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Feature
Canker Sores
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Message from MSP President and Executive Director
Strength in Numbers

Living the Vision to unify and advance the pharmacy profession requires collaborative and strategic partnerships internally within our own province and externally with other provincial pharmacy advocacy organizations and our national counterparts. Over the past two years, MSP has worked to leverage and strengthen our existing partnerships and to define a common national vision with our partners in every province. Within MSP Board's structure and operations, we have expanded our liaison positions to the Board to promote partnerships and inclusion of the Faculty of Pharmacy and Canadian Society of Hospital Pharmacists – Manitoba Branch in addition to the College of Pharmacists of Manitoba, Canadian Pharmacists Association, and Faculty of Pharmacy Students Association.

MSP Corporate Sponsors and industry sponsors provide needed infrastructure support to enable the organization to meet our mandate. Our provincial partners are actively engaged in all of our programs and services including continuing professional development programming, expanded topics and structure of the annual conference, advocacy activities, and media and public promotion events.

MSP is fortunate to benefit from strong partnerships with Manitoba pharmacists who volunteer on our committees, working groups, and to be our representatives with all our public relations and promotional activities. We depend on the volunteer efforts of our pharmacists and appreciate your commitment to advancing the profession of pharmacy in alignment with MSP. Manitoba pharmacists were front and center in communicating with MLAs, both in writing and in person. Manitoba pharmacists have been influential in meetings with Manitoba Health and in our negotiations with provincial and federal governments regarding contract negotiations for improved pharmacist recognition and compensation for services. Most recently, Manitoba pharmacists have been engaged in the launch of the MSP Medication Review Toolkit, National Drug Drop Off Day, the Manitoba Medication Return Program, and the MSP Annual Pharmacy Conference.

MSP has become more active in pharmacist advocacy through presentations to Manitoba political parties. We had a very successful meeting with the PC Caucus of the Government of Manitoba and are planning meetings with the NDP Caucus, the Liberal MLA and party leaders for the fall. We are working to improve our relationship with the Minister of Health and her opening of this year's annual conference demonstrated her commitment to working with MSP to advance our mutual interests.

MSP has been more engaged with Manitoba Health, Healthy Living and Seniors in discussions of reimbursement for cognitive professional pharmacy services, and increased the profile of MSP as a key stakeholder in health care discussions. We actively participated at the Manitoba Health and Healthy Living Primary Health Care 2020 Strategic Planning Kick Off Session and have been invited to represent pharmacists on the Manitoba Provincial Vaccine Advisory Committee.

Nationally, MSP has been active in meetings with the other pharmacy advocacy organizations to build a strong inter-provincial network of knowledge and resources to advance the pharmacy profession. The Provincial Pharmacy Associations Organization (PPAO) meets formally twice each year and communicates regularly through emails and conference calls on common pharmacy practice issues and opportunities. The strategic partnership we achieve across our borders has enabled us to work collectively on NIHB issues and to share successful strategies for contract negotiations and resources.

MSP has worked strategically in alignment with PPAO to identify benefits and strengths in our support with and for the Canadian Pharmacists Association. MSP has benefitted from CPhA's national representation including the establishment of PPAO meetings with NIHB and Assembly of First Nations to advance discussions on common issues, opportunities for resolution and to improve awareness about the role of pharmacists as primary health care providers. CPhA continues to offer member benefit discounts for their continued professional development programs.

Over the past year, the Canadian Pharmacists Association (CPhA) has been working collaboratively with all provincial advocacy organizations to develop a new governance model to meet the needs of pharmacists within a national landscape. At CPhA's annual conference this year in Saskatoon, they will be speaking to their new governance model which will include representation from provincial pharmacy advocacy groups. CPhA and the provincial advocacy associations across Canada have recognized that the profession needs a stronger, more united voice in dealings with governments and other stakeholders in pharmacy.

The new model for CPhA ensures that provincial associations have a board presence at CPhA. This will be a transitional year for CPhA where each provincial advocacy organization will be reviewing a Memorandum of Understanding which will offer their members access to CPhA membership services, reduced rates for continuing education, conferences, and all reference products. MSP is currently reviewing this strategic national partnership and more information is included in the MSP Good Governance Committee Update in this issue of Communication.

MSP is dedicated to improving the profile of pharmacists and advancing the recognition of the pharmacist’s role to enhance and improve Manitoban’s health care services and health care outcomes. Collaboration with our member pharmacists and provincial and national stakeholders builds a stronger society and unified pharmacy profession. We are the voice of Manitoba pharmacists. Our unified voice is strengthened by each of our members and partners.
The 2014 MSP Pharmacy Conference took place at the RBC Convention Centre from April 25 - 27, 2014. The conference theme of *Embracing Change* highlighted the newly expanded scope of the profession of pharmacy and the expected benefits to Manitobans.

Each year the Conference Planning Committee identifies relevant and important topics for pharmacists. The goal is to develop education sessions that enhance the knowledge of pharmacy practitioners and the quality of pharmaceutical care.

This year MSP’s Professional Relations Committee, worked hard, in partnership with the Asper School of Business, to offer a new and exciting pre-conference workshop: Professional Services Marketing, Showcase Your Value as a Healthcare Professional. The workshop was very well received and had the participants eager to apply the principles they learned in their practice.

**Friday, April 25, 2014**

The weekend began with welcome remarks from the Honourable Erin Selby, Minister of Health and MSP President Scott McFeetors. The tone of the profession’s ongoing transformation was evident in Minister Selby’s opening remarks indicating that Government and MSP continue to forge their relationship to advance the profession.

The Friday afternoon sessions offered a range of interesting topics from negotiations to adult immunization. The sessions were capped off by Dr. Neal Davies’s presentation that took attendees on a historical and contemporary journey through the world of pharmacy.

**MSP SOCIAL EVENING**

Delegates were invited to a social evening at Tavern United Pub. The informal reception was a great way for the delegates to catch up with colleagues, enjoy the Pub’s fare and have fun.

**Saturday, April 26, 2014**

An early morning breakfast and session on Cybersecurity kicked off a very busy and energized Saturday! Following the Short & Snappy session, a conference favourite, the College of Pharmacists of Manitoba held its Annual General Meeting.

A light buffet lunch followed in the exhibitor’s hall, where attendees met with various organizations, closely tied with pharmacy, who showcased their new products and services. For the second year, Poster Presentations were held in the exhibitor’s hall, allowing presenting authors a forum to display their work.

(L to R) Scott McFeetors, MSP President; Erin Selby, Minister of Health; Brenna Shearer, MSP Executive Director
Congratulations to this year’s first place winner Ousama Rachid, *Preclinical Study of Rapidly Disintegrating Sublingual Tablets Containing Epinephrine Nano-Crystals for Potential First aid in Treatment of Anaphylaxis.*

The afternoon sessions began with the Young Leaders Awards presentations to eleven recipients who demonstrated leadership and desire to make an impact on the pharmacy profession.

Following the award acknowledgments the Issues Forum addressed a wide range of topics, from malpractice insurance to updates on new practice legislation in Manitoba. It was at the Issues Forum that MSP presented the Medication Review Toolkit. The toolkit, which had been in development for two years, was revealed and discussions on how to incorporate medication reviews into practice followed.

**Annual Gala Dinner and Awards Banquet**

The Annual Gala Dinner and awards ceremony celebrating outstanding members and leaders in Manitoba’s pharmacy profession was held Saturday evening.

Guests enjoyed light jazz music throughout dinner, and a decadent dessert buffet. The Gala was a great way for guests to mingle and network with colleagues.

A big hit of the evening was the photo booth where guests were able to dress up, be a bit silly and take home a memento from the conference.

**Sunday, April 27, 2014**

The Manitoba Society of Pharmacists’ Annual General Meeting was held Sunday morning and additional education sessions were held throughout the day.

The Annual College of Pharmacists of Manitoba Award Luncheon was celebrated midday honouring 25 Year Achievement Awards, 50 Year Achievement Awards, and Centennial Awards. Congratulations to all the recipients!

The Conference weekend was energizing and inspiring. 400 delegates participated in the various, professional development seminars, social events, and meetings.

The Conference Planning committee would like to thank all the speakers, sponsors, exhibitors, and the Faculty of Pharmacy student volunteers for their role in making the event a success.

Additionally, the Committee would like to recognize MSP President, Scott McFeetors for taking the lead role in chairing the conference this year. His contribution to developing and executing the event is greatly appreciated.

**2014 Conference Planning Committee**

Brenna Shearer, MSP  Marnie Hilland, MSP
Chris Tsang  Pam Johnson
Cinthya Clark, MSP  Sara Gusta, MSP
Jackie Doming, MSP  Scott McFeetors, MSP
Jill Ell, MSP  Shawn Budgen, U of M
Kathy Wright, CPhM  Sheila Ng, MSP
Kim McIntosh, CPhM  Tara Maltman-Just
Kristine Petrasko, CPhM

**Sound Familiar?**

- Increased work volumes
- Staffing problems
- No breaks
- Patients with no patience

Ever feel like saying “who peed in your corn flakes this morning?”

We have all experienced some trying moments at work - some more challenging than others. Read what your colleagues have said in the Survey Says results at the Manitoba Pharmacists at Risk website. Please visit us at www.pharmarisk.mb.ca

Let us know what you think

“let us help...YOU...keep it together”
Gayle Romanetz is honoured this year with the **Manitoba Society of Pharmacists Award of Merit**. The award is presented as recognition to an active member of the Manitoba Society of Pharmacists (MSP) for their active participation and promotion contributing to the benefit of the MSP and the profession of pharmacy.

Gayle was elected to the MSP Board of Directors in 2009 and completed two terms while chairing the Professional, Public, Government Relations and Human Resources and Compensation Committees. Non-profit organizations are always challenged by finances, and she was determined not to let that stop MSP from reaching higher ground. She advocated to create the Public Relations voluntary fund and with generous financial support from MB Pharmacists and sponsors, expanded Pharmacy Awareness Week (PAW) into two, Pharmacy Awareness Month (PAM) events.

She is particularly proud of her involvement with launching the Medication Return Program and the MSP sponsored QUIT and CATALYST programs; today, more than 300 pharmacists have completed advanced smoking cessation training.

Gayle continues to work with the Professional Pharmacy Services, Smoking Cessation, and Asper School of Business Steering Committees. She recently completed a six year term with the College of Pharmacists of Manitoba (CPhM) Board of Examiners and is the current MSP representative on the Pharmacy Faculty Council. She is a member of the CPhM Standards of Practice work stream and continues to promote community based initiatives including the Canadian Diabetes Association Freedom Run, Go for Health Expo, MB Quits, Canadian Patient Safety Week, and See KD programs.

Gayle is a graduate of the U of M and is a QUIT, CATALYST and injection trained community pharmacist licensed in Manitoba and Ontario.

Tara Maltman-Just is honoured this year with the **Takeda Magnum Opus Award**. This award recognizes pharmacists who have completed advanced training or education and have successfully expanded their practice as a result. The Takeda Magnum Opus Award will raise awareness of the value and availability of advanced training for pharmacists.

Tara, a graduate from the University of Manitoba, an Advanced Fellow, Board-Certified Diplomat and Licensed Pharmacist, combines her extensive training in Integrative Medicine with her comprehensive approach to health care to help people live better, more balanced lives.

Tara's dedication to her patients and the advancement of health care services inspired her to found Vitality Integrative Medicine, a private practice focused on optimal health. In addition to her full-time clinical practice, she has continued her love of learning with a Masters Degree Program in Metabolic and Nutritional Medicine as well as a one-of-its-kind Brain Fitness Certification through the College of Medicine at the University of South Florida, training under internationally renowned physicians and neurologists.

Tara has served as a guest speaker and contributing author on the local and national platform for both the public and health care professionals, advocating innovative practice and patient-first care. She holds numerous practice accomplishments including: recipient of the Centennial Award (CPhA), achievement in Lifelong Learning (CPhM), is QUITcertified, and ADAPT-certified.

Tara is thrilled to serve as a Moderator for ADAPT because it connects Canadian pharmacists who are taking the initiative to stand for their value, their expertise and their profession.
Gayle recently completed a six year term with the College of Pharmacists of Manitoba (CPhM) Board of Examiners and serves as an active member of the College’s Standards of Practice Committee. In addition, Gayle served for many years as the Manitoba Society of Pharmacists Vice President.

Gayle is a graduate of the U of M and is a QUIT, CATALYST and injection trained community pharmacist licensed in Manitoba and Ontario.

Kyle MacNair is this year’s recipient of the Canadian Foundation for Pharmacy Past President Award. The award recognizes his dedication and commitment to the College of Pharmacists of Manitoba (CPhM) and the profession.

Kyle served as a member of the College’s Standards of Practice Committee from 2000 to 2012, and from 2010 to 2012, he co-chaired the committee. In 2008, Kyle was appointed as one of the College’s representatives to the Registered Nurse-Extended Practice (RNEP) Advisory Committee.

Kyle was first elected to the College of Pharmacists of Manitoba Council in 2010. In 2010, he received the Centennial Award from the College (formerly the Manitoba Pharmaceutical Association) for work with the Prescription Information Services of Manitoba (PrISm). Since being elected, he has been actively involved in the advancement of the profession of pharmacy through the development of Regulations and Practice Directions to the new Pharmaceutical Act.

Prior to being elected to the College Council, Kyle was actively involved with the Canadian Society of Hospital Pharmacists (CSHP) in various leadership roles such as College Liaison, CSHP-MB Branch President Elect, President, and Past President. Kyle was the recipient of the CSHP – MB Branch Past President Award in 2009.

In April 2012, Kyle was elected to a two year term as the President of the Manitoba Pharmaceutical Association (MPhA). During his term, the membership passed the Regulations for the 2006 Pharmaceutical Act, which allowed the Act to be proclaimed on January 1, 2014. The proclamation of the Act has led to the renaming of the MPhA to the College of Pharmacists of Manitoba (CPHM). Kyle MacNair is currently the Regional Director of Pharmacy for Southern Health-Santé Sud and also serves as a Clinical Assistant Professor and Lecturer for the Faculty of Pharmacy at the U of M.
Janice Coates is this year’s recipient of the Pfizer Consumer Healthcare Bowl of Hygeia Award. The award is presented for outstanding community service by pharmacists and recognizes the time devoted by pharmacists to the welfare of their respective communities.

Jan began her career in pharmacy upon graduating from University of Manitoba in 1973. Front line to senior management roles at facilities throughout Winnipeg Regional Health Authority (WRHA) have provided Jan with extensive leadership experience, executive roles in professional organizations and ongoing affiliation with the University, Faculty and student programs.

From 2006 to 2007, Jan served as an Alumni Campaign Cabinet leader for the Prescription for the Future building campaign raising $1.63 Million dollars for the new Faculty of Pharmacy building, the Apotex Centre.

Jan is active in executive roles with various professional organizations and boards including a decade as board member and then chair of St. John’s Ravenscourt School, where she led governance initiatives, strategic planning and implemented strong organizational performance measures supporting principles of transparency and accountability.

A life-long learner, Jan holds certification in board governance and management from the Banff Centre of Management, U of M Asper School of Business, WRHA/Red River College (RRC) Health Services Management Program, and Health Leader’s Institute. Professional leadership and commitment to excellence have earned her several awards.

Jan’s community participation has included leadership roles with the Manitoba Theatre for Young People, 1999 Pan Am Games, Weekend to End Breast Cancer, and countless other rewarding involvements.

Jan is currently the Manager of Pharmacy Services for Victoria General Hospital. In her present position with the WRHA, Jan is involved in many initiatives aimed at improving patient safety.

Jennifer Gibson is honoured this year as the recipient of the The Bonnie Schultz Memorial Award for Practice Excellence. The award recognizes her consistent compassion, empathy, and the commitment to provide personalized care to alleviate many of the concerns and discomfort suffered by patients.

Jennifer graduated with her Bachelor of Science in Pharmacy from the University of Saskatchewan in 2003. 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 and became an integral member of this multidisciplinary team. Her role has since expanded to include acting as a resource for team members, educating fellow pharmacists, initiating and participating in research endeavors and serving as an advocate for patients in the southern half of the province.

She has also found many opportunities to give back to her profession including being Education Chair for CSHP Saskatchewan Branch (2005/2006), chair of the Transplant Pharmacy Specialty Network (PSN; CSHP) and through a presidential term with CSHP Saskatchewan Branch. In November 2006, she traveled to Gambia, West Africa, where she volunteered in the pharmacy department at the Royal Victoria Teaching Hospital. Along with local pharmacy staff, she was able to complete several projects intended to improve medication safety and drug distribution. Since then, Jennifer has continued to build relationships with the pharmacy community in Gambia through education, research and general pharmacy services.

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 adult kidney transplant recipients at Health Sciences Centre in both inpatient and ambulatory clinic settings. Her focus is on the education for de novo renal transplant recipients, and on ambulatory patient care for the nearly 600 adult recipients within the program. Jennifer is also involved in research, precepting pharmacy students, and as a Lecturer at the Faculty of Pharmacy, University of Manitoba.
Gary Cavanagh is honoured this year as the recipient of the Pharmacist of the Year Award. The award recognizes a pharmacist who, in the opinion of their peers, has made a significant contribution to the profession throughout their career.

Gary graduated from the University of Manitoba, Faculty of Pharmacy in 1972 and began his pharmacy career as pharmacy manager of Du Lac Pharmacy in Ste. Rose du Lac, Manitoba. Later, he worked for the Brandon Mental Health Centre, and in 1980 became Director of Pharmacy Services. Gary has served as a pharmacist consultant for Pharmacological Solutions in Brandon, Manitoba since 2005.

Soon after Gary was licensed, he began his many years of committee involvement by joining the ad hoc committee on Generic Labelling in 1975. He has served on many College committees and on Council over the years including, serving as the President from ’04 to ’06, and chairing the Discipline, Registration, and Appeals Committees.

Gary is also a long time member of the Canadian Society of Hospital Pharmacists - Manitoba Branch (CSHP-MB), serving as a member of the Executive Committee in 1984 and Branch President in 1989 and 1990. In recognition of his outstanding commitment to CSHP-MB Branch, Gary was the 2003 recipient of the Merck Frosst Professional Achievement Award.

On a provincial level, Gary was a member of the Health Information Privacy Committee, representing the College of Pharmacists of Manitoba from 2006 to 2012. In 2010, he was the first non-physician practitioner appointed to the position of Chair of the Health Information Privacy Committee. Nationally, Gary has dedicated many hours of service from 2003 to 2007 to the Pharmacy Examining Board of Canada (PEBC).

Gary’s high standards are evidenced by his outstanding contributions to the profession throughout his career. Over his long and varied pharmacy career, Gary has dedicated much of his time to committee work and organizations that strive to improve patient safety and advance the profession of pharmacy.
Young Leaders Award

The Young Leaders Award, sponsored by the Manitoba Society of Pharmacists and the College of Pharmacists of Manitoba, recognizes pharmacists in their first five years of practice and fourth year pharmacy students.

This year the awards were presented by Kyle MacNair, President of CPhM, to eleven recipients. These recipients are presented with this prestigious award for their demonstrated natural leadership and desire to make an impact on the profession.

First Place Poster Presentation

The 2014 Annual Manitoba Pharmacy Conference brought back the poster presentations after experiencing success last year. The Manitoba Society of Pharmacists and the Conference Planning Committee would like to thank all presenters for their participation in the Poster Presentation. The First Place Ribbon was presented to Kyle MacNair, President of CPhM, to eleven recipients. These recipients are presented with this prestigious award for their demonstrated natural leadership and desire to make an impact on the profession.

Ousama Rachid1, F Estelle R Simons2, Mutasem Rawas-Qalaji3, Belacryst Mendez3, Annette Losada3, Keith J Simons1,2

Aims: Epinephrine (E) auto-injectors are recommended for anaphylaxis treatment in the community; however they are under-utilized when anaphylaxis occurs. We developed E taste-masked, rapidly-disintegrating sublingual tablet (RDST) as a potential alternative dosage form (J Allergy Clin Immunol 2013;131:236-8). Into these new-generation tablets, manufactured by direct compression without moisture or heat, we subsequently incorporated E as nanocrystals (NC) (AAPS Journal 2013;15 (2) Abstract T3243). We hypothesized that this would enhance H sublingual absorption.

Methods: In a preclinical study in our validated, epinephrine-tolerant animal model, we investigated the rate and extent of E absorption from E-NC 20 mg and E 40 mg RDST, using E 0.3 mg IM (EpiPen, positive control) and placebo RDST (negative control). Blood samples were collected at frequent intervals to 1 h. E concentrations were measured using HPLC with electrochemical detection.

Results: The mean±SD AUC0-60 and Cmax from 20 mg E-NC RDST (942±244 ng/ml/min and 38±10 ng/ml) and 40 mg E RDST (678±149 ng/ml/min and 32±10 ng/ml) did not differ significantly (p>0.05) from each other or from E 0.3 mg IM injections (592±122 ng/ml/min and 28±7 ng/ml); however, all these values were significantly higher than the endogenous E values (220±78 ng/ml/min and 8±3 ng/ml) (p<0.05) after placebo RDST.

Conclusion: E-NC RDST improved E absorption two-fold, therefore the E-RDST dose could be reduced by 50% using E-NC. These E-NC RDSTs are potentially useful for the first-aid treatment of anaphylaxis in community settings and are suitable for Phase I human studies.

1Faculty of Pharmacy, University of Manitoba, Canada, 2Department of Pediatrics and Child Health, Faculty of Medicine, University of Manitoba, Canada, 3Department of Pharmaceutical Sciences, College of Pharmacy, Health Professions Division (HPD), Nova Southeastern University, USA
The mandate of the Good Governance Committee is to ensure that the governance of the Manitoba Society of Pharmacists is relevant, transparent, functional and accountable to its membership. The Committee assists the Board in providing long-term vision and in protecting the reputation and values of the Society.

Over the last few years, leaders of national and provincial pharmacy associations in Canada have been meeting and discussing a new governance model for the Canadian Pharmacists Association (CPhA). In February of 2014, the members of Provincial Pharmacy Advocacy Organization (PPAO) and the Board of Directors of the CPhA reached high level agreement on the key terms for a new membership model for CPhA that would have the provincial (and perhaps some select national) pharmacy associations become the voting members of CPhA. Specifically, agreement was reached on the following terms:

1. CPhA will not offer insurance products as part of the initial value offering of the new structure, and in future CPhA can only offer insurance products within a member province if agreed by consensus of the provincial association representatives on the board, and with the consensus, CPhA will look first to provincial insurance programs which could be expanded to other provinces, before pursuing other external programs.

2. The annual membership dues that each member pays CPhA should be consistent across Canada.

3. The dues each member pays CPhA for the initial agreement will be $25 per licensed pharmacist.

4. Each provincial pharmacy association will have a voting seat on the new CPhA Board of Directors.

5. The new governance model will not allow Chief Executive Officers, Executive Directors or staff of PPAs to become Directors of the Board. The PPA representatives on the CPhA Board of Directors will be a pharmacist member of the PPA and will not be a staff member of the PPA.

The new CPhA governance model developed consists of:

a) Ten voting seats on the CPhA Board of Directors for provincial pharmacy association representatives.

b) A minimum of 3 and a maximum of 6 skill-based directors elected to the CPhA Board of Directors. These Directors will also be members and do not need to be pharmacists.

A transitional CPhA Board for the 2014-2015 Board year will include CPhA’s 2013-2014 Past President, President-Elect and President, the skill-based directors and the provincial pharmacy association (PPA) representatives as they become available. CPhA’s 2013-2014 Past-President, President, and President Elect will have to resign their Officer positions within 12 months upon the effective date of the 2014-2015 transitional CPhA Board in May 2014.

A Memorandum of Understanding (MOU) has been drafted between the CPhA and the Ontario Pharmacists Association (OPA). This initial MOU is designed to serve as a template between CPhA and all other PPAs. The planned commencement date for CPhA’s governance model is July 1st, 2014 when the MOU between CPhA and OPA goes into effect. Over the next year, other PPAs will finalize their own MOUs with CPhA. It is hoped that all PPA members will be signed on by June 1, 2015.

In return for dues, provincial associations will have access to all CPhA membership services, continuing education, conferences, expanded benefit programs and all reference products. In addition, provincial associations may benefit from opportunities for joint cost savings via shared resources for research, coordinated bulk purchasing, sharing of infrastructure and opportunities for additional revenues via syndicated selling of programs, education and services.

The Good Governance Committee is reviewing the proposed Memorandum of Understanding and developing recommendations for the MSP Board of Directors on how to move forward with becoming a CPhA member. A process for selecting a MSP member to serve as MSP’s representative to CPhA is required by August 2014. All financial details of the MOU will need to be evaluated to ensure that current MSP members do not pay twice for CPhA membership during the first transitional year and the various funding options and timelines for participation align with our current organizational timelines. Finally, the MOU will need to reflect the specific needs of MSP that will enable us to continue to properly promote the value and role of pharmacists in Manitoba.
The MSP Public Relations Committee invites you to participate in a Day of Action: September 18, 2014

What is the Day of Action?
On the Day of Action, volunteer pharmacists across the province will perform Medication Reviews for their patients at no cost, making them accessible to everyone.

Why participate?
Pharmacists are medication experts. As a highly trusted and readily accessible health care provider, pharmacists are well-positioned to help their patients achieve optimal drug therapy outcomes and demonstrate the value of the services they provide.

Who can participate?
We are inviting all pharmacists across Manitoba to participate. As a volunteer, pharmacists will commit to:

- A Day of Action preparation session. The on-line session will guide participants through the Medication Review Toolkit and how to perform a high quality medication review.
- Performing a minimum of 5 medication reviews.
- Completing a questionnaire identifying the number of DRPs identified and their severity, and their overall experience.
- Ensuring that patients complete an evaluation questionnaire.

Outcomes
- Elevate the public awareness of the services that pharmacists provide.
- Increase public awareness of pharmacists as medication experts.
- Demonstrate the need to make Medication Reviews accessible to all Manitoba residents and demonstrate the potential benefits.

To volunteer your services for this important day, contact the MSP office at info@msp.mb.ca or (204) 956-6681.

Deadline to volunteer is July 26, 2014
The new MSP website is here!

MSP knows that our members value the information, resources, and exclusive member content provided on our website. The new dynamic site allows MSP to provide our members with fresh content and updates faster; the streamlined design allows members to easily access the information important to them at the office, at home or on the go.

We hope you enjoy the new look, navigation system and upgraded services!

Members Only Login
To access exclusive Member Only content, you must have a 2014/2015 membership and create your personalized user account.
(Former usernames and passwords will no longer work)

NOW AVAILABLE!

MSP is excited to announce that the Manitoba Medication Review Toolkit is now available and can be downloaded from the new MSP website!

The Toolkit has been developed to assist Manitoba pharmacists with the implementation of a medication review program in their pharmacies and provide support throughout the process of performing medication reviews for patients.

Section One: The How-to-Guide takes you through the process of how to use the Toolkit and presents best practices for performing a high quality medication review.

Section Two: The Appendices includes very important resources including, fill-able medication review forms (PDF format) to record the patient’s information, health questionnaire, pharmacist’s findings, and recommendations.

Section Three: The Case Examples provide a mock look at how a complete review should look.
What does it mean to be a pharmacist? Every day, pharmacists interact with patients, administrators, other health professionals and a litany of other stakeholders. Those interactions give us the power to influence healthcare and the outcomes of patients in every corner of our province. The work we do is significant and powerful. With over 1000 pharmacists in Manitoba, we represent a vast network of access points for patient care. Our role in the healthcare team is evolving and it’s important that the vital services we provide are recognized by all stakeholders to ensure we continue to be a part of an innovative and sustainable healthcare system.

If pharmacy in Manitoba is to evolve as pharmacists envision, it is going to happen with the support and confidence of our public. The MSP Board is designed 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.

Although pharmacy has evolved into so much more than drugs, we are often still portrayed as medication dispensers. The MSP Public Relations Committee works 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 Pharmacists 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.

Pharmacist Awareness Month 2014

This is why the Manitoba Society of Pharmacists is so proud to have had the Honourable Erin Selby, Minister of Health, proclaim March 2014 to be Pharmacist Awareness Month (PAM). The Society was able to use a variety of media and outreach methods to reach Manitobans as many as 750,000 times and share our key messages:

- Pharmacists are your medication experts.
- Manitoba pharmacists can do more for you than ever before.
- Your pharmacist is here for your healthcare needs. Your Health. Your Pharmacist.

Manitobans heard these messages through outreach events, the Health Media Network, radio, television, and print media.

The 2014 PAM Outreach Campaign connected pharmacist volunteers with groups throughout the province interested in health. Seniors, parents, and caregiver groups were all contacted for outreach opportunities and pharmacists were able to deliver presentations on a variety of topics. The “Learn to Be Safe” seminar, available from the Manitoba Institute of Patient Safety, was one of the prominent community presentations promoted for our members to use throughout PAM. We also promoted the TEVA Community Health seminars and a presentation prepared for MSP by Curtis Hughes specific to Medications and Seniors. These efforts, as well as those of the Canadian Association of Pharmacy Students and Interns (CAPSI) at the U of M to educate children on hand washing, allergies and tobacco, are an ongoing endeavour.

Pharmacist Awareness Month is an excellent opportunity to highlight the skills of pharmacists but outreach is a constant tool to engage the public.

The Health Media Network was again engaged this year with the collaboration of the Manitoba Institute of Patient Safety. This group is the largest indoor sign company in Manitoba and has a network of digital screens in clinic and hospital waiting rooms across the province that reaches as many as 300,000 viewers in a month. The videos this year listed the “Top 10 Reasons to Talk to Your Pharmacist,” “Don’t Be Afraid to Ask,” and a “Did you know?” piece. We wanted to frame the message to show a full cycle for medication use – from the moment a patient picks up their medication through to safe disposal.

Radio ads and interviews have been a key part of our messaging. This year, we chose to work with CJOB in Winnipeg, CKDM in the Parkland area, Star FM in Brandon, and Native Communications Inc. (NCI) FM which has a province-wide reach. Each station was chosen to help achieve the goal of extensive provincial coverage. Every Manitoban should be aware of the services their pharmacist can provide. With CJOB, we targeted the 55+ population, which typically has higher medication use. To reach two of our most densely populated rural areas, we chose Star FM in Brandon and CKDM
in the northern Parkland area. One of our most valuable investments in radio, has been with NCI FM. This station reaches approximately 96% of the province and has as many as 140,000 listeners per day. We secured over 30 commercial spots, an NCI Spotlight (a 15 sec. spot airing when space was available up to 4 times per day) and a live interview.

Television is a powerful medium to reach the public and we were invited this year to share the perspective of pharmacists on Breakfast Television Winnipeg. On March 10, 17 and 24 pharmacists joined host, Courtney Ketchen, to discuss the pharmacist’s role in healthy living. Breakfast Television is a popular morning show that airs across the province. With these interviews, we were able to reach viewers through a known and trusted television program. This is an area of outreach that the Manitoba Society of Pharmacists intends to explore further through the remainder of 2014 and into the future. Online video is another avenue currently being investigated by the Society to broaden the network and maximize the impact of our outreach.

We also had a very strong print media presence this year. Our updated logo and design allowed for an exciting and vibrant new ad campaign. Appearing in 9 publications specifically chosen to reach Manitobans across the province, in many walks of life, these ads may have been viewed as many as 1.3 million times. Many of these publications were also keen to share the voice of pharmacists through editorial space. Editorial content was submitted by a group of fantastic volunteers to:

- Senior Scope (a rural periodical written for seniors with a circulation of approximately 30,000)
- Westman Journal
- Lifestyles 55 (a seniors’ publication reaching over 11,000 Manitobans)
- Lifestyles 55 Website
- NCI FM website under Community Connection
- Dauphin Herald
- Parkland Shopper
- Winnipeg Metro

None of this would have been possible without the partnership of several organizations. Thank you to the College of Pharmacists of Manitoba, Manitoba Institute of Patient Safety, and the Manitoba Medications Return Program for their support and belief in the power of pharmacists. Most importantly, thank you to each pharmacist that participated in PAM 2014. Whether it be through your volunteer efforts or your generous donation to the Public Relations fund, you are an advocate for our profession. Every act of advocacy advances the position of pharmacists in healthcare and improves our ability to serve our patients. Thank you for all the work you do every day to show your patients, your teams, and your colleagues what pharmacists are capable of.

There are many more ways to get involved as well!

Upcoming Initiatives

MEDIA RELATIONS

We have had some recent successes in media outreach of late, however positioning the Society as the voice of pharmacy in Manitoba is still challenging. Our vision is to have the media and public see pharmacists providing injections, prescribing, counseling patients, reviewing medications and demonstrating the proper use of medical devices. In our recent efforts around the National Prescription Drug Drop Off Day, we were able to work with the media to craft messaging around the idea of pharmacists as medication experts and show images of patient-counseling and collaboration with law enforcement officials. We deliberately avoided images of pill counting and focused instead on interpersonal relationships.

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.

FALL AWARENESS PROMOTION

With Pharmacists Awareness Month behind us, 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. We have some great opportunities and rates for Manitoba pharmacies to partner with MSP to advertise in local media.

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

Thank you!

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 support, MSP will continue to position itself as the primary expert advisor for all pharmaceutical news and events. Together, we will continue to find ways to cut through the noise and clutter of healthcare news and deliver our key messages whenever possible. Thank you for giving us this voice, and please continue to support this work as you can throughout the year.
National Prescription Drug Drop Off Day

Initiative
The Manitoba Society of Pharmacists, in partnership with the Winnipeg Police Service, RCMP, the College of Pharmacists of Manitoba, and the Canadian Society of Hospital Pharmacists, promoted this national initiative and encouraged Manitoba residents to dispose of their unused or expired medications properly. The objective of the National Day (coordinated by the Canadian Association of Chiefs of Police) was to ensure public health and safety by removing unused medication from the home to reduce the risk of harm from misuse, accidental ingestion, sharing, or diversion activities.

Pharmacists’ Role
MSP took the leadership role this year to promote the Manitoba Medication Return Program (MMRP) and pharmacists as medication experts and their role in medication safety. The National Day was a great way to generate conversations with patients about the importance of keeping medication therapies current, as well as ensuring that their medications are stored and disposed of properly.

The Result
With the help of our partners and supporters, MSP successfully promoted the national initiative. On Saturday, May 10, Winnipeg residents returned 95 lbs of old and unused medications to the Winnipeg Police Service service centres! A variety of medications were returned and included drugs for pain management and chronic illness, as well as ointments, oral medications, and over the counter treatments.

Thank you to Scott Bowles and his staff for volunteering their time to weigh and identify the medication returns for the Winnipeg Police Service. And thank you to all of our partners and supporters who helped us reach the public with our message and improve awareness of the pharmacist’s role in medication safety.

While the National Day may be over, the work isn’t. MSP will continue to collaborate with our partners to expand the reach to more communities in the province – and of course plan for next year!

Bobby Currie, MSP Public Relations Co-chair, sat down with CTV Morning Live to talk about the role of pharmacists as medication experts and encouraged the public to talk to their pharmacists about their drug related questions, including how to dispose of medications properly.
The Estate Reallocation Strategy

The key to effective estate planning is to minimize estate tax and maximize the amount of wealth that is transferred to the next generation. But how? Life insurance offers a unique strategy.

**Investments and Taxes**
While registered assets, such as those within RRSPs, RRIFs, and pension plans allow for immediate tax deductions and tax-deferred savings for retirement, any withdrawals will be fully taxed as income at your marginal tax rate. Furthermore, any income or growth from most non-registered investments such as GICs, stocks, bonds, real estate, and cash will be taxable to some extent, either as it is earned or upon the sale of the asset. Even upon death, you are deemed to have sold all of your assets at their fair market value for tax purposes, which can result in some significant liabilities for your estate.

**Tax Minimization, Estate Maximization**
Many individuals view life insurance as simply a necessary expense for managing risk. This is part of its purpose, but it can be much more than that. The Estate Reallocation strategy involves shifting a portion of your assets (say 5%) from fully taxable positions into a tax-exempt insurance policy, resulting in a significantly enhanced estate plan.

The investments you make in a Universal Life or Participating Whole Life policy are exempt from accrual taxation during your lifetime. With this permanent, tax-exempt insurance, you can pay a premium that is far in excess of what is necessary; the difference is invested on your behalf and the growth is tax-deferred, just like registered assets. This strategy also allows for the potential for tax-free retirement income.

Through the years, as your policy grows, your ultimate estate benefit builds as well. Eventually, the proceeds are distributed tax-free to your beneficiaries when you die, eliminating probate fees and delays.

**Summary**
Tax-exempt life insurance allows individuals to maximize the estate value that they pass on to future generations. It allows for tax-sheltered growth and a tax-free payout at death that typically far outweighs achievable returns in a taxable investment account.

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Canker Sores

Meera Thadani, M.Sc. (Pharm.)

Canker sores, also called aphthous ulcers, are small, shallow lesions of unknown etiology. They develop on the soft tissues in the mouth or at the base of the gums (Figure 1). Canker sores do not occur on the surface of the lips and are not contagious. They can be painful making eating and speaking difficult. This can result in weight loss and therefore a decreased quality of life if a balanced nutritious diet cannot be enjoyed. Most canker sores go away on their own in a week or two. There are three kinds of canker sores, minor, major and herpetiform (Figure 2).1

What starts canker sores? There is no one reason however, the following may play a part in starting the sore:

- Trauma, for example a jab to the mucosa while brushing the teeth, chipped filling
- Stress which may be work related (environment)
- Foods (strawberries, coffee, nuts, hard candy with sharp edges) to which there may be allergies
- Nutritional deficiencies
- Systemic disease which may decrease immune response
- Drug induced (NSAIDs, beta blockers, opioid analgesics have been associated with canker sores)

Minor canker sores are the most common (up to 90% of patients Figure 2). They can be found on the mucosa of the lips, cheeks, floor of the mouth, under the tongue, soft palate, as a single or cluster (1-5 sores) and are 1cm in diameter. They heal on their own in 7-10 days and can cause some discomfort.

Major canker sores are larger than 1cm and found in larger clusters (1-10 sores). They can scar and cause difficulty in swallowing. Less common (up to 20% of affected patients), they are associated with human immunodeficiency virus. They can last for weeks or months.

Herpetiform canker sores are least common (up to 10% of patients) and may leave a scar. Duration is usually 1-2 weeks but can last for up to 3 to 5 weeks. They look like lesions because they are clusters of ulcers that have coalesced into a larger mass. They are called herpetiform because the lesions look like a primary infection with herpes simplex virus (primary herpetic gingivostomatitis). However, herpetiform canker sores are not caused by herpes viruses.

Treatment Goals

Treatment goals include, pain relief, adequate nutrition and hydration, reduction in the duration of ulcers to restore oral function and decrease severity and frequency of occurrence.

Patient assessment can include ruling out:

- Infections which may be bacterial or viral
- Autoimmune diseases
- Dental problems which need referral to a dentist
- Nutritional and vitamin deficiencies
- Tobacco use which may have caused other problems in the buccal cavity
- A surfactant, sodium lauryl sulfate found in toothpastes has been implicated in the healing of canker sores. Avoid toothpastes containing this ingredient.

Patients with a fever, skin rashes, diarrhea or other systemic symptoms need referral to a physician for further assessment.

Prevention strategies include:

- Local trauma is often the cause of canker sores. Avoid rough foods, that irritate the buccal mucosa such as toast, potato chips, nuts or hard candy with sharp edges
- Brushing the teeth carefully with an ultra soft brush to avoid trauma.
- Stress can trigger recurrence and relaxation techniques may be suggested.
- A nutritionally balanced diet and adequate hydration is beneficial for overall health. If necessary recommend a multivitamin with mineral supplement.
For patients who cannot swallow large pills, chewable vitamins or preparations in liquid form are available.

- Avoiding foods that trigger allergies can help and perhaps a referral from the family physician to an allergist could be helpful.
- Some canker sores may be drug related (NSAIDs, beta blockers, opioid analgesics have been implicated in canker sores). Avoiding or discontinuing the medication can help heal the ulcer.
- If there are underlying systemic conditions which implicate the immune system, then physician referral is the most appropriate advice.
- Non-pharmacological therapies include avoidance of offending foods, alcohol and acidic juices. Referral to a dentist to check oral health and proper fit for dentures may be needed.

Non-prescription medications

Because minor canker sores resolve on their own, pain relief products such as topical anesthetics (lidocaine, benzocaine) in gels, ointments or pastes can be used. They can be applied using a cotton swab or the applicator supplied in the bottle. For systemic relief, acetaminophen is the only suggestion because NSAIDs can worsen canker sores. Products that can coat the lesion such as a protectant paste can also help. A warm salt water gargle can be soothing (2.5 – 5 mL salt in 250 mL of warm water). Brushing and flossing after meals and before bedtime and a dental check every 6 months will help to prevent oral problems.1

Prescription medications

- Topical corticosteroid (triamcinolone) in an adherent paste (Orabase), and benzydamine 0.15% solution are available after physician assessment. Patients should be advised not to eat or drink for 30 minutes afterwards to increase contact time with the affected area and let the paste set.
- Tetracycline mouthwash 5% can be compounded to be used topically as a solution retained in the mouth for 1 -2 minutes, then swish and spit, 4 times a day for 5 days. A benefit-risk assessment (fungal infections, bacterial resistance, staining the teeth) is advised.
- Prednisolone 10-30mg daily for up to 30 days can be used for acute flare.
- Other systemic products (colchicine, dapsone, infliximab, pentoxifylline, thalidomide, and antimetabolites) have been studied but are reserved for severe ulcers under the guidance of a physician or specialist.

All treatments need to be monitored for effect and side effects. Ask the patient to keep a pain diary and check for unwanted side effects. Follow-up with the doctor and dentist as scheduled.

The backyard pharmacy

There is a lot of literature for various herbal teas and concoctions which have been used in the treatment of canker sores. Very hot liquids may cause the area to become more irritated. A cup of warm tea will not do any harm. Caution is advised when using the charm of folklore in the event there are underlying problems which need to be addressed. If ulcer pain is not getting better or becoming worse after 2 weeks of self-care, it is best to refer to a physician or dentist.

Patient Advice

There is no cure for canker sores and they often recur. To reduce their frequency try:

- Avoiding foods that irritate your mouth. These include citrus fruits and acidic vegetables and spicy foods
- Avoiding irritation from gum chewing or eating hard foods (toast, candy, nuts)
- Brushing with an ultra-soft-tooth brush after meals and before bedtime. Floss daily, to keep the mouth free of foods that might trigger a sore.

Call the dentist about canker sores if the sores are:

- Unusually large
- Spreading
- Lasting 2 weeks or longer
- Very painful even after avoiding trigger foods and taking non-prescription pain medication
- Interfering with eating and drinking a normal nutritious diet
- Accompanied with a high fever

References:

2. Compendium of Non-Prescription Products and Patient Self-Care, Canadian Pharmaceutical Association, Ottawa, current editions
The A. Langley Jones Leadership Award was presented at the Welcome to the Profession 2014 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 $500.00.

This year the A. Langley Jones Award was presented to Ashley Ewasiuk by Manitoba Society of Pharmacists Executive Director Brenna Shearer. Congratulations Ashley and all the best for your future in the Pharmacy Profession!

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MSP Annual Student Night

The Manitoba Society of Pharmacists Annual Student Night was held on March 17, 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 the students to meet staff members of MSP and MSP Board of Directors.

75 Students attended this year and enjoyed food, refreshments and the opportunity to compete for prizes. Seven teams participated in the King’s Head Challenge which consisted of 3 ball pool, darts and mini-putt. The students put their best efforts forward into choosing team names and their creativity knew no bounds.

A friendly rivalry between the Haliperidolls and Finasteride made for a boisterous celebration when the Dolls won first place by 10 points!

Long with the gift cards provided by MSP, prizes for the event included a steam treatment at Academy Massage and promotional goodies provided by the King’s Head Pub. The biggest hit of the night had a lot of the students donning Guinness suspenders!

The success of the evening is largely dependent on the MSP Student Liaison to the Board of Directors and this year we had the privilege of working with Dustin Reimer. Thanks Dustin for all your efforts with Student Night and all the other tasks you’ve assumed as part of MSP.

The Board of Directors and MSP staff wish all the Faculty of Pharmacy students the best for the future. We look forward to hosting another event next year and encourage students to attend. If you have any suggestions or feedback, we’d be pleased to hear it, email us at info@msp.mb.ca
Manitoba Pharmacist Initiated Smoking Cessation Pilot Program

Who’s Counting… We Are!

By Bonnie Frith, Project Manager

Feasibility, impact and cost effectiveness are all goals of the pharmacist initiated smoking cessation program in Manitoba. As well, this program provides us the opportunity to demonstrate how the role of the pharmacist can be enhanced in preventative health-care by being an integral part of the primary health care team. Ultimately, success will be measured by the number of client’s enrolled in the program that have either reduced their smoking or ultimately quit completely. So who’s counting? We are. Counting on measuring their success! And, there are success stories already.

Our 14 pharmacies/pharmacists participating in the program were very successful in recruitment of clients to be part this program. Initially, our target was 100 Manitobans over the age of 18, Manitoba Employment and Income Assistance participants, who agreed to the terms of the program such as signing consent, agreeing to counselling and willing to participate in the evaluation process. By the end of February we capped the numbers at 106. A success in and of itself.

Clients and pharmacists are currently engaged in the process. Clients are receiving services and these are either covered by the Employment and Income Assistance Program or the pilot project funding. They are receiving smoking cessation products, both prescription and over the counter, to help them to quit smoking. Pharmacists are providing their full support and counselling for each individual. Pharmacists are reporting that their clients have said that the counselling sessions have been extremely helpful to them as they go through the various phases of quitting.

Of course, all worthwhile endeavors involve the two ‘D’s’: diligence and documentation! It is important to capture as much information as possible for evaluative purposes. Each participating pharmacist has been diligent in ensuring accurate and complete documentation per smoking cessation client. Clients too were asked to complete their own documentation, and at times, this was a challenge for some. With assistance from their pharmacists, they were able to complete the forms. The pharmacists have been willing to help their clients out and provide all the support they need.

So who’s counting? We are. We are counting on many successful quit initiatives, a solid evaluation and a celebration of a successful pilot program.

Getting to Know Your Manitoba Pharmacists - Chris Tsang

Name: Chris Tsang
Place/Year of Graduation: University of Manitoba, Faculty of Pharmacy, 2008
Years in Practice: 5
Currently Working: Loblaw Pharmacy, 1512 Gateway Rd.
Accomplishments in pharmacy:
I am a Young Leader Recipient and I work in a team that won the "University of Manitoba SPEP Pharmacy Team 2012". My store is also one of the stores chosen for the Manitoba Pharmacist Smoking Cessation Pilot Program.
Family: My parents and 2 of my 3 brothers live in Winnipeg. They own a bakery business and we all have worked there when we were younger. I am married to my beautiful wife Jane whom I have known since high school.
Hobbies: I play a lot of COD (those who know will get what this is). I also really like to attend CrossFit classes every week (CrossFit Roborean for those who want to know). I don’t watch any sport except Mixed Martial Arts. I have not missed a show since 2008.
Community activities: I am part of the Pharmacy Technician Advisory Committee and a member of the MSP Pharmacy Conference Planning Committee. And throughout the year, if things come up I usually help out if I can.
Favorite thing about Manitoba: The city is big enough to have a lot of the amenities comparable to larger cities but is small enough that I can get to places in less than 1 hour.
Most relaxing vacation choice: My wife and I love to wander the streets of foreign cities exploring the culture. We try to do a big trip overseas every year.
Pet peeves: People that blame others for their problems when they could have prevented it from happening if they planned ahead and messy workspaces in the dispensary.
Favorite fictional character and why: Daniel Larusso, the original Karate Kid. How can you not like the guy who got the girl, won the tournament and got the respect of his bullies all in one summer?
What could you do without forever: The 2014 winter season. This has been such a harsh winter from -50 temps to white out conditions. What is going on?!
What couldn’t you do without for even a day: My wife because she is my best friend, my wallet because it is hard not to be able to buy things and the internet because that is where I get all my information.

What you love about pharmacy: I really like the fact that pharmacists are accessible to the public so we can give professional opinions on their medications and health related issues. I rather they get their information from us and not “their friend who said this…” or “I heard a Doctor on TV say this…”.

22 COMMUNICATION
Should Canadian hospitals open to pay for service by foreigners and patients in a hurry? After all, their money could improve health care for everyone.

By Andrew Allentuck

Why does it take so long to get an operation done in a Canadian hospital? Waiting times for many procedures are legendary and scandalous. Of course, the processes of queuing doctors, the operating rooms, support staff, recovery rooms and the myriad of other elements of surgery are complex. But there is one other constraint seldom discussed – operating rooms tend to be closed at night and often on weekends. Elective procedures wait until the business week begins. It does not have to be that way.

The one size fits all concept of levelling of services among Canadian hospitals restricts surgical services. It remains an article of faith that no one should be able to jump a queue for procedures. But let’s think of what would happen if queue jumping were permitted – for a price.

The use of hospital facilities at night for patients who pay to jump queues or for foreign patients not covered by provincial health care plans could generate cash for hard-pressed health care budgets and relieve the pressure on daytime operating schedules.

The rate of utilization of hospital rooms decreases dramatically on weekends and at nights. There is not a great deal of data publicly available on the subject, however, a survey of 23 hospitals in Montreal in 2005 and 2006 by the Montreal Economic Institute showed that of 243 operating rooms open during weekday daytime hours representing a 92% rate of utilization of available rooms, there were only 62% open and in use during weekday evenings, 46% open and available on weekend days and 43% open and available on weekend evenings.

The availability statistics do not show actual utilization. By that standard, only 9% of rooms that could have been used on weekday evenings were used. Only 6% of rooms available on weekend evenings that could have been used were used. The low rate of utilization was due in part to hospital practices which require at least one operating room to be available at all times for emergencies and, perhaps more importantly, to provincial budget restrictions which limited hours that operating rooms could be used. Other reasons also limit operating room availability including availability of O/R nurses, other staff, recovery room bed availability, and, of course, availability of surgeons. The point to be made is that each bottleneck is a funding issue and, if foreign patients or domestic patients are willing and able to pay, the bottlenecks would be eliminated. If extended hours surgery for paying patients produces cash in excess of costs, then the controlled experiment in which they charged persons not covered in provincial health care budgets.

The one size fits all concept of levelling of services among Canadian hospitals restricts surgical services. It remains an article of faith that no one should be able to jump a queue for procedures. But let’s think of what would happen if queue jumping were permitted – for a price.

The opposition to internationalizing hospital care in Canada and taking down the barriers to patient-paid care is based on the dogma that doctors and hospitals would be lured into reducing their services to non-payers. That argument is like refusing to allow the sale of Rolls Royces because money that goes into a Rolls does not go into a Honda. It is true, but the effect of Rolls sales on compact sales is trivial. The buyers are not the same people, after all. Moreover – and this is a vital point – if some part of the money being paid for the out of system care were invested in the provincial/federal health care system, everybody would benefit.

The operating rooms not used at night could be money spinners. The patients who come to Canada for treatment might spend other money. Their loved ones might stay at hotels and eat in our restaurants. The international exposure and experience of some physicians could trickle down to domestic patients.

Canada’s unwillingness to let the public hospital system have a parallel private system is both irrational and unusual. Britain’s National Health Service accommodates private clinics and private hospitals. It tries to keep private and public services separate, in different buildings if possible, with different personnel for each patient if possible. But the parallel systems work together without much fuss. In France and other EU countries, the public and private systems are funded by a stiff levy – 20% of salaries deducted at source, and by various forms of private insurance. The public/private divide is not meaningful. In France some physicians opt in and are called conventionné, others are outside and are non-conventionné. Patients can be treated at hospitals within the system or outside and insurance reimburses for what is covered.

It is a rule of faith in economics that, eventually, market forces and economic forces push even the most irrational of systems into more intelligent operation. Moreover, money speaks and there is a great deal of it floating about the globe. In time, Canada will encourage medical tourism and even allow patients who want to pay for their own care or to have access to separate queues. As long as there is no harm to other patients and there is prospective benefit for the conventional hospital system, there should be no rational objections.
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