



# **MINOR AILMENT PRESCRIBING IN SASKATCHEWAN**

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# HISTORY OF PRESCRIBING IN SK

- First province in the country to be remunerated for minor ailment services
- All Sask. Residents (includes: Drug Plan beneficiaries and Federal beneficiaries-NIHB,DVA,RCMP)
- Feb 1<sup>st</sup>, 2012
  - Minor Acne
  - Insect Bites
  - Cold Sores
- May 24<sup>th</sup>, 2012
  - Allergic Rhinitis
  - Diaper Dermatitis
  - Oral Thrush
  - Oral Aphthous Ulcer



# HOW IT ALL CAME ABOUT!

- Oct 2009: Sask College of Pharmacists (SCP) contracted Sask Drug Info Services (now know as medSask) to do a lit review
  - medSask-provide advice to SCP for future expansions/changes to the services
- The SCP Interdisciplinary Advisory Committee for Prescriptive Authority
  - MDs, NPs, Midwives, Pharmacists, Ministry of Health rep, medSask
- Consultations and Pharmacist focus groups compiled a list of conditions and rx drugs
- Developed criteria for conditions
  - Can be reliably self-diagnosed by patient
  - Self-limiting conditions
  - Lab test are not required for diagnosis
  - Treatment will not mask underlying conditions
  - Medical and medication histories can reliably differentiate more serious conditions
  - Only minimal or short-term follow-up needed



# CRITERIA FOR PRESCRIPTION DRUGS CHOSEN

- Has an official indication for the self-care condition
- Has valid evidence of efficacy for self-care condition
- Has a wide safety margin
- Not subject to abuse
- Dosage regimen for treatment of self-care conditions is not complicated



# RESULTS OF PHARMACIST FOCUS GROUP

- Time frame for follow up
- Referral criteria
- Comparisons (efficacy, side effects, etc)
- Age considerations
- Dosage protocols, limits, flow charts, algorithms
- Web access



# WHY PHARMACISTS?

- Often the first point of contact for patients
- Trusted healthcare professionals
- Accessible (many pharmacies open 24hrs)
- We have the needed drug knowledge
- No appointment required
- Wait time to speak to a pharmacist is minimal
- Increased access to needed medical advice/treatment for patients without a family doctor



# WHY PHARMACISTS?

- Healthcare studies show that a large majority of patients self-treat
  - Pharmacists prescribing for these conditions allow these patients to more confidently self-diagnose and receive correct treatment
  - Pharmacists can intervene and quickly identify situations where a doctor referral is required



# MAIN GUIDING PRINCIPLES

- INTERdependent (not dependant or independent) prescriptive authority in collaborative practice environments
  - Team relies upon one another to achieve common goal of optimal pharmacotherapy
  - “Collaborative Practice environment”
    - Exists when practitioner can reasonably rely upon:
      - The basic skills of the pharmacist
      - To prescribe in best interest of patient
      - Communicate to practitioner (prescribing decision or referral)
      - Presumed to exist when prescribing under the bylaw
      - Does NOT exist when practitioner communicates otherwise





# MAIN GUIDING PRINCIPALS

- Competency based (optimize use of current competencies-not expanded scope of practice)
- Current standards remain (monitoring, follow-up, continuity of care)
- Compatible with current health system
- Enabling legislation with limits
- Accountability framework
  - Self-regulation (ethics, standards)
  - Transparency through communication (Pharmaceutical Information Program(PIP) and Patient Assessment Record(PAR)) and collaboration



# LEVEL I

- Characterized as “Basic”
  - Leverages the existing skills of all pharmacists
  - Conventional interdisciplinary collaboration
  - Includes minor ailments prescribing (training mandatory for all Sask Pharmacists)
    - Live training sessions hosted by SCP and U of S
    - Online training subsequently available



# LEVEL II-COLLABORATIVE PRACTICE AGREEMENTS ONLY

- Characterized as “Advanced”
  - Leverages advanced skills of some pharmacists
  - More highly functioning or sophisticated interdisciplinary collaborations (teams)
- Initiate
  - ie: Receive diagnosis, therapeutic goal, select drug therapy
- Therapeutic substitution
  - ie: Patient requests a less expensive PPI
- Alerting dosage and/or dosage regimen
  - ie: Community warfarin dosage adjustment program



# LEVEL I-BASIC PRESCRIPTIVE AUTHORITY

- 1. Interim supply
- 2. Emergency supply
- 3. Unable to Access
- 4. Alter Dosage Form
- 5. Missing Information
- 6. Drug Reconciliation



# 1. INTERIM SUPPLY

- Can prescribe an existing medication one time (when prescribed by MD-not Pharmacist)
- Equivalent quantity
- Chronic and stabilized use of medication
- Current supply has or will run out before next doctors appointment
- Must notify MD
- \$6.00 per rx (max 4 claims/28 day period)



## 2. EMERGENCY SUPPLY

- Patient requires medication where interruption of therapy would result in harm to patient
  - ie: patient having an asthma attack and left inhaler at home
- 72 hour supply or reasonable quantity (up to 100 days) until patient can consult with MD or until inaccessible supply can be accessed
- Must notify MD
- \$10 per rx (max one claim/28 day period)



### 3. UNABLE TO ACCESS

- Patient on a chronic and stabilized med and unable to access supply
  - ie: Patient is stranded stayed in town or pharmacist unable to contact patients pharmacy for a transfer
- Must notify MD
- \$6.00 per rx (max 4 claims/28 day period)



## 4. ALTER DRUG FORM

- May alter the dosage form or formulation if it is determined that another dosage form or formulation would be more beneficial
  - ie: Changing from capsule to liquid or changing from regular release to controlled release equivalency
- Must notify MD
- \$6.00 per rx (max 4 claims/28 day period)





## 5. MISSING INFORMATION

- Prescribing pharmacist may insert medically or legally necessary info to a prescription if pharmacist deems that the prescribing practitioner's intent is clear and that the info was unintentionally omitted
  - ie: Rx written Amoxil 50mg tid or patient indicates no change to stabilized/chronic medication
- Must notify MD
- \$6.00 per rx (max one claim/28 day period)



## 6. DRUG RECONCILIATION

- Pharmacist identifies an unintended discrepancy upon discharge or admission to hospital or personal care home, which could potentially cause harm to the patient
- May prescribe to correct the omission if a practitioner is not available to issue rx
- Must notify MD
- \$25.00 (max 1 claim/28 day period)



# MINOR AILMENTS-GUIDELINES

- The purpose of the guidelines is to provide community pharmacists with tools to facilitate the decision-making and documentation processes for minor ailments self-diagnosed by patients
- Each guideline consists of 3 documents
  - 1. pathophysiology
  - 2. treatment algorithm
  - 3. assessment and treatment check list



# 1. COLD SORES

## ○ Criteria

- Patient demographic
- Patient history
- Review symptoms (itchy, clear sticky fluid, single, painful lesion around lip or nose, etc)

## ○ Treatment (oral and topical)

- Acyclovir 5% cream five times daily x4d
- Acyclovir 400mg five times daily x5d
- Valacyclovir 2g bid x 2 doses
- Famciclovir 750mg bid x 1d or 1500mg stat

## ○ Non-Pharmacological: avoid exposure to triggers (sun)

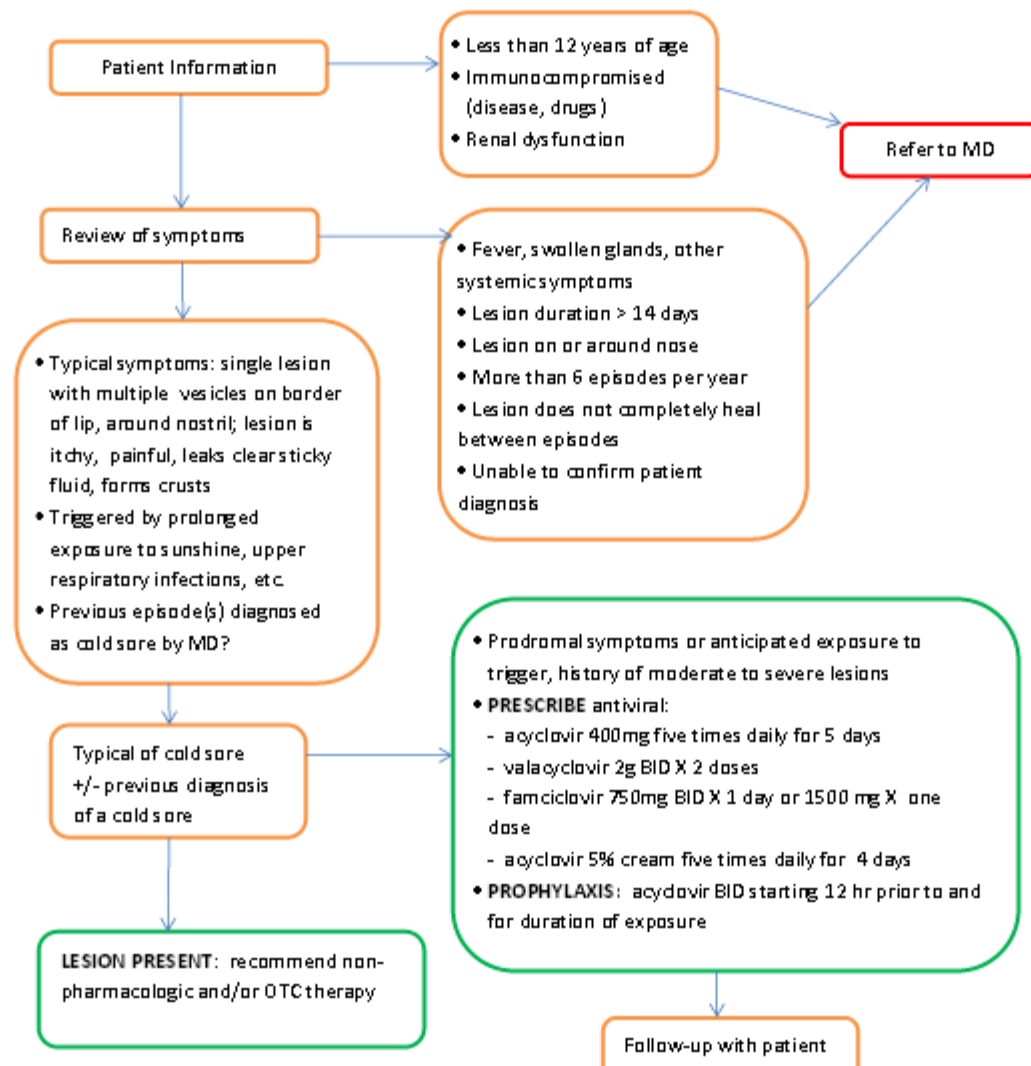
## ○ Follow up: must be done within 7 days

## ○ Max submissions: 8/365 days



- + 75% ↕

## COLD SORE (Herpes labialis)





75%

Name HSN

Address: DOB: Sex:  male  female

Telephone:  Pregnant  Lactating

Medical History:  Renal dysfunction

Drug History/ Drug allergies:

Patient History:

Age less than 12 years?  No → Continue  Yes → Refer to MD

Does the patient have a health condition that compromises the immune system, or take medications which compromise the immune system?  No → Continue  Yes → Refer to MD

Does the patient have renal dysfunction?  No → Continue  Yes → Refer to MD. Dose reduction of antivirals based on CrCl may be necessary

Has the patient previously been diagnosed with cold sores by a physician?  Yes  No

Has the patient tried any pharmacologic or non-pharmacologic treatment for symptoms in the past?  No  Yes → What was tried? What was the effect?

Review of Symptoms:

Does the patient have signs / symptoms of systemic illness (fever, swollen glands, etc)?  No → Continue  Yes → Refer to MD

Has the lesion been present for more than 14 days?  No → Continue  Yes → Refer to MD

Is the lesion on or around the nose?  No → Continue  Yes → Refer to MD

Are the signs / symptoms typical of cold sore?  single, painful lesion with multiple vesicles on the border of the lip or around nostrils  vesicles leak a clear sticky fluid, then crust over  itch in area of lesion  occurred after prolonged exposure to bright sunlight

ectly.

- + 75% ▾

## Treatment:

1. Non-pharmacological treatment: hygiene

2. OTC topical products

3. Antiviral drugs (Acute treatment)

- acyclovir 5% cream five times daily for 4 days
- acyclovir 400mg five times daily for 5 days
- valacyclovir 2000 mg BID (every 12 hours) for 2 doses
- famciclovir 750mg BID (every 12 hours) for 2 doses or 1500 mg one dose

4. Antiviral drugs (Prophylactic treatment)

- acyclovir 400 mg BID beginning 12h prior to trigger exposure and for duration of exposure (eg. sun)

## Prescription Issued:

Rationale for prescribing: Minor ailment

Any other relevant information:

Rx: (Name, strength)

Quantity:

Dosage directions:

## Counseling:

- Consult pharmacist or MD if symptoms worsen (e.g. lesions spread, fever, unable to eat) or no significant improvement after 7 days
- Oral antiviral must be started before lesions appear (ideally within 1 - 2 hours of onset of prodromal symptoms) in order to be effective
- Advice on preventing spread of infection

## Followup scheduled in 7 days: (date)

- In pharmacy  Telephone
- If symptoms are not resolving, refer to MD
- If symptoms are resolved, advise about prevention strategies
- Prescribe ONE COURSE of antiviral to have on hand if patient has frequent episodes. Ensure patient understands the importance of seeing an MD if symptoms do not resolve completely between episodes

# REFERENCES

- medSask website has all the references, treatment algorithms and patient assessment forms
- <http://medsask.usask.ca/professional/guidelines/index.php>
- Two reference books (Therapeutic Choices for Minor Ailments and Products for Minor Ailments) available at [www.pharmacists.ca](http://www.pharmacists.ca)





## 2. INSECT BITES

- Criteria
  - Patient demographic
  - Patient history
  - Review symptoms (recent exposure to insect, insect seen, area of bite indicates exposure)
- Treatment
  - Hydrocortisone 1% cream/ointment
  - Non-Pharmacological: cold compress
  - OTC: Antihistamine
- Follow up: must be done within 7 days
- Max submissions: 8/365 days



## 3.ACNE (MILD-MODERATE)

### ○ Criteria

- Patient demographic
- Patient history
- Review symptoms (>20 comedones, >15 inflammatory papules, total lesion count >30, etc)

### ○ Treatment

- Benzoyl Peroxide (BP) up to 10%
- Antibiotics
  - Clindamycin (+/- BP or tretinoin)
  - Erythromycin (+/- BP or tretinoin)
- Retinoids
  - Adapalene crm 0.1%, 0.3% (+/- BP)
  - Tazarotene 0.1% crm or gel
  - Tretinoin crm or gel (all strengths)



### 3.ACNE (MILD-MOD) (CON'T)

- Non-pharmacological
  - Basic hygiene/non-sensitizing facial cleansers
- OTC
  - BP <10%, SA
- Follow up
  - Reassess in 8 weeks
  - Max of 2 rx trials before referring to MD
  - For maintenance therapy, refer to MD
- Max submissions: 4/365 days



# 4. ORAL THRUSH INFECTION

- Criteria
  - Patient demographic
  - Patient history
  - Review symptoms (recent course of broad spectrum antibiotic, infant <1yr-breastfeeding/formula, inhaled steroid, denture wearer)
- Treatment
  - Infants <1yr: Nystatin oral drops (100,000u/ml)
    - 2ml qid x 7 days
  - Children and Adults: Nystatin oral suspension (100,000u/ml)
    - 4-6ml qid x 7 days
- Follow up: must be done within 7 days
- Max submissions: 4/365 days



## 5. ALLERGIC RHINITIS

### ○ Criteria

- Patient demographic
- Patient history
- Review symptoms (sneezing, rhinorrhea, nasal congestion, itchy eyes/throat)

### ○ Treatment

- Intranasal Corticosteroids
  - Beclomethasone
  - Mometasone
  - Fluticasone
- OTC
  - Saline rinse, nettipot, etc
- Follow up: must be done within 7 days
- Max submissions: 4/365 days



## 6. DIAPER DERMATITIS

- Criteria
  - Patient demographic
  - Patient history
  - Review symptoms (beefy red plaques, shiny, dusky red rash on buttocks/pubis area, etc)
- Treatment
  - Clotrimazole 1% crm
  - Hydrocortisone 1% crm/oint
- OTC
  - Nystatin crm
- Non-pharmacological
  - Frequent diaper changes, expose diaper area to air when possible, change brand of diapers
- Follow up: must be done within 7 days
- Max Submissions: 4/365 days



# 7. ORAL APHTHOUS ULCER (CANKER SORE)

- Criteria
  - Patient demographic
  - Patient history
  - Review symptoms (1 or more shallow painful sore with a white or cream colored coating and red border, etc)
- Treatment
  - Triamcinolone 0.1% in dental paste (Oracort)
- OTC
  - Orabase, Kanka, Fletcher's, etc
- Non-Pharmacological
  - Rinse with salt water, avoid triggers
- Follow-up: must be done within 7 days
- Max submissions: 4/365 days



# IMPLEMENTATION INTO YOUR PRACTICE

- When patient presents with self-diagnosis:
  - Follow algorithm and Pharmacist Assessment forms
  - Determine if Rx treatment is necessary or refer to MD
  - If yes, process Rx as per dispensary protocol
    - Create on PIP or generate rx within computer software
  - Counsel on appropriate use of medication
  - Communicate with MD (via fax)
  - Follow up with patient within required time
    - Utilize computer software follow up function





# IMPLEMENTATION INTO YOUR PRACTICE

- Time it takes to do assessment/algorithm is minimal
  - Treatment algorithms are concise, clear and very easy to follow
  - Adds only a few extra minutes to the workflow process in most cases
- Semi-private/private area to discuss/assess condition with patient
- As pharmacist becomes familiar with the conditions/treatment, the process becomes very streamlined and does not impact workflow



# IMPLEMENTATION INTO YOUR PRACTICE

- Utilize technicians to:
  - assemble treatment algorithms/assessment forms so that they are easily available for the pharmacist to find and use (we keep paperwork at the intake computer)
  - complete paperwork (filling out HSN, etc)
  - communication to MD (fax)
  - add follow ups into the computer



# COMMENTS FROM OUR PATIENTS AND LOCAL DOCTORS

- “ You saved me so much time!”
- “I appreciated the call from the pharmacist to see how I was doing. It really meant a lot!”
- “I trust my pharmacist so much!”
- “It is great to know that I can come in to the pharmacy to get something for my cold sore rather than waiting at the doctor’s office.”
- “It frees us up to spend time on more complicated conditions” (resident doctor)
- “It is an efficient way to utilize healthcare dollars”- (resident doctor)



# REMUNERATION

- Rx is filled as usual
- Additional fee for prescribing
  - \$18.00 per minor ailment rx
  - PseudoDin created by Sask Provincial Drug Plan (SPDP) for each minor ailment
  - Direct billing (vs online adjudication or paper claim)



# STATISTICS- LEVEL I

## MARCH 4,2011 TO DECEMBER 31, 2013

Service	# of billings	Total fees
Interim supply	362,092	\$2,858,101
Emergency supply	14,031	\$134,944
Alter Dosage form	7,011	\$44,964
Missing information	11,628	\$72,806
Unable to Access	6,614	\$50,366
Drug Reconciliation	1,574	\$32,870
<b>Total Patient Assessment fees</b>	<b>521,055</b>	<b>\$3,194,051</b>



# STATISTICS-MINOR AILMENTS

## FEBRUARY 1, 2012 TO DECEMBER 31, 2013

Service	# of billings	Total Fees
Cold Sores	4,877	\$87,768.01
Insect Bites	1,095	\$19,710.00
Acne	580	\$10,440.00
Oral Thrush	652	\$11,736.00
Allergic Rhinitis	1,424	\$25,649.99
Diaper Dermatitis	334	\$6,012.00
Oral Aphthous Ulcer	917	\$16,506.00
<b>Total Patient Assessment fees</b>	<b>9,879</b>	<b>\$177,817.00</b>



# WHO BENEFITS?

- Pharmacist
  - Builds relationship with patients
  - Monetary reimbursement
- Patient
  - Saves time waiting for appointment with MD
  - Builds relationships and trust in pharmacists
- Healthcare system
  - Decrease healthcare costs and time (ie: hospital and MD visits)
- MDs
  - Increases time to spend on more serious conditions



# PUBLIC AWARENESS CAMPAIGN: PHARMACISTS ASSOCIATION OF SASKATCHEWAN (PAS)

- Focus on educating the public about minor ailments
- Overview of Activities
  - Pre-campaign consumer phone survey testing the public's knowledge and understanding of pharmacists ability to prescribe for minor ailments
  - Posters, patient handouts, shelf talkers to each PAS Member Pharmacy
  - Media ads and interviews
  - “Talk to the Experts” radio show and advertisements
  - Post-campaign evaluation and consumer phone survey





# COMING SOON.....

- Additional minor ailments (training to take place in April/May 2014)
  - GERD
  - Migraines/HA
  - Hemorrhoids
  - Skin Infections (bacterial)
  - Tinea infections
  - Strains and Sprains
  - Dysmenorrhea
  - Atopic Dermatitis



THANKS FOR YOUR TIME!

QUESTIONS?

