

THE Tablet

SUMMER ADVOCATING FOR BRITISH COLUMBIA PHARMACY

2019's Top Pharmacists

Meet the leaders
shaking up pharmacy
in B.C. PAGE 12



British Columbia
Pharmacy Association
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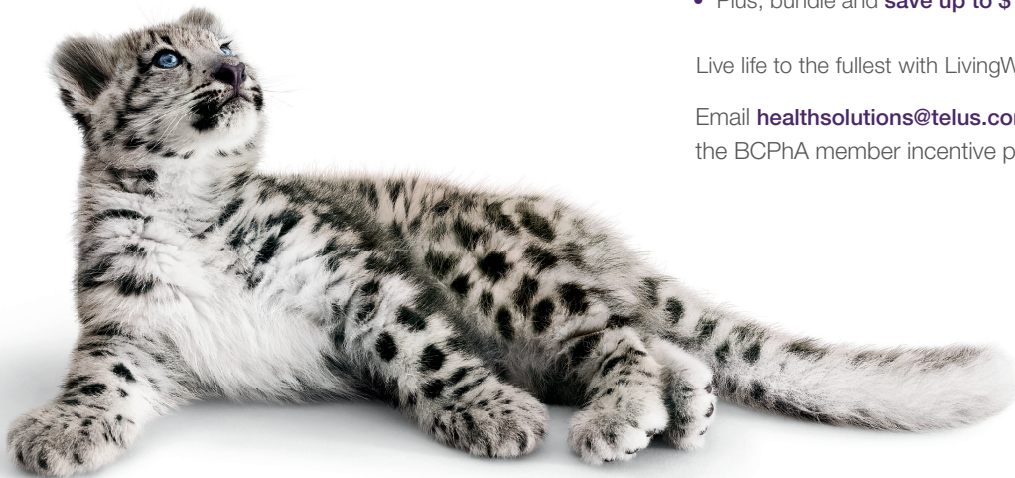
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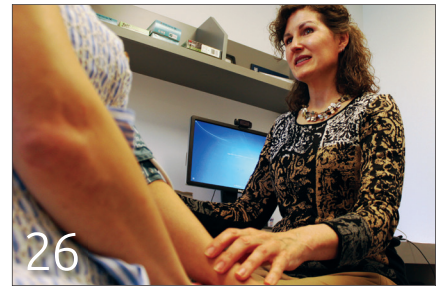
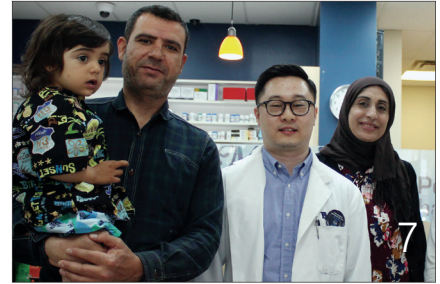
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ON THE COVER

Ten pharmacy leaders honoured in 2019 BC Pharmacy Association Excellence Awards.

PHOTO BY:
TIFFANY COOPER





Chris Waller

Showing our value as pharmacists

Pharmacy made national headlines recently with the announcement of the Ontario government's intention to permit Ontario pharmacists to prescribe for minor ailments. But, as is often the case in pharmacy, changes towards the better can come with compromises. While this is an exciting step forward for Ontario pharmacists, it also comes with changes to their funding model that will ultimately impact pharmacists.

What does this mean for B.C. pharmacists? We must continue to show our health-care colleagues, politicians, and most importantly, our patients, that we are here and we can do more. As a patient's most accessible provider of health care within the community, it is up to us to find opportunities to prove our inherent value as health-care providers by using our critical thinking skills and in-depth pharmaceutical knowledge.

We need to motivate our patients to lobby on our behalf. Tell our patients when we find an error with the written prescription that the doctor, dentist, naturopath, nurse practitioner has written and that we are here to ensure the best possible outcomes for our patients. We can correct the errors by adapting, when possible, and reaching out to the prescriber when necessary.

In addition, by practicing to our fullest scope, we can enhance our businesses through additional billable services. For example: ensure to perform medication reviews with your patients, consider prescription adaptations where appropriate, continue to offer and market your available vaccination services, and be diligent in your consideration of refusal to fill prescriptions, where you may be the last line of defense against opioid abuse.

While this proactive approach to pharmacy practice is evidenced in pharmacist-patient transactions every day across B.C., it is especially visible in the patient care provided by the winners of this year's BC Pharmacy Excellence Awards. I want to extend my heartfelt congratulations to all of the 2019 winners, who were honoured at the BCPhA Annual Conference in May. Their tireless commitment to providing exceptional, innovative and creative care for patients is inspirational. You can read more about our winners — seven pharmacists, two pharmacy students and one physician — in this issue of *The Tablet*, starting on page 12.

While the changes that we seek in our profession may take time, we have the opportunity to make a lasting impact every day. By being diligent, curious and effective health-care providers, we will continue to show our value as pharmacists. ■



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Publication agreement #40810576



Geraldine Vance

Time for creative solutions

This is a special year for community pharmacists in B.C. as the first graduates from the University of British Columbia's Entry-to-Practice (E2P) PharmD program take their places at pharmacy practice settings across B.C.

Like all pharmacists, the E2P grads are committed to patient care. And that care looks different depending on their area of practice. For many, they will join the majority of pharmacists who work in community pharmacies in cities both big and small. For others, they will join emerging opportunities to become a member of an integrated primary care team. And others will specialize in elder care, substance use disorder, diabetes or working with patients dealing with chronic pain.

But regardless of where each grad ends up, there is a common thread: Community pharmacists remain the most under-utilized health-care professional in the health-care team. Pharmacists are highly trained and highly skilled professionals who have strong and lasting relationships with their patients. They have much more to contribute to patients and the health-care system.

While there is a patchwork of "increased scope of practice" across Canada, what doesn't exist is a true integration of community pharmacy services that would enable faster access to patients when a doctor visit is not necessary. True integration of pharmacists into health-care teams would help address poly-pharmacy problems in seniors and the rising death toll due to opioid-related deaths.

So what's the problem? Many say using more pharmacist services would cost more money, when, in fact, all indicators point to lower costs. We need look no further than flu vaccines. The immunization fee — which was lower than that paid to physicians — has been the same since it was introduced in 2011. While fees have increased for physicians, fees for pharmacists haven't changed, meaning that for every flu shot administered by a pharmacist, there is cost savings. There is no sacrifice in the quality of care and accessibility has been greatly improved by having widespread immunization administered by pharmacists.

In part, the problem is old thinking. Despite access to sophisticated technology that enables tele-medicine to work effectively, government seems stuck on out-of-date, bricks and mortar solutions. The BC-PhA fully supports the creation of integrated health-care teams that include pharmacists. But there is no reason that should exclude virtual integration of the more than 1,300 community pharmacies across B.C. Surely, the time is long past for some creative approaches to primary care that enables pharmacists to make the contribution they are trained to make. **T**

The Tablet asks our contributors:

"What is one way individual pharmacists can stand out as exceptional health-care providers within their communities?"



Barbara Gobis

is director of the Pharmacists Clinic at UBC's Faculty of Pharmaceutical Sciences. "It all starts with mindset.

Pharmacists are clinical problem-solvers who optimize drug therapy and health outcomes for their patients. Everything a pharmacist does is anchored with this patient care mindset. Those pharmacists with a clear patient care mindset can't help but stand out in their communities!"



Dorothy Li is a pharmacist with the BC Drug and Poison Information Centre. "From my own experience as a patient, my pharmacists

have made an impression on me when they have gone the extra mile for me and showed extraordinary kindness."



Michael Mui is a former journalist and is currently a communications specialist at the BC Pharmacy Association. "The rela-

tionships pharmacists share with patients are among the strongest bonds that exist between patients and health-care providers. More people need to know this."

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.



In memoriam

Former pharmacy owner and past president of the BC Pharmacy Association (1970) **Blake Morrow** passed away on May 6, 2019, on his 88th birthday. Morrow graduated from the University of British Columbia's pharmacy program and moved to White Rock to become part owner of the Rexall Phar-

macy on Johnston Road, which was later renamed Morrow Falk Family Pharmacy.

In addition to his work with the Association, Morrow was also a Chairman of the Board of Directors for Peace Arch District Hospital. He is survived by his wife of nearly 50 years Geraldine Murray and their five children, 11 grandchildren and four great grandchildren.

Calling all potential Board members!

Members wanting to run for a Board seat for the newly established fiscal year, which now runs from Jan. 1 to Dec. 31, will have until Sept. 27 to submit their nomination to be listed on the fall ballot. The 2019 Board election will take place on Nov. 1, and for the first time will offer members the opportunity to vote electronically.

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PHOTO: MICHAEL MUI

New immigrant Thaer Alibrahim (left) and his family pose for a photo with pharmacy manager Kalvin Liu (centre) while visiting the pharmacy in July.

A welcome space for refugee patients

Situated in the bustling neighbourhood near Metrotown in central Burnaby, The Medicine Shoppe at 4277 Kingsway is home to a diverse clientele of patients, including an increasing number of patients who arrived in Canada as refugees. The area is a popular place to settle for those new to B.C.

"Many of our patients are coming from places with completely different medical systems and they, of course, speak various languages," says **Kalvin Liu**, pharmacy manager since 2017. "Adjusting to the fact that they not only communicate differently but also have different cultural expectations is key to successfully providing care to our patient population."

A 2015 graduate of the University of British Columbia's pharmacy program, Liu has pursued opportunities to work in various community settings with marginalized populations and patients from different ethnic backgrounds, including a year in the Downtown Eastside.

At The Medicine Shoppe, the number of patients with refugee status has increased over the past two years in part due to the influx of refugees from Syria and support from surrounding medical clinics. This has kept Liu busy, working hard to find solutions for this vulnerable population.

What first led you into pharmacy?

I have always had a passion for helping those less fortunate than myself, and pharmacy gave me the perfect platform by which I could do it. I wanted to be able to work with patients and allow them to understand that in pharmacy, we are not doing things to them; we are doing things with them.

What are your priorities as a pharmacy manager?

As a pharmacist, I do all the things the title implies. In addition to these tasks, I am in charge of evaluating the suitability of the medications for my patients, and whether or not there are better options for them. I also focus on deprescribing when I can to reduce the pill burden and the costs my patients have to pay. I am constantly assessing each patient that comes into my pharmacy for any potential underlying conditions to see if there are any unmet medical needs.

Checking their current medications is key to removing duplicate therapies they may have been prescribed in other provinces or countries prior to their journey to Vancouver. My job would involve trying to convert medication regimens my patients have been taking overseas into an equally efficacious medication regimen that we can readily supply them with here.

Optimizing drug therapies, especially for chronic conditions, is another large part of my day-to-day job. I see a large number of patients requiring help with their diabetes or psychiatric conditions such as depression, post-traumatic stress disorder or anxiety.

How does your pharmacy demonstrate collaborative care?

Our pharmacy tries to emulate the concept of team-based care by working in conjunction with other health professionals near our pharmacy. Our goal is to provide our medical expertise to one of the populations that could use it the most: refugee patients. Often doctors would walk over or phone us to chat about our mutual patients and we would formulate a care plan for the conditions being worked on. I believe collaborative prescribing is one area where pharmacists can demonstrate our expanded scope of practice, but we just need a proper framework in place.



PHOTO: MICHAEL MUI

Patient Thaaer Alibrahim (left) speaks with pharmacy manager Calvin Liu (right) for advice to deal with his son's seasonal allergies.

How is patient care different for refugee patients?

Our patients speak various languages and come from many cultural backgrounds. Respect for their diverse beliefs and how they want to be treated is key to providing care for them. This also extends to their religious beliefs and any limitations on things such as formulations that the patients are able to use.

For example, some patients are fleeing war zones or have gone through discrimination or abuse against their transgender identity. We try to create a relaxed, caring and non-judgmental environment for them to ensure their emotional wellbeing.

Communicating with them can be difficult, but we do our best to ensure that they understand the benefits and risks of their medications. I'd say about one in three new refugee patients come into our pharmacy not entirely understanding what their current medications are for and how they are supposed to be taking it. This means we do a large number of follow-ups on our patients to see how they're doing and to continue to educate them on their medications. Due to their language barrier, refugees are often lost in navigating our health-care system and may slip through the cracks. We help

them by proactively bridging the gap between their other health-care providers to bring the patient to the centre of the circle of care. Cost is often another huge concern for our patients, and we do our best to get as many of their medications covered as reasonably possible.

What have you learned from working with refugee patients that you have applied to your general practice?

I have learned to keep an open mind when it comes to patient care, and to appreciate the patient's situation relative to their health conditions and medications. I estimate that more than two-thirds of refugee patients face challenges with medication compliance, especially when you factor in cultural considerations such as Ramadan. For example, when interviewing a patient presenting with a prescription for strep throat, we discovered that he was experiencing hypoglycemia despite elevated fasting blood glucose and A1C due to taking multiple doses of antihyperglycemic medications together after iftar (the meal served after sunset during Ramadan). We contacted the prescriber and eventually changed their antibiotics and antihyperglycemics to once daily extended-release regimens. **1**

Association makes submission on health college reform in B.C.

BY MICHAEL MUI

The British Columbia Pharmacy Association has made an official submission to the B.C. government in anticipation of the Ministry of Health's efforts to modernize the province's health profession regulatory framework.

Earlier this year, the provincial government established a steering committee in response to recommendations made by Harry Cayton of the United Kingdom's Professional Standards Authority. Cayton had been tasked by Adrian Dix, the B.C. minister of health, to initiate an inquiry into the College of Dental Surgeons of British Columbia, and secondly,

to examine and propose solutions to modernize the *Health Professions Act*. Cayton's recommendations were critical of the current regime of self-regulation in health professions,

and called for "structural reform" through new legislation.

The Association's submission asks government to approach this reform with these concepts in mind: first establish terms of reference, identify the principles behind the reform, prepare a gap assessment to identify shortfalls in the current legislation, and to ensure that the knowledge and expertise of health professionals are included in any planning of reform.

Cayton's report says the core of the problem faced by the current health regulatory regime is the

vagueness and breadth of each college's mandate.

The BCPhA believes that effective reform begins with defining the mandate of the colleges more specifically.

We support an approach to regulation based on the notion of "right-touch regulation," and believe that having a clear set of principles to guide any potential solutions will be more effective and long-lasting than an approach that is merely reactive to current circumstances.

If and when gaps in the existing legislation are identified, the Association is urging government, through our submission, to take a "whole-system approach" with an understanding that any change could potentially have wide-rang-

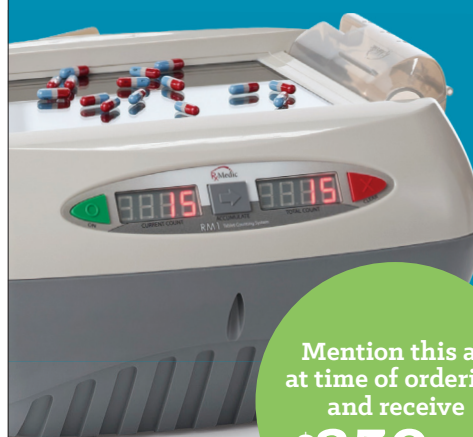
ing impacts across the health-care system in B.C.

There is merit for change, and there is broad agreement that the existing model of professional regulation is reaching the end of its life cycle. However, we believe health professionals can, and should, always have a direct role in their own regulation, and that self-regulation absolutely does not mean a compromise to patient safety. **T**

Read the full submission at bcpharmacy.ca/advocacy/submissions.

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Did you know: in 2016 the College of Pharmacists of B.C. changed the regulatory status of naloxone to unscheduled, meaning it can be sold anywhere without a prescription. However, while government funds the Take Home Naloxone (THN) kits, they do not pay pharmacists to dispense THN kits.

In 2009, B.C. was the first province to provide pharmacists the authority to administer subcutaneous, intra-dermal and intramuscular injections for immunizations. Since then, nearly every province has followed suit.

British Columbia

DISPENSING FEE

\$10

DISPENSING PUBLIC

THN KITS

No public funding

PRESCRIBING FOR

MINOR AILMENT

No

MEDICATION REVIEWS

Yes - \$60 to \$70 per review

IMMUNIZATION

Yes - \$10

Alberta

DISPENSING FEE

\$12.15

DISPENSING PUBLIC

THN KITS

\$12.15

PRESCRIBING FOR

MINOR AILMENT

Yes - any Schedule I

drug

MEDICATION REVIEWS

Yes - \$60 per review

IMMUNIZATION

Yes - \$13

Manitoba

DISPENSING FEE

Up to \$30

DISPENSING PUBLIC

THN KITS

No public funding

PRESCRIBING FOR

MINOR AILMENT

Yes - 12 ailments

MEDICATION REVIEWS

Not funded

IMMUNIZATION

Yes - \$7

Saskatchewan

DISPENSING FEE

\$11.60

DISPENSING PUBLIC

THN KITS

No public funding

PRESCRIBING FOR

MINOR AILMENT

Yes - 20 ailments

MEDICATION REVIEWS

Yes - \$60 per review

IMMUNIZATION

Yes - \$13

British Columbia was set to have its dispensing fee raised to \$10.50 in 2012 as part of an agreement with the provincial government. The previous agreement was torn up and replaced by government directives following the passage of Bill 35. The planned dispensing fee increase of \$10.50 was cancelled.

Pharmacy in Canada

A quick look at pharmacy funding across the country* BY MICHAEL MUI

Without exception, pharmacy across Canada is currently in an era of funding cuts, where any new source of revenue is likely to be offset by reductions. Provincial governments across the country are looking at the drug budget line as one that can easily be cut to find savings.

B.C., once a leader in scope of practice for pharmacists, is now poised to become the only province without pharmacist-prescribing for minor ailments.

However, even though the pharmacists' scope of practice is quite limited in B.C., most Canadian provincial governments that authorize pharmacist-prescribing for

minor ailments do not pay for these services. The only provincial governments who pay pharmacists for this work are Alberta, Saskatchewan and Quebec.

Saskatchewan, the most positive province for pharmacy, in part due to the rural nature of its population and limited access to physicians, has also fallen into the habit of looking at the pharmacy sector to help save health-care dollars only through the lens of generic price reductions rather than using a solutions-based approach where funding and savings would not all come from the pharmacy services division.

And while an April 1, 2019 announcement heralded Saskatchewan pharmacists' ability to "prescribe" methadone and Suboxone as a big step, that authority is limited. Pharmacists' "prescribing" must be a continuation of treatment previously prescribed by specific doctors, and they can only continue treatment if the patient is currently a patient at their pharmacy. The patient also had to have been prescribed either medication between Jan. 1, 2019 or March 31, 2019. This temporary Subsection 56(1) class exemption expires on Sept. 30, 2019. There is hope that the timeframe will be lifted. **T**

With Ontario's intention to expand the pharmacists' scope of practice, B.C. will become the only province that has yet to permit pharmacists to prescribe for minor ailments. A 2015 study conducted in Saskatchewan, where pharmacists are paid a minor ailment prescribing fee, found the most common minor ailments were cold sores, followed by insect bites and seasonal allergies.

Ontario

DISPENSING FEE
\$8.83-\$13.25

DISPENSING PUBLIC
THN KITS
\$10

PRESCRIBING FOR
MINOR AILMENT
Proposed

MEDICATION REVIEWS
Yes - \$60 to \$150 per
review

IMMUNIZATION
Yes - \$7.50

Quebec

DISPENSING FEE
\$8.63-\$9.64

DISPENSING PUBLIC
THN KITS
\$18.59

PRESCRIBING FOR
MINOR AILMENT
Yes - 12 ailments

MEDICATION REVIEWS
No

IMMUNIZATION
Proposed

Newfoundland and Labrador

DISPENSING FEE
\$11.96-\$50

DISPENSING PUBLIC
THN KITS
No public funding

PRESCRIBING FOR
MINOR AILMENT
Yes - 23 ailments

MEDICATION REVIEWS
Yes - \$52.50 per
review

IMMUNIZATION
Yes - no funding

Prince Edward Island

DISPENSING FEE
\$11.65

DISPENSING PUBLIC
THN KITS
No public funding

PRESCRIBING FOR
MINOR AILMENT
Yes - 10 ailments

MEDICATION REVIEWS
Yes - \$52 to \$65 per
review

IMMUNIZATION
Yes - \$12.36

New Brunswick

DISPENSING FEE
\$11

DISPENSING PUBLIC
THN KITS
No public funding

PRESCRIBING FOR
MINOR AILMENT
Yes - 32 ailments

MEDICATION REVIEWS
Yes - \$52.50 per
review

IMMUNIZATION
Yes - \$12

Nova Scotia

DISPENSING FEE
\$12.10

DISPENSING PUBLIC
THN KITS
\$25

PRESCRIBING FOR
MINOR AILMENT
Yes - 31 ailments

MEDICATION REVIEWS
Yes - \$52.50 to \$150
per review

IMMUNIZATION
Yes - \$12

*Our research was conducted by speaking to the heads of provincial pharmacy associations, or their designate, in telephone interviews or by email. Additional research was done using provided agreements, where available, recent presentations and public information from provincial health ministries.

Pharmacy Excellence

Each year, the BC Pharmacy Association Excellence Awards honours a group of outstanding individuals who are committed to enhancing pharmacy practice in B.C. through exceptional patient care. Attentive, creative and innovative, these award-winning individuals advocate for the role of pharmacy every day within their communities. Learn more about our 2019 winners at bcpharmacy.ca/awards.

BY ANGELA POON + PHOTOS BY TIFFANY COOPER

Mona Kwong

PHARMACY LEADERSHIP AWARD

TITLE Pharmacy Owner/Manager, Pharmacist, Pharmacy Advisor

WORKPLACE Howe Street Pharmasave, Infinity Medical Specialists Clinic, BC Centre for Substance Use

LOCATION Vancouver

Mona Kwong loves to learn.

From the time she was a toddler, living in a Cantonese-speaking home and learning English through watching *Sesame Street* and *Mister Rogers' Neighborhood*, Kwong has drawn on an aptitude and passion for expanding her knowledge and skillsets.

With a Bachelor of Science in Pharmacy and Master of Science in Pharmaceutical Sciences from the University of British Columbia and a Doctor of Pharmacy from the University of Florida, Kwong has peppered her pharmacy career with educational interludes.

Kwong is determined to share her wealth of knowledge with a wide breadth of interdisciplinary colleagues, pharmacy staff, students and, of course, patients, in an effort to drive pharmacy to reach its full capacity in caring for patients as part of the extended health-care team.

"I love to learn from others," she says. "I love stories and how we can come together as a group to share and learn from each other."

As an experienced instructor, mentor and preceptor, Kwong has shaped the minds and careers of many

pharmacy students, both as a former faculty member with the UBC's Faculty of Pharmaceutical Sciences and current clinical instructor and preceptor with the university's new PharmD program, as well as other Canadian and international universities' programs. She consistently mentors students and colleagues within her downtown Vancouver pharmacy, Howe Street Pharmasave, providing education of various disease states such as HIV, opioid use disorder and mental health, while addressing essential patient care elements such as stigma and cultural humility.

She believes in empowering her practicum students with unique opportunities. Every summer, she participates in UBC's Science 101, an adult education and science outreach program for those who have had difficulty accessing higher education. In addition to raising pharmacy's profile, students have the opportunity to gain further insight into teaching and community engagement.

Kwong works closely with the BC Pharmacy Association as a trainer for the new Opioid Agonist Treatment Compliance and Management Program, providing pharmacists across B.C. with thoughtful



and practical skills in caring for patients with opioid use disorder.

In fact, Kwong has been working directly with the BC Centre for Substance Use since 2016 as a pharmacy advisor, providing expert advice on clinical practice guidelines, research studies, training programs and educational outreach activities. In her role, she has championed not only pharmacy's role in providing critical services in light of B.C.'s overdose crisis but also B.C.'s community pharmacists. She offers advice and instruction regarding policy changes, new medications and potential drug shortages.

In addition to her roles as instructor, trainer and advisor, Kwong continues to practice pharmacy at her own downtown pharmacy as well as Infinity Medical Specialists Clinic, Vancouver's first collaborative medical specialists clinic. Working collaboratively with the interdisciplinary care team, Kwong provides education and support in the areas of diabetes and hypertension, offering weight management consultation, insulin training and hypertension management, while also optimizing drug coverage and medication management strategies.

As owner and manager at her pharmacy, Kwong's leadership style focuses on relationship building.

"It's so important to have a culture of openness and trust, so your team feels comfortable sharing ideas and coming to you with challenges. I encourage my team to always be looking for ways we can improve care," says Kwong. "This is also how we continue to grow and learn."

Since 2015, Kwong has served on the Board of the College of Pharmacists of BC. As former Board Chair and current District 1 Board member, she has drawn on her multifaceted pharmacy experience to help improve pharmacy care at a provincial scale. "It's a responsibility I take really seriously — reviewing patient safety risks, and helping make decisions on regulation that shapes pharmacy practice in B.C."

Kwong pursues her many different roles with one ultimate goal in my mind —improving the lives of patients through pharmacy care.

"We are the eyes and ears of the patient; we are the detectives," she says. "We can help patients navigate the pathway to better health. We're here and we're able to help."



Zahir Jiwa

MURRAY DYKEMAN MENTORSHIP AWARD

TITLE Associate-Owner and Pharmacy Manager

WORKPLACE Shoppers Drug Mart

LOCATION Vancouver

Zahir Jiwa wants to empower people.

Whether it's his two sons — both Yale graduates with successful careers in high finance — his pharmacy colleagues at Shoppers Drug Mart or second-year pharmacy students, Jiwa encourages his mentees to find their own voice.

"They come to you because they want an answer," says Jiwa. "So you go through the situation at hand and ask: What are the qualities of this decision? What are the shortfalls? What are the consequences? You give them your answer, but then you have to put the onus back on them to make their own decision. I coach them to take ownership."

A pharmacist with a vibrant, entrepreneurial spirit and strong work ethic, Jiwa has had a flourishing 40-plus-year career with Shoppers, since earning his

first associate-ownership with the company's Kingsgate Mall location in 1984. He was the first pharmacist in B.C. to own two stores when he took over a Shoppers on Robson Street in 1988 — fittingly owned by his award's namesake, Murray Dykeman. Since then, he has owned multiple stores in East Vancouver, Burnaby and Richmond until 2006, when he returned his focus to his original location.

A fixture in the Mount Pleasant neighbourhood, Jiwa has been a backbone to the community — "I know every merchant, every doctor, every customer, every staff member" — as well as a robust network of pharmacy peers.

Jiwa has served twice as a Shoppers Drug Mart BC Peers Chair — an elected position that reflects the interests of British Columbia's associate-owners to Shoppers Drug Mart's central office. Acting as a liaison within the "close-knit" associate community, Jiwa has been called upon to coach colleagues and facilitate relationships. Jiwa regularly shares feedback and insight into the representative role with current chairs, who call to ask for recommendations and advice.

As a respected and trusted pharmacist in his peer network, Jiwa has spearheaded a joint fundraising effort on behalf of Shoppers Drug Mart's Growing Women's Health Campaign. He chose the BC Women's Hospital + Health Centre Foundation. Initially starting with a group of eight associates, 10 years later Jiwa has led a team of 26 associates to fundraise \$63,000 for the women's health foundation in 2018.

Money raised has contributed to the hospital's neonatal intensive care unit (NICU), as well as towards research on cervical cancer. In fact, an initial investment of \$25,000 from Jiwa's fundraising campaign has allowed local researchers to earn further government grants, resulting in \$1 million in essential funding for women's health research.

"This has a domino effect," he says of the joint effort. "I have other regions phoning me for ideas and I encourage them to find a cause that is essential to their own community."

Since early on, Jiwa has been a preceptor for pharmacy students at the University of British Columbia, working annually with three second-year students for four weeks each. Many of the students he has worked with over the years have stayed in touch, and check in with him on issues pertaining to pharmacy, business and HR.

Overall, Jiwa says he shapes his mentorship on two key qualities: be respectable and be approachable. While young associates seek Jiwa's advice due to his well-known success, it's his willingness to help in any situation that leaves a lasting impression.

Andrea Silver

PATIENT CARE AWARD

TITLE Pharmacy Manager

WORKPLACE Heart Pharmacy IDA

LOCATION Victoria

Andrea Silver was determined to not be a pharmacist.

While growing up in Ottawa, her father was an esteemed community pharmacist, beloved by patients and an active member of the Canadian Pharmacists Association.

Seeking a career path of her own, Silver pursued research. But it didn't take long for pharmacy to creep back into her life.

"It's one of those things that is a calling," she says. "I realized that pharmacy was right in front of me the whole time."

Still looking to forge her own path, she headed west to study pharmacy at the University of British Columbia (UBC) before settling in her adopted hometown of Victoria in 2016.

Silver is passionate about pushing the scope of practice in pharmacy, to make room for compassionate and progressive patient care. Immediately upon graduation, she enrolled in UBC's Community Pharmacy Residency, a one-year postgraduate immersive training program that involved 16 community placements in long-term care, a pain clinic, a dialysis unit and HIV outpatient care, among others.

The transformative experience set the bar high: "I witnessed patients' experiences at all points throughout the health journey. I can understand where the patient has been and where they're going."

Post-residency, Silver started at Victoria's Heart Pharmacy IDA, an independent pharmacy with a reputation for providing innovative patient care. As manager of the pharmacy's Shelbourne Plaza location, she has led the development of many clinical programs servicing Victoria's older population.

Silver developed and manages the Heart@Home program, which employs the local caregiver service, Comfort Keepers, to oversee medication adherence for up to a dozen of the pharmacy's daily dispensing program patients at a time, promoting a higher standard of living for elderly residents living at home.

"We started recognizing the impact of caregiver burnout," she recalls of the inspiration for the medication management program.

In addition to daily visits from registered care aids, Silver follows up every few weeks, monitoring clinical outcomes and pain management to help them live at home for longer. The program has since expanded to meet the needs of patients living with mental health issues, disabilities and chronic pain.



As a Certified Diabetes Educator and host of the Victoria Diabetes Store, in collaboration with Diabetes Canada, Silver works closely with the extended care teams of diabetes patients to ensure exceptional care. This not only includes a one-stop shop for all diabetes-related medical supplies and medication counseling, but also partnering with the Victoria Diabetes Education Centre at the Royal Jubilee Hospital to provide follow-up education to patients, as well as their support networks.

"It's so important to include patients' support networks because they are helping their loved ones stay healthy," Silver says.

A researcher at heart, Silver places great importance on knowledge translation. Silver offers a regular newsletter blast for diabetes patients and has created redefinex.com, an online clinical resource covering controversial topics such as cannabis, Mifegymiso and the HPV vaccine.

While the young pharmacist has certainly found her own way in the world of pharmacy, she still carries the legacy of her now-retired father with her: "I saw through my dad that you can actually make a living by sharing your heart with others; that kind of care is contagious."



Dr. Alan Low

BEN GANT INNOVATIVE PRACTICE AWARD

TITLE Primary Care Pharmacist and Clinical Associate Professor, UBC

WORKPLACE BioPro Biologics Pharmacy

LOCATION Vancouver

Following a career that has seen pharmacist Dr. Alan Low wear many hats — hospital practitioner, researcher, advisor, instructor, author, speaker, corporate officer — in February 2017 the pharmacy practitioner applied his decades of practical experience and clinical knowledge when opening an innovative pharmacy, BioPro Biologics Pharmacy.

“After a wide variety of roles, I was thrilled to be back in frontline pharmacy practice,” says Low.

Just steps from Vancouver General Hospital and connected to the largest rheumatology clinic in Western Canada, BioPro Biologics is a haven for patients suffering with rheumatism, arthritis, dermatological conditions and osteoporosis.

The pharmacy helps patients navigate through the myriad of anti-inflammatory treatment options

available, educating on benefits and risks, while also collaborating with prescribers to ensure optimal treatment plans that best fit each patient’s needs and preferences. Patient consultations are conducted in pods equipped with computer screens to fully engage patients on their own health journey through the use of visual aids.

Serving many patients with complex medical needs, Low’s team provides a number of valuable clinical services designed to optimize drug care and improve health outcomes. There is a heavy emphasis placed on deprescribing, working with patients and their prescribers to conduct full medication reviews and assess the efficacy and safety of current drug regimens for the individual. Low also works with patients interested in alternative treatments, offering care plans that test out alternative therapies in tandem with placebos to produce evidence-based therapy solutions.

Low’s team was an early adopter of innovative approaches to care. They support the use of new technologies in treating patients, whether that is guiding patients in their use of helpful apps or devices for medication reminders or serving as the location for the world’s very first SOLIUS device, a futuristic pod that stimulates the body’s natural production of Vitamin D.

As a Clinical Associate Professor with the University of British Columbia (UBC) and longtime preceptor for pharmacy students, education is paramount to Low. He regularly hosts educational forums in the pharmacy, covering a wide range of topics from self-management to preventative care. He partners with the Arthritis Society and others to deliver monthly education services.

“There is a lot of value that we as pharmacists can bring to this group of patients, and that’s what attracted me to this area of specialty,” says Low.

Since graduating with his pharmacy degree in the early 1990s, Low has been diligent in his quest to progress the practice of pharmacy in B.C. In 1998, he was the first to create an online pharmacology course in the School of Health Sciences at the Justice Institute of B.C. He was instrumental in the establishment of the Pharmacists Clinic at UBC’s Faculty of Pharmaceutical Sciences, the first academic pharmacy practice site of its kind in Canada. He was the first in Canada to launch a business plan competition, the Pharmacy Moguls’ Den, for pharmacy students to present sustainable business plans for patient care services, and is currently the course coordinator of the Pharmacy Practice Management and Leadership Course for third-year pharmacy students.

Felicia Yang

NEW PRACTITIONER AWARD

TITLE Pharmacist

WORKPLACE Correctional Service of Canada

LOCATION Abbotsford

When it comes to planning for her future, Felicia Yang is a bold decision maker.

It was a self-described ‘spur of the moment’ decision that led her to pharmacy during her first year of undergraduate studies at the University of British Columbia. After learning about the area of study from an on-campus friend, she knew pharmacy could be the right fit for her and took one of the last available spots for the Pharmacy College Admission Test (PCAT) that winter. She was accepted and entered the program the following year.

“What drew me to pharmacy was the aspect of being able to interact with patients and applying my knowledge toward their positive outcomes,” she says.

Four years later, she was working as a student with Shoppers Drug Mart and determining her next steps. She felt strongly about pursuing a PharmD degree at the University of Alberta until a unique job posting on Facebook caught her eye. The Pacific Regional Pharmacy located within Correctional Service Canada’s (CSC) Matsqui Complex in Abbotsford was hiring for a brand new position focused on clinical services.

Ultimately, she declined her offer to the PharmD program; this singular pharmacy experience could not wait.

“This was an opportunity to not only work with an incredibly unique and challenging population, but to build something from the ground up,” she says.

Yang stepped into her new role in September 2017 and hit the ground running. The young pharmacist was instrumental in developing the CSC’s first clinical pharmacy program that fall, introducing incarcerated patients to drug utilization reviews, discharge medication reviews, patient counselling through video conferencing and education fairs for patients. At the same time, she began to build a collaborative patient care network with a diverse team of physicians and nurses, advising on drug recommendations and potentially dangerous conflicts.

Her circle of care extends beyond the prison walls. One of her most impactful roles is when patients are released from prison. Formerly, patients were discharged with medications that may not be covered in the community, potentially interfering with their adherence and success at reintegration into society. Today, Yang oversees every patient’s release to help smooth the transition, ensuring their drug care is



well managed, whether through MSP enrollment, applying for special authority status, or recommending alternative medications that are more affordable.

The unique experience has been humbling and eye opening, she says. While she has worked diligently at building an innovative program to address barriers to servicing this challenging patient population, her primary goal has been to develop a program that is patient-oriented.

“I’ve learned a lot about working collaboratively, not only with health-care professionals but more importantly with my patients,” she says. “Being exposed to a variety of socio-economic backgrounds and different attitudes toward medication has really taught me to see things from the patients’ perspective when it comes to compliance.”

Eager to continue learning, Yang embarks on a new adventure this summer with UBC’s Pharmacy Practice Residency program, where she will complete rotations at several hospitals across the Lower Mainland over the next 12 months.

“I hope to elevate my knowledge and skills and bring even more to clinical programs in the future.”



Sukh Sidhu

COLLABORATIVE CARE AWARD

TITLE Owner and Pharmacy Manager

WORKPLACE Pharmasave Fort Langley

LOCATION Fort Langley

On any given day, Sukh Sidhu might take an hour to get home after work. A long commute isn't the culprit; the self-described "people-oriented" pharmacist stops to chat with the many patients he encounters along the way.

"It's a very tight knit community," says Sidhu of Fort Langley's charming village environment.

A community pharmacist since 2004, Sidhu's career trajectory took a leap when he inquired about a job with Fort Langley Pharmasave's then-owner, Firoz Jiwani, and got an unexpected offer to partner in the business.

Buying into the store in 2011, Sidhu inherited not only a roster of longtime, loyal customers but also an established relationship with local family clinic, Fort Family Practice.

Striving to provide superior clinical services for his

patients, one of Sidhu's first tasks was to complete the ADAPT course in 2013, which he says gave him confidence in his ability to communicate effectively with prescribers and provide more patient-oriented care.

Sidhu's pharmacy was soon asked to join Fort Family Practice as a co-tenant in a brand new commercial space, where the health-care partners have challenged the status quo.

"From the very beginning, we asked ourselves if we could do things differently and be more active in patient care than the typical pharmacy," he notes.

As the medical building was constructed, the partners factored in having an Ethernet connection between the two floors and a shared phone system. Patients of Fort Family Practice who wish to patronize Sidhu's Pharmasave are asked to sign a consent form that allows their files to be seamlessly shared with the pharmacy.

Sidhu's team can document patient encounters and vaccinations administered, reconcile medication changes, and streamline communication with the prescriber via instant messenger. This enhanced collaboration offers a more complete record of a patient's history and may contribute to improved outcomes, he says.

"This model has taught me to think more clinically in general. We can go chasing patients' information if we need it."

As patients from Fort Family Practice make up about 60 per cent of his business, Sidhu empowers his remaining patients to engage in positive health outcomes by accessing their own data such as online lab results.

Sidhu is also involved in providing care for the Kwantlen First Nation. Collaborating closely with the band's community health nurse, Sidhu offers home visits and educational seminars on relevant topics. Since transitioning to PharmaCare's Plan Wellness in 2017, mounting coverage issues led Sidhu to offer a bold plan — that no patient had to pay out of pocket until reviewed by Sidhu.

Ultimately, Sidhu managed to have about 90 per cent of the band's claim issues resolved, thereby avoiding unnecessary stress and financial burden for his patients: "We made sure there was no interruption to their drug regimen."

As a passionate care provider, Sidhu's focus on clinical services is evidenced through his staffing model. At all times, he has two pharmacists and two assistants on the floor, allowing ample opportunities for injections, med reviews and physician collaboration. And when Sidhu needs to work out an issue with his extended health team, he simply walks upstairs.

"They have an open door policy with us. It makes us feel great knowing we are like members of their team."

Dr. Andre van Wyk

FRIEND OF PHARMACY AWARD

TITLE Physician

WORKPLACE Fort Family Practice

LOCATION Fort Langley

One of the oldest practices in Langley, dating back to the 1950s, Fort Family Practice is a bustling community clinic run by a group of six family physicians, who work collaboratively with a team of nurses and licensed practical nurses.

One of the team's physicians, Dr. Andre van Wyk, was drawn to the clinic's alternative model of care when he relocated to Langley from Manitoba in 2002. He sought a better way to provide patient care to not only allow for greater choice but also cut down on wasted health-care dollars.

"I am passionate about patient choice and patient empowerment," he says. "About each individual picking up their own burden as best they can."

Rather than the typical fee-for-service model, where physicians are paid per patient visit, Fort Family Practice operates on an alternative payment plan, where the practice receives a fee, based on the average cost of caring for patients in B.C.

"The thing that attracted me to this model of care is we are able to divorce the immediate action from the immediate reward and look at the long-term outcome for the patient," van Wyk says.

Motivated by a foundational desire to seek positive outcomes for its patients, in addition to its alternative fee structure, Fort Family Practice's guiding principle is to encourage patients to take charge of their own health outcomes.

One way van Wyk and the practice work toward that goal is by collaborating closely with pharmacists, and more specifically the Fort Langley Pharmasave owned and managed by pharmacist Sukh Sidhu. With a longstanding partnership in place long before either van Wyk or Sidhu were in their current roles, the two patient-oriented businesses have been partners in providing patient-centred care for the local community.

"The pharmacy has always had a reputation for being community-oriented and looking at long-term outcomes of patients," says van Wyk.

Van Wyk says he regularly relies on the medical expertise of Sidhu and his team, and that through working collaboratively with the pharmacy, the practice is better able to provide "wrap around care" for the patient, ensuring more consistent outcomes.

Pharmacists are essential members of the



health-care team, offering a different perspective on the same set of problems, he says. They look at drug interactions more thoroughly and have a more intimate knowledge of the patient's financial status and overall lifestyle.

Therefore, it was only fitting that when the nearly 65-year-old practice was ready to move into a brand new building in 2015, they invited Fort Langley Pharmasave to move into the building's street-level retail space, right below their practice. Although he's quick to point out that the two businesses have separate entrances and operate independently of one another (to give patients choice of care), he also champions the collaborative care network, encouraging patients to share their records with Sidhu and regularly consulting on shared patients via their mutually connected software and phone systems.

"If a patient has a relationship with both a primary care team and the pharmacy that is part of that team, how could it not improve care?"



FILE PHOTO

Irvin Tang

PFIZER CONSUMER HEALTHCARE BOWL OF HYGEIA

TITLE Associate-Owner and Pharmacist

WORKPLACE Shoppers Drug Mart

LOCATION Fort St. John

Irvin Tang's pharmacy career has brought him to towns big (Toronto), medium (Brantford, Victoria) and small (Kitimat), but it was the northern oil and gas town of Fort St. John that ultimately won his heart.

"The people in this town are very big-hearted," he says, fondly reminiscing of his first holiday season in Fort St. John more than a decade ago, when he received four invitations to Christmas dinner.

As associate-owner of the town's Shoppers Drug Mart since 2011, Tang extends that same spirit of generosity within the community.

Since stepping in to his role eight years ago, Tang and his team have been responsible for fundraising nearly \$200,000 on behalf of the Fort St. John Hospital Foundation, as part of the national chain's annual women's health fundraising campaign. Collecting

donations from customers in store as well as through a partnership with WestJet — which donates two pairs of open-destination plane tickets for a charitable auction — Tang's Fort St. John store has consistently raised the most money out of any Shoppers location across the country. Funds raised are directed towards the Fort St. John Hospital Birthing Centre for new equipment and take-home kits for new mothers and babies.

"Fort St. John has one of the highest birth rates per capita in Canada and support in this area is truly needed," says Tang, noting the city draws young families from across Canada due to its career opportunities.

As the only pharmacy in Fort St. John open 365 days a year, Tang has established his role as an essential provider of health-care services. When local physician Dr. Lukas Brand initiated a new charitable fund for patients in urgent need of medication assistance, he called upon Tang's expertise to help manage the new program, which is funded through the Fort St. John Firefighters Charitable Society.

Some patients with no medical coverage or family doctor end up in the emergency room for treatment, says Tang, but if they are unable to pay for their prescription, they can ultimately end up worse off.

"This is definitely not something you would want to see a patient go through, and it is also a larger burden on the hospital."

Tang acts as a gatekeeper for the fund, assessing needs, providing less expensive drug alternatives, and/or accessing the fund to pay for a patient's urgent prescription, as well as providing education and support for accessing medical coverage in the future. "It allows patients to buy some time to get on their feet again."

Tang lends his pharmacy expertise to the local Community Action Team, a multi-agency group that meets regularly to discuss issues and action plans surrounding the opioid crisis.

He is regularly called upon to care for the members of the local Blueberry River First Nations Reserve, especially in light of the recent transition to PharmaCare's Plan Wellness. He counsels patients on coverage issues, such as special authority requests, helping patients ensure funding for their medications.

Above all, he strives to be available to his community. Whether it's fundraising, counseling, coaching, or being the only pharmacy in town open on Christmas Day, he's always there.



Amy Kwan

**APOTEX INC. FUTURE BRITISH COLUMBIA
PHARMACY LEADER AWARD**

As a third-year pharmacy student, part-time pharmacy assistant at Shoppers Drug Mart and active student volunteer, Amy Kwan has a lot on her plate.

But Kwan's busy schedule is just another layer of preparation for a fulfilling career in pharmacy: "As a pharmacist, you're going to have to multitask and practice time management."

Kwan stepped in to student office in her second year of UBC's Entry-to-Practice PharmD program and was elected as the VP External for the Pharmacy Undergraduate Society (PhUS), acting as a liaison between the pharmacy society and the AMS Society (Alma Mater Society, UBC's student council). She co-led a team of UBC students in managing on-campus events during Pharmacist Awareness Month to advocate for the profession, including a compounding clinic where students could learn how to make their own hand creams, as well as a physical assessment clinic.

She also served a sponsorship role with the Canadian Association of Pharmacy

Students and Interns (CAPSI), as fundraising co-chair for Professional Development Week, an annual conference hosted at a different pharmacy school each year.

Kwan continued her VP External role with PhUS for her third year, this time running for a leadership position on a critical AMS subcommittee, the AMS/GSS (Graduate Student Society) Health and Dental Committee, where she and a team of fellow student representatives reviewed and adjusted UBC students' health-care coverage.

"One of our priorities was to increase mental health services coverage," says Kwan.

Kwan also served as Marketing Coordinator for the 2017 and 2018 Great Pharmacy Adventure, the annual freshman welcome event for pharmacy students, creating marketing materials for the highlight event of the fall semester.

Following her final year of pharmacy school, Kwan anticipates launching her career in community pharmacy: "There are a lot of exciting changes coming forward in community practice."



Riaaz Lalani

**APOTEX INC. FUTURE BRITISH COLUMBIA
PHARMACY LEADER AWARD**

Third-year pharmacy student Riaaz Lalani looks forward to helping patients find answers to their medical issues.

"I find the social aspect of interacting with patients and piecing together the puzzle of what makes them a patient in the first place to be incredibly fulfilling," says Lalani.

For now, the UBC student is putting that helpful nature to use with his fellow classmates. As a Pharmacy Undergraduate Society (PhUS) secretary, he has organized meeting minutes and helped plan the first-year welcome event, The Great Pharmacy Adventure. This past year, he filled the role of PhUS third-year representative and will offer the same governance on behalf of fourth-year students next year. As a Canadian Association of Pharmacy Students and Interns (CAPSI) executive, he has served as vice-treasurer and treasurer and will also oversee sponsorship opportunities in 2019/20.

But it has been an instrumental coaching club that has fuelled his

passion for student participation. As a member of the second cohort of UBC's Entry-to-Practice PharmD program, he watched those in the year above work collaboratively to coach one another in the clinically oriented pharmacy program, to great effect.

Lalani, a former SAT and ACT exam prep tutor, wanted to extend this coaching to first-year students. He advertised an informal review session on the PhUS Facebook page and one week later, 150 students had shown up.

"It hit a key need for first years."

Along with fellow classmates, he has hosted several more sessions in advance of major exams and the program became an official PhUS offering, called HOSTS —Helping Other Students To Succeed.

As he moves toward his goal of becoming a pharmacist, he hopes to pursue a patient-focused practice, in which he is currently gaining experience as a part-time assistant with The Medicine Shoppe in Burnaby. **T**



Those who work outside are especially at higher risk of respiratory issues.

PROVINCE OF BRITISH COLUMBIA

RESPONDING TO INCREASED WILDFIRE SMOKE IN BRITISH COLUMBIA

What pharmacists and pharmacy technicians need to know

BY DOROTHY LI B.SC.(PHARM), CSPI, BC DRUG AND POISON INFORMATION CENTRE
REVIEWED BY SARAH HENDERSON, PHD SENIOR SCIENTIST, ENVIRONMENTAL HEALTH
SERVICES, BC CENTRE FOR DISEASE CONTROL

Although wildfires are a normal and natural part of summers in British Columbia, the 2017 and 2018 seasons were two of the most devastating on record. Approximately 65,000 people were evacuated in 2017 and more than 1.2 million hectares burned in both summers, releasing at least 200 million tonnes of smoke into the atmosphere each year. Hot and dry conditions, thunderstorms, and damage caused by the mountain pine beetle all played a role. Climate change scientists forecast worsening wildfires and smoke across North America over the coming decades. Exposure to wildfire smoke has been associated with a wide range of health outcomes, from increased respiratory symptoms through to premature mortality. The following discusses these health effects in more detail, the public health response in B.C., and opportunities for pharmacists and pharmacy technicians to make a positive contribution.

Health effects of wildfire smoke

The composition of wildfire smoke is complex, depending on vegetation type, moisture content, weather and combustion temperature. Wildfires can generate a huge amount of air pollution with plumes that travel hundreds or thousands of kilometers. The most health-relevant components include: particulate matter less than 2.5 micrometers in diameter (PM_{2.5}), volatile organic compounds (VOC), carbon monoxide, other gases and trace heavy metals. Of these, PM_{2.5} concentrations are considered the best indicator of wildfire smoke health risks. The PM_{2.5} can deposit deep in the respiratory tract causing oxidative stress and inflammation that can affect other areas, particularly the cardiovascular system. Exposure to the larger particles, VOCs, and other gases can cause irritation to mucous membranes. The most common symptoms of wildfire smoke exposure are irritation, rhinitis, cough, phlegm, wheezing, and headaches.

Most healthy people recover from these acute effects when the smoke clears, but some people may develop dyspnea, severe cough, dizziness, chest pain, or heart palpitations.

Most research has been limited to epidemiological designs requiring large sample sizes. The frequency of certain health outcomes during periods of exposure is generally compared with periods of non-exposure. Health outcomes studied include mortality, hospital admissions, emergency room visits, primary health-care visits, and medication dispensations for specified diseases. These studies have most consistently linked wildfire smoke to asthma and chronic obstructive pulmonary disease (COPD) exacerbations, acute bronchitis, pneumonia, and otitis media. While strong evidence shows that PM2.5 from other sources (traffic, industry, domestic fuel) has cardiovascular effects including death, population-based studies on wildfire smoke have been inconsistent. These studies may have been limited by exposure misclassification or small study populations. Toxicological studies in animal models, however, do support the potential for cardiovascular effects.

Certain populations are identified at higher risk: people with chronic conditions (asthma, COPD, heart disease, and diabetes), pregnant women and the developing fetus, infants and children, and the elderly. Children may be at particular risk because they spend more active time outdoors, inhale more air per body mass and have immature lungs. Elderly may have decreased lung function and pre-existing lung, heart, or other conditions that put them at increased risk.

The mental health impacts of wildfire smoke are not well understood, but people exposed to wildfire events have increased rates of post-traumatic stress, depression and anxiety. Risk factors include evacuation, physical injury and property damage. During the Northwest Territories wildfires in 2017, prolonged time indoors and evacuation lead to isolation and feelings of fear, stress and uncertainty. Disruption of traditional activities for First Nations communities also affected livelihood and food security. Much more research on wildfire smoke is needed to elucidate these outcomes, as well as to assess the long-term risks, specific effects on the developing fetus, and the efficacy of recommended interventions.

Responding to wildfires

Following the severe wildfire season of 2010, B.C. introduced a provincial coordination group and guideline document to assist future response to smoke events. To provide guidance to the coordination group and the public, the BC Centre for Disease Control (BCCDC) systematically reviewed wildfire smoke health effects, populations at risk, tools for surveillance and interventions. The reviews concluded that staying indoors reduced asthma symptoms and use of portable air cleaners improved health outcomes, and the BCCDC therefore recommended these as intervention strategies. Other recommendations include: staying well

hydrated, avoiding strenuous work or exercise outdoors, cancelling outdoor events, and spending time in cleaner air spaces, such as libraries and community centres. Key messages for the public are being distilled into a series of fact sheets available online.*

The BCCDC also developed the B.C. Asthma Prediction System (BCAPS), which tracks PM2.5 concentrations and salbutamol dispensations to predict the health impacts of smoke exposures 24 to 48 hours before they occur. This validated tool assists medical health officers with making public health recommendations, such as contacting pharmacies to ensure adequate salbutamol supply, intimating the provision of clean air shelters, or making informed decisions about community evacuations in the worst case scenario.

There are practical ways pharmacists and pharmacy technicians can respond to wildfire events (see Table 1 on page 24).

Before wildfire season starts prompt patients with asthma or COPD to visit their physician for written action plans to recognize and respond to worsening symptoms; assist them in establishing an adequate supply of their rescue medications. Such action plans decrease emergency visits and hospital admissions.

During wildfire season stay tuned to the Air Quality Health Index (AQHI), local air quality reports and advisories; maintain an adequate supply of bronchodilator and corticosteroid inhalers; recommend patients carry their bronchodilator (reliever) inhaler with them at all times.

During times of poor air quality offer delivery services to at-risk populations; emphasize minimizing exposure to wildfire smoke while clarifying the role of N95 respirators. Limiting time spent outdoors offers more practical protection than wearing a N95 respirator for most people, especially those at higher risk. People who must work outdoors during smoky conditions may benefit from wearing a properly fitted and fit-tested N95 respirator. Refer these clients to WorkSafeBC.

During evacuations and declared provincial states of emergency dispense an emergency supply of medications to displaced persons (prescription not required).

Wildfire smoke exposure is an increasingly important public health issue. Being informed and prepared for wildfire season can help pharmacists and pharmacy technicians care for people affected by wildfire smoke events. **11**

*bccdc.ca/health-info/prevention-public-health/wildfire-smokebccdc.cca/wildfiresmoke
References available at bcpharmacy.ca.

TABLE 1 Pharmacist and Pharmacy Technician checklist for wildfire preparedness and action

Preparing for wildfire season	
<p>Read the BCCDC fact sheets on Wildfire Smoke.</p> <p>Learn about the Air Quality Health Index.</p> <p>Consider preparing printouts of key BCCDC fact sheets for your patients, such as:</p> <ul style="list-style-type: none"> › Health effects of wildfire smoke › How to prepare for the wildfire smoke season › Portable air cleaners for wildfire smoke › Face masks for wildfire smoke › Wildfire smoke and outdoor exercise <p>Stock an adequate supply of corticosteroid and bronchodilator inhalers.</p> <p>For pharmacy owners consider improving air quality at the workplace.</p>	<p>Recommend patients have at least 5 days extra supply of medications.</p> <p>Ask higher risk patients if they are informed; refer them to relevant resources.</p> <p>Ask patients with asthma and COPD if they:</p> <ul style="list-style-type: none"> › Have an up-dated written action plan. Asthma Action Plan for Adults Asthma Action Plan for Children (Punjabi and Chinese language available for Children's action plan) › Know how to recognize and treat worsening symptoms. › Have an adequate supply of their rescue medications mentioned in the action plan.
During wildfire season or smoke exposure in your community	
<p>Maintain an adequate supply of corticosteroid and bronchodilator inhalers.</p> <p>Stay tuned to local air quality reports and advisories through local radio, television, social media: Air Quality Advisories, Air Quality Health Index, provincial advisories, road and weather conditions for driving.</p>	<p>Emphasize minimising exposure to smoke, especially for people at higher risk.</p> <p>Remind patients with asthma and COPD to:</p> <ul style="list-style-type: none"> › Carry their bronchodilator (reliever) inhaler with them at all times. › Follow their written action plan if symptoms worsen. › See their physician if not responding to treatment. <p>Remind higher risk patients of optional medication delivery services, where available.</p> <p>Clarify the role of N95 respirators for the public and refer outdoor workers to WorkSafeBC.</p>
During states of emergency and evacuations	
<p>Follow evacuation orders.</p> <p>For owners of evacuated pharmacies, consider opening a temporary pharmacy in a new location.</p>	<p>Dispense an emergency supply of medication to displaced patients during a state of emergency.</p>

REGISTER FOR AN OAT Workshop Today

The BC Pharmacy Association's OAT workshops are happening across the province now and the Jan. 19, 2020 deadline to complete your accreditation is approaching. Read below for answers to members' most frequently asked questions about the training.

What is OAT CAMPP?

The Opioid Agonist Treatment Compliance and Management Program for Pharmacy (OAT CAMPP) is a 12-CEU accredited course and the first of its kind in Canada to focus solely on the needs of community pharmacists and technicians in delivering care to patients with opioid use disorder.

Who is it for?

According to PharmaCare, at least one pharmacist from every pharmacy currently enrolled as a Methadone Maintenance Provider (now Opioid Agonist Provider) will be required to complete this program by Jan. 19, 2020. Furthermore, the College's updated *Professional Practice Policy-66: Opioid Agonist Treatment* requires that ALL registrants, both pharmacists and pharmacy technicians, who are employed in a community pharmacy dispensing OAT, must complete this training program by March 31, 2021.

Why is it mandatory?

B.C. community pharmacists are on the frontlines of the overdose crisis, supporting patients with opioid use disorder. This innovative OAT training program is aimed at reducing stigma and expanding pharmacists' knowledge about methadone, buprenor-

phine/naloxone and slow-release oral morphine in order to improve the experience and engagement of people receiving these life-saving treatments.

What can I expect?

Based on the most up-to-date research, the course focuses on opioid use disorder, the different types of pharmacological treatments, College and federal requirements pharmacists and technicians should know, as well as PharmaCare requirements for dispensing and providing OAT.

How long does it take?

The training includes an online self-study component which takes approximately 6 hours, followed by a full-day, in-person, interactive and case-based workshop.

How do I register?

Visit bcpharmacy.ca/education/training-sessions/OAT to choose a workshop from the list of those happening across the province. New dates are added regularly, so check back if you don't see your community listed.

WHAT PARTICIPANTS SAY...

"The most valuable part of the workshop was the real-life examples and case studies and advice on how to deal with problems when they arise."
PHARMACIST, VANCOUVER

"The presenters were all very helpful on the subject and very receptive and helpful with our questions."
PHARMACIST, CRANBROOK

"I feel like I have a better understanding of how stigmatizing DWI can make patients feel and will be adjusting my practice to minimize this feeling of stigma."
PHARMACIST, VANCOUVER

Barbara Gobis, Director of the Pharmacists Clinic at the University of British Columbia, is leading research on the importance of pharmacist-led intervention on employee cardiovascular risk reduction in the workplace.



PHOTO: MICHAEL MUI

PHARMACISTS AND CARDIOVASCULAR RISK REDUCTION IN THE WORKPLACE

A call to action

BY BARBARA GOBIS, BSC(PHARM), RPH, ACPR, MSCPHM, PCC

Great employees are a worthwhile investment. It should be no surprise that Canadian employers are working harder and spending more to recruit and retain skilled employees in an increasingly competitive labour market. As the population ages, how do employers keep those employees healthy and productive over the long term? How do employers maintain employees with corporate memory and experience within the organization? Chronic disease rates are rising and wearing away at the health of those valuable employees.

Pharmacists have a professional responsibility to promote health and prevent diseases in our communities and society, and cardiovascular disease (CVD) is a priority. CVD is the second leading cause of death in Canada. Most CVD has modifiable risk factors, such as high blood pressure, diabetes, dyslipidemia, sedentary lifestyle, poor eating habits, smoking and stress.

Employee education and prevention efforts in the workplace have been shown to reduce modifiable cardiovascular (CV) risk factors. Even as early as 2006, more than two-thirds of Canadian companies had an employer-initiated wellness program to reduce CV risk.

Unfortunately, none of the programs involved the most accessible professionals in health care — pharmacists. Pharmacist care is associated with statistically significant reductions in blood pressure, cholesterol and smoking for out-patients with CVD risk factors.

Recently published data from the CAMMPUS (Cardiovascular Assessment and Medication Management by Pharmacists at the UBC Site) study at the University of British Columbia Pharmacists Clinic quantifies the impact of pharmacist-led intervention on employee CV risk reduction in the workplace. In this study, more than 500 people received a standard CV risk assessment and

more than 40 per cent were found to be at significant risk of a CV event within the next decade using criteria from the Framingham Risk Score (FRS).

Employees with elevated risk were invited to receive 12 months of pharmacist-led intervention and results were available for 178 participants (86 per cent completion rate). The results showed that, as a result of receiving the pharmacist intervention, participants achieved significant reductions in FRS, weight, blood pressure and work productivity losses. Participants also reported significant increase in medication adherence, quality of life, improved health and well-being. Another positive aspect was how participants demonstrated a strong desire to work with pharmacists on their wellness efforts, and after working with a pharmacist, felt they were empowered with the knowledge to better manage their own health.

These findings provide the proof and impetus for community pharmacists to work with local employers, including their own employers, to offer research-proven CV wellness programs for employees. All that is needed is for a champion within the pharmacy team to propose and lead the effort.

Here's how it could work:

- › Start by identifying a local employer and the people within the organization who care about employee well-being. This could be someone in human resources, occupational health, finance or disability management.
- › Offer a heart health awareness service to identify people with unmanaged risk, and share results of the CAMPPUS research that demonstrates how pharmacist-led interventions can lead to improved health.
- › Use the simplified FRS formula that includes BMI,

weight and blood pressure only. More complex (and expensive) cholesterol measurements are not needed for preventive health and awareness services.

- › Offer ongoing service to anyone with FRS >10. Ongoing service includes regular check-ins on body mass index, weight, blood pressure and cholesterol. Often, risk factors can be modified through medication intervention where the patient sets a health goal and sees the pharmacist regularly for check-in, support and intervention as needed. The service concludes when risk factors are reduced.
- › Charge the employer for service. Fees charged in CAMPPUS ranged from \$15 to \$70 per service appointment.
- › Offer additional services. This could range from in-service education in the workplace, smoking cessation and

other services that all support heart health and reduced CV risk.

While pharmacists need to be involved in service delivery, registered technicians, pharmacy students and others can also be involved in set-up and some aspects of implementing a CV risk reduction program.

The time is right, the evidence exists, and workplace wellness initiatives are an excellent way to improve the health of people in the community, in addition to leveraging the skills and expertise of the community pharmacy team. ■

References available at bcpharmacy.ca.

Barbara Gobis is Director of the Pharmacists Clinic at the University of British Columbia, Canada's first university-affiliated, pharmacist-led patient care clinic.



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HEALTH CARE IS NOT FREE

Valuing yourself and your services

BY DEREK DESROSIER, BSC(PHARM), RPH

Pharmacists should remind their customers that their time is not free. Consider posting a “menu” of services with prices.

Pharmacists are notorious for undervaluing their knowledge, skills and services. Like beauty, “value” lies in the eyes (and wallet) of the beholder. According to the Merriam-Webster dictionary, the top definitions for value include “the monetary worth of something” or “a fair return or equivalent in goods, services, or money for something exchanged.”

We have created a culture in Canada that leads consumers to believe health care is free, but we as health-care professionals know this is not true. Pharmacists’ services should also not be free. Patients expect to pay for prescriptions (if they do not have insurance) but they have no expectation of paying for other pharmacy services. This is where providing appropriate value is important.

Several years ago, I was attending an evening pharmacy continuing education event. I was meeting a colleague and he arrived half an hour late. When I asked him why he was late he responded that just as he was about to close up the pharmacy for the day, an elderly lady came in with a bag full of prescription drugs. She dumped them on the counter and asked my colleague if he could tell

her about them and how to take them properly. He took about 30 minutes to provide her with lots of excellent information about her prescriptions and how to best maximize the benefit of her drug therapy while ensuring there were no drug-related events happening. This seemed like a reasonable thing to do, except that the prescriptions had all been filled at a different pharmacy.

After hearing his story, I asked my colleague what he thought his services were worth. He said probably about \$50-\$60. Then I asked what he charged the woman and he said nothing. So in fact, the service he provided was worthless. By not attaching a price to the services, they essentially have no value. You might argue that the woman appreciated the information, but all my colleague had really done was to reinforce the myth that pharmacy services are “free.” For me, “free” is the four-letter “F” word in pharmacy.

Pharmacists seem to have a difficult time asking patients to pay for services and information. Most often, the expectation is that a third-party payer (private or public) will foot the bill. However, many services are not insured and patients need to under-

stand that these services have value.

I suggest setting a value for everything you do in terms of cognitive-type services, from drug information through to point-of-care testing. How much you value each service is completely up to you. A good starting point is to try to assign a fixed amount of time (in minutes) to each service that you provide. Set the price based on \$2 per minute or some amount in that neighbourhood. Therefore, if a service takes you 20 minutes to provide, then a somewhat appropriate value could be \$40.

If you are not initially comfortable asking your patients to reach into their wallets to pay you for services, at the very least you should consider posting a "menu" of services with prices. Make sure that every time you provide a service, the patient knows what the value is for that service, even if you waive the fee and do not charge them.

You can reinforce this idea even more by providing the patient with a specific personalized invoice for the service. Advise them that you will waive the fee for the first time, but subsequent visits will require them to pay for your services.

In my experience, patients will reach into their wallets and pay for services if they see the value in those services. In other words, provide them with what they want, need and expect, and charge a fair and reasonable price.

It is also important to note that patients often link price with quality. That is, they will perceive that a given service is better if the price is more than what is being charged for the same service at another location or by another pharmacist. So, don't be shy about setting reasonable prices for your services based on the value of your own time, skills and knowledge. Your patients may appreciate you and what you have to offer even more than they already do. **T**

Derek Desrosiers, BSc(Pharm), RPEBC, RPh is President and Principal Consultant at Desson Consulting Ltd. and a Succession & Acquisitions Consultant at RxOwnership.ca.



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Advocating for Pharmacy

The BC Pharmacy Association is the voice of community pharmacy. Through our organization, we collaborate and advocate for the role of community pharmacists in B.C.'s health-care system.

Pharmacy Practice Support

Help is only a phone call away with the Practice Support Hotline. We have also created tools, resources and education programs to help you with your practice so that you can focus on what matters — your patients.


Jobs and Salaries

Find the right job with the best pharmacy job board in B.C. The job board will help you build your career and benchmark wages and benefits across the province.

PharmASSIST

Pharmassist provides access to brief solution-focused counseling to address problems that may be impacting a pharmacist's well-being and/or their ability to perform professional responsibilities. It is also available to members seeking employment-related advice.

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Emergency Refills

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Medication Reviews

Elderly patients are often taking many medications at a time. These patients in particular may benefit from a medication review.

Immunizations

Ask your patients if they would like to review their immunization status. Patients do not always know if they are eligible for vaccines.