Incorporating

Natural Health Products

into Your Practice

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Lesson description

This lesson is designed to provide pharmacists with an overview of the current climate in health care today and how it is contributing to the demand for natural health products (NHPs). As frontline health care professionals in the community, pharmacists need to have a good working knowledge of NHPs as well as of the scope of practice of the health care professionals who may be recommending and prescribing NHPs as part of their practice. Pharmacists are eager to incorporate NHPs in to their practice, and this lesson serves as a "how to" guide for taking the important first steps in this process.

Learning objectives

At the end of this educational program, the participant will be able to:

- define NHPs and understand current use/prevalence in Canada within the context of the climate of health care today
- define the current scope of practice of the profession of pharmacy and how incorporating NHPs fits with this framework
- define the current scope of practice of other health care providers who recommend or utilize NHPs in their practice, including physicians, NDs, homeopaths, doctors of Chinese medicine, and other complementary and alternative (CAM) practitioners
- develop tools that will allow incorporation of NHPs into pharmaceutical practice, including marketing and business development tools, manpower considerations, patient assessment tools, and implementation tools
- develop tools that allow proper documentation and interaction with other health care providers, including the patient's primary care provider (allopathic, CAM, or both)
- identify resources that are available to ensure ongoing continued education

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Since graduating from the University of Toronto in 1979, Carole Beveridge has worked in community pharmacy, primarily as an independent pharmacy owner specializing in professional compounding and women's health. Over the last 10 years Carole has obtained a number of additional professional certifications: as an Asthma Educator (1999), Diabetes Educator (1999), Menopause Educator (2001), and finally as a Menopause Practitioner (2003) through the North American Menopause society (www.menopause.org). In addition, Carole is a certified Registered Nutritional Consultant (RNCP) and a member of the International Association of Nutritional Consultants (www.ionc.ca).

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Contents

1. Defining NHPs

Under the *Natural Health Products Regulations*,[1] which came into effect on January 1, 2004, natural health products (NHPs) are defined as:

- vitamins and minerals
- herbal remedies
- homeopathic medicines
- traditional medicines such as traditional Chinese medicines
- probiotics
- supplements including enzymes, amino acids, and essential fatty acids (EFA)[2]

Regulations are designed to ensure that NHPs are "safe, effective and of high quality"[2] before being approved. Once approved, each product is assigned an eight-digit product license number, preceded by the letters "NPN." Labels on homeopathic medicines bear the designation DIN-HM.

Regulating vitamins and minerals as NHPs offers several advantages to consumers:

- It ensures that what is on the label is what is in the bottle.
- It ensures that health claims are supported by appropriate levels of evidence.
- It increases the safety and efficacy of NHPs by requiring clear labelling information.[2]

1.1 The evolving face of health care

"The times they are a-changin'…"

Bob Dylan's lyrics of several decades ago have never rung more true for the state of health care today – not only in Canada but around the world. Demographically, economically, environmentally, today's consumer of health care is a new breed. In the dichotomy of our North American system, we have corporate interests juxtaposed against a growing consumer demand for simpler, greener, and more preventive strategies for health. In addition, a variety of new health care professions – along with increased scope of practice of many traditional ones – are integrating into the system. And finally, a legislative and legal framework is being diligently built and maintained to keep pace and ensure a smooth and effective transition.

1.2 The consumer

A number of factors affect the demographics and demands of today's Canadian health care consumer:

- **The elderly** (aged 65 and older): a population that is growing at 1.7% annually, outpacing the overall population increase at ~1.3 %. In addition, life expectancies continue to rise. This contributes to increased incidence of chronic diseases and a greater demand for multi-skilled professionals with new competencies to deal with increasingly complex conditions
- **A changing marketplace:** Canada, particularly British Columbia and Ontario, has seen an influx of both consumers and practitioners of complementary and alternative medicine (CAM) from countries where these approaches are accepted parts of the health delivery system. This is coupled with a general growing demand for CAM within the population at large.[4]
- **Recognition of supportive data** and growing availability of scientific evidence validating NHPs and their increasing role in health care and prevention.[5–9]
- **The changing attitude** of traditional health care providers, including physicians and pharmacists, who are now increasingly recommending NHPs as part of the patient's care plan.[10–11]
- **Increased patient involvement** in self-care and interest in preventative health strategies for healthier living and healthier aging.
- **The aging affluent "boomers"** driving changes to meet their needs: not just being healthier but looking healthier too. New-age medical interventions include explosions in vaccinations, anti-aging tonics, and a variety of cosmetic treatments including surgical interventions, Botox injections, and face lifts, among others. Dylan might just be another willing candidate…

1.3 The practitioner

Recognition of new/expanded health care professions

Across Canada we are seeing expansion of scope of practices and newly merging health professions.[12]

With this comes the need to provide efficient and effective access while ensuring that those providing care are answerable for its delivery, both professional and legally.

Of particular interest have been the legislative changes – both proposed and approved – to a number of professions, including pharmacy and pharmacy technicians, as well as the newly recognized/revised professions of homeopathy, naturopathy, and traditional Chinese medicine.[4,13] Governments acknowledge the need to regulate emerging health professions with the goal of providing access to complementary health services that are regulated and accountable.

Multidisciplinary and collaborative care

The shift to multidisciplinary and collaborative care requires legislation that facilitates this trend. As well, it is necessary to ensure that professionals have the flexibility to provide treatment and patient care to the extent of their qualifications and training, and that they are able to respond effectively to advances in technology and methodology.[14]

Across the country we face similar challenges: an aging population, restructuring of infrastructures such as hospitals and public health, increased incidence of chronic disease, and increasingly complex care requirements for patients in the community.[14] As part of the health care team, pharmacists have been encouraged both from within the profession and by outside stakeholders to develop innovative ways to improve the delivery of health care in Canada.

Integrated health teams are considered one example of how pharmacists can work more effectively within the health care model. A variety of practitioners may be involved, including physicians, nurses, physiotherapists, and nutritionists, among others. As the newly emerging health care professions come on stream, there is expectation that they too become integrated into a similar model.

Regardless of the mix, the goal remains the same: to minimize duplication of service while providing enhanced quality of care and improved patient access and outcomes at the primary care level.[14]

Accountability and confidentiality

With increased scope of practice comes increased accountability. The public expects practitioners and the places in which they work to be qualified and competent, to continually improve quality, and to use the latest technologies in providing care.

On an individual level, patients seek frank dialogue so they can actively participate in decision-making for their health issues.[14]

For professionals, defined and enforced practice standards, particularly in the context of shared care, are essential in order to ensure accountability and transparency.

As pharmacists enter into collaborative practice, it is imperative that these issues be addressed from the outset, thereby building trust, both with patients and other allied professionals.

Confidentiality is an essential component of this.[14] In Alberta, the Health Information Act (HIA) was implemented in 2001 and provides individuals with the right to request access to health records in the custody or under the control of custodians, while providing custodians with a framework within which they must conduct the collection, use of, and disclosure of health information.[15]

Custodians are defined as including:

- the Minister and Department of Alberta Health and Wellness
- any health service provider paid in part or in whole by the Alberta Health Care Insurance Plan
- pharmacies and pharmacists, regardless of how they are paid
- regional health authorities and provincial health boards (Alberta Cancer Board and Alberta Mental Health Board)
- nursing home operators

In addition to regulating information access as well as collecting, using, and disclosing practices of custodians, the HIA also covers the actions of affiliates. Affiliates include employees, volunteers, contractors, and agencies under contract to the custodian. Examples include reception and nursing staff at a doctor's office, pharmacy technicians, or information desk and food service workers in a hospital.

Ultimately, custodians are responsible for the information collected, used, and disclosed by their affiliates.

As we move towards a more multidisciplinary practice, the goal is to ensure that confidentiality continues to be respected while working to remove any unnecessary or inappropriate barriers so that practitioners as well as their regulatory colleges have the opportunity to share information appropriately and in real time. In addition, the goal is to also share this information between custodians and their affiliates working in a multidisciplinary practice.

1.4 The legislators

In Canada, health care professionals are primarily self-regulated. The underlying premise is that self-regulation preserves the public interest in several ways:[16]

- It enlists practitioners in setting enforceable standards for the professions.
- It relies on their expertise to develop measures to protect the public in respect to new technologies or other advancements affecting the profession.
- It delegates governing bodies to resolve complaints.
- It addresses other matters related to a member's abilities or conduct.

Regulation can also offer assurance to health care professionals that regulated practitioners to whom they refer patients are adequately skilled in

providing an appropriate standard of care.

In Ontario, there are currently 21 health regulatory colleges governing 23 health professions.[16] Over the last few years, the province has seen a dramatic effort by the government to provide legislation that ensures regulatory standards meet the needs of today's consumers.

- In April, 2006, the Health Professions Regulatory Advisory Council (HPRAC) submitted its first report Regulation of Health Professions in Ontario: New Directions. The goal was to ensure health care professionals had the knowledge and skills that could meet the needs and demands of a rapidly changing and evolving society.
- The Consent to Treatment Act, 1992 and the recently revised Health Care Consent Act, 1996 placed new demands on health professionals for accountability to and communications with their patients or clients.
- The recent publication of the Ontario Hospital Association entitled "Your Health Care: Be Involved" was release in early 2006 and provides advice to patients on how to be involved in their health care and how to relay their questions or concerns about care.[16]

The impact of Canada's cultural diversity, coupled with the growth of self-care and increased availability of CAM, has increased concerns regarding the qualifications of those who offer CAM. Despite any historical or cultural familiarity, today's consumer still wants to ensure that practitioners are qualified and meet professional standards of practice.[16]

The onus is on colleges and associations of professionals providing CAM to communicate their skills and training, so as to be recognized by the government and to have their prescribing rights and boundaries defined.

This will assist in gaining approval and recognition by other colleges. In particular, the members of the Ontario College of Pharmacists (OCP) remain unclear or unaware of the scope of practice of many CAM practitioners.

As our role in health care expands and diversifies, it is imperative that pharmacists and other health care professions work with their colleges and associations to ensure that ongoing communication and transparency with the public remains a priority.

1.5 The product

Health Canada supports the right of Canadians to access NHPs that are safe, effective and of high quality, while respecting cultural and philosophical diversity.[2]

1.5.1 The potential impact of Codex

Currently, international regulations known as Codex have become increasingly widespread and there has been significant concern over their potential impact on NHPs in Canada, specifically in terms of affecting the degree of selection and availability.[17]

The Codex Alimentarius Commission was created in 1963 by the Food and Agriculture Organization (FAO) and the World Health Organization (WHO). The guidelines are intended "to provide guidance on the composition, including maximum and minimum levels, as well as packaging and labelling, so that vitamin and mineral supplements will be safe, efficacious and labelled in a clear and non-misleading manner to ensure safe and informed use."[17]

Codex currently consists of 172 member governments, including Canada. Standards and guidelines are intended for voluntary use; individual member countries adapt these recommendations to meet their own specific needs.

Health Canada has stated it will not be adopting these proposed guidelines for two reasons:

- The guidelines state they will only apply in countries that regulate vitamins and minerals as foods. In Canada, vitamin and mineral supplements are regulated as natural health products. The Codex guidelines are therefore not applicable.[17]
- Under the NHP Regulations, safety and efficacy of vitamin and mineral supplements sold in Canada is already ensured.

2. NHPs and the current scope of practice of pharmacy

Across the country, scope of practice is evolving dramatically and rapidly beyond the traditional role of dispensing.[18,19]

- Pharmacists in Quebec have had longstanding authorization to issue a pharmaceutical opinion, as well as to initiate or adjust medication therapy according to a prescription, making use of laboratory analysis when necessary.
- Several provinces and territories (BC, Northwest Territories, and Nunavut) authorize pharmacists to renew or dispense a drug contrary to the terms of prescription under limited circumstances. Nova Scotia provides for conditional authority agreements between the College of Pharmacy and the College of Physicians and Surgeons which authorize a specific pharmacist

to carry out certain medical activities, services or functions (including the authority to prescribe Schedule I drugs under limited circumstances).

In Alberta, pharmacists' scope of practice has also broadened,[19,20] with authority to:

- administer a vaccine or parenteral nutrition
- compound blood products
- insert or remove instruments, devices, or administrator suppositories
- prescribe Schedule 1 drug and blood products for the purpose of adapting an existing prescription if it is not possible for the patient to see their primary care provider and there is immediate need

Further, pharmacists who meet the requirement can receive additional authorization, enabling them to prescribe Schedule I drugs and blood products to treat minor disease conditions or to manage drug therapy, as well as to administer subcutaneous or intramuscular injections under certain circumstances.

The Sept 2008 document Interprofessional Collaboration Phase II outlines some of the expanded functions being realized across the country[19]:

- disseminating information on the safe and effective use of a drug or other relevant information (BC, Alberta, Manitoba, New Brunswick, Newfoundland, Nova Scotia, PEI, Québec, Northwest Territories, and Nunavut)
- monitoring drug therapy (BC, Alberta, New Brunswick, Northwest Territories, Nunavut)
- supervising and managing drug distribution systems (Alberta and New Brunswick)
- interpreting and evaluating prescriptions (BC)
- providing blood products and parenteral nutrition (Alberta and New Brunswick)

2.1 Anticipated legislative reforms

The majority of provinces anticipate legislative changes that will lead to increased access to authorized acts and a broader scope of practice (BC, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, and Saskatchewan).[19]

In Ontario, HPRAC suggests that pharmacists can offer "increased safe and effective patient care… and contribute more to the management of chronic disease and inter-professional care,"[19] recommending "authorization of additional controlled acts to equip pharmacists with the tools to provide additional services in an expanded scope of practice."[19] These include:

- a new defined role in medication management
- ability to perform skin pricks for educational purposes
- administration of a substance by injection or inhalation for educational purposes
- limited prescribing of drugs

In addition, consideration is being given to the introduction of a *Minor Ailments Program*.[19] Initial suggestions propose the following conditions be considered for pharmacist-initiated therapy for minor ailments with a Schedule I drug:

- **acne (mild to moderate):** topical tretinoin, clindamycin, benzoyl peroxide >5%
- **athlete's foot:** topical terbinafine
- **dermatitis:** 1% and 2.5% hydrocortisone cream, other topical steroids, compounded creams such as clotrimazole/HC
- **dyspepsia:** proton pump inhibitors, H2 receptor antagonists
- **eye infections:** ophthalmic preparations of fusidic acid, erythromycin, gentamycin, tobramycin
- **hemorrhoids:** zinc sulfate with HC ointment and suppositories
- **antivirals (oral mucocutaneous HSV infection):** including oral, valacyclovir, famciclovir, acyclovir (both topical and oral)
- **pain:** NSAIDs, COX-II inhibitors, cyclobenzaprine
- **UTIs (as per established protocol):** short-course antibiotics, phenazopyridine
- **vaginal yeast infection:** single-dose fluconazole

We've come so far from just 40 year ago, when pharmacists were legally refused the right to put even the name of the medication on the label.

In addition, the role of the Pharmacy Technician is evolving; in Ontario, full regulation within the College of Pharmacists is expected by 2010.[13] The proposed changes will allow technicians to dispense and compound, dramatically affecting the potential workload of the community pharmacist, effectively decreasing technical demands and opening a realm of opportunities for cognitive functions.

Many in the profession have encouraged this broadening of scope, and a small but growing number are leading the way in terms of taking the same proactive role with NHPs. There is no time to waste: 10 years ago, Michael Smith, pharmacist and ND, presented the interesting fact that the consumer of the '90s was not so much *switching* to CAM products as *adding* them to current therapy.[21]

Current statistics support this continued trend: it is estimated that 40% of Canadians are using natural health products on a daily basis. In 2005, of the 2.5 billion spent on NHPs, 25% was in pharmacies.[22]

This raises two important issues in patient care:

- If NHPs are being used concurrently with pharmacotherapy and pharmacies are only responsible for 25% of the sales, is anyone monitoring the remaining 75%?
- And if pharmacies are responsible for 25% of the sales, then why – as our profession should have required of us long ago – have we not addressed this issue sooner?

Unfortunately, there is no easy answer, but clearly a number of obstacles have existed, not only in terms of good supporting data for NHPs but, more importantly, in information about potential drug/NHP interactions which is only now be coming readily available and accessible in real-time.[5-7]

There has been some suggestion that documenting and monitoring the Rx/NHP interface should be – if not entirely, at least in part – a responsibility of our profession, in consultation with other health care practitioners.[21] There is growing support for this from within our own regulatory bodies. For example, in the 2008 *An Interim Report to the Minister of Health and Long-Term Care on Mechanisms to Facilitate and Support Interprofessional Collaboration among Health Colleges and Regulated Health Professionals*, reference is made to Alberta's Health Professions Act Standard for Pharmacist Practice (2007), which states that pharmacists "must work collaboratively with other regulated health professionals whenever required to serve the best interest of the patient."[14]

In Ontario, since 1991, the college has set out in the Professional Practice Polices and Guidelines that "Pharmacists have demonstrated a growing interest in the sale of both homeopathic and herbal remedies."[23] The council adopted a position statement concerning the sale of these products, which states:

"Pharmacists selling herbal or homeopathic remedies to the public are expected to make a critical evaluation of the products being offered for sale. Pharmacists are expected to:

- be knowledgeable about such products and their ingredients;
- be satisfied that such products are safe even if their efficacy has not been proven from a scientific standpoint;
- recognize the need for intervention and/or referral to a physician."[23]

And so with current consumer demand, legislative encouragement, increasingly supportive scientific data, and finally the advancing role of the pharmacy technician, it is clear that our profession should be well positioned to step boldly into the arena of NHPs.

3. NHPs and the current scope of practice of other health care providers

3.1 Controlled acts and scopes of practice

The scope of practice for each profession is described in profession-specific legislation.[19]

Given the rate of change in health care today, a review of current legislation has been recommended to ensure professionals are practicing to the maximum scope of their practice and, if not, to determine if there are barriers to their doing so. At the same time, consideration should be given to new roles that might be appropriate within a profession and how practices in cross-professional scopes may best be promoted.

In Ontario, HPRAC has recommended a significant number of changes affecting current scopes of practice of a number of health care professions that interface with pharmacy.[4,13,14,19,24] These include (but are not limited to) physicians, nurses, nurse clinicians, midwives, naturopathic doctors (NDs), homeopaths, and doctors of Chinese medicine. The majority of these changes have occurred so as to provide clarity in the market place and to delineate for the public more specific qualifications, including which practitioners are ***licensed to prescribe*** – designated as a ***controlled act***.

This has significance to pharmacists incorporating NHPs into their practice, as increasing numbers of supplements going through regulatory review may become prescription-only. However, not all prescribers' statuses are equal, a fact which pharmacists need to be aware of, as increasingly they may be asked to fill prescriptions for NHPs.[25] In other words, there are a variety of practitioners who can *write* a prescription; the issue is whether these prescriptions can be *legally filled*, according to the regulations.

In Ontario, regulatory colleges whose members are currently authorized to prescribe medications – and pharmacists are authorized to fill – include:

- College of Physicians and Surgeons of Ontario (CPSO)
- College of Nurses of Ontario (CNO)

- Royal College of Dental Surgeons of Ontario (RCDSO)
- College of Midwives of Ontario (CMO)

In Ontario, professionals who share the controlled act of prescribing drugs (with the exception of physicians) are now limited to prescribing specific drugs that are named individually in the regulations. Concern has been expressed that this may not enhance collaborative practice or multidisciplinary environments such as family health teams. As well, it may limit the application of emerging innovations and strategies in practice.

A second issue of regulatory confusion is around the issue of professional title, especially the use of the "doctor" title.[4] As pharmacists become move involved with CAM practitioners, it is important that they be aware of provincial differences. In some provinces, naturopaths and podiatrists (Alberta, BC, Manitoba) and doctors of traditional Chinese medicine (BC) are included among those professions permitted to use the "doctor" title.

In Alberta, a person who is qualified and registered by a professional college with an earned degree may use the title doctor and the abbreviation "Dr." in conjunction with the delivery of professional services. Qualified members of the College of Naturopathic Doctors of Alberta may use the titles "naturopathic doctor" or "doctor of naturopathic medicine," or the abbreviations ND or RND (a nurse with an earned doctoral degree who is registered may use the title "doctor" and its abbreviation in the course of providing care).

Like Alberta, BC authorizes the use of the "doctor" title for a variety of regulated professionals, including NDs, who may use the title "doctor" or the abbreviation "Dr." but only as "Doctor of Naturopathic Medicine," "Dr. of Naturopathic Medicine," "Naturopathic Doctor," or "Naturopathic Dr." Traditional Chinese medicine practitioners with 5 years of TCM education from a recognized institute are authorized to use the title "Doctor of Traditional Chinese Medicine."

Similarly, Manitoba authorizes the use of the "doctor" title for a variety of regulated professions but requires that the title specifically identify the discipline in which the doctorate is held.

In Ontario, only members of the following colleges are authorized:

- The College of Chiropractors
- The College of Optometrists
- The College of Physicians and Surgeons
- The College of Psychologists
- The Royal College of Dental Surgeons

These five professions also are authorized to perform controlled acts, in particular the act of "communicating a diagnosis."

Concern has been expressed that restrictions on the use of the "doctor" title in Ontario are inconsistent, allowing use by one group of professionals holding doctoral level academic distinctions while denying others.[13] For example, nurses, pharmacists, or naturopaths with doctoral degrees may not use the "doctor" title while providing health services. The restriction applies only when offering/providing health care to individuals; it does not apply when performing academic research or administrative work.

Many individuals and organizations have urged review of this issue not just for fairness but for clarity,[25–27] particularly now, with the increased emergence of CAM, where the "doctor" title has historically been used in other jurisdictions.

Pharmacists are familiar with the scope of practice of most traditional professions such as physicians, nurses, dentists, and chiropractors. However, given the current potential for confusion, it is important to consider homeopathy, naturopathic medicine, and Chinese medicine individually, particularly in light of their recent recognition as professions in their own right, along with the likelihood that they will be the primary professions that pharmacists will be interfacing with in regard to NHPs.

3.2 Regulation of naturopathy

In general, the scope of practice for naturopathy is considered to be the promotion of health, the assessment of the physical and mental condition of an individual, and the diagnosis, prevention, and treatment of diseases, disorders, and dysfunctions through the integrated use of natural therapies and natural medicines that promote the individual's inherent self-healing mechanisms.[13]

Naturopathic doctors (NDs) are classified as primary health care providers with a minimum of 7 years of post-secondary education in medical, naturopathic, and clinical sciences. NDs are trained to diagnose, order labs, treat conditions, and compound and recommend natural medicines, drugs, and devices.

In Ontario, the following controlled acts are considered permissible[13]:

- **communicating a diagnosis**
- **procedures below the dermis** for the purposes of venipuncture, skin pricking, and needle acupuncture
- **moving the joints of the spine** beyond the individual's usual physiological range of motion using a fast, low-amplitude thrust

- **administering a substance** by inhalation or injection as designated by regulation
- **putting an instrument, hand, or finger into openings of the body,** as designated by regulation
- **prescribing, dispensing, selling, or compounding drugs and natural products** consistent with naturopathic practice, as prescribed in regulations

3.3 Regulation of homeopathy

Generally in Canada, the practice of homeopathy is defined as the assessment of body system disorders through homeopathic techniques and treatment using homeopathic remedies to promote, maintain, or restore health.[13]

In Ontario, with its newly established College, the use of the title "Registered Homeopath," a variation or abbreviation or equivalent in another language, is recommended to be restricted to members of the college; no one who is not a member should represent themselves to be qualified to practice homeopathy.

Homeopaths are not currently authorized to perform any controlled acts anywhere in Canada.

3.4 Regulation of traditional Chinese medicine

TCM is a holistic method of health care originating in China over 3000 years ago. It is predicated on the belief that illness and disease is caused by blockages in a person's *qi*, the life force found in all living things.[14]

With 2 recognized colleges in Canada, initially in BC (established 1997) and more recently in Ontario in 2006 (with the passage of Bill C50), there is now national recognition of this practice of medicine. In addition, legislation to support the new College of Traditional Chinese Medicine Practitioners & Acupuncturists of Ontario is expected to be operational within 2 to 3 years. The new college will be responsible for establishing disciplinary procedure as well as setting qualifications for practitioners of TCM or acupuncture.

For those who don't meet the standards, additional training will be required, most likely involving a 2-year accreditation program. The college will also establish different classes of practitioners, to allow for basic practitioners and those with more advanced education who would earn the title "Doctor of Chinese Medicine."

Alberta and Quebec continue to have regulatory colleges for acupuncture only.

4. Tools for incorporating NHPs into your practice

Until recently, incorporating business management strategies or developing marketing plans have not been a key focus of pharmacy university education curricula.

However, within the last decade, the changing demographics and increased demand for professional diversity and specialization have led to a response by a variety of pharmacy stakeholders, developing an array of materials, continuing educational programs, and practical implementation tools to assist pharmacists in these areas.[28–31] Many of these tools provide valuable resources to the community pharmacist seeking to integrate NHPs into their practice.

Steve Farlow, Executive Director of the Schlegel Centre for Entrepreneurship School of Business & Economics at Wilfrid Laurier University (www.wlu.ca/eship), suggests several good resources that provide background marketing tools and business planning templates:

- Business Dev Bank (www.bdc.ca)
- Industry Canada (www.ic.gc.ca)
- Canadian Youth Business Foundation (www.cybf.ca)

In order to provide some practical assistance, this lesson will assemble a series of 8 steps using the acronym ASSEMBLE to assist pharmacists in reaching this goal:

1. Analyze
2. Strategize
3. Set objectives
4. Evaluate (assess staffing skills)
5. Make a Marketing plan
6. Begin (implement)
7. Look and learn (evaluate)
8. Evolve (assess and revise)

Step 1: Analyze

Performing a SWOT analysis is a useful first step, evaluating:

- Strengths
- Weaknesses
- Opportunities
- Threats

Refer to the attached worksheet, Implementation Tool 1, to begin.

Step 2: Strategize

Once the SWOT analysis is done, it is typically easier to focus in on how to approach NHP integration into one's own unique practice setting. Some possible options:

Therapeutic category

- first aid/sports injury
- cough and cold/immune support
- sports nutrition
- healthy aging/anti-aging

The advantages of this approach are familiarity and similarity to typical OTC categories.

Disease state certification

Currently, a number of certification programs are available, including:

- asthma
- diabetes
- menopause/women's health
- andropause/men's health
- geriatrics

The advantage of this approach is that with advanced certification, there is additional expertise and credibility, as well as increased opportunity for working with community resources and personnel that can provide supportive education and materials, e.g., CDA, Heart & Stroke Foundation.

Area of professional interest

Developing expertise in an area of personal experience or interest is always advantageous, particularly when addressing some of the challenges of adult learning.

Demographics/interests of clientele

Analyses of prescription data and OTC sales can provide useful background information on prevalent health issues and concerns. As well, hosting health days and conducting in- store surveys can provide excellent feedback.

Specialty of colleagues/coworkers

Many pharmacies are located within medical buildings or in close proximity to other health care practitioners. In addition to those mentioned above, a number of fields lend themselves to NHP specializing, such as:

- dental care
- pediatrics
- sports medicine
- travel medicine

Ray Bannister, owner of Medical Arts Pharmacy in Saskatoon, tells a wonderful story of how he ended up becoming a nationally recognized and respected advocate for women's health in the 1990s: as owner of a pharmacy in a medical, building he was approached by the urology specialist in his building, who was working with male erectile dysfunction. At the time, "triple P" injections and vacuum pumps, among other interesting modalities, were all the rage, and it was Ray's responsibility to counsel the patients on all the "ins and outs" (so to speak!) of the therapy. It wasn't long before the success and uniqueness of his counselling sessions gained attention, and soon Ray had the men's wives knocking at his door, complaining that now that he'd turned their husbands into such "studs," he'd better do something for them. So he did.

Extended scope of practice

New Ontario legislation proposed for pharmacists include provision of a Minor Ailments Program.[19] Again, a number of these areas lend themselves for expansion in terms of offering NHPs. These include:

- acne
- back pain
- dyspepsia
- infections including *Candida*, viral, and urinary tract

Refer to the attached worksheet, Implementation Tool 2, to begin.

Step 3: Set objectives

Setting clear goals and objectives is vital to tracking the success of any new service. It is necessary to address the who, what, where, when, why, and how of the issue, for example:

- establish a 6×6 foot NHP section ("where")
- focused on seniors' health ("what")
- generating $200 sales weekly ("why")
- within 6 months ("when")

This also includes looking at issues such as:

- manpower/staffing ("who")
- consulting area ("how")

Refer to the attached worksheet, Implementation Tool 3, to begin.

Step 4: Evaluate (assess staffing skills)

In the 1990s, Donald Cooper of the Donald Cooper Corporation gave a presentation to community pharmacists focusing primarily on staff skills assessment. His approach centred on posing 7 key questions to staff in order to access their potential

capabilities as well as to provide a mechanism to identify perceived/potential problems within the workplace and offer possible solutions. As pharmacists, too often we underestimate the importance of staff in the success of our businesses. With the increasing scope of practice of both pharmacist and technicians, it is prudent to ensure both the support and respect of those we work with. The attached worksheet gives you Cooper's 7 questions to pose to your staff.

Refer to the attached worksheet, Implementation Tool 4, to begin.

Step 5: Make a marketing plan

In Mike Sullivan's 2008 CE program entitled *Marketing Pharmacy Services*, he describes marketing as the matching of organization *capabilities* with customer *needs*.[32] In *The E Myth Revisited*,[33] Michael Gerber describes the 2 key pillars of a successful marketing strategy:

- demographics (who your customer is)
- psychographics (why he/she buys/consumes what he/she does)

Both of these are valuable reinforcements of a fundamental principle: Only once you know your market can you begin to develop your strategy.

Refer to the attached worksheet, Implementation Tool 5, to begin.

Step 6: Begin (implement)

Often the hardest step to take is to begin. One can always find reasons to delay change; that's why setting a target implementation date is imperative. As pharmacists, we employ this as a fundamental strategy in any smoking cessation program; starting something new is as difficult as giving something up. A verbal announcement and written commitment are vitally important and critical for success.

For pharmacists planning to develop a cognitive/consulting aspect to NHP service, it is important to ensure the establishment of a protocol including:

- patient intake form
- documentation tool
- standardized invoice

A longstanding motto of our profession is "If you're not documenting it, you're not doing it." Not only for the aspect of patient care but for professional liability we need to create documentation. As well, any expectation of payment for cognitive services must have evidence that the service indeed occurred.

Most provincial associations have established documentation and invoicing tools that pharmacists can adapt to meet their own individual practice needs and provincial regulations.[31,34] In Ontario, pharmacists can use the MedsCheck Program to document medication consultation services. The Ontario College of Pharmacists website provides a downloadable *Personal Medication Record* form that can be modified according to personal use and preference.[34]

Refer to the attached worksheet, Implementation Tool 6, to begin.

Step 7: Look and listen (evaluate)

In order to evaluate progress we have to know our starting point. This requires baseline information. For example, if we are already selling some general NHPs, we should have some general idea about brands, types of products, seasonal sales, demographics of purchasers, and profitability. As well, we should set some definite goals or targets at the beginning and ideally track them every 3–4 months.

Refer to the attached worksheet, Implementation Tool 7, to begin.

Step 8: Evolve (assess and revise)

At a minimum, this step should be done every 12 months; the annual business year-end provides an obvious opportunity to review and assess current strategies and consider necessary revisions to the plan. Important here will be good tools of evaluation from Step 7. The difference, however, is significant: with evaluation it's more or less a "Yes" or "No" type of assessment, in terms of whether or not goals were reached and how well they were reached. In this step, the analysis is a bit more philosophical: whether the goals were the right ones in the first place must also be considered.

Refer to the attached worksheet, Implementation Tool 8, to begin.

5. Tools to facilitate interaction and documentation with other health care providers

5.1 Facilitating multidisciplinary and collaborative practice

A number of factors suggest that multidisciplinary practice in health care is here to stay[19]:

- global trends towards this type of practice
- patients' appreciation of increased access to care

- attractiveness of health care teams to professionals as an improvement in practice setting while optimizing skills and training
- potential system benefits, including improved coordination of service

There is significant agreement among legislators that multidisciplinary and collaborative practices are growing in importance. But equally recognized is the existence of potential regulatory barriers,[14] issues such as those related to:

- delegation of controlled acts
- overlapping scopes of practice
- information sharing
- regulatory colleges' collaboration on standards of practice
- liability insurance
- handling of complaints, investigations, and discipline

Current legislation is being reviewed to ensure it is adequate to provide colleges the flexibility to deal with multidisciplinary practice as well as to encourage colleges to cooperate and share information.[19]

5.2 Shared service business model

As the workplace evolves, review of legislation is ongoing to determine if barriers exist to the creation of a shared services business model,[13] particularly with the newly involved professions, for whom financial demands of regulation could be onerous.

In Ontario, HPRAC found that although there were no statutory barriers, past experience had shown a lack of will regarding issues such as sharing of costs including capital and operating costs and personnel in administrative functions.[13]

In future, it is possible that a shared business model will be viewed as the optimum way to provide care while streamlining costs and reducing administrative duplication, notwithstanding the recognition that confidentiality and other issues could require some parallel structures and record-keeping. HPRAC believes the legislation should be structured to encourage and support this kind of development and innovation in health care delivery,[13] in particular in matters affecting two or more health professions, including:

- standards of qualification, knowledge, and skill for performance of similar or shared controlled acts
- programs and standards of practice to assure quality of the performance of the similar or shared controlled acts
- programs to promote continuous evaluation, competence, and improvement in the performance of the similar or shared controlled acts,
- programs to address patient concerns and complaints, changes in practice environments, advances in technology, and other emerging issues
- joint investigations of regulated health professionals practising in multidisciplinary environments

5.3 Pharmacy's potential role

Historically, pharmacists have had extensive experience with interfacing with a variety of traditional models and practice settings,[35] including physicians, nurses, nurse clinicians, public health personnel, and a variety of hospital departments and resources, working from within, as part of the facility, or developing tools for working collaboratively from afar.

Our profession has always been at the forefront of implementing technology into practice and encouraging and facilitating the advancement of other members of the health care team.

As pharmacists embrace NHPs in their practice, they open themselves to an important opportunity to expand the scope of the practitioners with whom they interface. An important first step is increased understanding of their potential new partners in health care, particularly naturopaths.

Matthew Gowan, a Toronto ND, provides the following answers to some important first introductions:

What is a naturopathic doctor?

Naturopathic doctors (ND) are regulated primary health care providers. Practitioners who hold this title have completed 4 years of medical training at an accredited naturopathic college and a minimum of 3 years of undergraduate studies.

Canada currently has 2 accredited naturopathic colleges:

- Canadian College of Naturopathic Medicine, Toronto, ON; www.ccnm.edu
- Boucher Institute of Naturopathic Medicine, Vancouver, BC; www.binm.org

NDs practice a holistic system of medicine that integrates standard medical diagnostics with a broad range of natural therapies, including botanical medicine, Asian medicine, physical medicine, homeopathy, nutrition, and lifestyle counselling.

What do NDs know about Rx?

NDs currently do not have prescription rights in Canada except in British Columbia. However, they

receive some training in conventional medicine and basic pharmacology, with a focus placed on drug side-effects, contraindications, possible drug interactions, and nutrient depletions.

Natural product use by the public

The increasing use of complementary and alternative medicines (CAM) requires more health care providers to be knowledgeable and accepting of the use of these therapies. The public tend not to disclose their use of natural supplements with conventional health care providers in fear of being reproached. To help establish a trusting relationship with their clients, pharmacists should ask if they are:

- seeing a naturopathic doctor
- taking any natural supplements, and advise on any possible interactions

Do NDs refer their patients to pharmacies?

Most NDs have a dispensary of specialized natural products in their practice but will refer patients to stores for items they do not carry.

In most areas, NDs have limited interactions with pharmacies unless they employ compounding pharmacists to produce specialized formulas. NDs tend not to refer patients to pharmacies for natural products because they recommend product lines that are usually not carried by pharmacies.

To increase your relationship with NDs, you can:

- contact them and ask if they would like you to stock certain products their patients may require
- refer patients who may have further questions regarding natural medicines to an ND

To learn more about NDs in your area, you can visit the website of the Canadian Association of Naturopathic Doctors, www.cand.ca.

These facts provide useful background for pharmacists to begin building professional relationships on. Equally important, however, is the need to implement and evaluate tools for collaboration that meet both the needs and the standards of the respective professions.

As the national association representing our profession, CPhA has published several recent documents to support and encourage collaborative and interdisciplinary practices.[12,36–39] The *Vision for Pharmacy*[37] is described as a "historic document" outlining a landscape where pharmacists practice to the full extent of their skills and knowledge to achieve optimal drug therapy outcomes for Canadians through patient-centered care. It is part of the *Blueprint for Pharmacy Initiative*,[36] the association's major document of 2008, which stands as a position paper outlining the future direction for our profession. As well, the recent CPhA document *Innovative Pharmacy Practices Volume 2*[39] provides a detailed review of a variety of practice models that focus on health promotion and disease prevention, many of which promote and rely on collaborative practice models.

Implementation Tool 9 is a draft prototype of a fax communication document that could serve as a potential starting point for professional documentation and interfacing.

As pharmacists seek to integrate NHPs more fully into their practices, they should be encouraged to review and consider carefully the experiences of some of their colleagues that have gone before them, taking the opportunity to learn from their "trials and tribulations" so that we can move forward progressively towards a more effective and integrative standard of health care practice across Canada.

6. Resources for ongoing continued education

Currently all colleges are required to have a quality assurance program, with each college responsible for designing its own program.[13] Although continuing education programs are not mandatory, pharmacists are expected to maintain competency through professional development activities in order to provide optimal care.[19]

With the increasing focus on interprofessional collaboration comes increased awareness of the need for programs that offer educational venues to this end. Legislators recognize the need for training programs that "further emphasize the inter-relationship between professionals in providing patient care, and their joint responsibility for the quality of care delivered," particularly in the area of chronic disease. By ensuring "improved coordination of care among providers, and the use of best medical practices, conditions and treatment options are identified more quickly, thereby slowing the progression of the disease."[13]

The last few years have seen the movement towards more multi-discipline educational programs, at the university level as well as within the community and at point of practice. Coupled with this has been the evolving role of the colleges and provincial associations along with CPhA to offer a variety of accreditation programs in order to assist pharmacists interested in specializing in a variety of areas, including asthma (CDA), diabetes (CDE), women's health and geriatric care, and others.[40,41] These programs have done much to integrate the

pharmacist more fully into the current *disease management* model. However, with the growth of CAM and integration of NHPs, pharmacists must look beyond their traditional partnerships and forge opportunities for dialogue and collaborative study with practitioners that specialize in complementary and integrative medicine.

In many ways, because of our community/retail association, our profession has been expected to further its education and broaden its scope of practice to meet the changing needs and demands of the marketplace, often before our formal educational bodies have had time to catch up. As a result, many pharmacists have gone ahead of their own volition to earn additional accreditation in a variety of complementary fields including nutrition, homeopathy, and functional medicine. As well, some have established specialized practices in these fields: Kent MacLeod of Ottawa (www.nutrichem.com), Tracy Marsden of Calgary (www.rmalab.com), and Farid Wassef of Stouffville (www.prescription4nutrition.com) are prime examples of pharmacists who have developed such expertise.

As previously mentioned, the recent CPhA document *Innovative Pharmacy Practices Volume 2*[39] provides an excellent overview of a variety of practice models that focus on health promotion and disease prevention. It includes information on a variety of resources that are available to assist pharmacists in broadening their array of formal expertise.

Educational programs are only now starting to focus on multidisciplinary and collaborative practice in order to prepare professionals for these new roles.

But as we move into a new era and health care continues to evolve and integrate, there is a risk that we may lose sight of the forest for the trees. Once again, our profession can take the lead and build on its prior experiences in these areas while still ensuring its fundamental role in medication and therapeutic expertise.

Medscape has compiled a list of the top 10 most read CE activities by Pharmacists in 2008. Second on the list is Top Herbal Products: Efficacy and Safety Concerns.[42]

Clearly, pharmacists are anxious to embrace further expertise around NHPs. They recognize that professional and collaborative integration of NHPs into practice is an important and necessary step to ensure our profession remains positioned to meet the needs of our patients, first and foremost, as well as to address the needs of our rapidly evolving health care system and its key stakeholders so that collectively we can move forward together to embrace the 21st century… for the times they are a-changin'.

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Implementation Tool 1: SWOT Analysis

Perform an analysis evaluating integration of NHPs into practice, listing each of the following:

- Strengths
- Weaknesses
- Opportunities
- Threats

Examples of each are given below.

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Specialized training, certification Existing NHP Clientele demand Professional support Staff support Good workflow Pharmacy design	Lack of expertise Lack of time Lack of resources Lack of product knowledge Lack of space Lack of management	Clientele demographic Client interest/demand Professional colleague encouragement/demand Interprofessional collaboration	Professional liability Professional colleague disapproval (e.g., MDs, NDS) Disgruntled staff Competitors Turf issues

Implementation Tool 2: Strategy

NHP concept	Pros	Cons	Priority (1st, 2nd, 3rd…)

Implementation Tool 3: Setting Objectives

1. **Mission statement:** The who, what, when, where, why, and how of the issue.

We are implementing a _____sq ft section (WHERE) focusing on _____ (WHAT) generating $_____ sales (WHY) weekly/monthly within _____months (WHEN). It will be the responsibility of _____ (WHO) at the rate of _____hrs/week (HOW).

2. Once the mission statement is completed, specific tasks related to the overall objective/mission statement can be established.

Task	Person responsible	Timeline for completion	Date completed

Implementation Tool 4: Evaluate Staff Skills

We would like to hear your ideas about our business. Please take a few minutes and complete the following questions.

1. Please indicate what training or information you require to…

   a) improve quality and value or our products _____

   b) improve customer service _____

2. What additional authority do you need to…

   a) improve quality and value or our products _____

   b) improve customer service _____

3. (a) List 3 things that prevent you from being more productive in your job

_____

_____

_____

3. (b) List 3 things we do as a company that "drive our customers crazy"

_____

_____

_____

4. List 3 things that we could do that would wow our customers

_____

_____

_____

5. Finish the sentence: I could improve our quality of service if I could… _____

_____

6. (a) Is there any job or position in our company that you think would be better suited to your skills and experience?

_____

6. (b) Is there any job or position in our company that you would like to prepare yourself to do?

_____

7. (a) The 3 most important problems for our company management to deal with are…

_____

_____

_____

7. (b) My suggestions for solving these 3 problems are…

_____

_____

_____

Date _____ Name _____ (optional)

Thank you for completing this survey. Please indicate if you would like to discuss the questions or comments. All discussions will be kept in confidence. Thank you, _____.

Implementation Tool 5: Marketing

Marketing strategy	Person responsible	Timeline for completion	Date completed
In-store marketing: signage, flyers			
Bag stuffers/pamphlets			
Website			
Mailings			
Media advertising			
Message on hold			
Newsletter			
Open house			
Clinic days			
Seminars/presentations			

Implementation Tool 6: Implementation

Medication Consultation Services: Personal Medication Record

Pharmacy Information

Name:

Address:

Telephone #:

Pharmacist:

Patient Information ♀ ♂

Name:

Height:

Weight:

Date of birth:

Address:

Telephone #:

Alternate Contact Information

(Agent/Substitution Decision Maker)

Name(s):

Address:

Telephone#

Medical History/Family History

Known drug allergies

Challenges to medication management

Physical signs and symptoms

Physical limitations, include mobility, dexterity, visual, hearing. You may wish to identify risk factors – cardiac, respiratory, gastro-intestinal, urinary (prostate), central nervous system, dental health, musculoskeletal, endocrine (e.g., menopause)

Cognitive assessment

Knowledge of medication regimen, language barriers, cognitive impairments

Patient concerns

Laboratory results

blood sugar, cholesterol, hemoglobin, thyroid stimulating hormone (TSH), international normalized ratio (INR)

Self-care regimes/self-efficacy

(blood pressure, glucometer, tracheostomy care)

Pharmacist's remarks

Current Health Care Providers

(name/contact information)

Physician:

Home care providers/ CCAC:

Other (nurse, dietitian, physiotherapist, etc.)

Lifestyle Information

Married: yes ☐ no ☐

Living arrangements/ assistance with activities of daily living:

Smoking: yes ☐ no ☐

Alcohol: yes ☐ no ☐

Recreational drugs: yes ☐ no ☐

Caffeine:

Diet:

Exercise:

Sleep:

continued next page

Medication Information

(include Rx drugs, OTC drugs, herbal products, vitamin and mineral supplements, use of compliance aids, medical devices, etc.)

Start date	Medication	Dosage	Route	Frequency	Scheduled times	Purpose for use	Medication related issues (*DRPs)	Physician (prescriber)	Stop date

*DRP = drug-related problems: requires drug, dose too high, dose too low, drug not indicated/necessary, adverse drug reaction, wrong/inappropriate/suboptimal drug, non-adherence (intentional/non-intentional)

Medication Consultation Services: Medication Action Plan

Date identified	Medication related issues (*DRPs)	Proposed action/ referral	Information/ education provided	Person responsible	Timeline/date of follow-up	Result of action	Priorities/ comments

*DRP = drug-related problems: requires drug, dose too high, dose too low, drug not indicated/necessary, adverse drug reaction, wrong/inappropriate/suboptimal drug, non-adherence (intentional/non-intentional)

Patient Name: _____

Pharmacy: _____

Pharmacist: _____

Implementation Tool 7: Look and Listen (Evaluate)

Parameter	Target /goal	Baseline value	Current value	% growth	Target achieved (yes/no)
brands, types of products					
seasonal sales					
demographics of purchaser					
profitability					

Implementation Tool 8: Evolution (Assessment and Revision)

Strategy/goal	Goal achieved (yes/no)	Worth continuing (yes/no)	Revised strategy	Priority (1st, 2nd 3rd….)	Implementation date

Implementation Tool 9: Prototype Fax Communication Document

Business Name
Main St
Any town, Any Province
Ph: 0000000 fax: 000000

To: _____ From: _____

Fax: _____ Fax: _____

Phone: _____ Date: _____

Re: _____ Pages: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

---

Dr. _____

I have been requested by _____ to contact your office and report the following:

_____ and I met recently to discuss health concerns, specifically _____, _____, and _____. In addition, _____ is hoping to achieve _____ and _____ over the next _____.

_____'s history suggests a number of factors that point to _____, including _____, _____, and _____.

Based on our discussion and _____'s current health status, I am suggesting the following: _____ _____

In addition, _____is utilizing a number of supplements/lifestyle changes in an attempt to improve _____. These include _____, _____, _____, and _____.

If you are in agreement with this care plan or have any additional thoughts or concerns, please contact me at your earliest convenience. Optionally, I understand _____ has a follow-up appointment scheduled with you in _____ weeks/months.

Please contact me directly should there be any questions/concerns. Or, if you would like more information about our _____ program, please visit our website, _____.

Sincerely,

_____. Pharmacist, Certified _____, Certified_____

Questions

1. Of the $2.5 billion dollars Canadians spent on NHPs in 2005, what percentage was spent in pharmacies?
   a. 20%
   b. 25%
   c. 30%
   d. 35%

2. A number of factors are cited as contributing to the growth of NHPS in Canada. Which of the following is not listed?
   a. the aging affluent "boomers"
   b. a changing marketplace
   c. environmental issues
   d. increased patient involvement in self-care
   e. recognition of supportive data and growing availability of scientific evidence validating NHPs and their increasing role in health prevention

3. Several provinces authorize pharmacists to renew or dispense a drug contrary to the terms of prescription under limited circumstances. Currently, jurisdictions that allow this include:
   a. BC, Nova Scotia, and Nunavut
   b. BC, Nova Scotia, and Quebec
   c. BC, Alberta, and Quebec
   d. BC, Northwest Territories, and Nunavut

4. In Ontario, legislation is being considered to implement a *Minor Ailments Program* which would give pharmacists authorization to initiate Schedule I prescriptions for minor ailments. Which of the following infections is not part of the proposal?
   a. candidiasis, including athlete's foot, vaginal yeast
   b. ear infection
   c. eye infections
   d. oral mucocutaneous HSV infection
   e. urinary tract infections

5. If the *Minor Ailments Program* proposed for Ontario pharmacists is passed, pharmacist would be able to prescribe all of the following for pain except:
   a. acetaminophen with codeine in doses of <8 mg/tablet
   b. COX II inhibitors
   c. cyclobenzaprine
   d. ketorolac
   e. naproxen

6. In Ontario, which of the flowing controlled acts in not part of a naturopath's scope of practice?
   a. administering a substance by inhalation or injection as designated by regulation
   b. communicating a diagnosis
   c. massage therapy
   d. moving the joints of the spine
   e. procedures below the dermis

7. For which of the following health care professions are prescriptive rights being currently sought/considered?
   a. naturopaths and doctors of traditional Chinese medicine
   b. pharmacists and doctors of traditional Chinese medicine
   c. naturopaths and pharmacists
   d. naturopaths, pharmacists, and doctors of traditional Chinese medicine

8. An important initial step in integrating a new concept into a business plan includes doing an SWOT analysis. The letters in the acronym stand for:
   a. skills, weaknesses, obstacles, talents
   b. skills, weaknesses, opportunities, threats
   c. strengths, weaknesses, obstacles, talents
   d. strengths, weaknesses, opportunities, threats

9. In *The E Myth Revisited*, Michael Gerber describes 2 key pillars of a successful strategy: demographics (i.e., who your customer is) and psychographics (i.e., why your customer buys/consumes what he/she does). The strategy he is referring to is part of what step?
   a. Analyze
   b. Strategize
   c. Make a marketing plan
   d. Implement
   e. Evaluate

10. As the national association representing our profession, CPhA has published several recent documents to support and encourage collaborative and interdisciplinary practices. One of these provides a detailed review of a variety of practice models that focus on health promotion and disease. The name of the document is:
   a. *Blueprint for Pharmacy Integration*
   b. *Commitment to Care Initiative*
   c. *Innovative Pharmacy Practices*
   d. *Vision for the Future of Pharmacy*

11. NDs practice a holistic system of medicine that integrates standard medical diagnostics with a broad range of therapies, including all of the following except:

a. Asian medicine
b. botanical medicine
c. homeopathic medicine
d. non-prescription (OTC) medicine
e. nutrition and lifestyle counselling