niche product or service offering that fulfills a demand in your surrounding community. Make your pharmacy a destination for specific products and/or services that nearby competitors are not selling or offering by finding a niche and exploiting it. If you offer value, the public will reach into their wallets and pay you for your services and knowledge. You just have to be brave enough to ask.

2 Implement a vaccination program. This is not just flu shots. Ensure that pharmacy staff members are asking all clients about their vaccination history so that you can offer all types of vaccines to clients who are not up-to-date with their immunizations. For example, you can offer a range of vaccinations, such as tetanus, pneumococcal and basic travel vaccines like hepatitis A and B (and more if you have the training and are comfortable with it).

3 Offer all types of health coaching. Some private payers like Green Shield Canada (GSC) pay for this type of coaching. GSC pays for cardiovascular, diabetes and asthma health coaching for certain eligible clients. Training is available online through the BC Pharmacy Association's 24/7 eTraining portal (bcpharmacy.ca/etraining). And once you are trained, you can offer this health coaching as a fee-for-service offering to those clients who do not have private pay coverage for it. Many clients are willing to pay for such coaching if they see value in the service.

4 Provide the maximum allowable number of follow-ups when doing medication reviews. The follow-ups will help ensure clients follow the care plan developed for them and have better outcomes, while also increasing revenue opportunities for you. A standard ($60) or pharmacist

consultation ($70) medication review and four follow-ups ($15 each) can generate $120 to $130/year per client.

5 Maximize opportunities for prescription adaptations. Most pharmacists are doing adaptation work every day but may not be billing for it. Look at prescription renewals, changes of dose, formulation, or regimen of a new prescription or make an appropriate therapeutic substitution. These services generate between $10 and $17.20 per service.

6 Seek compensation wherever possible. A refusal to fill a prescription due to error caused by a lack of signature or date, for example, is the right thing to do for both your patient and yourself, from an audit perspective. However, remember to code the error when entering the refusal to fill, which generates a $20 fee.

7 Offer pharmacogenomic testing in your pharmacy. Many clients are willing to pay for this service out of pocket and others can claim it through their extended health plan. Margins are excellent for this service. A multi-panel test through myDNA generates a profit of about $100 for the pharmacy.

Before implementing any changes to your pharmacy, ensure to review all of the relevant regulatory requirements and consider developing an official business plan. Know where you want to take the business over the next three to five years. Have some specific plans for the type of pharmacy practice you want to have and who your ideal customer should be. Get professional assistance to write the business plan. Your banker will appreciate it! Then it is off to the races with your implementation of pharmacy services. While you cannot expect to replace all of the lost profession allowance revenue through service offerings, implementing new services and adding unique product lines will increase the likelihood that you can recover some of the lost value for your business. T

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MOVING DAY

On July 27, 2018, the BC Pharmacy Association found a new home – our fifth office location in the last 50 years. To better accommodate development of new training programs for members, we moved to a new floor of our same office building at Airport Square in Vancouver. *The Tablet* looks back at the BCPhA's previous addresses.

1968

The Dominion Building at 207 West Hastings was the BCPhA's first office location.

1979

The BCPhA moves its office from downtown Vancouver to the sixth floor of Airport Square at 1200 West 73rd Avenue.

1998

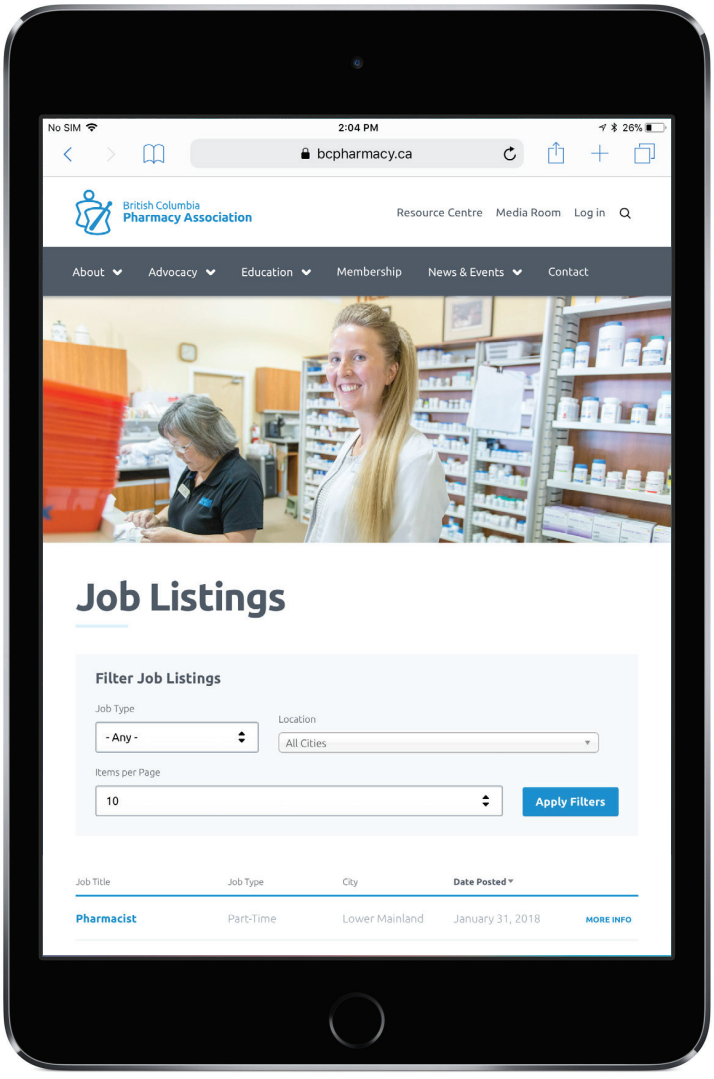
The BCPhA moves from West 73rd Avenue to Airport Executive Park on Shell Road in Richmond.

2002

The BCPhA office moves from Richmond back to Airport Square to the 15th floor in July 2002.

2018

The BCPhA office moves to the 4th floor of Airport Square.



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British Columbia's Premier Job Board for pharmacists

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- Opportunities from pharmacists to pharmacy managers.

For pharmacies:

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- Postings are advertised in the Practice Update.
- The postings are available to all pharmacist members and pharmacy technician insurance subscribers.

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British Columbia
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