

# Pharmacy's pandemic response: Reflections on future pandemic planning

December 17, 2020 | 3:00-4:30PM ET

## FEATURING PANEILLISTS



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**Virtually  
Together**  
CRITICAL INSIGHTS ON CRITICAL ISSUES



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## Learning objectives

After completing this session you will be able to:

- Identify the various roles pharmacists play during a pandemic
- Discuss changes to workflow and practice to protect pharmacy team members and patients
- List challenges to continuity of care and describe solutions to overcoming these barriers
- Identify strategies for preparedness for future pandemics



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## Commercial Support Disclosure

- Content owned and developed by the Canadian Pharmacists Association (CPhA)
- Shelita Dattani and Joelle Walker (host/moderator and panelist) are employed by the Canadian Pharmacists Association
  - have received no financial or in-kind support from any commercial or other organization for the development of this program

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## Panelist Disclosures

Annette Robinson: received an honorarium for this presentation

Jean Bourcier: no commercial disclosures to declare

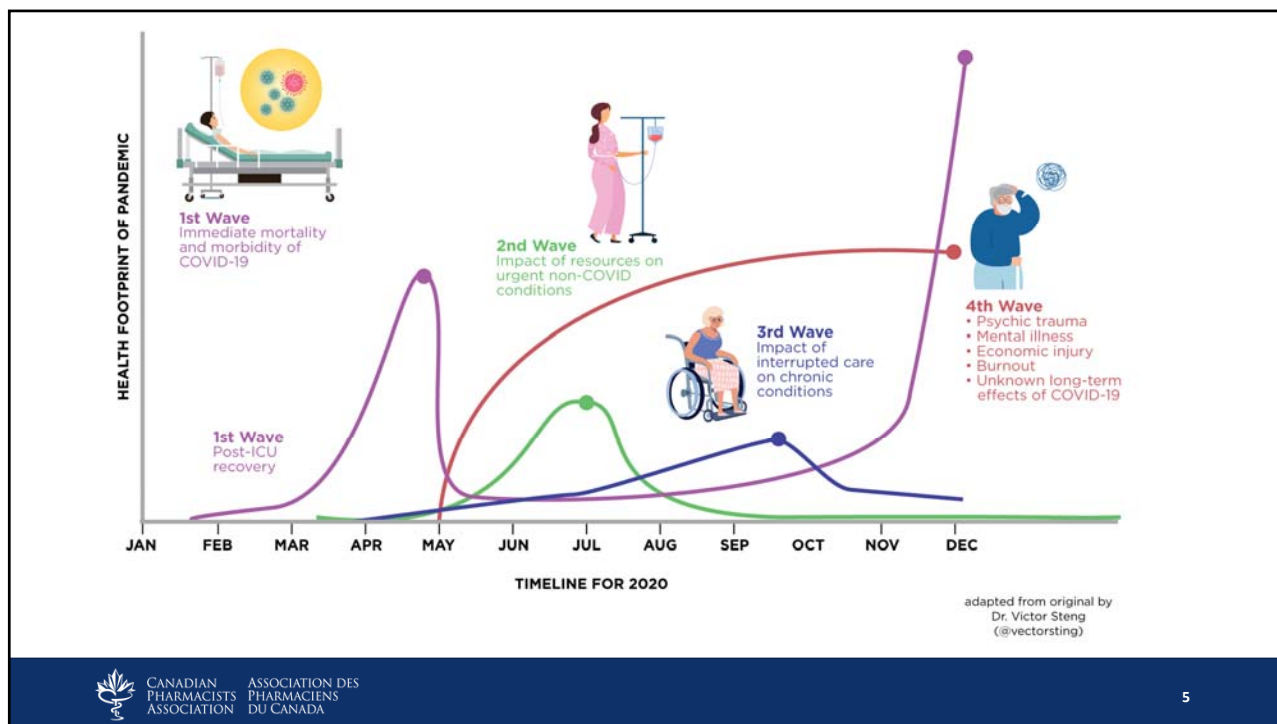
Justin Bates: received an honorarium for this presentation

Karen Sullivan: received an honorarium for this presentation

Mina Tadrous: no commercial disclosures to declare

- *Note that Work presented by Mina slides was completed by the Ontario Drug Policy Research Network (ODPRN) with funding and support from Ontario Ministry of Health and Long-Term Care (MOHLTC), Ontario Strategy for Patient-Oriented Research (SPOR) Support Unit, which is supported by the Canadian Institutes of Health Research (CIHR) and the Province of Ontario; Institute for Clinical Evaluative Sciences (ICES), St. Michael's Foundation*

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## Community pharmacy and its response during the COVID-19 pandemic

**Continuity of care of patients**

**Safeguarding medication supply**

**Protecting and supporting the pharmacy workforce**

**Supporting public health and public education**

INJECTIONS

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## Early Response...

During the initial crisis phase of the pandemic, what did you do to support pharmacists support patients?

Slides from Jean Bourcier (QC) and Annette Robinson (BC)

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## QC: AQPP in Numbers



1 900 pharmacies



2 060 pharmacist-owners



32 employees



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## AQPP in Numbers During the Pandemic

### Communication with members :

200 + COVID-19 newsletter

2524 phone calls received

2 709 requests treated

3 616 e-mails processed via info@

450 + attendees virtual annual conference

### Social network performance:

73 000 interaction (« like », shares, etc.)

15 - 50 000 people reached by each publication

150 000 video viewings

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## QC - Early Response:

- Main objective was to **keep pharmacies fully operational**.
- Provided guidance with **contingency plan, risk mitigations** (e.g., working with separate teams, installing physical protection, cleaning and disinfecting and other sanitary measures, limit measures with close contact to patients, limit access to the pharmacy, delivery in parking lot, work behind closed doors) :
  - Keeping elderly at homes – increased home deliveries (+120%-150% per week)
  - 66% of pharmacies closed totally or partially their front shop
  - 28% of pharmacies closed totally their doors (delivery or parking lot only)
- **Secure and deliver PPE to members:** 26 000 high-quality visors, 125 000 masks.
  - Request for logistical and financial support from the Ministry of Health.

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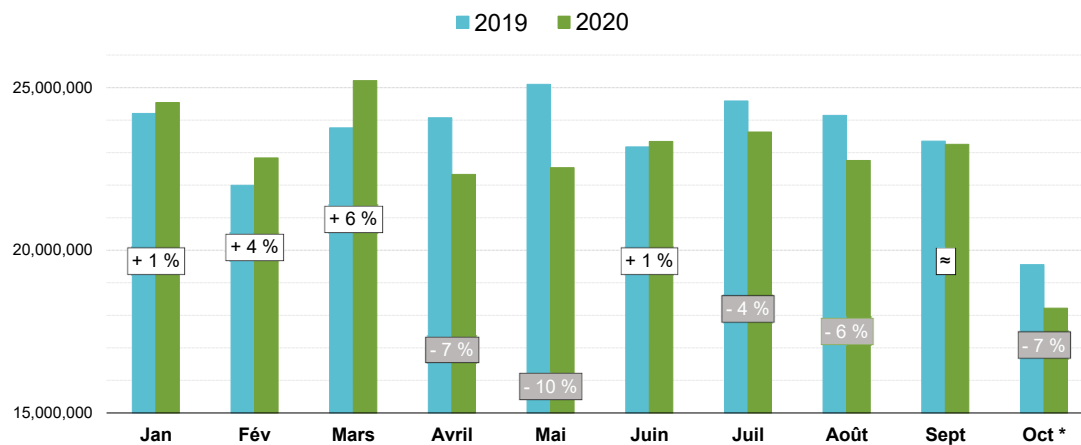
## QC - Early Response:

- **Frequent communications:** over 200 COVID newsletters, biweekly webinars (+ 12).
- **Analysis of our database** to quantify usage of medications at high-risk of shortage (Hydroxychloroquine, salbutamol, dexamethasone, etc.).
- Enforcement of the **30-day rules** for medication supply.
- **Frequent surveys** to our members to assess evolving situation (more than 50).
- **Lobbying** to access emergency childcare and prioritization in COVID testing.

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## Number of Prescriptions

(Public and private payers)



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## BC - Early response:

- Pharmacists stayed open. Altered hours, increased home deliveries. Putting up shower curtains, anything to use as a barrier to protect themselves, their staff and patients in the early days.
- Minister of Health encouraged patients to go to pharmacies to get emergency supplies of medication. Pharmacists were encouraged to work to full scope.
- BC pharmacists limiting meds to 30 d supply when they had to. Some provided 90 d supply when they could. BC government was not going to cover additional dispensing fees. Ensure pharmacists could use discretion in 30 d supply indefinitely. Huge win rather than getting coverage of additional dispensing fee – allows pharmacists to manage their supply.
- Federal CDSA exemptions along with supportive CPBC regulatory changes allowed BC to support patients with controlled and narcotic RX and home deliveries
- Best practice guidance, Covid screening/assessment, signage, PPE suggestions and procurement, recognition as essential health care workers and support of Mental Health pharmacy teams



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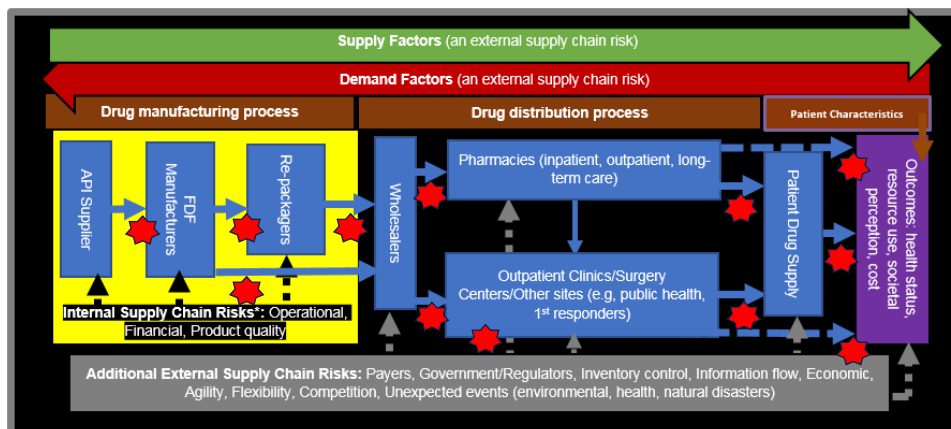
## The Second Wave...

**Now that we are past the initial crisis and well into a second wave across the country, things have changed. What are you now focusing on NOW in your continued efforts to support pharmacists?**

Slides from Mina Tadrous (ON), Jean Bourcier (QC) and Annette Robinson (BC)

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# ON - Potential Impact of COVID-19 on the Drug Supply Chain

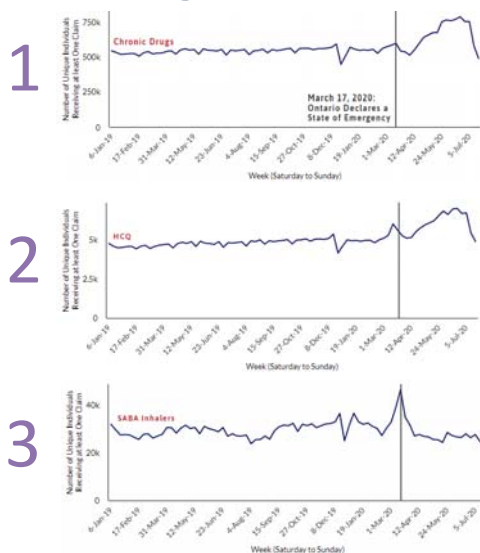


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★ = Potential node for COVID to impact

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## Key Findings- In Ontario



1 Increase in chronic drug prescription volume

2 Consumers reacted to proposed COVID-19 treatments  
For example: Increase in the number of individuals receiving hydroxychloroquine

3 Patient- and organization-level stockpiling of drugs  
For example: Increase in short-acting beta-agonist (SABA) inhalers



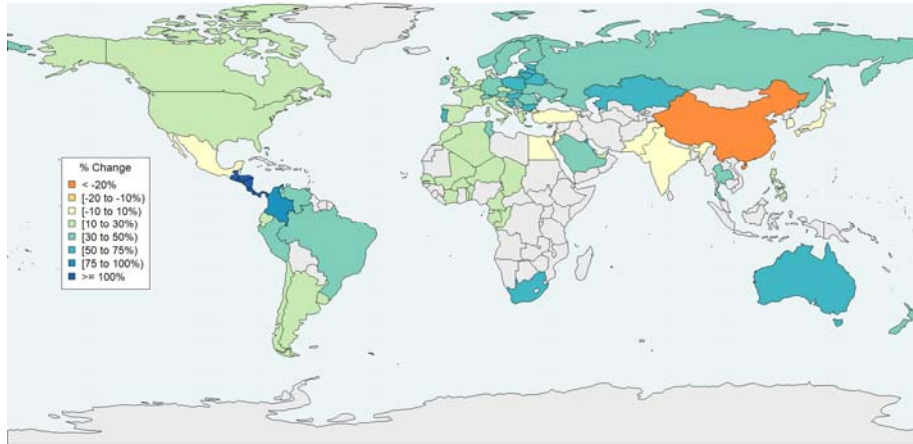
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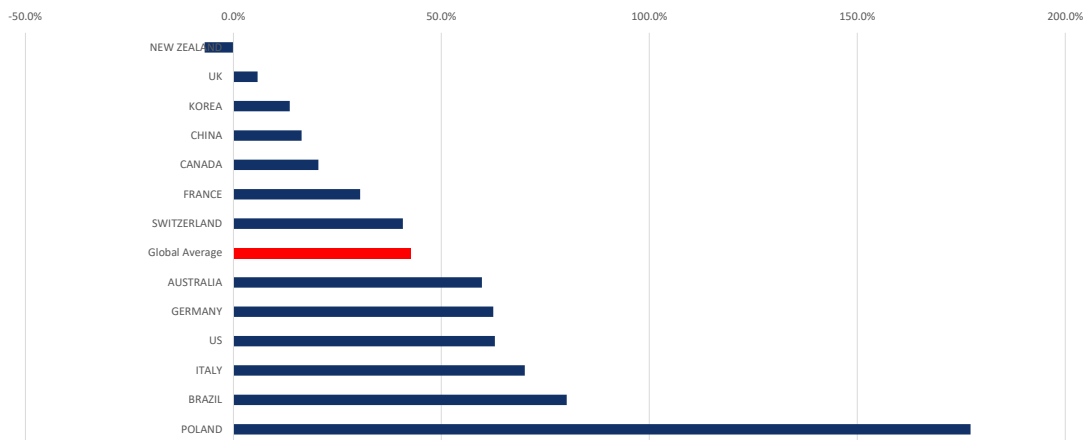


## Global shift in drug use



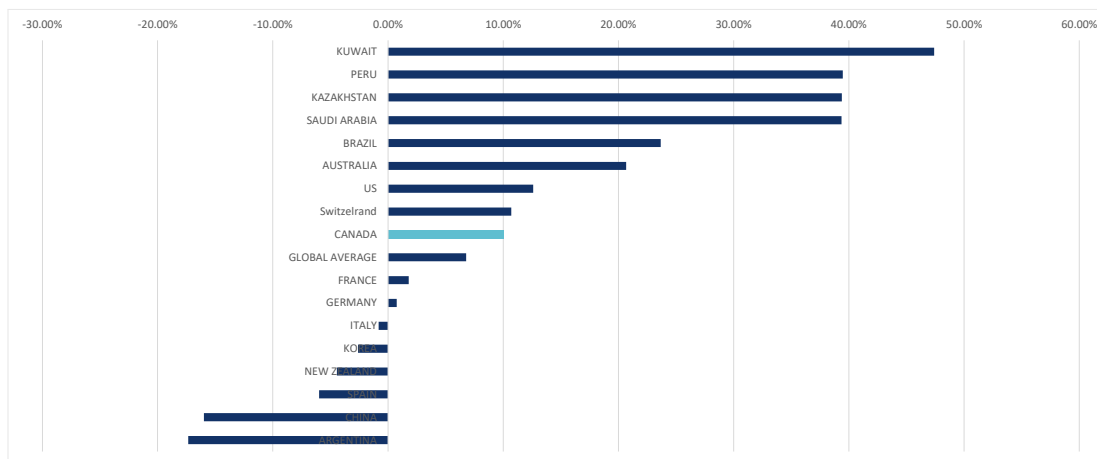
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## Hydroxychloroquine Increase



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## SABA Inhaler Increase in Use



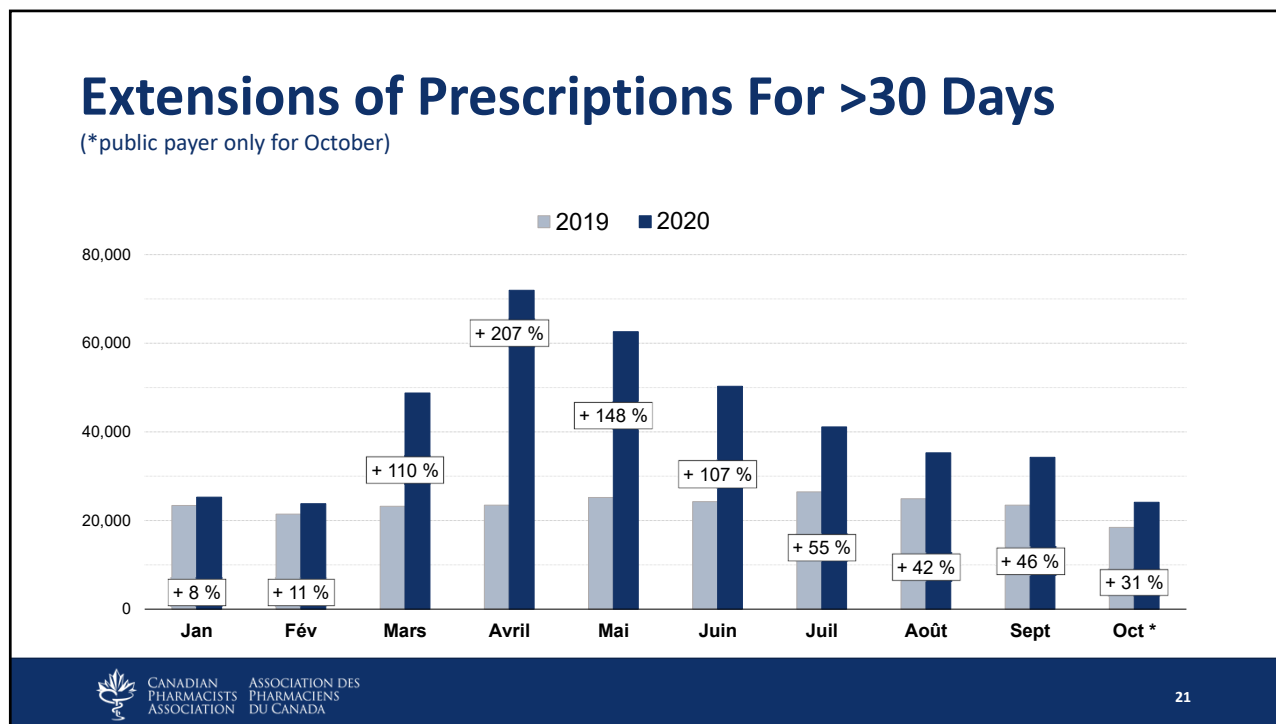
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## QC - Current Response

- Position pharmacists as **key players** for COVID-19 vaccination:
  - High success with flu campaign – 900 000 doses (40 % of all doses) for a 1<sup>st</sup> year pharmacist vaccination.
  - Special vaccination fees during the COVID-19 period.
- **Remove hurdles to help patients access 1<sup>st</sup> line services at the pharmacy:**
  - Public health facilities are overwhelmed; Pharmacists are resilient and work efficiently;
  - Need to remove patient contribution on all clinical services provided at pharmacy level.
- **Maintain access to services** designed for essential workers.
- **Ensure continuity of services** by pharmacies:
  - Sanitary measures;
  - Close monitoring of risks of drug shortages;
  - Safe environment for workers and patients.



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## BC - Current response

- Continue to monitor public health recommendations and WorkSafe BC expectations.
- Vaccinate patients in the midst of a pandemic, which meant new processes:
  - Proper PPE
  - Cleaning/Disinfection
  - Covid-19 Assessments/ Flu Consent Forms
  - Appointment based vaccinations
- Increase in immunization fee (20%) to \$12.10
- Influenza Vaccination numbers – Historic:
  - Nov 23, 2020 – BC pharmacists have administered 808,001 thousand vaccines
  - Nov 2019 - 518,025 thousand vaccines
- Suggests we will exceed ONE MILLION influenza vaccinations

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## Looking ahead...

What have we learned? What needs to happen/continue/change so that pharmacy is prepared for then next pandemic or disaster?  
What are your priorities for pandemic preparation?

Slides from Jean Bourcier (QC) and Annette Robinson (BC)

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## QC - Looking Ahead: Use the Pandemic as a "Springboard"

- Pharmacists are **valuable** to the healthcare system.
- Structures that were put in place must remain for **optimal alignment** and quick communication:
  - Creation of regional pharmacy networks with representatives from various sectors.
- Collaboration with **public health agency** is critical:
  - Is the role of the pharmacist fully understood / the pharmacist use the best possible way?
  - Stronger relationship to build (on a continuous basis) with MSSS and Public Health.
- Show patients pharmacies are **safe and services accessible**.
- **Quick and frequent communications** within the industry and with all pharmacists
  - Bidirectional flow of information is essential to plan, act and react promptly and efficiently

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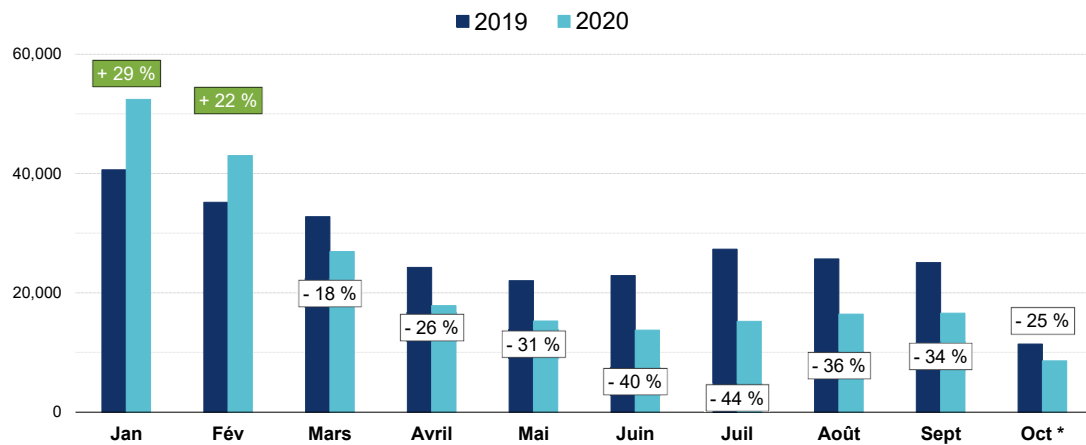
## Looking Ahead: Use the Findings of the Pandemic as an Opportunity

- Pharmacists must **better communicate** with their patients:
  - Secure communication: text messaging, alert, exchange of information, etc.;
  - Virtual consultation;
  - Etc.
- And with the **other health professionals**:
  - Fax ?????
  - Secure communication;
  - Virtual communication;
  - Etc.

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## Prescriptions for Minor Ailments

(\*public payer only for October)



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## Looking Ahead: Maintain the Pace of the Changes

- Operational structures and **overall logistic** of distribution:
  - Increase **work-flow** efficiency with better use of the technology;
  - Increase **distribution** efficiency with better use of the technology;
  - **Take control** of some components of the practice / business currently in the hands of thirds parties;
  - **Improve remuneration** of the pharmacists for a better alignment with a necessary growth of the clinical activities (number and volume).
  - **Improve communication** with the population, influencers, government:
    - Increase our presence and the pertinence of our presence in the medias (all);
    - Increase data gathering, information analysis, proof of performance to show the added value of the pharmacists for the health system, population and society.

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## BC - Looking ahead

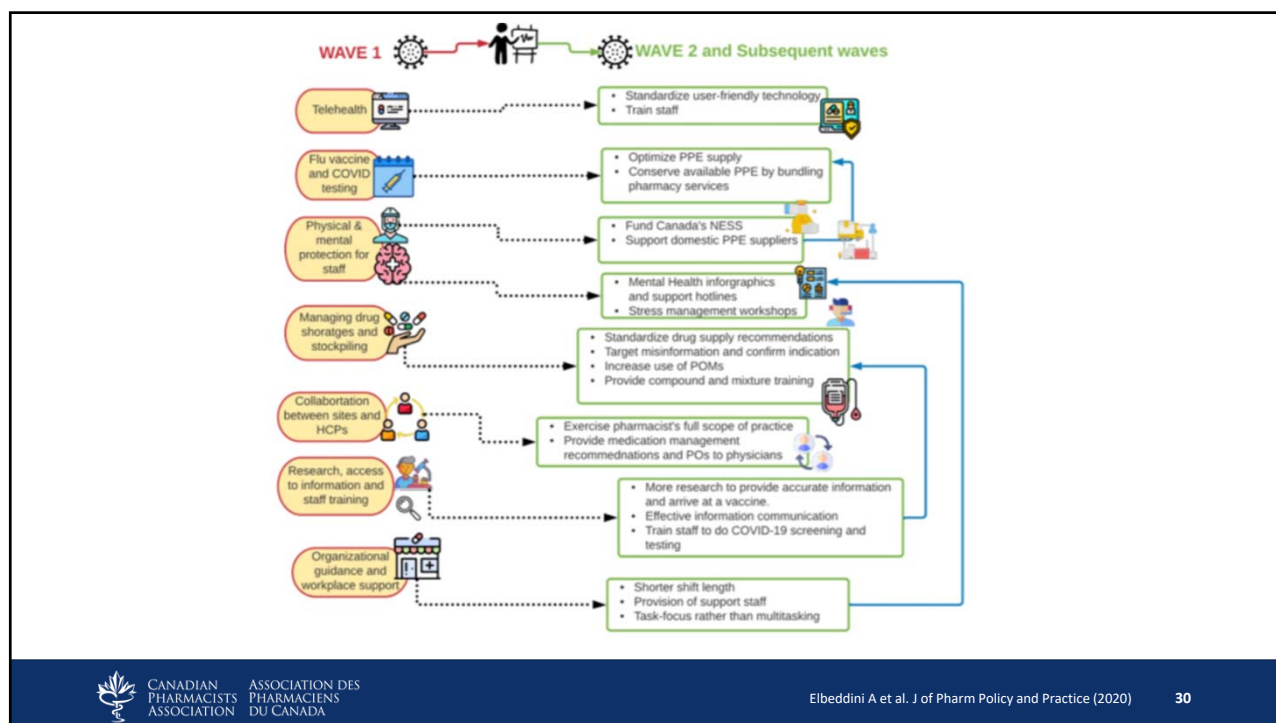
- What makes BC unique: Immunization authority came from the midst of a pandemic.
- 2009 during H1N1, Perry Kendall came to pharmacists to help solve this.
- We have been integrated and in the planning process from the outset with both flu and COVID
- BCPhA sits on the provincial immunization committee.
- Part of central COVID Vaccine Planning committee. KEY: We're on the inside working with the decision makes note on the outside when it comes to COVID immunization.

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## BC - Looking ahead

- TAKE AWAY! One thing that pharmacy can learn from this outbreak is to find a way to get permanently at the table
- I am proud of our (BCPhA) relationship with the government
- Able to negotiate and additional \$2.10 in immunization fee for ALL publicly funded immunizations, not just flu or COVID vaccines
- We are an honest broker with the government. The idea being that if you take care of the relationship, the business will take care of itself.
- Sometimes not easy to sit on the sidelines when it is easier to take shots at the government when things are moving NOT moving fast enough.
- We have long term advocacy plans that will benefit pharmacy, so we need to take this into consideration.

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# Were we prepared as a profession?? What would we do differently next time??



Continuity of care of patients



Protecting and supporting the pharmacy workforce



Safeguarding medication supply



Supporting public health and public education