

EVOLVE

Newsletter

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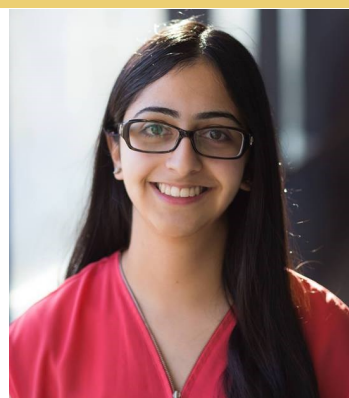
Volume 2 Issue 2

Topics in Minor Ailments

About EVOLVE:

- **Mission:** Focusing on pharmacy's expanded scope of practice to promote student collaboration and empower them towards better patient care
- **Vision:** Developing a culture geared towards nurturing future pharmacy professionals in the interest of improving health outcomes and ensuring patient-centered care
- **Values:** Surpass, Cultivate, Optimize, Passion, Empower

Common Conditions that should be Commonly Treated Across Canadian Pharmacies



Jasneet Dulai
Newsletter Editor-In-Chief

With the profession of pharmacy undergoing change, the role of a pharmacist is shifting from the traditional “pill pusher” to a more active counselling role as a medication expert. The expanded scope of practice in Canada includes services such as administering a drug by injection, making therapeutic substitutions, and prescribing for minor ailments, among other services; the implementation of these roles varies province to province¹. Alberta became the first province in 2007 to allow pharmacists to prescribe for minor conditions², followed by Nova Scotia in 2011². In 2012, Saskatchewan became the first province to reimburse pharmacists \$18 for each approved case of minor ailment treatment (Table 1)². Prescribing for minor conditions can be performed by most pharmacists across Canada, except for those practicing in B.C., Ontario, and the northern territories¹.

The Canadian Pharmacists Association defines minor ailments as “common or uncomplicated conditions that most patients can resolve with appropriate intervention” and includes conditions such as backache, coughs, colds, headaches and migraines, toothaches, cold sores, allergies, indigestion, hay fever, and rashes³. A study conducted by researchers at the University of Saskatchewan reported that cold sores were the most common minor ailment (34.4%), followed by insect bites (20%), and seasonal allergies (19.2%)². By allowing pharmacists to prescribe for minor ailments, this utilizes the pharmacist's expertise and knowledge, and is also beneficial to the patient, as it provides a more accessible and quick alternative treatment option³. A study conducted in the UK, as reported by the Ontario Pharmacists Association, found that 93% of patients liked the fact that pharmacists could prescribe for minor ailments and that they could receive medical advice without going to their physician's office⁴.

Although many patients had positive remarks about this area of practice for pharmacists, researchers from the College of Pharmacy and Nutrition at the University of Saskatchewan conducted a study to determine whether the symptoms of a patient (who had a minor ail-

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Common Conditions that should be Commonly Treated Across Canadian Pharmacies

ment) treated by a pharmacist improved within a given time².

With 125 participants from 90 pharmacies (25.6% of community practices) in Saskatchewan, researchers found that only 4% of participants experienced troublesome side effects and 80.8% of patients completely improved after their pharmacist's intervention². Most participants were content with their pharmacist and only 5.6% felt that going to their physician would have been more comprehensive². The study found that patients found their pharmacists trustworthy and accessible, as compared to their family doctor². A third of participants stated that had this service not been implemented, they would have gone to the ER or visited their doctor; this illustrates the huge impact pharmacists can have on their patient's health, by treating them

faster and alleviating stress in places such as the emergency room².

While the study finds these results encouraging, in order to determine the full benefit of pharmacist involvement, a comparison to physician care would have to be conducted. That being said, this study, among many other reported findings could provide support for those advocating in provinces such as B.C. and Ontario to allow pharmacists to exercise this expanded scope of practice, as the response is positive from patients and proven to be beneficial to the patient's overall health. Minor ailments are defined as being common conditions and hopefully in the near future, they will be commonly treated across all Canadian pharmacies.

Table 1

Availability of and remuneration for services delegated to pharmacists, by province, 2014										
	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Adaptation / renewal of prescriptions	\$10	\$20	\$6	X*	X*	A	X*	\$14	\$14.20	\$11.05
Administration of drugs by injection		\$20		X*	X*	A	X*	X*	X*	
Pharmaceutical opinions		P			\$15	\$19.40				
Prescriptions for minor ailments		P	\$18	X*		A	X*	X*	X*	X*
Medication reviews / management	\$60-\$70	\$60-\$125	\$60		\$60-\$150		\$52.50	\$52.50-\$150	\$52.50-\$65	\$52.50
Therapeutic substitutions	\$17.20	\$20				A	X*	\$26.25	\$14.20	
Immunization	\$10	\$20		\$7	\$7.50		\$12	\$11.75	\$12.18	X*

Legend: **A**: Services not currently offered due to a disagreement between the government concerning service remuneration. **P**: Service included in the Comprehensive Annual Care Plan offered by pharmacists in Alberta. **X***: Pharmacists authorized to offer service without being remunerated by the government.

Source: Canadian Foundation for Pharmacy, "Fees and Claims Data for Government Sponsored Pharmacist Services, by Province" October 2014.

Breaking Down the Barriers: Tips for Establishing a Minor Ailments Program



Shane Nirula
Co-President

Although Ontario remains as one of the only provinces where pharmacists cannot prescribe for minor ailments⁵, when it does become implemented within the next few years, we should be prepared for the task and learn from the challenges faced by other provinces. Some of these barriers include pharmacist lack of confidence, difficulty integrating into workflow, costs to patients, and difficulty recruiting patients⁶. This article will highlight some of the things which can be done to mitigate these barriers and develop a successful minor ailments program in practice when the time comes.

Pharmacist lack of confidence is always a major issue when it comes to any expanded scope service being implemented, with the solution being further training or continuing education programs. While these solutions may be effective, Saskatchewan has come up with an interesting way to combat this. They have developed set treatment algorithms for each minor ailment, as well as videos showing best practice procedures⁷. A part of training and preparation requires not only knowing several minor ailments topics, but also realizing which ones are more common and valuable to address, such as cold sores, allergic rhinitis, eczema and skin conditions, GERD, and insect bites. The other component of training involves knowing provincial standards when it comes to documentation, consent, and other various requirements.

Several pharmacists have also mentioned difficulty integrating this into their workflow. Treat-

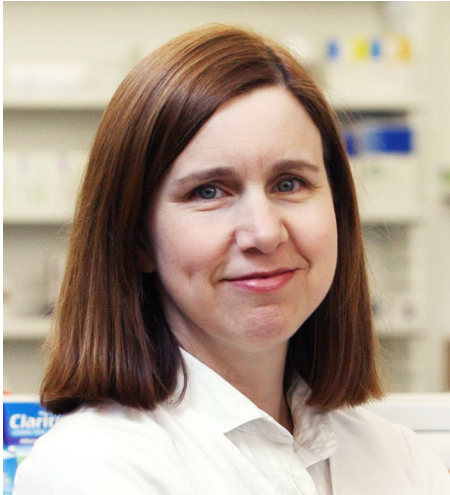
ment algorithms have helped to streamline the process, but many provinces also state that working in collaboration with the other members of the team is beneficial. This involves utilizing technicians to complete the intake process, some documentation and computer entry, so that the pharmacist can quickly assess the algorithm and patient, in order to make an appropriate recommendation⁸. Another additional time saving feature would be having materials such as brochures and documentation forms ready to go.

Approximately 30% of patients stated they would not pay out of pocket for the pharmacist to perform a minor ailments assessment and would rather wait to go see the doctor⁹. Arguably, the biggest barrier in implementing this service is getting the government to remunerate pharmacists. Governments have made it clear that if there's no savings to the system, then there's no need to fund those services. A report by the British Columbia Pharmacists Association showed that it costs about \$96 million per year for physicians to treat minor ailments and if pharmacists were able to do this, it would save the system nearly \$32 million per year¹⁰. Contrast that to the OPA report that says a pharmacy lead minor ailments program would save \$12.3 million over 5 years, a mere \$2.5 million a year¹¹. However, we should not forget about the other 70% of patients that are willing to pay out of pocket for such a service, and this raises the question if a tiered system would be beneficial, such as the government covering low income patients and having other patients pay out of pocket. Ideally, the solution is to get the service covered by the government, but considering this only reduces health care spending in Ontario by 0.005%¹², it seems like Ontario will face similar challenges that other provinces have of getting minor ailments remunerated.

Difficulty recruiting patients is also an obstacle, as many pharmacists lack self-promotion and marketing abilities. Approximately 52% of patients are "self-referred," but this means the other 48% of patients remains untapped and are available to be recruited⁹.

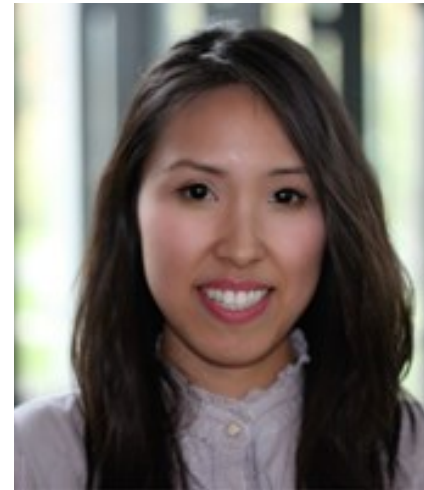
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Humans of Pharmacists' Expanded Scope (HOPE)



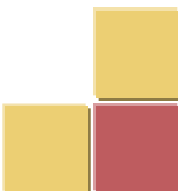
Suzanne Kerr
Pharmacist

“Expanded scope gives me the opportunity to bring accessible, timely services to patients right here in our community. At DrugSmart, we incorporate expanded scope into practice every day. We see patients that are part of a busy health team that does not offer fax refill service, so we help extend prescriptions when appropriate to get patients through to their appointments without discontinuing medications. We offer MedsChecks as part of regular counseling with very positive outcomes as a result. I am combining my injection training with extra training in travel medicine (I passed the ISTM exam in 2014) to offer travel medicine consults and injections. The biggest barrier so far was finding a way to use my skills as a travel health expert, because I needed a prescriber who was interested in travel medicine who also trusted my expertise. I hope to see pharmacists with sufficient training able to prescribe travel medicine and provide injections independently someday.”



Chia Hui Chung
EVOLVE Co-Founder

“Last semester, I took on a research project related to expanded scope authority. The project required that I collect data in different pharmacies and briefly interview the pharmacists on-site. During these interviews, I had to ask pharmacists to describe the processes in which they performed independent renewals and adaptations from start to finish. As we worked our way through the interview, pharmacists would stop me in between questions and ask me to clarify a few questions they had about expanded scope of practice. During these moments, I remember feeling empowered as a pharmacist student in my ability to talk about our scope with pharmacists who likely never had a chance to learn about it during pharmacy school. I hope every pharmacy student gets to experience this feeling of empowerment at one point or another before graduating. We as students are more equipped than ever to embrace and expand our scope and we should let our patients and colleagues know about it.”



Breaking Down the Barriers: Tips for Establishing a Minor Ailments Program

In order to recruit patients you have to show value to them by telling them this service helps 96% of patients get care sooner, 97% of patients find the minor ailments program beneficial and 99% would use it again⁵.

It is critical to show patients the value of this service so that they can realize how fast, accessible and convenient it is, and that during after hours or on weekends, it is the only immediate option for care (aside from the ER). Self-promotion can take on the form of pharmacy follow-up calls, putting up posters, and providing patient handouts, in order to inform patients about the services offered. However, promotion goes beyond just direct face-to-face contact, as you need to attract the public and this is

where local associations become important. The associations in Saskatchewan found success through conducting consumer phone surveys to determine the public's knowledge and understanding of pharmacists' ability to prescribe for minor ailments, ads in the media, interviews for local TV stations, radio show panels where they can talk to experts and other marketing strategies⁷.

Now that you know a little more about the challenges of incorporating minor ailments into practice and some of the solutions to resolve them, when the scope does expand to finally include this service, we can all be ready to implement a successful program to ensure continued value to patients and practice patient centered care.

Effectiveness of a Pharmacy-Based Minor Ailments Scheme: Looking at a UK Model



Sasha Farina
Translator

Over the past 30 years in the United Kingdom (UK), many drugs used for the treatment of minor ailments have been reclassified from prescription to over-the-counter status¹³. This has facilitated a scheme that has shifted responsibilities away from physicians to community pharmacists¹³. Due to the novelty of prescribing for minor ailments in Canada, there is not the same wealth of data available regarding the effectiveness and cost savings in implementing this service, as compared to countries like the UK. By looking at the results from the UK, it can give an idea of the potential benefits for Canadians.

In 2013, a large systematic review in the UK on 31 studies was conducted to explore the effect of pharmacy-based minor ailment schemes on patient health and cost-related outcomes¹⁴. Results showed a greater resolution of minor ailments when treated by pharmacists, as compared to physicians, with 68% and 94.4% of patients reporting improvement following a pharmacist consultation¹⁴. The review also showed the financial benefit in allowing pharmacists to prescribe for minor ailments, as opposed to physicians, with predictions that it could save the English healthcare system £112 million¹⁴.

A recent study conducted in the UK this past September, compared health-related and cost-related outcomes across emergency departments, general practices and community pharmacies where patients presented with symptoms suggestive of minor ailments¹⁵. They found that while the rates of symptom resolution were similar across all three settings, the overall mean costs per consultation were lower for the pharmacy (£29.30 (95% CI £21.60 to £37.00)) compared with general practices (£82.34 (95% CI £63.10 to £101.58)) and with emergency departments (£147.09 (95% CI £125.32 to £168.85))¹⁵.

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Effectiveness of a Pharmacy-Based Minor Ailments Scheme: Looking at a UK Model

Data from UK pharmacy-based schemes are promising. They show marked reduction in costs and similar or improved outcomes as compared to physician based schemes. While pharmacists in Canada are becoming increasingly involved in the management of minor ailments, it remains to be seen what the overall long term effects will be on the Canadian healthcare system in terms of improving patient outcomes and reducing costs. If data from

pharmacy-based minor ailment interventions in the UK are any indication of what the possible results may be at the Canadian level then, it would be a great win for our healthcare system.

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