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Volume 78 / Issue 2 / July–August 2014

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STATEMENT OF PURPOSE

The Ontario Pharmacists Association speaks for pharmacists and the profession of pharmacy in whatever environment they practice. We advocate for the quality care and well-being of patients.

OFFICE HOURS

The Ontario Pharmacists Association is open Monday to Friday, 8:30 a.m. – 4:30 p.m.

The Ontario Pharmacist welcomes articles, editorials, and commentary contributions. Submissions are subject to review by the editor; they may be revised if necessary and will be accepted for publication only if they are believed to represent an important contribution to this literature.

All published articles, including editorials and commentary, reflect the opinions of the authors only and do not necessarily reflect the opinion of the Ontario Pharmacists Association.

External sources of information are obtained from private communications, published articles, papers, and the lay press. Incorrect quotation or interpretation is possible but not intended.

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GOVERNMENT CHANGE PRESENTS A NEW OPPORTUNITY FOR PHARMACISTS

DENNIS DARBY, CEO

A pharmacist member recently asked me how we at the Ontario Pharmacists Association feel about the recent provincial election and the appointment of a new Minister of Health and Long-Term Care, Dr. Eric Hoskins. I had to pause and think about this question, as the last couple of years have been trying for the Association – as an advocate, cheerleader, and policy researcher working to expand scope and enable payment for all pharmacists in Ontario.

"Well, in the worst case," I reflected, "it will allow us to present our solid economic data, strong evidence of professional uptake, well-thought out arguments about the benefits to the healthcare system, and the general enthusiasm and passion for what this profession can do, to a new group of officials and policy advisors – and to have it all ignored again."

I think I caught the member off guard, but my jest may contain a grain of truth. The Association – including our staff, Board, volunteers, and friends – has been steadfast in advocating for the value our members bring to health care, and the potential benefits to Ontario that can be provided by pharmacists. Through our one-on-one meetings with political staff and officials, our submissions to various committees, our Queen's Park Day events, and our media interviews, our message is simple: health care should help people, and one way we can help is by having pharmacists do more.

Apart from the savings that would accrue if pharmacists could give more injections, assess and treat common ailments, participate in chronic disease management, play a stronger role in adherence, and provide smoking cessation counselling to any resident of Ontario, the convenience and connectedness of pharmacists and pharmacies almost guarantees uptake (case in point, the number of pharmacists giving flu shots went from zero to one million in only two seasons). The health and wellness of Ontarians can only benefit from having pharmacists take a more active role in health care.

At the Association, we have run academic and economic studies, as well as literature and practice reviews, and we continue to plan and run demonstration projects related to chronic diseases, high needs patients, and novel practice arrangements. We have developed and implemented best practices, guidelines, tools, and aides for the delivery of services. Our education programs are leading edge, helping nudge our members and non-members toward modern, clinically focused pharmacy.

Other provinces have kept abreast or leapt ahead of Ontario in terms of enabling and funding the health care pharmacists provide, and a critic could ask: why all the work without the results? Over the years, working with Ministers Smitherman, Caplan, and Matthews, we had our share of challenges and successes. Much of the pressure was driven by a fiscal agenda that focused on containing the drug and pharmacist budget without necessarily accounting for the system savings and benefits that accrued elsewhere.

We need to refocus and redouble our efforts with Minister Hoskins to focus on the benefits to public health when pharmacists and pharmacies are fully leveraged to do everything in their capacity to provide high quality care. We have heard the government commit itself to balancing the budget without sacrificing services, and we will take the opportunity of a new administration at the Ministry of Health and Long-Term Care to underscore the role pharmacists can play to help reach that objective.

It is a new beginning, and I am hopeful the member who asked me about the significance of the recent change in government will be able to say I was wrong.

EXPANDED SCOPE OF PRACTICE: ONTARIO PHARMACISTS' EARLY EXPERIENCES AND PERCEPTIONS

BY NED POJSKIC, PHD, DIRECTOR, HEALTH POLICY

With the official passage of regulations in October 2012, pharmacists in Ontario joined their colleagues in other provinces in having the authority to practice with an expanded scope.

However, unlike in other provinces, the Ontario government did not commit to remunerating pharmacists for the provision of these services (with the exception of administration of influenza immunizations). This has posed a challenge for Ontario pharmacists in that the provision of some of the new services requires a significant time commitment, without the associated reimbursement. Research from British Columbia has shown that the total average time to complete an adapted prescription is six minutes and 43 seconds longer than a non-adapted prescription, at an estimated incremental cost of $6.10.[1] Modification of dose, formulation, or regimen was found to require more time than prescription renewals.

The lack of remuneration for these pharmacy services also creates a challenge in tracking their uptake by community pharmacists. Analysis of provincial billing data has demonstrated that pharmacists provided more than 760,000 influenza immunizations in the 2013-14 influenza season, yet no comparable figures are available for pharmacist initiated renewals and adaptations. Anecdotal evidence has suggested that the uptake of these services has been limited in the first 18 months since the regulations were passed. With this situation in mind, the Ontario Pharmacists Association (OPA) undertook a survey of its members in the summer of 2013 to better understand not only the uptake of these new authorities but also the factors influencing their provision. The survey was sent to 4,480 eligible pharmacists, 490 of whom completed it for a response rate of 11 per cent. Most respondents

worked in independent/banner pharmacies (44 per cent), were staff pharmacists (41 per cent), and were 45-64 years of age (56 per cent).

The results were largely consistent with anecdotal evidence that showed the uptake of both independent renewals and adaptations was limited (Figure 1). At the same time, however, the number of renewals was substantially greater than the number of adaptations. Most pharmacists (64 per cent) reported doing fewer than 10 adaptations in the first 10 months of the program (October 2012-July 2013). In comparison, more than 30 per cent of pharmacists reported doing over 40 renewals in the same time span. Digging deeper to understand the reasons for these numbers, the data revealed that perceived physician resistance, lack of dedicated time, and patient misconceptions of pharmacist authority were some of the main challenges encountered by pharmacists. As illustrated in Figure 2, pharmacist provision of renewals was closely tied to their perception of physician acceptance – pharmacists who perceived that local physicians were supportive of this service were more likely to provide it.

The opposition that may currently exist among physicians is likely to diminish over time as pharmacists demonstrate their patient centredness and expertise in effectively managing drug therapy. To aid this process, pharmacists should clearly document and communicate the rationale for their prescribing decisions and how those help to ensure the safety and effectiveness of drug therapy.

More than 65 per cent of pharmacists felt that staff overlap would aid them in the provision of both adaptations and renewals, by providing more dedicated time to effectively deliver the services and document accordingly. Interestingly, a number of pharmacists reported substantial patient misconceptions regarding the renewals in particular.

As one of the respondents stated: "Most patients think they have the right for renewal every time they come in as a part of the services provided in the pharmacy. You cannot convince them that the renewal in the pharmacy is only in special circumstances to assure the continuity of treatment, not for their convenience."

As the quote above illustrates, pharmacists felt pressured by patients to continuously renew their medications, in the absence of ongoing physician monitoring. This was seen by many patients as a means to avoid having to make an appointment with their doctor.

Taken together, the study findings illustrate there is room for improvement with respect to the uptake of independent renewals and adaptations, and it clearly demonstrates the need to further educate both physicians and patients about the intended goals of this policy. Going forward, OPA will work closely with both medical professional organizations and patient groups to accomplish these goals.

The Ontario Pharmacists Association strongly encourages pharmacists to continue to take steps to incorporate independent renewals and adaptations in their practice. These are important patient care services that not only take pressure off other parts of the healthcare system but also are the first step towards more expansive pharmacist prescribing authority, including treatment of minor ailments. Ultimately, only by providing these services in a consistent, high quality manner will pharmacy as a profession be able to convince policy makers to provide funding for these services, and to further expand pharmacist authority in this regard.

Figure 1

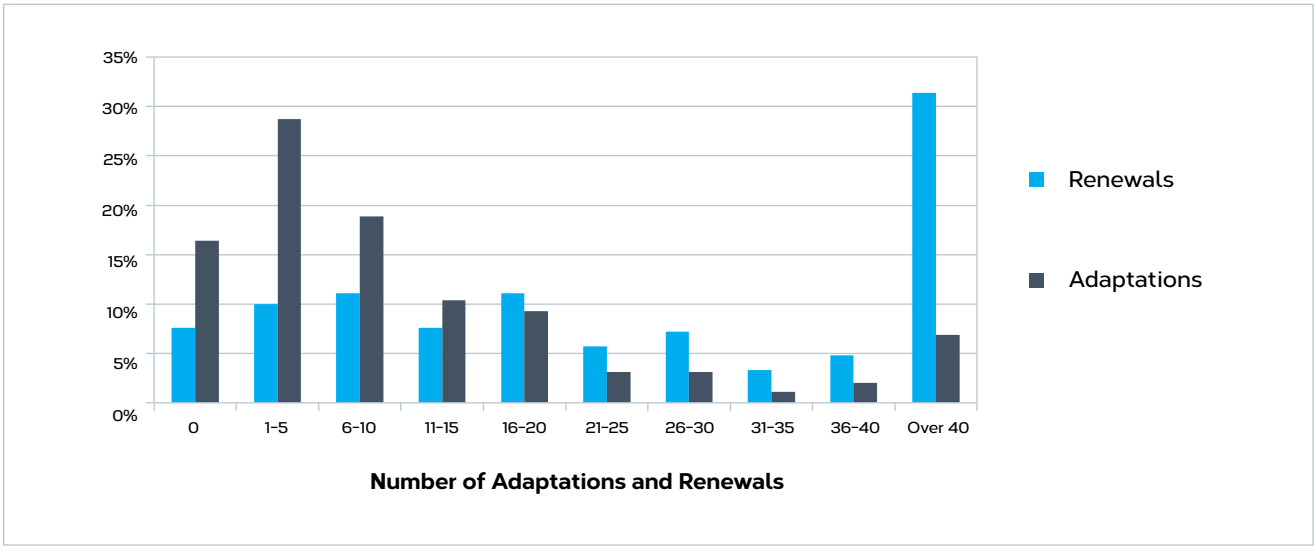
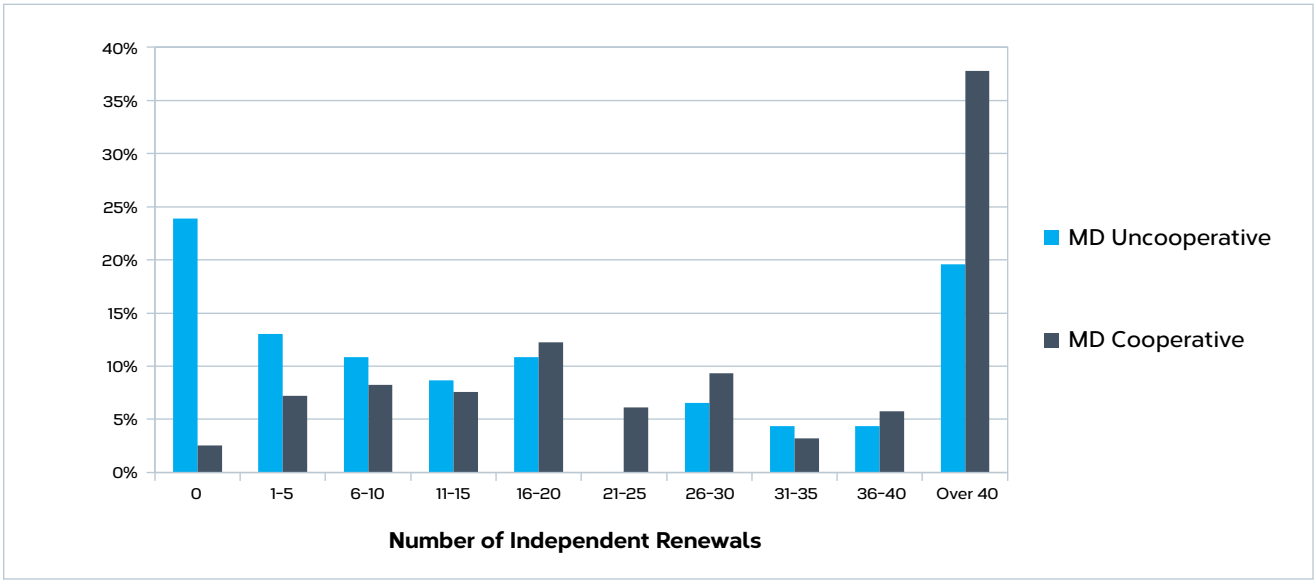


Figure 2



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1. Marra CA, Lynd LD, Grindrod KA, Joshi P, Isakovic A. Evaluating the labour costs associated with pharmacy adaptation services in British Columbia. Canadian Pharmacists Journal 2012;145(2):78-82.

ONTARIO TO GRADUATE FIRST ENTRY-TO-PRACTICE PHARMD STUDENTS IN 2015

BY CHRISTINE SPETZ

Ontario will soon be the second province to graduate students from an entry-to-practice PharmD program (the University of Montreal and Laval University have French programs). In 2015, the province's first cohort of entry-to-practice PharmD students will graduate from the University of Toronto (U of T), four years after the program launched in September 2011.

The University of Waterloo (UW) will also graduate its first PharmD class in 2015, though it only recently launched its program for students starting classes in January 2014. This is a result of a decision that was made in 2012 to offer second and third year students the option of phasing into the program – a program so promising that 100 per cent of students chose to make the transition.

In the spring, the Ontario Pharmacists Association sat down with David J. Edwards, Hallman Director and Professor at the University of Waterloo School of Pharmacy, and Lalitha Raman-Wilms, Associate Professor and Associate Dean of Professional Programs at the University of Toronto's Leslie Dan Faculty of Pharmacy, to discuss the key differences and highlights of this new and exciting program.

Enhanced experiential education

Edwards says the primary difference between the UW Bachelor of Pharmacy and PharmD programs is enhanced experiential education. Unlike the bachelor program, which delivered its experiential component through co-op placements, the PharmD program offers a blend of co-op experiences and structured clinical rotations.

"Co-op does some great things for our students," Edwards says. "It gives them hands-on work experience, and it develops professionalism, initiative, and confidence. At the same time, the structured clinical rotations give them the patient care skills and clinical experience in managing patients they need to be fully prepared as practitioners."

PharmD students at the University of Waterloo spend 24 weeks in hospitals, long-term care facilities, community pharmacies, outpatient clinics, and family health teams. This is in addition to 48 weeks of co-op experience in the second and third years of the program. At the University of Toronto, the bachelor program's 16 weeks of experiential education has been increased to 44 weeks.

"We're making sure experiential education occurs throughout the PharmD program," Raman-Wilms says. "At the end of the first and second year, during the summer, students spend four weeks in a direct patient care rotation, giving them an opportunity to apply what they've learned early on. Then in fourth year, they augment what they've learned in class through 36 weeks of clinical rotations in a variety of patient care settings."

In this way, Raman-Wilms says, "the PharmD program is focused on providing direct patient care and ensuring that students are ready to work within collaborative teams. As a result, our PharmD graduates will be much more practice ready as pharmacists."

Incorporating scope of practice into the curriculum

In addition to changes in the experiential component of pharmacy students' curriculum, both Edwards and Raman-Wilms say the PharmD program at both schools

incorporates pharmacists' expanded scope of practice. At both schools, students are required to take courses on professional practice that include lectures on patient education techniques, motivational interviewing, immunization, and smoking cessation. For the first time this year, the University of Toronto also offered specialized courses in geriatrics and ambulatory care practice, with new courses on patient safety and global health being added in the coming year.

"The key is to prepare students to deliver the care required under the new scope – as well as any future changes – as the role of the pharmacist in the healthcare system will continue to evolve," Raman-Wilms says.

"When these students graduate they're going to be fully prepared to implement scope of practice for the profession, and they will also be prepared to take on expanded scope of practice as it evolves over the next five to 10 years," Edwards adds. "They will be instrumental in seeing our profession move towards patient-focused care."

What pharmacists should expect from new grads

The intent of the PharmD program at both schools is to ensure that pharmacy students are more practice ready, so they can work with patients early on – to interact with them, gather relevant information from them, assess their medication-related needs, identify any drug therapy problems they may have, and work with other care providers and patients to resolve and prevent any issues.

"We're very excited about the PharmD program and the level of graduate we're going to have," Edwards says.

Raman-Wilms agrees. "Our PharmD program provides students with the knowledge and skills they need, and helps them develop their patient-focused care skills earlier through experiential placements. New practitioners must be able to provide direct patient care to work with patients and other healthcare providers to minimize drug therapy problems. Our program prepares them to do this and lays the foundation for any other changes that might come."

"When these students graduate they're going to be fully prepared to implement scope of practice for the profession, and they will also be prepared to take on expanded scope of practice as it evolves over the next five to 10 years..."

HOW TO GET INVOLVED

Pharmacists interested in getting involved with the PharmD program at either school are encouraged to share their knowledge with students by becoming preceptors.

"Practitioners who have been out there for a number of years have acquired some tremendous knowledge and experience," says David J. Edwards, Hallman Director and Professor at the University of Waterloo School of Pharmacy. "Our students would benefit from this knowledge and experience that preceptors have gained in how to take care of their patients."

"We are excited to invite our network of accomplished alumni to share your knowledge and experience with our students as preceptors and lecturers in the PharmD program,"adds Lalitha Raman-Wilms, Associate Professor and Associate Dean of Professional Programs at the University of Toronto's Leslie Dan Faculty of Pharmacy. "Your contribution is important to ensure that the next generation of pharmacists will be ready for practice and prepared to lead the profession forward in this time of change."

In addition to becoming preceptors, pharmacists can also get involved by assisting with the didactic component of the curriculum at both the University of Toronto and the University of Waterloo.

"We're always interested in hearing from pharmacists, especially those who may have unique practices," says Edwards.

If you would like get involved with the PharmD program, please contact:

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Lalitha Raman-Wilms,
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VISIT THE NEW CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PORTAL

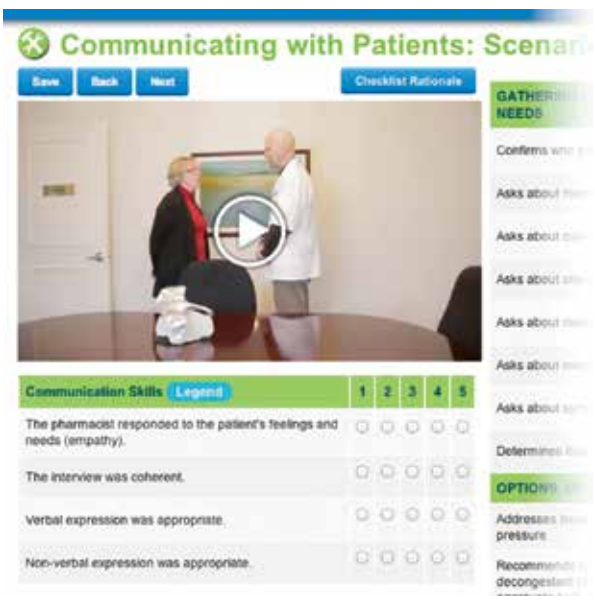
Earlier this spring the College launched its newly re-designed Continuing Professional Development (CPD) Portal. With its fresh look and several new features, maintaining your professional development has never been so simple or convenient!

Pharmacists and pharmacy technicians can use the College's CPD Portal for assessing their own needs, creating a personal learning plan and evaluating the effectiveness of their education.

The main features of the new CPD Portal are the Self-Assessment Tool and the Learning Portfolio.

Access On The Go
The CPD Portal is now accessible from your smartphone or tablet, making it easy to login and keep track of your learning activities while on the go. Login while you are attending an event and record the details of your learning before you forget. You can also login while at work to record work-based learning or make note of questions asked by your patients.

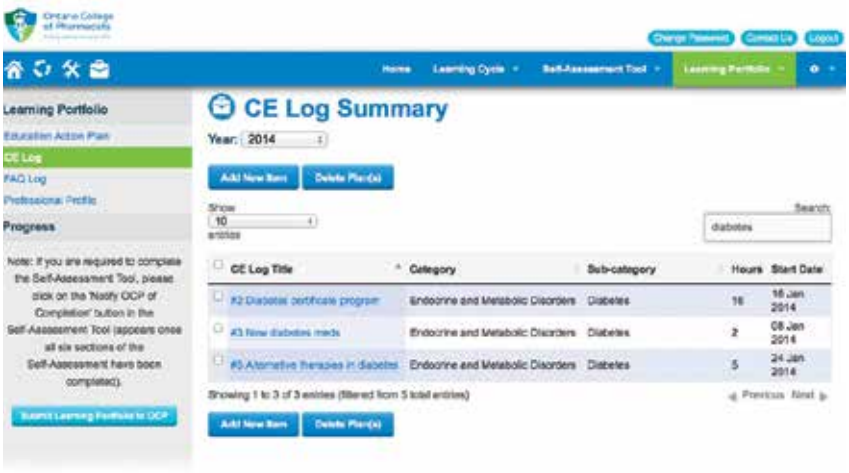
The Self-Assessment Tool
The Self-Assessment Tool helps practitioners identify their learning needs and plan their learning based on the Standards of Practice. Ideally, both pharmacists and pharmacy technicians should use the tool annually as one of its primary benefits is to help identify specific areas of learning that practitioners can use to guide decisions regarding their ongoing continuing education activities.



Assessing Communication with Patients
In the Self-Assessment Tool section for pharmacists, you can view two quick videos about communicating with patients – you'll be asked to rate the pharmacist's interaction with the patient using a checklist, and then reflect on your own skills in communicating with patients. This tool is especially useful to remind pharmacists that every interaction with a patient is unique and there may be several viable options to any given situation. The Communicating with Patients section emphasizes the need for using professional judgment to make and rationalize decisions that are in the best interest of our patients.

The Learning Portfolio
All pharmacists and pharmacy technicians must engage in continuing education activities and document their learning, keeping a record of these learning activities for a minimum of five years. The College offers a Learning Portfolio, a tool to assist members in identifying and documenting their continuing education.

New Search Feature
The new Learning Portfolio also has a sophisticated search feature that helps you organize and find your past CE entries and frequently asked questions.

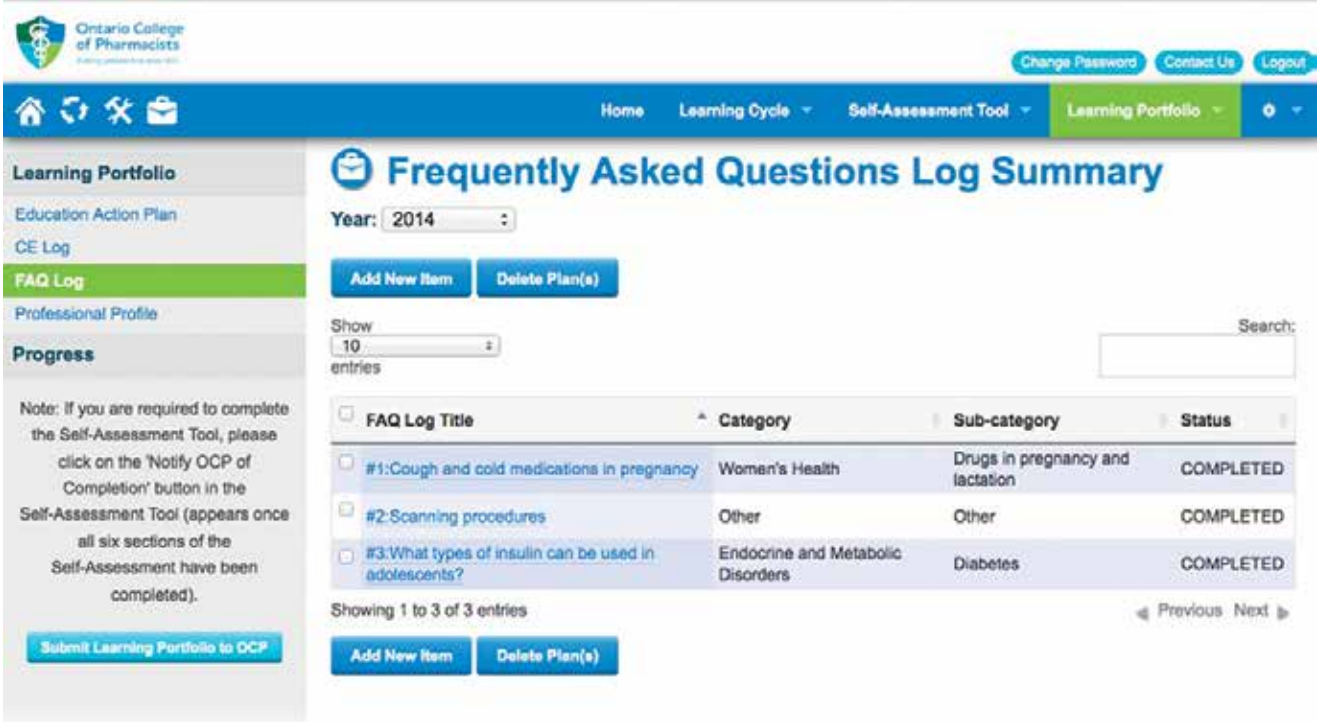


Search the CE Log
For example, if you would like to find your diabetes learning activities, enter "diabetes" into the search field and the results will show the CE you have previously entered that is related to diabetes. The new search feature is a quick and easy way to categorize and sub-categorize your CE.

Search the FAQ Log
You can also use the new search feature to help organize your frequently asked questions. This is a great tool to help you keep track of tough questions or topics you get asked frequently but have a hard time remembering. Enter a question and supporting information into your Learning Portfolio and you'll have easy access to these questions and topics when you need them.

Visit the new CPD Portal today – go to www.ocpinfo.com and visit "Login to My Account" then click on "My Learning"

This article first appeared in the Spring 2014 issue of Pharmacy Connection. It is reprinted with permission of the Ontario College of Pharmacists.



Congratulations to **Carolyn Khan** from
Queen Lynch Pharmacy in Brampton, Ontario
on receiving the
2014 PHARMACIST OF THE YEAR AWARD
from the Ontario Pharmacists Association

Apotex is a proud partner of pharmacists like Carolyn who provide outstanding patient care.

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PRACTICE LEADERS

BY CHRISTINE SPETZ

The changes to scope of practice that have been implemented over the past few years in Ontario have given pharmacists the opportunity to set themselves apart from the crowd with the number and types of services they are providing to their patients – and with how they are delivering those services.

The Ontario Pharmacists Association reached out to three pharmacists leading the way in practice innovation to find out what they're doing to embrace practice change and support enhanced patient care in their communities.

CARLA BEATON

Vice-President of Clinical Innovations and Quality Assurance
Medical Pharmacies Group Ltd.

"You're really a key part of the health team in long-term care and you're very much expected to be a leader in the education, technology, policies, and processes in the homes."

When most pharmacists think of the difference between long-term care and retail pharmacy, it's the multidisciplinary continuing care of residents in the former that is most noticeable. But Carla Beaton, vice-president of clinical innovations and quality assurance at Medical Pharmacies Group Ltd., says a lot of innovative practices have been developed over the years in packaging and labelling, storage, order and delivery, and documentation.

For example, unlike in retail pharmacy which uses carded medication dispensers like blister packs to assist patients in taking their medication, long-term care pharmacies are using large machines filled with canisters of medications referred to as PACMed or AutoMed machines.

"The strip packaging resembles the candy that comes in a long strip, as opposed to a dosette or carded blister pack," Beaton says. "It's rolled up so that each client has their own individual roll of seven days' supply. We have the capability of really customizing the packaging for the resident because the pouches are time and date stamped. We can package as many medication times a day as we want; we can also separate the medication and accommodate the different doses, for example every other day."

This specialized packaging was developed to decrease medication incidents, and decrease drug wastage and the time nurses spend on administering medications so they can spend more time caring for residents.

In addition, technological innovations in long-term care include mobile medication profiles allowing computer physician order entries (CPOE) on iPads, kiosks in retirement homes, electronic pharmacist clinical referrals , e-charting, pharmacists completing med reviews and audits on mobile tablets, scanning medications for delivery and receiving, and electronic medication administration records (eMARs).

"The eMAR technology is rapidly advancing," Beaton says. "The advantage is you have a computer or tablet on your medication cart with touchscreen technology. Documentation is done on the tablet and it has the resident's picture, so nurses know exactly who they're giving meds to. It's like using a bank machine at the medication cart."

One of the many reasons Beaton says she enjoys working in long-term care is because it gives pharmacists access to more client information, such as medical conditions, medical history, vitals, labs, assessments, and monitoring information in the progress notes. Next on the horizon is Genomics, giving pharmacists the genetic mapping information to suggest the most appropriate drug and dose for each resident; hopefully, avoiding all adverse reactions.

"You're also able to interact with the client and the healthcare team directly for a very rewarding experience, because you can see the outcomes firsthand," she says, adding that medication reviews are done four times per year for each resident in long-term care.

Also, education by the pharmacist is taking a turn with technological innovations with the addition of webinars, pocket guides, and learning management systems to the mix of live educational sessions and printed materials.

Beaton isn't the only one who's excited about this unique niche of pharmacy; new grads are becoming more interested too.

"Long-term care pharmacy is growing," Beaton says. "New grads from Waterloo and the [University of Toronto] are being taught that this is one of their options in the workplace. We've been hiring a lot of students from both schools and participating in co-op programs to help them with their practical work. Senior care is definitely a growing market."

JOHN PAPASTERGIOU

Associate Owner
Shoppers Drug Mart

"This is the single most exciting time in the history of the pharmacy profession.

As a pharmacist, if you embrace expanded scope of practice and are confident enough to become a leader in the change management process, the opportunities are endless."

As an associate owner of two Shoppers Drug Mart locations in Toronto, John Papastergiou has been at the forefront of a number of clinical initiatives that are serving to expand pharmacists' scope, increase collaboration between pharmacists and other healthcare professionals, and improve the health and well-being of patients.

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These initiatives include the development of an A1c screening program, cardiovascular risk assessment and lipid screening program, and a home medication review outreach program – all of which are marketed to patients as a comprehensive service with the goal of making the pharmacy the hub of patient care.

"Another unique feature of our pharmacy is practice-based research. We not only develop programs but also gather evidence to support their benefits," says Papastergiou, explaining that he uses his background in clinical research to gather quantitative data and publish papers on the effectiveness of the programs offered at his pharmacy.

"If we can show the value of what we're doing in terms of patient outcomes, it's a huge benefit for pharmacists and for the healthcare system as a whole. The benefits we see most clearly are with the home medication review outreach program," he says.

In early 2013, Papastergiou's team enrolled 43 patients – average age 77, each taking approximately 12 medications for chronic conditions – in the program. Following home medication reviews, the pharmacists identified 62 clinically significant drug therapy problems (an average of 1.4 per patient), of which over 50 per cent required a drug disposal program.

"We know pharmacists are doing great things across the province, but we don't do a great job in collecting data, documenting, and showing the quantitative value. That's what my team is trying to do," he says. "The goal is to have more pharmacies participating in programs like home medication reviews."

Papastergiou says he hopes the Ministry of Health and Long-Term Care as well as other stakeholders will see the value in programs like home medication reviews, and that this recognition will give pharmacists the ability to do more.

"If you have a program and think there's value in it, it's worth publishing the results because it gets it out to the rest of the pharmacy community," says Papastergiou. "We have to show the value in what we're doing day in and day out, because no one else is going to do it for us."

JOHN GIRGIS

Owner
Apple-Hills Medical Pharmacy

"Any time you can save time both in the pharmacy and for the client you're enhancing your ability to offer more professional services. Essentially, the MyFastMed kiosk is like having a pharmacy assistant by technology."

When patients line up at the Apple-Hills Medical Pharmacy in Mississauga, it's not always to speak with a pharmacist. Some patients have been taking advantage of the pharmacy's MyFastMed kiosk, an invention by pharmacist John Girgis that gives customers the choice to have their prescription filled without waiting in line.

The kiosk – meant to be stationed at the pharmacy near the cash register – complements the workflow of the pharmacy by enhancing overall efficiency, and provides customers the opportunity to request pharmacy services after hours, as long as the building where the kiosk is located is open (e.g., medical clinic pharmacy).

"The idea is that you want to save two things: time and labour," Girgis says. "Looking at it from the perspective of the owner or operator, we're saving time and we're introducing an opportunity that is more convenient for customers. You don't have to ask people to wait in line for half an hour. They can walk into the pharmacy, order what they need from the kiosk, do their shopping, and either have the prescription delivered to their home or wait for it to be filled."

To refill prescriptions, order pharmacy products, or book appointments (e.g., MedsCheck) at the kiosk, customers swipe their OHIP card or driver's license and use the kiosk's touch screen to answer a few simple questions. Customers can then choose to pick-up their medication or have it delivered to their homes. To fill a new prescription, customers are prompted to scan their prescription on a high-resolution 19-inch touchscreen LCD. The original prescription stays in the kiosk's scanner so it can be matched to the scanned image by the pharmacist before it is processed.

Other features of the kiosk include a connection to the Mayo Clinic medical database that allows customers to browse for information on illnesses, medicine, and preventative care, as well as customizable in-store coupons.

Currently, about 10 per cent of patients are taking advantage of the kiosk.

"It's mainly younger customers, but we're pushing it to older people who are less technologically savvy," Girgis says. "Having the kiosk right at the pharmacy counter makes it easy to walk them through the process. After they try it once, they're more amenable to try it again."

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The Drug Information and Resource Centre, a division of the Ontario Pharmacists Association, publishes three issues of Therapeutic Options annually. For previous articles, please visit www.dirc.ca

Therapeutic Options

FOCUS ON EMERGENCY CONTRACEPTION

By Christine Elliott, BScPhm, RPh

BACKGROUND

In March of this year, Health Canada issued an advisory requesting companies that make emergency contraceptive pills to add warnings to the packages, advising that these pills are less effective in women weighing 165 to 176 pounds (75–80 kg) and are ineffective in women over 176 pounds (80 kg).[1] The information provided here reviews the therapeutic options that women have for emergency contraception.

Emergency contraception (EC) refers to all methods to prevent conception after unprotected sexual intercourse, including contraceptive failures, missed or late doses of hormonal contraceptives, events of sexual assault, or failure of another contraceptive method.[2,3] Herein, these events will collectively be referred to as unprotected sexual intercourse (UPSI). In Canada, 40 to 50 per cent of pregnancies are unplanned.[3] Appropriate understanding and use of EC may reduce the number of unintended pregnancies.

The percentages in Table 1 are based on young healthy couples in their twenties. These numbers should provide some context when looking at the overall efficacy of EC. Since the exact time of ovulation is difficult to predict, EC should be offered at any time during the cycle following unprotected intercourse.[2,3]

Table 1: Risk of Pregnancy After UPSI by Timing of Coitus[2]

Days Prior to Ovulation	Percentage (%)
3	15
1 to 2	30
Day of ovulation	12
1 to 2 days after ovulation	~0

There are two methods of emergency contraception: hormonal methods or copper intrauterine devices (IUD).[3] Hormonal methods work primarily by delaying ovulation. Copper IUDs inhibit fertilization and have additional post fertilization contraceptive effects.[3]

PHARMACOTHERAPY

Levonorgestrel (LNG)[8,9]

This has become a preferred method of emergency contraception over the estrogen-progestin method since it is more effective, more accessible to women, and has fewer side effects.[2] Like estrogen-progestin EC, LNG works by delaying or suppressing ovulation.[2] If ovulation does occur, it appears to be dysfunctional. If it is taken at the time of or after ovulation, no effect is seen.[8] Two tablets of LNG 0.75 mg are taken together.[9] The side effects of nausea (23 per cent) and vomiting (6 per cent) are significantly less than with the estrogen-progestin combination.[9] LNG is most effective within the first 24 hours after UPSI (pregnancy rate approximately 1.5 per cent vs. 2.6 per cent when taken 48–72 hours later).[9] LNG does not harm the development of the fetus if taken by mistake in early pregnancy.[9] It has not been associated with ectopic pregnancies.[9] LNG has demonstrated better efficacy than the estrogen-progestin

Table 2: Summary of Emergency Contraception Methods[2,4,5,6,7]

Method	Brand Name	Dose	Reported Efficacy (%)
Levonorgestrel (LNG)[a]	Next Choice™ Norlevo® Option 2® Plan B®	1.5 mg given as a single dose (alternately 0.75 mg given twice, 12 hours apart)	59 to 94
Ethinyl Estradiol plus levonorgestrel (Yuzpe regimen)	Ovral® or equivalent[b]	0.1 to 0.12 mg ethinyl estradiol plus 0.5 – 0.6mg levonorgestrel in each dose, given twice, 12 hours apart	47 to 89
Copper intrauterine device (IUD)[6,7]	Nova T® (Bayer) Flexi-T® (Trimedic)[c]	Insert within 120 hours after intercourse	≥99
Ulipristal acetate (UPA)[d]	N/A	Single oral dose of 30 mg	98 to 99

a. Next Choice™ (Actavis Specialty Pharmaceuticals Canada); Norlevo® (Laboratoire HRA Pharma); Option 2® (Perrigo International); Plan B® (Teva Women's Health Inc.).

b. No estrogen plus progestin combined pill is indicated for or packaged as an emergency contraceptive. Substitutes for 2 Ovral® tablets are: Alesse® five tablets, Triphasil® four yellow tablets, Triquilar® four yellow tablets, Minovral® four tablets, followed by the same pill regimen 12 hours later.

c. Available as three models : Flexi-T®300, Flexi-T®+300, Flexi-T®+380.

d. Fibristal™ (Actavis Specialty Pharmaceuticals Canada) is available in Canada as a 5 mg tablet indicated for the treatment of uterine fibroids, not emergency contraception.

combination. Some studies show that the timing of the dose is important. LNG prevented 95 per cent of pregnancies when taken within 24 hours after UPSI, 85 per cent within 25 to 48 hours and 58 per cent within 49 to 72 hours.[3] Generally, LNG is recommended up to 72 hours, however, efficacy has been demonstrated up to 120 hours.[3] Other studies have demonstrated that timing of the dose after UPSI up to 120 hours had no impact on the occurrence of pregnancy.[10] Product monographs warn that although progestin-only contraceptives have not been associated with thromboembolism, the risk of short-term high dose LNG is unknown.[4] The World Health Organization (WHO) states that there are no contraindications with LNG.[8,9,11] The efficacy of progestin hormones other than LNG has not been evaluated and cannot be recommended for EC.[2]

Ethinyl estradiol plus levonorgestrel

Albert Yuzpe developed the 'Yuzpe' regimen in the early 1970's.[9] This method consists of taking 0.1 mg of ethinyl estradiol and 0.5 mg of levonorgestrel (LNG). This regimen is rarely recommended now because it is less effective and has more adverse effects than LNG alone. Some women still prefer to use this method because it can be more private that LNG, which is identified as an emergency contraceptive.[2] The first dose is taken within 72 hours of UPSI, and the second dose 12 hours later.[9] The mechanism of action is to delay or prevent ovulation. If taken after ovulation has occurred, it will not have any effect.[3] This method reduces the risk of conception by approximately 75 per cent.[3] The most significant

side effects are nausea (50 per cent) and vomiting (20 per cent).[9] Anti-emetics can be recommended prophylactically. If the woman vomits within one hour of taking the pills and no anti-emetic was taken, a prophylactic anti-emetic should be taken and the dose should be repeated.[9] Alternately, she could switch to LNG only as it is associated with less emesis.[2] Estrogen-progestin compounds taken as EC do not increase the risk of cardiovascular side effects, and experience in over four million cases did not show an increased risk of deep vein thrombosis (DVT).[9] There is no estrogen-progestin oral contraceptive packaged specifically for EC; however, the patient can be instructed to take multiple oral contraceptive pills to approximate the equivalent dose 0.1 mg of ethinyl estradiol, plus 0.5 mg of LNG followed by the same pill regimen 12 hours later.[2] After estrogen-progestin EC, menstruation will resume within three weeks, with 83 per cent of women experiencing bleeding prior to the expected menstruation date and 8 per cent experiencing bleeding four or more days after the expected date.[9]

Copper intrauterine (IUD)[9]

Copper is toxic to the ovum and sperm, and insertion of a copper IUD is immediately effective and works primarily by inhibiting fertilization. If fertilization has already occurred, the copper IUD may also have an anti-implantation effect.[9] The device should be inserted within five days of UPSI; however, limited data suggest it may be effective up to seven days after UPSI because of post- fertilization mechanisms of contraception.[2] The copper IUD is the most effective method of post-coital contraception, with an efficacy close to 99 per cent.[3] It can be removed after a woman's next menstrual period or left in place for up to ten years as a continual birth control system. The use of a copper IUD as an EC is generally considered off label.[9] The disadvantage of this method of contraception is that it is an invasive procedure and has to be inserted by a trained healthcare professional.[9] Therefore, this method may not be acceptable to all patients. Its advantage is that if left in place it can be used long term for contraception. Copper IUDs are relatively safe with minimal risk of infection or perforation. The IUD is contraindicated in pregnancy. An IUD will increase the risk of pelvic inflammatory disease if used in women with chlamydia or gonorrhea infections.[8] Levonorgestrel-releasing IUDs have not been studied for EC.

Ulipristal acetate (UPA)[9]

This drug is a selective progesterone receptor modulator approved in 48 countries (including the United States in 2010) for emergency contraception. It is available in Canada under the trade name Fibristal™ as a 5 mg tablet indicated for treatment of uterine fibroids.[5] It is not approved in Canada for EC.[4] Ulipristal works mainly by inhibiting or delaying ovulation. Unlike the Yuzpe or LNG methods, UPA may be effective immediately before ovulation.[9] Micronized ulipristal, where indicated for EC, is given as a 30 mg dose (some studies used a nonmicronized 50 mg tablet), effective up to 120 hours after UPSI.[12] The frequency of side effects is similar to that with LNG, with better efficacy (> 85 per cent).[9] The advantage in efficacy is primarily at 72–120 hours post-coitus.[9] No risk of venous thromboembolism was observed in the first 400,000 cases of use.[9]

The Use of Emergency Contraception in the Population of Overweight and Obese Women[12]

Overweight and obese women may be at risk for lower efficacy of hormonal EC methods. A study by Glasier[12] et al. examined data from a meta-analysis of two randomized controlled trials comparing the efficacy of UPA and LNG. This analysis looked at factors that might impact EC effectiveness, including age, body weight, BMI, time from UPSI to treatment with EC, and occurrence of UPSI after use of EC. BMI was found to have the largest impact on risk of pregnancy.[12]

For LNG, the relative risk of pregnancy was doubled (OR, 2.09; 95 per cent CI 0.86–4.87; ns) in overweight women (BMI 25 to 30 kg/m^2) compared with normal or underweight women (BMI < 25 kg/m^2). Obese women (BMI > 30 kg/m^2) were at greater than four times the risk of pregnancy (OR, 4.41; 95 per cent CI, 2.05–9.44; p=.0002). Similarly, when analyzed for body weight above 70 kg, LNG appeared to be ineffective. New label warnings state that LNG is less effective in women weighing 165 to 176 pounds (75–80 kg) and is ineffective in women over 176 pounds (80 kg). An association between weight and contraceptive failure has been reported with other hormonal contraceptives. A proposed mechanism is that the time to achieve LNG steady state concentration increases in relation to obesity. There have been no studies to support giving a higher dose of EC in overweight or obese women. For UPA, the effect of weight or BMI on efficacy was less pronounced compared with LNG. In the same analysis, the risk of pregnancy was the same for overweight women compared to normal or underweight women. In obese women, the risk of pregnancy was more than doubled (OR 2.62; 95 per cent CI, 0.89–7.00).[12]

Women with a body weight ≥ 75 kg or a BMI above normal should be informed that LNG might be less effective or ineffective. There is no evidence of any impaired contraceptive efficacy of the copper IUD at any body weight.[12] This method should be recommended for this subset of women. If a copper IUD is not an option, UPA is a possible alternative for overweight, non-obese women.[2] Ulipristal requires a prescription and is not currently approved in Canada for this indication.[4]

The Glasier[12] analysis found that age, duration of time from UPSI to utilization of emergency contraception (up to 120 hours), and pregnancy history did not contribute to the occurrence of pregnancy. Women who had subsequent acts of UPSI after EC use (with either LNG or UPA) were more than four times as likely to get pregnant than those who did not have further UPSI. This observation makes sense as LNG and UPA may delay ovulation to later in the cycle.[10]

Follow Up After Use of Emergency Contraception[2,3]

The duration of effectiveness of EC has not been determined. Women who have UPSI during the same cycle after EC is used are at risk of pregnancy.[1,2] Emergency contraception is not to be used as a regular contraceptive.[3] It is therefore important that women be counselled on how and when to resume contraception after EC. Hormonal contraception, for example pills, the patch or the ring, can be resumed the day after LNG use and require a back-up method of contraception for the first seven days.[2] After UPA is used for EC, a barrier method should be used and hormonal contraception should not be started for an additional seven to 14 days, or until the start of menses, whichever is first. If a copper IUD is used, it can remain in place for ongoing contraception.

Menses should resume within one week of the regular expected time in most cases. If menses has not occurred in three to four weeks after taking EC or if there is abdominal pain or irregular bleeding, a pregnancy test should be performed.[3] If LNG is taken early in the cycle, menses may be early; if taken late in the cycle, it may be prolonged.[2]

SUMMARY

Levonorgestrel or estrogen-progestin is most effective when taken in the first 72 hours after UPSI, with reduced efficacy if taken between 72 hours and five days after UPSI. LNG is more effective than estrogen-progestin, with fewer side effects.

Ulipristal is more effective than LNG, particularly in overweight women and may be effective if taken within five days of UPSI. It requires a prescription and is not indicated for EC in Canada.

A copper IUD is the most effective form of EC and should be inserted within five days of UPSI. It requires insertion by a trained professional. This is the most effective method of preventing pregnancy for overweight or obese women.

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Reviewed by Laureen Tang, BSc, BSc Pharm, RPh, CDE and Sandra Winkelbauer, BScPhm, RPh

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ASK OPA

JACQUELINE WONG, BScPHm, MPh, RPh

Question:

What are the bleeding risks associated with the use of new oral anticoagulants?

Answer:

New oral anticoagulants (NOACs), including dabigatran, rivaroxaban, and apixaban, have been introduced as convenient alternatives to warfarin for various indications such as stroke prevention in patients with atrial fibrillation.[1] In order to assess the risks associated with the use of NOACs, it is helpful to understand the differences in bleeding rates between NOACs and warfarin.

Various safety outcomes were compared in three major trials: RE-LY (n=18,113), ROCKET-AF (n=14,264), and ARISTOTLE (n=18,201).[2,3,4] In RE-LY, the rate of major bleeding was significantly lower with dabigatran 110 mg than with warfarin (2.71% vs. 3.36%; P = 0.003).[2] The rate of major bleeding was also found to be lower among patients using apixaban versus those using warfarin (2.13% vs. 3.09%; P<0.001) in ARISTOTLE.[4] However, in Rocket-AF the rates of major bleeding in the rivaroxaban and warfarin groups were found to be similar (3.6% vs. 3.4%; P = 0.58).[3] In all three trials, NOACs demonstrated lower rates of intracranial bleeding.[2,3,4] Conversely, rates of gastrointestinal bleeding were greater with the use of dabigatran 150 mg in RE-LY and rivaroxaban in ROCKET-AF than with the use of warfarin.[2,3]

Due to concerns of bleeding, surveillance data was used by the U.S. Food and Drug Administration to compare rates of gastrointestinal and intracranial hemorrhage between new users of dabigatran and warfarin.[5] Bleeding rates did not appear to be higher among dabigatran users.[5] However, due to the nature of sampling methods, results may not be representative of the general population.[5]

Unlike warfarin, there are no specific agents on the market to reverse the anticoagulant effects of NOACs.[1] Available options to manage bleeding include withholding NOAC doses, blood transfusions, mechanical compression of the bleeding site, interventional procedures, and fluid replacement.[1] Additional measures without proven efficacy include non-specific hemostatic agents, activated charcoal, and dialysis (dabigatran only).[1] Clinical trials for antidotes are now underway.[6]

Pharmacists can play a role in reducing bleeding risks by adjusting dosage according to renal function and/or age, and checking for drug interactions and contraindications.[6] Patients should be counselled on the bleeding risks, monitoring parameters, and options available for the management of bleeding.

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Conference 2014

Evolution

BEST FOOT FORWARD

The Ontario Pharmacists Association's annual conference spotlights pharmacists who are confidently stepping into expanded roles

BY KAREN WELDS

The talk was all about action at this year's Ontario Pharmacists Association's conference, held in Niagara Falls. Practicing pharmacists shared their successes and practical tips under an expanded scope of practice, and several recent research projects at the community level provided early validation of the pharmacist's value.

"Our pharmacists really enjoy these new roles and getting out of the pharmacy, especially now that they're seeing the outcomes," said John Papastergiou, associate owner of two Shoppers Drug Mart pharmacies in Toronto, who talked about his programs for diabetes, cardiovascular disease, and home visits.

Using available screening and self-management tools (such as CANRISK for diabetes from the Public Health Agency of Canada), Paspatergiou and his pharmacists regularly conduct clinic days and appointments that bring in billable pharmacist services. For instance, if a customer who is screened for diabetes is taking three or more medications, the pharmacist recommends a MedsCheck review. Responsiveness and structured follow-up are key; for example, pharmacists immediately offer to do an A1c test for those identified to be at moderate to high risk for diabetes, and schedule follow-ups with both the patient and the physician.

Working with head office, Papastergiou also invests the resources to measure outcomes. Such aggregate data not only helps build the case for additional billable services (such as through the drug plans of local employers), it also helps identify areas of opportunity. For example, patients' psychological resistence to insulin became apparent. "This is an opportunity for pharmacists to educate patients," said Papastergiou.

In her session on clinic days, Lisa Craig of All About Health Remedy's Rx emphasized the importance of preparation both when working with patients and during planning. "There will be upfront costs and you need to know you will see the financial gains later... [You need to] be patient."

In addition to MedsCheck reviews, she suggested that MedsCheck follow-ups and pharmaceutical opinions are relatively untapped areas for billable services. "Retirement homes are a big opportunity. Many people there don't leave their homes and have fallen through the cracks. I did my own pilot project and was doing five or six pharmaceutical opinions per patient, especially for deprescribing," said Craig.

Like Papastergiou, Craig takes time to evaluate results. Pharmacy technicians and assistants can survey patients before and after appointments, and can enter the data into existing pharmacy software using pseudo DINs. For example, "you can create DINs for lab results to look at how results change over time. Manipulate the software as much as you can, and play with reports," said Craig.

Lab data can also be a rallying point for both pharmacists and patients. Until pharmacists get direct access through electronic records, "ask your patients to get their results from their doctors. Many will do it, and we've found it empowers them."

The delegation of tasks to pharmacy technicians and assistants was a recurrent theme, though not without its challenges. "It's like building muscle memory – as pharmacists we have years of muscle memory counting pills, which means we have habits we need to break," said Rachelle Rocha, senior director of pharmacy operations for Loblaw Canada.

On a personal level, both for yourself and to manage staff, Rocha recommended tapping into behavioural change-management techniques used with patients; for example, applying the stages of readiness for change used for smoking cessation. On a practical front, she discussed the creation of detailed job descriptions for pharmacists, technicians and assistants, as well as standard operating procedures.

As technicians and assistants take on their new roles, "pharmacists will find they'll have a lot of free time," said Rocha. Delegating compliance packs can deliver the greatest savings in time initially. Pharmacists need to see their technicians as the "master dispensers," said Rocha, so pharmacists can focus solely on therapeutic appropriateness and patient support. "It's amazing what you'll find when you can focus on these areas instead of accuracy. Your patients will really start to see the value of your role."

BACKED BY THE NUMBERS

Several recent research projects help prove the value of an expanded role for community pharmacists:

- The OPA-Green Shield Canada study on hypertension management "smashed other studies that demonstrated positive outcomes," said Allan Malek, OPA's senior vice president of professional affairs. The Ontario Pharmacists Association is now working with Green Shield Canada to develop a private payor-funded hypertension management program.
- The Ontario Pharmacists Association's research on pharmaceutical opinions indicates that high-risk patients are benefiting the most, and that 68 per cent of opinions lead to a change in the prescription.
- In Saskatchewan, consumers appear to be strongly supportive of the pharmacist's ability to assess and prescribe for minor ailments, according to research conducted by the University of Saskatchewan. Ninety-nine per cent reported improvements in their condition, and 38 per cent of the interventions averted a trip to the doctor or emergency department.

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OPA AWARD WINNERS DEMONSTRATE PRIDE AND LEADERSHIP IN PRACTICE

BY CHRISTINE SPETZ

Every year, the Ontario Pharmacists Association presents the OPA Awards to honour pharmacy's everyday heroes – those members who are making a difference in the health and well-being of patients in their communities and across Ontario.

The 2014 awards were presented to 11 deserving pharmacists as part of the Conference 2014 Gala Awards Banquet.

For more information about this year's award recipients, and to learn more about those pharmacists who have received OPA Awards in past years, visit www.opatoday.com.

Nominate a pharmacist for a 2015 OPA Award

Nominations for the OPA Awards are accepted year-round. For a full list of nomination criteria, or to download a nomination form, visit www.opatoday.com.

Achievement in Specialized Practice Award
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Carolyn Khan

Student of Distinction Award
Sarah Johnson

Magnum Opus Award
Karen Riley

Past President Award
Carlo Berardi

OPENING STUDENTS' EYES TO THE POSSIBILITIES WAITING FOR THEM UPON GRADUATION

BY JENN MACKENZIE AND SUMAIRA HASAN
SOPhS President and Vice President
University of Waterloo School of Pharmacy

Conference 2014 in Niagara Falls was a magnificent experience. As students, we are evolving into the profession and meeting leaders in the field who are truly inspiring. Throughout the three days of conference, we had ample opportunity to network with pharmacists working in many practice settings – an experience that opened our eyes to the possibilities waiting for us upon graduation.

The first night of the conference opened with a welcome reception, followed by a student reception hosted by Loblaw Pharmacy. It was a great opportunity to meet other pharmacy students from the University of Toronto and University of Waterloo, as well as some of the big names in pharmacy across the province.

The education sessions on both Friday and Saturday were so intriguing it was difficult to choose which stream to attend. It was fantastic that the educational sessions were wide in variety and scope. The presenters from each session were very knowledgeable and approachable. There were a few times when we approached speakers after their session to ask questions and their enthusiasm to answer was astounding. This kind of passion and devotion is something we hope to possess when we are practicing pharmacists.

The lunch and learns were just as interesting as the sessions, and again it was hard to choose just one. We received a lot of information from all of the sessions, including the lunch and learns, and from presenters and other pharmacists asking questions. These questions often put more context and real world scenarios into the material being presented.

The evening events were also fantastic this year. Friday night, we enjoyed the carnival theme by playing games and eating great food while making new friends and having a fun time. Saturday night finished with an amazing formal, which is the event we look forward to every year. This event is inspiring when you see pharmacists who go above and beyond for their patients being recognized. It makes us aspire to be as great in our own practice some day in the near future.

CONFERENCE 2014: "A GREAT OPPORTUNITY TO BE INTRODUCED TO NEW FACES"

BY JOSEPH SAMUEL AND MOHAMED EL-SALFITI
2014-15 Undergraduate Pharmacy Society President-elect and Vice President
Leslie Dan Faculty of Pharmacy, University of Toronto

The Ontario Pharmacists Association's conference was a highly anticipated event for both of us, giving us the opportunity to network and learn. It was very exciting to see all the pharmacists and students, as many of the attendees knew each other (pharmacy is a small world after all) and there was great opportunity to be introduced to new faces. Overall, the conference felt like a nice getaway, but we left more professionally developed in the end.

The conference streams we attended were very engaging and included multiple current topics delivered by experts in their respective fields. In the mornings, breakfast sessions included two very engaging talks, one of which was an expert panel on independent billing numbers and the other, a motivational keynote speaker who highlighted the power of social entrepreneurship, inspiring us to continually innovate in our practice to deliver the best care to patients.

In the middle of the day, there was a series of informative lunch and learn symposiums to choose from. And on Friday evening, the conference organizers planned a very entertaining carnival-themed social filled with delicious treats, games, music, and raffle prizes. Additionally, the awards banquet (their signature event) on Saturday night recognized pharmacists for their leadership in the profession and was celebrated over dinner, drinks, and music.

The student experience was special in that we were given our own welcome reception to get to know other students and members of the profession. Conference attendees could also pick up a lot of free gear and sample products at the exhibit hall, which showcased the latest products and allowed students to connect with various companies and professional organizations.

All in all, the OPA conference was the biggest highlight of our summer and we hope to see you all next year in Ottawa!

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PHARMACY

WHY YOUR PHARMACY'S CASH FLOW IS IMPORTANT

BY MIKE JACZKO, K J HARRISON & PARTNERS INC.

Much debate surrounds the various definitions and types of cash flow. In the Canadian retail pharmacy industry, Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA) is a popular measure used by many retail pharmacy stakeholders in valuing the profitability and cash flow of a retail pharmacy business. EBITDA is intended to allow a comparison of relative profitability of a pharmacy business by cancelling: the effects of different forms of financing (such as interest payments), jurisdiction differences (by ignoring tax), collection of assets (by ignoring depreciation of assets), and different acquisition histories (by ignoring amortization, often stemming from goodwill).

There are several ways to determine EBITDA when reviewing your corporate income statement:

EBITDA *= Operating Income + Depreciation + Amortization*

On most income statements in the pharmacy industry, operating income is measured as Earnings Before Interest and Taxes (EBIT), and is therefore:

EBIT + Depreciation + Amortization = ***EBITDA***

Another way to calculate EBITDA from your income statement is:

Net Income + Income Tax Expense + Interest Expense + Depreciation + Amortization

Many advisors prefer EBITDA over Net Income to gauge the strength or weakness of a pharmacy business for several reasons. In a sense, taxes are considered "non-operational" because they can be affected by a variety of accounting and tax conventions that should have no bearing on the ongoing operational strength of a pharmacy business. A depreciation expense is an accounting allocation of capital costs laid

out in prior accounting periods. As a non-cash expense reducing bottom line income, depreciation needs to be added back in. Examples of depreciation expenses in many pharmacy operations include leasehold improvements and company car depreciation. Amortization expenses are another accounting convention that deals with the write-off of significant intangible assets that can often be found on a pharmacy's balance sheet. Pharmacies with significant intangible assets, such as goodwill resulting from an acquisition, will need to reduce material amortization expenses from their operational income.

When valuing a pharmacy operation, other unique one-time expenses incurred by pharmacy owners may also need to be added back in to EBITDA to determine the true earning power and operating profitability of a pharmacy business. This process is known as "normalization" and reflects various expenses incurred by the business that may disappear under new ownership. Common examples would include car expenses and cell phone bills (incurred by owners) that may not necessarily benefit the pharmacy business. Leaving such expenses in the calculation of EBITDA would result in an understated operational profitability and could undervalue your pharmacy. For this reason, maximizing EBITDA in your business not only places money in your pocket but also ultimately adds to the value of your business when it comes time to sell.

Finally, be sure to retain the services of a qualified chartered accountant to help you with the financial management of your pharmacy business. Also, always try to retain advisors who are familiar with the idiosyncrasies related to the Canadian retail pharmacy business. The most successful pharmacy owners are the ones who surround themselves with knowledgeable and experienced pharmacy advisors.

In the next issue: valuation models used for community pharmacy practices.

Mike Jaczko is a Partner and Portfolio Manager with K J Harrison & Partners Inc., where he acts as a trusted advisor to pharmacy owners on matters associated with preparing, pricing, and negotiating the sale of pharmacy businesses. In addition, Mike advises on broader issues of wealth management, including opportunities pertaining to estate and tax planning, as well as on general succession matters. As a pharmacist, Mike understands the unique needs of pharmacy owners. For more information, call 416-867-8251, email mjaczko@kjharrison.com, *or visit* http://www.kjharrison.com/private-client-business.

ARE YOU ELIGIBLE FOR OPA'S HEALTH AND DENTAL PLAN?

BY EIJA KANNIAINEN

Insurance eligibility rules can be confusing. That's why the Ontario Pharmacists Association has put together a chart to assist you when considering health and dental insurance for yourself and/or your employees.

Unique benefits of OPA's health and dental plan:

Emergency medical out-of-country travel insurance with no pre-existing condition limitations, as long as a personal physician has not restricted travel.

Automatic conversion of the Health and Dental Plus plan to the 70 Plus Plan on July 1 following your 70th birthday.

A survivor benefit with a lifetime guarantee for the surviving spouse – most other plans limit this for one to two years.

Waiver of premium. If disabled prior to age 65, the entire premium is waived up to age 70 (according to OPA's long term disability policy) – most other plans waive the life portion of premium only.

Extended student coverage. If your child attends an out-of-country university/college, additional emergency medical insurance is available after an automatic four-month period of coverage.

Recently improved:

Paramedical services. Recently increased maximum benefit limit of $500 per person per calendar year. Each of the 10 paramedical services is allotted this maximum amount separately.

Support stockings. Annual limit changed to $200 per calendar year from two pairs per person per year.

Dental implants. Expenses incurred for implants are now eligible under major dental coverage, payable at 50 per cent and subject to the alternate benefit clause.*

Podiatrist coverage. The plan now covers your out-of-pocket charges from the first visit, rather than after the OHIP maximum has been reached.

*According to the alternate benefit clause, when there are two or more courses of treatment to adequately correct a dental condition, the plan will provide reimbursement for the lowest cost treatment consistent with good dental care.

For questions or information on OPA insurance programs, please contact the OPA Insurance Department by phone at 416-441-1169 (toll free: 1-866-903-3780) or by email at insurance@opatoday.com.

REACH OUT FOR HELP

If you are concerned about stress in your life or worried about your mental health, or the health of a pharmacist colleague, or if you have concerns about substance abuse, contact the Professionals Health Program (PHP). This confidential service is available to all Ontario pharmacists, pharmacy interns and pharmacy students (registered with the Ontario College of Pharmacists), their colleagues and families.

The PHP offers help to individuals on many levels when a problem presents. Pharmacists receive assistance from skilled clinicians who can refer them to a wide range of treatment resources. The PHP also provides more intensive services, such as intervention support, monitoring and advocacy, along with support for returning to work for those suffering from serious impairment disorders, such as a psychiatric illness, substance abuse or dependence.

All aspects of this service are **completely confidential**. The program holds all information provided by a pharmacist or pharmacy student accessing PHP services in strict confidence; at no time does the Ontario Pharmacists' Association or the Ontario College of Pharmacists receive information about individuals.

This program is administered by the Ontario Medical Association, supported by OPA and endorsed by the Ontario College of Pharmacists. It is funded by OPA and the Ontario College of Pharmacists. There is no cost to you for accessing the Professionals Health Program. Treatment resources, dependent upon the type of provider, may involve a cost.

For more information about the Professionals Health Program, call 1-800-851-6606. You can also contact OPA at 416-441-0788, ext. 4226, or toll-free at 1-877-341-0788. All calls are confidential. Further information is also available at **www.phpoma.org** and **www.opatoday.com**.

Health and Dental Plan Eligibility

Applicant Type	Eligible for benefits	Membership required	Employment requirement	Evidence required	Residence requirement
Pharmacist under age 65	Yes	Yes	20 hours per week**	None	Working or living in Ontario
Pharmacist over age 64	Subject to expanded eligibility criteria*	Yes	Not applicable	Yes**	Living in Ontario
Pharmacist under age 65 – recently retired	Subject to expanded eligibility criteria*	Yes	Not applicable	Yes**	Living in Ontario
Surviving spouse	Yes	No	No	No	Canadian resident
Intern	Yes	Yes	20 hours per week	None	Working or living in Ontario
Pharmacy technician	Yes	Yes	20 hours per week	None	Working or living in Ontario
Pharmacy student – PharmD, 4th year undergraduate, resident, IPG student	Yes	Yes	N/A	None	Living in Ontario
Pharmacy student – 1st–3rd year undergraduate	No	N/A	N/A	N/A	N/A
Pharmacy assistant and other non-pharmacist/non-technician staff	Yes	Owner/ employer must be a member	20 hours per week	None	Working or living in Ontario
Retired pharmacy assistant and other non-pharmacist/ non-technician staff	Yes, if insured for the past 10 years	No	No	No	Living in Ontario

** The expanded eligibility feature has been implemented to assist members in the following situations: (a) you have been a member for the past five years (consecutive), and (b) you are recently retired and have lost benefits through your employer or your spouse has recently lost benefits through an employer.

The Ontario Pharmacists Association is pleased to continue to offer a special rate program with GoodLife Fitness Clubs.

Ontario Pharmacists Association
Members Get Fit With

GoodLife FITNESS

The OPA Annual special rate of $400 includes all taxes, administration and towel service. This rate is dependant upon maintaining a minimum of 100 participants in the program If you join, your significant other is also eligible for this special rate. Regular rates at GoodLife are $767 + GST, (towel service is extra); the OPA offer provides a savings of well over $430 per person! The program renews July 1st of every year, **members can join the program at any point in the year, your rate WILL be pro-rated**. Refunds or cancellations are not available. Extra fees apply for Platinum facilities.

OPA Members who take advantage of this offer can enjoy the benefits of:

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- Child Minding
- Squash
- Pools and aqua classes
- Whirlpools and/or Saunas
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- A club for beginners and experts

To join this program today, or for more information, contact the membership department at 416-441-0788 or membership@opatoday.com

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ROM Royal Ontario Museum

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– Tony, BSc. Pharm OPA member

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How to place a classified

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Fax: 416-441-0791 (Attention: classifieds)
Phone: 416-441-0788 ext. 4236

The *Ontario Pharmacist* is published quarterly. Classifieds placed in this publication will appear for one issue only unless otherwise specified. Classifieds should be no longer than 50 words in length and must include a phone number or email address so that interested individuals can reply to the ad.

Pharmacists Available

■ Stouffville Pharmasave is seeking a motivated and innovative pharmacy manager to lead a great team. We offer a great work environment, compensation package, bonus plan and an opportunity to develop new skills. The ideal candidate will have experience in specialty compounding, home health care and be willing to provide expanded scope pharmacy services. If you have a great attitude and are willing to learn new skills, **please email your resume to nayan@stouffvillepharmasave.com**

■ Relief pharmacist available throughout Ontario. Fully experienced, patient-centered UofT graduate available province-wide for relief work all year round. Past owner with methadone and LTC experience. Injection trained. Excellent patient counselling skills. Smoking cessation certificate. Excellent communication, interpersonal, and customer relations skills. Nexxsys, Kroll, Fillware, Flexipharm, and (limited) HWNG experience. **Contact Walter at rxreliefpro@gmail.com or 416-559-0499**

■ Relief Pharmacist available in Oakville, Burlington, Hamilton and surrounding areas in Southern Ontario, as well as the Ottawa Valley. Recent UofT graduate with excellent patient counselling skills. Experience working with Methadone (CAMH certification) and Smoking Cessation Certificate. Knows Kroll, Nexxsys and HealthWatch. Fluent in English and Polish. **Contact Dominic at (289)-242-6563 or d.duszczenko@mail.utoronto.ca**

■ Relief pharmacist available Kitchener/Waterloo, Brantford, Woodstock. 3+ years Experience, HWNG, Fillware, Injection certified, methadone. **Email: reliefphrm@gmail.com Phone:226-929-3345**

Pharmacists wanted

■ Experienced part-time pharmacist for a pharmacy in Ottawa. No evenings or holidays. Excellent remuneration and work environment. Kroll experience is required. **Email resume to pharmacyhelp2013@yahoo.ca.**

■ Full-time pharmacist wanted for Carl's IDA Community Pharmacy in southern Mississauga. Start: July or September. PTS (nexxsys) computer. Excellent community, patients, and staff for long-term employment. Partnership potential. **Please email resume to kokosaar@rogers.com or fax to 905-278-7036.**

Technicians and assistants wanted

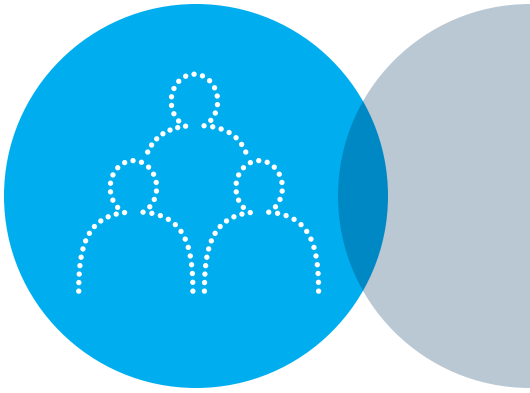
■ Full-time pharmacy ASSISTANT needed for Carl's IDA Community Pharmacy at Lakeshore and Hurontario, Mississauga. Start: September, 2014. Pharmaclik Rx (nexxsys) computer experience mandatory. Organized, friendly, patient-oriented pharmacy in a safe, accessible neighbourhood. **Please email resume to kokosaar@rogers.com or fax to 905-278-7036.**

■ Full time registered pharmacy technician position available for professional/medical pharmacy in Mississauga. Very competitive package available with bonus structure. Must be fluent in English and have excellent communication skills. A minimum of 3 years experience with Kroll/Fillware pharmacy software. **Please e-mail your resume to johng@applehillspharmacy.com.**

■ Regular pharmacy assistant and Registered Pharmacy Technician-certified by OCP. No nights, Sundays or holidays. 15-20 hours per week. Profit sharing. Website: http://www.prestonmed.on.ca/ Please supply 3 work references. **Contact Information: fax 1-519-653-9232, email prestonmed@rogers.com.**

Upcoming Events

■ The U of T Pharmacy Class's 30th Reunion will be held on Saturday, October 18, 2014 at the Old Mill in Toronto. Please mark your calendars and arrange for the weekend off! More information to follow on our Class LinkedIn Group Site or via Alan Macie at amacie@rogers.com. Hope to see everyone there!



CHAIR'S CORNER
RISE ABOVE THE DAILY GRIND AND FIND OUR COMMON CAUSE

BY DEB SALTMARCHE

Each year, your Board of Directors elects a new chair to take the helm at OPA. It's not unusual for the Chair, early on in his or her term, to make an appeal for unity among pharmacy professionals and greater engagement by members in OPA's affairs. In 2014-15, the need for unity and engagement is as strong as ever and, with the issues and opportunities facing pharmacists and pharmacy, even more urgent.

But at the beginning of my term as Chair, I'm reluctant to issue the same appeal. I'm concerned it will sound redundant and uninspiring, make the appeals of past Chairs appear unsuccessful, or come across as critical of pharmacy professionals for not responding.

Instead, rather than simply issuing another call for unity, focus, engagement, and participation, I want to share my beliefs on why these actions are absolutely critical for pharmacists this year and going forward, and on the imperative for individuals to find it within themselves to respond.

In the past decade of drug reform, the issues and challenges facing our profession have crystallized, among them the role of pharmacy professionals in health reform, the sustainability of community pharmacy, the staggering technological change, a recalibration in the retail marketplace, the escalating patient demands for quality care, and a socioeconomic climate that demands everyone work harder and take on greater stress.

Against this backdrop of relentless, rapid-fire transformation, pharmacists have been hard-pressed to adapt. Perhaps it's natural that a response by many in the profession and the business of pharmacy has been to draw closer together in a partitioning that reflects their environments, whether staff pharmacist, owner, hospital, long-term care, independent, or chain. It's understandable – clustering with others in the same context, with the same fears or concerns, offers comfort and yields strength in numbers.

But the result is not an optimum situation for pharmacy professionals; it is a creeping segmentation and a weakening at a time that calls instead for cohesion and consensus.

If there is a single message I want to convey to my colleagues during my term as Chair, it is that the problems and challenges uniting us are greater than the contexts which define us.

The unique issues and obstacles of each pharmacy environment are undeniable. But looking solely inward and focusing on one's own context makes it difficult to move forward.

What I urge each pharmacy professional to do this year is to rise above the daily grind and look with a broader perspective at our common cause.

Pharmacists who are able to do that will find a champion in OPA. Our 2014-15 Board is comprised of representative experts who get it; who are fully versed on the issues and challenges pharmacists and pharmacies face; who are aligned on a strategy of focusing on a clear hierarchy of priorities; and who are committed to consultative decision-making, action, and advocacy that embraces the input of members and responds with a powerful, persuasive voice.

As Chair, I will facilitate new mechanisms and paths for engaging OPA's members, and giving pharmacy professionals better, faster, and more precise input to our Board and staff. As we undertake to enhance and improve how we represent all pharmacists, we need our understanding to be informed to a "T" by their points of view.

The opportunity this offers Ontario pharmacists to be part of the profession's decision-making and drive change is considerable. But it's not limited to OPA. The Canadian Pharmacists Association's new governance model increases the points and quality of engagement available to its members across Canada. This movement toward broader input reflects a recognition that the issues, challenges, and opportunities confronting Canadian pharmacy professionals transcend provincial boundaries.

If Ontario pharmacists can look beyond their contexts and engage with new interest and conviction, there's one voice they can count on hearing alongside theirs loud and clear this year – mine.

As Chair, my commitment is to lead our efforts to advocate with impact, and to make an indelible impression for my pharmacist colleagues among key policy actors, health stakeholders, and the audiences we need to reach, chief among them our patients. It's a challenge I'm honoured to take on and am fully committed to meeting.

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As the official magazine of the Ontario Pharmacists Association, the *Ontario Pharmacist* is an effective way to reach pharmacists in Canada's largest province.

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2014 EDITORIAL CALENDAR

March/April
The Education Issue
Content deadline: February 4, 2014

July/August
The Innovation Issue
Content deadline: June 3, 2014

November/December*
The Advocacy Issue
Content deadline: October 7, 2014

*The November/December issue is distributed to all 14,500 pharmacists in Ontario.

PERSONNEL

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Manager, Communications & Member Services
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