THE Tablet

WINTER 2019 | ADVOCATING FOR BRITISH COLUMBIA PHARMACY

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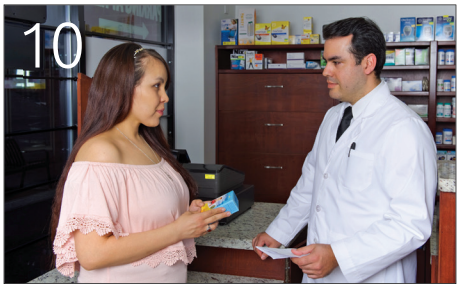

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Former OAT patient Carol Glover (right) with pharmacist Engy Attala at a Mission pharmacy.

PHOTO BY: VINCENT CHAN

Check out all the latest news at **bcpharmacy.ca** | Got a story to share? Tell us at editor@bcpharmacy.ca

Chris Waller

Quality care the foundation of our profession

There is no shortage of discussion on the opioid epidemic that has hit our province hard over the past several years, from medical papers and government policy to extensive media coverage. Experts from across all sectors of health care are striving to combat this crisis and save lives.

I'm proud to say that community pharmacy, and the BC Pharmacy Association in particular, is a vocal seat at the table. Two years ago, we petitioned the government to allow community pharmacies to offer free take-home naloxone kits in our pharmacies, which estimates say are now in more than 700 pharmacies across B.C.

And now, thanks to the launch of a new training program, community pharmacists will have access to the most up-to-date training and education to stay current and knowledgeable in this ever-changing clinical area. The only training of its kind for pharmacists in Canada, the Opioid Agonist Treatment Compliance and Management Program for Pharmacy (OAT CAMPP) training program has been developed by the BCPhA, with the goal of training one pharmacist from each pharmacy by the Summer of 2019 and train all community pharmacists dispensing OAT by Mar. 31, 2021 (See "Offering a Lifeline" on page 16 for more information).

Pharmacists' ability to offer meaningful and life-changing quality care for patients is the foundation of our profession. I want to extend my personal congratulations for the pharmacists who continue to avert yet another crisis throughout the shortage of bupropion this winter (Wellbutrin®), a common antidepressant prescribed in Canada. Your ability to adapt prescriptions with therapeutic substitutions continues to save patients a lot of anxiety.

As we press on through the winter season, the height of this year's cold and flu season is upon us. As of Jan. 4, B.C. pharmacists have administered close to 680,000 injections at pharmacies across the province. As demand for flu shots continues to increase and public health units further look for support from community pharmacies, it's up to us to not only serve our patients well, but to encourage these opportunities. Opportunities to showcase our value to patients and health-care partners, to expand our clinical offerings and increase our business potential.

We hope to help pharmacists achieve these goals and more through our annual conference that will be held this year in Vancouver from May 10 to 11, 2019. Centred around finding solutions to many of our profession's most pressing issues, speakers, patient advocates and colleagues will discuss medical cannabis, mandatory error reporting, pharmacogenomics and more. Read "Finding Solutions" on page 13 for more information.

We hope to see you there! T

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Geraldine Vance

A bigger role to play in opioid crisis

In the 24-hour news cycle we live in, we see issues come in waves. For days on end a crisis or scandal of the day is everywhere on traditional and social media, only to be replaced by the next one.

But one crisis has had our constant attention for the last several years: Canada's opioid crisis. This tragic story has stayed with us; the images of people dying on the streets of Vancouver and other cities across the country have now become all too familiar.

In the last two years, nearly 3,000 British Columbians have died due to an overdose of tainted opioids. And the deaths reach far beyond the concentration of Vancouver's Downtown Eastside. In households across the province, primarily young men are dying alone after taking a drug they thought to be heroin. The issue hit close to home for me last April when a friend's son died of an overdose. He fit the profile: 38, employed, apartment dweller. He had a naloxone kit, but the two doses didn't work, and he died alone. I have seen firsthand the impact on the health-care team that cared for him and the pain in my friend's heart that will never go away.

Our provincial government, along with many municipal governments, has made stopping the deaths a priority. And organizations like the BC Centre on Substance Use, BC Centre for Disease Control and BC Centre for Excellence in HIV/AIDS, along with countless other individuals involved in treating patients with addiction, have brought passion and commitment in working to stop the death toll. The BCPhA has been involved in some of the committees focused on looking for new ways in which to address this very real crisis. But despite all those ongoing efforts, the tide is not turning.

On the frontlines of pharmacy, many community pharmacists are involved in dispensing OAT, which provides an often daily touchpoint for patients and an opportunity to seek further support. The recently launched OAT training is designed to ensure pharmacists have the right tools and resources to make increased contributions to the treatment of their patients with opioid use disorder.

We believe pharmacists are ideally suited to help respond to this crisis by initiating OAT therapy and identifying patients at risk of opioid addiction. As the primary point of contact for a patient wanting help with their addiction, pharmacists are in a position to respond immediately, as well as help coordinate an ongoing care regimen with the patient's full health-care team. Pharmacists also have the capability of flagging potential issues for patients at risk, based on information available via PharmaNet.

Pharmacists have a bigger role to play in addressing B.C.'s opioid crisis and we invite the Minister of Mental Health and Addiction to work with us to make an important contribution to stemming the tide of opioid-related deaths in our province. T

The Tablet asks our contributors:

"What do you see as pharmacy's top priority for 2019?"

Derek Desrosiers is President and Principal Consultant at Desson Consulting Ltd. "I see a real need for pharmacy to work hard at developing and implementing economic models to sustain the expanded scope of practice pharmacists have in many provinces. New services are not being delivered to patients in many cases because no sustainable payment model exists to support the delivery of those services."

Angie Gaddy is the Director of Communications for the BC Pharmacy Association and Editor in Chief of *The Tablet*. "Advocacy. The best way to do this is through the general public. Pharmacists have the training and ability to do more, but patients may not always see it. Each interaction is a chance to show what pharmacists can do."

Dorothy Li is a pharmacist with the BC Drug and Poison Information Centre. "In my opinion, pharmacists' access to laboratory test results should be top priority for 2019. It would help with current practice to ensure safe and effective drug therapy and is a stepping stone to the future of pharmacy practice."

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.

Two fourth year pharmacy students at the University of British Columbia were awarded BCPhA scholarships for the winter academic season. **Allen Yeh** and **Alex Assumption** each received $1,676 for the semester, selected by UBC's Faculty of Pharmaceutical Sciences.

The Association's **5th annual BCPhA Student Sponsorship Competition** was held on Feb. 6, 2019 at the UBC Pharmaceutical Sciences Building. Pharmacy students were tasked to imagine themselves as consultants to a community pharmacy and develop a unique clinical service offering to distinguish themselves from others, benefit their patients and help advance the profession. BCPhA sponsors the top five teams (20 students) yearly to attend the conference by offering full conference registration passes and shared accommodation. Third-year students **Michelle Ebtia**, **Doris Stratoberdha**, **Jenah Alibhai**, and **Tina Shafiee** won first place. Entitled the Women's Pharmacist Clinic, their vision is to promote women's health by providing specialized, reliable, and evidence-based pharmaceutical services throughout their lifespan.

Board member Mark Dickson named pharmacy leader

BC Pharmacy Association Board member **Mark Dickson** was recognized this winter as one of Canada's leaders in pharmacy.

Dickson was one of 11 forward-thinking pharmacy professionals to be honoured by Pharmacy U's annual Leaders in Pharmacy designation, supported by Pfizer Canada Inc. and *Pharmacy Practice+ Business* magazine.

The focus of the 2019 group of leaders is taking action to enhance value for patients. Leaders from community pharmacy, academia, professional organizations and the corporate sector agree on the critical importance of building strong, ongoing relationships with patients.

"What excites me the most about being a pharmacist is having the opportunity and the ability to help people live well and lead a healthier life," Dickson shared with Pharmacy U, a national forum and educational conference for discussion on enhancing the role of pharmacy in Canada.

"At the end of the day, if pharmacists want to continue to be one of the most trusted professionals, we have to put the patient above the drugs and above the economics of the business."

Currently the principal of M.D. Hygieia Advisory, a small consultancy focused on drug distribution, medication utilization and sustainable health-care service provision, Dickson has been a member of the Association's Board since 2014. He serves as the Canadian Pharmacists Association Board representative for BCPhA.

Beginning his career as a hospital and later community pharmacist, Dickson completed the MBA program at Simon Fraser University and moved into executive roles within the industry, including as a district manager for Shoppers Drug Mart, a national director of pharmacy for Pharmasave Drugs, and most recently as the CEO of Peoples Drug Mart, tasked with the development and implementation of a strategy for dissolving the business and successfully moving members into new banner partnerships.

To meet all of the 2019 Leaders in Pharmacy, visit pharmacyu.ca. T

PHOTO CREDIT: COURTESY OF MERCY SHIPS

From Prince George to Africa

For many people who come across an inspirational story on a humanitarian organization, they want to help — perhaps through a financial donation or a call-to-action to their friends and family on social media.

But for community pharmacist **Sandy Hewitt** and her husband Larry, a biomedical technologist, a feature story caught on *60 Minutes* one Sunday evening while at their home in Prince George changed their entire lives, inspiring them to temporarily leave their jobs, family and friends behind to pursue an unexpected calling.

"We never, ever felt we would do anything like this," says Hewitt. "It was not part of our plan at all; it just came upon us."

The subject of that life-changing story was Mercy Ships, an international faith-based organization that operates hospital ships run by volunteers to provide free health care in developing nations. Now in their fourth year on board, the Hewitts are currently volunteering their time and professional skills as a senior pharmacist and senior biomedical technologist in Conakry, Guinea, a coastal country in western Africa. Stationed in the port city until June 2019, Mercy Ships will provide more than 2,000 life-changing surgeries for adults and children, as well as more than 8,000 dental procedures, in its 10-month stay.

How did you get started in pharmacy?

I wanted to do something in health care, and my dad suggested pharmacy, which likely swayed me in that direction. I enjoyed it while studying at the University of Alberta and spent 19 years working in various locations throughout Alberta — Edmonton, Calgary, Sherwood Park, Fort Saskatchewan — while also raising our two children (now 24 and 22 years old). In 2006, we moved to B.C. after my husband's biomedical technologist job with Canon Medical Systems (formerly known as Toshiba Medical) was transferred to Prince George.

When did you first learn about Mercy Ships?

My husband, Larry, and I were watching *60 Minutes* one evening in 2015 and we saw an excerpt on Mercy Ships. I was quite intrigued and he was really interested as well. There was just something that sparked in us; it was the first opportunity where we could actually use the skills we had developed in our professional careers to serve people. We only later found out that we had both gone online that week to see what volunteer positions were available, and we decided that if we were both interested we should pursue it.

What is involved in volunteering with Mercy Ships?

Everything on the ship is entirely volunteer, from the doctors and dentists to the housekeepers, cooks and receptionist.

In addition to that, we have to raise money in order to come and serve to pay for our travel, accommodation and food. As senior pharmacist, my volunteer commitment is a two-year position, which I have extended to four years. Each year, we stay in a country for 10 months, from September to June. During the summer break, the ship sails into the Canary Islands for maintenance and volunteers return home to see family and friends, and also raise funds for the following year. Each summer, we have spent two to three weeks driving around western Canada, visiting supporters, putting on information nights, talking at churches and in people's homes, in order to raise funds for serving on board Mercy Ships.

What is your role with Mercy Ships?

As senior pharmacist, I manage our team of three pharmacists. We alternate in our roles; we restock meds, go on clinical rounds with doctors, do chart reviews with the wards, or stay in our ship pharmacy and dispense meds for either hospital patients or our own crew. I have a fair bit to do with ordering medications, which is an unusual process, being so far away from our regular supply. There is a lot of planning ahead, basing our orders on past years' surgeries and medical needs, in order to have the right stock at the right time. We receive our medications from both the U.S., which takes about two months to arrive, and Europe, which takes about one month to arrive. There are lots of individual

PHOTO CREDIT: COURTESY OF MERCY SHIPS

Sandy Hewitt is the senior pharmacist on board with Mercy Ships, stationed in Conakry, Guinea until June 2019. The volunteer medical team will provide more than 2,000 life-changing surgeries and more than 8,000 dental procedures in its 10-month stay in the African country.

patients who may have more complex medication needs, but as a whole, medications are actually fairly straightforward. Africans are very resilient people and their pain threshold seems higher than in North America.

What is life like on the ship?

Before it became the Africa Mercy, our ship was a rail ferry in Denmark, and it currently houses a crew of about 400 to 450 people, as well as up to 80 hospital patients at any given time. If you come as a single person, you might stay in a 4-, 6-, or 10-berth cabin, but couples have their own private cabin. We eat breakfast, lunch and dinner in a common eating area, and work Monday to Friday from 8 a.m. to 5 p.m., with a one-hour lunch break. We're very well cared for, and I love not having to cook or do dishes! From our cabin, we walk through a corridor, down a set of stairs and then we are at our offices! We all live and work in a very small space and we become close with our fellow crew members. We play board games, have movie nights, birthday parties and Christmas craft fairs. We sometimes have excursions where we'll hire a boat to take us to a nearby beach.

What is the most meaningful part of this experience?

We get to be involved with people who would have had no hope, but because someone was able to provide basic, simple surgeries, they suddenly have hope again. Seeing beyond yourself to make a difference in other people's lives is pretty amazing. T

To learn more about Mercy Ships Canada or to make a donation, visit mercyships.ca. To read more about Sandy and Larry's story, visit larryandsandyhewitt.wordpress.com.

The BC Pharmacy Association will introduce e-Voting into its Board elections in a multi-year phased approach beginning in 2019.

E-Voting introduced in 2019 Board elections

BY ANGIE GADDY

General members of the BC Pharmacy Association will have an easier ability to vote for their Board members with the introduction of electronic voting this fall.
Since 2016, the Association has explored bringing in an electronic voting system to replace the current paper ballot voting system.

During the last Annual General Meeting in May 2018, BCPhA members voted to bring in electronic voting for Board elections in 2019, which will take place on Nov. 1.

"With the changing way that ballots are being handled for other organizations' voting systems, it made sense for the Association to look at this as a viable option," says Gary Mui, Controller, who is leading the project for the Association.

To ensure all eligible members have a vote, the electronic process will be phased in over the next few years, allowing members the choice to vote either electronically or by traditional paper ballot.

"The democratic process has to be protected," Mui says. "We want all members eligible to vote to have an opportunity to do so."

That's why the Association will be contacting members to ask which method they prefer.

Over the next several months, staff at the Association will be contacting members to make sure contact information is correct and up-to-date. Members are encouraged to keep their contact information updated by signing in to their accounts online at bcpharmacy.ca and making changes as necessary.

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, 2019, to submit their nomination to be listed on the fall ballot. Ballots will be mailed on Oct. 8, which provides the same timeline as past Board elections. Historically, the election period — from nomination deadlines to mailing of ballots to counting the votes — has been a little more than two months long.

Official discussions on electronic voting began in 2017, when the BCPhA Board of Directors established an e-Voting Working Group, tasked with looking at the impacts of using electronic voting in the Association's elections. The group made several recommendations to the Board, including the need to move to an electronic voting system in stages over the period of several years, and to not immediately eliminate the use of traditional mail-in ballots.

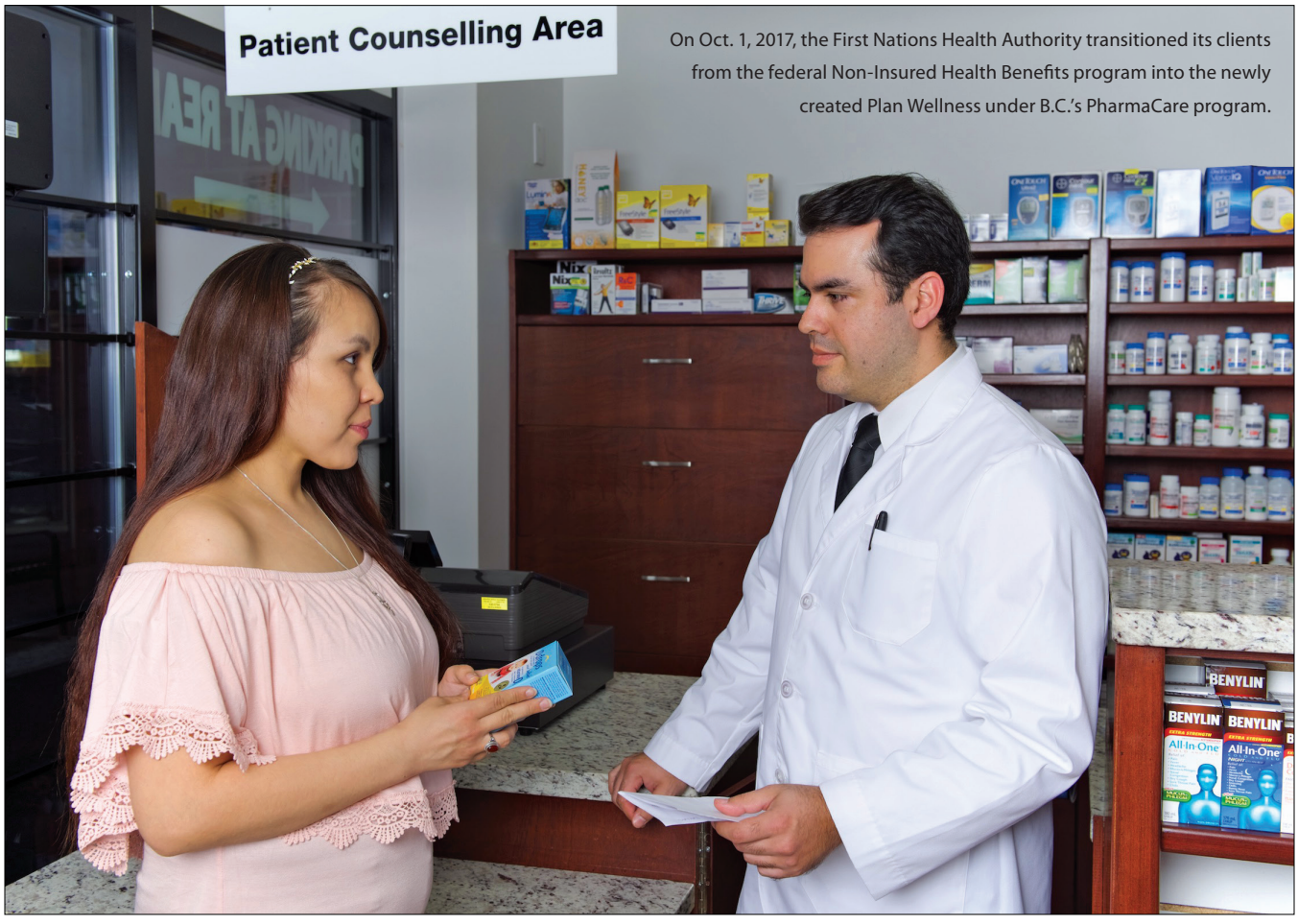
Watch for more information on e-Voting to be shared with members over the next several months.

Members eligible to vote in Board elections are all active general members on the date voting lists are pulled, which will be Aug. 23, 2019.

Nomination Deadline
September 27

Mailing Paper Ballots
October 8

Election Date
November 1



On Oct. 1, 2017, the First Nations Health Authority transitioned its clients from the federal Non-Insured Health Benefits program into the newly created Plan Wellness under B.C.'s PharmaCare program.

PHOTO CREDIT: COURTESY OF FIRST NATIONS HEALTH AUTHORITY

Supporting pharmacy care for Plan Wellness patients

BY ANGELA POON

The BC Pharmacy Association is partnering with the First Nations Health Authority (FNHA) to support pharmacists in effectively navigating PharmaCare's Plan Wellness, apply its policies in their practices and to support the pharmacy care provided to First Nations in British Columbia.

On Oct. 1, 2017, the First Nations Health Authority transitioned its clients from the federal Non-Insured Health Benefits (NIHB) program into Plan Wellness, a newly created plan in B.C.'s PharmaCare program. Plan Wellness is structured to enable a holistic and health equity lens that considers the realities and context of First Nations in B.C.

B.C. pharmacist and owner of Pharmasave Tofino, Laura McDonald, was contracted by the BCPhA to develop training materials and help facilitate community engagement sessions in several communities that serve large Indigenous populations, including Prince Rupert, Terrace, Prince George and Hazelton. McDonald speaks from her own experiences as a pharmacist and pharmacy owner providing services to a First Nations community that is accessible only by boat or float plane, and also hosted several webinars for pharmacists across the province in 2017.

In 2019, as community pharmacists continue to work towards finding solutions for their Plan Wellness patients, McDonald will join a comprehensive panel of speakers to further engage pharmacists throughout B.C. communities to address information gaps, offer further education and invite and receive feedback from the field.

"Our first round of community engagement sessions in 2017 and 2018 was helpful and informative in launching the Plan Wellness transition," says Jerry Mejia, a specialist with the BCPhA Pharmacy Practice Support team. "Our goal in this new collaboration is to reach communities we were unable to visit the first time around, as well as to identify the areas of the program needing further clarity and assistance. We aim to provide solutions and troubleshooting resources to address common issues."

The team, which includes representatives from BCPhA, FNHA, PharmaCare

and the Ministry of Health, held its first engagement session in Kamloops, on Nov. 8, 2018, with 32 pharmacy professionals from seven pharmacies in attendance.

"It was really well received," says McDonald, of the Kamloops session. "It's great to recognize all the work that has been done in making this transition happen, from the FNHA to the pharmacists out in the field. Everyone has handled it very gracefully, and there is a real desire for continued learning. It's exciting to be able to fine-tune our training resources a little bit and establish some of the areas in which pharmacists are getting stuck."

Some of the most common challenges are the volume and turnaround time of special authority status requests, as well as timely access to medications for all patients, notes McDonald.

"It's great to see the team collaborating to help bridge some of these gaps," she adds. "PharmaCare is such a key player in all of this and so to have them hearing the voices and concerns that are impacting patients getting their medications is essential."

While further sessions will take place in several communities throughout the first half of 2019, including Duncan, Prince Rupert, Prince George and Campbell River, all pharmacists are encouraged to learn more about the Plan Wellness program, as well as the overarching practice of cultural safety and humility. The practice of cultural safety and humility is the process of recognizing and striving to address the power imbalance and systemic biases inherent within the health-care system. As the FNHA website states, "Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience."

"This is a growth opportunity for all communities," notes McDonald.

To learn more about the Plan Wellness program for FNHA patients, attend an upcoming webinar at bcpharmacy.ca/education/etraining. For further information, visit:

- fnha.ca/benefits/pharmacare-transition for overview guides, coverage request forms, formularies, and PharmaCare newsletters
- bcpharmacy.ca/education/etraining for access to BCPhA's eTraining course and past webinars

To learn more about cultural safety and humility, visit fnha.ca/wellness/cultural-humility or take the online San'yas Indigenous Cultural Safety Training program for all B.C. health-care workers at sanyas.ca. T

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Finding solutions at Association's annual conference

Keynote speaker and patient safety advocate Melissa Sheldrick makes heartfelt case for mandatory error reporting **BY ANGELA POON**

Melissa Sheldrick lost her eight-year-old son due to a medication error at her local pharmacy. The mother, teacher and patient safety advocate will headline the BC Pharmacy Association's 2019 conference in May.

PHOTO CREDIT: COURTESY OF MELISSA SHELDRICK

BC Pharmacy Association members can expect some exciting and engaging changes at this year's annual conference, which will take place in Vancouver for the first time in more than a decade.

Condensing from three to two days — May 10 and 11, 2019 — this year's conference is designed to make a big impact on delegates, from frontline pharmacists representing all parts of the province to key decision makers from across Canada. Centred on the theme of 'finding solutions,' conference speakers and topics will address ideas for finding solutions for payers, for pharmacists, and above all, for patients.

"Everything we do in our role as pharmacists is ultimately about patient care," says Linda Gutenberg, BC Pharmacy Association's deputy CEO and director of Pharmacy Practice Support. "The conference will feature a range of engaging and thought-provoking therapeutic content, but with all of our different speakers, what we're trying to do this year is bring it back to the patient. How can we impact their lives? How can we continue to improve patient safety and quality care?"

Patient safety advocate Melissa Sheldrick will address these questions and more in her heartfelt case for mandatory error reporting as the conference's keynote speaker. An elementary school teacher and mother who lost her eight-year-old son in 2016 due to a medication error, Sheldrick shares her personal tragedy with others in an effort to increase the safety of Canada's health-care system for all patients. Invited to be a part of the College of Ontario Pharmacists Medication Safety Task Force, Sheldrick was an integral part of the College's introduction of the medication safety program in Ontario in 2018. She has spoken with numerous pharmacy groups, including most recently at the Canadian Pharmacists Association conference in New Brunswick in the summer of 2018.

"As the College of Pharmacists of BC is in the early planning stages of what a medication safety program would look like in B.C., we have the opportunity to hear from the patient directly why this is an important step for pharmacists," says Gutenberg, who was a member of Sheldrick's audience at the CPhA 2018 conference.

Another popular topic being covered at the conference is medical cannabis with several experts presenting on studies being done and therapeutic guidelines as well as James O'Hara, President and CEO of the patient-run non-profit agency Canadians for Fair Access to Medical Marijuana, who are advocating for pharmacies to be the distribution point for medical cannabis.

The role of therapeutic nutrition in managing Type II diabetic patients will be explored by Sean McKelvey, who will be presenting preliminary findings on a therapeutic nutrition study for diabetic patients done in conjunction with the University of British Columbia that has shown amazing results in reducing medications and improvement in the patient's diabetes.

Dr. Christy Sutherland will present on therapeutic considerations when initiating OAT therapy and why some patients are started on buprenorphine/naloxone therapy, while others are started on methadone. The role of Metadol-D® will also be discussed.

Delegates will be invited to attend breakout sessions throughout the conference, to hone in on the topics and speakers of greatest interest and relevance to their role and community. The conference trade show will be held on Friday, May 10 in the evening, and the BCPhA's 2019 Pharmacy Excellence Awards Gala will be held on Saturday, May 11 to finish the conference celebrating the amazing pharmacists in B.C.

To learn more about the 2019 conference and to register, visit bcpharmacy.ca/conference. T

Pharmacist Anita Fong provides information on the London Drugs hepatitis C screening program.

PHOTO CREDIT: COURTESY OF LONDON DRUGS

London Drugs expands hepatitis C screening program

A screening program for hepatitis C has been expanded at London Drugs, a member pharmacy with the BC Pharmacy Association. In November 2018, the B.C. pharmacy chain announced it would expand its potentially life-saving screening program from five locations to seven.

According to the BC Centre for Disease Control, approximately 80,000 British Columbians are believed to be infected with hepatitis C, with many unaware they harbour the blood-borne virus that can often take decades before symptoms are revealed. And with about 2,500 new cases of hepatitis C confirmed each year in B.C., our province is home to one of the highest rates of new cases per year in Canada. The Canadian Association for the Study of the Liver recommends that all Canadians born between 1945 and 1975 get tested for the virus.

"Making screening more accessible is critical to helping those at risk receive an early diagnosis," says Jane Xia, London Drug's manager of Specialty Pharmacy and Services. "Early diagnosis is important to help patients avoid potentially serious liver disease, including liver failure, cirrhosis and liver cancer."

The London Drugs screening process involves a finger prick test at the pharmacy using a technology called the OraQuick HCV rapid antibody test, which provides conclusive results for patients within 20 minutes. The cost of the test is $24 and not covered by health insurance.

For those receiving a positive result, patients will be referred by the pharmacist to their family doctor for a diagnostic lab test. Pharmacists also provide initial counselling regarding the potential diagnosis and education about the ability to cure hepatitis C.

"We are committed to expanding the program and increasing awareness among those who may have been exposed," says Xia, who adds that more London Drugs pharmacists are being trained to accommodate the expanded program.

Hepatitis C screening is now available at London Drugs locations in Richmond, Surrey, West Vancouver and in four stores across Vancouver (Victoria Drive, West Broadway, Granville & Georgia and Kerrisdale).

More information is available at londondrugs.com. T

Healthy medication use

What we can learn from *Coyote's Food Medicines*

First Nations Health Authority and Doctors of BC use Indigenous Storytelling to help educate

In summer 2018, The First Nations Health Authority (FNHA), in collaboration with Doctors of BC and the B.C. provincial government's Shared Care Committee, launched *Coyote's Food Medicines*, an innovative storytelling project and campaign focused on healthy medication use. The story was created after Secwepemc Elders met in 2016 to share their thoughts and experiences of their community's use of medicines. It is from their conversation and guiding words that the *Coyote's Food Medicines* story emerged.

The resource was initially launched at the BC Elders Gathering, reaching thousands of Elders. The overall goal was to raise awareness among Elders and their supports around the issue of healthy medications use, or polypharmacy — a term used to describe when multiple medications are being taken and the benefits no longer outweigh the risks. Without any medication review by a health-care provider, the potentially negative health impacts of polypharmacy are high.

Coyote's Food Medicines storybook can help guide important conversations about healthy medication use

Storytelling has always been a traditional way in Indigenous communities to share knowledge, wisdom and humour. The story of Coyote, and his lessons and teachings as they relate to wise use of medicines, features the tradition of storytelling as a tool to help educate and start the conversation between First Nations people and their health-care providers. Every person has the right to know why they are taking medications, and what they are putting into their body, but for some First Nations people, they worry it may be considered rude or disrespectful to question what medications they are prescribed. The *Coyote's Food Medicines* storybook was created to encourage First Nations Elders and their caregivers to ask their health-care providers about the medications they are taking.

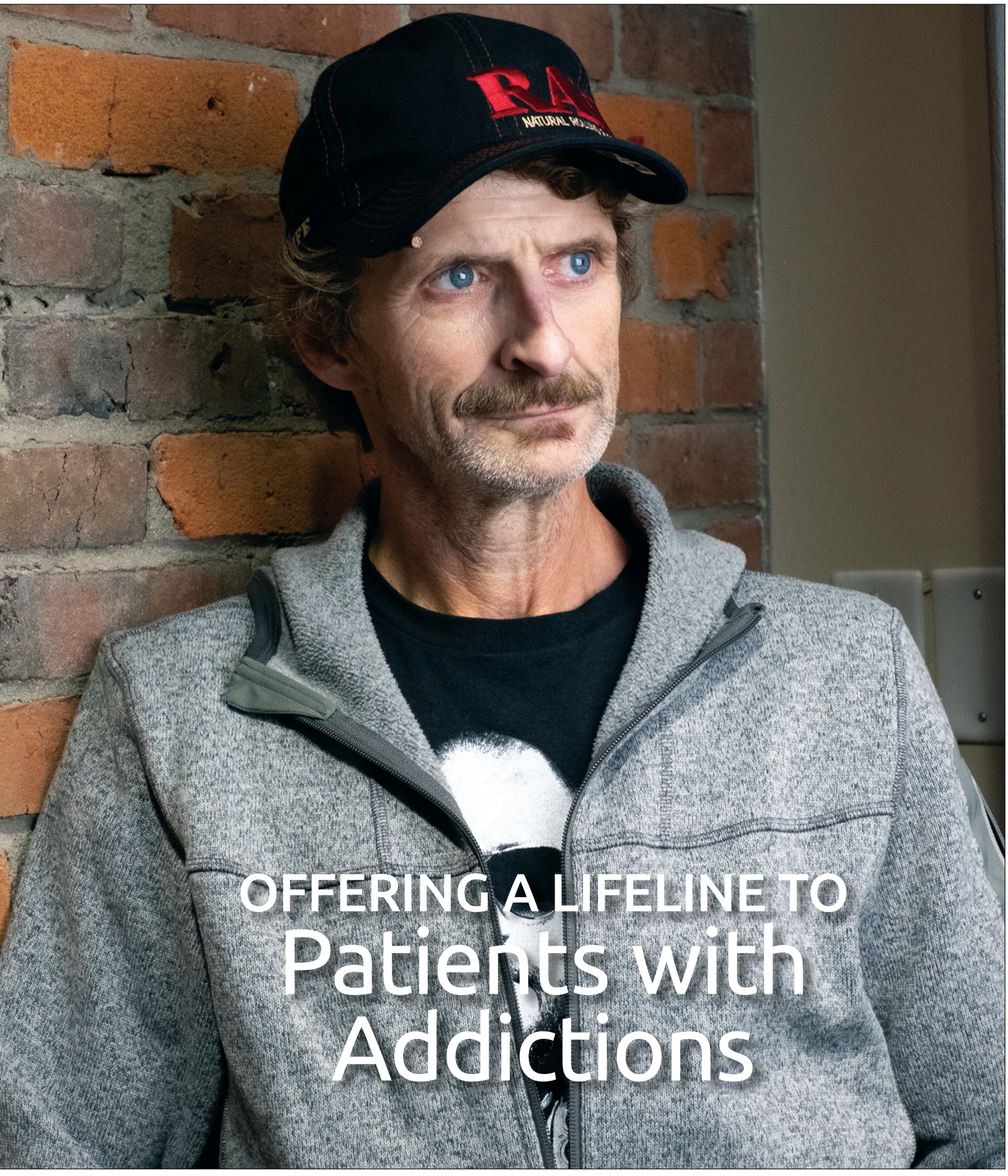
Coyote's Food Medicines is being re-launched in 2019, this time to include health-care providers and prescribers, including doctors, nurse practitioners, nurses and pharmacists. The goal is to spark opportunities for health-care providers to initiate conversations with First Nations communities and individuals about healthy medication use, the issue of polypharmacy and the potential adverse impacts to health.

The *Coyote's Food Medicines* storybook can also offer a way for Elders in First Nations communities to start conversations with their health-care providers, and feel more comfortable asking questions about their medications. Additionally, the book can facilitate reciprocal learning, where the health-care providers will gain knowledge and have the opportunity to explore potential barriers to health care from a First Nations perspective, with cultural safety and humility playing a key role.

To request copies of the book, contact resources@fnha.ca. Learn more, watch the Coyote Story video, or read/download the book at fnha.ca/coyotestory.

A page from the book *Coyote's Food Medicines*, a storytelling project and campaign focused on healthy medication use, launched by the First Nations Health Authority, in collaboration with Doctors of BC and B.C.'s Shared Care Committee. The project is re-launching in 2019 to target health-care workers including pharmacists.

PHOTO CREDIT: COURTESY OF FIRST NATIONS HEALTH AUTHORITY



OFFERING A LIFELINE TO Patients with Addictions

A new opioid agonist treatment training program will equip B.C. pharmacists with the latest information and techniques for treating patients with drug addictions

BY ANGIE GADDY + PHOTOS BY VINCENT CHAN

Ten years ago, Carol Glover was diagnosed with cervical cancer at just 26 years old. She underwent radiation, surgery and chemotherapy and was prescribed pain medication. Soon, she realized she was addicted and informed her doctors of her concerns.

"It was kind of a clean break. It was like, 'Okay, we're going to stop giving you the Demerol®, the hydromorphone and the oxycodone.' It was pretty much cold turkey," she says.

But the 36-year-old nurse from Mission says she didn't realize how strong opioids' pull would be on her body. She started to buy pills, which became too expensive. She then moved on to street drugs like heroin. And tried detoxing on her own.

"I was very close to just ending it. I had struggled with opiates for a very long time," Glover says. In 2012, she began on methadone maintenance, which is part of the opioid agonist treatment (OAT) program.

And she credits her daily interaction with her community pharmacist with helping save her life.

In British Columbia, which is ground zero for the opioid overdose crisis, nearly 3,000 people have died from illicit drug overdoses in the past two years. As of Mar. 31, 2018 — the latest figures available — more than 29,667 British Columbians were on opioid agonist treatment, a line of treatment that helps decrease a person's cravings for opioids and manage withdrawal symptoms through the use of buprenorphine/naloxone, slow-release oral morphine and/or methadone (see sidebar).

In their role, community pharmacists provide often daily interaction with patients with opioid use disorder, helping them receive their OAT medications, witnessing ingestions and working with their physicians.

Until recently, pharmacists dispensing OAT were only required to take an online course about methadone maintenance. But it became clear that in the fast-changing world of addictions care, there was a need to enhance the training pharmacists receive on OAT based on the latest evidence and research.

> *"For someone who's lived a life of addiction, they have maladaptive coping skills. Understand where those behaviours come from, that it's from a life of struggle, it's from a life of violence, often, and a lot of loss and a lot of grief."*
>
> — Cathy Zarchynski,
> Clinical Nurse Specialist,
> First Nations Health Authority

With funding from the Ministry of Health, the Ministry of Mental Health and Addictions, and Health Canada's Substance Use and Addictions Program, and working closely with the First Nations Health Authority, the BC Pharmacy Association developed a robust OAT training program consistent with the BC Centre on Substance Use (BCCSU) guidelines, the updated professional practice policies of the College of Pharmacists of BC, and the requirements of the Ministry of Health. It launched Dec. 3, 2018 with the first in-person workshops taking place in January 2019 (see sidebar).

From the planning stages, it was clear that pharmacists who dispense OAT deserve to have train-

(Opposite page) Diagnosed with Crohn's disease at 21, Sean Williams became addicted to opioids after being prescribed oxyco-done to manage the pain he experienced follow-ing several corrective surgeries. It took a caring pharmacist to help him manage his methadone treatment.

(Left) Pharmacy Manager Alykhan Alladina works with patients on OAT at Community Apothecary in Burnaby.

(Right) Former OAT patient Carol Glover credits her daily interaction with her pharmacist with helping save her life.

ing that is comparable to the training required of prescribers.

"This training is unlike anything that exists for pharmacists in Canada," says Geraldine Vance, CEO of the BC Pharmacy Association. "Pharmacists have long been involved in dispensing OAT. This training sets a new bar, and I believe pharmacists who take the training will be well satisfied by what they have learned and able to put their knowledge into practice for the betterment of their patients."

The training is accredited for 12 hours of continuing education credit, which includes six hours of online learning before taking a six-hour interactive face-to-face workshop with trainers.

Increasing pharmacists' expertise in their understanding of the roots of addiction, the complexity of the population dealing with opioid use disorder and how new therapies work makes sense.

Along with clinical knowledge and practical applications of College and Ministry requirements, a key component of the training is hearing from patients about their challenges and why communication is so important to them.

"It's really easy to let those softer parts of health care go to the wayside, just because you don't have the time or it's just something that maybe you've forgotten how to do," says Pharmacist Alykhan Alladina, Pharmacy Manager at Community Apothecary in Burnaby, who works with patients on OAT. "Those relationships are key because if you want to be taken seriously as a provider, I think that relationship building is a big part of it. What is going to help you with your patients to make sure that they feel better?"

> *"I remember [my pharmacist] saying to me, 'This is the first day of the rest of your life.' And that stuck with me."*
>
> — Carol Glover

Patient Sean Williams agrees.

At 21 he was diagnosed with Crohn's disease and was using morphine and acetaminophen to manage the pain. After several surgeries, a doctor prescribed him oxycodone. He ended up in Vancouver's Downtown Eastside buying pills off the street.

After being introduced to methadone, it worked. But he had his experience with a few "bad apple" pharmacists who treated him like a number, he says, before finding the pharmacist who provided him with the care he deserved.

"Being treated with respect, it means a lot to me," Williams says. "I feel good, like it's not just all medicine, 'Here's your pills, see you later.' I feel appreciated."

For prescribers and pharmacists working in addictions care, what's most important is understanding the goals of the patient and the complexity of patients with opioid use disorder.

"For someone who's lived a life of addiction, they have maladaptive coping skills. They're going to get angry, they're going to lash out and they're going to swear, they're going be late," says Cathy Zarchynski, a clinical nurse specialist in addictions with the First Nations Health Authority. "They're not going to be a classic person that presents to a pharmacy. Understand where those behaviours come from, that it's from a life of struggle, it's from a life of violence, often, and a lot of loss and a lot of grief."

For Carol Glover, it was the relationship with her pharmacist and pharmacy team that helped her reach the goal she had

given to herself. Completely off methadone since August 2017, she is present for her child, has taken up martial arts again and is focused on self care.

"Over time, it became a family," she says. "I loved checking in. I asked to come in every day rather than take carries [methadone dose that could be brought home]."

It was her pharmacist who told her she was finally ready to finish methadone before a family trip to Ontario. Carol was on such a small dose, it was doing nothing clinically for her, but she had been too scared to stop.

"I remember him saying to me, 'This is the first day of the rest of your life.' And that stuck with me," she says. "I hope that future pharmacists understand the impact that they can make, in our day, and our lives." T

Opioid Substitution Therapy in B.C. By The Numbers

	06/01/17	03/ 31/18	% change
B.C. providers that prescribed opioid substitution therapy	853	1,602	88%
B.C. patients on opioid substitution therapy	22,742	29,667	30%
New B.C. patients on opioid substitution therapy	2,470	7,029	185%
B.C. pharmacies that dispense opioid substitution therapy	1,032	1,131	10%

Source: BC Ministry of Health

OAT WORKSHOPS NEAR YOU

This accredited course is the first of its kind in Canada in that it focuses solely on the needs of community pharmacists and technicians in delivering care to patients with opioid use disorder.

This course will be required for all registrants (pharmacists and pharmacy technicians) who are employed in a pharmacy dispensing OAT according to the College's updated *Professional Practice Policy-66: Opioid Agonist Treatment.*

For pharmacists, the course includes an online self-study component that must be completed before attending an in-person workshop. The following workshops* may be available for registration:

- March 9, 2019 - Kelowna
- March 14, 2019 - Surrey
- March 16, 2019 - Penticton
- March 23, 2019 - Coquitlam
- March 28, 2019 - Vancouver
- April 7, 2019 - Surrey
- April 13, 2019 - Kamloops
- April 27, 2019 - Prince George
- May 12, 2019 - Vancouver

*More dates and locations will continued to be added. Locations to be served include, Castlegar, Cranbrook, North Vancouver and Vernon. Other tentative locations include Dawson Creek, Powell River, Quesnel, Sechelt, Smithers, Squamish, Terrace and Williams Lake. To register and find a workshop, log on to bcpharmacy.ca/oat.

(Left) Surrey-Fleetwood MLA Jagrup Brar received his flu shot and a tour of a nearby Shoppers Drug Mart from pharmacist-owner Allan Wong. (Right) Pharmasave pharmacist Eric Novak spoke with Surrey-Panorama MLA Jinny Sims during a recent pharmacy visit.

Association launches pharmacy tours as part of advocacy program

BY ANDY SHEN

This March, the BC Pharmacy Association will launch a new advocacy program, in honour of Pharmacist Awareness Month, which each year celebrates and educates Canadians about the contributions that pharmacists make in the delivery of health care.

The new program, called Take Your MLA to Work, will give MLAs an inside look at how pharmacies operate, showcase the many services that pharmacists provide and demonstrate pharmacists' accessibility to patients. Pharmacists in the MLA Outreach Program will be giving these pharmacy tours to MLAs.

"This program provides a unique opportunity for our community pharmacists to advocate for the profession through an effective, hands-on approach," says Geraldine Vance, CEO of the BC Pharmacy Association (BCPhA).

As B.C. faces growing demands on health resources and services due to an aging population, continued barriers in accessing family physicians and challenges in the recruitment and retention of health professionals in remote and rural areas of B.C., the BCPhA believes community pharmacists have the capacity to be a better utilized member of the health-care team.

"Pharmacists are trained to do more than dispense pills," says Linda Gutenberg, BCPhA's Deputy CEO and Director of Pharmacy Practice Support. "By expanding pharmacists' scope of practice, and using their expertise and their accessibility, B.C. can realize more value from our health system."

Some members of the BC Pharmacy Association had the opportunity to offer pharmacy tours to their local MLAs during the flu season, at the end of 2018. While some MLAs accepted the invitation to receive a flu shot as well as a brief pharmacy tour, others who had already received a flu shot chose to take a more in-depth tour of their local pharmacy.

Association Board Member and Pharmasave Regional Pharmacy Manager Annette Robinson gave

tours of pharmacies to several MLAs including the Minister of Citizens' Services and MLA for Surrey-Panorama Jinny Sims and the MLA for Chilliwack John Martin.

"Through the pharmacy tours, we were able to show how pharmacists can adapt prescriptions and make a difference in patients' overall care," says Robinson. "We toured the MLAs through the pharmacy and showed the specialty compounding lab and discussed what goes on during the prescription filling process."

Robinson also showcased the differences that pharmacies provide outside of dispensing prescriptions, such as medication/hormone consultations and other clinical services to help enhance patient care.

"I felt that the MLAs were very engaged and interested in hearing how we work with patients to ensure they get the best possible care and to improve health outcomes," says Robinson.

Pharmacists across the province are working to build a better understanding of the importance of pharmacy in B.C. through our government relations program. Our goal is to ensure pharmacy's voice is heard during the development of B.C.'s health-care policies and to ensure the continuing economic viability of pharmacy in the province. T

TAKE YOUR MLA TO WORK

The Take Your MLA to Work Program will be a component of the MLA Outreach Program. If you are interested in joining the MLA Outreach Program, please contact Angie Gaddy, Director, Communications, at angie.gaddy@bcpharmacy.ca or Andy Shen, Communications Officer, at andy.shen@bcpharmacy.ca.

Every month, the BC Drug and Poison Information Centre receives on average 230 calls regarding medication errors occurring at home.

Medication errors by patients and caregivers

BC Drug and Poison Information Centre pharmacist Dorothy Li offers a review of pharmacy's most common patient-induced therapeutic errors and how pharmacists can help avoid them

BY DOROTHY LI, B.SC.(PHARM), CSPI, BC DRUG AND POISON INFORMATION CENTRE
REVIEWED BY C. LAIRD BIRMINGHAM, MD, MHSC, FRCPC
ACKNOWLEDGEMENT: VICTORIA WAN, BIOSTATISTICIAN FOR BC CENTRE FOR DISEASE CONTROL

Pharmacists routinely deal with medication errors (MEs), which often occur during medication prescribing and dispensing. Safe dispensing includes use of the "5 rights" mnemonic: right patient, medication, dose, route and time/way. But many MEs occur after our patient leaves with a correctly prescribed and dispensed medication. This article discusses how patients commit MEs and what pharmacists can do to reduce them.

Medication errors in B.C.

Every month, the BC Drug and Poison Information Centre (DPIC) receives on average 230 calls regarding MEs occurring at home. In 2018, this represented 9.7% of total calls. The majority (97%) were patient or caregiver initiated errors: 66% in adults, 30% in children 0-12 years and 4% in adolescents. There were no reported deaths, although 15% were referred/presented to Health Care Facilities (HCF)* and 5.3% had moderate or major effects. Of adults ≥ 60 years, 23% were referred/presented to HCF. Most common MEs in all age groups were: wrong medication given/taken, medication given/taken twice and other incorrect dose. Additional common MEs in children ≤ 5 years were: confused units of measure and incorrect formulation/concentration administered. The top drug classes were analgesics, cardiovascular drugs, antidepressants and hormones (insulin, oral hypoglycemics, biguanides and thyroid preparations).

"Double dosing" medication errors

An adolescent accidentally took 600 mg of bupropion XL and was referred to the emergency. She had been taking 2 x 150 mg tablets for one month. Following a switch to 300 mg tablets, she erroneously took 2 tablets, out of habit. A seizure occurred at 11 hours. This patient had no known risk factors for seizure except the double dose of bupropion, a narrow therapeutic index (NTI) drug. She knew how to take her medication but made a slip or "action-based error."

Drug shortages, which can necessitate changes in medication strength, may place patients at risk for double doses. Heightened awareness coupled with careful counselling on the potential effects of double doses for NTI drugs may prevent similar MEs.

Among 876 double doses reported to U.S. poison control centers from 2006 to 2015, life-threatening symptoms occurred in 12 cases (1%): bupropion or tramadol — seizures; beta-blockers or calcium channel

blockers — bradycardia, hypotension and heart block; and propafenone — ventricular tachycardia. With intensive care, all recovered. Moderate effects occurred in 206 (25%) cases, most commonly with calcium channel blockers, beta blockers, alpha-2 agonists, amphetamines, antidepressants, atypical antipsychotic, analgesics, insulin and sulfonylureas. While this double dose study reported no deaths, a larger U.S. study of MEs including all types of errors occurring outside of hospitals reported a death rate of 0.02%.

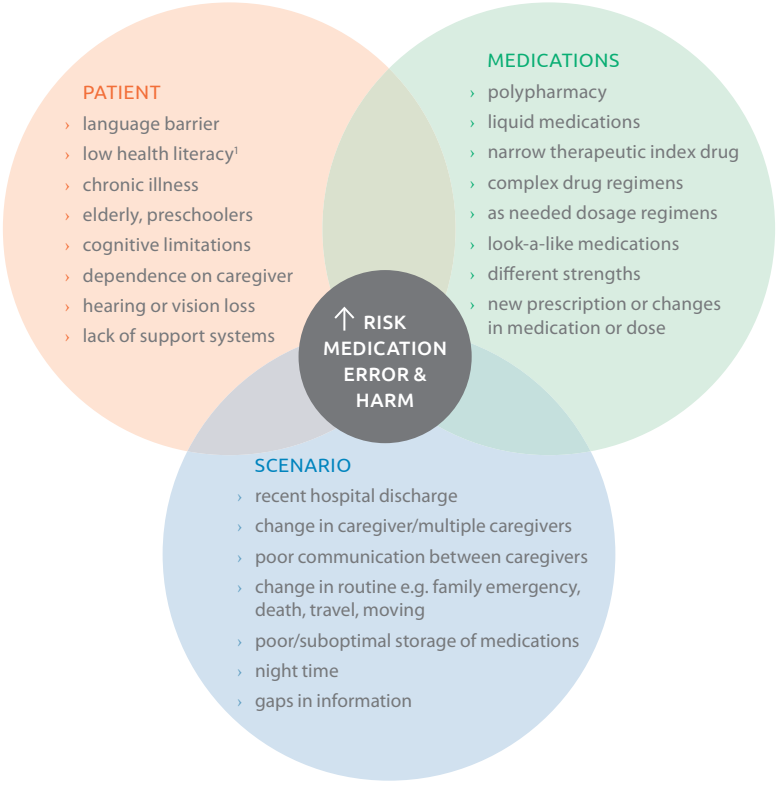
"Knowledge-based" medication errors

Two weeks after a new prescription for methotrexate and prednisone, a patient in her 90s presented to the emergency with profound mucositis. Misunderstanding the instructions, she took 5 mg of methotrexate orally each day (rather than once weekly as prescribed). She received IV leucovorin, filgrastim (G-CSF) and a blood transfusion for pancytopenia. Morphine and nasogastric feeds treated her mouth pain and dysphagia. By day 21, she was able to eat for the first time.

Advanced age, polypharmacy, new prescriptions and complex drug regimen of an NTI drug were risks for this ME. This error was "knowledge-based," resulting from not understanding how to safely take her weekly methotrexate and the dangers of daily dosing. Strategies to avoid this type of ME include careful counselling using the teach-back technique and encouraging questions by asking, "Do you have any concerns about your medication?" The Institute of Safe Medicine Practice further recommends limiting methotrexate quantity to 4 weeks, folate supplementation, regular laboratory monitoring and specifying a particular day of the week in the directions.

Methotrexate MEs resulting in life-threatening effects is not a new problem. Life-threatening pancytopenia and death occurs with as little as 3 days of consecutive dosing or a cumulative dose of 40 mg. The case above was one of 66 reported to DPIC over 7 years. The majority of these cases occurred at home (92%). The most common errors were: daily instead of weekly dosing (29%), doses too close together (27%) and incorrect amount (24%). Many patients were referred/presented to hospital (42%) and received intravenous leukovorin (24%) and G-CSF (8%). Risk factors included: new prescription, dose or route change, or complicated regimen (36%); elderly (32%), polypharmacy and multiple disease states (29%). Isolated cases involved communication problems (language or hearing) and cognitive issues.

FIGURE 1 Risks for medication errors: Patients, medications and scenarios



[1]Healthy Literacy: understanding medical terminology and basic health information, reading and math skills

Prevention

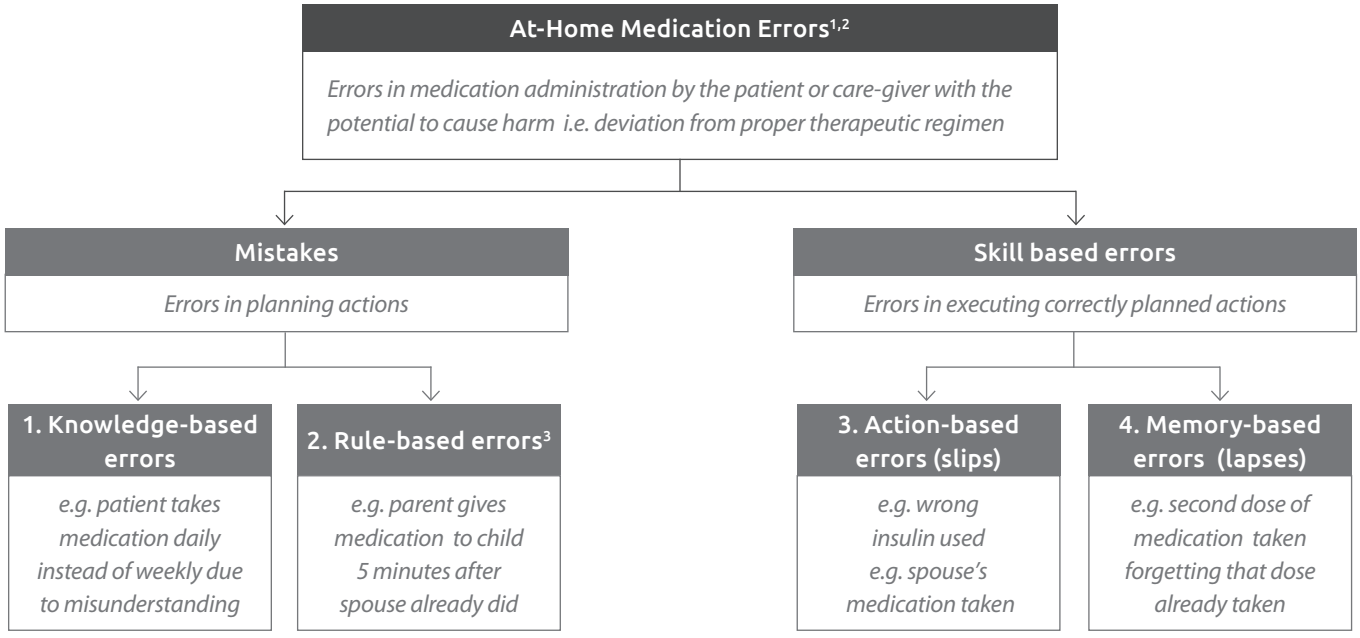
The majority of MEs at home do not cause injury. A few result in major clinical complications and some in death. The pharmacist's goal is to reduce harm associated with MEs. Regulatory strategies have effectively reduced MEs with cough and cold preparations in preschoolers. Proven frontline strategies include: pill organizers, improved patient information, helping patients calculate and measure liquid doses, active participation in treatment by patients, encouraging questions to resolve doubts, motivational interviewing technique and phone apps.

The role of the pharmacist in medication safety now goes beyond the "5 rights." By identifying patients, medications and scenarios that have an elevated risk of ME the pharmacist can tailor ME prevention strategies during the process of pharmaceutical care, dispensing and counselling (see Figures 1 & 2). For NTI drugs, extra care in counselling at-risk patients and using teach-back technique to determine the patient's level of understanding is essential. In case of inadvertent ME, call the Poison Control Centre for immediate risk assessment, recommendations and management. T

**HCF = mostly hospitals, also physician's office and medical clinics.*

An expanded article with additional examples and references will be available at dpic.org.

FIGURE 2 Medication error classification and prevention



STRATEGIES TO PREVENT MEDICATION ERRORS AND HARM — TAILOR TO PATIENT

PHARMACIST

PHARMACEUTICAL CARE

- simplify dosing regimen
- decrease polypharmacy
- substitute safer medications
- medication reviews

DISPENSING

- clear instructions; not 'as directed'
- large font size
- blister pack
- appropriately sized and pre-marked oral syringes for oral liquids
- effective printed medication information (highlight relevant bits)
- provide calendar[4]

COUNSELLING

- effective counselling (e.g. encouraging questions, teach-back[5], motivational interviewing)
- enhanced communication[6]
- demonstrating measuring technique (show-back)

PATIENT/CAREGIVER

KNOWLEDGE

- active role in treatment
- ask questions to resolve doubts

PHARMACY

- encourage using one pharmacy

STORING

- pill organizer
- keep in primary package

Store in separate locations:

- each person's medication (includes pets)
- internal vs. external medications
- medications taken seldom/weekly/monthly vs. daily
- medications taken at different time of the day
- medications vs. essential oils or household chemicals

ADMINISTERING

- take more care
- double check "5 rights" [7]
- written documentation of administration (e.g. calendar) communication between caregivers
- phone or tablet app
- caregiver administers for mentally incompetent
- extra care if tired, change in routine (moving) or distracted (serious illness or death)

LOOK-A-LIKES

- make notes on vial
- distinguish by adding colour or something tactile e.g. rubber band

SIDE EFFECTS

- consult pharmacist or physician for new symptoms

[1] Adapted by permission from: Springer Nature: *Ferner RE, Aronson JK. Clarification of terminology in medication errors. Definitions and classification. Drug Safety. 2006;29(11):1011-1022.* License Number: 4515400796463 [2] Errors are generally preventable and not intentional. [3] Rule-based errors include failure to apply good rules, applying a bad rule or misapplying a good rule e.g. for this example, the rule may have been to communicate with the spouse about giving the medication. [4] Some pharmacy computers programs have a function for printing off a calendar [5] Patients asked to describe in their own words what they learned [6] Consider using pictures, large print, different languages, interpreter or patient advocate [7] Right person, right medication, right dose, right route, right time/way

Since the early 1990s, hepatitis A and B vaccines have been part of B.C.'s publicly funded hepatitis immunization program for specified populations.

HEPATITIS VACCINES
Interchangeability and Delays in Recommended Schedules

BY JERRY MEJIA

Since the early 1990s, hepatitis A and B vaccines have been part of B.C.'s publicly funded hepatitis immunization program for specified populations. As with many other vaccines, they are usually administered as part of the infant vaccine series and routine immunization programs given at schools for eligible individuals. These vaccines can also be accessed from local public health units and since 2009, from pharmacies. Pharmacists authorized to administer vaccines may request publicly funded vaccines for patients as per the guidelines outlined in the "Pharmacist Access to Publicly Funded Vaccines" document available at gov.bc.ca. Those who have indications for the vaccines but do not meet the eligibility criteria can also purchase the vaccine(s) from a pharmacy.

Despite the plethora of available access points, not all individuals needing protection against hepatitis A (HA) and B (HB) complete or follow the recommended schedule of vaccine doses. This can be due to various reasons, such as missed appointments, however the intermittent availability of hepatitis vaccines seems to be another growing cause and barrier for patients and vaccine providers alike.

At the time of writing, drugshortagescanada.ca, which contains mandatory drug shortages and discontinuation reports, listed ongoing shortages for some monovalent HA and HB vaccines and the combined HAHB vaccine.

In light of this situation, some of the more frequent questions that the Association's pharmacy practice support department receives revolve around strategies to circumvent this supply reality. Specifically, can vaccine schedules be delayed and are hepatitis vaccines interchangeable?

Can hepatitis vaccines' schedules be delayed?

Put simply, yes. According to the BC Centre for Disease Control's (BCCDC) *BC Immunization Manual* and the *Canadian Immunization Guide* (CIG), deviating from the recommended vaccine schedules for HA (0, 6 months) and HB (0, 1, and 6 months) does not have negative effects on final antibody levels. It is not necessary to restart the vaccine series if vaccines are administered at intervals longer than recommended. The subsequent appropriate dose can be given at the next available opportunity, as long as the minimum time has elapsed since the last dose. This applies to most vaccines, except for vaccines against oral typhoid, cholera and traveller's diarrhea, and rabies.

However, an accurate and reliable immunization history should be obtained as full protection and may not be achieved until the entire vaccine series is completed. This is particularly important for individuals at high risk of contracting a vaccine-preventable disease. BCCDC has provided the following pointers when assessing a patient's history for a particular vaccine:

› Written immunization records such as Child Health Passport,

CANImmunize app, etc. are preferred. If not available, verbal history from individuals and/or their caregiver should include:
  - » Name of vaccine used
  - » Date of vaccine administration
- If sufficient details and history cannot be obtained, the individual is deemed unimmunized and the age-appropriate vaccine dose should be administered at recommended intervals (preferred).

Can other hepatitis A (or hepatitis B) vaccines be used to complete the hepatitis A (or hepatitis B) series?

Monovalent HA and HB Vaccines

Monovalent HA vaccines are considered interchangeable. There are currently three monovalent HA vaccines approved for use in Canada and any can be administered to complete the HA series regardless of the initial product used. However, the appropriate age-dependent dose of the alternate product must be used. This principle also applies to the two monovalent HB vaccines approved for use in Canada. Either product can be used to complete the HB series in the event that the previously used product is not available.

If the monovalent vaccines are unavailable, the HAHB vaccine may be given, at its recommended schedule, to an individual who is started on a monovalent hepatitis vaccine to complete either an HA or HB series.

HAHB vaccine

Although not included in B.C.'s publicly funded immunization program, the CIG recommends a combined HAHB vaccine for children and adults (except those with chronic renal failure and the immunocompromised who need a higher HB antigen dose) who need protection against both HA and HB. Ideally, the entire series should be completed with an HAHB vaccine. If unavailable, monovalent hepatitis vaccines can be used to complete the HA and/or the HB series as indicated provided that the appropriate dose and schedule is followed for the individual's current age.

Tables 1 and 2, adapted from the CIG, list some options for adult and pediatric patients to complete an HA and/or HB series depending on the patient's age and hepatitis immunization history. Table 3 contains the recommended hepatitis vaccine schedule and products that can be used by age group. T

References available at bcpharmacy.ca.

TABLE 1 Adults: HA and HB Series Completion Options by Prior Hepatitis Vaccine History

Hepatitis Vaccine History	HA series can be completed with:	HB series can be completed with:
1 dose adult HA vaccine	1 dose adult HA vaccine OR 2 doses adult HAHB vaccine	Not applicable
1 dose adult HB vaccine	Not applicable	2 doses adult HB vaccine OR 2 doses adult HAHB vaccine
2 doses adult HB vaccine	Not applicable	1 dose adult HB vaccine OR 1 dose adult HAHB vaccine
1 dose adult HAHB vaccine	2 doses adult HAHB vaccine OR 2 doses adult HA vaccine	2 doses adult HAHB vaccine OR 2 doses of adult HB vaccine
2 doses adult HAHB vaccine	1 dose adult HAHB vaccine OR 1 dose adult HA vaccine	1 dose adult HAHB vaccine OR 1 dose adult HB vaccine

TABLE 2 Pediatrics: HA and HB Series Completion Options by Prior Hepatitis Vaccine History

Hepatitis Vaccine History	HA series can be completed with:	HB series can be completed with:
1 dose pediatric HA vaccine	1 dose pediatric HA vaccine	Not applicable
1 dose pediatric HB vaccine	Not applicable	2 doses pediatric HB vaccine OR 2 doses pediatric HAHB vaccine
2 doses pediatric HB vaccine	Not applicable	1 dose pediatric HB vaccine OR 1 dose pediatric HAHB vaccine
1 dose pediatric HAHB vaccine	2 doses pediatric HAHB vaccine OR 2 doses pediatric HA vaccine	2 doses pediatric HAHB vaccine OR 2 doses pediatric HB vaccine
2 doses pediatric HAHB vaccine	1 dose pediatric HAHB vaccine OR 1 dose pediatric HA vaccine	1 dose adult HAHB vaccine OR 1 dose adult HB vaccine

TABLE 3 Vaccine Schedules by Age Group

Vaccine	Age Groups	Products and Dosage	
Hepatitis A	Aboriginal Infants: 2 doses at 6 and 18 months old	0.5 ml of Avaxim Pediatric (80 antigen units) IM 0.5 ml of Vaqta (25 U) IM 0.5 ml of Havrix 720 Junior (720 ELU) IM	
	Other eligible individuals 6 months to 18 years old (inclusive): 2 doses given 6 months apart (0, 6 months)	6 months to 15 years old:	0.5 ml of Avaxim Pediatric (80 antigen units) IM
		6 months to 17 years old:	0.5 ml of Vaqta (25 U) IM
		6 months to 18 years old:	0.5 ml of Havrix Junior (720 ELU) IM
	Other eligible individuals 19 years old and above: 2 doses given 6 months apart (0, 6 months)	0.5 ml of Avaxim (160 antigen units) IM 0.5 ml of Vaqta (50 U) IM 0.5 ml of Havrix 1440 (1440 ELU) IM	
Hepatitis B	High risk infants: 1 dose at birth followed by Infanrix hexa at 2, 4, and 6 months old	Engerix-B: 0.5 ml (10 mcg) IM at birth Recombivax HB: 0.5 ml (5 mcg) IM at birth	
	Individuals < 11 years old and 16 to 19 years old (inclusive): 3 doses given at 0, 1, 6 months	Engerix-B: 0.5 ml (10 mcg) IM Recombivax HB: 0.5 ml (5 mcg) IM	
	Routine Grade 6 program and individuals 11 to 15 years old (inclusive): 2 doses 6 months apart (0, 6 months)	Engerix-B: 1 ml (20 mcg) IM Recombivax HB: 1 ml (10 mcg) IM	
	Eligible adults 20 years and above: 3 doses given at 0, 1, and 6 months	Engerix-B: 1 ml (20 mcg) IM Recombivax HB: 1 ml (10 mcg) IM	
Combined Hepatitis A and B Vaccine *	6 months to 18 years old (inclusive): 3 doses given at 0, 1, and 6 months	Twinrix Junior: 0.5 ml (360 ELU HAV and 10 mcg HBV) IM	
	19 years old and over: 3 doses given at 0, 1, and 6 months	Twinrix: 0.5 ml (720 ELU HAV and 20 mcg HBV) IM	

For full eligibility criteria and schedule information, please refer to BCCDC's Communicable Disease Manual Chapter 2: Immunization, Part 4: Biological Products. The above schedule can also be used for non-eligible individuals.

* Combined hepatitis A and B vaccine is not part of B.C.'s publicly funded immunization program.

NOTE: Schedules for all age-groups are included for completion only. Pharmacists are reminded to adhere to HPA Bylaws Schedule F Part 4 – Certified Practice – Drug Administration by Injection and Intranasal Route Standards, Limits, and Conditions when providing vaccinations.

Victoria pharmacist Glen Schoepp provides a medication review to his patient.

Implementing Professional Programs

BY DEREK DESROSIERS, BSC(PHARM), RPH

All too often, I hear pharmacists say the reason they do not offer more professional (non-dispensing) services is because they do not have the time or resources to implement such services. While an increase in services certainly has the capacity to also increase workload, it does not have to. Let me offer some suggestions on how to garner the biggest return on your investment as a pharmacy business owner.

First, you need to figure out which specific services your patients want and need. This can be quite variable from one pharmacy to the next depending on the demographics of your patient base. It can also be heavily influenced by the receptivity of the physicians in your area and their willingness to, potentially, refer patients to you for various service offerings. Ask the physicians you work most closely with, which service(s) they see a need for with their own patients and whether they are willing to support them from a professional perspective. Survey your patients as well, either formally or informally, to get a feel for what interests them.

Next, keeping in mind results from consultations

with your patients and physicians, pick a service for which you have a personal passion. If you are not enthusiastic and passionate about something, it shows, and your patients will pick up on that.

If you are not currently offering much in the way of professional services I suggest you start with just one new service at a time. Do not overextend yourself, trying to do too much all at once.

After deciding on the service that you want to offer, collect information about the requirements and start drafting a business plan for the implementation. Your business plan should include an assessment of the following:

- legality from a legislative and regulatory perspective (is the service allowed in your scope of practice)
- competition in the area relative to that service
- resource requirements including financial, equipment, training and personnel
- marketing plans
- economics including how you will price the service
- key performance indicators to measure success of the offering
- growth plans
- exit plans if the offering is unsuccessful

These business plan requirements fit any new professional service offering including, but not necessarily limited to, currently funded and non-funded services. The list is substantial and you may already be offering some of these services such as medication reviews, cardiovascular health coaching, OAT management, vaccination services (including travel health), pharmacogenomic testing, smoking cessation coaching, diabetes coaching and management, asthma coaching, weight management, anticoagulation therapy management and other point of care testing (e.g. HgA1C).

If you are uncomfortable with writing a business plan, engage some professional help. It is important to have a business plan for a number of reasons, not the least of which is that the bank will want to see it if you are going to need to approach them for funding related to the new service offering.

Now, let's go back to the issue of not having enough time to go ahead with offering these types of services. A growing trend, especially in the U.S. independent pharmacy market, but also in Canada, is to hire a consultant pharmacist on a contract basis to provide the service(s) in your pharmacy, using an appointment-based model. In this model you really only have three main roles, all of which are generally not time consuming: market the service, make appointments for the consultant pharmacist and provide an appropriate space for the service to be delivered to patients.

The consultant would be responsible for his or her own training and certification, if required. Depending on the service, your arrangement might also include making the consultant responsible for his or her own equipment.

From a business perspective, there are a couple of options as to how you might manage finances. Your relationship with the consultant pharmacist would generally be a contractual fee-for-service arrangement. If the service is funded by a public or private payer, the consultant pharmacist can process the billing through your pharmacy system. Your contract would likely specify a percentage or amount of the payer's fee to go to the contractor with the remainder to your business. For example, if the consultant did a medication review for a $60 fee from PharmaCare, your agreement might be that $40 goes to the consultant and $20 to your business.

> *"While an increase in services certainly has the capacity to also increase workload, it does not have to."*

On the other hand, if the service being provided is completely uninsured and the patient is expected to pay out of pocket, your arrangement may be different. In these cases, you may allow the consultant to charge whatever they deem appropriate for the service and you may charge them a percentage of their fee(s) or a flat amount for the marketing, space and appointment management that you provided. Either way, having a consultant pharmacist providing the service on an appointment-based model solves your problem of not having enough time and resources. This model allows you the opportunity to expand your service offering, increase store traffic flow and patient loyalty and generate more non-dispensing income, all with a minimal investment on your part. T

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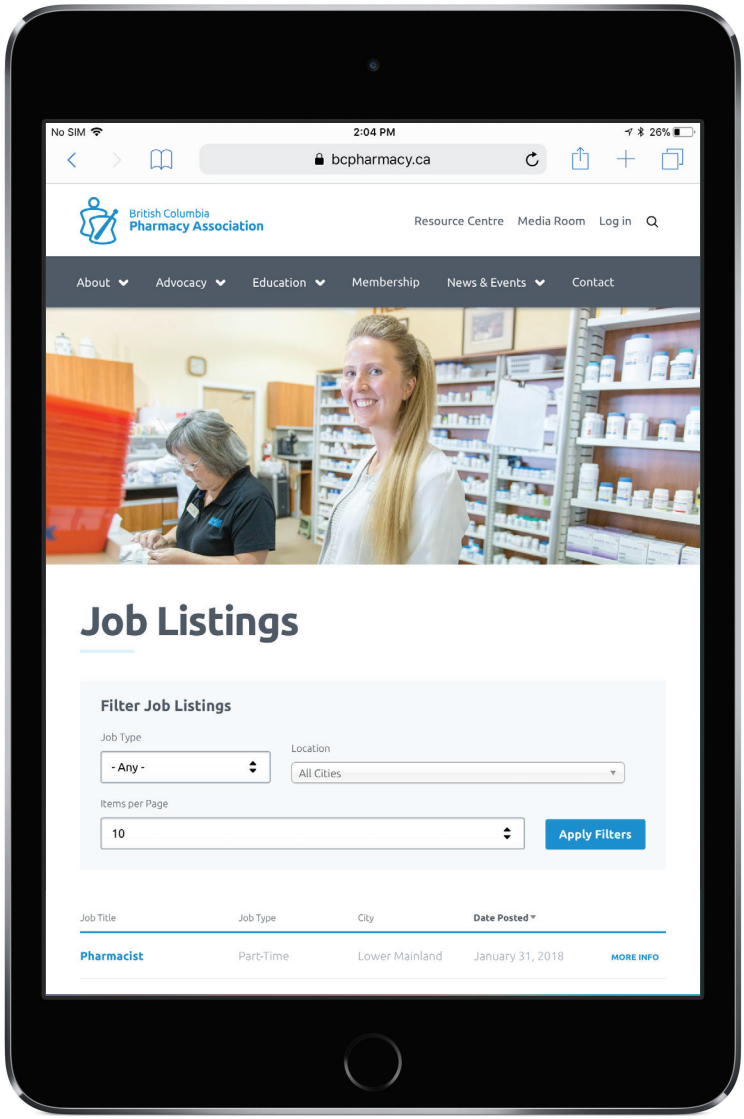
BC Pharmacy Excellence Awards

While we serve many roles at the BC Pharmacy Association — advocate, trainer, practice supporter — the overarching mission that defines all of our roles is to enhance the role of pharmacy in B.C. and provide opportunities for pharmacists to excel.

One integral way we strive to accomplish this mission is by honouring those pharmacists who go above and beyond in their jobs through the BC Pharmacy Excellence Awards. The awards themselves have evolved over the years, beginning first with the Community Pharmacist Award (later renamed the Ben Gant Innovative Practice Award, after its first recipient). More award categories were added over the decades, in the mid-1980s and mid-1990s, and, in 2005, custodianship for one of B.C.'s most prestigious awards for pharmacy — now named the Pfizer Consumer Healthcare Bowl of Hygeia Award — was taken on by the Association from the College of Pharmacists of BC.

Over its 50 years, many pharmacists and pharmacy students have been celebrated for their creative problem-solving, groundbreaking vision and compassionate servitude. We look forward to lauding the 2019 cohort of exceptional pharmacists at the BC Pharmacy Excellence Awards Gala on May 11. T



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