

A Publication of the **Manitoba Society of Pharmacists Inc.**

# COMMUNICATION

*The Voice of Pharmacists in Manitoba*

## Events

**2015 Pharmacy  
Conference**  
*Breaking with  
Tradition*

## Updates

**Manitoba Public  
Relations Strategy**

**Manitoba Society  
of Pharmacists joins  
the new Canadian  
Pharmacists  
Association**

## Feature

**Chickenpox and  
Shingles**



MANITOBA SOCIETY OF  
**PHARMACISTS**  
CONFERENCE



Photo by: Zyron Paul Felix



MANITOBA SOCIETY OF  
**PHARMACISTS**

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# This Issue

## April/May/June/2015

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# Executive Message Spring 2015

Translating knowledge into practice is pivotal to advancing pharmacy practice, improving the recognition of the role of pharmacists, and enabling improved patient access to a broader range of health care services. Shortening the gap between obtaining new knowledge and applying it into practice is important for our negotiations with government and third party payers. How does the translation of knowledge into practice affect what is clinically valued by the public, other health care providers and potential funders and what strategies can be applied to change practice behavior? Acquiring knowledge and expanding professional practice skills is necessary but not always sufficient to ensure success.

We are fortunate in Manitoba to have strong partnerships between the College of Pharmacists of Manitoba (CPhM), the College of Pharmacy, University of Manitoba, and the Canadian Society of Hospital Pharmacists, Manitoba Branch. This partnership ensures we work collaboratively and offer evidence based research in formats that facilitate uptake of new pharmacy knowledge and skills. Many factors influence application into practice for pharmacists. Barriers to change are not unique to pharmacists. Many health care professionals identify insufficient time at work, lack of confidence, and lack of reimbursement or insufficient reimbursement as restrictions affecting implementation and sustainability of new skills into practice. Continuing professional development is not sufficient

alone to change practice behaviors. A large gulf remains between what we know and what we practice.

Building confidence has been a key focus of MSP. To facilitate moving knowledge into practice, MSP has offered education sessions designed to include hands on learning, modeling, and training. MSP hands on training sessions began in 2013 with the Administration of Injection Refresher training programs. In 2013 and 2014 we supported 83 pharmacists to re-establish their injection skills and knowledge. Webinars promoting pharmacist communication about immunizations provided live learning to 97 pharmacists with taped sessions available for pharmacists. MSP provided in person education sessions about Subsequent Entry Biologics and Intrauterine Contraception to more than 80 pharmacists. As a pre-conference workshop in 2014, MSP partnered with the Asper School of Business and management sessions were offered to 22 pharmacists focusing on implementing new services and bypassing known barriers and restrictions.

This year's conference will see the launch of the Prescribing for Ambulatory Ailments workshop. The purpose of this Workshop is to move assessment and prescribing for minor ailments from education into hands on learning and discussion to improve confidence and adoption of new skills into pharmacy practice. The workshop was developed in partnership with the College of Pharmacy, University of Manitoba and has been designed at the request of mem-

bers to fill the gap between knowledge gained in passive learning into confidently applying this knowledge into accessible services.

Through MSP's partnership with Canadian Pharmacists Association (CPhA), we will now be offering the Lab Test Ordering Program at a reduced rate for members. This program has been completed by more than 1000 pharmacists across the country and has received excellent reviews. This program will be available in March and will be launched as the newly accredited CCCEP Certificate Program. This program, in concert with the mandatory Manitoba Module: Ordering Lab Tests available through CPhM, will offer a winning combination of lab test ordering and interpretation with Manitoba specific processes for application and utilization.

MSP will continue to develop and offer enabling education experiences to enhance practice behavior and improve provision of new pharmacy services. We know that capacity, opportunity and motivation determine which new skills have a better chance of adoption. MSP will continue to develop training programs for Manitoba pharmacists, enhance awareness and learning through the Annual Conference, and expand the range and affordability of national programs. These are the professional development and continuing education benefits of MSP membership.

Scott McFeetors President  
Brenna Shearer Executive Director

## ANNUAL GENERAL MEETING



Friday, April 17th, 2015

7:00 pm

**The Canadian Museum for Human Rights  
85 Israel Asper Way, Winnipeg, MB**

The Annual Report will be circulated electronically to members and posted to the MSP website at [www.msp.mb.ca](http://www.msp.mb.ca) prior to March 31st. Print copies will be available at the Annual General Meeting. Members who wish to receive a print copy of the Annual Report in advance of the meeting, should contact the MSP office at 956-6681 or 1-800-677-7170 prior to March 31st, 2015.

# PHARMACISTS MANITOBA?

We are at a pivotal point in the evolution of the practice of pharmacy. Never before have the Pharmacists of Manitoba had the breadth of scope or the vast potential to impact health outcomes of Manitobans than they do right now. We are on the precipice of bringing awareness of this capability to every person in the province and making the Government of Manitoba recognize the urgent need to have pharmacists' professional services compensated fairly and insured for all provincial patients. At this important juncture, the Board of MSP is proposing a monumental step to bring new vitality to our Mission and Vision. We are proposing to change the name of our organization from The Manitoba Society of Pharmacists, to PHARMACISTS MANITOBA.

We do not make this proposal lightly. The Manitoba Society of Pharmacists is the oldest advocacy organization in Canada and great achievements in the practice of the profession have been made under its name. However, it is our belief that in order to maximize the impact and reach of our current advocacy programs and goals, a change is required. Change is hard, but it happens all of the time and we do not

need to be afraid of it. The name PHARMACISTS MANITOBA captures exactly who we are and what we represent. There is no confusion, there is no ambiguity. It will be easier for the public and other stakeholders to find us online, and in today's world, that is essential. It is unique with respect to the other pharmacy advocacy organizations in the country and makes us stand out from the regulatory and academic bodies. The Board considered other names that used the word "Association" in them but we felt overwhelmingly that, because MPhA had held the designation "Association" up until just recently, that there would be continued confusion as to who and what we represent. PHARMACISTS MANITOBA is a succinct and memorable name. It represents what we are now and where we are going, and will allow us to build our "brand" and better market our profession and its capabilities to the public, stakeholders and the Government.

It is with confidence of a great future for pharmacy advocacy in Manitoba, that we ask our membership to support the proposed name change to PHARMACISTS MANITOBA.

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## Manitoba Society of Pharmacists joins the new Canadian Pharmacists Association



We are pleased to announce that the Manitoba Society of Pharmacists has joined the new Canadian Pharmacists Association (CPhA) effective January 1, 2015.

In June, 2014 CPhA adopted a new governance and membership model that will give pharmacy a stronger pan-Canadian advocacy voice and the ability to respond quickly to changes affecting our profession and the health care system. All 10 provincial pharmacy advocacy associations, plus the Association of Faculties of Pharmacy of Canada (AFPC) and the Canadian Society of Pharmacy Students and Interns (CAPSI) now belong to CPhA, and all members of those associations are CPhA Associates.

The CPhA Board of Directors is made up of representatives from each of the CPhA Organizational Members, plus six individual skills-based representatives. MSP Vice President, Barret Procyshyn has been appointed to the CPhA Board of Directors.

### What this means for MSP members:

CPhA will no longer have individual pharmacist members – the only members of CPhA will be the provincial and national associations themselves. However, as a member of MSP, you will be able to take advantage of many new CPhA benefits through your MSP membership.

### CPhA Benefits you receive through your MSP Membership:

The greatest benefit of this new model for pharmacists and our association is advocacy for the profession: a strong pan-Canadian advocacy voice to respond to national issues, such as decisions regarding health



care and drug pricing reforms being made by Canada's Premiers and Health Ministers through the Council of the Federation's Health Care Innovation Working Group.

In addition, members of MSP will have access to:

- Significant discounts on continuing professional development programs and national conference registration rates
- A print/online subscription to the Canadian Pharmacists Journal for only \$10 (retail \$125)
- Opportunities to earn free CEUs with CPhA's e-Therapeutics Highlights CE, worth up to 13 CEUs per year
- Updates and information via CPhA-sourced email newsletters and bulletins.
- Exclusive access to practical practice tools and resources for your pharmacy to help you improve workflow and productivity.
- Access to national and international research and reports that CPhA is involved in.

MSP is pleased to be a member of the Canadian Pharmacists Association and we hope our members will take advantage of the many benefits offered through CPhA. We look forward to working with provincial and national associations across Canada to advance the profession of pharmacy.

To access the CPhA benefits you are eligible for as an MSP member, visit the CPhA website at [www.pharmacists.ca](http://www.pharmacists.ca) and login or register online at [www.pharmacists.ca/register](http://www.pharmacists.ca/register).



MANITOBA SOCIETY OF PHARMACISTS

# NOTICE OF SPECIAL BUSINESS OF THE MEMBERS OF THE MANITOBA SOCIETY OF PHARMACISTS INC. AT THE ANNUAL GENERAL MEETING

TAKE NOTICE that the Board of Directors of THE MANITOBA SOCIETY OF PHARMACISTS INC. (the "Corporation") will conduct SPECIAL BUSINESS by introducing a SPECIAL RESOLUTION at the Annual General Meeting of the members of the Corporation to be held on April 17th, 2015 at 7:00 p.m. at the Canadian Museum of Human Rights, 85 Israel Asper Way, Winnipeg, Manitoba.

The Members will consider and, if deemed advisable, pass a Special Resolution to authorize changing the name of the Corporation to **Pharmacists Manitoba Inc.**

## ANNUAL GENERAL MEETING AGENDA

Friday, April 17, 2015 at 7:00 pm  
The Canadian Museum for Human Rights  
85 Israel Asper Way, Winnipeg, Manitoba

Chair – Mel Baxter

- |     |   |                    |
|-----|---|--------------------|
| 1.  | Minutes of the Annual General Meeting, April 27th, 2014 |                    |
| 2.  | Business Arising  |                    |
| 3.  | President's Address                                     | S. McFeetors       |
| 4.  | Auditor's Report  |                    |
| 5.  | Finance Report  | S. Smith-Vercaigne |
| 6.  | Canadian Pharmacists Benefits Association Report        | M. Baxter          |
| 7.  | Executive Director's Report                             | B. Shearer         |
| 8.  | Bylaw Revisions   | T. Derendorf       |
| 9.  | Special Business - Special Resolution – Name Change     | S. McFeetors       |
| 10. | New Business  |                    |
| 11. | Closing Resolution                                      |                    |



# ARE PHYSICIANS AND PATIENTS ASKING ABOUT GENERIC DRUGS?



We've introduced a new, informative website to answer their questions about safety and efficacy. Visit [TevaMakesMedicines.ca](http://TevaMakesMedicines.ca).





# Bad Things CAN Happen to GOOD Pharmacists: What a GOOD Malpractice Insurance Policy Should Cover

The **Canadian Pharmacists Benefits Association (CPBA)** in partnership with the **Manitoba Society of Pharmacists (MSP)** is pleased to introduce you to our exclusive Professional Liability Insurance program.

Membership in MSP ensures access to **CPBA's Professional Liability Insurance** and **Complementary Insurance** programs. For the upcoming renewal, CPBA has **worked** with our broker, Marsh Canada Limited, to **reduce our premiums and further enhance our policy** to better meet your needs.

## CPBA Professional Liability Insurance covers:

- Disciplinary Legal Expense (**ENHANCED**) ✓
- Criminal Defense Reimbursement (**ENHANCED**) ✓
- Loss of Earnings (**NEW**) ✓
- Counselling and Therapy (**NEW**) ✓
- Cyber Security & Privacy Misconduct (**NEW**) ✓
- Abuse and Sexual Misconduct (**NEW**) ✓
- Territory (Worldwide suits brought back to Canada) (**ENHANCED**) ✓
- Extended Reporting Period ✓
- No deductible ✓



## IN PARTNERSHIP WITH:



Insurance program brokered by Marsh Canada Limited:



## ALREADY HAVE PERSONAL INSURANCE THROUGH YOUR EMPLOYER? CPBA AND MSP OFFER **NEW** COMPLEMENTARY INSURANCE POLICY:

Our **new Complementary Insurance Liability policy** offers member pharmacists the opportunity to purchase secondary insurance to supplement coverage. Even if you have primary personal liability insurance provided by your employer, (e.g., publicly funded health care institution) or private enterprise employer (e.g., community pharmacy), the complementary policy can help fill the coverage gaps in your existing insurance.

The CPBA insurance program is **designed specifically for pharmacists**. It is underwritten by ENCON and administered through our insurance broker, Marsh Canada Limited. Our sponsored insurance programs help protect you against liabilities that may arise from accusations of negligence or of the failure to deliver the services expected of you.

This document is not intended to be taken as advice regarding any individual situation and should not be relied upon as such. The information contained herein is based on sources we believe reliable, but we make no representation or warranty as to its accuracy. Marsh shall have no obligation to update this publication and shall have no liability to you or any other party arising out of this publication or any matter contained herein. Any statements concerning actuarial, tax, accounting, or legal matters are based solely on our experience as insurance brokers and risk consultants and are not to be relied upon as actuarial, accounting, tax, or legal advice, for which you should consult your own professional advisors. Marsh makes no representation or warranty concerning the application of policy wordings or the financial condition or solvency of insurers or re-insurers. Marsh makes no assurances regarding the availability, cost, or terms of insurance coverage.



MANITOBA SOCIETY OF  
**PHARMACISTS**  
 CONFERENCE

# The MSP Manitoba Pharmacy Conference 2015 Program

*Breaking with Tradition*

**THURSDAY APRIL 16, 2015**

5:30-9:30 pm **Pre-Conference Workshop: Prescribing for Ambulatory Ailments** Drena Dunford Pan Am

**FRIDAY APRIL 17**

8:00 am -12:00 noon **Pre-Conference Workshop: Prescribing for Ambulatory Ailments** Nancy Kleiman Room 15

**FRIDAY APRIL 17, 2015**

1:00-1:15 pm **Welcome Remarks** Room 2GH

1:15-2:00 pm **Session A: How I Became an Olympic Gold Medallist** Jill Officer Room 2GH

2:00-2:45 pm **Session B: 5 Things Every Pharmacist Should Know - 19 Times Out of 20** Loren Regier Room 2GH

2:45- 3:30 pm **Session C: mPharmacy - Tracking the Evolution of Apps for Medication Management** Dr. Kelly Grindrod Room 2GH

3:30-3:45 pm \* Refreshment Break

3:45-5:05 pm **Session D: Headline News** Room 2GH

I am Embarrassed to Take my Shoes Off: Onychomycosis (Sponsored by Valeant) Dr. Richard Peter Haydey

Fetal Alcohol Spectrum Disorder (FASD): A Primer for Pharmacists Dr. Shawn Bugden

Urgent Bladder – What Pharmacists Need to Know (Sponsored by Astellas Pharma) Dr. Brenda Hildebrand

5:45-6:45 pm Dr. Keith Simons' Retirement Reception @ Canadian Museum for Human Rights CMHR

7:00-8:00 pm **Manitoba Society of Pharmacists: Annual General Meeting @ Canadian Museum for Human Rights**

8:00-10:00 pm \* MSP Night at the Museum @ The Canadian Museum for Human Rights CMHR

**SATURDAY APRIL 18, 2015**

8:15-9:00 am **Session E | Continental Breakfast: COPDo's and COPDont's... or maybe it's not that simple** Dr. Jamie Falk Pan Am

10:15 am-3:15 pm Poster Presentations in Exhibit Venue Room 2EFG

9:00-10:15 am **Session F: Practice Spotlight** Pan Am

Dr. Mark Friesen  
 Jennifer Gibson  
 Karen DiMarco

10:15-10:45 am \* Refreshment Break with Exhibitors Room 2EFG

10:45-11:45 am **College of Pharmacists of Manitoba: Annual General Meeting** Theatre

11:45 am-1:15 pm \* **Exhibitor Buffet Lunch** Room 2EFG

1:15-1:30 pm Young Leaders Awards Acknowledgement Theatre

1:30-4:30 pm **Issues Forum: Hot Topics Panel** Theatre

Samuel Wilder  
 Dennis Wong  
 Nicole Nakatsu  
 Dr. Robert E. Ariano  
 Dr. Grace Frankel

2:45-3:15 pm \* Refreshment Break with Exhibitors Room 2EFG

6:00-11:00 pm \* Gala Dinner & Fun Casino @ The Delta Winnipeg Hotel Delta Ballroom

**SUNDAY APRIL 19, 2015**

8:30-10:45 am **Session G: Sound Bites** Room 2GH

Non-Sterile Compounding Quality Assurance Dr. Donna Woloschuk

Graduates of the Future Dr. Laverne Vercaigne

Pharmacy Partnerships with Innovative Pharmaceutical Manufacturers (Sponsored by Janssen) Mark Fleming

Pharmacists as Immunizers Arielle Goldman-Smith

Cumulative Travel Health Risk Assessment Dr. Pierre J. Plourde

10:45-11:00am \* Refreshment Break

11:00-11:45pm **Session H: Pharmacist Post-MI Counseling: A Primer** Travis Warner Room 2GH

11:45- 1:30 pm \* CPhM Awards Luncheon Room 2EF

1:30-3:30 pm **Session I: Short & Snappy RRR: Relevant Research Ruminations + Three 3 Minute Thesis'** Room 2GH

Corn Flakes Cause Cancer Dr. Shawn Bugden

Pharmacists and Veterinarians: Yay or "Neigh" Dr. Grace Frankel

Manitoba Pharmacist Initiated Smoking Cessation Pilot Project Dr. Shawn Bugden

1:30-3:30 pm **Pharmacy Student Preparations** A. Spirkina & C. Tsang Millenium





# MSP MANITOBA PHARMACY CONFERENCE

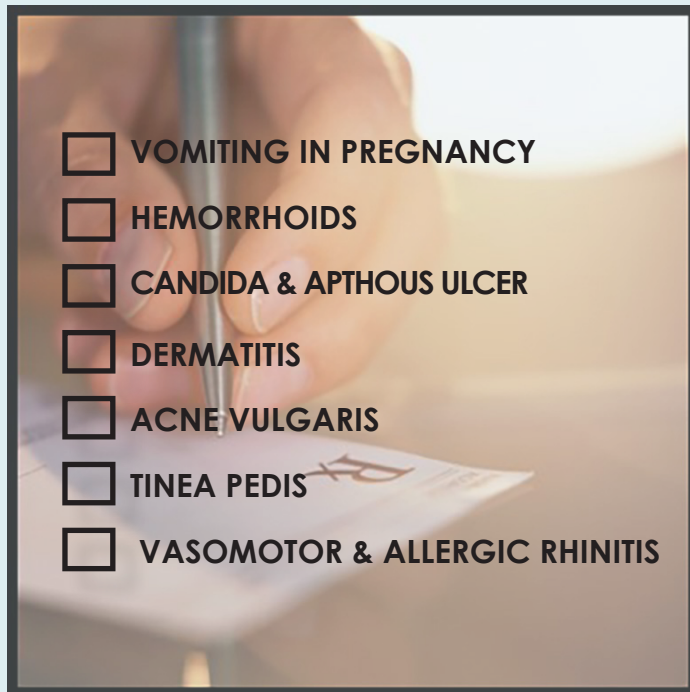
## BREAKING WITH TRADITION

RBC CONVENTION CENTRE

375 YORK AVE., WINNIPEG MB

### PRE-CONFERENCE WORKSHOP | **PRESCRIBING FOR AMBULATORY AILMENTS**

Build Confidence and Translate Your Knowledge into Practice



Prescribing for ambulatory ailments is part of the pharmacist's scope of practice in Manitoba.

The goal of this workshop is to provide information about the pathophysiology of minor ailments and to delve into the important assessment criteria for each of the various conditions as well as treatment options for each condition and their place in therapy.

This workshop will be of interest to pharmacists who want to increase their confidence and apply their knowledge and skills into practice.

## JOIN US!

**DATE:** APRIL 16/15 5:30 - 9:30 PM & APRIL 17/15 8:00 AM -12:00 PM

**Registration Fee:** MSP Member \$225 Non-Member \$450

Buffet dinner included in the Thursday evening session and a continental breakfast during the Friday morning session.

**REGISTER: [WWW.MSP.MB.CA/CONFERENCE](http://WWW.MSP.MB.CA/CONFERENCE)**

CPhM Accreditation Pending

Please Note: This program does not replace the "Self-limiting Conditions Independent Study Program" required for Authorization to prescribe for Schedule 3 drugs for Self-limiting Conditions. This workshop is complementary to the study program and will provide you with the confidence and tools required to put your knowledge into practice.





# MSP MANITOBA PHARMACY CONFERENCE

## BREAKING WITH TRADITION

RBC CONVENTION CENTRE

375 YORK AVE., WINNIPEG MB

PRE-CONFERENCE WORKSHOP | **PRESCRIBING FOR AMBULATORY AILMENTS**

Build Confidence and Translate Your Knowledge into Practice

### Schedule

#### **Thursday, April 16, 2015 5:30 - 9:30 PM**

5:30 - Registration

6:00 - Introductions and Review

6:15 - Oral conditions: Candida Stomatitis and Recurrent Aphthous Ulcer

6:45 - Dinner Served: MSP update on reimbursement strategies and pharmacy contract negotiations

7:15 - Hemorrhoids

7:45 - Break

8:00 - Vomiting in pregnancy

9:00 - Vasomotor and Allergic Rhinitis

#### **Friday, April 17, 2015 8:00 AM - 12:00 PM**

8:00 - Continental Breakfast

8:30 - Atopic dermatitis, allergic contact dermatitis and irritant contact dermatitis

9:00 - Acne Vulgaris

10:00 - Tinea Pedis

10:15 - Coffee Break

10:30 - Review of Documentation Requirements by CPhM

11:00 - Case discussions

11:45 - Round table discussion of implementing prescribing for self-limiting conditions into current practice

# The Manitoba Society of Pharmacists presents the 2015 Manitoba Pharmacy Conference April 17th to 19th

RBC Convention Centre/ Canadian Museum for Human Rights / Delta Winnipeg Hotel

**REGISTER TODAY!**

[WWW.MSP.MB.CA](http://WWW.MSP.MB.CA)

Early Discount Rates End April 3rd!

**HOTEL RESERVATIONS DELTA WINNIPEG HOTEL**

[WWW.MSP.MB.CA](http://WWW.MSP.MB.CA)

\*Links directly to MSP Group Booking Site



Photo by: Anil Mungal

## FRIDAY:

We begin the conference with welcome remarks and a Keynote Address by Olympic gold medalist Jill Officer.

The evening begins with Dr. Keith Simons' Retirement Reception; after 40 years with the College of Pharmacy, Dr. Keith Simons is retiring in 2015. Please join us to celebrate his achievements and retirement with a dinner in the beautiful **Canadian Museum for Human Rights**. The MSP Annual General Meeting and the MSP Night at the Museum tour and reception complete the evening at the museum.



Photo by: Dan Harper

## SATURDAY:

Sessions begin at 8:15 am at the **RBC Convention Centre** – please join the exhibitors for the refreshment breaks and a buffet lunch in the exhibitor's venue. We are pleased to present a 'Hot Topics' panel discussion during the Issues Forum on Saturday afternoon.

The Gala Dinner begins at 6:00 pm at the **Delta Winnipeg Hotel** and concludes with a fun casino evening once we have celebrated the achievements of our best and brightest in the profession!



Photo by: Delta Winnipeg

## SUNDAY:

A full day of informative sessions begins at 8:30 am starting with 'Sound Bites'. Join the College of Pharmacists of Manitoba in acknowledging outstanding members of the profession during their awards luncheon. All Sunday sessions and events will take place at the **RBC Convention Centre**.

## SUNDAY, APRIL 19

1:30-3:30 pm

### Pharmacy Student Preparations

**Chris Tsang**, BScPharm, Managing Pharmacist, Loblaw Pharmacy

**Anna Spirkina**, BScPharm, Community IV Program, WRHA  
Sponsored by Loblaw <sup>loblaw</sup>pharmacy

This session is designed for 4th Year Pharmacy Students and International Pharmacy Graduates who are entering the profession of pharmacy. Students will be given mock scenarios with pharmacists as the patients. Come and interact with licensed pharmacists and receive tips to help you prepare for exams.



### MSP Manitoba Pharmacy Conference Mobile App for Delegates!

1. Download the GRUIPIO mobile app for **FREE** in your app store
2. Select the [MSP Manitoba Pharmacy Conference](#) from the list of events
3. Access our conference programs, session details, speaker's bios, surveys, sponsors & exhibitors links and up to the minute information on our events!

Stay connected!



# The Manitoba Pharmacy Conference - 2015 Program

*Breaking with Tradition*

**THURSDAY APRIL 16, 2015/FRIDAY APRIL 17, 2015**

## Pre-Conference Workshop: Prescribing for Ambulatory Ailments

RBC Convention Centre  
Thursday 5:30-9:30 pm  
Friday 8:00-12:00 pm

**FRIDAY APRIL 17, 2015**

1:00-1:15 pm

### Conference Opening

1:15-2:00 pm

### Session A: How I became an Olympic Gold Medallist Jill Officer

When she was 17, Jill Officer won her first provincial curling championship. Just a year later, she won her first National title. Since then, she has not looked back, winning six more provincial titles, four national titles and two world championship medals including gold in 2008.

After trying two times previous to qualify for the Olympic Games, Jill and her team finally won the Olympic Curling Trials in front of their hometown of Winnipeg. The team won the right to represent Canada at the Sochi 2014 Olympic Winter Games. Once in Sochi, Jill and her team made history by being the first team to go undefeated in Women's Curling and ultimately won the Gold Medal.

2:00-2:45 pm

### Session B: 5 Things Every Pharmacist Should Know - 19 Times Out of 20

**Loren Regier** BSP, BA, Program Coordinator, RxFiles Academic Detailing

The pursuit of excellence in drug therapy decision making is a huge challenge given the extensive amount of information and varying perspectives among clinicians. To provide truly great service, one must manage pharmacotherapy evidence well, accurately assess benefits and harms and determine our patient's unique needs and values. Throughout the process, one must also build relationship and communicate any observations and recommendations concisely and effectively with the clinician(s) responsible for the prescribing decisions. If one could propose 5 things every pharmacist should know to do this effectively, what would they be? And, are there really any certainties when evidence seems to change so rapidly? This session will examine benefits and harms, certainties and uncertainties, and both patient and prescriber attitudes in 5 key areas where pharmacists can really make a difference in the interest of their patients, at least ... 19 times out of 20.

2:45- 3:15 pm

### Session C: mPharmacy - tracking the evolution of apps for medication management

**Dr. Kelly Grindrod**, BScPharm, PharmD, MSc, Assistant Professor, School of Pharmacy, University of Waterloo

The marketplace is exploding with mobile health apps. There are well over a hundred apps to help patients and pharmacists manage medications. But supply doesn't imply demand. Good apps need to offer a clear benefit to the user. Good apps are also useful and easy to use. This session will explore the evolution of mobile medication management apps, including the quality and the current place in practice. We'll also look at the research on apps for medication adherence and explore what the "Internet of Things" means for medication management apps.

3:30-5:00 pm

### Session D: Headlines News

#### 1. I am Embarrassed to Take my Shoes Off:

Onychomycosis (Sponsored by Valeant)

**Dr. Richard Peter Haydey**, MD

The presentation will discuss the options on how to assess, review, and counsel patients with common signs and symptoms of Onychomycosis (toe nail fungus). As well as determine the role for treatment and educate patients on strategies to reduce their risk.

#### 2. Fetal Alcohol Spectrum Disorder (FASD): A Primer for Pharmacists

**Dr. Shawn Bugden** B.Sc.(Pharm), M.Sc., PharmD.

More than 300,000 Canadians live with FASD. The birth defects and developmental disabilities associated with FASD are entirely preventable by avoiding alcohol exposure during pregnancy. This presentation examines the role of the pharmacist in both preventing FASD and helping customers who live their lives with this condition.

#### 3. Urgent Bladder – What Pharmacists Need to Know

(Sponsored by Astellas Pharma)

**Dr. Brenda Hildebrand**



The learning objective for this presentation are:

- Recognize patients with symptoms of overactive bladder (OAB) and help them obtain diagnosis
- Communicate effectively with OAB patients to understand their needs
- Recommend and discuss pharmacological treatment options for OAB
- Identify and manage side effects, to improve adherence and outcomes for patients with OAB

#### Friday evening events taking place at the Canadian Museum for Human Rights

*\*Transportation is available to and from the Delta Hotel – please confirm with your registration.*

5:45 PM

## **Dr. Keith Simons' Retirement Reception**

Canadian Museum for Human Rights

After 40 years with the College of Pharmacy, Dr. Keith Simons is retiring in 2015. Please join us to celebrate his achievements and retirement with a dinner in the beautiful Canadian Human Rights Buhler Hall.

7:00 PM

### **Manitoba Society of Pharmacists Annual General Meeting**

Canadian Museum for Human Rights

8:00 PM

### **MSP Night at the Museum**

Canadian Museum for Human Rights

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## **SATURDAY APRIL 18, 2015**

8:15-9:00 am

### **Session E/Continental Breakfast: COPDo's and COPDont's... or maybe it's not that simple.**

**Dr. Jamie Falk**, Assistant Professor, College of Pharmacy, Faculty of Health Sciences, University of Manitoba and Clinical Pharmacist, Family Medicine

Considering the prevalence of COPD, it's highly symptomatic nature, and the broad use of medications for its management, a keen understanding by the pharmacist of the management of this difficult condition will be of significant value to the patient. As arguments around the use of inhaled corticosteroids continue to gain strength and the introduction of multiple new inhalers to the market show questionable added benefit to our current regimens, pharmacists are clearly in a good position to educate patients, involve them in shared decision-making, address important preventative strategies, and ensure appropriate medication use. This session will highlight current evidence behind these issues and offer practical approaches to provide essential value to the care of the COPD patient.

10:15-3:15 pm

### **Poster Presentations in Exhibit Venue**

9:00-10:15 am

### **Session F: Practice Spotlight**

**1. Dr. Mark Friesen**, BScPharm, PharmD, Clinical Pharmacist, Critical Care, Grace Hospital Mark Friesen graduated with a BScPharm from the University of Manitoba in 1994 and with a PharmD from the University of Toronto in 1999. He was a clinical pharmacist in the area cardiology at Health Sciences Centre for nine years. More recently he has been a clinical pharmacist in the area of critical care at Grace Hospital in Winnipeg for six years. It was in the context of this collaborative practice setting that he was granted extended practice pharmacist designation in 2014.

**2. Jennifer Gibson**, BSP, ACPR, CDE Renal Transplant Pharmacist, Transplant Manitoba / Health Sciences Centre,

Winnipeg Jennifer Gibson graduated with her Bachelor of Science in Pharmacy from the University of Saskatchewan in 2003. She went on to complete a hospital pharmacy residency with the Winnipeg Regional Health Authority in 2004. She worked at the Grace Hospital in Winnipeg for one year before returning to Saskatchewan.

Jennifer was a staff pharmacist at the Regina General Hospital and with the Saskatchewan Transplant Program in Regina, Saskatchewan. Beginning in October 2005, Jennifer established the role of a pharmacist for ongoing post-transplant care with the Saskatchewan Transplant Program in their Regina office.

In 2010, Jennifer moved to Winnipeg to develop the newly created clinical pharmacist role with Manitoba Transplant in the Adult Kidney Program. She is part of a multi-disciplinary team caring for both inpatient and outpatient adult kidney transplant recipients at Health Sciences Centre. Her focus is on the education of potential renal transplant recipients, and on ambulatory patient care for the nearly 650 adult recipients within the program. Jennifer is also involved in research, precepting pharmacy students and residents, and as a lecturer at the Faculty of Pharmacy, University of Manitoba.

Jennifer travelled to Gambia, West Africa several times (2006, 2008, 2009 and 2011) where she volunteered in the pharmacy department at the Royal Victoria Teaching Hospital. In 2011, Jennifer and two pharmacy students from the University of Manitoba had the privilege of providing lectures for the first class of Pharmacy Technicians in The Gambia.

### **3. Karen DiMarco**, BScPharm

Mature Women's Centre, Victoria General Hospital  
Karen graduated from the Faculty of Pharmacy, University of Manitoba in 1985 as the Gold Medal recipient. She began her career as a community pharmacist with Dakota Pharmacy. In October of 1985, Karen gained employment with the Health Sciences Centre. In 2000, she transferred to the Victoria General Hospital, and is currently employed on a half-time basis with the Mature Women's Centre and part-time in the dispensary.

Karen is currently a member of the College of Pharmacists of Manitoba and the North American Menopause Society (NAMS). She is currently studying towards becoming a NAMS Certified Menopause Practitioner (NCMP).

Karen has completed CAMH's TEACH (Training Enhancement in Applied Cessation Counselling and Health) course, as well as the CPhA's Quit (Quit Using and Inhaling Tobacco) program on smoking cessation.

Karen has been a yearly guest speaker for the Faculty of Pharmacy's Current Topics Course since 2009. She has also served as a guest speaker for the Bone Up Program and an Osteoporosis Public Forum hosted by the Manitoba Chapter of the Osteoporosis Society of Canada, in addition to other speaking engagements. She has served as a contributor of articles for the Lifestyles 55.

10:15-10:45 am

### **Exhibitor Break**





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Reference: 1. Astellas Pharma Canada, Inc. Myrbetriq Product Monograph, 2013.



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10:45-11:45 am

**College of Pharmacists of Manitoba - Annual General Meeting**

11:45 am-1:15 pm

**Exhibitor Buffet Lunch**

Please join the exhibitors for a hot lunch.

1:15-4:30 pm

**Issues Forum & Young Leaders Awards Acknowledgement**

**Bad Things can Happen to Good Pharmacists:** Questions to ask, things to think about Mr. Samuel I. Wilder, QC, Senior Partner, Wilder Wilder & Langtry Mr. Samuel I. Wilder from the law firm Wilder Wilder & Langtry will focus on what a good malpractice insurance policy should cover; exposure that pharmacists have to their disciplinary body and the public at large; and the law on being found liable. He will be presenting real case scenarios to help you mitigate potential risks and pitfalls in your practice of pharmacy. Attend and participate in what promises to be a riveting session that will be highly beneficial to you.

**Samuel Wilder** Mr. Samuel Wilder, QC, is a senior partner and head of the Civil Litigation Department at Wilder Wilder & Langtry, a Manitoba-based law firm founded in 1965. His practice is focused on civil litigation with special interest in Errors and Omissions for professionals. He is a member of the Law Society of Manitoba and has held positions on various committees including the Discipline Committee

panel. Mr. Wilder is a Past President of the Manitoba Bar Association and has served on the National Executive of the Canadian Bar Association. Mr. Wilder is socially conscious and is heavily involved in the community.

**Hot Topics Panel**

**Dennis Wong**, B.Sc. Pharm., FMNFM, CCN, ABAAHP Owner, CD Whyte Ridge Pharmacy, Chief Clinical Consultant Pharmacist, Fellow Metabolic, Nutritional & Functional Medicine, Diplomat American Board of Anti-Aging Health Practitioners, Certified Clinical Nutritionist, FirstLine Therapy Certified Lifestyle Educator

As Owner of CD Whyte Ridge Pharmacy and CinDen Pharmacies (Pembina & Lorimer), Dennis brings a broad range of experience. Through the Professional Compounding Centers of America (PCCA), he has received specialty training in Customized Compounding, Bioidentical Hormone Replacement Therapy, Pain Management, Nutrition, Dermatology, and Functional Endocrinology. He is also trained in Palliative Care through the Victoria Hospice Society.

Dennis is a Certified Clinical Nutritionist, a Diplomat with the American Board of Anti-Aging Health Practitioners, and has completed the Fellowship in Anti-Aging, Regenerative and Functional Medicine. He is currently enrolled in the Advanced Functional Medicine Certification Program with the Institute for Functional Medicine and a Masters Program in Metabolic and Nutritional Medicine with University of South Florida, School of Medicine.



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Dennis has done extensive public and professional presentations in Canada and internationally in wide range of health and wellness topics including Adrenal Fatigue, Brain Function, BHRT, Chronic fatigue, Pain Management, Weight Management, genomics, and Metabolic nutrition among others.

Dennis was awarded Bonnie Schultz’s Memorial Award for Practice Excellence in Patient Care by College of Pharmacists of Manitoba for 2004, and awarded Wyeth Apothecary Award in 2009 for Manitoba for his innovative practice. He was also a recipient for PCCA Canadian Compounding Pharmacist of the Year for 2011.

**Nicole Nakatsu**, B.Sc.Pharm, Clinical Resource Pharmacist, Family Medicine Nicole grew up in Kingston and did her first degree at the University of Western Ontario in Kinesiology. Nicole obtained her pharmacy degree from the University of Toronto in 2002. She worked in industry at Eli Lilly in medical information while completing her pharmacy degree. After graduating Nicole worked in retail pharmacy for 5 years in Kingston and Hamilton. She and her husband moved to Winnipeg in 2006 at which point she began work in hospital pharmacy. She has worked in psychiatry, the Community IV Program and Family Medicine. She is currently the Clinical Resource Pharmacist for Family Medicine with the WRHA and maintains a clinical practice with the clinical teaching unit at Seven Oaks General Hospital. She has been involved in drafting the Principles for the Provision of Opioid Dependence Treatment by Manitoba Pharmacists Guidelines. She is currently the past president for CSHP Manitoba Branch.

**Dr. Robert E. Ariano**, Pharm.D., BCPS., FCCM, Critical Care Pharmacist, Department of Pharmacy, St. Boniface General Hospital St. B Full Clinical Professor, Faculty of Pharmacy, University of Manitoba, and Faculty of Medicine, Clinical Associate Professor, Department of Pharmacology & Therapeutics, University of Manitoba

Rob Ariano earned his bachelor’s degree in pharmacy from the University of Manitoba; completed a residency at the Ottawa General Hospital; and obtained his doctorate in pharmacy degree from the University of Minnesota. He became a Board Certified pharmacotherapy specialist in 1997, and was awarded Fellow Status within the American College of Critical Care Medicine in 2006.

Since 1988 he has been a critical care pharmacist for the intensive care units at the St. Boniface General Hospital in Winnipeg, and is also a clinical professor with the Colleges of Pharmacy, and Medicine at the University of Manitoba. As well as acting as a reviewer for pharmacy and medical journals, Rob is on the Editorial Panel for Critical Care within the journal ‘The Annals of Pharmacotherapy’.

Rob’s research interests are in the areas of critical care therapeutics; and pharmacokinetics & pharmacodynamics in the critically ill; with over 50 publications in peer-reviewed journals on research and clinical practice.

**Dr. Grace Frankel**, BScPharm, PharmD, Performance Based Assessment Coordinator & Pharmacy Practice Instructor, College of Pharmacy, Faculty of Health Sciences

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Grace Frankel graduated from the University of Manitoba in 2009 (BScPharm). She then went on to complete her Doctor of Pharmacy at the University of Toronto in 2013. She has worked as a community pharmacist, a hospital pharmacist in neonatal intensive care and now works full-time as the performance-based assessment coordinator and pharmacy practice instructor at the University of Manitoba. She is actively engaged in advancing the scope of practice for pharmacists. She has been involved in educating pharmacy students and practicing pharmacists in the areas of immunizations and injections, ordering and interpreting laboratory tests and is currently interested in collaborating with veterinarians to form a partnership for the care of companion animals. She is also involved in the education of international pharmacy graduates who are preparing for Canadian licensure.

In her free time (which there seems to be little of), she enjoys running with her dog, travelling with her husband or spending some quality time with a cup of tea and Netflix!  
Discussion Period (no open discussion at beginning)

2:45 – 3:15

### Exhibitor Break

6:00 PM

### Gala Dinner at the Delta Winnipeg Hotel

*Please join us for an evening of celebration! The Dinner and awards ceremony begin at 6:00, followed by a fun casino with prizes!*

**SUNDAY APRIL 19, 2015**

8:30-10:45 am

### Session G: Sound Bites

#### 1. Non-sterile Compounding Quality Assurance

**Dr. Donna Woloschuk**, PharmD, MEd(Distance), FCSHP, Regional Pharmacy Manager, Educational Services Director, Pharmacy Practice Residency Program, WRHA

This presentation will provide a brief overview of useful resources to guide non-sterile compounding practices. Simple, sustainable ways to operate a quality assurance program for non-sterile compounding, such as equipment and compounding environment audit tools will be described.

Considerations in delegating non-sterile compounding checking to pharmacy technicians will be addressed.

At the end of this presentation, participants will be able to confirm that their existing non-sterile compounding quality assurance program is adequate or participants will better understand opportunities to enhance their quality assurance program so that NSC quality gaps can be identified and addressed.

#### 2. Graduates of the Future

**Dr. Laverne Vercaigne**, BSc. Pharm, PharmD, Professor/Associate Dean, College of Pharmacy, Faculty of Health Sciences, University of Manitoba



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This session will update participants on curricular changes to support expanding scopes of practice and opportunities for interdisciplinary education.

### **3. Pharmacy Partnerships with Innovative Pharmaceutical Manufacturers: Exploring New Frontiers** *Sponsored by Janssen*



**Mark Fleming**, B.Sc. Pharm, Director Federal Affairs & Health Policy, Janssen Inc.

With the role of pharmacists expanding and evolving in Manitoba, various case studies from across the country will be presented that demonstrate the potential of pharmacy partnerships with innovative pharmaceutical manufacturers. The objective of the session will be to:

- (1) broaden pharmacists' understanding of possible partnership structures; and
- (2) to stimulate discussion about how best practices from other jurisdictions might be adapted and applied to Manitoba's professional context.

### **4. Pharmacists as Immunizers**

**Arielle Goldman-Smith**, Manitoba Health, Healthy Living and Seniors

This session will provide quantitative data and information about the impact of pharmacists as immunizers in Manitoba's vaccine and immunization strategy.

### **5. Cumulative Travel Health Risk Assessment**

**Dr. Pierre J. Plourde**, M.D., FRCPC, Medical Officer of Health, Medical Director, Travel Health and Tropical Medicine, WRHA & Associate Professor, Departments of Community Health Sciences and Medical Microbiology, University of Manitoba

Travelers to tropical destinations are faced with many risks and challenges. Risks of travel-related vaccine-preventable diseases (VPDs) per 100,000 person-months of stay in a tropical destination vary widely. But degree of risk is not matched by morbidity/mortality of VPDs, where the tables are reversed with the highest probability diseases (ETEC) carrying the lowest consequences and the lowest probability diseases demonstrating extremely severe consequences. In addition vaccine efficacies vary greatly from high effective to very low effectiveness.

Putting all of this information together for a relative short duration trip (<1 month) leads to much confusion among travel health practitioners who are often left with "gray zone" decisions about whether or not to recommend certain travel health vaccines, some of which are prohibitively expensive.

A pragmatic approach to travel health risk assessment is to look at the traveller seeking pre-travel health services not only from the perspective of the current 2-week vacation in Belize, but from the perspective of their anticipated lifelong travel plans and potential future exposures. Anticipated cumulative future travel puts a whole new perspective on travel health risk assessment, and multiplies several fold potential future exposures to otherwise "low probability

exposure" VPDs such as yellow fever and rabies. From the perspective of anticipated lifelong travel and future exposures, such travellers could benefit from immunization against yellow fever vaccine for example, even if their current travel itinerary does not include yellow fever endemic countries or any requirement for yellow fever immunization. Benefits include higher vaccine efficacy and lower vaccine adverse events in younger persons, and elimination of future "gray zone" yellow fever immunization decisions when the person is older.

This presentation will therefore make the case that from a cumulative travel health risk assessment perspective, travel health practitioners should be offering more opportunities for travellers to be immunized against hepatitis B, yellow fever, and rabies.

11:00-11:45pm

### **Session H: Pharmacist Post-MI Counseling: A Primer**

**Travis Warner**, BSP, ACPR, BCPS, EPPH, Critical Care and Cardiology, St. Boniface Hospital

This presentation will review information relevant the care of patients who have had a myocardial infarction, with a focus on background knowledge and patient counseling pearls which may be utilized by pharmacists in the hospital and community settings.

### **Travis Warner**

Travis graduated from the University of Saskatchewan before moving to Winnipeg to complete his hospital pharmacy residency. He became a Board Certified Pharmacotherapy Specialist in 2011 and an Extended Practice Pharmacist in 2014. He has worked at several hospitals and has practiced in a variety of clinical areas including Internal Medicine, Acute Pain, General Surgery, Psychiatry, Medical/Surgical Intensive Care, Cardiothoracic Surgery Intensive Care, and Cardiology. He is employed at St. Boniface Hospital with a practice focusing on Critical Care and Cardiology.

11:45- 1:30 pm

### **College of Pharmacists of Manitoba Awards Luncheon**

Let's celebrate the accomplishments of our colleagues during the afternoon awards luncheon!

1:30-3:30 pm

### **Session I: Short & Snappy RRR: Relevant Research Ruminations**

#### **Corn Flakes Cause Cancer**

Shawn Bugden B.Sc.(Pharm), M.Sc., Pharm.D.

Increasingly pharmacists are being drawn into to conversations about nutrition in their pharmacies. This presentation explores the research that drives the media reports that lead people to your counter. Pharmacists should leave the presentation with a greater understanding of how to critique this literature and respond to patient inquiries in an informed manner.

#### **► Three Minute Thesis: Epigenetic Treatments in Cancer Therapy**

Ryan Lillico B.Sc., PhD (candidate)



**Pharmacists and Veterinarians: Yay or “Neigh”**  
Grace Frankel B.Sc.(Pharm), PharmD

This presentation reviews community veterinary dispensing concerns and the role of the pharmacist in companion animal care.

► **Three Minute Thesis: The Evaluation of a Novel Intravaginal Ring Formulation for the Sustained Release of Hydroxychloroquine for the Treatment of Bacterial Vaginosis**

Yannick Traore B.Sc., M.Sc. (Candidate)

**Manitoba Pharmacist Initiated Smoking Cessation Pilot Project**

Shawn Bugden B.Sc.(Pharm), M.Sc., Pharm.D.

This presentation considers the recently completed Manitoba Pharmacist Initiated Smoking Cessation Pilot Project and reviews both what was achieved and the lessons learned by pharmacists reaching out to hard to reach smokers hoping to quit.

► **Three Minute Thesis: Is the Recommended Cefazolin Prophylaxis Adequate in Cardiac Surgery?**

Divna Calic B.Sc. (Pharm), M.Sc. (Candidate)




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# Poster Pavilion

Saturday, April 18th

**101**

## **Efficacy, Usability and Sustainability of an Adherence Protocol in Renal Transplant Patients**

Nicole Lee, BSc Pharm, Accredited Canadian Pharmacy Resident Candidate, Winnipeg Regional Health Authority Pharmacy Program

**102**

## **Oral Clindamycin Use in a Children's Emergency Department**

Peterson, K., Winnipeg Regional Health Authority  
Walus, A., Winnipeg Regional Health Authority  
Fanella, S., University of Manitoba  
Manulak, J., Lake of the Woods District Hospital

**103**

## **3-Year Retrospective Review of Efficacy of a Remote Pharmacist Directed Warfarin Service**

Kurt Schroeder, North West Telepharmacy Solutions  
Raekka Noorbhai, North West Telepharmacy Solutions  
Kevin McDonald, North West Telepharmacy Solutions

**104**

## **Senior Wellness Program: An innovative collaborative approach to provide comprehensive patient-centred care to promote healthy and independent living at home**

Sammu Dhaliwall, BSc Pharm, Pharm D, North West Telepharmacy Solutions

**105**

## **Long Acting Opioids – A CONTINUing Concern?**

Kevin Friesen, BSc Pharm, M.Sc. (Candidate), College of Pharmacy, Faculty of Health Sciences, University of Manitoba



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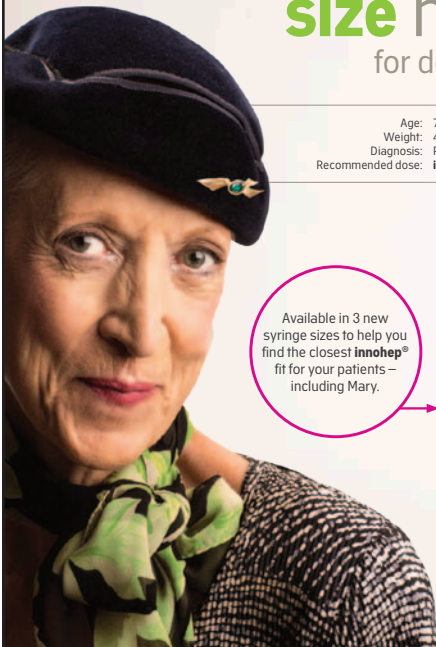


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Reference: **innohep**® Product Monograph, LEO Pharma Inc., August 7, 2014.

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## Manitoba Society of Pharmacists 2015 Award Recipients

### Manitoba Society of Pharmacists 2015 Award of Merit Recipient Alison Desjardins

This award is presented to an active member of MSP who, in the opinion of his/her peers and the MSP Board of Directors has made a significant contribution to the Society and the profession during his/her career.



### Magnum Opus Award Recipient

Dr. Hajra Mirza

This award specifically recognizes pharmacists who have completed advanced training or education and have successfully expanded their practice as a result. Sponsored by Takeda.



### Canadian Foundation for Pharmacy Past President Award Recipient Scott McFeetors

This award is presented to the outgoing President of the Manitoba Society of Pharmacists in appreciation of their time and commitment to the Society and the profession.

The Award of Merit, the Magnum Opus Award and the Past-President Award will be presented at the Annual Awards Gala on Saturday, April 18, 2015, at the Delta Hotel. Complete biographies for these award recipients are located on the Manitoba Society of Pharmacists website at [www.msp.mb.ca/conference-home/](http://www.msp.mb.ca/conference-home/).

## The College of Pharmacists of Manitoba Award Recipients



### Pfizer Consumer Health Bowl of Hygeia Recipient Barret Procyshyn

The Bowl of Hygeia awards was established in 1958 to recognize outstanding community service by pharmacists. Criteria to be identified with the nomination should include elected public office or community boards, community professional outreach, service club participation, sport and / or cultural club participation, business club activity.

### 2014 Pharmacist of the Year Recipient Dr. Shawn Bugden

This award is presented annually to a Manitoba pharmacist who in the opinion of his/her peers, has made a significant contribution to the profession during his/her career. Criteria to be identified with the nomination should include elected office in provincial and / or national pharmacy organizations, committee involvement with provincial / national pharmacy organizations, practice achievements, mentorship, high practice standards and innovation.

### Bonnie Schultz Memorial Award for Practice Excellence Recipient Mr. Rick Thurmeier

The recipient of this award demonstrates outstanding excellence in optimizing patient care. Factors considered include serving as a role model; excellence in communication skills, empathy and concern, and demonstration of skilled practice.

### Patient Safety Award Recipient Ms. Janice Coates

The Patient Safety Award recognizes those that have made a significant and lasting contribution to improving patient safety and health care quality through a specific initiative or project.

### Honorary Member: Dr. William Pope

An Honorary Membership is given to worthy individuals, who are not registered pharmacists in Manitoba, but have provided valuable and notable service to the profession of pharmacy.

### Honorary Life Membership: Dr. Keith Simons

This award is open to pharmacists who have made a significant contribution to pharmacy in Manitoba and at the national level.

### Gala Dinner, Saturday April 18th

The awards for the Bowl of Hygeia, the Pharmacist of the Year, the Bonnie Schultz Memorial Award for Practice Excellence, and the Patient Safety Award will be presented at the Annual Awards Gala on Saturday, April 18, 2015 at the Delta Hotel.

### College of Pharmacists of Manitoba Awards Luncheon, Sunday April 19th

The Honorary Member Award and the Honorary Life Member Award will be presented at the College's Annual Awards Luncheon on Sunday, April 19, 2015 at the Winnipeg Convention Centre.

Complete biographies for these award recipients are located on the Manitoba Society of Pharmacists website at [www.msp.mb.ca/conference-home/](http://www.msp.mb.ca/conference-home/).





**The following pharmacists will receive 50 Year Gold Pins and Certificates:**

Ronald Corrigan                      Robert Paul                      Muriel Redwood

**The following pharmacists will receive their 25 Year Silver Pins and Certificates:**

Thomas Boyko                      Ishwar Master                      Suzanne Soble  
Lengim Chen Ingram                      Darcey Mosquin                      Shafica Takla  
Kathleen Christie                      Claudia O'Donnell                      Tracy Tang  
Theresa Crann                      Bernadette Ogoms                      Bradley Toth  
Henk Denboer                      Janet Penner                      Walter Watral  
Betty Dong                      Joy Prokopetz                      Dennis Wong  
Lora Jaye Gray                      Cathy Prusak                      Cindy Yap-Wong  
Laurie Kaminsky                      Catherine Sabiston  
Margaret Leenders                      Donald Sedo

Young Leader Awards are presented and funded jointly by the Manitoba Society of Pharmacists and the College of Pharmacists of Manitoba. The award is open to pharmacy students (*in their final year of studies*) and pharmacists (*in the first five years of practice*) who have made a professional impact among their peers at the Faculty or in their community.

Up to 10 awards are presented each year, granting the new pharmacist the opportunity to experience the professional development gained through participation at the Annual MSP Manitoba Pharmacy Conference.

**This year the following recipients will receive Young Leader Awards:**

Jaclyn Deonarine                      Ashley Ewasiuk                      Cody Hotel  
Jillian James                      Chelsea Kokan                      Nicole Lee  
Amy Lo                      Heidi Marschall                      Juliana Nguyen  
Kulwant Singh                      Robyn Small

The 25 year and the 50 year award recipients will be honored at the Annual Awards Luncheon scheduled for Sunday, April 19, 2015 at the Winnipeg Convention Centre.

The Young Leader Awards will be presented during the Issues Forum at the RBC Convention Centre on Saturday, April 18th, 2015.

# Maximize the success of your business - now and in the future - with proper succession planning

If you're self-employed or the owner of a business, planning for its succession can be like writing a

Will – you know it needs to be done, but you don't really want to do it. But leaving business succession to chance is not a viable option and may put your business at serious risk. To help get you started, here are some of the issues you need to consider when planning for the future of your business.

**Personal needs first**

If your business is your primary asset and main source of income, it's critical to take care of immediate, day-to-day planning issues first.

On the personal side, you need adequate life and disability insurance to make sure you and your family can sustain your current lifestyle in the event of illness or death.

You also need a personal financial plan that addresses your savings and cash flow needs. Will you have enough to pay for current expenses, such as your children's education, and still be able to buy that cottage or take that trip you've been thinking about?

With your personal affairs in order, it's time to look at your business needs.

**Taking care of business**

It's tempting to wait until retirement is near to start making succession plans for your business, but there can be substantial savings when you plan further ahead.

Business owners need insurance to protect their business property, but that's only part of the story. What if their business can't function because of the loss of a key employee or some other unexpected interruption? And what happens when the business owner eventually passes away? Insurance can provide ways to plan in advance for these situations.

Your business succession plan is something that should be reviewed on a regular basis or whenever there is a major event such as a birth, marriage, illness or death, family member entering the business, or even a relevant change in tax legislation.

**Is everyone on the same page?**

Many of the disputes that lead to business and family breakups come about due to a lack of

communication. For example, if you plan to pass your business on to family members, have they expressed a clear interest? Surprisingly, this is a common area of miscommunication.

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**Who will run the business when you're no longer doing so?**

Is your family prepared to inherit the business, or do they need training? Don't forget – ownership and management are two different things. You may be able to handle both, but your family members may be better off retaining ownership only and leaving business management to others.

**Is selling the business a better alternative?**

Selling your business can create immediate value and also avoid family disputes. Have you fully considered this option? Don't let emotions get in the way of making a sound business decision.

**Are there other ways to unlock the value in your company?**

Has your business been professionally valued? Are you aware of the potential tax cost of selling it? You have choices when it comes to maximizing your company's value and minimizing tax, such as financing, life insurance strategies, and special corporate structures.

**Is your business succession plan part of your personal financial plan?**

Your personal and business plans are closely linked. For example, you may be able to enhance your retirement income using a Retirement Compensation Arrangement (RCAs) or Individual Pension Plan (IPPs). These options can be integrated with your personal finances to create a superior overall retirement plan.

**Does your Will reflect your business succession plan?**

Is your Will up to date? If it conflicts with your business succession plan, there could be consequences such as higher taxes, a forced business sale, or even litigation. Setting up trusts and executing multiple Wills are two ways to minimize these risks, and potentially reduce taxes and probate fees on your estate.

**Do It Now**

Proper business succession planning can help you maximize the success of your business both today and in the future. It can also protect you and your heirs against losses from unexpected illness, death, and taxation.

This article is intended to provide general information related to Will and estate planning and is not intended as legal, tax or other advice. No one should act upon this information without seeking the advice of his or her own professional advisor

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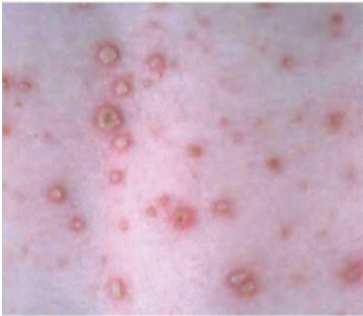


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# Chickenpox and Shingles

Meera Thadani, M.Sc. (Pharm.)

## What is chickenpox?



Chickenpox (varicella) is a highly contagious illness caused by the varicella-zoster virus that causes an itchy rash and red spots or blisters (pox) all over the body (Figure 1)

Figure 1 Chickenpox lesions

In healthy children, chickenpox is usually not a serious condition. However, the infected child should remain at home to prevent spreading the infection. Teenagers, adults, pregnant women, and people with health problems need physician referral. This is very important for pregnant women, because chickenpox during pregnancy can cause birth defects or serious newborn infection.

Once infected with chickenpox, it is unlikely to recur. But the virus stays in the body long after recovery. If the virus becomes active again, it can cause a painful viral infection called shingles.

## What causes chickenpox?

Caused by the varicella-zoster virus, chickenpox can spread easily from an infected person who sneezes, coughs, or shares food or drinks. It can also be transmitted from touching the fluid from a chickenpox blister.

An infected person can spread the virus before symptoms appear. Chickenpox is most easily spread 2 to 3 days before the rash appears until all the blisters have crusted over.

Individuals most at risk are those who have never had the illness or have not had the chickenpox vaccine. Members in a household are at greater risk because of close contact with the infected person.

## Symptoms and treatment

The first symptoms of chickenpox usually develop about 14 to 16 days after contact with a person infected with the virus. Symptoms include malaise, fever, decreased appetite, headache, cough, and a sore throat. The itchy chickenpox rash usually appears about 1 or 2 days after the first symptoms start.

Home treatment includes resting and taking medicines to reduce fever and itching. Scratching the lesions can cause secondary bacterial infections which may require further intervention. Soaking in oatmeal baths can help to reduce itching.

Acyclovir is dosed by weight for children >5 years in age. Valacyclovir or famcyclovir for patients ≥ 12 years in age, IV

acyclovir for immunocompromised patients or those at risk of severe disease.

Once a chickenpox red spot appears, it usually takes about 1 or 2 days for the spot to go through its stages. This includes blistering, bursting, drying, and crusting over. New red spots appear every day for up to 5 to 7 days (Figure 2).

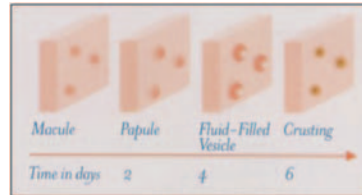


Figure 2 Stages of chickenpox lesions

It usually takes about 10 days after the first symptoms before all blisters have crusted over. Once the infectious phase has past the child can return to day care, school, or work.

Chickenpox can be prevented with administration of the chickenpox vaccine, as part of routine immunization or as an older adult who has not had chickenpox.

## What is shingles?

Shingles is also caused by the varicella-zoster virus. After exposure to chickenpox, the virus lies dormant in nerve tissue near the spinal cord and brain. Years later, the virus may reactivate as shingles (Figure 3).

While not a life-threatening condition, shingles can be very painful. Vaccines can help reduce the risk of shingles, while early treatment can help shorten a shingles infection and lessen the chance of complications.

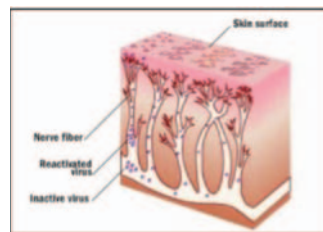


Figure 3 Shingles

Shingles is most common in older adults and those with weak immune systems because of stress, injury, certain medicines, or other reasons. The majority of cases resolve and will not get it again. However, it is possible to get shingles more than once.

Signs and symptoms usually affecting one side of the body may include:

- Pain, burning, numbness or tingling
- Sensitivity to touch

- A red rash beginning a few days after the pain
- Fluid-filled blisters that break open and crust over
- Itching

Other symptoms include:

- Fatigue
- Fever
- Headache
- Sensitivity to light

Pain is usually the first symptom of shingles. It may be intense. Depending on the location of the pain, it can be mistaken for a symptom of problems affecting the heart, lungs or kidneys. Some people experience shingles pain without ever developing the rash.

Most commonly, the shingles rash develops as a stripe of blisters that wraps around either the left or right side of your torso. Sometimes the shingles rash occurs around one eye or on one side of the neck or face (Figure 4).



Figure 4 Affected area of shingles, torso and ocular

Prompt physician referral is required if:

- The pain and rash occur near an eye. If left untreated, shingles can lead to permanent eye damage.
- Age  $\geq 70$  or older increases risk of complications.
- A weakened immune system (due to cancer, medications or chronic illness).
- The rash is widespread and painful.

Complications include:

- Postherpetic neuralgia - is pain that continues long after the blisters have cleared. It occurs when damaged nerve fibers send confused and exaggerated messages of pain from skin to the brain.
- Ophthalmic shingles - can cause painful eye infections that may result in vision loss.
- Neurological problems - such as encephalitis, facial paralysis, or hearing or balance problems.
- Skin infections - if shingles blisters aren't properly treated, bacterial skin infections may develop.

### How is shingles treated

- Antiviral medications (acyclovir, famciclovir and valacyclovir) to relieve the duration and pain of shingles within 72 hours
- Pain relievers (acetaminophen, ibuprofen, aspirin) to relieve pain
- Topical antibiotics if needed to stop skin infections of the blisters

### Post herpetic neuralgia

Pain present a month after the rash has healed is the most common complication of shingles. It can persist for months or years. Treatment options include:

- Tricyclic antidepressant (amitriptyline)
- Topical anesthetics delivered as an aerosol or pump spray directly to the skin
- Anticonvulsant medications such as gabapentin or pregabalin
- Opioid analgesics

### Shingles vaccine

The shingles vaccine is a weakened varicella-zoster virus that can reduce the risk of developing shingles by about 50%.

The vaccine also helps to reduce the period of post-herpetic neuralgia which is extremely painful and can last anywhere from 30 days to months or even years after the rash has resolved.

The shingles vaccine helps prevent shingles in the person receiving the immunization. However, because the virus that causes shingles is contagious, the shingles vaccine also prevents the spread of the virus.

**The Centres for Disease Control and Prevention (CDC) recommends the shingles vaccine for use in people 60 years old and older to prevent shingles.** This is a one-time vaccination. There is no maximum age for getting the shingles vaccine.

Anyone 60 years of age or older should get the shingles vaccine, regardless of whether they recall having had chickenpox or not.

### Who should not get the vaccine

- Anyone who has ever had a severe allergic reaction to gelatin, the antibiotic neomycin, or any other component of shingles vaccine
- Anyone with compromised immune systems
- Anyone with HIV/AIDS or another disease that affects the immune system
- Anyone undergoing treatment with drugs that affect the immune system, such as steroids
- Anyone undergoing cancer treatment such as radiation or chemotherapy
- Anyone with cancer affecting the bone marrow or lymphatic system, such as leukemia or lymphoma.
- Women who are or might be pregnant

### References:

<http://www.merckmanuals.com/professional/index.html>  
<http://siklusair.com/chicken-pox-stages-in-adults>  
 CTC-7, Canadian Pharmacists Association, Ottawa, 2014.  
<http://www.cdc.gov/vaccines/vpd-vac/shingles/vacc-need-know.htm>

# IF I ONLY HAD TWO DOLLARS LEFT I WOULD SPEND ONE DOLLAR ON PR.” – BILL GATES

## Manitoba Public Relations Strategy

MSP’s Public Relations Committee has been working for many years to bring public recognition to pharmacy in Manitoba. MSP’s PR Committee works hard to develop awareness campaigns that align with Pharmacists Awareness Month (PAM) in March, and Patient Safety Week, in autumn. MSP relies heavily on volunteers to execute public outreach programs as well as financial support from industry partners and MSP members.

With the expanded scope of practice and the precarious government environment, the PR Committee recognised this is a crucial time for Manitoba pharmacists to unify and speak with one voice to the public and the government.

On December 9, 2014, the MSP Public Relations Committee held a Public Relations Strategy Meeting and invited over 100 pharmacy partners to participate in developing a strong, focused strategy. Thirty leaders in pharmacy rose to the call of action and participated in the collaborative meeting.

During the meeting the participants collaborated in round table discussions to identify a targeted approach to public and government relations. Through an open floor discussion the group deliberated and identified four core activities:

- Environmental Scan
- Day at the Legislature
- Government Outreach System
- Online Public Engagement

These four core activities within government and public relations will serve as the base of the strategy and dictate the tactics, activities, and media we will seek to communicate our key messages.

A follow up meeting in January, 2015 helped refine our key messaging and an Advisory Committee was formed. The PR committee will be working alongside the Advisory Committee to implement the core activities of the Public Relations strategy.

Health Minister Sharon Blady has proclaimed March 2015 as Pharmacist Awareness Month!

In a letter to MSP, the government commends the valuable work that pharmacists perform and recognizes the pharmacist’s important role in a patient’s healthcare.

As we move into Pharmacists Awareness Month 2015, the Public Relations Committee has been working hard to develop an advertising campaign that aligns with our overall Public Relations strategy. By re-allocating resources, the advertising strategy will garner a better reach of our target audience.

### Key Messages

#### 1. Manitoba Pharmacists are Accessible

With over 1,600 licensed pharmacists working in hospitals, personal care homes, and community pharmacies across Manitoba, pharmacists are helping over 50,000 people a day. Seeing a pharmacist generally requires no appointment and their convenient locations mean that phar-

macies are close by, making them the most accessible healthcare provider in the province. All Manitobans can benefit from the accessibility of their pharmacists’ expertise and the health-related services they can provide. Pharmacists and the valuable services they provide are crucial to rural communities where other primary healthcare providers are not easily accessible.

#### 2. Pharmacists Provide Clinical Services

Manitoba Pharmacists are working to keep our communities healthy and safe. They are trusted medication experts, who can help you monitor your

health and manage your medical conditions. As a primary healthcare provider Manitoba pharmacists are much more than simply pill dispensers, your pharmacist is able to do more for you.

In Manitoba pharmacists may be able to:

- Prescribe medications for minor ailments
- Administer drugs, such as immunizations, by injection.
- Counsel on and prescribe smoking cessation products
- Issue continued care prescriptions
- Adapt a prescription
- Perform comprehensive medication reviews

These messages support the recognition of pharmacists’ expertise and empowers the patient to seek our advice and counsel. Throughout March, you will see many of our outreach efforts to ensure that our message is received across Manitoba.

#### Television

MSP has partnered with CTV Winnipeg to develop 15 second advertisements. The professionally developed commercials will run the weeks of March 2 and 16 during afternoon and evening newscasts, as well as during top rated shows such as, The View, Ellen, Dr. Oz. Blue Bloods, and Once Upon a Time.

#### Radio

MSP has partnered with NCI FM (Rural Manitoba), 730 CKDM (Dauphin), Star FM (Brandon), and CJOB to bring our message across during weather and news reports. MSP has invested in this approach to ensure that our message reaches our target audience in all parts of Manitoba.



Barret Procyshyn, MSP Vice President, will be featured in an on-air interview with 730 CKDM.

Print Media

Print advertisement has been focused in the Parkland Shopper, Metro News, Lifestyle 55, Senior Scope, and First Nations Voice. We have selected these outlets in order to reach a broad rural and urban audience. Editorial content written by Manitoba pharmacists will be featured in all publications.

Social Media

Our YouTube video: Your Pharmacist, Your Community will be featured on social media as well as on the MSP website. Our print advertisements will be tagged #Pharmacists #Helping50kADay and we will be launching a video contest for pharmacists.

**I am Your #Pharmacist Video Contest.**

**Brought to you by The Manitoba Society of Pharmacists and the Canadian Society of Hospital Pharmacists – MB Branch**

1. Create a 10 second video promoting our profession with your Smart Phone or other video recorder.
2. Email it to [cclark@msp.mb.ca](mailto:cclark@msp.mb.ca) by March 8 for your chance to win one of three \$100 gift cards.
3. MSP will create a video montage showcasing the great work that pharmacists do all over Manitoba.

**Video Requirements:**

1. Make sure video is recording in landscape.
2. Have your pharmacy workplace or an interesting Manitoba landmark in the background.
3. Make sure the video is 10 seconds or less.
4. Make sure we can clearly hear your voice.
5. Be sure to look and act professional but have fun and be creative.
6. Pharmacy Teams are more than welcome to record a team video!

To help keep the message consistent throughout the video, please use the template below.

**Line 1:** I am/My name is \_\_\_\_ (First Name) \_\_\_\_\_, from \_\_\_\_\_ (City/Town) \_\_\_\_\_.

**Line 2** (Choose which ever description suits you best, or develop your own): **I/ I am**

- a certified respiratory educator
- a hospital pharmacist
- your medication expert
- a rural Manitoba pharmacist taking care of \_\_\_\_\_
- here to help you quit smoking
- (can) provide you with your flu shot

**Line 3:** I am Your Pharmacist.

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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.

# Getting to Know Your Manitoba Pharmacists - Tinu Ann Thomas

**Name:** Tinu Ann Thomas

**Place/Year of Graduation:** Dr. MGR Medical University, India / 2001

**Years in Practice:** 8

**Currently Working:** Managing Pharmacist at Loblaw Pharmacy #1509 (Bison Drive location).

**Accomplishments in pharmacy:** After completing my Masters, specializing in Clinical Pharmacy, I worked as a Clinical Research Scientist at Torrent Research Centre, India. I have been working with Loblaw Pharmacy for the past 8 years. My recent certifications are in COPD Trec, Asthma Trec, QUIT, Catalyst, CPR and Administration of drugs and vaccines by injection.

Our store was an active participant in the Day of Action, and our store was also chosen for the Manitoba Pharmacist Smoking Cessation Pilot Program.

**Family:** We are a very close-knit family - George (husband), and two kids, Chris (Son), & Divya (Daughter). I am also very attached to my sisters and Mom, who continue to inspire me everyday.

**Hobbies:** I love to cook and bake whenever I can. I enjoy trying out different cuisines. Reading has always been a favorite pastime and, gardening during our beautiful summers.

**Community activities:** Whenever possible I volunteer at the Kidney Foundation, Diabetes Association, involve myself in Church activities, and run flu shot drive in a community setting.

**Favorite thing about Manitoba:** The most friendly people, beautiful Prairie skies and gorgeous lakes.

**Most relaxing vacation choice:** Staying in a cottage near friends and family, and visiting Kerala, India.

**Pet peeves:** Drivers who don't signal.

**Favorite fictional character and why:** Anne of Green Gables for adapting to any situation, and loving the world as it is.

**What could you do without forever:** War/Terrorism

**What couldn't you do without for even a day:** The internet



**What you love about pharmacy:** For me, the very best thing about this job is helping patients and their families to have a better quality of life. I also enjoy talking to, and learning from my colleagues, and different people who visit our pharmacy.

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# Moral Hazard – It’s Becoming Acute as Drugs are Ignored by Some, Overused by Others

By Andrew Allentuck

Flu season is upon us. Physicians urge their patients to be vaccinated, even though this year’s vaccines appear to be less efficient than in other years. There is benefit to be sure, but there are those who reject vaccination on various grounds of religion, perceived safety or adverse reaction, or unwillingness to be bothered. They are unwilling to balance the public good with their own good.

Rejecting vaccination is a form of moral hazard, that is, risky behavior indulged by some who benefit from the costs others bear. In health care, it’s the free rider problem in vaccines, that is, the reluctance of some patients and parents to have inoculations on the assumption, which is correct, that in a population of 1,000 persons, if 999 are vaccinated, the 1,000th person has no need of a shot at all.

Moral hazard is also responsible for the widespread loss of efficacy of antibiotics. The abundant use of antibiotics for feeding cattle, farmed salmon, combatting patients’ colds and other mild respiratory infections against which antibiotics are ineffective, have led to the propagation of methicillin-resistant *Staphylococcus aureus* (MRSA). We are approaching the end of efficacy of many antibiotics as a result of excessive use. The return of plagues of earlier centuries is envisioned by epidemiologists. Like seatbelts that encourage drivers to take riskier behavior, promiscuous prescription of antibiotics now threatens to bring to an end the revolution in antibiotics that cured once virulent infections.

If antibiotics for communicable diseases cease to work, the next set of solutions will be outside the realm of vaccination and drug administration. We know that some populations of persons in frequent and close contact with others are cesspools of disease. Just as the trenches of World War I weakened those who lived in them and then provided vectors for transmission of everything from oral infections like so-called trench mouth to virulent flus, today’s school buildings, prisons, athletic locker rooms and hospitals are breeding beds for infections including so-called flesh eating disease (technically – necrotizing fasciitis and infective endocarditis).

Absent effective drugs, these illnesses, which are social diseases in the most general sense, can be combatted by isolating those who have them from those who do not. In Europe, the bubonic plagues of 1349-1351 and 1650-1651 were fought in part by locking the infected and their families into their homes to die without care. The wealthy and the informed left the cities where the plague flourished. They went to the country where infection was less likely, people lived farther apart, and the probability of infection was reduced.

In the event of a major plague of drug-resistant bacteria or viruses, some behaviours would be relatively easy to change. Those who indulge in unprotected sexual activity would be likely to be more careful. Indeed, it has been observed in numerous studies that gay men are often careful to calibrate the probabilities of infection and act accordingly. Other behaviours, such as going to the office or to a bank, grocery store, or a hospital would be harder to adjust.

Urban concentration has grown because cities are efficient places to carry on commerce, pleasant places to live, natural places to have the company of others, and efficient places to provide public services. Incurable and deadly illnesses spreading rapidly would end all that.

The solutions to social diseases, which include every easily transmitted airborne or foodborne and sometimes fluid borne illness, is to raise the costs of careless behavior. It is, in effect, to monetize

moral hazard. Put another way, it would be to penalize behaviours that harm others or, in a more technical sense, to adjust the behavior of those who take risks that create consequences others have to pay.

In practice, curbing moral hazard, which can be failure to wash hands in hospitals, schools, restaurants and institutions of all kinds would require cameras, perhaps an end to privacy in bathrooms, scouts in restaurant kitchens, perhaps frequent swabbing of hands and testing of everybody. The cost and the intrusion would be overwhelming.

What about sneezes? Would we be like the Japanese who don face masks as courtesy by the sick to protect the uninfected? How about fines linked to income for anti-social behavior? Speeding tickets in Finland are based on speeders’ income. It could be done.

Would societies want to block farmers and ranchers from giving large doses of antibiotics to pigs and chickens? A study published in 2012 reported that 47% of meat and poultry sold in U.S. grocery stores were contaminated with *S. Aureus* and 24.4% of persons in that cohort were resistant to at least three classes of antibiotics.

Moral hazard is hard to count. Like opportunity cost, which is as evanescent as failure to make a profit that one could have made by investing in what seems in hindsight to have been a good idea, moral hazard in health care illuminates the saying that one man’s meat is another man’s poison.

It comes down to ways to monetize socially undesirable behavior that has epidemiological consequences. And not everyone would agree with what is socially undesirable. In the U.S., the widespread ownership of rifles and handguns could be said to make police more ready to shoot in routine encounters with the public. A statistically astute cop in Texas, where packing heat is seen as almost a civic duty, would be aware that his 24 million fellow Texans own about 51 million firearms. That’s two guns per person and, excluding babies too small to pull triggers and toddlers who have not yet learned to shoot, it’s probably three guns per adult. The odds that a routine traffic stop could lead to a gun battle are higher on this basis in the Lone Star state than any other. What to do? Disarm? Not likely. Texans might, it could be suggested, be disinclined to give up their guns.

How about use of foods that can be weapons? Street vendors of hot dogs (once called “America’s deadliest missiles” by Ralph Nader) could be banished. Every restaurant washroom could have a monitor, cameras, and a scanner-linked exit door. Sneezing would have to be controlled, perhaps by fine or mandatory wearing of masks with nose filters – they were, in fact, designed as masks with beaks and used in the Middle Ages.

Imagination and acceptance of indignity could help. So could the core problem which is overuse of biological preparations for the control of the minor illnesses of life and even of illnesses, like colds, for which they are ineffective.

We have a long road back to restore the efficacy of antibiotics. The problem is not just immunology and therapy. It is social. It is finding consent for more regulation if that is what it takes. It is counseling prescribers who like to dish out the latest cures to patients who demand them. It is persuading and perhaps compensating farmers who make big profits on 50,000 chickens in one coop or 2,000 swine in one vast barn that the public interest exceeds their own. Failure to do that will eventually turn moral hazard from a concept in economics into a deadly disease of its own.





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