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July/August/Sept 2013

Manitoba Society of Pharmacists

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Editorial - Generic Drug Price Reform and MSP Membership

Scott McFeetors, MSP President

The past year has seen great change to both pharmacy practice and the pharmacy economic model across the country. As generic drug prices have been decreasing across the country, provincial governments have been introducing reimbursement fees for professional pharmacy services which compensate for the revenue losses pharmacies are experiencing.

The Manitoba Society of Pharmacists met with the Minister of Health in April and has her commitment to work collaboratively with MSP to develop a framework for reimbursement for professional pharmacy services. At this point in time, Terms of Reference for the Manitoba Health and the Manitoba Society of Pharmacists Reimbursement for Professional Pharmacy Services Advisory Committee are being drafted.

MSP has developed a three-pronged approach to support pharmacists as the process gets underway.

1. The Government Relations Committee will take on a significant role as the compensation framework continues to evolve.

2. The Professional Relations Committee will identify new opportunities to support, develop, and provide resources that will encourage pharmacists to align themselves with the future and strive for excellence.

3. The Public Relations Committee has already begun the process of supporting pharmacists by developing a comprehensive communication strategy that has allowed them to broaden their audience.

This three-pronged approach is necessary if pharmacists are to successfully embrace the expanded scope of practice and be recognized and compensated for the services they provide as pharmacists in other provinces currently are.

Pharmacist membership ensures that MSP remains a driving force in practice change and enhanced patient care and safety. As your professional advocacy organization, MSP is working collaboratively to achieve solutions that are in the best interests of pharmacists as a whole. This is demonstrated through the work initiated on our members' behalf.

Regardless of practice setting it is imperative that MSP maximize the support of phar-

macists in the province to ensure there are available resources including membership base, volunteers, revenue, support and human resources.

The majority of pharmacists recognize the need for a strong advocacy organization and understand the value of membership. The MSP Board of Directors would like to thank each and every member who has joined or renewed during the 2013 membership drive. For those pharmacists who have not renewed yet, we ask that you consider the value of MSP's promotion of the profession of pharmacy at the government table, in the eyes of the public and in professional development opportunities to embrace expanded scope.

A strong, unified membership is critical to ensure that pharmacists in Manitoba are recognized and compensated for professional pharmacy services as are their provincial counterparts. Join or renew your membership today. If you are aware of a colleague who is not a member, reach out and make sure they understand the importance of membership. The future of the profession is taking shape now. Be a part of the evolution.



Meet the 2013-2015 Manitoba Society of Pharmacists Board of Directors

Scott McFeetors – President & Good Governance Committee Chair



Scott McFeetors graduated from Pharmacy at the University of Manitoba in 1988, having previously received a B.Sc. from the University of Manitoba in 1985. After graduation, he worked in the brand new Pediatric Intensive Care Unit at the Health Sciences Centre (HSC) for over a year, and then moved to Port Hope, Ontario, for a 2-year community pharmacy position with York Super Pharmacy (Aug 1989- Aug 1991).

He met his wife Carol on a trip home to Winnipeg in Sept 1990. When his commitment in Port Hope was complete, he moved back to Winnipeg taking a position with the HSC in the Sterile Products/Chemotherapy department.

Scott was in this position until the start of 1998 when he accepted a position with Loblaw Companies where he is currently employed. During his tenure at Loblaw, he has been a staff pharmacist in Kenora, a

Pharmacy Manager at both Extra Foods and The Real Canadian Superstore, and is currently the Director of Pharmacy Operations for Manitoba and Northwestern Ontario.

He is married with an 8-year-old son, Jack, and his hobbies include golf, camping, and great books. He is an enthusiastic proponent of the practice of pharmacy and looks forward to the expanded role of the pharmacist.



Barret Procyshyn – Vice-President & Public Relations Committee Co-Chair

Barret Procyshyn graduated from the Faculty of Pharmacy at the University of Manitoba in 2009. He is currently employed as a community pharmacist at the Dauphin Clinic Pharmacy and is Pharmacy Manager at Winnipegosis Clinic Pharmacy.

Barret is a certified respiratory educator and speaks at various community events on prescription drug abuse. He is a



former recipient of the CPhA Centennial Award, the MSP/MPhA Young Leader Award, and was given the Queen Elizabeth II Diamond Jubilee Medal in 2012.

He has contributed to MSP as the Pharmacist Awareness Month Co-Chair in 2013. Barret is Co-Chair of the Public Relations Committee and hopes to provide a strong contribution to the profession of pharmacy in Manitoba through MSP. Barret resides in Dauphin with his fiancée Tatiana Baschak.

Sharon Smith- Honorary Secretary Treasurer & Finance, Human Resource and Compensation Committee Chair



Sharon Smith graduated from the University of Manitoba with a B.Sc.(Pharm.) in 1985. During her studies, she acted as the Senator for Pharmacy from 1983-1984, and Senior Stick from 1984-1985.

Sharon has worked in various positions over the past 28 years. She began her career in rural independent retail pharmacy at Morden and Winkler for 2 years, moved to retail corporate in Portage la Prairie for 1 year, became a staff pharmacist at the Portage Hospital for 6 years, and finally worked as an independent pharmacy owner/partner for the last 19 years.

She has participated on numerous boards, including: MPhA Council from 1987-2001 as a Councilor and on various sub-committees of Council, PR Committee member for 2 years and Chair PR Committee for 10 years, CEU Coordinator in Portage la Prairie for 2 years, Gladstone and District Chamber of Commerce for 20 years in all executive positions, Big Grass Community Foundation Founding Board Member and Secretary from 2006 to present, Happy Rock Children's Centre Board Member and Secretary from 1993-2000, Canada Revenue Agency Small Business Advisory Committee Member Western from 2005-2007, Central RHA Community Health Task Force Board Member from 2004 to present, and multiple committees representing organizations around Gladstone and RM of Westbourne for 22 years. In 1999, she was honoured with the Pharmacist of the Year Award.

With her expansive expertise, Sharon will bring a wealth of experience and knowledge to her position on MSP's Board and looks forward to a new challenge in pharmacy.

Mel Baxter - Past President



Mel Baxter graduated from the Faculty of Pharmacy at the University of Manitoba in 1970. He is employed in community retail pharmacy as a Pharmacy Manager at Valley Super Thrifty Pharmacy in Morris.

Mel has been a Director on the MSP Board since 2005, and served as President from 2007 to 2013. Currently, Mel serves as Past-President and was appointed Executive Sponsor of the Manitoba Health/Manitoba Society of Pharmacists Reimbursement Framework Advisory Committee. He is also President-Elect of the

Canadian Pharmacists Benefits Association.

Mel is striving to achieve an enhanced role including recognition and reimbursement for pharmacists through collaborative consultation

with government and other healthcare stakeholders. Mel is married to Yvonne and they have four grown children, and 3 grandchildren.

Miro Cerqueti - Government Relations Co-Chair



Miro Cerqueti graduated in 1995 with a B.Sc.(Pharm.) from the University of Manitoba. Miro joined Loblaw Pharmacy in January 1997. He has been the Pharmacy Manager for the past 16 years at Loblaw Pharmacy, Kenaston & Grant, in Winnipeg.

His recent certifications are in Obesity, Q.U.I.T., Catalyst, CPR and Injections. Miro will bring his retail perspective, leadership and management skills to council. Miro is a very analytical problem solver and able to think outside the box to reach optimal solutions.

Miro specializes in operational efficiencies that result in fewer errors, improved customer service and higher profits. He is action-oriented and a mentor to his peers earning the respect of customers, staff and colleagues. The thing he loves about pharmacy is the great feeling and personal satisfaction he gets when he knows he helped make a difference in someone's life to improve their health and well-being.

Miro married his beautiful wife Franca in 2001 and they have twin daughters named Angelina and Juliana. His personal interests include soccer, curling and traveling.

Miro looks forward to being part of the Manitoba Society of Pharmacists Board to promote, strengthen and advocate for the pharmacy profession.

Michael DiDomenicantonio - Government Relations Committee Co-Chair



Michael DiDomenicantonio entered the Faculty of Pharmacy after completing a four-year B.Sc. in Chemistry from the University of Winnipeg. Michael then completed his B.Sc. in Pharmacy from the University of Manitoba in 2002.

After a couple of years working in community pharmacy in rural Manitoba, Michael returned to Winnipeg in 2004 to help create one of the city's first highly integrated, multi-disciplinary, fully-computerized EMR facilities. He was not only the site Pharmacy Manager for several years, but also served as a senior supervisor for the entire health centre, addressing structural, technical and human resources issues.

Over the years, Michael has continually expanded his skill sets and educational competencies by obtaining multiple lifelong learner awards, Asthma Educator Certification and more recently expanding his compounding specialty training. This specialty compounding training has allowed Michael to move into a primary position in the province's largest compounding facility CPM- The Compounding Pharmacy of Manitoba.



Zahid Zehri - Membership Services Committee Chair



Zahid Hyder Zehri graduated from the Faculty of Pharmacy at the University of Karachi, Pakistan in 1993. He was employed in community retail pharmacy as a pharmacist at Drugstore Pharmacy, Winkler in 2004. Zahid held the Pharmacy Manager position at Pharmasave from 2005-2007. He has been an Associate at Shoppers Drug Mart in Winkler since 2007. Zahid has been a Director on the Board of the Winkler Chamber of Commerce since 2010 and is currently a member of the Award Nomination Committee.

Zahid strives to promote MSP to all stakeholders and will do his best to unify all pharmacists in Manitoba. Zahid believes the MSP should be at the negotiating table when it comes to expanded scope of pharmacy practice in the province of Manitoba. He is passionate about the pharmacy profession and services and will strive to promote pharmacist and pharmacy services to the general public for their better health management. Zahid is married to Shaista and they have four young children.

Sheila Ng - Professional Relations Committee Chair



Sheila Ng graduated with a B.Sc.Pharm from the University of Manitoba in 2004. She started her practice as a community pharmacist with Shoppers Drug Mart in Powell River, British Columbia. Here, her passion for the profession grew and her practice included servicing the local First Nation's Health Authority and Long Term care facility in addition to traditional retail service.

She enjoyed providing educational sessions to the long term care residents and nurses, and performing medication reviews for her patients. Her enthusiasm for education led her back to Winnipeg where she is now a Pharmacy Practice

Instructor with the Faculty of Pharmacy at the University of Manitoba.

She is excited for the growing scope of practice that faces Manitoba pharmacists. She was involved in implementing and took part in the Injection Training Workshop for Manitoba pharmacists and has completed COPD Respiratory Educator training.

Sheila is married to Erwin and they have two energetic boys. She looks forward to being able to promote the profession of pharmacy within Manitoba as a Board member with MSP.

Bobby Currie has had a long-standing interest in professional committees and pharmacy advocacy. During her time as a pharmacy student at the University of Manitoba, she held various student government positions, including the local Canadian Association of Pharmacy Students and Interns representative. She was awarded the Student Literary Prize in her 4th year as a student and was published in the Canadian Pharmacists Journal.



Upon graduation, Bobby began her practice at the Shoppers Drug Mart in Winkler, MB. In 2010, she returned to Winnipeg as the Associate owner of Shoppers Drug Mart #2444 (Roblin & Dale). She has been an active preceptor in the Structured Practical Experiential Program (SPEP) for pharmacy students at the U of M and received the Preceptor of the Year Award in 2012.

Bobby Co-Chaired the 2013 Pharmacy Awareness Month Committee and was one of the recipients of the 2013 Young Leaders Award at the Manitoba Pharmacy Conference. She continues to strongly believe in the importance of public relations as a tool for pharmacy advocacy.

Outgoing Board of Directors

2011 – 2013 Board of Directors

Alan Lawless, Gayle Romanetz, Mel Baxter, Greg Harochaw, Britt Kural, Amy Oliver, Alison Desjardins, and Jeff Uhl



We would like to thank our outgoing Board of Directors for their outstanding work and incredible dedication to their profession. The Manitoba Society of Pharmacists sends them a fond farewell, and we wish them all the best for their futures in pharmacy.

Bobby Currie - Public Relations Committee Co-Chair



4th Year Elective Students, Sarah Stroeder and Alisha McCulloch

As our 4th Year Elective project from the University of Manitoba Faculty of Pharmacy, we partnered with the Manitoba Society of Pharmacists to develop the Manitoba Comprehensive Medication Review Toolkit. As soon to be pharmacists, we wanted to create something tangible and valuable to contribute to the continuously expanding practice of pharmacy. The purpose of this project was to develop a useful tool for pharmacists to use while performing medication reviews with their patients. Over a period of 7 weeks, we researched already existing medication review toolkits across Canada followed by form development and creation of a supplemental guide. Modifiable forms for information gathering (demographic and medical history), drug therapy problem identification, care plan development, patient follow-up and health care practitioner communication allow pharmacists to select which components work best within their individual practice. A program guide appendix was also created, filled with helpful practice resources and links to clinical tools such as clinical practice guidelines. The toolkit will be initially piloted with 4th year pharmacy students on their community pharmacy rotations in March 2013, with feedback hopefully available by the end of April. We're very excited to have had the opportunity to work with MSP to accomplish this project, and develop a toolkit reflective of the growing clinical services of today's pharmacists.



4th Year Elective Students, Sarah Stroeder and Alisha McCulloch

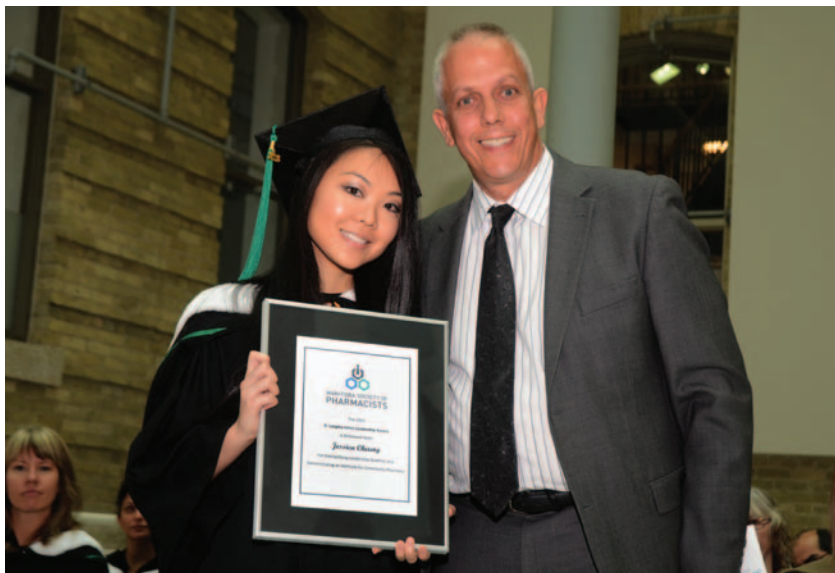
Jessica Cheung, Recipient of the 2012/2013 A. Langley Jones Award

The A. Langley Jones Leadership Award was presented at the Welcome to the Profession 2013 Graduation Ceremony on May 30th at the Brodie Centre at the U of M Bannatyne Campus. The award is presented annually to a graduating student who exemplifies leadership qualities, has obtained a sufficiently high academic standard and who has an aptitude for Community Pharmacy as assessed through such courses as Pharmacy Practice, and Consumer Health Care Products.

The award honours the memory of Mr. A. Langley Jones who served as the first Executive Director of the Manitoba Society of Pharmacists. The recipient of the award is nominated by his/her peers and is recommended to the Selection Committee. The recipient is presented with an award and a cheque in the amount of \$500.

This year the A. Langley Jones Award was presented to Jessica Cheung by Manitoba Society of Pharmacists President Scott McFeetors.

Congratulations Jessica and all the best for your future in the Pharmacy Profession!



MSP President Scott McFeetors and Jessica Cheung

MSP Annual Student Night

The Manitoba Society of Pharmacists Annual Student Night was held on March 20th at the King's Head Pub. This annual event celebrates the students at the Faculty of Pharmacy and provides a fun and informal atmosphere for students to meet members of the MSP Board of Directors.

Attendance at the event was at an all time high. A total of 104 pharmacy students enjoyed food and refreshments as well as an opportunity to compete for prizes. Twelve teams registered for the games which included 3 ball pool, darts and mini-put. The students put their best efforts into choosing names for their teams and their creativity knows no bounds. A friendly rivalry to see which class has the best turnout has developed over the past few years and it is great to see so much enthusiasm and spirit.

While we have done our best to identify teammates who competed on each of the winning teams there is a possibility, that in certain circumstances, exuberance has led to additional teammates coming forward.

Prizes were handed out to the following teams:



Second Place – Ryan and the Pharm Girls

L-R: Amanda Li, Kenzie Nemez, Joelle Boileau, Kristjanna Britton, Derrin Symington



Most Honest Team – PMS – Perpetual Motion Squad

L-R Megan Hay, Joyce Umandap, Rosa Hurr (missing – Sophie Fiola, Julie Hernandez)



Third Place – e-CPS – extra-Cool Pharmacy Students

Cody Hotel, Chris Lawson, Scott Andresen, Devin Ross



First Place – PharmD-struction

Back Row L – R: Jae Song, Shawn Chohan, Joel Hart, Rick Damsel, Kulwant Singh, Trevor Johnson, Stephanie Gautron
Front Row L-R: John Kim, Riley Love, Alia Marcinkow.

Along with the gift cards provided by MSP, prizes for the event included a gift basket courtesy of Academy Massage and hats and t-shirts courtesy of the King's Head which were handed out throughout the evening.

The success of student night is largely dependent on the MSP Student Liaison to the Board of Directors and this year we had the privilege of working with Alia Marcinkow. Thanks Alia for all your efforts with Student Night and all the other tasks you have assumed as part of your role with MSP!

The Board of Directors and staff of MSP wish all the students at the Faculty of Pharmacy the best for the future whether starting professional practice or continuing on with studies. Students are the future of the profession. MSP is looking forward to hosting another event next year and encourages the students to participate. If you have any suggestions or feedback to contribute, please feel free to do so by email at info@msp.mb.ca.

The Manitoba Pharmacy Conference 2013

Imagine the Possibilities

The 2013 Manitoba Pharmacy Conference took place at the Winnipeg Convention Centre from April 5-7, 2013.

The pharmacy profession is constantly evolving, and Manitoba must be prepared to change with the expanding scope of practice. The conference theme for 2013, Imagine the Possibilities, matched the tone of the profession's current and ongoing transformations.

The professional development sessions were energizing and inspiring, and the Conference Planning Committee would like to thank all speakers for their generous aid in making the event a success.



The Conference Planning Committee would also like to recognize MSP President Mel Baxter for taking a lead role in chairing the conference this year. His contribution to developing and executing the event was greatly appreciated. Thanks to all the students from the Faculty of Pharmacy who volunteered time and assisted at the registration desk.



The Conference Planning Committee develops the education sessions, and plays an important role in identifying relevant and interesting presentation topics. The 2013 Conference Planning Committee included: Marnie Hilland (Director of Conferences and Events, MSP); Dr. Brenna Shearer (Executive Director, MSP); Jill Eil (Assistant Executive Director, MSP); Mel Baxter (President, MSP); Gayle Romanetz (Former Board Member, MSP); Alison Desjardins (Former Board Member, MSP); Amy Oliver (Former Board Member, MSP); Sara Gusta (Executive Assistant, MSP); Shawn Bugden (Associate Professor, Faculty of Pharmacy); Kathy Wright (Executive Assistant, MPhA); Kim McIntosh (Assistant Registrar, MPhA); Kristine Petrasko (MPhA Council); Anna Spirikina (Education Committee Chair, CSHP).



Friday, April 5, 2013

The weekend began with a Friday night reception celebrating the Manitoba Society of Pharmacists' 40th Anniversary. Attendees enjoyed a fine selection of beverages & hors d'oeuvres and celebratory mini-cupcakes during the one-hour reception.



The evening's festivities also included the presentation of the Young Leader Awards, sponsored by the Manitoba Society of Pharmacists and the Manitoba Pharmaceutical Association. These awards are presented to pharmacists in their first five years of practice, or pharmacy students in their fourth year.



Young Leader Award Recipients

(top row, left to right): Ian Trembath, Curtis Hughes, Grant Pidwinski

(bottom row, left to right): Bobby Currie, Dayna Catrysse, Anna Spirikina, Lucy-Rose Vuong, Jessica Cheung (Missing – Justine Manulak and Scott Andresen)

The Young Leader Awards were presented by MSP President Mel Baxter. The ten recipients demonstrated natural leadership abilities, and the desire to make an impact on the pharmacy profession. Congratulations to all winners of this prestigious award.



MSP President
Mel Baxter

Saturday, April 6, 2013

The Manitoba Society of Pharmacists and the Manitoba Pharmaceutical Association Annual General Meetings were held on Saturday morning.

Following the morning meetings, conference attendees enjoyed light refreshments and a lunch buffet while viewing exhibitor booths. Here, various organizations closely tied to the pharmacy profession showcased their new products and services. Poster presentations were featured for the very first time at the 2013 Annual Pharmacy Conference. The poster sessions provided presenting authors a forum to showcase their work and provide those interested with the opportunity to review the information and talk with presenters. There was a significant response to the request for submissions and a total of twelve posters on display. The afternoon also provided an opportunity for healthcare and business professionals to network, discuss and develop meaningful relationships.



The Issues Forum was also held in the afternoon, and included discussions on a wide range of topics, including: Implementing Immunization into Your Workflow, Manitoba's Provincial Drug Bulletin Process, and Chronic Pain: Managing Prescription Drug Abuse.

The Annual Awards Banquet & Silent Auction was held Saturday evening, recognizing outstanding members and leaders in Manitoba's pharmacy profession. The banquet gave participants the chance to mingle with colleagues while bidding on an impressive selection of silent auction prizes. Auction prizes were generously donated by the conference sponsors.



Assistant Executive Director Jill Ell, former MSP Vice-President Gayle Romanetz, Executive Director Dr. Brenna Shearer, and MSP Past-President Mel Baxter.

All proceeds from the silent auction were donated to the Pharmacists At Risk Program. The committee was able to raise \$3,241 thanks to all those who donated prizes and bid on silent auction items.

Annual Awards Banquet

The Annual Awards Banquet highlighted many exceptional honourees in Manitoba's pharmacy community. The banquet's entertainment featured a selection of songs from contemporary musicals performed by Winnipeg artists. Congratulations to all individuals recognized for their outstanding achievement throughout the evening.

Sunday, April 22, 2012

Additional education sessions were held on Sunday, and the annual Manitoba Pharmaceutical Association Awards Luncheon was celebrated midday. Presentations included MPhA Honorary Life Membership, 25 Year Achievement Awards and 50 Year Achievement Awards to a number of practitioners in the province. Congratulations to all award recipients.



MPhA President Kyle MacNair and Lois Cantin, recipient of MPhA Honorary Life Membership Award

25 Year Pin Recipients:



Back Row – L – R: Vincent Huynh, Tamara Streckler, Petr Prochazka, Scott McFeetors. Front Row –L-R: Jeannie Lee, Murvin Abas, Cecile Dumesnil, Ronald Eros, Caterina Bueti (missing: Angela Adamson, Darwin Cheasley, Carla Dribnenky, Warren Hicks, Barbara Khoe, Sandra Negrey, Sam Nocita, Marty Sexton, Grant Sklar, Edmund Yu)

50 Year Pin Recipients:



L – R: Orville Wagner, Jud Scales, Ted Bartman, Garry McManus (missing Allan Shinfield)

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2013 Pharmacy Awards

Lothar Dueck - Pfizer Consumer Healthcare Bowl of Hygeia Award



Lothar Dueck, a proud ambassador of community service and outreach, is this year's Pfizer Consumer Healthcare Bowl of Hygeia Award winner. The Bowl of Hygeia Award is given to a devoted pharmacist in recognition of their time invested into the welfare of their community.

Lothar has worked as a pharmacist in Vita, Manitoba for over thirty years. He has demonstrated his dedication to his community by joining various committees, serving on boards, and volunteering. Lothar was an MSP Board member for ten years, and served as President from 1989 to 1991.

In 2003, he co-founded the Coalition of Manitoba Pharmacy. As a member of the MPhA, he has been involved with important internet pharmacy and distance care projects.

As a graduate from the Faculty of Pharmacy at the University of Manitoba, he represented the Class of 1974 as class leader for the Alumni Campaign. The campaign sought to raise funds for the construction of the Apotex Centre.

Lothar's community service commitments include: RM of Stuartburn Board member of the South Eastern Manitoba Broadband Initiative, founding member of the Vita Canada Day Committee, serving on the Provide Advisor Committee and Palliative Care Committee of South Eastman Health, and volunteer PA Operator and Supervisor at Steinbach Mennonite Church. In 2002, he was recognized as Volunteer of the Year by Eastman Regional Development.

His latest act of valour took place last October and made Winnipeg Free Press front-page headlines. Lothar braved through smoke and fire to rescue a patient who was home alone without a vehicle. Thanks to Lothar's efforts the patient was rescued. Lothar's unwavering courage is a testament of his commitment to his patients, community and mankind.

Grant Lawson - 2012 Pharmacist of the Year



Grant Lawson is the proud recipient of the 2012 Pharmacist of the Year Award, demonstrating the attributes of a true leader in today's healthcare industry. The Pharmacist of the Year Award is presented annually to a Manitoba pharmacist who, in the opinion of his or her peers, has made a significant contribution to the pharmacy profession.

"This is not only my award," said Grant, "but one that should be shared with all the colleagues and mentors I have had over my career."

This peer-nominated award recognized Grant for his "strong dedication and commitment to excellence in his pharmacy practice." His colleagues highlighted his humble leadership qualities and ability to give candid and constructive feedback.

Grant is also admired by his peers for his willingness to share, guide and teach others, and the emphasis he places on personal growth. Grant sends additional gratitude out to all the educators, classmates, managers and directors who have made an impact on his professional development. "They have all helped shape and influence my career. In particular, special thanks should be given to my wife Joan. Her support is invaluable."

Grant currently works as a pharmacist at the Brandon Regional

Health Centre. He has worked in both hospital and retail settings, but finally settled back at a hospital pharmacy where he has spent the past 23 years of his career. To Grant, the most rewarding aspect of pharmacy practice is being included in client health care teams. After moving to hospital practice, he flagged the development of pharmacy services for the hemodialysis patient population as one his greatest contributions to the industry.

"Moving forward, I most likely will be looking at retirement," said Grant. "Because of my varied experience over the years, maybe a shot at a consultative position might be in order."

Roger Tam - Takeda Magnum Opus Award



Roger Tam is this year's recipient of the Takeda Magnum Opus Award, showcasing his eagerness to learn and educate as a pharmacist. This award recognizes pharmacists who are driven to pursue advanced training and education opportunities to help further their practice.

Roger attended the Faculty of Pharmacy at the University of Manitoba, and graduated in 1999. He later worked for Wal-Mart managing two pharmacies, and is currently working as their Clinic Designated Pharmacist Specialist. He is in charge of managing and coordinating clinics with fellow pharmacists and other healthcare professionals, covering a wide range of health-related issues.

In 2007, he received a number of awards, including the 2007 Pharmacy Practice Commitment to Care Award Honourable Mention, the 2007 Wal-Mart Western Canada Pharmacist of the Year Award, and the Minister of Health letter of recognition for his contribution to HIV/AIDS awareness. In 2009, he won the Pharmacy Practice and Drugstore Canada Commitment to Care and Service Award in Health Promotion.

In 2008, Roger completed his certification as a Q.U.I.T and CATALYST expert, helping patients on the road to smoking cessation, and now works with MANTRA to provide support and education to those wishing to kick the butt. In 2011, he worked with the WRHA to host a smoking cessation clinic at the Red River Exhibition.

Over the years, Roger has volunteered as an HIV/STI pre/post-test educator at Nine Circles Community Health Centre. In 2005, he was elected President of the Board of Directors at Nine Circles. In 2011, Roger continued to contribute to the clinic by working as a Diabetes Educator for First Nations clients.

Mel Baxter - Canadian Foundation for Pharmacy Past President Award



This year's recipient of the Canadian Foundation for Pharmacy Past President Award is Mel Baxter, a professional recognized for his dedication and commitment to the Manitoba Society of Pharmacists.

In 1970, Mel graduated from the Faculty of Pharmacy at the University of Manitoba. Since then, he has enjoyed a fulfilling career in the field and currently works as Pharmacy Manager at Valley Super Thrifty Pharmacy in Morris.

Mel has served on MSP's Board of Directors since 2005. His term as MSP President lasted from 2007 to 2013.

He currently acts as the Board's Past-President, sharing his experience and knowledge with the new roster of Board members. He formerly chaired the Government Relations, Insurance and Executive Committees, and was a member of the Pharmacare and Economics Committees. He was a member of the MSP-MPhA Steering Committee Working Group and assisted with the development of new regulations for Bill 41. Lastly, he was appointed Executive Sponsor of the Manitoba Health and Manitoba Society of Pharmacists Reimbursement Framework Advisory Committee.

Alongside his work with MSP, Mel also sits on the Board of Directors of the Canadian Pharmacists Benefits Association and is currently President-Elect.

Mel is working to achieve an enhanced role, including recognition and reimbursement, for pharmacists through collaborative consultation with government and other healthcare stakeholders.

Mel is married to Yvonne, is the father of four grown children, and grandfather to three beautiful grandchildren.

Bonnie Coombs - Award of Merit



Bonnie Coombs is this year's Award of Merit recipient. This award acknowledges her passion for and dedication to pharmacy and the Manitoba Society of Pharmacists. The Award of Merit is given to an MSP member who has made a significant contribution to the Society and pharmacy profession during his/her career.

Bonnie has been practicing pharmacy for nearly 42 years. She completed her Bachelor of Science in Pharmacy in 1971 from the University of Manitoba, and worked in retail for 23 years.

Bonnie later reassigned her efforts into long-term care. She managed Pharma-Medic Services in Brandon for 19 years, where she served 600 long-term care beds. Recently, she made the decision to retire.

Bonnie served as a member of MSP's Board of Directors from 2005 to 2009. During her time on the board, she chaired the Government Relations and By-Laws Committees, and was a member of the Economics, Pharmacare, and PCH Sub-Committees. She also acted as Honourary Conference Chair for the Manitoba Pharmacy Conference, and Parliamentarian of the MSP Annual General Meeting.

Above and beyond her commitment to MSP, Bonnie is also a member of the MPhA, CPhA, and the American Society of Consultant Pharmacists. She was a member of the Urban Acres International Training in Communication for 18 years. There, she held many different positions, including President of Council.

Bonnie has also offered much of her time and expertise to her community. She has served as a community volunteer for many charitable organizations, including: Sport Information Officer for the Canada Summer Games, Chair of the Professional Team for the Healthy Futures Campaign in the Brandon Regional Health Authority, Chair of the Alzheimer's Gala, Chair of the Board of the Fairview Foundation, past Board member of the Council of Post-Secondary Education for Manitoba, and past Board member of the Brandon-Souris Progressive Conservative Association.



Susan Lessard-Friesen – Manitoba Pharmaceutical Association Patient Safety Award

Susan Lessard-Friesen has happily accepted this year's Patient Safety Award. This honour took into consideration her tremendous efforts in improving the quality of pharmaceutical care.

The Patient Safety Award is given to an indi-

vidual pharmacist, a group of pharmacists, an interdisciplinary group, or a pharmacy organization, who have made a significant and lasting contribution to the betterment of patient safety and healthcare quality through an initiative or project.

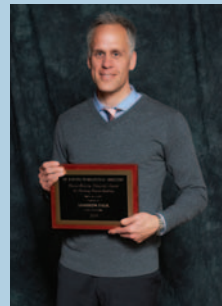
Susan viewed the acceptance of this award as a testament to her many years of working in the pharmacy field. "It is truly an honour to be recognized for work that is so worthwhile and that you love doing." Susan graduated from the University of Manitoba's Faculty of Pharmacy. Afterwards, she completed a Hospital Pharmacy Residency Program at Royal University Hospital in Saskatoon. Since graduating, Susan has practiced her skills in Saskatchewan, Ontario and Manitoba in hospitals, community pharmacies, and as a drug information consultant.

In 1995, Susan joined MPhA as the Coordinator of the Manitoba Pharmaceutical Care Project. She later took on the roles of Director of the MPhA Professional Development Program and Assistant Registrar. In this capacity, her main responsibilities included continuing professional development (CPD) for pharmacists. Susan acted as the Manitoba Delegate of the Board of the Canadian Council on Continuing Education in Pharmacy (CCCEP) for 13 years and as the CCCEP President from 2004 to 2006.

In 2010, Susan was appointed Deputy Registrar with the MPhA. Her new focus is on the MPhA Quality Assurance and Continuous Quality Improvement Program.

Over the last 18 years, Susan has worked with many other provincial and national organizations on initiatives aimed to advance patient care and safety. Her most significant projects involved working collaboratively with the Manitoba Institute for Patient Safety (MIPS), and programs developed through the Interprofessional CPD Network for Health Professionals (iCPD Manitoba).

Jamison Falk - Bonnie Schultz Memorial Award



This year, Jamison Falk has been honoured with the Bonnie Schultz Memorial Award for his dedication to the practice of pharmacy and the patients he serves. This award recognizes practice excellence, and is given to a pharmacist or group of pharmacists who demonstrate outstanding excellence in optimizing patient care, serve as a role model, demonstrate superior communication skills, display compassion, empathy and concern.

Jamie embodies the ideal candidate for this award with his unwavering compassion, empathy and concern for his patients.

He currently works as a Clinical Pharmacist in family medicine at the Kildonan Medical Centre, an urban teaching location for the Department of Family Medicine. He also works as an Assistant Professor with the Faculty of Pharmacy at the University of Manitoba, and is cross-appointed with the Faculty of Medicine.

Jamie graduated from the University of Manitoba in 1997 with his Bachelor of Science in Pharmacy. In 2004, he obtained his Doctor of Pharmacy from the University of British Columbia. Upon graduation, he decided to specialize in intensive care medicine at the Royal Jubilee Hospital in Victoria, British Columbia up until 2007.

Since then, his career has steered him in a different direction, and he now focuses on the pharmacotherapy aspects of chronic disease management. Above one-on-one patient involvement, he works with various learners to translate evidence-based knowledge into patient-centred practice.

Jamie lives in Winnipeg with his wife Rachel, their daughter Cate, and an as yet unnamed little one they are expecting in June.



Preventing Falls

Meera Thadani, M.Sc. (Pharm.)



It is disturbing to know that 33% of Canadians over 65 years of age fall at least once a year.¹ Many of the resulting injuries can be serious and debilitating. The loss of mobility means loss of independence and the loss in the quality of life can be very depressing. Most of these injuries can be prevented and the following review can be helpful to provide patients with a plan to stay well, active and healthy.

Physical Activity

Physical activity, whether gardening, walking, exercise classes, tai chi or any fitness activity improves:

- balance and coordination
- muscle strength
- bone strength which decreases the risk of osteoporosis
- flexibility, stability, mobility, range of motion of joints
- cardiovascular fitness
- quality of life (exercise can have social benefits as well, for instance team activities such as dancing, curling, bowling, mall walking with a friend)

As we get older, some activities may not be suitable depending upon physical status. The best activities use muscles in all parts of the body and provide cardiovascular benefits. An activity such as an organized exercise class (yoga, tai chi, aerobics, and aqua-fitness) that is available regularly, three times a week for example, is of great benefit. For some, a physical assessment with a wellness centre may be important to determine what kind of activity program would be best for them. As well, a program that begins slowly and works up to a target will avoid injuries.



Transportation to a venue can be a problem and a program called Winnipeg in Motion has developed a video that is available from www.winnipeginmotion.ca² or for download into a computer. This video guides the viewer through a series of exercises with an instructor. It can be viewed and followed at home as part of a daily routine. It is an excellent resource and free for everyone.

Inactivity can lead to decreased strength, muscle tone and overall physical fitness. If cold weather, slippery sidewalks or lack of transportation is limiting activity then a program at home is a good option.

Medication management

Older adults take more medications. Some of these can have side effects that can affect hearing, vision, balance and mental alertness, and can increase the risk of falling. Older adults are more sensitive to the effects and side effects of medications because drug metabolism is slower in this population as liver and kidney function decline with age. A review of medications at a routine physical or follow-up visit is important and pharmacists are in an ideal position to do this when filling or refilling prescriptions. An open-ended question, "how is this medicine working for you?" is a good way to open dialogue that may lead to iden-

tifying medications that may be a problem to the patient.

Patients can be encouraged to ask about drug interactions when selecting non-prescription medications. Many of these can interact with existing medications and pharmacists can help patients make suitable choices. The use of alcohol can also be a problem and limiting use will decrease the risk of adverse drug reactions.

A current medication list is a useful item to carry in a wallet or purse. The booklet "Knowledge is the Best Medicine" contains a little log book and can be downloaded or obtained from www.canadapharma.org³. This resource can be provided to patients free of cost. It is important for patients to understand their medications and pharmacists can play an active role as educators.



Maintaining Health

Chronic conditions such as asthma, arthritis, depression, diabetes, heart disease and osteoporosis can be managed with lifestyle, medications and healthy eating. Changes to physical or emotional health or daily stress should be mentioned at follow-up appointments and annual examinations with health care providers. A balanced lifestyle with healthy food choices, enjoyable activities and stress management can delay progression of a chronic condition.

Strength and Balance

Loss of muscle strength can be caused by:

- Diseases that affect muscles and joints (fibromyalgia, arthritis)
- Drugs that can cause lethargy and/or affect co-ordination (centrally acting agents, muscle relaxants)

Reduced flexibility of large joints (hips, knees, ankles, shoulders) can produce a shuffling gait caused by taking shorter steps. Loss of upper body strength (neck and back) causes the body to lean forward changing the centre of balance. This increases the chances of tripping over one's own feet.

Regular exercise and activity that improves strength, endurance, flexibility and range of motion can reduce the risk of falling. Refer patients for assessment if they need arm rests to push against when standing up from a chair or touch furniture to feel secure. If the aid of an assistive device such as a cane or walker is required, the device must be adjusted to the proper height. During winter use non-slip shoes, cane tips and attachments are available.



Other factors that control balance include:

- Hearing
- Vision
- Pain (and medications that manage pain)
- Sudden movements

An annual physical and vision check are important. In addition, if patients notice that the volume on the television or radio has to be increased, a hearing check may be necessary.



Eye care

Visual acuity can change over time. This can be caused by

- Changes in vision (distance vision becomes less or blurred)
- Changes in the composition of tears (watery or teary eyes)
- Sensitivity to bright light or glare
- Eye disorders (cataracts, glaucoma)
- Eyes taking longer to adjust to changes in light

If the patient has diabetes or other conditions that affect vision then an annual eye examination is mandatory to check for ocular changes. For conditions that need to be monitored (glaucoma), the follow-ups are more frequent. For older adults who do not have complicating factors, a vision check every two years is recommended.



Suggest the following for eye care:

- Routine eye examinations
 - If bifocals are used, use a hand rail or go slowly when walking up and down stairs
 - Eat a balanced diet rich in vitamins A and E.
 - Give eyes a chance to adjust when going from darker to lighter areas.
- Take breaks when working on the computer, sewing, or doing any kind of close work.

Foot care

Pharmacists routinely see corns, calluses, bunions, ingrown toenails, fungal infections, diabetic ulcers, soft tissue infections, athlete's foot, heel pain (plantar fasciitis), ill-fitting shoes, and crippling high-heeled shoes to name a few conditions. All of these can contribute to falls. Feet need to be checked routinely as a self-check or part of a physical examination, especially if there is a problem. Good circulation in the feet can be maintained with exercises – some especially designed for foot care. Trimming nails properly can prevent ingrown toenails and infections. Foot massages are very soothing.



Shoes that cause problems include narrow or high heels, slip-on or loafers that are too tight or too loose, old and worn shoes or slippers and those lacking firm support. A good shoe must:

- Provide support along the length of the foot and the arch
- Have a lot of contact with the ground providing a good grip
- Give good traction on the ice and snow in the winter

Cleaning house

Loose area mats, slippery floors, wires and other tripping hazards, clutter from toys (children and pets) and bad lighting, can cause falls in the home. Sidewalks that need repair, icy paths in the winter, and slippery floors in malls can cause falls outside the home. A booklet called "Your Home Safety Checklist" is available from Health Links (204) 788-8200 and identifies risk factors that exist in and around the home. It offers suggestions to prevent falls inside, outside and away from home.

Safeguard Against Falls

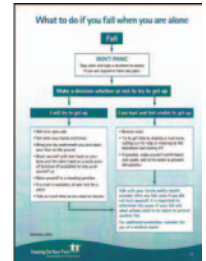
The Harvard Medical School offers the following tips on their website <http://www.health.harvard.edu/healthbeat/10-ways-to-safeguard-against-falls>:⁴

1. Clear your floors of clutter and any items that you could easily trip over, including loose wires, cords, and throw rugs.
2. Keep stairways, entrances, and walkways well lit, and install night-lights in your bedroom and bathroom.
3. Clean up spills immediately.
4. Wear rubber-soled shoes for better traction. Avoid walking around in socks.
5. Avoid having to climb or reach for items. Keep the things you use often in easy-to-reach cabinets. You might also purchase reaching and grasping tools to get at difficult-to-reach items.

6. Add grab bars to your tub, and use nonskid mats on bathroom floors.
7. Be careful when pets are nearby. Tripping over a pet, most often a dog or cat is a common cause of falls.
8. Talk to your doctor about whether any medications you are taking can cause dizziness, affect balance, or have other side effects that might make you more prone to a fall.
9. Find physical activities, such as tai chi or yoga that can improve your balance, coordination, and muscle strength.
10. Have your vision checked regularly and keep your glasses and/or contact lens prescription up to date.

What to do if you fall when alone?

The booklet "Your Home Safety Checklist" offers advice in the event of a fall when alone. There are many other safety tips for each room in the home provided in this excellent resource.

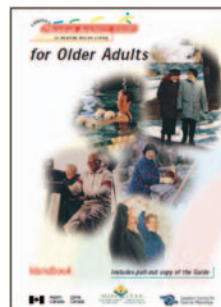


Lifestyle Changes

Perhaps the simplest suggestion is probably the most difficult one to make. Changing eating habits to remove poor nutrition sources (chips, soft drinks, fast foods) to include healthier ones is a good step towards living well and maintaining health. Skipping meals, or not eating a balanced diet can cause weakness, dizziness; decreased concentration and can increase the risk of falls.

Canada's Food Guide has the following suggestions for healthy eating:

- Eat at least three meals a day with fruits and vegetables to provide fiber and foods high in calcium to build strong bones.
- Select a variety of foods from all four food groups.
- Drink sufficient fluid to prevent dehydration. This includes soups, water, and milk for a total of 8-12 cups.
- Make mealtime a social time with family and friends
- Maintain an activity level that keeps muscles and bones strong. This will also increase appetite which means keeping an interest in food and food preparation.



Canada's Physical Activity Guide for Older Adults is another useful publication available for download from the website:

http://publications.gc.ca/collections/Collection/H88-3-30-2001/pdfs/healthy/acthb_e.pdf or ordered on line from Health Canada.

Pharmacists can play an important role in helping patients stay well and mobile in their older years. As educators, we have the responsibility to do so!

References:

1. Your Home Safety Checklist, Health Links, Winnipeg, Manitoba.
2. www.winnipegmotion.ca, accessed 3 June 2013.
3. www.canadapharma.org, accessed 3 June 2013.
4. <http://www.health.harvard.edu/healthbeat/10-ways-to-safeguard-against-falls>

Finding the Forest through the Trees

Tara Maltman-Just, B.Sc.(Pharm.), RPh, ABAAHP, FAARFM

We're all at different seasons in our life.

Like trees in a forest, we need the right foundation and the right formula to grow and flourish.

Regardless of what season your patients are in, you can improve their health and life today...

How...?

*With a focus on treating **the person**, and not just the disease.*



Any good clinician is detail-oriented. We need to have a keen ability to analyze data and come to a logical outcome. And in fact, we have a tremendous body of knowledge on diseases and treatments to enable us to do just that.

However, as healthcare professionals with this extensive disease-management training, we run the risk of becoming sidetracked by viewing our patients as fitting into a "mould" or model of disease that we know so well.

Many patients report feeling left behind in the current healthcare system, unfortunately. They may feel rushed at routine appointments, or may be waiting months to see specialists. They may have seen many practitioners, tried multiple therapies - but never had meaningful results.

As pharmacists and clinicians, we need to listen when our patients tell us that the many antidepressants they've tried over many years have made no difference, or made things worse. We need to listen when they say "the thyroid medication hasn't helped my symptoms, but I was told it's fine because my TSH is normal". Ultimately, it is our calling to listen, because what they are doing is asking us for help.

The cornerstone of a successful patient outcome is Personalized Care. This may sound simple or obvious at first glance - of course we provide personalized counsel, right? Did you already answer 'yes'?... Or, if I know my fellow pharmacist or clinician, you may already be an-

alyzing (in an endearing fashion, of course) the definitions of 'personalized' and 'care' and checking off the boxes that meet that definition.

In many ways, I'm challenging us as professionals to set aside those check boxes - *those details that can be distracting* - for just a moment and use what brought us into the profession - that vision, *the big picture that really matters* - that we want to help people. And the best way to do that is by understanding what season of life they are in...

Case of 'hypercholesterolemia and high BMI'...

We're tempted to advise on their specific treatments for hypercholesterolemia when this patient comes in for a refill:

Watch for any muscle pain with this statin, don't take it with grapefruit juice. Perhaps we tell them it's a good idea to exercise, aim for 5-7 times a week, and lose weight.

However, *first* we decide to ask a few more questions...

When were you diagnosed? When did your doctor first note issues with cholesterol?... He mentions he gained a lot of weight a few years ago... *What contributed to the weight gain?...* His son died in a car accident 3 years ago. He's struggling financially as he's been having difficulty keeping focused at his job. He rarely leaves the house. He doesn't feel like cooking his own food. He says he wants to exercise, but he has no energy, no motivation, no zest



for life. In fact, he can barely get out of bed. He is depressed and grieving. He divorced after the loss of his son and has no family or source of supports here. He starts crying...

Further investigation with him and his healthcare team reveals not only extended stress impacting (i) his social connections and (ii) physiologic control of cortisol, sex hormones and thyroid hormones, but also (iii) a drug-induced nutrient depletion of Co-enzyme Q10 by the statin, (iv) further limiting his energy and (v) further impairing his body's already impaired production of much-needed testosterone critical for weight management, mood and zest for life.

...now becomes a real case of a man with hope and renewed vigor, through social supports and treatment of underlying health issues and drug-induced nutrient depletions

Looking back, would a suggestion to 'lose weight' have made any positive impact for this man?? Was that the advice he needed in his season of life?

There are more trees than the high LDL tree, the low HDL tree and the high BMI tree in this forest!!

Once, a patient of mine received a call from his doctor's receptionist telling him his cholesterol was high so he should lose 10 pounds. I trust we'd all agree that's not a good example of personalized care.

Case of 'well-managed hypothyroidism in a depressed patient'...

When this patient is refilling T4 (levothyroxine) but says they don't think it's working because they are more depressed than ever, despite a normal TSH of 3.5:

We're tempted to advise on their specific treatment guidelines for hypothyroidism and thyroid replacement:

Your labs show it is within range so don't worry. See, it's less than 4.5. Just make sure you take it in the morning, on an empty stomach, away from calcium, so it can absorb best. Perhaps we even contact the doctor about titrating up the dose of antidepressant.

However, first we decide to ask a few more questions...

When did your depression begin?... 30 years ago... When did you start thyroid replacement?...2 years ago...What were the symptoms you had when it was prescribed?...Had worsened depression, irritability, dry nails, fatigue, vaginal dryness, eczema for 5 years already, since menopause... Any family history of thyroid issues?... more autoimmune disease, and some depression,"but once I admit depression, I may as well not mention anything else...they always tell me I'm just depressed"..., she says...

Our research and consultation with her healthcare team reveals that (i) we need to adjust the dose of thyroid replacement to optimize TSH, per the 2002 guidelines released by the American Association of Clinical Endocrinologists to treat TSH above 3.0. Further investigation unveils that (ii) she feels like she's been type-cast as "depressed-only", but (iii) our readiness to listen fosters trust. Our recommendation to complete an updated full thyroid panel shows (iv) elevated anti-TPO levels, enabling her doctor to (v) diagnose Hashimoto's thyroiditis. This can now be treated accordingly.

...now becomes a true case of effective treatment by identification of immunomodulated Hashimoto's thyroiditis and personalized care

This person's forest has all types of trees: the TSH tree, the new-and-improved TSH tree, the despondent tree, the history of depression and autoimmune disorders and the tree of hope.

But it is only when we look at the forest, that this person's season comes into full bloom.

In truth, I believe that our patients know their own body best. If something 'feels off', even in the face of normal test results, it is vital that we take that to heart. At the end of the day, a patient is not 'the number'; they are not 'the disease'; they are a **person** whose observations count.

Once we take the time to truly listen, we begin to understand. This makes us well-primed to work with them and their healthcare team to help them feel their best moving forward.

Finding the forest through the trees takes focus; an ability to focus on the big picture as well as the little picture. Big and little - they both matter, of course. However, to truly help people, we must never lose sight of their big vision, whether it's winter or spring.

Tara Maltman-Just, B.Sc.(Pharm.), RPh, ABAHP, FAARFM is a clinical consultant pharmacist and founder of *Vitality Integrative Medicine* in Winnipeg, where she brings her passion for patient care and her extensive training in the field of integrative medicine to help people live better, more balanced lives.



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The Wealth Planning Process at ScotiaMcLeod: Navigating Towards Your Financial Future.

Few things in life are as important as planning for the future. Yet, not many of us actually take the time to plan for life's major events. At ScotiaMcLeod, wealth planning is a process that we use to work with you to ensure that preparing for these events is given paramount importance. For some, the term "wealth planning" conjures up visions of calculators, spreadsheets and decisions about rates of return. However at ScotiaMcLeod, wealth planning involves taking the time to think about what you want out of life (financially and otherwise), to plan how you're going to get there, and to determine whether or not you're headed in the right direction.

Wealth planning helps us find the answers to questions such as:

- "When I retire, will I be able to live according to my needs?"
- "Will I be able to support the educational needs of my children/grandchildren?"
- "Can my family support themselves if I'm no longer able to?"
- "What is the best way to structure my assets to minimize or defer tax?"

While these decisions are yours to make, many clients turn to their financial advisor for assistance and direction. In particular, your advisor can facilitate this process by helping you:

- Understand your current situation
- Set goals and objectives
- Identify opportunities
- Allocate resources to meet these goals
- Invest resources in a tax efficient manner

While this can be an informal process, many investors benefit from a more formal process involving a

comprehensive financial plan prepared by their ScotiaMcLeod Advisor.

A Formal Plan Helps You Get To Where You Want To Go

Wealth Planning is traditionally viewed as consisting of four components:

- Retirement Planning
- Tax Planning
- Estate Planning
- Investment Planning

Each of these components helps form the support for the overall financial plan, acting as an independent building block, while also remaining dependent on the others. In fact, building a financial plan is not unlike building a house; it is virtually critical to have a blue print as a guide. A financial plan will act as your blue print and will help you measure your achievement towards your various retirement, estate, tax, and investment goals and objectives.

The Wealth Planning Process

Wealth planning typically involves six stages:

1. In the first stage, you will meet with your ScotiaMcLeod advisor who will explain the overall wealth planning process to you and then, with your assistance, will set expectations as to the timing and the level of plan detail to be delivered.
2. Once these expectations are established, the next stage involves gathering the necessary financial information about you and your spouse, including your goals and objectives for both the present and future. It is at this stage that you have a great deal of impact on the planning process, as your advisor will be relying on you to provide complete and accurate information.
3. This stage of the process involves your advisor analyzing the information that you have provided, so as to assess your current financial situation and to be able to identify opportunities for additional or alternate strategies and recommendations. It is here that your



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advisor develops your plan, taking into account key assumptions such as inflation, rates of return, taxes and life expectancy.

4. During this stage, the plan is presented to you with the appropriate supported detail and a specific action plan that will give you a clear understanding of the next steps to be taken.
5. In this important stage, your advisor will work with you to implement the recommended strategies, keeping in mind that the plan is only as good as the action that is taken as a result.
6. The last stage of the process involves both you and your advisor working together to monitor the plan regularly. Revisions may be necessary due to changes in your and your family's life, or to changes in external factors.

Different Needs May Result in a Different Approach

Of course, not everyone needs a comprehensive financial plan. Some individuals may be close enough to retirement or other life events (5 years or less) that all that is really required are detailed but specific stand alone projections.

For example, your main source of retirement funds may be your RRSP. As a result, your primary concern may be whether or not income from your RRSP will sustain you throughout your retirement at the level you require. In this case, your ScotiaMcLeod advisor would be able to project how long the RRSP would last, if a predetermined amount of funds were withdrawn from the account every year.

Alternatively, you may be interested in finding out what it will take to be able to fund your child's post-secondary education. In this case, your advisor could help you determine how much has to be saved on a monthly basis in order to meet a predetermined educational goal (e.g. \$10,000/yr. for 4 years). If appropriate, your ScotiaMcLeod advisor also has the ability to demonstrate the advantage of contributing to an RESP (Registered Education Savings Plan) over a regular non-registered strategy.

Your need for insurance can also be measured. Although usually part of a comprehensive plan, your advisor can analyze whether you are adequately, over or under insured. The insurance needs projection thoroughly analyzes your insurance requirement by comparing your immediate lump sum and annual living needs to the assets you have together with the income abilities of your beneficiaries.

The Level of Service You Receive Depends on Your Need

Whether you need a comprehensive financial plan or are interested in a plan directed at one specific financial goal, your ScotiaMcLeod advisor is fully prepared to meet all of your wealth planning needs. Whatever your situation or desired level of service, working with your advisor through the

ScotiaMcLeod Wealth Planning Process ensures that your goals and objectives will be properly recognized and analyzed.

Most importantly, your advisor is ready to work with you and your family towards developing an action plan that will help you meet your goals for the future.

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Staffing problems
No breaks
Patients with no patience

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As part of that mandate, **D'ARCY & DEACON LLP** is proud to provide legal services to Members of the Manitoba Society of Pharmacists (“MSP”). In consultation with the MSP, the Firm has developed a unique Legal Assistance Program to maximize advantages available to Manitoba Pharmacists. Written information regarding **D'ARCY & DEACON LLP** and the Legal Assistance Program is available to all Members from both the Firm and MSP.



Public Relations Committee Update

Perception is a powerful tool. Public relations is about using that tool to improve the visibility and effectiveness of your group. If pharmacy in Manitoba is to evolve, it will happen with the support and confidence of our public. The MSP Board is structured to navigate this evolution through collaborative committees and common goals. Pharmacists must have support to be willing and able to provide expanded professional services; reimbursement and legislative models must be put in place and, essentially, we must have a strong and consistent voice to market our profession to the public, our patients.

Pharmacy is about so much more than drugs. But, all too often, we are portrayed as little more than medication dispensers in media and pop culture. The MSP Public Relations Committee intends to improve that image by increasing our official presence in media, developing structured community outreach systems, providing assistance to members trying to navigate their own PR opportunities, and continuing to expand on the success of our regular Pharmacist Awareness Month and Fall Pharmacy Awareness Promotion campaigns. MSP will be the face and voice of pharmacy in Manitoba to effectively communicate the value of pharmacy to the public.

MEDIA RELATIONS



We have had some early success this season in media outreach. Rather than seeing a pharmacist on a news story counting pills, we envision pharmacists counseling patients, reviewing medications and demonstrating the proper use of medical devices. We also envision pharmacists having a real voice in these stories with meaningful comments. The PR Committee has made positive contact with the Winnipeg Free Press, CBC television and CTV Winnipeg, stressing our desire to be actively involved in these storylines. MSP needs and wants to be the official spokespersons for Manitoba pharmacy. We have been quoted in the Winnipeg Free Press (May 24, 2013) in regards to the removal of tobacco products from pharmacies. This positive article allowed us a small, but significant, opportunity to promote pharmacists as health care providers on the front-lines of public health.

Any media contacts or new public relations opportunities you would like to share with MSP can be sent to info@msp.mb.ca. The

Public Relations Committee is happy to work with you to provide a clear, consistent message to your local media.

PHARMACIST AWARENESS MONTH



This past March was Manitoba's first full Pharmacist Awareness Month (PAM) to align with the Canadian Pharmacists Association's own PAM. The expansion of the initiative allowed for a great deal of focus on community and media outreach to complement in-store programs.

For our community outreach efforts, we were very fortunate to partner with the General Council of Winnipeg Community Centres and The Manitoba Association of Seniors Centres to work

with their members to provide pharmacist presentations. We were able to coordinate over 20 community outreach events outside of stores that ranged in topic from common children's medication questions to poly-pharmacy and medication use in seniors. The strong support of Manitoba pharmacies and pharmacy chains also contributed to our achievement of over 75 community and in-store events this year. The success of PAM will only continue to grow as we develop and evolve the programming to maximize impact.

We also benefited from the strong support of the Manitoba Institute For Patient Safety (MIPS) and the Manitoba Medication Return Program (MMRP). These organizations lent their considerable resources to PAM in the name of patient safety. They provided us with contacts, materials and guidance that ultimately led to a major commercial campaign for PAM. Digital signs in hospitals and clinics across Manitoba were flooded with PAM messages. We expect to have reached over 3 million sets of eyes.

We also were able to coordinate a series of morning television interviews on Global and one on CTV, rural newspaper exposure and radio spots all in the interest of promoting pharmacy and pharmacists. We again used the Winnipeg Transit promotion as well as ensured a presence in each major Winnipeg mall. We hope to continue to grow these programs and expand into other areas.

PAM is our cornerstone event of the year and this last one was a great success. A number of people were essential in this success including: the Canadian Association of Pharmacy Students and Interns (CAPSI) who always bring their enthusiasm and creativity with them (Ashley Ewasiuk and Jaclyn Deonarine, the CAPSI reps for U of M), the staff at MIPS, MMRP, and MPhA. The MSP staff and our media consultant, Krista Simonson, provide a crucial support network for all of MSPS activities and deserve great thanks for all their hard work. We also were able to work with some stellar pharmacist volunteers including Joy Rashid, Louise Cooney, Florence Kwok, Anna Spirkina, and many others whose efforts resulted in some fantastic



and creative events.

Thank you to all members that participated in the PAM Campaign and please send your pictures and feedback to pam.manitoba@gmail.com.

FALL AWARENESS PROMOTION

With PAM behind us for a time, we are looking to focus on the annual Fall Awareness Promotion. This initiative will run from mid-October to mid-November and again primarily promote patient safety. We are looking to run a few very exciting new programs with elementary school outreach along with other community and media events.

If you're interested in participating in this, or any other public relations event, please contact us at info@msp.mb.ca.

"If I only had \$2 left, I'd spend \$1 on PR." - **Bill Gates**

We thank all the pharmacists who have united as MSP members and to those who have contributed monetary donations toward Public Relations in their membership renewals. Your faith in this committee gives us the ability to pursue an increasingly ambitious agenda. With your continued support, MSP will be better able to position itself as the primary expert advisor for

all pharmaceutical news and events. Thank you for giving us this voice, and please continue to support this work as you can throughout the year.



Former MSP Board Member Honoured with Canadian Diabetes Association Award

The Canadian Diabetes Association (CDA) celebrated "U" Day in traditional country fashion with leather boots, cowboy hats, and old western décor.

The Association's 2013 Volunteer Recognition Event took place on June 2 at the Red River Community Centre. The ceremony acknowledged the hard work and hours invested by notable short-term and long-term volunteers, including former Manitoba Society of Pharmacists Board Member Britt Kural.

Britt was awarded the Outstanding Health Professional Award for her dedication to pharmacy practice and in helping those affected by diabetes. She is passionate about diabetes education, and has been certified twice with the CDA since 2001.

Formerly, Britt acted as Finance Committee Chair, Professional Relations Chair, and Honorary Secretary Treasurer on MSP's Board of Directors. She originally graduated from the University of Manitoba in 1999, and has worked in both rural and urban settings.

Britt has pursued her professional career within various avenues, including becoming an associate owner of Shoppers Drug Mart, providing international pharmacy services, and teaching as a part-time pharmacy practice instructor with the Faculty of Pharmacy.

Britt graciously accepted the award after sharing a few words about her experience with healthcare and diabetes. The award presentations were followed by a barbecue lunch buffet provided by Danny's Whole Hog BBQ, and western-themed activities for attendees and their families. Activities included square dancing, roping and other fun games.



Getting to Know Your Manitoba Pharmacists - Crystal Derworiz

Name: Crystal Derworiz
Place/Year of Graduation: University of Manitoba, 2009
Years in Practice: 4
Currently Working: Associate/Owner Shoppers Drug Mart #2501 Concordia Ave
Accomplishments in pharmacy: During university I was involved in the pharmacy student council taking on the role of Yearbook Editor in my 3rd year and then Grad Co-chair in my last year of school. After I graduated, I worked as a staff pharmacist for 1 year before pursuing my life-long goal of becoming a pharmacy owner and taking on a management role. Shoppers Drug Mart gave me the opportunity to achieve this goal and now I am a very happy business owner and pharmacist; I have the best of both worlds. I am also a certified fitter of compression stockings and am proud to say I was in the first group of pharmacists to complete the injection training program in Manitoba. This past March I participated in Pharmacist Awareness Month appearing in three Healthy Living segments on CTV Morning Live to promote and educate about the profession of pharmacy.

Family: I have been happily married to my husband Steve for 3 years this coming July.
Hobbies: Shopping, baking, and scrap-booking.
Favorite thing about Manitoba: Hot summer days spent at the beach or on the lake, the endless places to go camping and the clichéd friendliness of Manitobans.
Most relaxing vacation choice: Jamaica. My husband and I have visited Ocho Rios and Runaway Bay and plan to return to Jamaica to visit Negril one day. I love being able to sit back, relax, soak in the sun and not worry about anything for those few days away.
Pet peeves: People who are late ALL THE TIME.
Favorite fictional character and why: Harry Potter. He had a rough childhood and went through so much but always remained brave and a good, caring and loyal friend. He would do anything to protect the people he cares about. He keeps fighting for what he believes in and for what is right and that is very noble.
What could you do without forever: Minus 30 degree temperatures, mosquitoes, and cilantro.



What couldn't you do without for even a day: Being connected (i.e. internet).

What you love about pharmacy: I get to be a student for the rest of my life learning new things each and every day.

Understanding Your Insurance Needs

Temporary coverage versus Permanent coverage

Depending on an individual's needs, desires, and health condition, there are many types of insurance available. It is important that you understand how insurance can play a vital role in your overall financial plan.

Term Insurance is used to provide coverage for temporary situations. With term insurance, your premiums only pay for the cost of the insurance; there is no savings component or cash value. As a result premiums are lower than comparable permanent insurance policies. If you stop paying premiums, coverage ceases. Term life products often have increasing premiums every 10, 20, or 30 years. The older you are the more astronomical the cost.

Permanent Insurance has a built in savings component that lasts until the policy owner's death. This cash value can pay premiums if the need arises. Permanent insurance is used to pay for estate taxes, funeral costs, and other expenses at time of death. Some individuals may desire to leave money to a charity, and permanent insurance can fund that. The most attractive feature of permanent life insurance is the cash value that can accumulate over the policy's life.

Advanced Planning Strategies Using Life Insurance

Life insurance is often used for complex estate planning strategies, such as business buy-sell arrangements and "key person insurance." In a

buy-sell arrangement, the insurance is designated to enable a surviving business partner to buy out a deceased partner's interest. As a result, the surviving partner is free to continue to operate the business and the deceased's beneficiaries receive their interest in the estate without being tied to a business in which they have no continuing interest.

Disability and Critical Illness Insurance

As professionals earning a high income, it is vital that you protect your income earning potential in the event you become disabled or critically ill. Disability insurance provides a tax-free monthly benefit between 60 and 70 percent of your salary. Critical illness insurance will pay a lump sum benefit if the insured is diagnosed with a listed critical illness and survives a waiting period that is usually 31 days. This benefit is paid tax-free.

Insurance is an important part of any financial plan. If you have any questions and wish to learn more about life insurance, disability insurance, and critical illness insurance, please contact me for a free, no obligation appointment to discuss your options.

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Publication of Abstracts – 2013 Annual Manitoba Pharmacy Conference

The 2013 Annual Manitoba Pharmacy Conference included poster presentations for the very first time. There were a total of 12 presentations on display at the Poster Pavilion on Saturday, April 6th. The following four abstracts which appear in no particular order were submitted for publication in *Communication*.

The Manitoba Society of Pharmacists and the Conference Planning Committee would like to thank all presenters for their participation in the poster presentation during this introductory year. The Poster Pavilion will be offered again at the 2014 Annual Manitoba Pharmacy Conference and we look forward to expanding the number of presentations and continuing to build on the success of this educational aspect of the Annual Conference.

1. Effect of Conjugated Linoleic Acid (CLA) on Cardiomyocyte Abnormalities in Diabetic Cardiomyopathy

Basma M. Aloud, Kimberley A. O'Hara, Zongjun Shao, Hope D. Anderson

Faculty of Pharmacy, University of Manitoba and Canadian Centre for Agri-Food Research in Health and Medicine, St. Boniface Hospital Research Centre; Winnipeg, Canada.

The aims of this study were to determine the effect of CLA on diabetic cardiomyopathy, and assess the role of peroxisome proliferator activated receptors- γ (PPAR γ). Adult rat cardiomyocytes were treated with normal and high glucose concentrations. Subgroups of myocytes were pretreated with CLA and an antagonist of PPAR γ (GW9662). The effects of CLA on hyperglycemia-induced myocyte hypertrophy were assessed by measuring myocyte size and *de novo* protein synthesis. Contractile properties of ventricular myocytes were determined using the Ionoptix HyperSwitch Myocyte System. CLA prevented hyperglycemia-induced cardiac myocyte hypertrophy and functional abnormalities in a manner dependent on activation of peroxisome proliferator-activated receptor gamma (PPAR γ) receptors.

2. Suppression of Cardiac Myocyte Hypertrophy by Cannabinoid Receptors: Role of AMP-activated kinase (AMPK)-endothelial Nitric Oxide Synthase (eNOS) pathway.

Yan Lu,¹ Hope D. Anderson^{1,2}

¹Faculty of Pharmacy, University of Manitoba, Winnipeg, Canada.

²Canadian Centre for Agri-Food Research in Health and Medicine, St. Boniface General Hospital Research Centre

Two cannabinoid receptors are expressed in cardiac myocytes, CB1 and CB2. Activating both CB1 and CB2 cannabinoids receptors by CB13, a synthetic endocannabinoid with poor brain-blood barrier penetration, suppresses the development of cardiac myocyte hypertrophy induced by endothelin-1 (ET-1). CB13 is able to increase phosphorylation of AMPK and eNOS, suggesting activation. Moreover, inhibition of AMPK preserved the hypertrophic response to cardiac myocyte hypertrophy (myocyte enlargement, protein synthesis, fetal gene expression). Therefore, the antihypertrophic effect of cannabinoid receptors involve, at least in part, AMPK and eNOS signaling.

Acknowledgement: Manitoba Health Research Council.

3. Dose Banding of Antimicrobials for a Pediatric Population: Future Efficiency or Future Research Direction?

Walus AN, Spirikina AY, Caouette KL, Raymond CB, Mitchell BJ, Wołoschuk DMM

WRHA Pharmacy Program, Winnipeg

Objectives: Patient safety is a key element of pharmacy practice and is particularly challenging in pediatric patients due to weight-based medication dosing. Dose banding can potentially minimize dosing errors.

Methods: Utilization data of piperacillin-tazobactam (PT) and cefotaxime collected at The Children's Hospital informed the creation of dose bands using 2 different methods.

Results: Dose bands were set using a common PT dose (300 mg/kg/day) and choosing upper (10%) and lower (5%) variance limits; weight bands and standard doses were determined within those limits. Cefotaxime dose bands were calculated to achieve +/-5% variation between the standard and weight-based doses.

Discussion: Dose bands may reduce errors and encourage centralized preparation of intravenous medications. Future studies are needed to validate dose banding algorithms.

4. Utilization of Antipsychotic Medications in the Youth Population of Manitoba

Sarita Jha*, Robert Biscontri¶, Laurence Katz^, Shawn Bugden*, David Collins* and Silvia Alessi-Severini*

*Faculty of Pharmacy, ¶ Asper School of Business, ^ Faculty of Medicine (Psychiatry), University of Manitoba, Winnipeg, Manitoba, Canada

Safety concerns have been raised regarding the increased utilization of antipsychotics in children and adolescents. The Manitoba Centre of Health Policy (MCHP) databases were accessed to determine prevalent and incident use of antipsychotics in the youth population of Manitoba (0-19 years) (1996 to 2011). Prevalence increased from 2.3 to 9 per 1000 while incidence increased from 1.2 to 2.7 per 1000. Risperidone was the most commonly prescribed antipsychotic (65.2%). Attention Deficit Hyperactivity Disorder was the most commonly reported diagnosis (57%). Several adverse events (diabetes and hypertension) were identified. It is important to assess risks associated with antipsychotic pharmacotherapy.

Acknowledgements: MCHP for data access. Evelyn Shapiro award (Sarita Jha)

The Last Word How Many Pharmacies Are Enough?

By Andrew Allentuck

It is a paradox of retail pharmacies that there is no “right” number of drugstores for a community, nor for that matter, is there a “wrong” number. It all depends on where the patients are and what the stores are offering. Yet getting the number of stores “right” represents a competitive solution in which one or more stores divvy up the market by area such as a residential neighbourhood or by being near a hospital or a clinic or by providing services within a high traffic area such as a local or regional shopping mall.

Pharmacies can cluster in densely populated areas in order to be able to share in traffic, as home repair stores and other retailers often do, or spread out among towns in rural areas. Locating near other pharmacies is intensely competitive while picking isolated spots such as towns that serve extended communities of perhaps 10,000 people distributed over 500 square miles amounts to creating local monopolies.

Internationally, Canada is in the middle of the pack of availability of pharmacists to serve markets. Using 2007 data, the last year for which there are uniform numbers from the organization for Economic Co-operation and Development (OECD), Canada had 83 pharmacists and the U.S. 80 pharmacists per 100,000 population. That number compares to 136 pharmacists per 100,000 people in Japan, 118 in France, 116 in Belgium, 87 in Australia, 68 in the United Kingdom, 60 in Germany and just 18 in the Netherlands. Each of these nations has an advanced economy. So what accounts for the difference?

Japan, as is well-known, has not only a national health care scheme and a drug plan that covers 70% of prescription bills, but a tendency for its physicians to place a high reliance on therapeutic drugs and patients who for cultural reasons, like pharmaceutical regimens. The population, as well, is elderly in comparison to the OECD average. The proportion of persons over 65, about 22% today, is expected to rise to 38% by 2055, driven by low fertility and high life expectancy. As one goes down the list of countries by pharmacists per 100,000 population, per capita income declines but the definition of pharmacy also changes. Thus the highest number of pharmacists per capita tends to be found in countries where the dispensary is a health services specialty provider, not a combination market of front store consumer goods and back store health services. As the concept of the store expands, the dispensary attracts more patients who come to get their scripts filled and buy paper products, sodas, greeting cards and other non-prescription merchandise. Call it retail efficiency, the process reduces the proliferation of small specialty dispensaries. The larger stores tend to do more prescription business, but as the store expands – think of the pharmacy in a Costco store – it is a smaller total of all store business.

Income available for spending on drugs in combination with the availability of government-funded or subsidized drug plans also influences the number of pharmacies.

In Canada, data shows there were 25.6 pharmacies per 100,000 people in 2012, using January 1, 2013 data from the National Association of Pharmacy Regulatory Authorities and 2012 Statistics Canada population data. The number of pharmacies per 100,000 people among the provinces varied from under 15 in the Yukon and Nunavut to 30.4 in Saskatchewan. The national average for Canada, 25.6 pharmacies per 100,000 population, is close to the OECD average, 28.4 per 100,000 population. The province with the largest population, Ontario, had 26.2 pharmacies per 100,000 people.

It is fair to ask if the number of pharmacies per 100,000 people in

Canada, 25.6 is too few, too many, or just about right. A 2011 University of British Columbia study published in the journal *Healthcare Policy* found that 64% of the Ontario population lives within a city block or about 800 metres of a pharmacy while 91 per cent reside within a five kilometer driving distance. The data are skewed to high density urban areas in which downtown and suburban residents of cities have access to many pharmacies and have an extensive choice of where to have their scripts filled. In rural areas, residents have limited access and the cost of choice, that is, escaping local monopolies of one drugstore in a town, may be driving long distances.

Pharmacists’ function of dispensing drugs, counseling patients and advising prescribers is defined by the scripts they handle. That is a surprisingly stable number.

According to data from 2009 assembled by pharmacy consultancy IMS, prescriptions dispensed per capita per year in Canada averaged 14 for the country as a whole and ranged from 10 per person in British Columbia, to 13 in Saskatchewan. Quebec, which limited fills to shorter periods in the survey period, had 25 scripts filled per resident. It was the outlier.

Queuing theory can shed light on the optimal number of pharmacists and service providers in a given market. If customers are lined up on a first in, first out basis, then their waiting time for a fill will describe a bell curve, some getting a fast fill in minutes and others waiting much longer. If the pharmacy uses a last in, first out triage system, the distribution will be attenuated with urgent cases at the low end of the curve getting fast service and non-urgent cases dragging out waiting times. Most pharmacies use a blend, of course.

Delivery systems complicate the analysis for patients who are either not time sensitive or who are so ill that they cannot go to the pharmacy on their own power. In some areas, such as Nunavut and the Northwest Territories, waiting in line is meaningless, for many drugs are either delivered by plane or obtained from nursing stations. However, in dense urban markets where competing pharmacies may be a block or two from one another, patients can easily choose their dispensary by speed of fills or other criteria. Shopping for front store merchandise can give patients something to do while they wait for their scripts to be filled, creating the paradox that inefficient dispensing can actually increase total store sales for patients who have both time and money to burn.

It is possible to map the business a pharmacy or, for that matter, any other business will do. If the radius of the market is expected to be people within five blocks or five or fifty miles, then the entire market will be a circle described by rotating the radius. The total revenue the store may do goes on the vertical axis. Connect the circle to the top of the line that indexes the business volume by dollars and you get a cone. The taller the cone and/or the longer the radius, the more business there is. The idea is nothing new, for German economist August Lösch described it nearly 75 years ago. In densely populated areas, the base may be small but the cone may be high. In rural areas, the base may be large but the total amount of business will be capped by the small market it serves.

The idea is to get the largest possible volume within the cone. It’s simple as a notional idea and provocative as a geometric representation of the problem of defining a market, but in the end, it is not just geometry, but personal and professional relationships that influence how well a pharmacy does and whether it is just a competitor or is the resource a community or a neighbourhood depends on. And that is what community pharmacy is all about.



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