Virtual Travel Clinic

Pharmacy Partnership Overview

Preventive travel-health infrastructure for pharmacy partners.

virtualtravelclinic.ca

The scale of Canada's travel-health opportunity, and how a pharmacy captures it without building the clinical operation.

Visual Executive Summary

EXECUTIVE SUMMARY

Capture Travel-Health Customers and Rx Value, Without Investing in the Clinic

Virtual Travel Clinic delivers the certified travel consultation virtually and returns the prescriptions to your pharmacy for fulfillment and vaccination. **The patient and the relationship remain yours.**

THE OPPORTUNITY

13.0M

overseas trips by Canadians, 2024 (Statistics Canada)

▲ 31% vs 2023

Many of these trips are to destinations that warrant vaccines, antimalarials, and preventive advice, a list topped by Mexico and the Dominican Republic.

In 2025, Canadian leisure travel shifted out of the United States and into overseas destinations, concentrating volume in exactly the segment that requires pre-travel preparation.

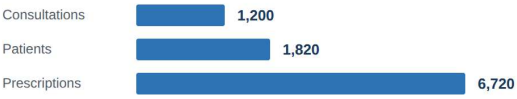
receive pre-travel advice. The remainder travel unprepared.

THE MODEL

1	2	3	4
Book VTC consult	**ISTM-certified travel consultation**	**Rx returned to pharmacy**	**Rx filled, customer retained**

No clinical workload at the store. A QR code or booking link is the entire handoff.

ILLUSTRATIVE ECONOMICS · PER MATURE LOCATION · PER YEAR



5.6 Rx per consultation · 3.7 Rx per patient · 1.52 patients per consultation
Source: Virtual Travel Clinic operating data

Pharmacy-sourced | VTC-sourced (net-new)

$355,000

gross travel-prescription revenue

$164,000

margin retained by the pharmacy

$195.05 gross · $90.11 margin per patient
Scales directly with each mature location.

THE NEXT STEP

A bounded pilot, measured store by store. The evidence is generated inside your own network.

All figures are estimates. Revenue is gross; margin is the amount retained by the pharmacy. A mature location refers in 1,820 travel patients per year across 1,200 consultations (1.52 patients per consultation) per Virtual Travel Clinic operating data, producing $355,000 gross travel-prescription revenue and $164,000 retained margin. Medication-review program revenue is modelled separately at $60 per billable review (Ontario MedsCheck rate; program names, rates, and eligibility vary by province). Lifetime figures are throughput over the retention window, not annual amounts and not margin. Sources: Virtual Travel Clinic operating data; Canadian Institute for Health Information; Statistics Canada. Confidential, prepared by Virtual Travel Clinic for discussion purposes.

A live, adjustable version of this model is available at virtualtravelclinic.ca/partnership.

Executive Summary

Virtual Travel Clinic supplies the certified clinical layer of travel medicine; the pharmacy partner supplies the counter and the customer relationship. A patient referred to VTC completes an ISTM-certified travel consultation under travel-medicine physician oversight, the prescriptions are returned to the referring pharmacy for fulfillment, and the customer is retained by the partner. The partner captures travel-health volume without building, staffing, or licensing a travel clinic.

- **The opportunity.** Canadians took 13.0 million overseas trips in 2024, a substantial share of them to destinations that warrant vaccines, antimalarials, and preventive advice. Only about half of travellers to less-developed countries obtain any pre-travel advice. That intent currently leaks to a family doctor, a website, or nowhere at all.
- **The structural shift.** In 2025, Canadian outbound leisure travel moved decisively out of the United States and into overseas destinations. The volume is migrating into precisely the segment that requires pre-travel preparation.
- **The model.** The patient is referred to VTC, completes the consultation, and the prescriptions return to the referring pharmacy. No clinical workload is added at store level; a QR code or booking link is the entire handoff.
- **The economics.** At annualized run-rate, a mature location generates approximately 1,200 consultations, 1,820 patients, and 6,720 prescriptions per year: roughly $355,000 in gross travel-prescription revenue and $164,000 in retained pharmacy margin per location per year, scaling directly with active store count. VTC also originates its own demand, routing new travel-health patients into the network rather than only monetizing existing foot traffic.
- **The adjacent value.** Travel prescriptions are the first of several revenue streams a retained travel-health household opens. Ongoing non-travel prescriptions, front-store purchases, and billable medication-review programs compound well beyond the initial basket.
- **The next step.** A bounded pilot across a defined set of stores, with store-level tracking, so prescription impact is measured directly within the partner's own network.

Bottom line: the pre-travel moment is among the lowest-cost routes to acquiring a premium, multi-person, repeat household, and VTC makes it operational at the locations where the foot traffic already exists.

The travel-health customer

Travel health is typically evaluated as a service line: consultations completed, scripts filled, margin per visit. That measurement understates the asset.

A pre-travel interaction is a **patient-acquisition event**, and the patient it acquires is unusually valuable: affluent, travelling as a household, travelling repeatedly, and arriving already intending to spend on health. The material question is not what a single travel consultation earns. It is what a travel-health customer is worth to the pharmacy over the retention window.

A large, growing, higher-risk travel market

International travel by Canadians is large, recurring, and increasingly weighted toward destinations that require clinical preparation.

- Canadians made **13.0 million overseas trips** (beyond the United States) in 2024, a post-pandemic high, up roughly 31% from 2023 and above 2019 levels for the first time. (Statistics Canada)
- In 2025, Canadian outbound leisure travel to the United States fell by roughly 3.2 million visits, while overseas leisure visits rose by approximately 1.1 million, a gain of about 12%. United States travel generally requires no pre-travel vaccination; overseas travel frequently does. The substitution moves volume directly into the travel-medicine segment. (Statistics Canada)
- Across all international travel, Canadians took 38.7 million trips abroad and spent **$52.9 billion**, averaging approximately **$2,300 per overseas trip** over roughly 13 nights. (Statistics Canada, National Travel Survey)
- Mexico is the most-visited overseas destination, followed by sun destinations such as the **Dominican Republic**. **China** and **India** are significant for visiting friends and relatives, precisely the travel profile that calls for pre-travel preparation. (Statistics Canada)
- 67% of Canadians hold a passport, and they travel internationally for leisure at roughly **twice the per-capita rate of Americans**. (Destinations International)

The customer profile

Three characteristics make this segment worth acquiring well beyond the value of a single visit.

Characteristic	Why it matters to a pharmacy
Affluent	Canadian travellers earning over $200K spend 38% more on international trips than the average traveller. Globally, affluent households drive roughly one in four travel dollars. (Destinations International; Visa)
Households, not individuals	Family vacations are the most common type of international leisure trip, so one pre-travel interaction frequently brings a spouse, children, and travel companions into the pharmacy together. (Destinations International)
Repeat	Higher-income travellers take approximately 4.3 leisure trips per year. International travel is a habit rather than a one-off, so the acquisition recurs. (Resonance Consultancy)

A travel-health touchpoint is, in effect, a low-cost entry point to a high-income, multi-person, repeat-visit relationship.

Demand that already exists, and is largely unmet

The clinical need is common and predictable. What is missing is reliable preparation, which is the gap a pharmacy is positioned to close.

- Travellers' diarrhoea is the most predictable travel illness, with attack rates of **30–70% over a two-week trip** to higher-risk destinations, a list that includes Mexico, the Dominican Republic, and most of Latin America, Africa, and South and Southeast Asia. (CDC Yellow Book)
- Only about **half of travellers** to less-developed countries obtain any pre-travel advice. In airport surveys, approximately 35% obtained it from a health professional and just **12% received a pre-travel vaccine**. (travel-medicine literature)
- Approximately **half of travellers report a health problem** during their trip. (GeoSentinel surveillance network)

The pharmacy that owns the pre-travel moment is not manufacturing demand. It is capturing intent that today leaks to a family doctor, a website, or nowhere at all.

From one trip to a lifetime

Value compounds across four tiers. Most analyses stop at the first. The material value sits in the last two.

Tier	What it captures	Why it compounds
1. The trip	Vaccines, antimalarials, travellers' diarrhoea kit, repellent, OTC, pre-trip refills	The immediate basket
2. The household	Spouse, children, travelling companions	Multiplies the basket per trip
3. The year	Multiple international trips annually	Recurring, not one-time
4. The relationship	Ongoing prescriptions, front-store visits, and billable medication-review programs	The bulk of lifetime value

An illustrative lifetime value

Canadians spend, on average, more than $1,000 per person per year on prescription drugs ($42.1 billion across roughly 41 million people). On a public-average basis, converting a travelling household into a retained pharmacy relationship carries the following throughput:

Input (illustrative)	Value	Basis
Prescription spend per person, per year	~$1,000	$42.1B ÷ ~41M (CIHI, 2023)

Household size	3	Statistics Canada average household size (2.4), rounded up
Retention window	7 years (model default; 5–10 illustrative)	Partner-adjustable input
Prescription throughput per household	**~$21,000**	Calculated ($15,000–$30,000 across a 5–10 year window)
Front-store throughput per household	Partner-set input	Non-prescription spend per household per month × retention window
Per-trip travel-health basket	Additive	Per trip, per member
Billable medication reviews	Additive	$60 per billable review (Ontario MedsCheck rate)

Illustrative and top-line. *Figures represent prescription throughput, not pharmacy margin. A partner captures dispensing and markup economics on that volume plus full front-store margin, and should substitute its own retention, basket, and margin assumptions. Lifetime figures are throughput over the retention window; they are not annual amounts and are not additive to the annual run-rate. Front-store spend is deliberately attributed only to net-new customers introduced by VTC, not to patients the pharmacy already serves. Because this segment skews affluent and ages over the retention window (per-person fills rise from approximately 5.4 per year at ages 18–24 to 8.3 at 65+), these public averages are likely conservative for travel-health customers.*

The relationship anchors into the highest-frequency touchpoint in Canadian healthcare:

- Canada's prescribed-drug spend reached **$42.1 billion in 2023**. Public spending alone reached $20.1 billion in 2024 and is growing at approximately 9% per year. (CIHI)
- **55% of Canadians visit a community pharmacy weekly** and see a pharmacist up to ten times more often than their family doctor. (Canadian Pharmacists Association)
- Per-person prescription use rises steadily with age, so a household's value **grows over the years it is retained**. (Canada Health Infoway)

The strategic implication: the pre-travel moment is among the cheapest, highest-intent routes for a pharmacy to acquire a premium, multi-person, repeat household, provided the pharmacy can reliably deliver the clinical side of travel medicine at the locations where the foot traffic already exists. That is what Virtual Travel Clinic provides.

What Virtual Travel Clinic is

Virtual Travel Clinic (VTC) is preventive travel-health infrastructure: a national clinical capability embedded into an existing pharmacy and patient journey, without the partner building, staffing, licensing, and maintaining the clinical operation itself.

The infrastructure is already in place on the VTC side: virtual travel-medicine consultations, certified travel-medicine clinicians, physician oversight, prescribing workflows, patient support,

compliance, and national operating capacity. The partner supplies fulfillment and the local patient relationship. VTC supplies the certified clinical layer behind it.

A pharmacy-connected pathway

The opportunity is not simply to offer travel consultations. It is to give patients a clear, pharmacy-connected pathway for travel-health advice, vaccine planning, and travel-related prescriptions, while keeping the operational lift low at store level.

Many locations already field these questions from travelling patients without a consistent national pathway to support them. VTC provides that pathway.

How it works

The patient journey is consistent end to end:

1. The patient is referred to VTC.
2. The patient completes an ISTM-certified travel consultation, based on the planned itinerary and personal health history, with travel-medicine physician oversight.
3. The prescriptions are returned to the referring pharmacy.
4. The patient fills the prescriptions and becomes, or remains, the pharmacy's customer.

Fulfillment, vaccination, and the local relationship remain with the partner. The model retains the patient; it does not send them away.

Per mature location: annualized run-rate

The figures below reflect a single mature location's annualized run-rate once the referral pathway is established. They are drawn from Virtual Travel Clinic operating data.

Metric	Per year	Per patient
Travel consultations completed	**1,200**	–
Patients served	**1,820**	–
Prescriptions generated	**6,720**	3.7
Gross travel-prescription revenue	**$355,000**	$195.05
Margin retained by the pharmacy (estimate)	**$164,000**	$90.11
Patients per consultation	**1.52**	–
Prescriptions per consultation	**5.6**	–

Travel medicine is high-yield per visit. A single consultation frequently covers a family or travelling group, so prescriptions generated materially exceed the number of consultations. Revenue and margin scale directly with the number of locations operating at run-rate.

Four revenue streams, not one

The $355,000 gross and $164,000 retained margin above represent travel prescriptions only. A retained travel-health customer opens three further streams that are excluded from the run-rate:

1. **Travel-health prescriptions.** The run-rate above.
2. **Ongoing, non-travel prescriptions.** Realized once the customer stays with the pharmacy.
3. **Front-store and non-prescription purchases.** Realized on each subsequent visit.
4. **Billable medication-review programs.** Modelled at $60 per billable review on the Ontario MedsCheck rate; program names, rates, and eligibility vary by province. The capture assumption is a net rate, being the share of travel patients that result in a billable review after both eligibility and real-world capture, not the share who merely qualify.

The compounding value of streams two through four is set out in *From one trip to a lifetime* above.

VTC originates its own demand

Prescription volume is produced through two channels:

- **Partner-sourced.** Patients referred at the counter, via in-store QR codes, or booking links.
- **VTC-sourced.** Patients who found VTC independently through paid and organic search, content, travel agents, tour operators, and family-physician referrals, and selected the partner pharmacy for fulfillment.

The second channel is material: VTC does not simply monetize existing pharmacy foot traffic. It generates demand and routes net-new travel-health patients into the partner network.

Modelling the opportunity across a network

An interactive model is published at virtualtravelclinic.ca/partnership. It sizes the opportunity across a partner's own store count and allows every material assumption to be replaced with the partner's data.

Adjustable input	What it drives
Number of participating locations	Scales the run-rate across the network
Net-new VTC-sourced patients per month	Volume added above the 1,820 patients per location the pharmacy already refers in. Set to zero, annual figures return exactly to $355,000 gross and $164,000 margin.
Front-store spend per household per month	Non-prescription throughput, applied only to net-new customers VTC introduces
Retention window	The number of years over which lifetime throughput is accumulated

Medication-review capture rate	Billable reviews per year and associated program revenue at $60 per review

Two conventions apply throughout the model. Annual figures are revenue and margin. Lifetime figures are throughput over the retention window: they are not annual amounts, they are not margin, and they are not additive to the annual figures. One consultation is treated as one household at three people per household.

Why it matters to a pharmacy chain

Travel medicine creates prescription and vaccine volume, but the model does not depend on pharmacists operating as a sales force. The opportunity is to capture travel-health intent that already exists and route those patients through a reliable clinical pathway.

- **Incremental prescription and vaccine volume.** The primary, measurable benefit, and a key driver of overall pharmacy performance.
- **Ancillary retail.** Travel patients frequently purchase complementary items in the same visit: sunscreen, insect repellent, first aid, passport photos, currency, luggage.
- **Loyalty and retention.** Prevents travel customers from churning to standalone travel clinics or competing pharmacies, and positions the partner as the destination for all travel-health needs.
- **Professional services revenue.** Travel patients are a qualified pool for billable medication-review programs where provincial criteria are met.

Clinical credibility

VTC is built to give a pharmacy partner full clinical confidence:

- Care delivered to ISTM-aligned travel-medicine standards, with travel-medicine physician oversight.
- Registered nurses with 100+ hours of travel-specific training.
- Capability for Yellow Fever and complex travel-medicine cases.
- Canadian-owned, with no offshore call centres.

Virtual Travel Clinic is operated by Rockdoc, a Canadian healthcare services company established in 2008.

Low-friction implementation

The lift at store level is intentionally light. VTC provides:

- Refreshed in-store promotional materials and signage.
- Pharmacy-manager and staff briefings on the referral pathway.
- A single handoff, being a QR code or booking link, with no clinical workload added at the store.

- Store-level performance reporting and visibility.
- A Customer Success team supporting managers and patients by phone.

Recommended next step

The lowest-risk way to evaluate the model is a bounded pilot across a defined set of stores, with store-level tracking so the prescription impact is measured directly. The evidence is generated inside the partner's own network rather than asserted by VTC.

VTC supports activation throughout. The partner's role is limited to ensuring the referral pathway is understood and used at participating locations.

The proposed next step is a short working session to assess fit: a walkthrough of the model, responses to any diligence questions, and a joint determination of whether a pilot is warranted.

Sources

Market figures in the opening sections are drawn from public and industry sources. Run-rate and per-unit economics are Virtual Travel Clinic operating data. Two Statistics Canada programs are cited, the National Travel Survey (a household survey) and Travel Between Canada and Other Countries / Frontier Counts (a border-crossing count). They use different methods and are not added together.

1. Overseas trips (13.0M, 2024; +31% year over year; first time above 2019). Statistics Canada, "Travel between Canada and other countries, December 2024" (The Daily, February 2025).
2. Substitution of United States travel for overseas travel in 2025 (US leisure visits down approximately 3.2 million; overseas leisure visits up approximately 1.1 million, or 12.2%). Statistics Canada, "Canadian-resident travel to the United States: A year in review" (Catalogue 36-28-0001, 2026).
3. Trips abroad (38.7M), international travel spend ($52.9B), approximately $2,300 per overseas trip, top destinations. Statistics Canada, National Travel Survey, Q1–Q4 2024 (The Daily).
4. Passport ownership (67%); per-capita international leisure travel versus the United States; affluent travellers (>$200K) spend 38% more. Destinations International, "Five Ways to Woo More Canadian Travelers."
5. Affluent households drive approximately 25% of travel spend; approximately 4.3 leisure trips per year among higher-income travellers. Visa Business & Economic Insights (2025); Resonance Consultancy, reported in Travel Market Report (2026).
6. Travellers' diarrhoea attack rate (30–70%) and high-risk destination list. CDC Yellow Book: Health Information for International Travel, "Travelers' Diarrhea."
7. Approximately 50% of travellers seek pre-travel advice; approximately 35% from a health professional; approximately 12% vaccinated; approximately 50% report illness while travelling. Peer-reviewed travel-medicine literature (PMC/NIH reviews; BMC Public Health airport survey; GeoSentinel surveillance network).
8. Prescribed-drug spend ($42.1B, 2023); public spend ($20.1B, 2024, +9.3%); per-capita derivation. Canadian Institute for Health Information (CIHI); PMPRB/NPDUIS; National Health Expenditure Trends 2024.
9. Prescriptions per person by age (approximately 5.4 at ages 18–24 to 8.3 at 65+, among those prescribed medication). Canada Health Infoway (via Statista).
10. 55% of Canadians visit a pharmacy weekly; pharmacist visit frequency versus physician. Canadian Pharmacists Association; Canadian Pharmacists Journal (2020).
11. Average household size (2.4 persons), rounded up to 3 for household modelling. Statistics Canada, Census of Population.
12. Medication-review program rate ($60 per billable review). Ontario MedsCheck program; program names, rates, and eligibility vary by province.
13. Consultations, patients, prescriptions, gross revenue, and retained margin per mature location. Virtual Travel Clinic operating data.