

# THE Tablet

SUMMER 2021 | ADVOCATING FOR BRITISH COLUMBIA PHARMACY

## Introducing CareConnect

B.C.'s Provincial eHealth Viewer  
now available for community  
pharmacists PAGE 14

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#### ON THE COVER

CareConnect is linking pharmacists to the provincial health database, giving community pharmacists an unprecedented level of information to better serve the individual needs of patients.



Annette Robinson

## Self-care is as important as patient care

We chose this profession to help improve the lives of our patients. Unfortunately, this means our own needs sometimes go unaddressed, leaving us tired, stressed and burnt out.

Pharmacists need to remember that self-care is as important as helping others. We need to take care of our mental health and wellness in order to continue providing the quality care that patients have been receiving. As we look towards the upcoming flu and anticipated COVID-19 booster campaigns, it is more important than ever that we invest in our wellbeing. From delivering more than a million flu vaccines this past flu season, to administering more than 300,000 COVID-19 vaccines in community pharmacy, pharmacists have shown time and time again how we can step up and spring into action during a crisis.

Though we are moving forward to opening and resuming our pre-pandemic normal, the increased responsibility that pharmacists have assumed during the pandemic is here to stay. Managing drug shortages, prescription renewal and adaptations, influenza and COVID-19 vaccines will continue to be expectations of our profession. In addition, there is growing evidence that routine care, including for chronic disease management, has suffered.

Patients diagnosed with a chronic disease prior to the pandemic have put their care on hold. Recent data shows that screening and diagnoses rates have been lower and that there is a backlog of "potential" new patients who will need future treatment for these chronic conditions. Patients have also made changes in how they seek care. They are becoming increasingly comfortable receiving care through virtual platforms, which have become great options for patients who have disabilities, mobility issues, or no access to a prescriber. We are seeing increased use of digital platforms for ordering and renewing prescriptions, as well as purchases of OTC and other necessities via e-Commerce sites.

As we reopen our communities, pharmacists will need to remain adaptable. We must find a way to find a balance between virtual and good-ole in person care. I truly believe and am confident that the pharmacists of the future will have the tools needed to accomplish this.

I had the honour of address the 2021 graduating class and again would like to say, congratulations. Graduating from university is challenging at the best of times, but you are now entering into the professional world during a time that we have never experienced before. Remember why you chose this profession. Remember the power you have to help save lives. But also remember to take care of yourselves, and remember to take care of each other.

I encourage you to continue to be curious, to continue to be open to new ideas and to continue to seek to understand the "why." We all want to see our profession move forward. With your optimism, determination and commitment, we will. **T**



British Columbia  
Pharmacy Association

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Geraldine Vance

## Recognizing the passage of an era

The lazy days of summer are not usually associated with pondering the future of professional self-regulation, but some things are happening this fall that have me thinking about what lays ahead for B.C.'s health professionals and how they are regulated.

First, an era is coming to an end at the College of Pharmacists of BC.

Registrar Bob Nakagawa is retiring before the end of 2021 and the search for a new registrar is underway. Bob joined the College in 2012 and has steered the organization through many major initiatives, including the practice review program, working with the Association to support development of the pharmacy manager training program, tackling pharmacy and pharmacist safety with the introduction of the time-locked safe program, and working with government and stakeholders to tackle B.C.'s opioid crisis.

He was of course, also at the helm during the COVID-19 pandemic and worked to ensure patient safety and access to their needed medications remained constant. Bob's announced departure provided the College Board not only the opportunity to look back on the successes of nearly a decade under his leadership, but most importantly, the opportunity to look forward to all the changes that are ahead for pharmacists and other health professionals in the province. At time of writing, a successor hasn't been named.

In 2018, Health Minister Adrian Dix commissioned Harry Cayton to look at a range of issues related to health profession self-regulation in B.C. Cayton, the CEO of the U.K.'s Professional Standard Authority, came to the task with a wealth of experience, having overseen a restructuring of health-professions regulation in the U.K. In 2019, Cayton released his report with 21 recommendations. His report was characterized by a general view that there is "a lack of a relentless focus on the safety of patients in many, but not all of the current Colleges". A stinging assessment. Ultimately, his report calls for condensing the number of colleges and for drafting new legislation to replace the *Health Professions Act*, add additional public oversight and restructure the complaints investigation and professional discipline processes.

At the time of the report's release, Minister Dix observed that "the Colleges do not belong to the profession, they belong to the public. They have a public protection mandate." All three parties in B.C. unanimously supported the report and its recommendations.

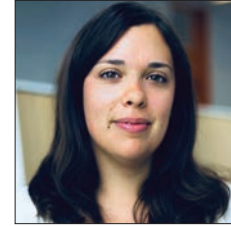
In thinking about the future for pharmacist self-regulation, I did some digging into the general concept and history of professional self-regulation. An article in the *Canadian Medical Association Journal* in 2012 by Dr. Sharon Johnston, then Associate Professor of Medicine at the University of Ottawa, had some compelling observations. She wrote, "The right and obligation of self-regulation is designed to serve and protect patients ... It is a privilege and a burden shared by all physicians and must be supported by all members of the profession." While written about physicians, her perspectives apply equally to pharmacists.

While the path ahead is uncertain, we are all reminded of the huge responsibility every pharmacist takes with them every time they step into their practice. This privilege is one that, when guarded, respectfully serves patients and the profession.

Congratulations to Bob Nakagawa, who was keenly aware of the responsibility of self-regulation. ■

*The Tablet* asks our contributors:

**"Could you describe the CareConnect enrolment/onboarding process, and whether you are satisfied with it?"**



**Jillian Reardon** is a clinical pharmacist at the University of B.C.'s Pharmacists Clinic and lecturer with the UBC faculty of Pharmaceutical Sciences. "Once our clinic was set up with CareConnect, the individual onboarding process was relatively straight forward. The CareConnect team was incredibly responsive and provided clear, step by step instructions. They were also available by email to assist with troubleshooting or answer questions when needed."



**Nikhil Gandhi** is a community pharmacist at Fraser Canyon Pharmacy in Hope, B.C. "The enrolment/onboarding process is a bit confusing. It would be useful to have clearer instructions for pharmacies and pharmacists as the current instructions are oriented more towards clinics. It would also be helpful to have separate instructions for users (pharmacists) and sites (pharmacies). The use of the BCServicesCard app to log into CareConnect is easy and feels more secure than using a username and password."



### Member News

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

### B.C. Minister of Health Adrian Dix thanks Association at July 14 town hall

"I wanted to express my appreciation to the fundamental, extraordinary, immediate, courageous role that the BC Pharmacy Association has played in helping us addressing and deal with the pandemic on behalf of the people you represent — the great pharmacists of B.C., especially in community pharmacy.

"BC Pharmacy Association has stepped up every time we have asked them and I want to say thank you for all you have done, thank you for the continuing work you do, and let's keep working together to deliver even better health-care to people across B.C."

- Adrian Dix, July 14, 2021,  
BCPhA Town Hall

Missed the town hall? You can download the recording at [bcpharmacy.ca/town-halls](http://bcpharmacy.ca/town-halls)

### Some pharmacies in Northern Health region begin Moderna COVID-19 vaccine pilot project

Northern Health Authority and the BC Pharmacy Association are working together to support pharmacies in offering Moderna COVID-19 vaccinations. Starting July 27, select pharmacies in the communities of Chetwynd, Dawson Creek, Fort Nelson, Fort St. John, and Tumbler Ridge will be taking appointments for Moderna COVID-19 vaccinations.



SARAH PELKA / PELKA PHOTOGRAPHY

## A journey to pharmacy ownership

Greg Wheeler is a BC Pharmacy Association Board Director and the owner of three pharmacies under the Remedy's Rx banner, Oliver Pharmacy, City Centre Pharmacy and Rose Valley Pharmacy located in Oliver, Penticton and West Kelowna, respectively.

### How did you get into pharmacy?

I didn't get into pharmacy school until I was 27-years-old. By then, I had already graduated from McMaster University with a biochemistry degree and had been working in the laboratory business as a phlebotomist for a few years. But I was looking for another career choice, one that would allow me to work directly with patients, run my own business, while remaining involved in science.

I decided to apply to the University of B.C., which was a challenging yet rewarding experience: I had just gotten married and by the third year of pharmacy school, had our first child. It was quite the journey.

During my fourth year of pharmacy school when we had our practicum rotations, I wanted to explore communities outside the Lower Mainland. I loved the Interior and completed a rotation in the Kootenays and another in the Okanagan, after which, I was recruited at a pharmacy in Oliver.

### Did you always want to own your own pharmacy?

Well, even before going to pharmacy school I had a bit of a drive to be a business owner and that desire just kept on increasing with time. I wanted a challenge and an opportunity to build a pharmacy model that suited high-end services for patients. I also wanted freedom. By building my own opportunities, the risk would be my own and so would the path, and I'd know that when I made a decision, it would be my decision, my risk and my reward.

Immediately after graduation, I started networking. I travelled to every single pharmacy in the Okanagan, from Osoyoos to Kamloops, shaking hands and meeting all the pharmacy owners to get a feel for who they were. I also did my market research. I wanted to learn about each pharmacy, what they offered, the communities they served and how they were operated.

With all this in mind, when I met with pharmacy owners, I always knew: I was interviewing them as future mentors as much as they were interviewing me.

### What were the factors you considered before picking a particular pharmacy or location to own?

They didn't teach you how to run a business in pharmacy school so, for me, the key to successful ownership was to find people who already had that success and learn from them.

In 2000, my family and I moved to Penticton. By then, I had worked at the pharmacy in Oliver for two years when I came across Skaha Pharmacy in Penticton. It was owned by a husband and wife team, who were great mentors, excellent business owners, and had exceptional people skills. Meeting them, along with my mentors from Laurel Prescriptions and Oliver Pharmacy, so early in my career was a real blessing.

Due diligence is also very important to perform and understand. Skaha Pharmacy had been in the community for a long time and had a successful model. Their revenues were bolstered by contract work with some of the seniors centres nearby and these contracts were an area of business that was growing for the pharmacy.

I worked at Skaha for the next four years, all the while developing a close relationship with the owners while proving to them my own capabilities. When they decided to sell the pharmacy, they came to me first. I owned and operated Skaha Pharmacy for the next 10 years.

### How did you meet the financial challenges of owning a pharmacy?

For a young pharmacist, unless you have financial backing it can be a significant challenge to move into ownership.

I didn't come into this with financial support and I also had substantial student debt. I recall approaching six different banks, trying to build relationships with the bankers, but initially I couldn't find any success.

Luckily, after much determination and perseverance, I made a connection through the banner, who in turn had a connection with the Bank of Montreal who specialized in pharmacy acquisitions. I was able to secure about 40% of the funds I needed. I also located a second financial organization that specialized in health-care lending for an additional 40%, they're still around today as CWB Maxium Financial Services. The remainder came from private lending through a connection with my accountant.

The risk level was enormous. The interest rates were high. But I knew it was the only way for myself and my business partner at the time to purchase the pharmacy. Even though it carried substantial risk, I knew the pharmacy's model, I knew its business and I saw the potential for growth, so much potential that I knew if I played my cards right, we would be able to pay off one of our loans relatively quickly. It ended up being the right call.

### How did you pick the right people to work with?

I was fortunate in that I had inherited a truly A+ team of staff at Skaha pharmacy. By then, I also had a lawyer, an accountant, and a commercial banker, and I saw the advantages of surrounding myself with experts in fields where I lacked the expertise.

A business partner can also be extremely important, when owning and operating a pharmacy. First, it can help financially. Secondly, it's the security. When there's someone who has the same vested interest as you do, they're going to keep the business running if I am sick or away. Thirdly, this should be someone who shares your ideas of how to run the business, but ideally brings a skillset that is complementary to your own skills. You want someone to be good at handling something you're not, that can include human resources, finances or operations.

### At what point in your career did you decide it was time to expand to multiple pharmacies?

To go from one pharmacy to two pharmacies is a huge step. A big part of it is how you have built all these deep relationships with the customers as the owner, and now you're stepping away to try and run another pharmacy.

You can't be in both places at the same time, so the key was to find someone who could manage my pharmacy in a manner that paralleled my own approach. I pivoted my hiring process to find someone who had the same professional goals and the potential to become invested in the pharmacies and understand the business side of things.

Even after finding that person it can take years for patients to start building that same relationship that you shared with them and it's very difficult to step back from that role. Only after I got to that point did it become easier to look at expanding to another pharmacy.



SARAH PELKA / PELKA PHOTOGRAPHY

Lastly, what would you say is the essential attitude that every pharmacy owner should have?

You must be comfortable with a certain level of risk in order to be a business owner. I've seen this over and over again, many pharmacists have the work ethic, they have the drive, they want to own a business, but they back out when they see the risk involved.

Back when I bought my first pharmacy, losing everything was a very real risk and I accepted the fact that if I didn't make it, I might have had to start over. Not everyone has that same risk tolerance.

You have to find the right opportunity, learn from your mentors, surround yourself with an excellent team, and also have confidence in your ability, your planning and the steps you have taken to minimize the risk to reap the professional and financial benefits. **T**

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## BC Pharmacy Association holds virtual Annual General Meeting 2021



On June 17, 2021, the Association held its Annual General Meeting and shared updates with members in attendance on the Association's work over the past year. The meeting included presentations from President Annette Robinson and CEO Geraldine Vance.

### Annette Robinson:

After the start of 2020, I don't think any one of us could have imagined what last year looked like for pharmacies. In March 2020, all our roles changed. Patients came to pharmacies asking for early refills, pharmacists were trying to manage drug shortages while doctors offices were closing. When fall came, we were managing a flu season during a pandemic and delivered more than 1 million flu shots. Since COVID-19 hit, the BC Pharmacy Association has had to shift priorities with nearly all advocacy efforts put towards helping the government understand the importance of community pharmacy and the impact the pandemic has had on our profession.

Due to provincial health officer's orders our face-to-face conference could not proceed, but the Association quickly pivoted to offer more and more webinars and virtual training. The staff kept members up to date with daily COVID-19 and flu news updates. Meanwhile, the team worked hard to develop strong relationships with decision-makers that helped lead to pharmacy's involvement in the COVID-19 vaccine rollout campaign, even though the province was on track to use mass clinics.

### Geraldine Vance:

It's hard to remember what work was like pre-pandemic. As was the case for many of our members, COVID-19 has felt all-consuming for the Association. The ground seems to shift on a daily and nearly hourly basis. Certainly, in 2020, our efforts were focused on working with government to ensure pharmacies were in the best position to deliver patient care under very difficult circumstances. We were able to have a close eye on the evolving situation because the Ministry chose to add the BC Pharmacy Association to the province's COVID-19 response team. Our work in that regard included taking the lead on developing an emergency response plan for pharmacy — the entire sector — and we created an opportunity for the Canadian Association for Pharmacy Distribution Management (CAPDM) to be part of this planning work. This allowed us to raise direct operational issues that faced pharmacies across the province.

For example, we advocated for some compensation to offset additional costs pharmacies face for things like physical barriers in their dispensary, we secured reimbursement, while modest, for up to \$155 for pharmacies' physical barriers. We also advocated on emerging issues related to distribution challenges in the early days after the pandemic was declared. Our priority was to ensure that members would be protected from audit penalties when they needed to dispense less than the usual 90 days supply. While B.C. took a very different approach on this issue, we were able to get the ministry to allow pharmacies the flexibility to dispense quantities based on their own individual inventory. It is important to remember that this flexibility still is in place while the pandemic continues to be a public health emergency.

Our efforts on easing operational challenges in the COVID-19 environment resulted in pharmacists being able to increase the emergency refill limits, removing requirements for patient signatures as part of the witnessing requirements and for delivery of OAT medications.

Another key development in 2020 was that we received an agreement in principle from the Deputy Minister of Health to move forward with developing an implementation plan for direct distribution of vaccines. We have certainly seen that proceed this year with the COVID-19 vaccine.

The biggest highlight for 2020 was the increase in these injections fee for all publicly funded immunizations. In the fall, we saw the government approve a 20% increase to the fee, moving from \$10 to \$12.10. It was retroactive to all publicly funded flu shots, of which as we know, pharmacists gave more than a million. The work we did in 2020 really set the stage for 2021, which we have seen has also been a tumultuous year, with questions around the vaccine role and the impact on worldwide supply.

We continue to work hard for members to ensure that your voices are represented to decision makers at the highest levels. We will continue to do this through the rest of the remainder of the pandemic.

### BC Pharmacy Association completes electronic voting transition

Over the last three years, the BCPhA has been transitioning to electronic voting for Board of Directors elections. After the success of the past two elections, which used electronic methods, the BCPhA Board of Directors has recommended to the membership that the final stage of the transition be implemented. These changes enable the elections to be held electronically and ends the practice of mailing ballots to members. The resolution to enable these changes was introduced at the 2021 Annual General Meeting, and passed with 78% in favour. **T**

# BCPhA Strategic Plan: Progress Report

January 1 to March 31, 2021

In 2020, the BC Pharmacy Association's Board of Directors developed a 3-year-strategic plan, *Shaping the Future*, focused on the four key areas of importance to members: Advocacy, economics, professionalism and the future of pharmacy.

The BC Pharmacy Association's Strategic Plan sets out the organization's top priorities for a three-year period. This plan is used by the BCPhA's leadership team to carry out the Board of Directors' priorities and ensure that members' needs and services are met, and the Association continues to improve delivery of value to members. Our operational plan and budget establish the annual work we do and what resources will be required to accomplish this.

It is important to note that the COVID-19 pandemic has had a significant impact on operations starting in March 2020. The work undertaken by the BCPhA to manage the pandemic's effect both on the organization and our members has impacted timelines and the work being done.

## Strategic Goals

1

To advocate for paid pharmacy services that leverage the knowledge, skills and scope of expertise of community pharmacists.

2

To provide value and excellence in services that meet the needs of pharmacy and pharmacist members.

3

To promote and protect the profession and business of community pharmacy in British Columbia.

## Key wins by the BCPhA include:



Increase in injection fee of \$12.10



Development and launch of BCPhA online booking tool.



Agreement with Ministry of Health that 30-day dispensing at discretion of pharmacist based on their inventory and supply.



B.C. government commitment to using pharmacies for COVID-19 vaccines



Submission made to Minister of Mental Health and Addictions on pharmacist-initiated OAT



Submission made to government on direct flu distribution

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As of March 31, 2021, the BCPhA has begun the work on all three of the strategic goals outlined in Shaping the Future.

Of the 26 supporting activities, progress has been made on all but three items, which have been delayed because of COVID-19 gathering restrictions or a change in priorities by other stakeholders and their timelines.



# Progress Report

March 31, 2021

**Goal 1:** To advocate for paid pharmacy services that leverage the knowledge, skills and scope of expertise of community pharmacists.

SUPPORTING ACTIVITY	ACTION	STATUS
Advance work in pharmacogenomics	Determine feasibility and interest in a phase three for the Genomics for Precision Drug Therapy in the Community Pharmacy project	In Progress. Wind down of RxOme in progress due to lack of interest
Partner with Pharmaceutical Services Division (PSD)	Work with the PSD in resolving some administrative burdens and review various fees (not including the dispensing fee) that should be increased/changed and the rationale for any proposed changes	In Progress, but most of the work has been put on hold as focus has been on COVID-19 vaccines and delivery
Explore pharmacists prescribing authority	Continue to assess the opportunity and lay the groundwork to pursue pharmacist prescribing authority in British Columbia in the context of changes to regulations and the Health Professions Act	Not yet started
Work with the First Nations Health Authority	Continue supporting members who serve First Nations patients with education sessions and resources. Not only do our members find value in this, but there are also revenue opportunities for the association	In Progress
Advocate for Pharmacist initiated Suboxone therapy	Continue to advocate to BCCDC for support in a pharmacist initiated Suboxone therapy pilot	In Progress. Submission made to Minister of Mental Health and Addictions and meeting held in March
Advocate for increase in payment for COVID-19 injections – NEWLY ADDED IN 2021	Advocate for increase in payment for COVID-19 injections for B.C. pharmacists	Completed COVID-19 injection fee increased to \$18 on April 16, 2021.*
Advocate for Direct Flu Vaccine distributionity	Submission made to government	In Progress

**Goal 2:** To provide value and excellence in services that meet the needs of pharmacy and pharmacist members.

SUPPORTING ACTIVITY	ACTION	STATUS
Continue to monitor membership value	The Association will develop an engagement with all membership groups to ensure all levels of membership value their membership.	In Progress
Advance Member engagement initiatives	Corporate Forum held on February 24 with Deputy PHO Dr. Martin Lavoie. Town Hall being planned for Q2	In Progress
Deliver virtual annual conference to members	Deliver continuing education to members on topics that are engaging, relevant and timely to their practice.	Completed

**Goal 3:** To promote and protect the profession and business of community pharmacy in British Columbia.

SUPPORTING ACTIVITY	ACTION	STATUS
Grow the MLA Outreach program	Expand the “take your MLA to work” outreach program including not only MLAs, but also MPs to discuss Pharmacare.	On hold because of COVID-19 travel restrictions. Tour held for MP Don Davies and meeting held with Don on March 31
Advocate for role pharmacists can play in B.C.’s health care system	Make relevant submissions to the Minister of Health and Select Standing Committee on Health regarding the role pharmacists and pharmacies can play in meeting the government’s health-care objectives.	In Progress
Execute an effective public awareness campaign	Continue to engage the public through a public awareness campaign on pharmacy services available in B.C.	On hold due to COVID-19

*Completed*
 *In Progress*
 *Not yet started*



# What is CareConnect?

Lab results, diagnostic imaging reports, immunization records and much more are becoming available at the fingertips of community pharmacists across British Columbia.



# Meet B.C.'s Provincial eHealth Viewer

Lab results, diagnostic imaging reports, immunization records and much more are becoming available at the fingertips of community pharmacists across British Columbia.

Since late 2020, the Ministry of Health (MoH) and the Provincial Health Services Authority (PHSA) has been working to link community health-care providers with a Provincial eHealth Viewer traditionally used by regional health authorities to access patients' health records.

The view-only, secure access to patient records is available to community pharmacists who have enrolled in the platform 24/7 and can be accessed through the Internet using their BC Services Card as identity validation.

Initial implementation in community pharmacies began in February this year with select pharmacists and pharmacy locations with full rollout mobilized by late March. As of early July, at least 800 community pharmacists have enrolled with CareConnect at more than 400 pharmacies. MoH and PHSA intends to have as many connected licensed pharmacist users as possible by the end of 2021.

The idea behind the project is to give community health-providers a way to quickly obtain a consolidated view of a patient's encounters with other health-care sources, such as hospital visits, details of care the patient may have received such as diagnostic imaging reports and lab results as well as access to Provincial Immunization Registry (PIR) for COVID-19 related vaccinations. In addition to generally improving the efficiency across the board while reducing the number of duplicate requests and the need to pick up the telephone to obtain the same information.

Patient records are accessed by typing in their Personal Health Number or in the case of those working with the Vancouver Coastal Health region, the patient's Medical Record Number can also be used.

Patient information is broken into different categories: encounters, labs, imaging, documents, community documents, immunizations, and registration information. A timeline tool is also available to help health-providers obtain a quick visual summary of all the data available across those categories in a specific timeframe.

**ENCOUNTERS:** records of "episodes of care" from facilities operated by Vancouver Coastal Health, Providence Health Care, Provincial Health Services Authority, Fraser Health, Island Health and Northern Health, with some records going back as far as the year 2000. In the case of centres providing life-long care, such as the BC Cancer Agency, an encounter represents the patient's first admission.

**LABS:** provincial lab results from regional health authorities in addition to community labs such as LifeLabs, BC BioMedical, Valley Medical and the Canadian Blood Services.

**IMAGING:** access to diagnostic reports available from the Provincial Diagnostic Imaging Viewer, with reports from all six health authorities in addition to some private clinics within Interior Health boundaries.

**DOCUMENTS:** dictated and transcribed reports of consultations, discharge

summaries, operative reports, history and physical reports, transfer summaries and more. Documents are dictated by physicians and other clinicians.

**IMMUNIZATIONS:** six sections which display a subset of information from the Provincial Immunization Registry: immunization history including COVID-19 vaccinations, recommended immunizations, special considerations, deferrals, adverse events following immunization, and risk factors.

**REGISTRATION INFORMATION:** displays patient demographic and contact information from individual Clinical Information Systems that provide data to CareConnect.

**COMMUNITY DOCUMENTS:** contains clinical summaries, care plans, case notes and assessments from Health Authority-based community care teams and Virtual Physician Network teams.

## For a pharmacist to enroll to CareConnect, there are a few steps to follow.

- › First, a clinic intake form (<https://bit.ly/3AD5k2T>) must be submitted. When completed, the applicant will receive enrolment instructions, which includes a privacy and security declaration.
- › Next, the applicant's identity will be verified: this must be completed by downloading the BC Services Card App, and includes a video validation with a Services BC Representative.
- › After identity has been confirmed, the applicant can now log into the enrolment portal and create a "clinic" for their pharmacy site, or request to join an existing pharmacy site. An online privacy and security training module must also be completed at this stage. The module takes about 15 minutes.
- › Once all those steps are complete, the user will receive a welcome package via email with a link to additional training and access to the CareConnect eHealth Viewer via internet. The user will use the same BC Services Card App previously set up as identity validation to access CareConnect.

The total time for a pharmacy to enroll is approximately 30 minutes, while it should take individual users around 30 minutes to one hour to enroll.

### Questions?

Reach out to private.careconnect@phsa.ca or visit [vch.ca/careconnect](http://vch.ca/careconnect) to learn more

## What do pharmacists think about CareConnect?

We asked community pharmacists who are already using CareConnect to tell us how access to the eHealth Viewer has impacted their practices. Here's what they said.



### Adrian Ziemczonek

UBC Pharmacists Clinic

Having rapid access to patient health information through CareConnect has had an immediate and positive impact on my patient care practice. While meeting with a patient I am able to check lab values to assist with monitoring drug therapies, confirm recent medical history and medication trials while reviewing health provider summaries, or piece

together an immunization history to identify potential unmet needs. Additionally, having instant access to health data has reduced the time I spend requesting health information from patients and providers. Checking and reviewing CareConnect has become a routine step in my patient workup because it provides a more complete clinical picture and has enabled me to make more timely and confident recommendations.



### Jillian Reardon

UBC Pharmacists Clinic

I was first introduced to CareConnect as a student, while completing hospital inpatient PharmD rotations in the Vancouver Lower Mainland and relied on it in my day to day provision of patient care. As I transitioned into primary care practice, up until very recently, I lost CareConnect access and had to adapt my practice to function with

less readily accessible patient information.

Once our clinic was set up with CareConnect, the individual onboarding process was relatively straight forward. The CareConnect team was incredibly responsive and provided clear, step by step instructions. They were also available by email to assist with troubleshooting or answer questions when needed.

Being able to readily access labs allows me to proactively recommend dose adjustments and monitor safety and effectiveness of medications without first having to obtain this information from the patient or their physician. I am also able to be better prepared when case conferencing about a patient with a physician or nurse practitioner as I have a more complete picture of the patient's health history. This leads to more timely and tailored care for patients.

Our clinic works on a referral basis with patients scheduled in advance. Prior to a every patient appointment I will review their

CareConnect profile to gather relevant information and help me prepare for their visit. Without access to CareConnect, more time is spent trying to piece together a patient's medical history. This can lead to delays in stopping, starting or changing a medication as more time is needed doing 'detective work' before I can be confident in a recommendation.



### Nitin Saini

Argyle Pharmacy

I received an email from the College of Pharmacists of BC one day about CareConnect. I researched it and felt that it would be a great addition to my tools for pharmacy practice. It took me about 10 days to set up with CareConnect. I believe the process of enrolment can be easier if there is a dedicated phone line to answer questions and registration process.

Everything happened over emails which takes some time, however, it is worth a try and 10 days is not too long to set up.

I see a huge difference in my pharmacy practice and it is evident in the response I get from my patients after I got the CareConnect access.

I like to make clinical decisions for my patients and work closely in collaboration with their physicians. I deal with very high-risk patients who are suffering from serious mental health problems and addiction issues. In most cases patients have lost their ability to understand their health problems and have been struggling in every aspect. When this group of patients comes to the pharmacy and asks for help, as a pharmacist it becomes extremely dicey to make a clinical decision for them without the proper information about their health and illness. To give you insight, I'd like to share my experience in three instances, among many, when I was able to help the patients by using CareConnect.

**Patient 1:** Patient has chronic kidney disease and is regularly monitored by a kidney specialist. Patient has cognitive dysfunction, recently seen by an infectious disease expert and was prescribed medication for lowering the blood pressure. Patient's partner brought in the Rx and asked me to fill it. I accessed the patient's most recent lab tests and found her kidney function was very low and the medication was an absolute contraindication. I confidently refused to fill and later contacted the doctor and had that problem addressed. The incident occurred on a Sunday when all doctor's offices were closed.

**Patient 2:** Patient was prescribed psychiatric medications by a psychiatrist in hospital which she was supposed to take for a month and then switch over to a different medication. She came to me totally confused about how and when to start new medications. Only dealing with the patient for the first time, I had no idea about her health, so I accessed her medical file via CareConnect and realized that the pharmacist who dispensed her medications did not counsel her properly due to the lack of information from the hospital after discharge. I read the notes of the hospital psychiatrist and learned about the treatment plan for the patient. The patient was very thankful and happy with my service. She was very impressed by the level of care she received.

**Patient 3:** Patient had been on Opioid Agonist Therapy treatment and was recently admitted to the hospital due to an overdose. The patient was provided the proper dosage of methadone in the hospital, however, upon discharge he lost the Rx provided to him by the emergency room doctor. He came to my pharmacy and explained the situation. Usually, pharmacists in community pharmacies do not provide the methadone dose without prescription, especially when they don't know what dosage the patient has been given in the hospital. When I called the hospital, they no longer could access the patient file because the patient had been discharged. In this situation, I accessed the CareConnect and figured out the right dose of the medication and gave him an emergency supply, later contacted his OAT physician to get a new Rx.

I use CareConnect whenever I believe that I need more information in making the right choice for the patient in terms of treatment. For example, new patients, patients recently discharged from hospital, patients with multiple health conditions, patients on warfarin for INR, patients with cognitive dysfunction and patients with substance use problems.

Now that I use CareConnect, I believe that without CareConnect there is a lot of room for misunderstanding in community practice about the patient's health because of information from uninformed or ill-informed patients who create more confusion than clarity. This puts them at a bigger risk of negative outcome, regardless of whether the dispensed medication is OTC or prescription.

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## Maria De Bruyns

Chase River Pharmasave

I first read about CareConnect when it was featured in one of the pharmacy magazines. It caught my eye immediately and I think I contacted them myself.

The onboarding process was made easier by the company I am working for. They got our IT support involved and I navigated the rest. I contacted the support team at CareConnect when I ran into a bit of technical issues and they were amazing. They email me regularly to ensure that I was able to straighten

out my tech issues.

CareConnect gave me what I wanted forever. I can go on to a patient's profile while I am talking to them to help to answer questions about health issues. I can look at lab results and guide them with questions regarding even taking supplements. I use CareConnect at least once a day. I am a Certified Diabetic Educator and I am using CareConnect regularly for my diabetic patients. I started to chart patient's results on my pharmacy software for easy reference.

I know that I will be able to help my patients to manage their health issues with a little bit more confidence. I am surprised by how many patients trust their physician to manage the decisions after lab visits. I am trying to get my staff pharmacist to sign on too.



## Nikhil Gandhi

Fraser Canyon Pharmacy

I first learned about CareConnect in an email from the BCPhA. Once I read about it, I asked the owner of the pharmacy where I usually work if we could set up access.

The enrolment/onboarding process is a bit confusing. It would be useful to have clearer instructions for pharmacies and pharmacists as the current instructions are oriented

more towards clinics. It would also be helpful to have separate instructions for pharmacists and pharmacies. The use of the BCServicesCard app to log into CareConnect is easy and feels more secure than using a username and password.

I most commonly use the Labs and Community Documents sections of CareConnect to help me make clinical decisions. They allow me monitor my patients' drug therapies in a more informed way, and provide me with more confidence in adapting or renewing prescriptions. I also use the Immunizations section to screen for vaccine eligibility. I use CareConnect multiple times a day when I feel it would be useful to have more information about a patient's medical history.

CareConnect is able to fill in knowledge gaps, allowing pharmacists to provide necessary care more quickly and confidently. When patients present to the pharmacy for emergency supplies or requiring prescription adaptations, or with incomplete understanding of their medical histories, pharmacists often have to search through many different avenues to provide the best possible care.

CareConnect provides a single portal where pharmacists can quickly access a wide range of medical information in one place. Without CareConnect, there may be a delay pharmacists' ability to provide care, and in some cases pharmacists may have to refer patients to another healthcare provider simply because they do not have enough information to provide care. As an evolving platform, CareConnect does have occasional technical problems that temporarily prevent access to certain modules. **T**



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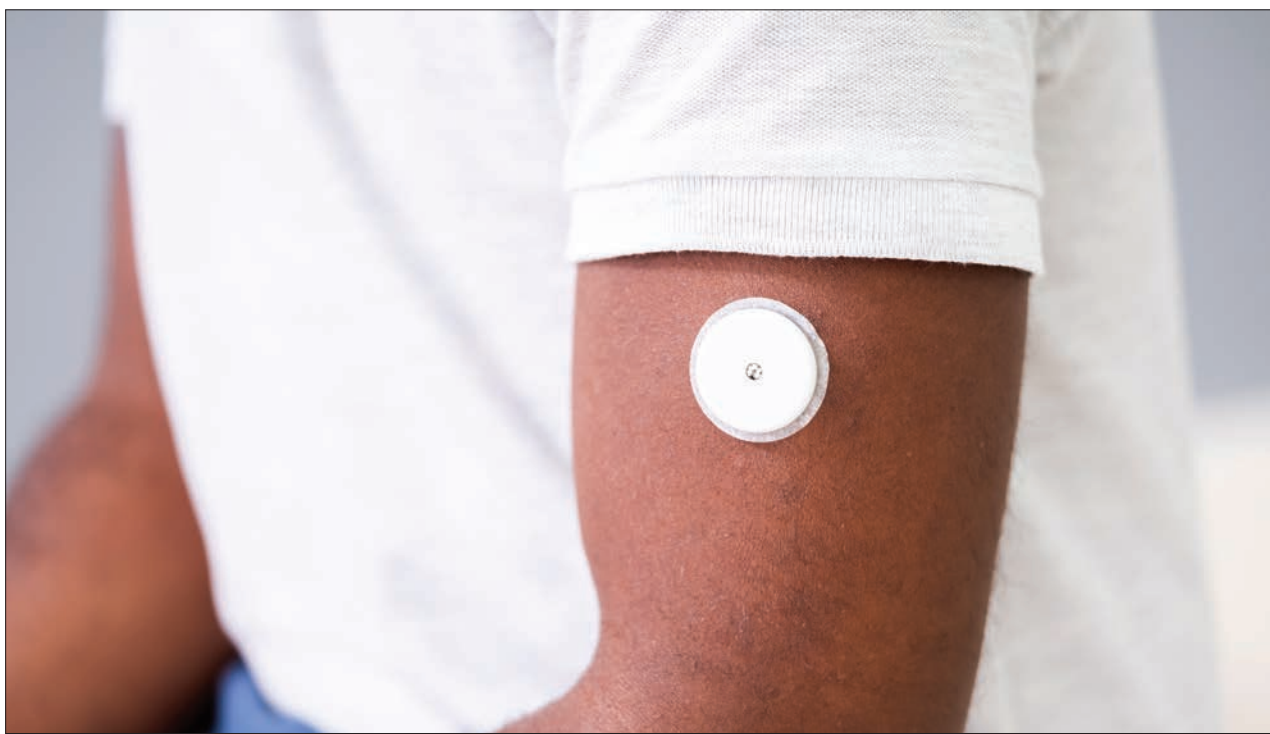
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## A look at interstitial fluid glucose sensors

### Sensor based technology in diabetes management

When pharmacists think about self-monitoring of glucose, there are generally three different types of technologies: the traditional capillary glucose monitoring method, interstitial fluid glucose sensors and interstitial glucose sensors equipped with transmitters.

Unlike traditional fingerstick glucose monitoring which measures capillary glucose, sensor based glucose monitoring measures interstitial fluid. This technology was first developed in the 1990s but has been evolving ever since and now multiple models permit patients to read blood glucose level continuously, allowing regular updates on blood glucose levels throughout the day, without drawing blood.

This enables patients and their pharmacists to gain a more wholesome view of their activities throughout the day and how their lifestyle choices, such as type of meals and level of physical activity, impact glucose levels.

There are two types of interstitial fluid glucose sensors: real time continuous glucose monitoring (rtCGM), which proactively “pushes” the information to a reader, and flash glucose monitoring (FGM), also referred to as intermittently scanned continuous glucose monitoring (isCGM), where the data must be pulled from the sensor when a reading is needed.

rtCGMs can come as standalone devices or come integrated into an insulin pump with Bluetooth wireless connectivity, along with alarms that will trigger when glucose levels are too high or too low. Glucose levels are measured every minute and the glucose value is sent out – or “pushed” – every five minutes. The variable length of wear can be anywhere from five to 10 days and the data is stored in a cloud. Examples of this type of device include the DexCOM® G6 device and the Medtronic® Guardian Connect device.

Many pharmacists may already be familiar with the isCGM technology platform called





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The FreeStyle Libre 2 flash glucose monitoring system is indicated for measuring interstitial fluid glucose levels in people aged 4 years and older with diabetes mellitus. Always read and follow the label/insert.

Data collected with the FreeStyle Libre system. The FreeStyle Libre 2 system has the same features as the FreeStyle Libre system but with optional real-time glucose alarms. Therefore, study data are applicable to both products.

\* Scanning the sensor does not require lancets.

† Individual private drug plans can vary. Please have your patients check with their plan administrator and/or insurance company.

‡ 60-minute warm-up required when applying the sensor.

§ Sensor is water-resistant in up to 1 metre (3 feet) of water. Do not immerse longer than 30 minutes. Not to be used above 10,000 feet.

**References:** 1. Kröger J, Fasching P, Hanairé H. Three European retrospective real-world chart review studies to determine the effectiveness of flash glucose monitoring on HbA1c in adults with type 2 diabetes. *Diabetes Ther.* 2020;11(1):279-291. 2. Data on file, Abbott Diabetes Care Inc.

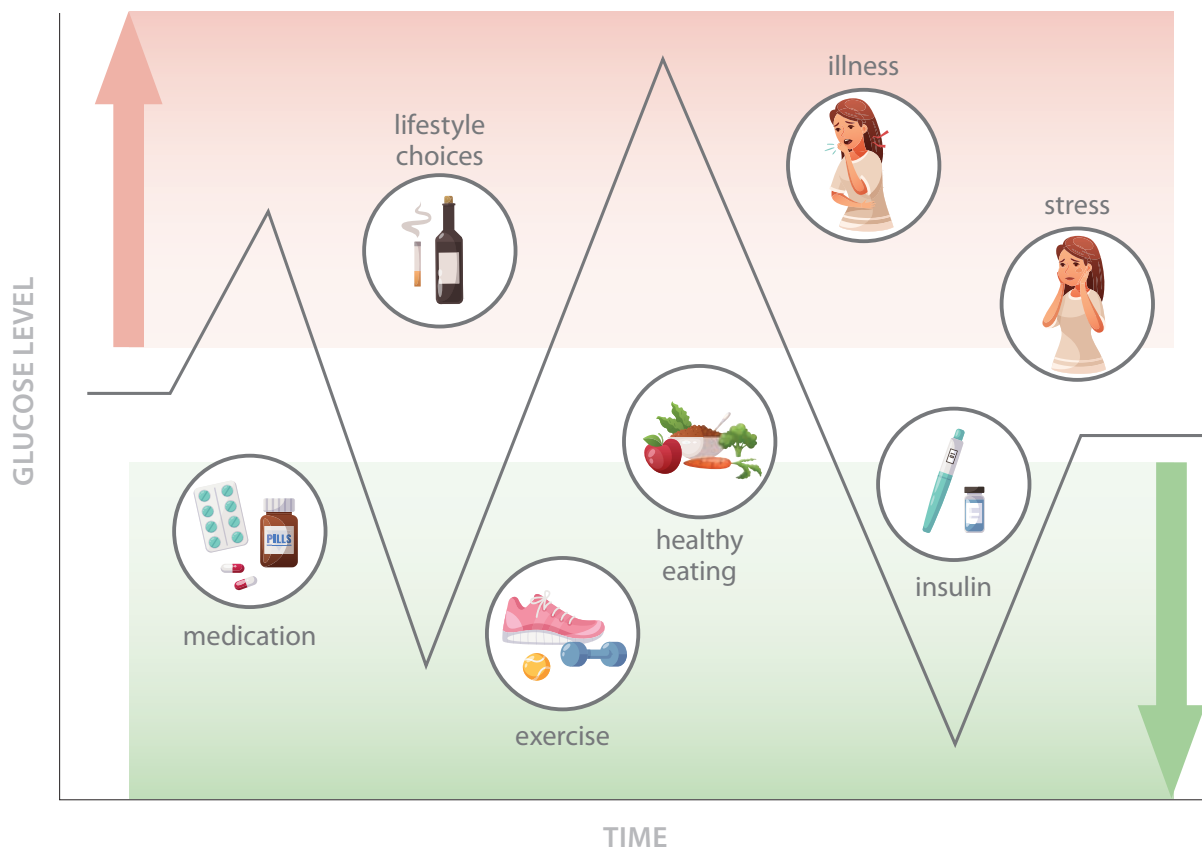
3. Haak T, Hanairé H, Aijan R, Hermanns N, Riveline JP, Rayman G. Flash glucose-sensing technology as a replacement for blood glucose monitoring for the management of insulin-treated type 2 diabetes: a multicenter, open-label randomized controlled trial. *Diabetes Ther.* 2017;8(1):55-73.

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## Help patients to understand their glucose levels and learn



FreeStyle Libre™ Flash Glucose Monitoring System. Unlike their real-time counterparts, which can communicate at a distance, isCGMs use near-field communication. That is, the reading device must be in close proximity to the sensor in order to obtain a reading. They provide 14 days of wear, no calibration is needed and readings are obtained by physically placing the reader close to the sensor or using a smartphone application to access the readings. Data is connected to the LibreView® cloud software where patients can access it. A recently approved version of isCGM now indicated for children four years of age and older, and is also equipped with high and low glucose alarms.

Both rtCGM and isCGM devices require a different approach to reading glucose levels when compared to capillary glucose readings. This is characterized by a “lag time” of five to 15 minutes due to the diffusion of capillary glucose into interstitial fluid. As a result, a reading produced by an interstitial glucose sensor is more useful to determine the trend of a patient’s glucose levels, rather than the patient’s glucose levels at a single point in time.

Pharmacists should be aware that if a reading produced by a continuous glucose monitor does not correspond with how the patient is feeling, it can be recommended for the patient to also take a capillary measurement at that time.

Continuous glucose monitors are helpful in identifying a patient's glucose level trend, and less effective at identifying whether a patient is hyperglycemic or hypoglycemic at a specific point in time. Continuous glucose monitors help the patient and their health-care provider do this by displaying "trend arrows" with their readings, providing five points of trend indication, based on the direction of the arrow:

↑ **Directly up:** an increase of blood glucose concentration of at least 1.5 mmol/L in the next 15 minutes if no action is taken.

↓ **Directly down:** a fall of at least 1.5 mmol/L in the next 15 minutes if no action is taken.

↗ **Diagonally up:** a rise of between .9 and 1.5 mmol/L in the next 15 minutes if no action is taken.

↘ **Diagonally down:** a fall of between .9 and 1.5 mmol/L in the next 15 minutes if no action is taken.

→ **Horizontal facing:** minimal change in glucose within the next 15 minutes.

For pharmacists, it is recommended to set individualized target ranges in collaboration with the physician that are appropriate for the patient.

A completed line graph will appear on the reader screen for the patient using the device's readings if the patient wears their continuous glucose monitor for at least eight hours. As the sensor measures glucose levels every minute, the patient is able to identify times during the day they are at target and also the impact of lifestyle choices such as diet and exercise.

The patient will not only be equipped with their current glucose reading and the trend of where their glucose levels are headed in the next 15 minutes, but also how their glucose levels were affected by their choices over the past eight hours. The visual representation of glucose trends reinforces positive lifestyle choices and provides insights for when the patient is not in target range.

When a patient first begins using continuous glucose monitoring sensors, they should be reviewing their readings at least every eight hours. It is not recommended for patients who do not want to scan every eight hours.

Lastly, for patients, it may help to keep four things in mind when using glucose monitoring sensors:

- › Scan frequently
- › Learn from the trends
- › Act and be proactive
- › Do not react

Consider all these four different aspects to encourage the patient to learn from their results and be proactive in making changes to their lifestyle choices. **T**

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*This article was written based on information from the BCPhA webinar "The Role of Technology in Diabetes Management" delivered by Pindy Janda, B.Sc Pharm, RPh on May 19, 2021.*

*As an accomplished clinical business development pharmacist with over 20 years of community pharmacy experience, Pindy has a proven track record in patient & pharmacist education, chronic disease management initiatives, pharmacy operations and business development. Pindy believes in empowering her fellow community pharmacists to maximize their expanded scope of practice resulting in improved patient outcomes for their patients and increased community pharmacy viability.*



## Update on COVID-19 Variants of Concern and vaccine efficacy from the Public Health Agency of Canada

As the number of COVID-19 cases caused by variants of concern continues to grow across the country, the Public Health Agency of Canada provided an update on its efforts to keep track of the four main variants of concern.

These variants have recently been referred to by letters of the Greek Alphabet: Alpha, Beta, Gamma and Delta. The decision to update the nomenclature was made by a group convened by the World Health Organization to identify easy-to-pronounce yet non-stigmatizing labels for variants that had, until recently, been referred to by the general public by the countries they were first detected in.

### Variants and their countries of origin

- › The Alpha variant, known as B.1.1.7, first detected in the United Kingdom.
- › The Beta variant, known as B.1.351, first detected in South Africa.
- › The Gamma variant, known as P.1, first detected in Japan but later identified to be originated in Brazil.
- › The Delta variant, known as B.1.617.2, first detected in India.



To track these variants, Canada formed a large-scale sequencing effort through the formation of the Canadian COVID Genomics Network in April 2020, said Dr. Gary Van Domselaar, with the National Microbiology Laboratory of the Public Health Agency of Canada (PHAC).

Van Domselaar said as of late June, his organization has been able to track up to 70% of COVID-19 positive cases – one of the highest sequencing rates in the world, he said – to identify which variants are most common in Canada.

“As our capacity increases and our case load decreases, we are on track to achieve a theoretical sequencing rate of 100% of covid positive cases,” Van Domselaar said in a June presentation to health workers.

From the federal government’s perspective, a variant of concern is classified as such when it is demonstrated to have one of the following: increased transmissibility or a detrimental change in COVID-19 epidemiology, increased virulence or change in clinical disease presentation, decreased effectiveness of available diagnostics, vaccines, therapeutics or public health measures, or when defined as a variant of concern by either the World Health Organization or a provincial/territorial assessment group.

Currently, in Canada, it’s estimated that at least 80% of all new cases are now one of these four variants of concern, said

Lindsay Whitmore, manager of COVID-19 Epidemiology and Surveillance with the PHAC.

Alpha variant cases make up the vast majority of positive cases currently in the country, she said. But the one officials are increasingly concerned about is the Delta variant. Cases of those infected with the Delta variant are 50% more likely to be hospitalized compared to the Alpha variant.

The overall proportion of Delta cases in Canada as of June 9 was only approximately 630 cases, according to data presented by the PHAC, but is growing, with transmission occurring in younger groups and through community transmission. As of June 18, Dr. Theresa Tam, chief public health officer of Canada, said the number had increased to more than 2,000 confirmed cases.

The PHAC has also been tracking vaccine effectiveness against the four variants.

So far, its data suggests that all vaccines are only minimally affected when employed against the prevalent Alpha variant in Canada. After two doses, the vaccine protection from symptomatic infection ranged from the low end of 70.4% for AstraZeneca, to the upper end of 90% for both the Moderna and Pfizer vaccines.

For the Beta variant, vaccines did have some reduced effectiveness, with the mRNA vaccines Moderna and Pfizer reporting a 88% protection from symptomatic infection after two doses, while AstraZeneca’s protection plummets to 10.4%.

The mRNA vaccines again hold well against the Delta variant, with protection against symptomatic disease of 87.9% following two doses, while AstraZeneca lags behind at 59.8% protection. Currently, the PHAC does not have data to report on vaccine effectiveness on the Gamma variant.

Despite the dominance of variants of concern now making up the vast majority of COVID-19 cases in the country, so far, Canadians have not been dying at a higher rate, Whitmore said.

“The cases have been younger. The risk of death increases with age and various risk factors, and right now what we’re seeing is, yes, an increase in severity with all the variants of concerns, particularly the Delta, but that hasn’t necessarily extrapolated to increased deaths,” she said.

“We are lucky enough right now to have lower death counts.” **T**



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## Team VaPE takes top prize in video competition

A project to develop pharmacy resources to help patients stop vaping took home the top prize in the BC Pharmacy Association's 2021 Student Video Competition.

Vaping – a relatively new term used to describe the act of inhaling heated liquid nicotine using electronic cigarettes – is a growing habit among young people, and to date, there are few if any successful programs in pharmacies helping patients quit the vape. The three-member Valient Pharmacy Effort (VaPE) team, notably the smallest team in the competition, decided it was time to change that.

Team member Marcus Lo noticed the lack of current resources to guide patients towards vaping cessation first-hand during his first-year practicum, when a patient complaining of chest palpitations came into the store.

“He was prescribed a patch and he was trying to stop vaping, but he was experiencing heart palpitations because the patch was too strong,” Lo said. “The pharmacist wasn't sure what to do and just said, ‘stop using it, we'll give you a lower strength patch.’ It was a guessing game.”

The reason Lo's pharmacist had to guess was because there are no current resources available to pharmacists to identify the appropriate-strength nicotine replacement therapy product tailored to individual patients' vaping consumption. With thousands of vaping products on the market, all available at differing strengths, there is no singular answer on how much nicotine an individual absorbs when vaping.



Team VaPE decided to focus their project on creating an online vaping-cessation resource after noticing that there was a lack of resources for pharmacists to counsel patients who wish to quit vaping.

But as luck would have it, the team did identify one leading vape company – Juul – estimated to capture about 35% of vape users, along with research papers that provided information on nicotine absorption among users of Juul products.

Team member Lilyan Jia said the team decided to propose a website: [vaping-cessation.ca](http://vaping-cessation.ca). The site would incorporate the research on Juul products, along with nicotine absorption information from other companies, to help pharmacists determine the best nicotine replacement therapy dose by asking a series of questions about vaping habits to rank a patient’s nicotine dependence.

“We wanted to create a resource that was readily accessible,” Jia said. “We’ve seen a lot of amazing clinical tools in class created by our faculty members, and that was something we were inspired by. We wanted to do something similar.”

Jia said the video project was a great test of some of the skills pharmacy students are taught, including problem solving, identifying gaps in research, and seeking out and analyzing trustworthy evidence.

Lucy Zhou, the team member who animated VaPE’s video presentation, said the project has already helped her provide a teen with smoking cessation advice, with a referral to the teen’s doctor for behavioural intervention.

But if the project were to expand into real life, Zhou said, the next challenge for the team would be to collect nicotine absorption information from all the other companies who offer vaping products.

“The first step would be to get more information from various vaping companies so we can convert the information to appropriate nicotine replacement therapy doses,” Zhou said. “The future step would be to collaborate with clinicians and others who are currently involved with smoking cessation to create a website or guidelines to help disseminate the information.”

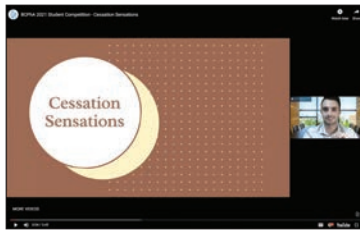
As for funding, the team anticipates reaching out to existing government resources that have earmarked grants for smoking cessation.

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*To see all the student videos, please visit [bcpharmacy.ca/2021-student-video-competition](http://bcpharmacy.ca/2021-student-video-competition)*



## Team Summaries



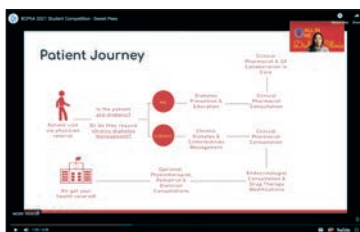
**Cessation Sensations** hopes to create a solution to increase the abstinence rates among those who want to quit the use of tobacco products. The group proposes an individualized, patient-centered, smoking cessation clinical service delivered by a Certified Tobacco Educator. Patients will have a smoking cessation action plan where they will be asked to document their reflections, and followed up with biweekly patient-pharmacist consultations. The program focuses on patients who have been unsuccessful at abstaining using the BC Smoking Cessation Program. Patients will pay a \$29.99 monthly fee plus the cost of their nicotine replacement therapy products.. *Team: Parsa Shahbazi-Amin, Gurtinder Bisla, Ali Smaha-Muir, Amy Jradi, Maya Zelebaba, Noorden Haji and Neelam Hundal*



**The Mentalists (3rd place)** team aims to ensure the wellbeing of university students through a clinical service targeted towards students in the 18 to 25 age group, with an overall mission to optimize students' drug regimen, reduce relapses and reshape mental health stigma. The group proposes its "Veliter" program at a campus pharmacy, in partnership with a psychiatrist, in order to expose young patients to pharmacy care. Veliter will be offered from 4 p.m. to 10 p.m. daily, accepting walk-ins, appointments and online consultations to help students with their mental health challenges. Students would be charged \$45 for their first 30 minutes of one-on-one consultation, where the pharmacist would help the patient create an action plan suited to their mental health. *Team: Eric Jeong, Brian Lin, Ginny Chen, Dale Paul, Grant Guo and Celia Dossot*



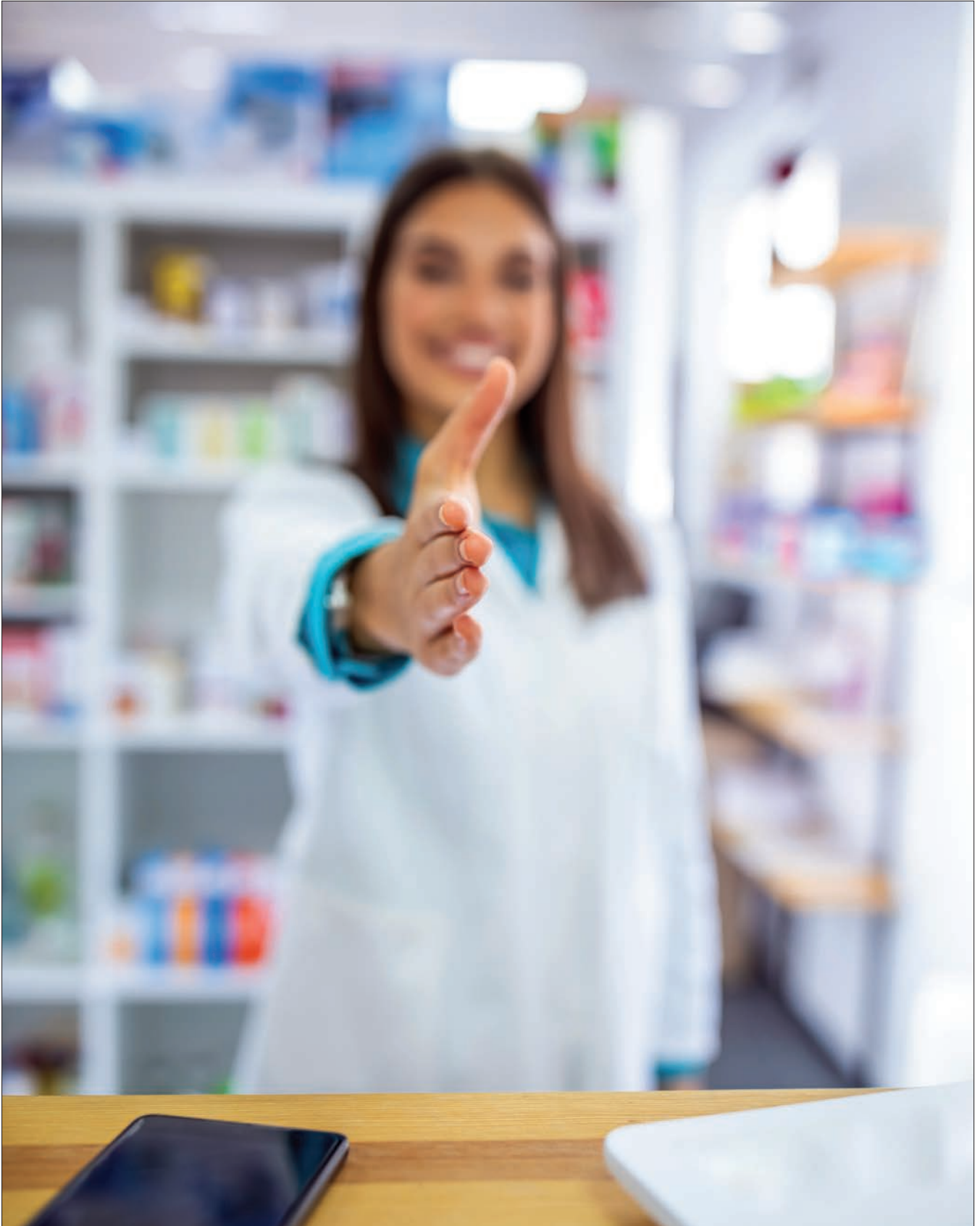
**MomRx (2nd place)** plans to develop a clinical service that focuses on pharmacist-led medication consultations with a focus on maternity and women's health. The service works by first having patients conduct a survey about their health, followed with an optional consultation with pharmacist, to selection of health products, with products organized in a daily regimen, delivered monthly to the patient. The product would be delivered in a Kerrisdale pharmacy, selected for the growing number of families in the area and high traffic. Clients will be charged a monthly subscription of \$49.90, with additional revenue to come from medication reviews and over-the-counter product mark-ups. *Team: Celine Jeon, Ayah Kapani, John Lee, Sonali Rishi, Tom Sun, Jenny Tan and Jennica Yang*



**Sweet Pees** proposes an interprofessional diabetes clinic for the Surrey community, aiming to provide diabetes education, prevention and chronic management services for patients referred to the clinic by physicians. Surrey was chosen due to the large number of residents of South Asian, Asian and Filipino descent and the higher risks these populations have to develop diabetes. All pharmacists serving the location will be Certified Diabetes Educators. Pre-diabetic patients referred to the clinic will receive diabetes prevention and education by a pharmacist, while chronic diabetes patients will receive diabetes and comorbidities management in consultation with a pharmacist and endocrinologist. *Group members: John Antelo, Giordano Bua, Sylvia Chung, Dildeep Gill, Matthew Mah, Cecilia Qiu, Catherine Zang*



**Team Buzz Life-Years - GPS Pharmacy** prepares to target the older-adult patient in the White Rock region through a monthly health-monitoring subscription. Patients receive a consultation to discuss everything from medication management to transportation. The pharmacy will hold one to two educational classes for seniors health each month, and health monitoring will include monthly follow-up phone calls in addition to referring patients to relevant health-care practitioners, including making appointments on patients' behalf. The cost for the subscription would be an orientation fee of \$40, with an ongoing subscription of \$39.99 per month. *Group members: Randeep Dhillon, Jasmeen Dhaliwal, Jonah Khanna, Jasmin Jhaj, Arman Gill, Tejeshwar Dhadiyal and Manrubby Dhillon* **T**



# Establishing Physician Relationships to Grow Your Business

BY DEREK DESROSIERS, BSC(PHARM), RPH

Not so many years ago, if your pharmacy was in a good established location in a solid community and you took good care of your patients, you were pretty much assured of success.

With the ongoing growth in competition, government and third-party private payer intervention, generic price deflation, a multitude of regulations, policies and processes to follow, you know times have changed dramatically. On top of the constant change, pharmacy has not escaped the global COVID-19 pandemic's dramatic effect on the world either. But one thing has remained constant: pharmacies and pharmacists are in the relationship business.

Establishing strong relationships with physicians can be a great way to grow your business. I know most pharmacists have thought about physician relationships in one way or another, with good intentions to do something concrete to build those relationships. Sometime those intentions came from listening to a session at a conference or simply just because of a particular relationship that you already have. Notwithstanding your good intentions to start a doctor detailing program, you may have fallen short because you couldn't commit the time or day to day work "got in the way." What you may have missed is understanding why these relationships are important from both a professional and business perspective.

Building long lasting relationships with physicians can be an extremely important component of success. It is perhaps one of the most important things a pharmacy can do to generate new revenue through prescriptions and other professional services and products. These relationships can lead to ongoing patient referrals from physicians and their patients, who are likely to refer their own family and friends.


So, how do you go about building physician relationships or expanding your current network?

**Step one** should be a review of all the physician practices within a given radius around your pharmacy. Develop a list or database of the physicians and see who you already have relationships with and who you need to develop relationships with. Check your pharmacy software for prescriber reports to see which physicians are generating the most prescriptions that are coming to your pharmacy.

**Step two** is to setup a schedule of visits. Call the physician offices and speak with their receptionist or medical office assistant to determine the slowest days of the week and times of the day. Then, try to schedule a visit to fit into those days and times. Remember to not just focus on the physician but the entire staff of the clinic or practice. You want to have the staff think of you and your pharmacy first before any others. This will come with a consistent, repetitive effort on your part. You cannot do this in just one visit.

**Step three** is to develop the content of your visits. Ask the physicians what kind of products and services they are interested in. Look into carrying specific products that they like to recommend. Offer services that are meaningful to them. For example, you might ask if they are interested in referring patients for pharmacogenomic testing, and if they are, then that is a service you may want to offer. Vaccine services and other specialty care are usually good topics. Focus on the specialty of the physician practice if they have one.

**Step four** can include other activities like developing a budget, and perhaps dropping off brochures, logoed merchandise such as pens, notepads, or calendars at the physician's office. Treats for the staff are also usually welcomed. You could also consider some social activity such as an evening wine and cheese get-together in the pharmacy after hours. Invite several of the physicians and staff from different offices and include all your own staff. This gives the physicians and their staff a chance to meet your staff as well as each other.

Establishing these relationships takes time and perseverance. It won't happen overnight, but if you persist it will pay significant dividends in the long run. Don't be discouraged by rejection. It may be tough to get appointments at first, but keep trying. Keep your program active and nurture the relationships that you do develop. 

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



## Provincial Vaccinations Numbers

While the Canadian government has approved the Pfizer, Moderna, AstraZeneca and Jansen vaccines, the types of vaccines pharmacies across Canada had access to varied. Here's a look at how the types of vaccines available to pharmacists impacted the number of vaccines administered in pharmacies, versus in public health and other non-pharmacy clinics.

### British Columbia

June 23 Total: 4,511,925  
 June 15 pharmacies: 267,000  
 Vaccines available in pharmacies:  
 AstraZeneca

### Ontario

June 21 Total: 12,669,775  
 June 22 pharmacies: 1,862,319  
 Vaccines available in pharmacies:  
 AstraZeneca, Pfizer, Moderna

### Newfoundland

June 17 Total: 404,055  
 Pharmacies: Count not reported  
 Vaccines available in pharmacies:  
 Moderna

### Alberta

June 20 Total: 3,804,700  
 June 20 pharmacies: 1,562,100  
 Vaccines available in pharmacies:  
 AstraZeneca, Pfizer, Moderna

### Quebec

June 21 Total: 7,404,597  
 June 21 pharmacies: 660,000  
 Vaccines available in pharmacies:  
 Moderna, AstraZeneca

### Nova Scotia

June 22 Total: 790,514  
 June 22 pharmacies: 395,257  
 Vaccines available in pharmacies:  
 Pfizer, Moderna

### Saskatchewan

June 21 Total: 998,779  
 June 21 pharmacies: 500,000  
 Vaccines available in pharmacies:  
 AstraZeneca, Pfizer, Moderna

### New Brunswick

June 21 Total: 662,387  
 June 23 pharmacies: 287,588  
 Vaccines available in pharmacies:  
 AstraZeneca, Pfizer, Moderna

### Prince Edward Island

June 19 Total: 129,054  
 May 26 pharmacies: 3,900  
 Vaccines available in pharmacies:  
 Moderna

### Manitoba

June 21 Total: 1,156,966  
 June 21 pharmacies: 104,126  
 Vaccines available in pharmacies:  
 AstraZeneca, Pfizer, Moderna



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