

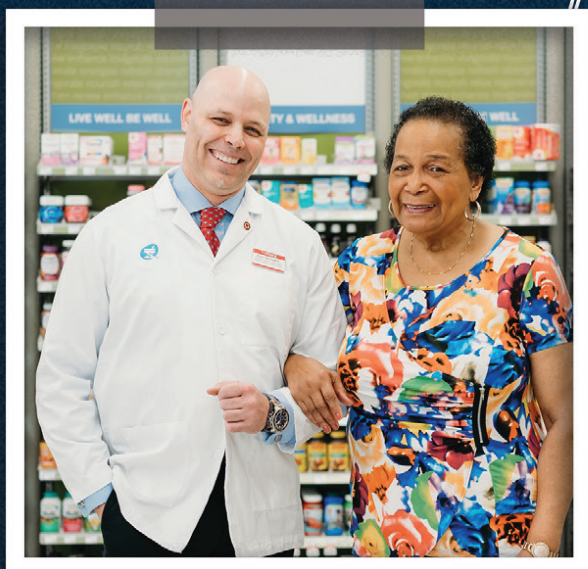
CHANGING FACE OF PHARMACY

SPRING 2023



Canadian Foundation
for Pharmacy

EMBRACING CHANGE



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**PHARMACISTS
SHARE TIPS
FOR SEIZING
OPPORTUNITIES**

INSIDE:

BUILDING LOYALTY / SPECIALTY PRACTICE / ADAPTING WORKFLOW
+ INNOVATION FUND WINNERS

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Supporting pharmacy
now and for future
success

If the last three years have shown us anything, it's that pharmacists are well positioned to fill healthcare gaps, especially in times of crisis. Whether it was providing COVID-19 vaccinations, continuing healthcare services when doctor's offices were closed, or being an accessible and credible source of health information in times of pandemic confusion, pharmacists proved their worth in the healthcare team, tenfold!

But now we face a critical next step: how to keep this momentum going without burning out the pharmacy teams who have become so critical in the care of their patients.

This year's Canadian Foundation for Pharmacy *Changing Face of Pharmacy* report looks into what's needed to nurture a healthy and effective workforce that will continue to provide services patients rely on. It also shines a light on several pharmacist leaders across the country who are embracing change in practice scope to target the specific healthcare needs of their communities. Their leadership is having a tremendous impact, and setting the bar for what pharmacists can accomplish when they work efficiently and collaboratively.

As the new Executive Director and an active board member of the Foundation since 2008—and a pharmacist myself—I am thrilled to be part of an organization that has always seen the value of supporting innovators in the profession. After all, they are the ones exploring new possibilities in pharmacy and carving new paths.

We hope this report enlightens and inspires you. Please let us know what you think.

Linda Prytula

Executive Director

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LAMA = Long-acting muscarinic antagonist; LABA = Long-acting beta₂-adrenergic agonist; ICS = Inhaled corticosteroid

*GSK data on file. †Clinical significance has not been established.

References:

1. IQVIA MIDAS data, volume (Units) up to (and including) November 2021. 2. IQVIA ELLIPTA data, March 2022.

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Embracing *Change*



***Expanded scope is half of the equation;
leadership and business smarts are
essential for success***

BY KAREN WELDS

Yes, they can.

That's the quick answer to the question of whether pharmacists can provide the services made possible under expanded scopes of practice and a growing slate of government-funded services.

The numbers appear to back this up. As captured in the Canadian Foundation for Pharmacy's (CFP's) [annual services chart](#), pharmacists administered an astounding 18 million COVID-19 vaccines in less than a year. Flu shots also jumped during the pandemic and prescription renewals climbed.

More recently, pharmacists in Ontario appear to be assessing and prescribing for minor ailments at a steady clip. Since the program's launch this year on January 1 to April 30, pharmacies have submitted 182,932 claims for assessments to the provincial drug plan.

Other numbers, however, paint a sombre picture. Nine out of 10 pharmacy professionals are at risk of burnout, according to a [survey](#) conducted by the Canadian Pharmacists Association in early 2022. Forty per cent considered leaving their position and 32 per cent thought about leaving the profession. Fifty-two per cent stated that inadequate staffing had a severe negative impact on their mental health.

So while pharmacists can do additional services, the bigger question is how can they do them, day after day after day?

"We're having a workforce crisis at the same time that we're increasing scope and convincing the public and governments of the value of pharmacy," says Amy Oliver, a pharmacist with a Master's in Business Administration who founded Amy Oliver + Co in 2018, a firm that helps drive organizational leadership and behaviour in independent pharmacies and other independent, community-based healthcare practices.

"Pharmacists are highly motivated to do well," she continues. "Clinically they are very, very competent. But they're not super confident in their ability to operationalize all these things while maintaining a healthy and engaged workforce."

This edition of CFP's *Changing Face of Pharmacy* report profiles pharmacy owners or managers who are embracing change at

personal and organizational levels. And in this article, CFP shares guiding principles from Oliver and Janice Rudkowski, Assistant Professor at the Ted Rogers School of Retail Management, Toronto Metropolitan University.

Effective leadership is the linchpin for success in today's high-opportunity, high-risk environment, states Oliver. "How do you work collaboratively with your team? How do you motivate people to change? How do you get them enthusiastically engaged in serving a community and working as part of a team, rather than as a group of individuals who happen to be working alongside each other?"

The answers to these questions start with a flip in mindset. "Traditionally we try to get a workforce that supports our business. What we should be doing is figuring out how to craft a business that supports our workforce and the communities we serve," explains Oliver, adding that "this is how you make all the good ideas come to life."

More practically speaking, it likely means training in leadership and management, which Oliver points out are "different skill sets."

Today more than ever, running a business and managing a team are not things to learn—or do—on the fly. "We need to retrain our brains on the business and leadership side to be better planners and better risk managers, and to objectively measure how well the business is doing," says Oliver, who holds certifications as a leadership coach and in project management, emotional intelligence and advanced strategic management.

Rudkowski agrees. Her simple message to pharmacists who are also managers or owners: "You're both a pharmacist and a businessperson." While you don't need to be hands-on for all aspects of operations, successful management requires enough of an understanding of the business to be able to hire the right staff for the right roles.

Understaffing may well be an issue in community pharmacies, she continues, but the solution can involve more than an increased head count. "It could be a matter of rethinking the roles of each employee and who is best suited to do what. My observation



Amy Oliver

"Traditionally we try to get a workforce that supports our business. What we should be doing is figuring out how to craft a business that supports our workforce and the communities we serve," explains Oliver, adding that "this is how you make all the good ideas come to life."

of pharmacies is that it's more like a one-size-job-description-fits-all. People tend to wear many different hats to do many different things. Perhaps that's just not the best way to deliver services, at least not anymore," says Rudkowski.

Along those lines, pharmacies may need to step back and strategize on their services, based on the community's needs and personal professional passions. "Pharmacists are trained as generalists and as a result pharmacy is an excellent option to fill gaps that exist across our healthcare system. But it's very difficult to be really good at everything," notes Oliver.

While she agrees that this is a "pivotal moment in time for pharmacies to become community health hubs," that does not necessarily mean every pharmacy does everything.

"It also means there are great opportunities for pharmacies to become more niche practices," stresses Oliver. "A rural pharmacy may be positioned wonderfully to

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become a minor-ailment prescribing, walk-in clinic type of environment, for example, while urban pharmacies have more opportunities than ever to really niche down clinically, for example in cardiac care or oncology, or for people who identify as 2SLGBTQ+.”

In terms of the customer journey, the primary endgame—cemented during the pandemic—is convenience, emphasizes Rudkowski. Whether the pharmacy as a health hub is more generalist in nature or highly specialized, convenience is at its foundation. “You are bringing together touch points that naturally go together to save customers’ time. This is how you create loyalty.”

On the flip side, she warns against over-promising or under-delivering, citing recent personal experiences with pharmacies that involved misleading advertising and malfunctioning online services. “If a touch-point doesn’t make sense or a consumer becomes confused or frustrated, that negative experience levels up to your brand image. Your reputation can really take a hit in the long term,” says Rudkowski.

She advises pharmacy owners and managers to think of it as a balance between professional services and retail best practices. “It’s not just, ‘Oh, we received government approval, we can do this now.’ It’s got to make sense to the consumer and there are a lot of different aspects of retail that need to be considered.”

It all ties back to the customer journey, or putting yourself in your customer’s shoes. That journey is divided into three basic stages: pre-purchase, purchase and post-purchase. “You then really need to consider the sub-stages within each stage. For pharmacy, I would say education is an important sub-stage within pre-purchase. For example, how are you going to educate your consumers on this new ‘minor ailment’ opportunity and translate that so they can understand what you actually offer? And then what are the retail best practices that will guarantee delivery against your promises?”

For business best practices, both Rudkowski and Oliver highly recommend mentoring or formal education that looks outside the box. In other words, learning from pharmacy practices in provinces where billable services are more established, such as Alberta and Québec, from other healthcare practices, such as dentistry or veterinarian, or from other service-driven retail sectors.

Oliver has seen the cross-pollination of ideas in action during her organization’s “The Healthy Business” virtual workshop. “Pharmacists are learning best practices from physiotherapists and dentists, and vice versa. The program is not only an opportunity to cover the translational business and leadership topics, but it’s also a safe space to have discussions that don’t feel competitive.”

One of the biggest learnings for participating pharmacists? “Communicating their value and advocating for their value,” says Oliver. “A pharmacy may not launch a great service if it’s not compensated publicly because they are hesitant to ask for money. But veterinarian and physiotherapy and dental practices have these conversations with patients every day. We can learn a lot from other professionals.”

“I always tell my students, look outside your industry to get inspiration,” echoes Rudkowski. ■



Janice Rudkowski

Your customers think you can, too

Canadians are on side with pharmacists doing more, according to a [survey](#) conducted in August 2022 by the Canadian Pharmacists Association and Abacus Data:

94%

agreed that governments need to expand and fund community-based care, like health services available through pharmacies

90%

agreed (39% strongly) that pharmacists can help address gaps in care caused by shortages of healthcare providers.

Canadians see a larger role for pharmacists in providing vaccinations (61%), walk-in services to assess and prescribe for common ailments (53%) testing and lab services (47%), contraception prescribing (44%) and chronic disease management (42%)

67%

perceived that pharmacists play an essential role in delivering health care in their community, up from 54% in 2015.

Resources for leadership and business acumen

- 1 Local universities and colleges for programs that accommodate work schedules.** For example, the [Certificate in Retail Management](#), Chang School of Continuing Education, Toronto Metropolitan University.
- 2 “The Healthy Business” workshop from Amy Oliver + Co**, a live, virtual program that addresses 10 topics in 10 weeks.
- 3 Executive education days and micro-credentials from local business schools** (e.g., [Canada Coach Academy](#)), such as certifications in leadership and change management.
- 4 The Canadian Foundation for Pharmacy’s textbook, [Pharmacy Management in Canada](#)** and, based on this textbook, the Ontario Pharmacists Association’s online learning program, “[Managing Your Pharmacy: The Business Essentials](#)”
- 5 Books, reports, newsletters, podcasts and webinars** available through Canadian retail consultants, such as [Retail Prophet](#) and [Trend Hunter](#)

Building loyalty among patients and staff

BY SALLY PRASKEY

Yolande Bousquet, 78, recalls one visit to her pharmacy when she felt dizzy after fasting for a lab test. She had no sooner sat down outside one of the counselling rooms when a person on staff provided a big bottle of juice at no charge and proceeded to check in on her every few minutes.

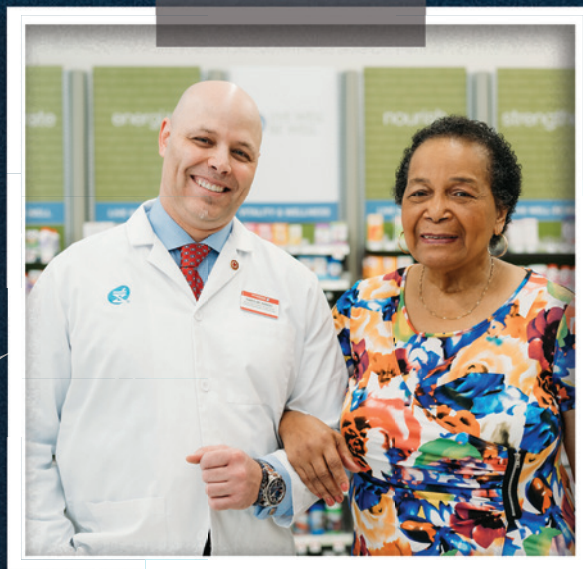
This is just one small example of the extra care and attention Bousquet has received since going to the Shoppers Drug Mart on the Third Line in Oakville, Ont., in 2004. Even though she has since moved from the neighbourhood and another pharmacy is in within walking distance of her new home, “I will keep going to Third Line,” she says without hesitation.

Those words are music to the ears of Fabio De Rango, owner of the pharmacy since the store opened in 2004. Success is all about building loyalty, he explains. “Anyone can sell what we sell and anyone can copy what we do. What they cannot duplicate are the relationships we create,” he says. “It is those relationships that keep patients coming back and justify my business model.”

What Bousquet most appreciates is the one-on-one attention. “If I ask about my prescriptions, or how I feel something is affecting me, they will take the time to talk to me,” she says. “Sometimes they even take me into a little room and sit down and explain things to me. They go out of their way to treat everyone.”

How did he do it? First and foremost, get staff on board. Then bring in the tools

Just how much caring for the



Pharmacist Fabio De Rango with patient Yolande Bousquet
Photo: Natalie D'Souza

and the resources, including additional staff, to turn vision into reality.

In 2016, De Rango challenged his full-time pharmacists to develop a service that taps into a personal passion. Fast-forward seven years and De Rango's three Shoppers Drug Mart pharmacies in Oakville and Burlington, Ont., now offer a wide range of services, including prescribing for minor ailments, cholesterol screening, home visits for consultations and medication reviews, an opioid dependence program that includes opioid agonist therapy, and much more. And with four Certified Diabetes Educators on the team, the pharmacy also provides full diabetic consultations.

“The goal with all these services is to help increase access to health care for our patients and help them focus on preventative medicines and lifestyles,” says De Rango.

In order to free up pharmacists' time for these services and to embrace full scope of practice, he made the following changes to the workflow and the workplace:

- centralizing dispensing of medications for chronic conditions such as diabetes, high cholesterol, hypertension, and mental health, as well as compliance packaging;

- digital platforms to allow patients to manage their refills, including payments online;
- expansion of the free delivery service;
- an online scheduler so patients can pick a service, book an appointment and fill out documentation ahead of time.

De Rango has also set up a digital platform and app for his more tech-savvy patients, who can use it to for a range of functions, for example, to set prescription pick-up times or arrange for deliveries, to track self-monitored care such as blood pressure readings, and to request pharmacists to contact physicians. “All of these initiatives free up more time that our team uses to spend directly with our patients,” says De Rango.

He also hired registered pharmacy technicians and a pharmacy manager whose focus is to increase the pharmacy's capacity to provide one-on-one care with patients. Finally, he repurposed his own offices to create space for a second counselling room at each of the pharmacies.

All these changes didn't come without some challenges, notes De Rango. One of his biggest hurdles was changing the mindset of some employees. “This is a whole

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**Pharmacists
Antonio Ajhert and
Fabio De Rango**

new way to practise pharmacy, a new way to increase access to health care,” he says. “Sometimes this change is difficult. People do not like to change what they are already good at and what they are comfortable with.”

He says he tried to motivate his teams with financial incentives, patient service goals and friendly competitions, but what worked best in the end was leading by example and making time to celebrate the impact they were having on patients’ lives. “We literally can have multiple life-changing moments every day. How cool is that!”

It was not long before the enthusiasm spread and became the primary motivator. Staff are more excited to come to work. To help sustain that energy, De Rango collects patients’ comments and letters (without patient health information) and displays them throughout the hallways and lunchroom, framing them as “Life Changing Moments.”

Financially, the transitions in business model were tough at first. But he trusted that his vision would eventually yield a return on investment. He was right.

“It has paid off,” says De Rango. “Build it and they will come.” Not only has patient loyalty cemented repeat business, but it has also brought in referrals.

As Yolande Bousquet puts it: “If anyone ever asks me of a pharmacist they should go to, I would say go to De Rango, 2501 Third Line.” ■

ACTION TIPS



on drawing loyal customers

- Get input from the pharmacy team when initiating change and adding services.
- Focus on building relationships rather than filling prescriptions.
- Maximize technologies to free up pharmacists’ time.
- Add pharmacy technicians and other staff as needed to enable pharmacists to maximize one-on-one contact with patients.
- Lead by example and celebrate the impact on patients’ lives.



**Colleen Guggenberger (left) with
Pharmacy Manager Nora Kovitch at
BioScript Pharmacy in Saskatoon, Sask.**

Photo: Jae Kim Photography

An inside look at specialty practice

BY KAREN WELDS

Colleen Guggenberger likes to laugh. Even when life throws yet another curveball.

“You can laugh or cry in life. There are times when I do cry, but that’s not the way I choose to live,” says Guggenberger, 51, of Cut Knife, Sask., who has had severe asthma since childhood and Crohn’s disease since her early 20s.

The laughter is sometimes rueful when discussing her latest curveballs: finding a family physician; coping with a new diagnosis of rheumatoid arthritis; preparing for cataract surgery; and complying with the provincial government’s policy to switch from an originator biologic to a biosimilar.

The switch has been challenging. Before the new policy, Guggenberger and her gastroenterologist had been considering a different originator biologic due to the possibility that the cataract may have been a complication of the current originator, which she’d been taking for almost eight years. Until that’s finalized, she’s switched to a biosimilar, but her symptoms have worsened. “My numbers for inflammation are really high. I’ve never had numbers like this. I hurt and I’m off work and it’s frustrating.”

Despite the challenges, Guggenberger, who is a librarian and tech specialist at the local school, is confident that

“everything will get fixed. I know because I have a good team behind me.” In addition to her gastroenterologist and rheumatologist, Nora Kovitch, Pharmacy Manager at the BioScript Pharmacy in Saskatoon, is a huge part of that team.

“Nora is my rock,” states Guggenberger. “The biggest thing is that she takes the time to listen. She hears me. I’ll talk about my health, then she’ll always say something like, ‘Yes, but how are *you*?’ I can’t tell you how much of a difference that makes.”

Kovitch started providing care to Guggenberger soon after she began working at BioScript in 2015. Before that, she had worked in community practice since graduation in 2002. “What I loved most of all was the patient interactions. Really getting to know them was everything,” Kovitch recalls.

When a former colleague asked her to consider joining BioScript, “it was a hard decision to leave community practice. I didn’t know much about BioScript or specialty pharmacy,” recalls Kovitch. “Then the more that I learned, the more eager I was to change

focus and become a specialty pharmacist. I haven’t looked back.”

In specialty practice, Kovitch could build relationships like never before. And that, she emphasizes, is key when working with patients who are often emotional due to the complexity of their illness or the pathway to treatment. “It takes time to build trust and break down barriers. Everyone reacts differently. Being empathetic is very important,” says Kovitch, who became a Certified Specialty Pharmacist in 2021.

Managing information overload is also usually very much a factor. “Constant communication is key because there are so many things that are very important, especially when they’re starting out,” she adds.

Ryan Chorney of Regina can attest to that. The 42-year-old, a production operator in the mining sector, began feeling sick in early 2021. A few months later he was diagnosed with Crohn’s disease. “It was quite a shock, not only for me but my family. And then I declined very quickly. I ended up being in the hospital for a month and off work for three months,” he says.

BioScript contacted him while still in the hospital, soon after his first infusion of a biologic. “I was still in a pretty traumatized state. You’re not thinking on all cylinders. BioScript walked me through everything. There was good coordination between them and my specialist. I must have called them at least a dozen times, asking silly questions I’m sure, but they took the time and never brushed me off. They definitely helped with my recovery,” shares Chorney.

As required by the government, he recently switched to a biosimilar. The process went smoothly, with BioScript there every step of the way. “I am so grateful for the level of care from BioScript and for the medication. I can live a normal life again,” says Chorney.

It’s worth noting that, aside from injections and injection training, almost all the care is provided virtually over the phone. “It’s very interesting what people will divulge over the phone and how comfortable they feel. It’s a misconception that you can’t develop a strong relationship if you’re not face to face,” says Kovitch.



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respective community pharmacies and understand the need for the two different types of pharmacy practice.

"I'm very lucky to have a pharmacy here in town and I'm fine to work with both of them," says Guggenberger.

When asked if she'd be willing to go to BioScript in Saskatoon to be photographed with Kovitch, Guggenberger was thrilled that they'd finally meet. "Chances are this picture is going to be framed and hanging on my wall," she says with a laugh. ■

ACTION TIPS



for specialty practice

- Are people skills your strong suit? A career in specialty pharmacy practice may be worth consideration.
- You'll also need to be open to in-depth clinical training for complex conditions, particularly in autoimmune diseases, oncology and rare diseases.
- As well, the designation of Certified Specialty Pharmacist is available through the National Association of Specialty Pharmacy based in Washington, D.C.

The BioScript Pharmacy in Saskatoon serves approximately 5,000 patients across the province and is staffed by five pharmacists, 11 pharmacy assistants and two licensed technicians. Kovitch emphasizes that the assistants and technicians have "huge roles" in both the coordination of services as well as navigating reimbursement from public and private payors. "We rely on one another so that each of us can really give patients our undivided attention and time."

For patients who also take non-specialty medications, Kovitch uses the province's pharmaceutical information system to check for drug interactions and works with the community pharmacy as required. Both Chorney and Guggenberger are positive about their

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Adapting workflow for new services

BY SALLY PRASKEY

When Ontario pharmacy owner Mike Cavanagh pioneered an appointment-based model of practice in 2018, which is anchored by the synchronization of chronic medications to facilitate quarterly follow-ups with patients, little did he know he would be ramping up the model to new heights during the COVID-19 pandemic. The approach served him well for scheduling vaccinations as well as offering virtual appointments.

With the advent of pharmacists' authority to assess and prescribe for minor ailments in Ontario, Cavanagh is examining how best to integrate this service as well. He considered two options: a "pseudo walk-in clinic" that would adapt the appointment-based model by blocking off windows of time for assessments, or the incorporation of assessments into the daily workflow.

He opted for the latter to start and so far, several assessments per week have been "manageable," says Cavanagh, who owns Kawartha Lakes Pharmacy in Lindsay, Ont., as well as three other pharmacies in the area. The service has been very well received, both by the pharmacy team and by patients. "Patients love having access to it, and the pharmacists love to do the added scope," he says.

With the expected expansion of eligible minor ailments from 13 to 19 and growing acceptance by patients, Cavanagh recognizes that incorporating assessments into the daily workflow may not be sustainable. "I think that eventually, from an efficiency standpoint, we're going to want to get to

the point where patients with a minor ailment know that they must come in during a certain block of time."

Down the road, he hopes to offer the service virtually as well, "but we didn't want to put too many things on too many pharmacists and other support staff."

Incorporating new services is an ongoing challenge, admits Cavanagh. "The biggest hardship is always sufficient personnel, especially with services like the appointment-based medication reviews," he says.

Remuneration is also a challenge. While annual medication reviews are publicly funded, the pharmacy can't bill the government for all of the quarterly follow-ups that studies of the appointment-based model have found to be key to optimizing adherence and outcomes. "The problem that we faced initially was how to build that in, knowing that it's unfunded." One

solution has been in having the pharmacy team discuss other healthcare services during these

reviews, such as vaccinations that may otherwise be missed. A major outstanding hurdle is fully incorporating registered technicians into the pharmacy workflow. Cavanagh predicts it will take another year or two to overcome that hurdle. He adds there are some limitations with physical space, as well as in adapting the pharmacy software. With time and small incremental changes, however, he believes these can eventually be overcome.

Progress is being made. For example, his pharmacy team, comprising four technicians, four assistants and four pharmacists, including himself, has developed a winning system for the estimated 10 per cent of patients using blister packs. "We have a registered tech who manages the blister packs so pharmacists don't have to do the technical check on them, just the thera-



(Above) Pharmacy Manager Mike Cavanagh with Barb Abercrombie. (Left) The Pharmacy team at Kawartha Pharmasave in Ontario

Photo: Kim Magee

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peutic check,” he says. The intent is to better integrate technicians into services for non-blister-pack patients as well.

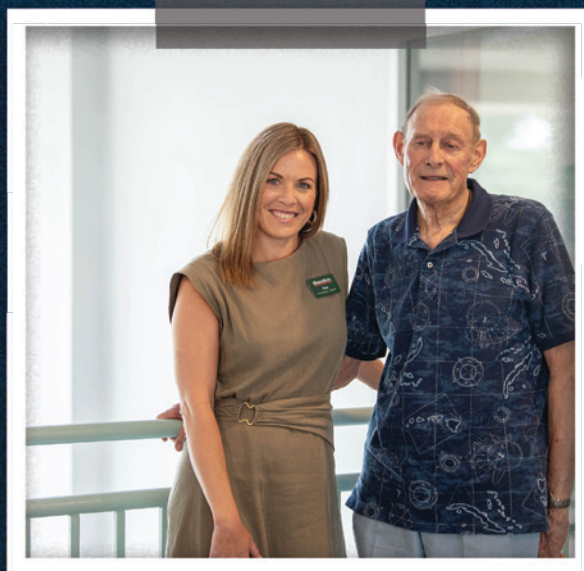
While having a dedicated pharmacist who could assess two or three minor ailments an hour might provide a return on the cost of the pharmacist, it doesn't cover the cost of the room, the technology and all the support staff, says Cavanagh. “So, it's hard finding out how that model really works efficiently and basically funds itself so that you can dedicate personnel to it.”

Cavanagh takes advantage of technology to improve efficiency, particularly out-of-the-box tools specific to services such as appointment bookings (MedEssist), travel medicine (Shoreland) and minor ailments (MAPflow).

In the end, it's all about enhancing patient care, and that's where these services pay off. “I'm a strong believer that the best way to grow a pharmacy clientele is to just provide good service,” Cavanagh says, pointing to growth across his pharmacies over the last few years in tandem with appointment-based medication management and vaccinations. “I feel that those services have been a big driver in the substantial growth that we've had over the last few years,” he says.

Looking ahead, the goal is to enhance the services the pharmacy currently offers before adding any more. “How do we take the core services that we have now and make them better?” he muses. “We want to be the gold-service provider of all these services. Once we get to that point, we'll look at expanding in other areas.” ■

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Michael Holland, 82, noticed a difference in patient care right away when he switched to Bridgewater Guardian Pharmacy, owned by pharmacist Pam Kennedy

Photo: Valérie Leduc

Change management takes flight

BY ROSALIND STEFANAC

When Michael Holland first moved to Bridgewater, N.S., he knew he needed a good pharmacy. At 82 years old, Holland is on eight medications, has a pacemaker and suffers from osteoarthritis and chronic pain. A few bad experiences at the first pharmacy he tried (including lengthy lineups where he was forced to stand, and a mix-up on his prescription) prompted him to the next one on his list: Bridgewater Guardian Pharmacy.

“I saw a difference right away with the service,” says Holland, who frequents the pharmacy at least three times a month. “Once my wife, who has a mobility issue, had an ankle rash and the pharmacist came out to the parking lot to take a look and recommend treatment—they go out of their way to assist patients and I feel so comfortable with all the pharmacists.” The fact he and his wife could easily access immunizations

ACTION TIPS



to optimize workflow

- Consider medication synchronization and an appointment-based model for patients taking multiple chronic medications.
- Start small, offering the service to a handful of patients. Work out the kinks, grow it a bit, and work out the new kinks before expanding again. “We're a number of years into offering our appointment-based medication reviews and we still don't think we're finished tweaking that program,” says Cavanagh.
- Make use of technology, including “out-of-the-box” web-based tools that are easy to get up and running.
- Integrate pharmacy technicians and assistants into the workflow for pharmacy services.

during the pandemic was another bonus. “They had a great setup and everything ran so smoothly,” he says.

Pharmacy owner Pam Kennedy opened Bridgewater Guardian in 2011 to be able to meet the needs of patients like Holland in a more comprehensive way. “When I graduated [from Dalhousie University’s School of Pharmacy] in 2005, my goal was to provide expanded scope services, but I didn’t get much of an opportunity initially,” says Kennedy, who spent her first six years after graduation practising in the Yukon.

When an opportunity came up to open her own pharmacy in Bridgewater near the local hospital—and within a medical building—she jumped at the chance to work within a collaborative healthcare environment. She operated the pharmacy solo for the first two years before gradually adding an assistant. “Now I have a full complement of staff, including another two full-time pharmacists, a part-time pharmacist and three registered technicians,” she says.

Kennedy attributes her success in launching comprehensive pharmacy services to being part of a provincial pilot program called [Prescription to Thrive](#). The program, spearheaded by the Pharmacy Association of Nova Scotia (PANS) and funded in part by the Canadian Foundation for Pharmacy, helped pharmacies implement sustainable services under the guidance of



Holland opened her pharmacy to be able to meet the needs of patients like Holland in a more comprehensive way.

facilitators trained in change management. Under the guidance of one of the original facilitators, Glenn Rodrigues, Kennedy says she and her team got the “confidence and push needed to dive into providing clinical services.”

They started with advanced medication reviews, and eventually added medication synchronization to streamline dispensing duties and free up workflow so staff could focus on other clinical services. Bridgewater is also part of the Bloom program, a first-of-its kind, government-funded community pharmacy initiative to improve mental health and addictions care in Nova Scotia.

“Glenn was there to get us started and provide all the support we needed,” says Kennedy. “I think as pharmacists we want everything to be perfect before starting something new and he proved that sometimes you just need to jump in and make it work as you go.”

When COVID-19 hit, Kennedy leveraged established relationships with local nurses to provide several large vaccine clinics at a local church. “Through that we were able to provide immunizations for up to 14 people every five minutes, and up to 1,500 a day,” she says.

The pharmacy also offers chronic disease management services, including point-of-care lipid and A1C tests and the ability to renew, adapt and initiate prescriptions to treat various conditions. “With so many patients without a family physician all across the country, renewals have been really important for helping alleviate the strain on the emergency department next door,” says Kennedy.

In February this year, Bridgewater Guardian was one of only 12 pharmacies in the province chosen to participate in a one-year pilot funded by Nova Scotia’s Department of Health and Wellness (in partnership with the Nova Scotia

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Health Authority and PANS) to provide dedicated clinic time for pharmacists to see patients with common illnesses and chronic conditions like diabetes, cardiovascular disease and hypertension. Under the pilot, pharmacists are able to order lab tests, conduct testing (i.e., strep throat, INR etc.) as well as prescribe on site. The pharmacy is being compensated \$7,000 per month for one year to help cover the cost of additional personnel and space to provide these services, which are free to patients.

“Our clinic operates out of a medical suite on the floor above us so it’s completely separate from the pharmacy and the patients can get that clinic experience,” says Kennedy, noting that the 40-hour-a-week clinic has been fully booked since launching. Appointments are made using the MedMe online technology platform. “This is a pilot program, but it’s already garnered a lot of attention from media and government,” says Kennedy. “We hope that governments will see just how much impact we can have on caring for the health of our patients.”

As one of those patients who’s gotten his INR tests through the Bridgewater clinic, Holland can attest to the impact first-hand. “I used to have to wait an hour and a half to get my blood test in the hospital and now I’m out in 10 minutes,” he says. ■

ACTION TIPS → **for change management**

- Build a team that is willing to adapt to change and expanded scope; having these services in place will also attract top-notch pharmacy staff.
- Volunteer to participate in provincial pilot and demonstration programs (like Prescription to Thrive in Nova Scotia) that can provide a framework and other tools for adopting new services into your pharmacy.
- Help patients adjust to appointment-based services. This a new model of practice and pharmacy staff play a key role in educating patients on what to expect and how it will enhance their health care.
- Act as a preceptor to future pharmacists and registered pharmacy technicians. It's an opportunity for learning and growth on both sides, as students are often up to date on the newest pharmacy-related information.



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Pharmacy innovators bring bright ideas to life

BY CFP STAFF





Every year, the Canadian Foundation for Pharmacy supports pharmacy innovators who are helping push the profession forward via innovative ideas and research to enhance pharmacists' roles in patient care.

Here's a look at the projects underway by CFP's latest Innovation Fund recipients.



2022
Innovation
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recipients



Dr. Karen Riley:

With Canada's aging population growing, medication reviews have become an increasingly important service that pharmacists provide.

A clinical pharmacist at Hogan Pharmacy in Sarnia, Ontario, Riley is looking to improve the process for patients and pharmacists by leading a study to determine if the use of an electronic screening tool (EST)—which captures more than 20 drug-related issues—can improve the quality and efficiency of pharmacist-led medication reviews.

She and her team of four other pharmacists are collecting and analyzing data to determine if an EST saves a pharmacist's time in completing a medication review, and whether it could also be a potential educational tool to easily identify drug-related problems. Earlier this year, the researcher completed the data collection comparing pharmacists' medication reviews with and without the use of the EST.

Riley created a data collection tool for pharmacists, which captures the type of medication review, whether it was conducted virtually or in-person, the time required, potential and actual drug-related problems and

billable Professional Opinions (a program available in Ontario). "I am excited about the project," says Riley. "[The tool] makes it so much easier to capture [issues like] anticholinergic burden scoring, falls risk, etc." Beyond the EST, Riley eventually hopes to delve into more detail about the types of medications prescribed to patients. "I'd like to do a more in-depth analysis of the drugs that patients are routinely on," she says.



Dr. Ricky Turgeon:

Even with ample evidence showing that medications improve outcomes in heart failure (HF) patients, few Canadians are receiving optimal pharmacotherapy.

The lack of access to information and newer heart failure medications—and a shortage of healthcare providers with expertise in HF—are key reasons why, says Turgeon, University of British Columbia Assistant Professor and Clinical Pharmacy Specialist.

"We have a network of heart function clinics in Canada that deliver excellent care, but there simply aren't enough heart failure physicians...and they tend to be located in larger urban centres," he says.

Turgeon aims to address these problems with a two-year, pharmacy-led pilot project for optimizing HF medication use. In doing this pilot, he and his team will determine the feasibility and design of a large-scale randomized control trial using pharmacists to administer interventions remotely that will optimize HF treatment with reduced rejection fraction medications (HFrEF).

Patients will be randomized to usual care or care plus pharmacist-led medication optimization provided by the PHARM-HF at St. Paul's Hospital Heart Function Clinic in Vancouver. This outpatient, telehealth-based clinic led by Turgeon, provides pharmacist co-management of HF medications.

Strong evidence already points to the benefits of involving pharmacists in the care of people with HF, including improved patient quality of life and a notable reduction in risk of hospitalization and death. "The missing piece of the puzzle that we're addressing in this research is how direct medication management delivered remotely can further improve outcomes," says Turgeon.

The ultimate goal is to determine if successful pharmacist-led heart failure medication optimization can be adopted into practice and whether it will strengthen the case for further allocation of resources towards clinical pharmacy services. Once this has been established in the context of a HF clinic, Turgeon sees opportunities to expand this to pharmacists working in other collaborative settings too.



Dr. Kelly Grindrod:
“The pandemic has pushed a lot of learning online and many people have a better appreciation for the role online learning can play in professional development,” says Grindrod, who is Associate Professor at the University

of Waterloo’s School of Pharmacy. To that end, she wants to determine if computer-based education (CBE) can help Ontario pharmacists provide point-of-care testing (POCT) for patients.

With pharmacists’ scopes of practice continually expanding, Grindrod says there needs to be effective training options that can reach many people, regardless of geography and work schedules. “As we all adjust to a more hybrid approach of both online and in-person education, we need to find the most efficient ways to learn and maintain our new and evolving skills,” she says.

Over the next year, she and her team will see if an inexpensive, scalable CBE intervention—using the Pharmacy5in5 interactive learning platform developed by the University of Waterloo School of Pharmacy—will improve pharmacist behaviour in POCT.

As pharmacists are still in the early days of POCT in Ontario, they need to find ways to examine the evidence of the different devices and decide if it’s worth adding them to daily practice, says Grindrod. “For pharmacists, point-of-care testing is as much about what to do and how to do it as about why it should be done at all.”

At the completion of the project, Grindrod says she hopes to see pharmacists “adopt a new skill and find some comfort in offering point-of-care testing in daily practice,” she says. “We will be keen to learn from frontline pharmacists on the ways point-of-care testing helps them in daily life, and the tricky spots where it can complicate their days.”

Amy Tran:
As a chronic and progressive neurological condition, Parkinson’s disease (PD) can be particularly challenging for patients to manage, especially as lengthy wait-times for specialists often leave patients unsupported for long periods of time. Frontline

community pharmacists can play a key role here in filling the gaps, but the reality is that there are no current tools to guide pharmacists in helping patients manage this complex condition.

Tran, a pharmacist with Parkinson Wellness Projects in Victoria, B.C., is hoping to change that. She and her team will survey PD patients in the community (as well as pharmacists) over the next few months to identify areas of drug therapy where people

encounter challenges and require guidance. Then they’ll use that data, along with information gleaned from focus groups, to create a toolkit to help pharmacists better educate and counsel patients in dealing with their PD.

“This is a progressive disease so things change constantly and a medication regimen that worked last visit may not work now,” she says. “Being part of any adjustments that have to be made to optimize therapy is where pharmacists can play a key role in the community.”

In presenting on topics associated with PD medication management throughout her career—and participating in online patient support groups during COVID-19—Tran discovered that there are common questions emerging around PD management that patients struggle with. “By actively engaging with patients with PD, community pharmacists and other health professionals, we can develop tools and resources to better support both pharmacists and patients with medication therapy,” she says.

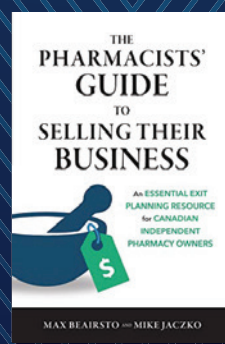
Tran expects a PD toolkit for pharmacists in B.C. to be available sometime this fall, and hopes this information can eventually be disseminated across the rest of Canada. ■

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