

MINOR AILMENT SERVICES: FROM RESEARCH TO PRACTICE

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Disclosure

I have no real or potential conflicts of interest to disclose.

Summary of pharmacists' expanded scope of practice across Canada



| | ✓ Implemented in jurisdiction P Pending legislation or regulation or policy ● Not implemented | Province/Territory | | | | | | | | | | | | |
|------------------------------|---|--------------------|----------------|----------------|----------------|----------------|------------------|----------------|----------------|-----|-----------------|-----|----|----|
| | | BC | AB | SK | MB | ON | QC | NB | NS | PEI | NL | NWT | YT | NU |
| Pharmacist Scope of Practice | Provide emergency prescription refills | ✓ | ✓ | ✓ | ✓ | ✓ | P ^{6,7} | ✓ | ✓ | ● | ✓ | ✓ | ● | ● |
| | Renew/extend prescriptions | ✓ | ✓ | ✓ | ✓ ³ | ✓ | P ⁶ | ✓ | ✓ | ✓ | ✓ | ✓ | ● | ● |
| | Change drug dosage/formulation | ✓ | ✓ | ✓ | ✓ | ✓ | P ^{6,7} | ✓ | ✓ | ✓ | ✓ | ● | ● | ● |
| | Make therapeutic substitution | ✓ | ✓ | ✓ | ● | ● | P ^{6,7} | ✓ | ✓ | ✓ | ✓ ¹⁰ | ● | ● | ● |
| | Prescribe for minor ailments/conditions | ● | ✓ ¹ | ✓ | ✓ | ● | P ^{6,7} | P | ✓ | ● | ● | ● | ● | ● |
| | Initiate prescription drug therapy | ● | ✓ | ✓ ² | ✓ | ✓ ⁴ | P ^{6,7} | ✓ ⁹ | ✓ ² | ● | ● | ● | ● | ● |
| | Order and interpret lab tests | ● | ✓ | ● | ✓ | P | P ⁶ | ✓ | ✓ | ● | ● | ● | ● | ● |
| | Administer a drug by injection | ✓ | ✓ | ● | ✓ | ✓ ⁵ | P ^{6,8} | ✓ | ✓ | P | P | ● | ● | ● |
| | Regulated Pharmacy Technicians | ✓ | ✓ | P | P | ✓ | ● | P | ✓ | ● | P | ● | ● | ● |

1. **AB:** pharmacists in Alberta who have "additional prescribing authority" can prescribe a Schedule I drug (prescription-only) for the treatment of minor ailments
2. **SK & NS:** only as part of assessment and prescribing for minor ailments
3. **MB:** as Continued Care Prescriptions under section 122 of the Regulations to the Pharmaceutical Act
4. **ON:** restricted to prescribing specified drug products for the purpose of smoking cessation
5. **ON:** administration of influenza vaccination to patients five years of age and older; administration of all other injections and inhalations for demonstration and educational purposes
6. **QC:** pending Orders in Council (activity enabled by passage of Bill 41, an Act to amend the Pharmacy Act, December 8, 2011; regulation for this activity was planned for September 3, 2013, however it was postponed by Orders in Council on August 22, 2013)
7. **QC:** when authorized by a physician by means of a "collective prescription" (i.e., collaborative practice agreement)
8. **QC:** for demonstration purposes only
9. **NB:** prescribing constitutes adapting, emergency prescribing or within a collaborative practice; independent prescribing or as part of minor ailments prescribing is pending
10. **NL:** limited to non-formulary generic substitution

Why should pharmacists prescribe?

- Minor Ailment assessment is within a pharmacist's area of expertise:
 - Pharmacists are generally under-utilized
 - Recognized by regulations in Nova Scotia for all pharmacists
- Minor ailments are usually non-emergent
 - Appropriate use of sometimes limited resources
- Pharmacists are able to assess whether treatment would be beneficial – either OTC or prescription OR when to refer to a MD because of red flags
 - Helps make sure people are seeing the doctor who may have otherwise gone without medical care
 - Helps make sure the right people are seeing the doctor

How do I fit this into my already busy workflow?

How long does this take?

Will patients pay?

Will there be a demand for this service?

How does this “fit” into the delivery of health care in NS?

Do I have the knowledge to do this?

What will physician's think?

How is this different from what we do already when recommending OTCs?

Minor Ailment Prescribing

(I) MINOR AND COMMON AILMENT PRESCRIBING

Minor and common ailments are health conditions that can be managed with minimal treatment and/or self-care strategies. Patients with these ailments have traditionally been assessed and provided treatment recommendations within the practice of pharmacy. Prescribing for minor and common ailments may be undertaken for the following:

- Dyspepsia
- Gastro-esophageal Reflux Disease
- Nausea
- Non-infectious Diarrhea
- Hemorrhoids
- Allergic Rhinitis
- Cough
- Nasal Congestion
- Sore Throat
- Mild Headache
- Minor Muscle Pain
- Minor Joint Pain
- Minor Sleep Disorders
- Dysmenorrhea
- ~~Emergency Contraception~~
- Xerophthalmia (dry eyes)
- Oral Ulcers
- Oral Fungal Infection (thrush)
- Fungal Infections of the Skin
- Vaginal Candidiasis
- Threadworms and Pinworms
- Herpes Simplex
- Contact Allergic Dermatitis
- Mild Acne
- Mild to Moderate Eczema
- Mild Urticaria (including bites and stings)
- Impetigo
- Dandruff
- Calluses and Corns
- Warts (excluding facial and genital)
- ~~Smoking Cessation~~

Evaluation of the Provision of Minor Ailment Services in the Pharmacy Setting Pilot Study

- Q: What are the measurable benefits of pharmacists lead minor ailment services to patient, the pharmacy and the health system as a whole?

Evidence to help

- Support the implementation of these service
- Demonstrate the value of these service
- Educate public and other health care providers of the role of the pharmacist

Study Timeline

- January & February – study design and background research
- March –pharmacy recruitment (27)
- April & May – study set-up and preparation
- May 21- Aug 16 –study duration
- Aug 16- Sept 30 – data evaluation

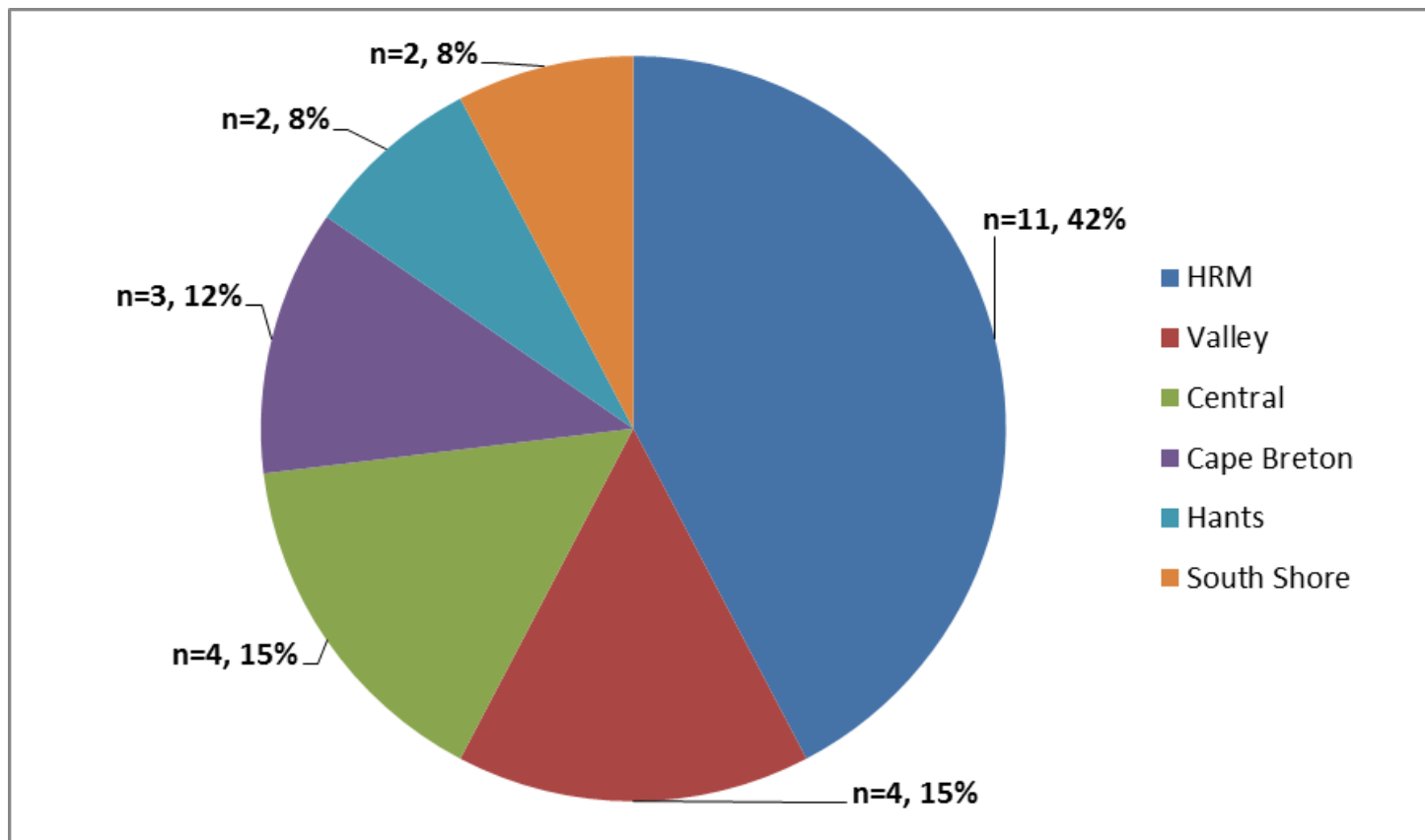


Methodology

- Quantitative Data
 - Data collection form collected by pharmacists
 - Demographic data
 - Type of minor ailment
 - Assessment outcome (recommendation, referral)
 - Follow-up – resolution of problem
 - Time to complete assessment and follow-up
 - Patient satisfaction survey
 - Both open and closed ended questions
- Qualitative Data
 - Focus Groups

Study implementation

Geographic Distribution of Participating Pharmacies



52% independent/banner : 48% large chain

**52% urban :
48% rural**

Pharmacy Preparation and Support

- Training and orientation session
- Documentation and data collection materials (study protocol)
- Website and online forum
 - Including access to online references
- Promotional material – public/physician
- Regular teleconferences and access to research team for help

Preparation:

Review therapeutics and assessment knowledge

- Identify the minor ailments you are comfortable addressing
 - Identify resources available
 - Discuss with colleagues
- Review your provincial standards and requirements
 - Documentations
 - Consent
 - Additional training
 - Other requirements

The Process of Minor Ailment Prescribing

1. Identify patient's needs
2. Explain the process
3. Obtain consent
4. Establish the environment
5. Conduct an appropriate detailed assessment
6. Recommendation
 - Write the prescription, OTC recommendation or refer
 - Joint decision making
7. Establish monitoring parameters and plan
8. Notify primary care provider
9. Complete follow-up
 - Notify primary care giver again – if necessary
10. Document and maintain documentation

1. Identify the Patient's needs

- Patients will either:
 - Self identify OR
 - Be identified by a pharmacist

52% self-referred
43% pharmacist recruited
2% MD referred
4% other

Comparison

OTC recommendation

- Semi private
- Quick assessment
- OTC Product recommendation or referral
- No (minimal) follow up
- No (minimal) documentation
- No (minimal) communication with primary care giver

Minor Ailment Prescribing

- Private
- Semi-detailed assessment
- OTC, Prescription written +/- dispensed or referral
- Follow-up
- Documentation
- Communication with primary care giver

Prescription or OTC???

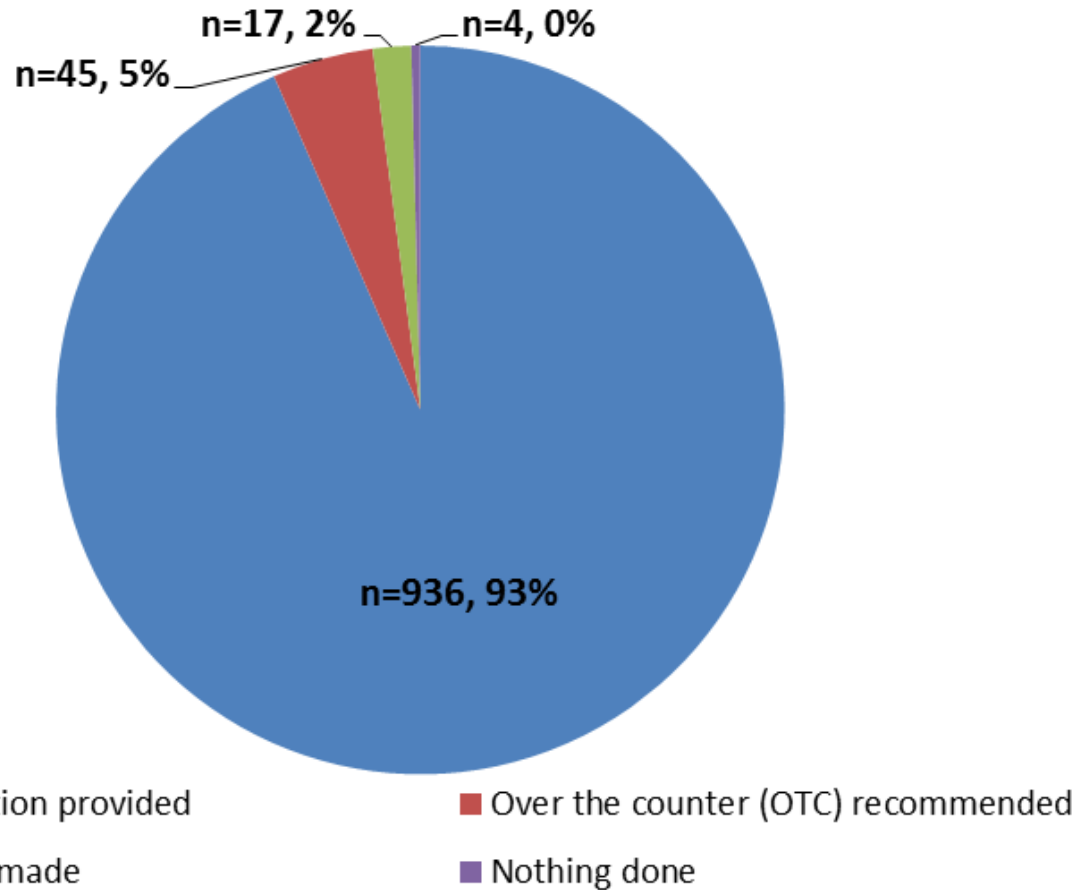
Quickly figure out:

What are they trying to treat? (i.e. is it a minor ailment)

What was already tried? When? And did it work?

**Is a minor ailment assessment
appropriate?**

Outcome of Assessment



2. Explain the process

- As a pharmacist, I am able to prescribe medications such as (specific medication/ medication category) for (specific condition).
- We would need to sit down in private for about 10-15 minutes.
- Your input is important so we are able to determine the best course of action for you, which may involve a prescription therapy.

Study findings

- 1002 patients
 - Evenly distributed independent/chain AND urban/rural (approx 50:50)
 - Per store recruitment range 11-87 patients
 - 64% female
 - Bulk 19-65 yo

Facilitating factors: no cost to patient; lack of access to MDs, marketing material from PANS, online resources, whole team approach, and “it got easier the more you did”.

All pharmacy staff have a role!

THE HAND OFF:

The patient agrees- consider hand off to the Pharmacy Assistant to (1) obtain consent and (2) collect/reconcile medication history and allergies

Good chance to refresh knowledge and get papers organized.

It was really helpful to have the technicians involved, so the technicians could explain what the minor ailment assessment was, and how the pharmacist could do it. And they could also take some of the history, so it helped to decrease the time once you got into the counselling room to do the assessment.

Pharmacist Focus Group:

We're constantly talking about it every day throughout the day, and it's a reminder to our pharmacy cashiers or to our technicians, FYI, we're looking for a minor ailment today.

3. Obtain Consent

Guidelines in provincial standards.

In NS patients must agree to:

- the pharmacist completing an assessment
- prescription therapy if appropriate as well as authorization to dispense the medication
- the pharmacist communicating with other health care providers for information as required and to notify their primary care giver of the prescription and any follow-up results
- the pharmacist monitoring therapy
- the pharmacist maintaining documentation required by law

NSCP Standards of Practice: Prescribing of Drugs by Pharmacists

| Pharmacist Prescribing Notification | | | |
|--|---|--|--------------------------------------|
| Notification Information | | | |
| Health Care Professional Notified: | | | |
| Notification Date: | | | |
| Method: <input type="checkbox"/> Fax _____ <input type="checkbox"/> Phone _____ <input type="checkbox"/> Other _____ | | | |
| Patient Information | | | |
| Name: | | Health Card #: | |
| Informed Consent provided by: <input type="checkbox"/> Patient <input type="checkbox"/> Patient's Agent (specify agent name) _____ | | | |
| Original Prescription Information (complete if renewal, adapted prescription or therapeutic substitution) | | | |
| Prescription Date: | | | |
| Prescription Details: | | | |
| Prescriber Name: | | Phone: | Fax: |
| Pharmacist Prescribing Category | | | |
| <input type="checkbox"/> Adaptation: <input type="checkbox"/> Dose <input type="checkbox"/> Formulation <input type="checkbox"/> Regimen <input type="checkbox"/> Duration | | | |
| <input type="checkbox"/> Renewal | | <input type="checkbox"/> Therapeutic Substitution | |
| <input type="checkbox"/> Emergency Prescription | | <input type="checkbox"/> Approved Condition (Minor & Common Ailment, Preventable Disease or Collaborative Prescribing) | |
| Prescription Information | | | |
| Prescription Date: | | | |
| Prescription Details: | | | |
| Prescribing Rationale: | | | |
| Patient Communication / Instructions: | | | |
| Follow-up Plan | | | |
| Therapeutic Goal | Monitoring Process & Patient Communication Requirements | Date for Follow-up | Individual Responsible for Follow-up |
| | | | |
| | | | |
| | | | |
| <input type="checkbox"/> Pharmacist to provide subsequent Follow-up Results Report | | | |
| Pharmacist Information | | | |
| Pharmacist Name: | | Phone: | Fax: |
| Pharmacy: | | | |



Must also be
Noted here

4. Establish the Environment

- Make sure the room/counselling area is
 - professional (looks like a consult room not a broom closet)
 - clutter free
 - private

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**"I'm the Clutter Fairy. I'll come back ...
I'm gonna need a much bigger wand!"**

5. Conduct an Assessment (or confirm patient's self-diagnosis)

- Confirm contact info, medications, medical conditions and allergies
- Symptoms
 - Objective and Subjective, physical findings if applicable
 - Duration and severity?
 - Recurrent vs new? Presence of risk factors?
 - What was tried for treatment?
- Any red flags?
 - Drugs, medical conditions, severe or inconsistent sx, etc

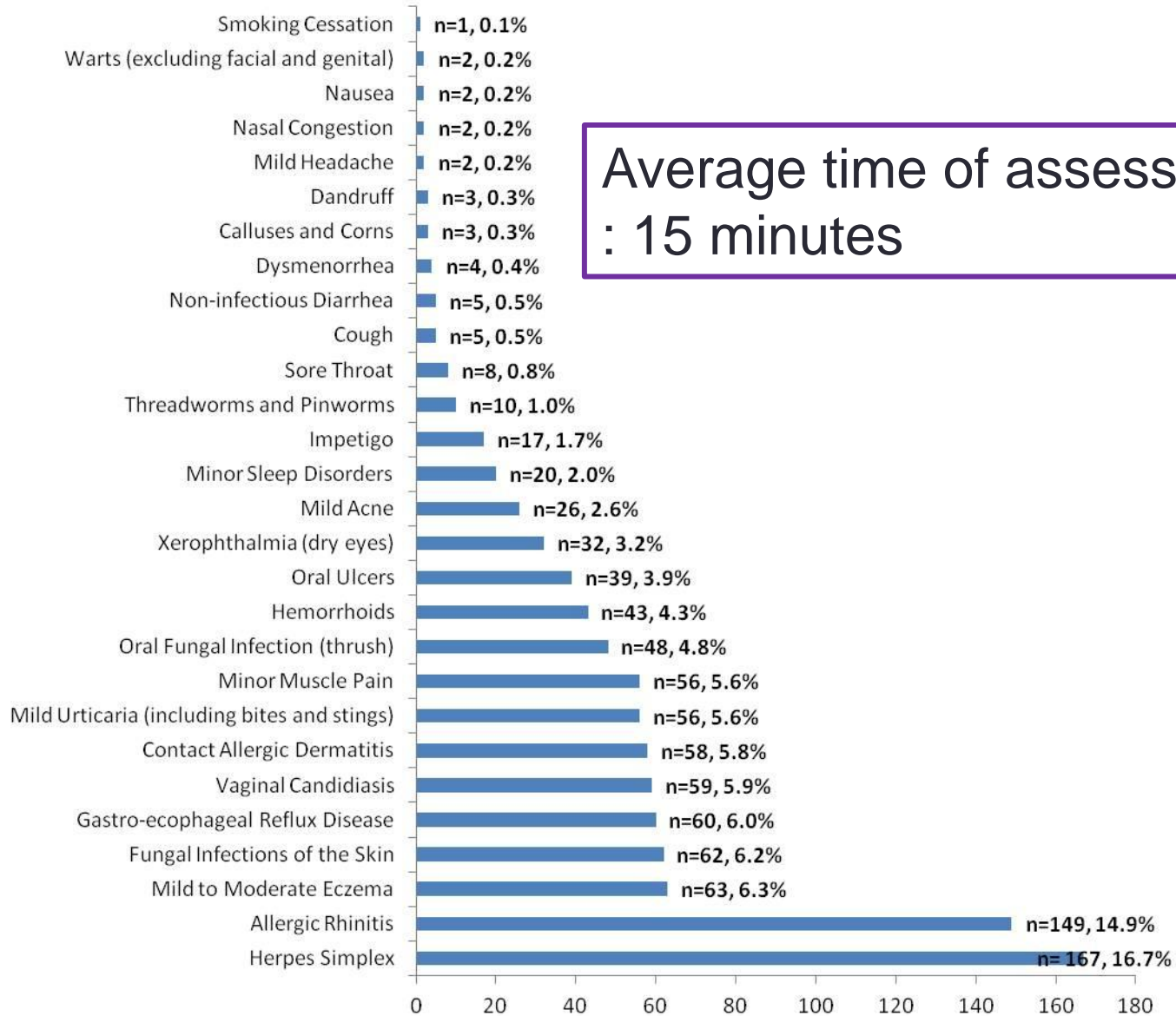
Pharmacists Resources- feedback from PhCs

- *We really appreciated the subscription to e-Therapeutics Complete.*
- *The Saskatchewan guidelines were a good starting point, for sure, just to help you feel comfortable initially prescribing.*
- *I've been out for 20 years, and I find it very helpful . . . I think for people who have any reluctance at all to undertake prescribing and feel like, oh well, I've been dispensing for so long, how do I step out of the dispensing, and how do I move into more of a clinical perspective? Having those simple tools will really make it easier, so I think that would be valuable.*
- *They [treatment algorithms] really limit you though, while they're great to have, it really locks you in to particular drugs and particular questions.*

6. Make the recommendation

- Pharmacist should create a shared decision making environment
 - Involve the patient in the decision making
- Pharmacists will likely be required to write and sign if a prescription is written
 - Patients are not required to have it filled in your dispensary
- Review non-pharm recommendations and medication information when prescribing
- Referral is just as important as an outcome!!

Minor Ailments Assessed



Average time of assessment
: 15 minutes

7. Establish Monitoring Parameters and Plan

Identify:

- Therapeutic goal or outcome (WHAT is monitored and WHEN goal should be reached)
 - Should be measurable
- Monitoring process (WHO will monitor)
- Patient communication requirements (WHAT to do IF....)
- Follow up date
- Who is responsible for follow-up

8. Notify Primary Care Provider

- This can be done with a form (may be provided as part of the provincial standards)
- Communicate:
 - Patient information
 - Prescription information (date, details, rational and communication/instructions)
 - Follow-up plan
 - Pharmacist information

| Pharmacist Prescribing Notification | | | |
|--|---|--|--------------------------------------|
| Notification Information | | | |
| Health Care Professional Notified: | | | |
| Notification Date: | | | |
| Method: <input type="checkbox"/> Fax _____ <input type="checkbox"/> Phone _____ <input type="checkbox"/> Other _____ | | | |
| Patient Information | | | |
| Name: | | Health Card #: | |
| Informed Consent provided by: <input type="checkbox"/> Patient <input type="checkbox"/> Patient's Agent (specify agent name) _____ | | | |
| Original Prescription Information (complete if renewal, adapted prescription or therapeutic substitution) | | | |
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| | | | |
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| Pharmacist Information | | | |
| Pharmacist Name: | | Phone: | Fax: |
| Pharmacy: | | | |

9. Complete Follow-up

Determine process to pre-book follow-up

- Calendar (Outlook)
- Pharmacy Software
- iphone, blackberry device

Best if there was a reminder....

- Alarm
- Print report every morning

Average time for follow-up: 5 minutes; 89% report problem resolved

10. Document

Documentation is a must – standards may vary from province to province but should include:

- General patient information and documentation of consent
- Assessment findings
- Prescribing decision and rationale
- Instructions given to patient
- Monitoring plan
- Information to allow other pharmacist to provide continuing care
- Date and method of notifying primary health care provider
- Follow-up notes (date and what was discussed/outcomes)

Preparation

Team Engagement

- Everyone has a role
 - Pharmacists
 - Pharmacy Assistants
 - Others who work in the pharmacy
- Think about your work flow – how do you incorporate this into a busy dispensary
- Create awareness – talk it up!
- Collaborate with other health care providers

Workflow –what helped with implementation?

- Change patient expectations
- Being organized (materials ready to go)
- Pharmacy assistant involvement
- Adding the assessment to the regular workflow – queued with Rx

It was still identified as one of the largest barriers – especially pharmacies without PhC overlap

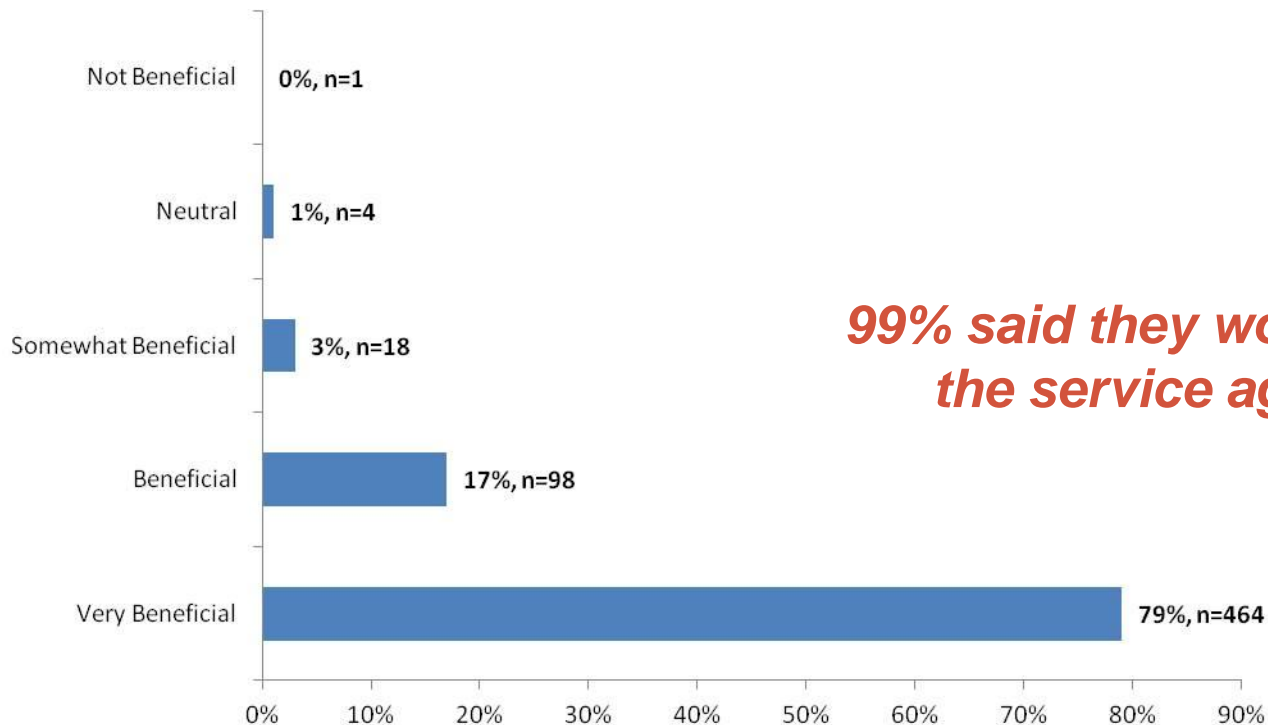
Pharmacist Confidence

“The ease at which it was integrated into the regular workflow routine at our store was great. At first, there was a bit of hesitation as to how we’re going to do this, you know, especially at times that didn’t have much overlap. But we quickly found that it can be very easily integrated into workflow routine, the identification, the performing of the assessments with great positive feedback from the patients. The more you did, the easier it got.”

What did patients think?

- 59% of participants completed and submitted a survey

How beneficial was the Minor Ailment Assessment Service?

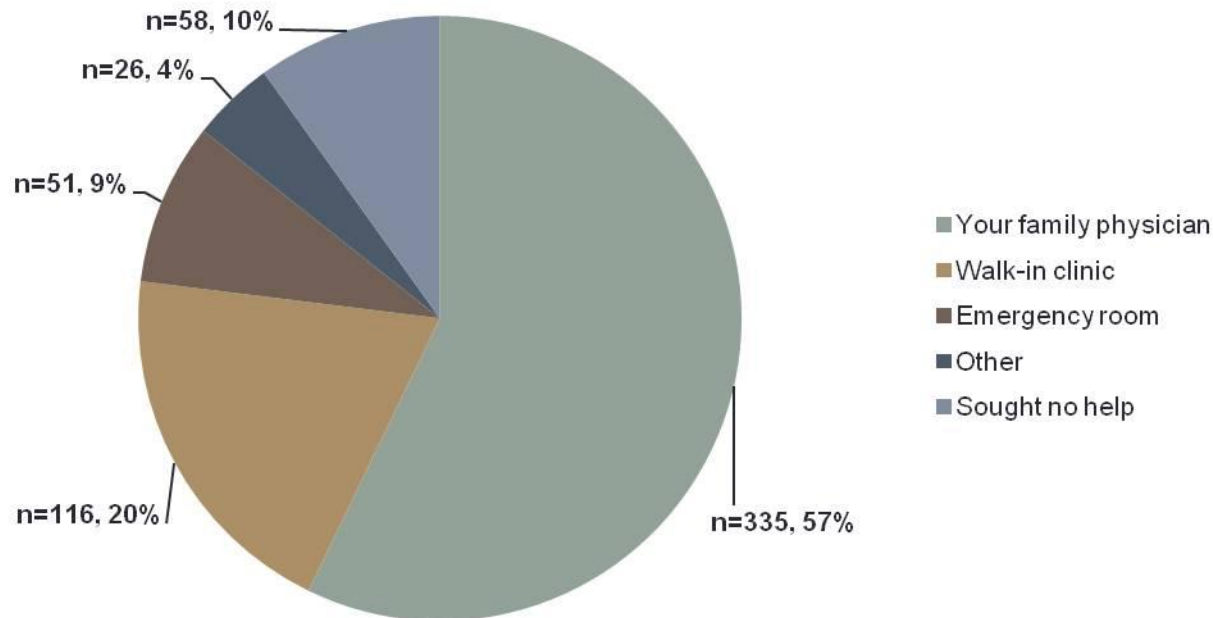


99% said they would use the service again!

Access to Care Sooner

- 96% of respondents said the service helped them gain access to care sooner

Where would you have gone if this service was not available?



Patient feedback (qualitative)

- They recognized the value of the service
- They appreciated that it was very accessible, fast and convenient
 - Many said it was their only option for immediate care
- Patients valued the pharmacist's skills and knowledge and trusted them as health care providers

“I was really thrilled with this as it was an ailment that I had before and knew how well the Rx worked. It was going to take ages to see my family doctor and a large piece out of my day for a non-life-threatening illness that nevertheless makes me completely miserable.”

Patient's ability to pay

- 30% said they WOULD NOT pay out of pocket
 - Two tiered health care – should be covered
 - Fixed or low income – should be provided by provincial medical insurance
 - They would just wait and go to the doctor where it is free
- 70% said they WOULD be willing to pay for the service
 - On average \$18.95 (range \$3 -\$120)

1 YEAR later

- Yes- stores are still doing minor ailment assessments!
 - Depends on store hours, access to medical care and pharmacists commitment
 - Some patients know and ask about the service; still large amount of public education to be done
- Government payment still being negotiated in NS

Two closing thoughts from patients:

“Awesome program. Wonderful service that will free up physicians to deal with more serious matters.”

“This is a brilliant service. A step in the right direction for our health care system.”