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

Prepared for:
Pharmacy Association of Nova Scotia (PANS)

Final Report

[The minor ailment assessment and prescribing service] is better care sooner.
- Patient

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Acknowledgements

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Executive Summary

Introduction

As a result of new regulations, pharmacists in Nova Scotia are now able to offer patients a minor ailment assessment and prescribing service. Minor ailments are health conditions that can be managed with minimal treatment and/or self-care strategies (see Appendix A for the full list). These changes, along with several other new services, are expected to help improve access to health care and create efficiencies in the health care system. In order to assess the measurable benefits of pharmacist led minor ailment services to the patient, the pharmacy, and the health system as a whole, the Pharmacy Association of Nova Scotia (PANS) conducted the *Provision of Minor Ailment Services in the Pharmacy Setting Pilot Study*. PANS engaged Research Power Inc. (RPI), a health care research firm, to conduct an independent evaluation of the pilot study, and the evaluation findings are presented in this report.

The pilot study recruited 27 pharmacies from across Nova Scotia to participate in training sessions around the provision of minor ailment services and then conduct minor ailment assessments with patients over the study period (May 21, 2013 to August 16, 2013). Conducting the assessment included explaining the process to the patient and obtaining consent; conducting a detailed assessment and making a prescribing decision; establishing a plan for follow-up with the patient and conducting follow-up as required; and following up as needed with the patient's primary care provider (i.e. notifying the primary care provider if a prescription was written). Patients who participated in the study were also asked to complete a patient satisfaction survey. Once patient follow-up was completed, pharmacies were reimbursed for the service at a rate of $22.50 per patient.

Data to inform the evaluation was collected through a data collection form that was completed for each assessment; the patient satisfaction survey; and focus groups with

participating pharmacists and pharmacy owners/associates and the PANS Project Management Team.

Findings

Pilot Study Description

Twenty-seven pharmacies participated in the study. Approximately half of the pharmacies (52%, n=14) were banner stores (independently owned) and the other half (48%, n=13) were pharmacies that are part of a larger chain. Approximately half of participating pharmacies (52%, n=14) were in urban locations, and the other half (48%, n=13) in rural settings.[1]

Over a thousand (1,002) patients participated in the study, and 587 patients (59%) completed the patient satisfaction survey by the survey closing date (September 11, 2013). Recruitment of patients was split fairly evenly between banner and chain stores (50% each) and urban and rural stores (urban 54%, n=545; rural 46%, n=457). About two-thirds of patients were female (64%, n=644). Participants were of all ages, from infants to seniors. The majority of patients referred themselves to the assessment and prescribing service (52%, n=517) or were recruited by the pharmacist (43%, n=430).

Of the 1,002 assessments conducted for the study, the most commonly assessed minor ailments were herpes simplex (17%, n=167) and allergic rhinitis (15%, n=149). Most assessments resulted in a prescription (93%, n=936). Most of the patients who were able to be contacted for follow up indicated that their concern had been satisfactorily resolved (89%, n=772 of 871).

[1] Pharmacies were defined as rural if they were located in a community with a population of less than 10,000 people according to 2011 census data accessed through Nova Scotia Community Counts: Nova Scotia Department of Finance, *Nova Scotia Community Counts*, http://www.gov.ns.ca/finance/communitycounts/default.asp (accessed September 17, 2013).

Study Supports and Facilitating Factors

Pharmacies participating in the study were provided with a number of supports: a training and orientation session; patient recruitment materials (brochures, signs, etc.); treatment algorithms and resources; a binder of resources and training information; regular teleconferences with all participating pharmacies; and an online forum for participating pharmacies. In general, pharmacists found all of the resources to be helpful in getting started with the minor ailment assessment and prescribing service.

A number of other factors also helped to support the successes of the pilot study. The fact that patients did not have to pay directly for the service helped with introducing and demonstrating the value of the service to patients. Changes in pharmacy work flow such as assembling all materials in advance helped to support integration of the assessment into the daily work flow. Pharmacists also felt it was important to involve the whole store team in supporting the implementation of the new service. In some areas where access to primary care is more limited (e.g., due to a physician shortage), this was thought to contribute to use of the service minor ailment assessment and prescribing service by patients.

Challenges and Suggested Supports

- Most participants noted challenges in integrating the assessment into their daily work flow. Pharmacists suggested a variety of strategies to address this challenge such as using pharmacy technicians to gather initial information, assembling all of the paperwork at once, having access to a computer in the consultation room, and reducing the amount of paperwork involved in conducting the assessment.
- Although pharmacists indicated that most of the physicians they spoke with were supportive of the pharmacist-led minor ailment assessment and prescribing service, very few physicians actually referred patients to the service. Evaluation participants noted that will be necessary to continue to build the relationship with physicians as well as their support staff to help improve referrals.

- Some pharmacies experienced difficulty recruiting patients to the study, in part because patients were not aware of the service. In order to address this, promotional activities (e.g. televisions ads, in-store promotions) should continue. It would also help if the service was promoted by other parties (e.g., government, other health care providers, etc.).
- Although patients in the study did not incur a cost for the minor ailment service, cost was seen as a barrier for some patients going forward. A third of patients (30%, n=174 of 582) indicated that they would not pay for the service if it was not covered by the government or third party insurance. Therefore, direct costs to patients should be managed by providing coverage of the cost from government and/or third party insurers.
- A lack of confidence in their ability to conduct the minor ailment assessment was a concern for some pharmacists. Some of the supports that were provided, such as treatment algorithms, were an important informational resource for pharmacists that helped to increase their confidence.
- A few participants did note that they would like to see an expansion in the scope of the minor ailments for which pharmacists are able to assess and prescribe.

Study Outcomes and Successes

The pilot study participants experienced many successes and positive outcomes:

- Pharmacists' ability to conduct the minor ailment assessments in the pharmacy setting was enhanced.
    - Pharmacists increased their level of confidence in conducting assessments as a result of having frequent opportunities to conduct the assessments.
    - Pharmacists were effectively able to integrate offering the service into their daily work flow, especially as they gained more confidence and comfort in conducting the assessments.
- Stakeholders and patients experienced increased awareness of the value pharmacists provide in the provision of minor ailment services

  - Participants experienced some success in engaging with health care providers (e.g. physicians, other pharmacists)
  - Participating pharmacies experienced good patient uptake of the service, and patients seemed to be satisfied with, and value the service provided. Almost all of the patients completing the satisfaction survey (96%, n=562 of 585) indicated that the service was beneficial or very beneficial, and 99% (n=578 of 584) saying that they would use the service again. Patients appreciated that the service was fast and convenient; they appreciated the pharmacist's knowledge and skills; and 89% (n=772 of 871) indicated that their concern was satisfactorily resolved through the assessment.

- The model is portable to the broader pharmacy setting.
  - The study demonstrated that pharmacies were able to implement provision of the service without requiring significant supports.
  - Most participants said that they would be continuing to offer the minor ailment assessment service, demonstrating that implementation has been successful and that pharmacies see value in continuing to provide the service.
  - The service was not seen as a significant revenue generator, but some participants noted it was a good way to build relationships and loyalty with patients.
  - Many patients (70%, n=408 of 582) did indicate that they would be willing to pay directly for the minor ailment assessment and prescribing service if the cost was not covered by government or third party insurance. The average amount people were will to pay was $18.95.
- Improved efficiencies in health care utilization
  - Many patients (96%, n=556 of 582) indicated that they were able to access health care sooner as a result of the minor ailment service.
  - Patients were able to see the right provider for their health care need, preventing patients from ending up in the emergency room for a minor complaint, and reducing the demand on family physicians.

- Some patients specifically said that the pharmacist-led minor ailment assessment and prescribing service would be a more efficient use of health care resources.

Recommendations

The following recommendations flow from the study findings:

- The minor ailment assessment and prescribing service resulted in positive outcomes for both patients and healthcare providers and should therefore be supported and expanded so that it is offered consistently across Nova Scotia.
- Pharmacists should be provided with appropriate supports and resources (e.g., treatment information such as algorithms, support for implementation of the assessment into their work flow, etc.) to help them begin to implement the minor ailment assessment and prescribing service.
- The minor ailment assessment and prescribing service should be promoted to patients by a range of stakeholders (e.g., PANS, government, other health care providers, etc.).
- The out-of-pocket cost to patients for receiving the minor ailment assessment and prescribing service should be covered by government.

Introduction

Background & Context

❖ Minor Ailment Assessment and Prescribing Services

The health care system in Nova Scotia faces a number of challenges, including an increasing demand for health care due to an aging population, areas where there is a lack of access to care, especially primary care, and rising costs for both government and private citizens.[2] Enhancing the scope of practice of pharmacists to provide a wider range of health care services is one way of helping to address some of these challenges. Nova Scotia is on the leading edge of this change. As a result of changes in legislation and regulations, Nova Scotia now has one of the broadest scopes of practice for pharmacists across Canada.

As a result of regulations that came into effect in Nova Scotia in January 2010, pharmacists are now able to prescribe certain medications, as well as refill, extend and adapt prescriptions. Standards of practice were put in place in January 2011. These new regulations are intended to improve access to health care and create efficiencies in the health care system.[3]

Pharmacists in Nova Scotia are also able to offer patients a minor ailment assessment and prescribing service. Minor 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 over the counter treatment recommendations or

[2] As identified in the Better Care Sooner plan: Department of Health (2010), "Better Care Sooner: the Plan to Improve Emergency Care," Government of Nova Scotia. http://novascotia.ca/health/bettercaresooner/docs/Better-Care-Sooner-plan.pdf (accessed September 18, 2013).

[3] Department of Health (2010), "Pharmacists can Offer Broader Prescribing Services," Government of Nova Scotia. http://novascotia.ca/news/release/?id=20100127001 (accessed September 20, 2013).

referral to a physician within the practice of pharmacy. With the expanded scope of practice, pharmacists can now prescribe medications for certain minor ailments. A complete list of minor ailments eligible for assessment and prescribing by pharmacists in Nova Scotia is found in Appendix A.

❖ Description of the Pilot Study

In order to gain a better understanding of the minor ailment assessment and prescribing service, the Pharmacy Association of Nova Scotia (PANS) decided to conduct the *Provision of Minor Ailment Services in the Pharmacy Setting Pilot Study*. The central aim of this study is to assess the measurable benefits of pharmacist led minor ailment services to the patient, the pharmacy, and the health system as a whole. In addition, the study is intended to help support the implementation of these services across Nova Scotia; demonstrate the value of prescribing and counselling services; and educate and enhance the understanding of patients and other health care providers of the role of the pharmacist as a key member of their health care team and expanding scope of practice for pharmacists.

The study design process began in January 2013 with a review of background literature and an environmental scan to help inform the development of the study protocol and implementation plan. An evaluation framework and plan was also developed at the outset of the project. Pharmacies were recruited to participate in February and March 2013. Thirty-five pharmacies applied to participate in the study, and 27 were selected to participate. Pharmacies were recruited through a call for participation that was sent to all PANS members. Pharmacies who applied to participate were expected to meet the following criteria:

- Attend a project orientation session.
- Promote the project at the pharmacy level and recruit a minimum of ten clients per week.
- Comply to the NSCP standards for minor and common ailments.

- Collect data for evaluation purposes.
- Adhere to the study protocol.
- Agree to the compensation and not charge the patient any additional fee.

Once the 27 participating pharmacies were determined, study set up and preparation occurred (April 20 – May 20, 2013). This included advising local family physicians of the project; reviewing the Nova Scotia College of Pharmacists (NSCP) Standards of Practice for the Prescribing of Drugs by Pharmacists; team members from each pharmacy participating in an orientation and training session; setting up the pharmacy for the study (e.g. preparation of study forms, secure filing cabinet, etc.); pharmacist preparation including review of minor ailments prescribing process; review of the study protocol; setting recruitment goals; and starting promotional and marketing activities.

The study took place between May 21, 2013 and August 16, 2013. Participating pharmacies were supported throughout the study in the following ways:

- Initial training and orientation sessions at the start of the project (prior to the study period);
- A website and online forum that included all study documents and information, as well as a place to ask questions and receive support from PANS and other participating pharmacies;
- Regular teleconferences with participating pharmacies to assess progress and identify and address any challenges;
- Promotional materials provided by PANS to support patient recruitment (bag stuffers, shelf talker, minor ailment commercials, etc.);
- Support from PANS and two external consultants with expertise in pharmacy services, project management, and evaluation; and
- Access to resources to support assessment (e.g. RxFiles, e-Therapeutics, Saskatchewan Minor Ailments Guidelines, etc.).

Pharmacies participating in the study were expected to recruit patients to participate, as well as responding to patients who referred themselves to the service. Pharmacists also conducted outreach activities with their local family physicians to explain the service and encourage them to refer patients to the pharmacy as appropriate. A sample letter and PowerPoint presentation were provided by PANS to support this outreach. Once patients were identified/self-identified, pharmacists followed ten steps in the patient encounter:

1. Explain the process to the patient and answer any questions.
2. Obtain patient consent (written consent was required for the pilot study).
3. Establish the environment (i.e. take the patient to an appropriate and private consulting room).
4. Conduct an appropriate detailed assessment (confirm medications, medical conditions and allergies; identify symptoms; identify any red flags).
5. Joint prescribing decision/write the prescription. Complete the study data collection form as required.
6. Establish monitoring parameters and plan (i.e. identify the therapeutic goal, who will monitor the patient, how and when follow up will be conducted). This included providing the patient with the patient satisfaction survey that was part of the pilot study and instructing them to complete it after follow up was conducted.
7. Notify the patient's primary care provider using the pharmacist prescribing notification form when a prescription was provided or the patient was referred back to their primary care provider.
8. Complete the follow-up with the patient as identified in step #6 above.
9. Notify primary care provider of the outcome if a prescription was provided using the pharmacist results monitoring notification form.
10. Document throughout and maintain documentation. In addition to hard copy documentation maintained at each participating pharmacy, patient records were also uploaded to the secure study web portal.

Once stores had submitted their patient follow up data, they received reimbursement from PANS at the rate of $22.50 per patient for the service.

Patient recruitment ended on August 16, 2013. Follow up with patients continued until Wednesday, September 4, and patient satisfaction surveys were accepted until Wednesday, September 11.

Purpose

In order to assess the outcomes of the *Provision of Minor Ailment Services in the Pharmacy Setting Pilot Study*, PANS engaged Research Power Inc. (RPI), a health care research firm, to conduct an independent evaluation of the pilot study. This report presents findings from the evaluation, including both quantitative data on study participants, patient satisfaction, and use of minor ailment services and associated outcomes, as well as qualitative feedback from pharmacy owners, pharmacists, and the PANS project management team. The report describes pilot study outcomes, successes, challenges, and supports, and includes recommendations for the provision of minor ailment assessment and prescribing services in Nova Scotia.

Methodology

Focus Groups

Eleven focus groups were planned as part of the evaluation of the pilot study. Three process evaluation focus groups were conducted with pharmacists from participating pharmacies in July 2013 in order to evaluate progress of the pilot study to date. An additional eight focus groups were scheduled in September 2013, following the completion of the pilot study. Two focus groups were conducted with pharmacists, two with pharmacy owners, and one with the PANS Project Management Team. Three focus groups were also offered for physicians. Participating pharmacies informed physicians in their areas about these focus groups and encouraged them to participate. However, no physicians participated in the focus groups. The following table outlines the focus group participants:

Table 1: Focus Group Participants

Focus Group	# of focus groups conducted	# of participants*
Pharmacists – Process Evaluation	3	23**
Pharmacists – Outcome Evaluation	2	15
Pharmacy Owners – Outcome Evaluation	2	17
PANS Project Management Team – Outcome Evaluation	1	2
Physicians – Outcome Evaluation	3	0

* Many pharmacists/pharmacy owners participated in more than one focus group. Therefore, a total number of participants is not calculated.
** Two participants who could not attend the process evaluation focus groups provided written feedback.

Five focus group guides were developed to guide the discussion and ensure all areas of interest were covered during the focus groups, one for each different focus group. The guides were reviewed and approved by the PANS Project Team. Focus groups were between 30 and 60 minutes, and each was audio-recorded (with permission of the participants) and then transcribed verbatim. All focus groups except the PANS Project Team focus group were conducted by telephone. A copy of all of the data collection tools can be found in Appendix B.

Quantitative Data and Patient Satisfaction Survey

Quantitative data for the study was collected through two instruments: pharmacists conducting the assessments completed a data collection form, and patients who participated in the study were asked to complete a patient satisfaction survey after the pharmacist followed up with them. The data collected included participant demographics and characteristics, data on the outcome of the assessment and the outcome for the patient, and information on patient satisfaction with the service. The patient satisfaction survey included both closed- and open-ended questions. Copies of the data collection form and patient satisfaction survey are included in Appendix B.

Over a thousand (1,002) patients participated in the study, and 587 patients (59%) completed the patient satisfaction questionnaire by the data collection closing date (September 11 for questionnaires).

Data Analysis

❖ Quantitative Data

For the analysis of the quantitative data from the data collection form and the patient satisfaction survey, missing responses were removed from the calculations. Frequencies and descriptive statistics were calculated and correlations were performed for the key indicators of interest. The results are presented in the report in table format or as graphs with accompanying text. All of the data tables are included in Appendix C of the report.

❖ Qualitative Data

Qualitative data was collected through the focus groups (transcripts) and the patient satisfaction survey. All qualitative data was coded, that is, broken into meaningful pieces related to themes and categories. Coding was done using the qualitative software package NVivo (version 10). The findings were synthesized and compiled into this report.

Verbatim quotes are provided after the descriptions of each theme. Strength of response is reflected in the order the themes are presented, as well as through the use of descriptors such as “many”, “some” and “a few”.

Trustworthiness of the findings from the qualitative data was assured through the use of well-established qualitative research procedures by the consultants conducting the focus groups and analysis. Trustworthiness was assured through:

- Regular peer debriefing with the team of analysts;
- Independent and systematic coding and data analysis;
- The use of verbatim quotations/excerpts from the focus groups and sufficient descriptions of themes to illustrate the findings; and
- Completion of a log of methodological decisions made throughout the analysis process.

Considerations

- Qualitative methods, including the focus groups and the written comments from the survey, are exploratory in nature and thus provide rich and valuable insight into people’s views and feelings, but results are not intended to be generalized or quantified.
- Although three focus group dates/times were offered, and various attempts were made to encourage physicians to attend these focus groups, no physicians attended. This evaluation therefore does not include any feedback from physicians.
- Quantitative analysis of the pilot study and patient satisfaction survey data was performed using available data. The number of participants for which there is data may vary for different items/questions. This is due to missing data (i.e. a value not entered for a participant or a question on the satisfaction survey not answered).

The total number of responses for overall study statistics is 1,002 (the total number of patients recruited), unless otherwise indicated.

- 587 patients (59%) completed the patient satisfaction questionnaire, which is an excellent response rate for a survey of community members. As noted, not every survey respondent answered every question. The total number of responses for the patient satisfaction survey is 587 (the total number of surveys received), unless otherwise indicated.

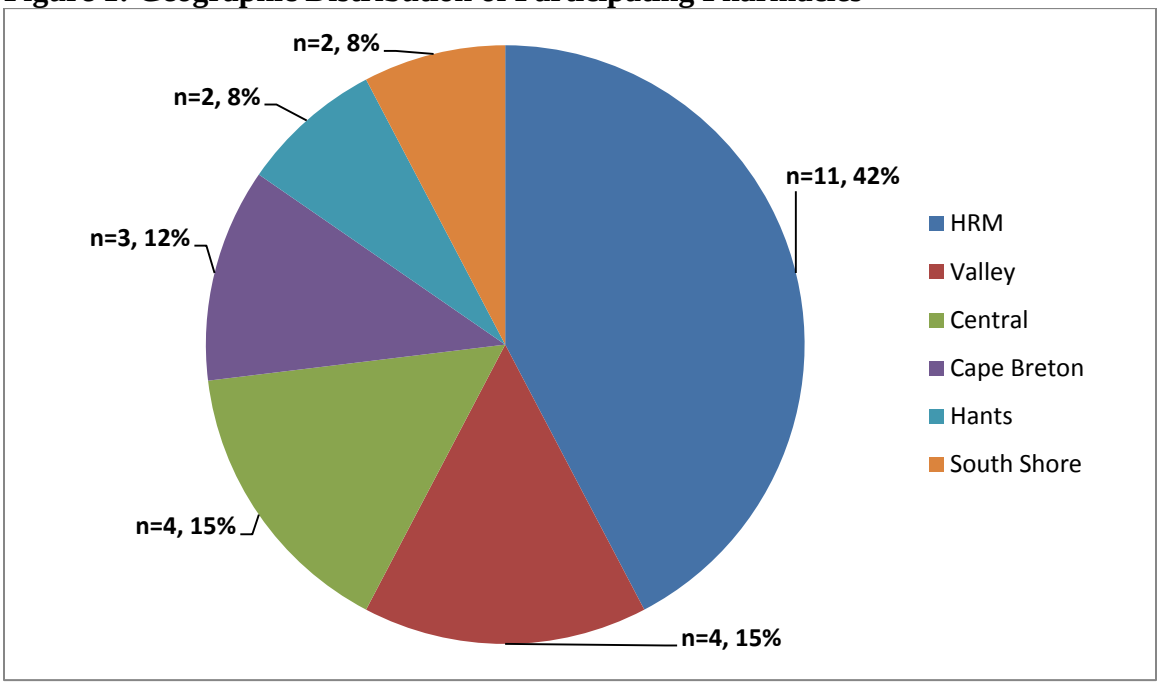
Findings

Pilot Study Description

❖ Participating Pharmacies

Twenty-seven pharmacies participated in the study. Approximately half of the pharmacies (52%, n=14) were banner stores (independently owned) and the other half (48%, n=13) were pharmacies that are part of a larger chain. The pharmacies were recruited from across the province. The geographic distribution of pharmacies is shown in Figure 1 below. Approximately half of participating pharmacies (52%, n=14) were in urban locations, and the other half (48%, n=13) in rural settings (pharmacies were defined as rural if they were located in a community with a population of less than 10,000 people according to 2011 census data accessed through Nova Scotia Community Counts[4]).

Figure 1: Geographic Distribution of Participating Pharmacies



[4] Nova Scotia Department of Finance, *Nova Scotia Community Counts*, http://www.gov.ns.ca/finance/communitycounts/default.asp (accessed September 17, 2013).

❖ Recruitment and Referrals

Over 1,000 patients (1,002) were recruited to participate in the study between May 21, 2013 and August 16, 2013. Stores recruited an average of 37 patients each over the course of the study, with a maximum number of 87 patients, and a minimum of 11 patients recruited by an individual store. Half of patients (50%, n= 504) were recruited by banner stores, and the other half by chain stores. Urban/rural recruitment was split fairly evenly as well (see Table 2), with approximately half of patients recruited by urban stores and half by rural stores.

Table 2: Patient Recruitment by Urban and Rural Pharmacies

Pharmacy Location	n	%
Urban	545	54%
Rural	457	46%
Total	**1002**	**100%**

Recruitment Strategies

Participating pharmacies reported using a variety of techniques to recruit patients. Recruitment strategies included pharmacists, technicians and other store staff telling patients about the service; use of signs and billboards (outside and inside the store, e.g. aisle signs); use of promotional materials in store aisles; handing out the bag stuffers to customers; outreach to family physician offices through letters and face-to-face contact; newspaper ads; advertising through electronic and social media tools (e.g. Facebook, e-newsletter).

We did put it out on our sign board on the street. We used the slogan, Got a Minor Ailment, Not a Major Problem. We've had a few walk-ins off the street.

We staple bag stuffer to the front of the bag for any patient how gets a med refilled any of the minor ailments. The condition the drug treats is highlighted to help guide the technicians in facilitating conversation about the project also.

We had the girls on the front cash giving out the bag stuffers, and if they had the opportunity, if they didn't have a line up in behind, they were actually not just sticking it in the bag, but they were explaining about it and describing what the service is that's available, and listing some of the more common ones that are minor ailments we can prescribe for . . . even if somebody doesn't need it this week, they may need it next week and they know about it because it's been explained already.

[I] spoke with one physician [from a clinic with 5 physicians], and with the head receptionist and explained the program, so that they would be aware of it and that hopefully they would send people our way. And that letter [with information about the study] and our name and address and phone number, [I]

faxed that to all the physicians' offices as we did for minor ailments. So we've probably sent it out to about 15 different physicians in the area.

A lot of it has been the pharmacist just telling patients about it, even if they aren't eligible for prescribing. We say try this for now and if it's not working in a week or something, come back and see us and we might be able to help you out. Or a lot of it has been the pharmacist or the technician bringing them to us, even if they're coming up with a simple question, like what's the difference between these two antihistamines? Which one is best? Probing them a little bit more and then realizing they need a nasal spray or something like that.

We took newspaper ads out in both of our stores, basically just making them off of the posters.

We sent it out on our e-flyer and we've got like five thousand people on that. We had it in the newspaper, we had it on Facebook.

❖ Study Participants

The majority of patients were female (64%, n=644). Participants were distributed across all age categories, from infants to seniors, and the age distribution was similar for men and women (there was a slightly greater proportion of females compared to males in the 19-50 age category, and a slightly greater proportion of males in the 18 and under category). The age and gender distribution of participants is reflected in Table 3.

Table 3: Participants by Age and Gender

	Males		Females		Total	
Recruitment by Age & Gender	**n**	**%**	**n**	**%**	**n**	**%**
18 and under	56	16%	70	11%	126	13%
19-35	73	20%	140	22%	213	21%
36-50	70	20%	162	25%	232	23%
51-65	87	24%	156	24%	243	24%
66-80	62	17%	99	15%	161	16%
over 80	10	3%	16	2%	26	3%
Total	**358**	**100%**	**643***	**100%**	**1001**	**100%**

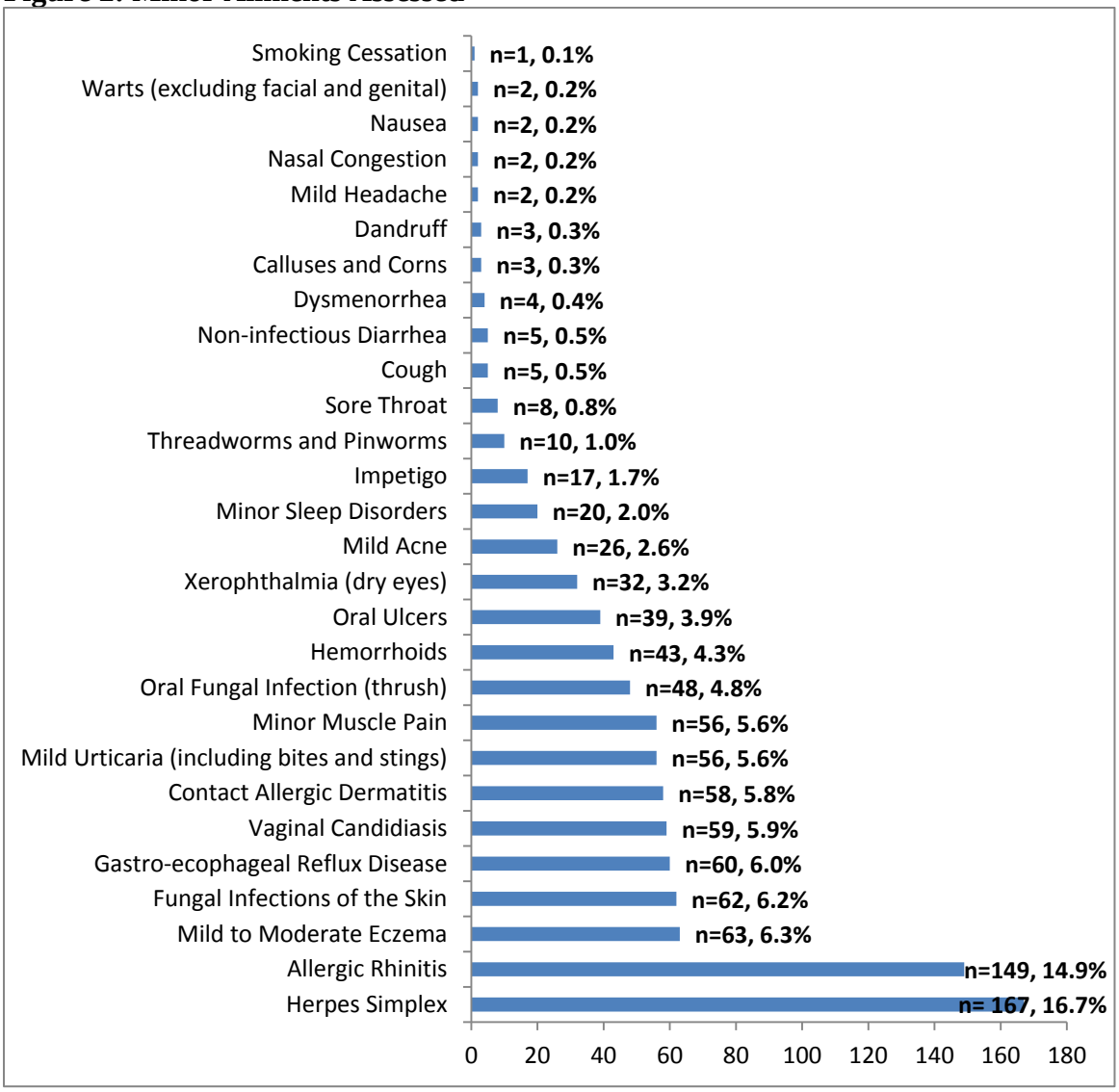
* One missing response for date of birth for a female participant.

The majority of patients referred themselves to the assessment and prescribing service (52%, n=517) or were recruited by the pharmacist (43%, n=430). Only 2% of patients (n=18) were referred to the study through a physician's office, and 4% (n=37) were referred from other sources (friend/family member, store staff, other healthcare provider, seeing promotional materials, fellow patients).

❖ Assessments

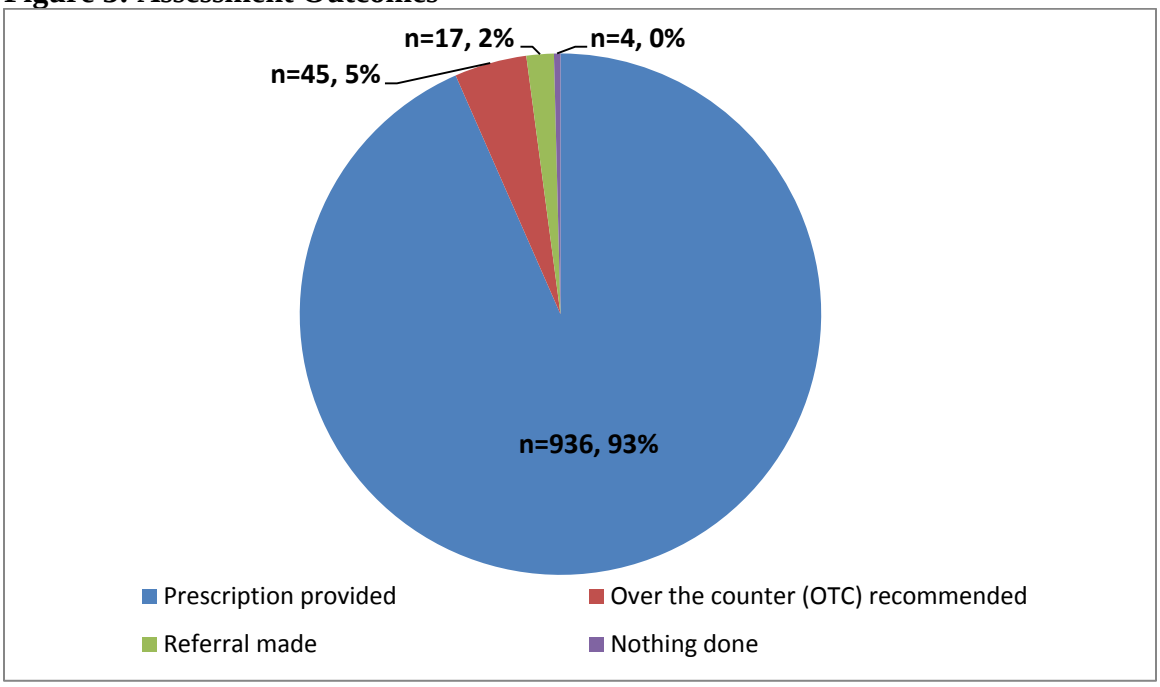
Of the 1,002 assessments conducted for the study, the most commonly assessed minor ailments were herpes simplex (17%, n=167) and allergic rhinitis (15%, n=149). Eleven of the minor ailments were assessed fewer than 10 times (sore throat, cough, non-infectious diarrhea, dysmenorrhea, calluses and corns, dandruff, mild headache, nasal congestion, nausea, warts, and smoking cessation). The full list of minor ailments assessed is provided in Figure 2.

Figure 2: Minor Ailments Assessed



It took pharmacists an average of approximately 15 minutes to complete the assessment (with a range of 3 minutes to 45 minutes). The outcome of the assessment (shown in Figure 3) was most frequently a prescription (93%, n=936). This makes sense since recruitment was specifically targeted at patients who may require a prescription for a minor ailment rather than an over the counter (OTC) product.

Figure 3: Assessment Outcomes



After the patient had been assessed and received treatment, the pharmacist arranged to follow up with the patient within two weeks to assess the therapeutic outcome of the prescription. The large majority of patients (87%, n=871) were able to be reached in order to conduct the follow up assessment. The follow up took pharmacists an average of 5 minutes (range of 1 minute to 25 minutes). Most of the patients who were able to be contacted for follow up indicated that their concern had been satisfactorily resolved (89%, n=772 of 871).

Study Supports

This section describes the supports that were provided to pharmacists in the study and the feedback received about these supports.

❖ Training and Orientation Session

Many participants provided positive feedback on the training session that was offered to participating pharmacies. Participants noted that the training left them well-prepared to participate in the study, and they appreciated having the opportunity to interact with and learn from their peers as well. A few participants said that having the whole team present at the training was particularly helpful.

I think the orientation as far as the actual study was really, really well done, and it addressed a lot of things that I had questions about. And I felt very comfortable talking to people about the study and what it was all about, and getting in the room.

We were very pleased with the training and orientation. It was so nice to get together with the other participants and to hear their questions and comments.

I think one of the biggest benefits was having all staff, pharmacy technicians and assistants present as well. Because when they know what it is that we're doing and understand it better, they certainly are on board a little bit more. They've been very helpful for us in recruitment and whatnot, and kind of finding those people out in the aisles . . . when they're asked a question. I think they really appreciated being a part of that, rather than just us going to the session, coming back and giving that information to them. It was nice to have it all inclusive.

A few participants provided suggestions on how the training and preparation could be enhanced. The most frequent suggestion was to provide additional time/opportunity for review and practice of the assessment process for different ailments, either through example scenarios and role plays or by reviewing the process with other pharmacists.

We had the comment from our group as well that the role play that was done was probably one of the easiest ones, and we would have liked to see a couple of more, just to have that familiarity with it.

. . . even had we gone through each of the conditions that day and given our own feedback about how we would have treated it, and what our thought process was perhaps. Because a lot of times, it's just a matter of confidence, and when you get that feedback from other people, and you understand they're thinking the same way or they would prescribe the same way, that's helpful.

Other suggestions included filming the training and having the video accessible online for team members who could not attend, and providing a more detailed overview of how to enter the study data using the online portal during the training session.

❖ Recruitment Materials

Many focus group participants reported appreciating the recruitment materials provided by PANS (bag stuffers/brochures, aisle signs, promotional ads, etc.). They indicated that the materials were well done and useful in supporting patient recruitment to the study. No suggestions were made for changes to the recruitment materials.

I actually love the pamphlets. I've actually manipulated the pamphlets so I can continue to use them.

[T]he posters and the pamphlets that [PANS] gave out, and the bag stuffers, all of that was really helpful, and it was great that we were able to get as many everywhere.

I'd just like to compliment [PANS] on the quality of the . . . supports sent to the stores. [T]hose shelf talkers, all of that was very, very well done.

I would say the PANS ads have been very successful. I know that they're general and not specifically aimed at this particular minor ailment study, but people really related to them, and still talk about it in the store.

❖ Treatment Algorithms and Resources

Most participants in the study indicated that the treatment algorithms and other similar resources provided to assist in the assessment of the minor ailments (e.g. RxFiles, e-Therapeutics, Saskatchewan Minor Ailments Guidelines, etc.) were a very helpful resource in offering the pharmacist guidance and reminders for conducting the assessment. This was noted particularly for pharmacists who might lack confidence in their ability to assess and prescribe.

We really appreciated the subscription to e-Therapeutics Complete.

I know some of the pharmacists that have been out for quite some time really like those Saskatchewan sheets, just because it gives you a little streamline or confidence that you're not missing those red flags. And when you're really busy and by yourself, it's just nice to have something really concise to refer to.

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.

Several participants suggested that treatment algorithms be created as an information resource for each of the 31 minor ailments approved for pharmacist assessment and prescribing in Nova Scotia.

Where we have 31 minor ailments and Saskatchewan only has seven, those other ones, we're trying to make our own lists of red flags and it's just quite time-consuming to do that. And I know it's up to each individual pharmacist, but it's something that I think would streamline the process a little bit more.

This might be a big idea, but having each store prepare one of the 31, if we all sort of chipped in and each did one and shared it, then the project would be done, if other stores would be willing to do that.

Participants said that although they appreciated the treatment algorithms as a resource and something they could refer to for guidance, they wanted to ensure that following the algorithm was not mandatory as sometimes what is suggested is not the best course of action given the context of the situation.

They [treatment algorithms] really limit you though, while they're great to have, it really locks you in to particular drugs and particular questions. Like I can't remember which one, I think it was heartburn for the patient over 50, refer to physician, you know, tetanus, don't. You get some pretty crazy things on some of those sometimes that you have to watch out for.

❖ Other Supports: Training Binder, Teleconferences, Web Forum

Most participants said that the other supports provided for study participants were also useful. The binder of resources and training information provided at the orientation session was identified as a helpful resource to have in the store. The teleconferences provided a good opportunity for pharmacies to communicate with one another. The online forum was also thought to be helpful, however, participants did note that the forum was not used as a tool as much as it could have been.

Training Binder
We really liked having that binder will all the power point slides [from the training]. We referred back to that a lot, so that written material and binder was very helpful

I think the binder that was done up definitely – we have one of those right in the dispensary that we used to use as a reference when we first started doing it.

I really liked the way [the binder was organized] by therapeutic category, which resource was good for each category.

Forum
I feel the forum and e-mails were a great way to keep communication open. I did not use the forum as frequently as I possibly should have, however, I felt comfortable throughout the period.

The message boards were nice. They could have been used a little more.

I find that the discussion forum and the teleconferences all have been very helpful, but I'm just surprised that there isn't more on the discussion forum. But I think then it's just another step that somebody has to do to ask the question or post an idea that they've had that might help other people. It's just one more thing that you have to do, and it's just probably easier not to.

Teleconferences
The mid-point telephone focus groups really helped give some perspective on challenges other stores faced. It was nice to know others were seeing similar results.

I found the conference calls were nice to have because sometimes the study sort of goes to the back of your mind, and it's good to have those reminders and the encouragement, and hear what new ideas you can get from all of the other stores that are participating.

Other Facilitating Factors

This section describes other factors (in addition to the supports described above) that were identified by the participating pharmacies as being important to the successful outcomes of the study.

❖ No Cost to the Patient

Many participants indicated that having the cost for patients of conducting the assessment covered by PANS as part of the study was an important facilitating factor. Participants said that having no cost helped to recruit participants who might otherwise not have been able to afford to access the service. It also helped expose patients to the benefits and value of the service at no cost, resulting in them potentially paying for the service if needed in future. Pharmacists also explained that not having to ask patients for payment removed a barrier for them in approaching patients, and allowed them to build their own confidence in offering the service to patients.

The fact that there was not going to be any charge to the patient, it really made it very easy for them to accept the service.

For people that were hesitant about paying the fee, being able to participate in the study and have the fee paid for by the study, gave them an opportunity to do a trial run of the value. And we had a lot of positive feedback about that, and I think those will be people that will come back in the future, that may have been wary of the price before.

Not having to ask for payment, it gave you an opportunity to focus on building your confidence on the assessment part of things, and actually doing the prescribing. And now I feel like it might be a little bit easier to ask for people to pay, if need be. Just because you know you're capable of helping them and you're kind of in the groove that way.

I wouldn't have had that confidence had the funding not been there because you don't feel that you have the freedom to go off and do an assessment, and how do you feel about asking the patient to pay for it, knowing that they're not going to want to? So without that funding in place, there wouldn't have been a foundation to build confidence on, so it was crucial in building the confidence.

❖ Changes in Expectations and Pharmacy Work Flow

Many participants said that they had to adjust patient and pharmacist expectations and/or make changes to the work flow in the pharmacy in order to integrate conducting the minor ailment assessment. Strategies included using pharmacy technicians to gather assessment information, having all of the assessment materials pulled together in advance, putting the assessment in the flow of work just like a prescription, and informing patients that the wait might be slightly longer to have their prescription filled.

We treated the assessment like a waiting Rx or took the appointment for later and adjusted wait times around that time of the day to account for an assessment coming in.

Our workflow has developed into something that allows the pharmacist to do what they're supposed to be doing, and the tech to do what they're supposed to be doing.

. . . adjusting what you tell people when their prescriptions will be ready, just in the everyday filling of prescriptions, you know, if people are used to it being 5 minutes, 10 minutes in a non-busy pharmacy, just adjusting that another five minutes by saying, that'll be 10 to 15 minutes instead, because then you might have the walk-in, and you won't be upsetting people who might have already been in the workflow, if we go out for that few minutes.

We've found that we do use the technicians as much as we can . . . whatever they can do on the forms, if they populate as much information as they can . . . so that if we're busy then we can just be pulled in for a less amount of time, and do the actual assessment.

Having the folders all made up in advance, and knowing that if you want to do it you can just get them to come in the room and sit down and do it, makes it a lot easier versus having that barrier.

Some participants also indicated that they used the strategy of asking patients to come back at a later time or setting up an appointment if things are particularly busy.

> *When we were really busy and only had one pharmacist, [I] offered the patient, it's going to be quite a wait, or if you'd like to come back in a couple of hours we have overlap. And between those few hours, there's less of a wait for you, and they seemed very supportive of that as well.*
>
> *When somebody calls and wants minor ailment [we] book them at that time when we have overlap.*
>
> *I find that the customers are so appreciative and that they're not demanding. It's easy, they don't seem to mind if you say, would you mind coming back in an hour's time, or can we make that for tomorrow morning when I've got another pharmacist in . . . they just don't seem to mind.*

❖ Lack of Access to Primary Care Providers

Many participants noted that patients were more likely to want the minor ailment and prescribing service offered by the pharmacist in areas where access to primary care providers was more limited. If patients would have difficulty getting in to see their provider or expected to have a long wait, they may be more inclined to seek assistance from the pharmacist instead.

> *It's availability of your walk in clinics and stuff too. If you can walk across the street and go in to see the doctor for free, why would you pay the pharmacist to do it?*
>
> *Our area, we're down two doctors just lately, so that relief, in the period of the summer at least, it was really hard for people to get extra appointments in there, even with their regular family doctor because they were so busy this summer.*
>
> *In the [community A] store, we don't do near as many [assessments] because we have an abundance of doctors, where in our [community B] store, we have customers ecstatic about it and we do a lot more because we have no doctors hardly. So I think that can be a reflection too, and I think in the [community B] marketplace, knowing the doctors are so few, we have big support from the medical community down there.*

This observation was also reflected in findings from the patient survey. Some respondents indicated that they would be likely to use the service again because of lack of access to primary care.

> ***Yes, I would use this pharmacy service again because...***
>
> *If I had to go to ER for this minor problem, I would have sat and waited 4-6 hours at least.*
>
> *In order to see a doctor I would have to wait two to three weeks.*
>
> *It's better than making appointment with doctor. Could take 4-5 days to get an appointment for something minor.*

I didn't have to make an appointment and wait for days to get the care I needed.

❖ Involving the Whole Team

Some participants talked about how involving the whole team in the study was important. Store staff, including management, pharmacists, technicians, and front store staff (cashiers, etc.) each played a role in supporting different aspects of the project such as patient recruitment and integration of the assessment into work flow. A couple of respondents said that a friendly competition between store staff helped to encourage recruitment.

We . . . [made] sure that everybody on staff, even the relief people were aware of the project, and could possibly point out people that might need a minor ailment assessment.

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.

We didn't just drop it on our staff, or our pharmacist or our technicians . . . we continue to talk about it. It's not just, let's have a meeting and talk about it, and then drop the ball. 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.

Challenges and Suggested Supports

This section explains the challenges faced by pharmacies participating in the pilot study and identifies supports that could help to address the challenges. Some of these strategies and supports were implemented by participants during the study, and others are suggestions of supports required as the work continues.

❖ Difficulty Integrating the Assessment Process into Daily Work Flow

Challenge

The most commonly mentioned challenge, highlighted by most participants, was the difficulty in integrating the minor ailment assessment into the daily work flow in the pharmacy. In particular, a lack of pharmacist overlap was noted as a difficulty, as having only one pharmacist on shift made it more difficult to take time out to conduct the assessment. The length of time that it took to do the assessment and complete all of the necessary paper work was also identified as a challenge, although participants recognized that some of this was specifically related to the pilot study (e.g. explaining the pilot study, obtaining written consent to participate in the study from the patient, etc.).

If there wasn't another pharmacist working, then yes, things would get backed up in the pharmacy for a little bit.

I do think it is a workflow issue absolutely, we have to come up with some innovative ways to get out of the dispensary mindset. And I don't know how to do that. I don't have the answers for that yet, but as long as we're in a dispensary mindset where all your targets and all your customer service is based on how fast and how well you get those drugs out the door . . . [it's] going to be challenging.

Biggest challenge would be our lack of ample pharmacist overlap time. Most of our assessments were done during slower times. I found I shied away from offering immediate service to patients when it was very busy (I offered that they may have the service later that day or by appointment later that week)

We're alone without a technician for evenings and weekends, so it is quite difficult to integrate it into those times.

Suggested Supports

As noted above in the section *Other Facilitating Factors*, pharmacies used different strategies to help integrate the assessment into their work flow. Some of these strategies included:

- Using pharmacy technicians to gather assessment information;
- Having all of the assessment materials pulled together in advance;
- Putting the assessment in the flow of work just like a prescription;
- Informing patients that the wait might be slightly longer to have their prescription filled; and
- Asking patients to come back at another time for their assessment.

Other strategies suggested that could help with integration of the assessment into workflow include:

- Reduction in the amount of paper work required.

> *One of the big things that I'd like to see is a reduction in the paperwork and filing we have to do. I don't think if you walk into a walk in clinic asking for consent and filing notifications to the family doctors and stuff like that happens. I think we're being held to a higher standard of care than physicians or emergency rooms, or walk in clinics. So if we could reduce that and not worry about getting clawed back on audits so much, and things like that, I think you could streamline the service a lot.*

- Access to a computer in the consultation room.

> *It would be nice if I had a computer in my consultation room . . . [then] you can just write up a consult right on their file, and you can do the follow up in the consult section in the file too. So the only real piece of paper that you need to have hanging around is the doctor's notification . . . if I had a computer in my consultation room, it would certainly speed things up for me.*

- Development of/access to software that would assist with automatic population of patient forms and documentation.

> *. . . within our own stores, having some software, like an interfacing software that can automatically print the assessment form or whatever in the patient's file . . . something that just automatically can be printed off with all their information, just to save you a little bit of time as far as documentation goes.*

Adding staff would also help to address this challenge, but that is not always an economically viable option for pharmacies.

❖ Lack of Referrals from Primary Care Providers

Challenge

Many participants noted that they did not have many referrals from primary care providers (primarily physicians) in support of the study. This challenge is reflected in the data on patient referrals, as only 2% of patients (n=18 of 1,002) were referred to the study through a physician's office. Although many participants indicated that the physicians/other providers they spoke with were open to and supportive of the service, this did not translate into referrals of their patients to the pharmacist for care. In a few

cases, participants said that physicians were not supportive of the pharmacist doing minor ailment assessment and prescribing.

> *We did do a physician presentation; they seemed very on board with it, but yet we didn't get any referral – or not, to my knowledge, I don't think there was any referral from the primary care clinic that we went to.*
>
> *We did an information session with the physicians and nurse practitioners are our local primary care clinic, trying to make them aware of exactly what we are able to help with. But we definitely haven't been, as far as I know, no recruitment that way, no referral to the pharmacy. We've had a couple of information sessions here with refreshments and tried to get people in to talk about prescribing and the assessments, but it's been hard.*
>
> *We've sent out letters to a few of the doctors in the town who we have a pretty good relationship with, but we haven't been getting a ton of referrals from them. We weren't able to really do a full presentation; we were just kind of grabbing the receptionist on the phone. So I think that's a little disappointing with not as much doctor recruitment, but I think it's a great idea.*

Suggested Supports

Many participants indicated that in order to increase referrals coming from physician offices, it would be important to include their support staff (especially receptionists) in information about the minor ailment assessment and prescribing service as well. In addition, some participants noted that the process of building a relationship with local physicians and gain their trust in the pharmacist's ability to provide the service will take time and ongoing communication.

> *We called the receptionists and said we wanted to meet with the doctors, but we really, really wanted them there. And we kind of had mixed experiences, where it empowered some receptionists. But I think it really depended on their employer too, if their employer was supportive of us or not.*
>
> *I had the same issue with the physician support. I felt that they were very supportive when we went to meet with them, however, one thing that we noticed is that the physicians didn't actually include their support staff. Which I think could have helped tremendously because I think that secretaries and the other support staff in the primary care clinic would have then promoted it more.*
>
> *I think between healthcare providers too, just a little bit more information, or education, just every so often . . . keep it a point of interest, that this is what we can do. And you know, that it's not the Wild West down in the pharmacy, and we're not just willy-nilly prescribing for whatever. There are standards and we do have a rigorous process. I think the more that the physicians that are not so keen on the idea or somewhat indifferent . . . their fears will be subsided, you know? They'll become more accustomed to and welcoming of the service.*
>
> *Collaboration is key . . . even if we're not going to see referrals right away, it's building that comfort level. It's that repetition, seeing those faxes [physician notification forms] . . . that decision that was made by the College I think was a good one . . . the point of it is not just to notify them of the treatment. It's about notifying them that their patient has acquired a service, and they're really going to be . . . part of the*

medical family and the medical home per se, that they want to be, then this is part of that interdisciplinary collaboration.

❖ Difficulty Recruiting Patients

Challenge

Some participating pharmacies experienced difficulty recruiting patients to the study. In some cases, this was related to a lack of patient awareness about the service, including which types of ailments could and could not be assessed by the pharmacist. A few participants indicated that having the study take place over the summer months made recruitment more difficult as business was usually slower during that time.

I think for us, the recruitment has been a little bit challenging. I think people are semi-aware of it, but not necessarily of what we can prescribe for. Like they'll often come in with something with their eye, or ears or something that we can't prescribe for, looking for something but it doesn't always fit what our capabilities are.

Once we had the word out we were able to do the prescribing, we had probably more people coming in wanting us to prescribe for their sore throats for an antibiotic. That wasn't going to happen, as opposed to the minor ailments that we could. So I think just more education is needed.

Suggested Supports

The main strategy suggested to assist with recruitment is to continue to promote the service. It was noted that this promotion could come from individual pharmacies, from PANS, and from other areas like the provincial government. A few people indicated that promotional activities should target other pharmacists as well as patients. A couple of respondents pointed out that the promotion of the minor ailment assessment and prescribing service was part of a broader shift in thinking about the pharmacist as someone who is part of a patient's health care team, and not just a source for drugs.

I think there needs to be a public awareness campaign of you know, we are under some limits here.

Maybe some standardized signage for the stores as well, so whatever store you go into you see the same signage, saying what the minor ailments are. I thought the pamphlets were pretty good; the colored pamphlets were great to hand to somebody and circle what their condition was. And say, okay, if you want to come back here, this is on the list kind of thing. So those pamphlets being made available in every store for example, would be helpful I think.

Even getting involved in the Department of Health and Wellness' Better Care Sooner campaign, because every time they promote where Nova Scotians can go to get care, we're left out of the loop. So even though

we're not technically the phone service or the hospitals or ER, that's all under the government . . . but we do need to get included into it, so we become that list of options. You know, I've got a simple question, well alright, call that three digit health line, or if it's more pressing, go to your pharmacy and then kind of go up the ladder. So it would be good to have the government dispense some marketing dollars on getting people aware of what their options are.

The other group that the public wants to hear from, that this is okay, is government. They want the government to come out with those ad campaigns that include pharmacists on that list. Go to your pharmacy for these things. They're quick and they're convenient. So they can start to build that comfort level that they're not cheating on the doctor . . . I think if you had at least some doctors' support and/or government support publicizing the fact that this service is there, you would see a huge difference in the demand.

After the study, PANS needs to take this information and incorporate it into their weekly newsletter, and reach out and touch other pharmacists. And allow other pharmacists to see or get a sense of . . . how you are able to accomplish this within a certain amount of time with a certain amount of effort. It's not insurmountable.

❖ Cost to Patients

Challenge

While the cost of the service was not a barrier during the study as there was no direct cost to the patient, some participants noted that once the pilot study ended, the cost of the minor ailment service was a deterrent for some patients.

Now that the service is no longer free, when we mention it to the patient and tell them there's a charge, they say they're just going to go to their doctor.

Since the project stopped, we've done a few that we've billed for, but obviously the numbers have dropped way down.

The dollar value comes into play after the study ends. And I've had people come back who I was able to prescribe for before; family members are coming back in and saying, oh, I heard about this wonderful thing. So yes, the pilot study is over. It's now so many dollars, and it's like, oh, okay, I'll think about it.

This observation by pharmacists is supported by data from the patient satisfaction survey. Although 99% of survey respondents (n=578 of 584) said that they would use the pharmacist led minor ailment assessment and prescribing service again, a third of patients (30%, n=174 of 582) indicated that they would not pay for the service if it was not covered by the government or third party insurance. The patients who said that they would not pay for the service gave the following main reasons (presented in order of strength of response):

- The cost should be covered by government and/or third party insurance.

> *I believe strongly that if the government will pay a walk-in clinic, or out-patients for this service than they should pay pharmacies to offer this service.*
>
> *Health care is a service provided free because of taxes we pay, this would promote a 2 tiered system I don't support.*
>
> *I feel this should be covered by MSI and it saves both G.P's and patients time. Pharmacists are more than qualified to provide this service - I see no reason why there should be a cost to the public.*
>
> *It is a valuable service but if a doctor's visit is covered, so should a pharmacists visit. I wouldn't expect a pharmacy to do this for free.*
>
> *The government should pay for this service as it relieves pressure from doctors and provided a valuable service. Many people cannot afford to pay for these services if not covered by someone; I am one of them.*

- They could access care at no cost to themselves through their primary care provider (even if a wait would be involved).

> *I can get the same service for free at family doctor but chances are I would have to wait a few more days.*
>
> *I don't have extra money to pay for a service that I can get for free by going to a walk-in clinic or family doctor.*
>
> *If it was not covered by government, I would end up at the doctor's office. I don't have money for private health care services.*
>
> *You can get the same service at your doctor's office for free.*

- They had a fixed or low income, or they could otherwise not afford to pay.

> *Many people cannot afford to pay for these services if not covered by someone; I am one of them.*
>
> *I am on a fixed budget and the medication itself is stretching it.*
>
> *Most seniors are on a fixed income and it should be covered.*

Suggested Supports

In order to address the barriers related to cost, some participants suggested that the cost of the assessment and prescribing service should be covered by government and/or third party insurers.

> *Regarding the financial aspect, I don't know whether PANS is able to rally for us through private insurers and MSI . . . there's a lot of other people who aren't on MSI, so I don't know whether they can speak with Blue Cross, and try to get them on board to pay for these pharmacist services. I think that would be great.*

Going forward, if for instance the government would pay the assessment fee or part of it, it would be much easier to do because people would be more willing to, just a part of the fee or the full fee, of course, they'd be more willing to do it than pay 22 dollars.

Even with people paying, [the cost] is a barrier. Because everybody says, why isn't the government paying for this? Look what this could save the healthcare system just in people sitting in offices, taking up doctors' time for minor ailments when they could be dealing with more serious issues.

As noted previously, patients who received the service also felt the cost should be covered by government and/or third party insurance.

Another support identified by a few study participants that could help to address some of the issues around cost of the service was to help pharmacists learn how to effectively promote and market their services. Therefore, there is a need for support and training to learn how to promote the services that pharmacists can now offer to patients.

I find broadly speaking among all pharmacists, we don't really know how to sell ourselves that well . . . We've more historically been product and distribution-based, and yes, we'll answer your questions and whatnot, but we've never really had to go out there and . . . you're basically selling yourself. And it's not that we're bad at it, it's just that we've never really had those kinds of conversations. We've never really had training for it. And I think that needs to be brought up to speed a little bit.

What I also see is a huge difference in the success rate is the recruitment strategies that were implemented by the various stores. And the level of comfort that the pharmacists involved have with selling, full stop, with selling the value of what they do. And they're not very good at it. They're reluctant to do that. They totally know they can – they believe in what they do, and when somebody else is paying for it, it's all great.

The other thing for me is for pharmacists to understand how important it is to sell or merchandise themselves and what they do, to have confidence in what they do. And to stand tall and not go, aw shucks, you know, you don't have to pay $22.50 now because the study's going to pay it . . . I do think that as a profession this is something new, that we've never had to look at or think about before, and I think it's important that it's addressed, that people understand the positive aspects of selling or merchandising themselves.

❖ Lack of Confidence

Challenge

A lack of confidence among some pharmacists in their ability to conduct the minor ailment assessment was identified as a challenge by a few participants.

I think a lot of pharmacists don't feel they have the knowledge to do it. So they encounter this, and not off the top of their head can they . . . it's not like an OTC cough and cold where everything falls off the top of your head. So there is going to be a work commitment to getting up to speed for a lot of pharmacists.

Suggested Supports

Some participants indicated that supports like the treatment algorithms helped them to feel more confident in their skills and knowledge as they were able to use the algorithms as a resource to ensure they were not missing anything in the assessment. Pharmacists used the algorithms that have been developed in Saskatchewan for seven minor ailments, and also suggested that algorithms should be created for the rest of the minor ailments in Nova Scotia as a resource for pharmacists.

I would love it if PANS could have a link to minor ailments, the same type of thing that Saskatchewan's website had, that had all of the support that you would need in doing the assessment . . . the Saskatchewan one didn't have all of the minor ailments that we were able to prescribe for here, but I don't know if it would be possible for PANS to put that together, and make it relevant to Nova Scotia practice. That would be tremendous.

I think [pharmacists] still like to have the . . . the resource centre behind them. Just so that they can feel comfortable. Have a quick check, whether it's before the patient comes in . . . having that available, being able to check it, again, it's building comfort.

❖ Scope of Minor Ailments

While not identified as a major challenge by participants , a few participants did note that they would like to see an expansion in the scope of the minor ailments for which pharmacists are able to assess and prescribe.

I agree that there are some things that definitely could be added [to the list of minor ailments], and it is frustrating sometimes when you think, oh yes, I can, and then you can't. I mean, it's not a broad range, but there are a few things that definitely could be added that would be minor ailments that we can't prescribe for.

We've got people walking in off the street wanting prescriptions. And it's great, but it's also challenging when they need a prescription for something that we're not allowed to prescribe for. So I'd like to see those minor ailments expand, because you're allowed to do it, and then you look at the paper, and it's like, oh, but only for these things. So that's a challenge for me too.

I could have probably treated a dozen urinary tract infections [if pharmacists could prescribe for them].

Pilot Study Outcomes and Successes

This section assesses the findings as they relate to the desired outcomes of the study identified in the study evaluation framework and presents other successes achieved as a result of the pilot study.

❖ Pharmacists' Enhanced Ability to Conduct Minor Ailment Assessments in the Pharmacy Setting

Pharmacist Confidence in Conducting the Assessment

Many participants indicated that their confidence in conducting minor ailment assessments has increased as a result of their participation in the study. They said that being part of the study helped to ensure they were conducting assessments frequently enough to feel comfortable with the process. Participants noted that the more assessments they did, the more comfortable they felt with the process.

> *I feel way more comfortable prescribing. And at the beginning, it did take a little longer with the paperwork. But as we did more patients, I found it became more of a system and things became a lot easier.*
>
> *Confidence has been boosted. Feedback is critical in your decision making as well as confirming you are providing a needed service effectively. Like anything, practice makes perfect.*
>
> *Initially we were very hesitant to even be part of the studies, like all four pharmacists that are full-time that work here. But after even a weekend of the study, we were all very, very happy to be a part of it. Because you feel like you're developing yourself professionally and it really helped our confidence*
>
> *The confidence just builds the more you do. At first I was looking at it as, oh my god, look at all the ailments. And then when you actually go through each one and you kind of get your head around them, and then you do a couple of assessments, it's kind of old hat now. So I feel like I'm leaps and bounds, or above and beyond what most other pharmacists in the province are, you know in terms of confidence and capability to do this. So participation in the study for me was crucial in developing that.*

Ability to Integrate the Assessment into Daily Work Flow

Although many participants identified challenges with integrating the minor ailment assessment into their daily work flow, many also indicated that they were able to successfully integrate offering the service. Even in pharmacies with no pharmacist overlap, participants were still able to integrate offering the service to patients in a timely way. Participants commented that it became easier to integrate the service as they

completed more assessments and became more comfortable with the process since they could move through things a little bit more quickly.

> *The ease at which it was integrated into the regular workflow routine at our stores was great. At first, there was a bit of hesitation as to how we're going to do this, you know, especially in the stores that didn't have much overlap. But they 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.*
>
> *I don't have the luxury of pharmacist overlap. It's mainly either myself, or myself and one technician, and Monday to Friday we were able to incorporate three, four a day sometimes. I'll echo the fact that most of the time on the weekend, we're by ourselves except for a few hours in the morning. And we were still able to offer services in an extremely timely manner. Most of the time, even when we were busy we just put it into the workflow and said, well we have so many people who are waiting right now, it shouldn't be much more than 10 minutes. And even then, people were very appreciative because a 10 minute wait is like hours for us in the pharmacy, but literally no wait at all for somebody who's waiting for something that traditionally you'd get in a clinic.*
>
> *We thought when we first implemented this, it would probably mean two pharmacists: one working up front, and one doing the assessments . . . as many others said, even if there's just one pharmacist, it didn't take too long depending on the type of situation. Especially if you've done a few of the same type of situations – five or 10 minutes you could get everything done, and it doesn't hold up your other work too much, because you can do both dispensing and [the assessment].*

❖ Increased Awareness among Identified Stakeholders and Patients of the Value Pharmacists Provide in the Provision of Minor Ailment Services

Awareness of Value among Stakeholders

Some participants said that they had some success in engaging physicians and other primary care providers and getting patient referrals from this source. A few participants also spoke about collaborating with other pharmacies in supporting the pilot study.

> *One success that we have is that the doctors' receptionists or some of them anyway, when people call in to say, can I see my doctor, I've got whatever, they're sometimes directing people to us as opposed to saying, come in and see the doctor for an appointment. They're saying, go see your pharmacist because there may be a chance that they can help you with that. So sometimes we're getting that sort of recruitment, which is great.*
>
> *Yesterday a stranger who had never been in our store before, called because the doctor's office had directed her to come to us. [The receptionist] thought that pharmacists can do this, but as far as [the doctor's office] knew [our pharmacy] was the only one in [community] that was doing it, and why didn't they call us to see whether or not we would help them out.*
>
> *We actually had several sites that are associated with walk in clinics upstairs. We were surprised that they were recommending patients go to the pharmacy where the pilot was, like if it was the end of the day and*

they couldn't take any more patients, they were very busy and it was long waits. So that was a great success. A lot of collaboration there.

We do follow up on everything, and I said to [the physician] when I was speaking to him, is this a bother to you? Because I know by law, you're supposed to look at all of this. And they go, no, no, no, we're thrilled about it because it's really great for us. So I found that encouraging . . . I did hear through the course this summer that one doctor in particular was championing us to other doctors.

The [pharmacy] down the street from me, because they don't have a room that meets the standards . . . I gingerly approached the conversation to say, listen, I know you guys can't do it, only because of the physical location, so if you wouldn't mind helping me out over the summer so we can get this pilot project done, that would be great. And it worked out fine.

Despite these positive comments, the referral data, as previously described, demonstrated that there was unfortunately not significant support for the minor ailment services from physicians (only a very small number of physician referrals). However, some participants still felt that the study was an important step in continuing to emphasize the pharmacist's role in the provision of health care.

It certainly enhanced our reputation or stature, or whatever you want to call it, of being healthcare professionals as opposed to store owners.

We didn't have a lot of input from physicians, but I think they were happy enough. It was new territory for them. When I gave the presentation [about the minor ailment assessment service] to the larger group, they weren't looking at the power point. They were watching me. And I have to tell you that . . . they were watching me because I was in front of them as a fellow healthcare practitioner. It was a whole different ball of wax from how we probably interacted before. So, it was interesting.

I had some really great responses from the doctors. They wanted their staff, their frontlines to understand what we were doing. Now we haven't had a bunch of recruitment from those people, but they were excited about it too. So I think it's one of those things that's changing perceptions, changing how you do things, and it'll take a little time. But there was initial excitement and positive energy about it

Awareness of Value among Patients

Many participants indicated that they were very pleased with patient uptake of the service, and that patients seemed to be satisfied with, and value the service provided.

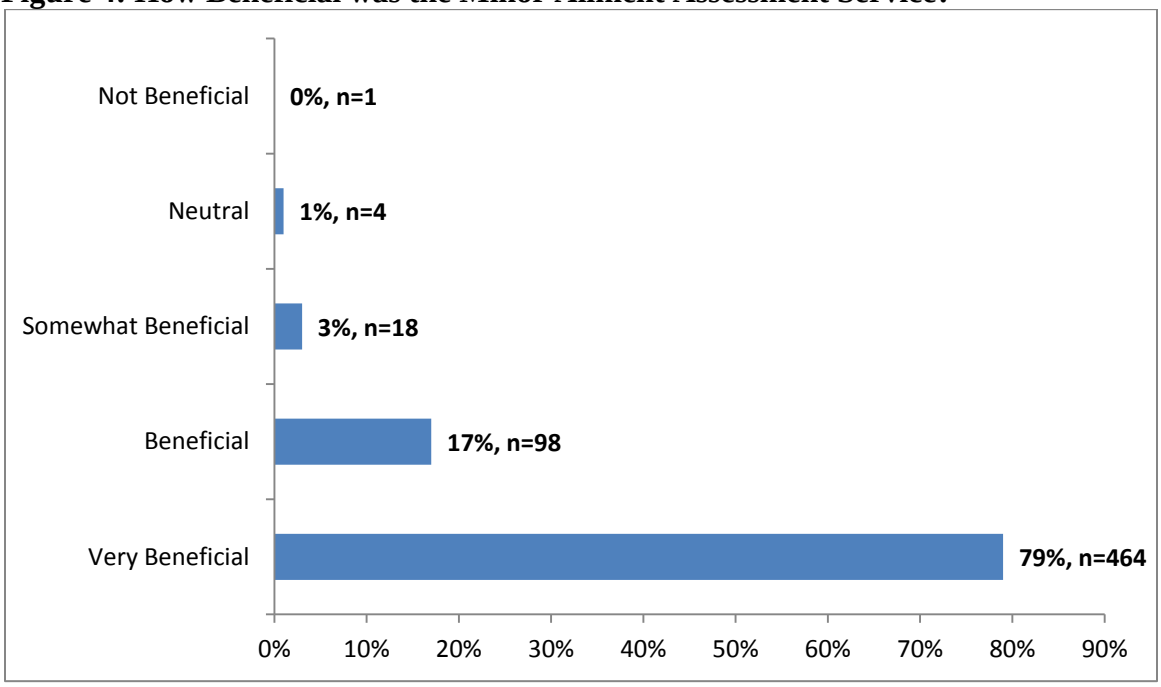
I liked to see that we could resolve some problems quickly in the store, and that the customers were satisfied.

I think people really responded to the pharmacists doing this for them. I felt that they – I mean, we spent probably 5 out of our 10 or 15 minutes with them, talking about the pilot. And they really didn't need that preamble and the fact that we had to do it, because they looked upon us as being able to do this.

The vast majority of people just love it, and are thankful to be able to come in and see us, and having something addressed right away.

The patient satisfaction survey also demonstrated that patients valued the service that was provided, with 96% (n=562 of 585) of patients indicating that the service was beneficial or very beneficial, and 99% (n=578 of 584) saying that they would use the service again. As previously noted, 70% (n=408 of 582) of patients would be willing to pay for the service, demonstrating that they see its value.

Figure 4: How Beneficial was the Minor Ailment Assessment Service?



In the qualitative feedback provided on the patient satisfaction survey, patients recognized the value of the minor ailment assessment and prescribing service.

I believe this is a valuable service to get good medical help for small issues you might have and the advice you get is great.

I believe this is a much needed and very welcomed service. I am very fortunate to have access to a team of knowledgeable pharmacists whose time is very valuable and who should be paid for this service.

I love this service. Very impressed I was able to get my prescription without visiting my family doctor, who is an hour and half away. I have always trusted pharmacists, they know their stuff!

I particularly liked the way privacy was provided and that this pharmacist took the time to explain my condition, the medication, and follow up advice. It was an excellent experience and a service that's a great improvement over the walk-in.

I was very pleased with the whole experience. The pharmacist took a real interest in my problem and went out of her way to find a solution for my problem.

The pharmacist was very personal and generally concerned with my ailment and wanted to help me. Not having a family doctor would normally make me not seek treatment. Now that I have the option of a pharmacist prescribing for minor ailments, I can get the help and relief I need while the doctors can focus their time and energy on more serious patients with life threatening issues!

It was a timely response to my health needs and the pharmacist spent more time explaining the condition and treatment than my doctor. I felt like I left understanding my condition and treatment.

Patients identified the following aspects of the service that provided value for them:

- The service was fast and they did not have to wait.

It is a time saving service that offers a great addition to the health care system.

It is faster than waiting for a family physician appointment and faster than a wait in a walk-in clinic.

It was fast, convenient and accessible without appointment or wait time.

It was easier and faster than going to our family doctor! The entire process took about 30 minutes. From my initial questions to the assessment to picking up my Rx.

- The service was convenient (hours, location, etc.) and patients appreciated being able to get the diagnosis and prescription in one location.

Assessment was excellent and very convenient. I feel this should be part of health care.

I feel that this program will be very beneficial and will make it more convenient to get prescription service.

The service I received was easily accessible (the pharmacy is opened 24/7 - I don't think any walk-in clinics are) . . . I didn't have to make a separate trip to get the prescription filled - I was already at a pharmacy!

Receiving diagnosis/consultation/prescription in one visit is great.

- Patients valued the pharmacist's skill and knowledge, and in some cases already had a relationship of trust with the pharmacist.

Relationship
I find that our pharmacist has helped me in the past with minor problems and I am very confident in his medical advice.

Walk-in clinics are great but my doctor and pharmacy know about my health, and as a senior this is very important to me.

I trust and have a great relationship with my pharmacist who I believe is very knowledgeable and proficient.

I have dealt with this pharmacist for 30 years and he knows all my ailments and provides excellent service.

Knowledge
I know that pharmacists are very smart and they studied a lot longer on medications. I feel safe getting advice. My prescription was great and it worked fast.

My pharmacists are easy to talk to, very knowledgeable, explain in a way that you can understand and always willing to help you.

Pharmacist is N.S. are extremely well trained and educated professionals who often have more available time than a doctor might. We need to start taking advantage of their availability and knowledge.

This is a wonderful service provided by pharmacists who are more than capable to use their knowledge in assessing minor ailments and providing appropriate treatment.

- The patient had no other immediate way to access a primary care provider in order to get their health care needs addressed.

My family doctor has next week appointments and is a 30 minute drive away.

It's a service that is easily accessible when wanting to see my physician can take 7-14 days which is not always acceptable.

Sometimes my doctor is away - an emergency hospital visit can take five (5) or more hours.

I do not have a family physician available to me at this time.

It would have taken a week or more to see my family doctor, and I needed relief that day.

At times I am unable to get into my doctor as he is too busy to fill this kind of prescription.

- The product patients received as a result of the assessment was effective in treating their condition. The qualitative feedback is supported by the quantitative data as well, as most patients who were able to be contacted for follow up indicated that their concern had been satisfactorily resolved (89%, n=772 of 871).

It was so easy to be able to get the help needed for my child. The staff was very knowledgeable. His problem was resolved without a visit to emergency.

It helped in preventing an unsightly, painful cold sore that would have lasted 7-10 days.

My problem was very successful in less than 24 hours.

The medication prescribed was effective immediately and all information was clear and precise.

❖ Demonstrated Portability of the Model to the Broader Pharmacy Retail Setting

Portability of the Model

The study findings support the portability of the model to the broader pharmacy retail setting. As described previously, although pharmacies did experience challenges in integrating the minor ailment assessment into their work flow, they were able to identify supports to help them with this process, and many pharmacies in the study were able to effectively integrate the assessment, even in pharmacies with no pharmacist overlap. Focus group participants from the PANS Project Team also noted that the participating pharmacies had not required as much support in implementing the assessment as expected, suggesting that stores in general may not require significant supports to implement the service. A few pharmacists also noted that the study had been set up well, and that this facilitated implementation and meant that they did not require much additional ongoing support.

> *We didn't find we had to use the supports too much. We find that it's set up so well that, especially after we did a couple of them and we got used to it, that it was quite easy to do*
>
> *We really haven't had to use many of the supports just because the study was pretty explicitly laid out.*
>
> *I agree that the forms are really easy to use and the pilot does seem to be very well set up.*
>
> *I think they did a great job developing it. I think it's been easy to follow and easy to bill, and you can just go through the forms and try to figure all of it out.*

The portability of the model is also supported by the evidence on patient referrals. Patient recruitment to the study was split fairly evenly between different types of stores (e.g. chain and banner; urban and rural, etc.). The pharmacy that recruited the most patients (87) and the pharmacy that recruited the least (11) were located in the same urban centre. This suggests that all types of stores were able to effectively provide the minor ailment service to patients, and that the stores who experienced challenges with recruitment were not defined by a particular location or characteristic.

Continuing to Provide the Service

Most participants in the focus groups said that they would be continuing to offer the minor ailment assessment service, demonstrating that implementation has been successful and that pharmacies see value in continuing to provide the service.

> *We definitely are going full force with this, that we're offering pharmacists prescribing ongoing. We're having many sites the patients are actually paying out of pocket, before the pilot, during the pilot and now. We have good signage up in the stores offering all the different types of pharmacist prescribing. And it's definitely something we're going to go full force with moving forward.*
>
> *We certainly are going to be continuing to offer it. There's no sense in going backwards in your practice.*

Patients also indicated that they would continue to use the service – 99% of respondents (n=578 of 584) to the patient survey said they would use the service again.

The Minor Ailment Service as a Revenue Stream for Pharmacies

Pharmacy owners were asked to comment on the provision of the minor ailment assessment and prescribing service as a revenue stream for pharmacies. Many of them indicated that this service would not be a significant source of revenue (the PANS rate of reimbursement for the study was $22.50 per patient; individual pharmacies set their own fees for service provision outside of the study). Some said that they felt it was revenue neutral. A couple of participants said that if the paper work involved in conducting the assessment could be reduced, it would make the service more financially viable for pharmacies. A few participants noted that there would be other, intangible benefits such as increasing patient loyalty.

> *I believe [the minor ailment service revenues] will supplement. I don't know how soon it'll take to get to the volume. But it wouldn't be something that you could kind of pay the bills on. It's something that increases the loyalty of your patient, builds comfort with the patients. I think it's something there that strengthens the relationship, because even patients that I feel I have a good relationship with already have really been strengthened, ever since I've done a minor ailment for them. It's a little bit different conversations, in a really, really good way, an amazing way that you wouldn't necessarily have felt before. So I think that's great. But from a pure financial point, unless you're in like a walk in clinic kind of setting whereby you can have a dedicated person to do, I don't really think that it'll . . . it'll be part of the assortment of services that you offer.*
>
> *I think the $22.50 is probably viable if we can cut the times down, and cut the paperwork down. If you leave it as it is and you have to do a big old pile of paperwork all the time, it's probably not viable. But if we can cut some of that out, it probably seems reasonable.*

It's certainly benefitted the pharmacy as well with the extra fees, even though there was the paperwork and the time to do them. But it's still, every little bit helps, so those extra fees helped for that time.

Patient Ability to Pay for the Service

Many patients (70%, n=408 of 582) did indicate that they would be willing to pay directly for the minor ailment assessment and prescribing service if the cost was not covered by government or third party insurance. Patients who completed the patient satisfaction survey were asked the dollar amount they would be willing to pay. The average amount was $18.95 (out of 359 total responses to this question), with a range of $3 to $120. The average amount was very similar between men ($19.49) and women ($18.66). Patients in the 19-35 age group had the highest average amount, at $22.97 (see Table 4).

Table 4: Willingness to Pay by Age

Age	Average
18 and under (n=48)*	$20.14
19-35 (n=54)	$22.97
36-50 (n=85)	$18.20
51-65 (n=102)	$17.88
66-80 (n=57)	$16.93
over 80 (n=11)	$20.68
Overall	**$18.95**

* 60% of these participants (29 0f 48) were under the age of 5, and most of the others (15 of 48) were aged 15 or under, so this category really reflects the parents' willingness to pay.

Although many patients were willing to pay out of pocket, as described in the section *Cost to Patients* in the *Challenges and Suggested Supports* section, both pharmacists and patients noted that an out-of-pocket fee for patients could present a barrier for many, for example, those who were on a limited or fixed income. Even among patients who would be willing to pay out of pocket, some still said that they would like to see the service covered by government and/or third party insurance.

❖ Improved Efficiencies in Health Care Utilization

Access to Health Care

Many participants felt that offering the minor ailment assessment and prescribing service helped patients to access care sooner. Pharmacists also noted that there was a demand or need for the service, particularly in areas where there is more limited access to primary care providers.

> *I'd like to add to that too, that there have been a handful of patients that we've seen that have actually said that they wouldn't have gone to seek help otherwise. So I think that's one of the successes.*
>
> *Another thing that I thought was impressive, we're really happy with, is that it is a service where there's a demand. So we're not trying to create a demand here. I never really thought about it prior to the study, but now every time I do a shift, I can identify two or three people a shift, that I think prescribing would be appropriate.*

Better access to care was echoed by patients on the patient satisfaction survey as well. Almost all patients responding to the survey (96%, n=556 of 582) indicated that the minor ailment assessment and prescribing service helped them gain access to health care sooner.

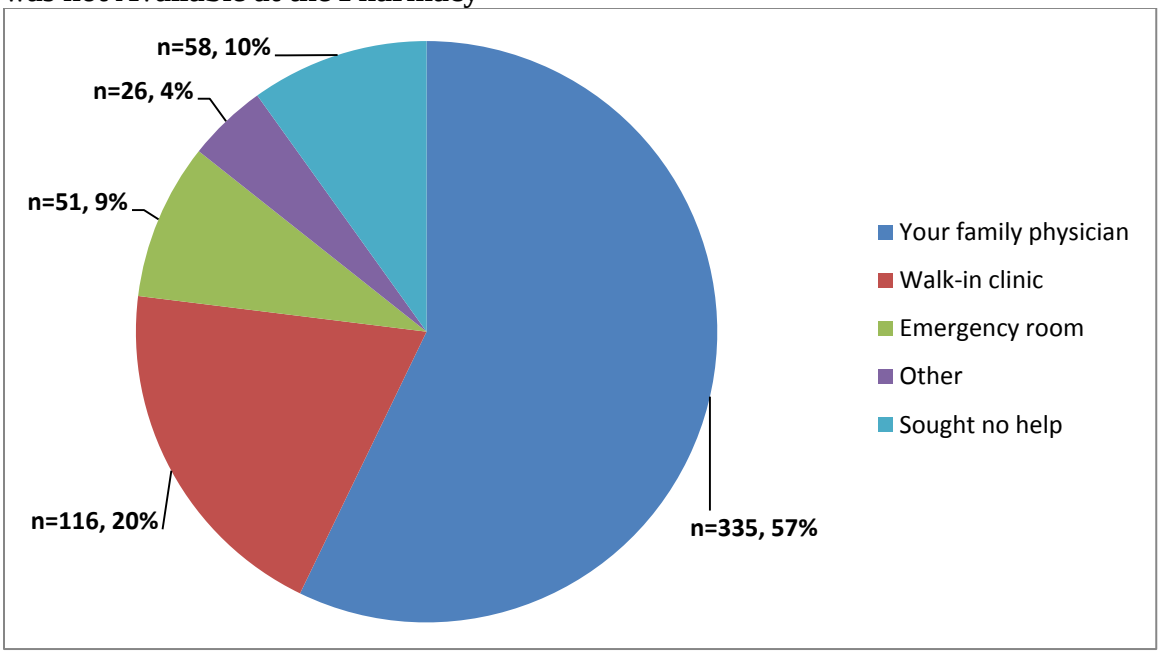
> *Good program - takes pressure of the doctors and keeps seniors like me out of waiting room line-ups.*
>
> *I feel this service is a great service to the public. Sometimes you need to get assistance right away. If this service was not available the public suffers and would have long waiting times for an appointment with their doctors (which some people do not have) or wait for hours in an out-patient department.*
>
> *I really hope to see this service continue in NS. It will help decrease wait time in ER for people who really need to see a doctor, and in my opinion, this service will be beneficial for so many people, especially those who do not have a family doctor.*
>
> *It is better care sooner.*
>
> *The issue of doctor shortage, long wait time at the emergency department, etc. really curtails our access to health care. It is a very critical situation . . . having access to a few minor ailment prescriptions by the pharmacist is a help.*

The Right Provider for the Health Need

Findings from the patient satisfaction survey demonstrate that offering the minor ailment assessment and prescribing service can result in more efficient delivery and use of health care services. Most patients indicated they would have either seen their family physician (57%, n= 335 of 586) or attended a walk-in clinic (20%, n=116 of 586). This

demonstrates that the provision of the minor ailment assessment and screening service could help to reduce some of the demand on busy family physicians. In addition, 9% of patients indicated that they would have gone to an emergency room to seek care (see Figure 5 for all answers to this question). Given that all of these patients were treated for minor ailments, receiving care in the emergency room is likely not the most efficient way to use health care resources to meet their health needs.

Figure 5: Where Patients Would have Gone for Care if the Minor Ailment Service was not Available at the Pharmacy



A greater proportion of patients who were young (18 and under) or older (over 80) said they would use the emergency room than those in other age groups (see Table 5 below). A greater proportion of patients 51-80 years old said they would see their family physician than those in other age groups.

Table 5: Where Patients Would have Gone for Care by Age

Where would you have gone for care if the minor ailment service was not available at the pharmacy?	Age					
	18 and under (N=63)	19-35 (N=91)	36-50 (N=125)	51-65 (N=171)	66-80 (N=119)	over 80 (N=17)
Emergency room	13% (n=8)	7% (n=6)	10% (n=13)	8% (n=9)	8% (n=9)	12% (n=2)
Other	2% (n=1)	5% (n=5)	8% (n=10)	4% (n=7)	3% (n=3)	0% (n=0)
Sought no help	6% (n=4)	9% (n=8)	8% (n=10)	12% (n=20)	10% (n=12)	24% (n=4)
Walk-in clinic	27% (n=17)	29% (n=26)	24% (n=17)	17% (n=26)	10% (n=30)	12% (n=2)
Your family physician	52% (n=33%)	51% (n=46)	50% (n=33)	60% (n=46)	70% (n=62)	53% (n=9)
	100%	**100%**	**100%**	**100%**	**100%**	**100%**

Some patients themselves indicated that they felt that the pharmacist-led minor ailment assessment and prescribing service would be a more efficient use of health care resources; would alleviate the burden of care for minor ailments for physicians so that they would have more time to address more urgent needs; and would help to improve the overall health system in Nova Scotia.

I personally think that it is a very good step in the proper direction. It will help people that need medical attention and the more serious ailments be attended by a family physician quicker and free up some time in a doctor's office or the ER department.

I think this program is awesome. It would reduce doctor visits for small problems and they would have more time to deal with patients with serious health care issues. This is long overdue, a big thank you.

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

This is a wonderful program (minor ailment prescribing) it should be in effect in every province and territory in Canada. This could help with some of the stress and business of family doctors and could decrease the amount of minor ailment visits to the emergency room.

This service will cut down emergency room waiting time, doctors office wait time for minor ailments
This service would free up other areas of health care and provide faster service for those needed services from these other areas of health care. As well, by being easier to access more people would likely seek advice on their minor ailment and perhaps because of earlier and faster diagnosis and treatment, these minor ailments would not develop into perhaps more serious conditions. Also the minor ailment may, in fact, be diagnosed or something more significant that first though and thereby channel the individual into another area of healthcare service that, if the ailment went un-diagnosed, the patient may not otherwise seek to receive.

I feel that the program is a wonderful idea. This would surely remove the back log in all areas of the health system. I am quite sure giving the pharmacist even more responsibility would help remove the strain placed on doctors' offices, emergencies and clinics. This program could be funded by the government by simply transferring what expense it is to doctors or emergency centers to the pharmacist. What the doctors charges; the pharmacy could charge to the government, or what expense it costs the emergency center could be charged to the government. It is silly not to give the pharmacist more responsibility because knowing what medication works best could save as many as 3 trips or more to the doctor's office. This program would certainly save money by reducing backlog and getting the proper prescription the first time rather than going through trial and error basis.

Conclusion & Recommendations

Conclusion

The purpose of this evaluation was to assess the outcomes of the *Provision of Minor Ailment Services in the Pharmacy Setting Pilot Study*. Overall, the study was a success, recruiting over a 1,000 patients to receive the minor ailment service from 27 pharmacies of various types located all across Nova Scotia. Supports such as training, treatment resources, and promotional materials contributed to this success, as did several other facilitating factors such as the cost of the service being covered by PANS and changes in pharmacy work flow to facilitate integration of the assessment service.

Study participants experienced a few challenges, particularly in terms of integrating the service into work flow and a lack of patient recruitment from physicians. However, participants were generally able to identify ways to overcome these challenges, such as continuing to build relationships with physicians and other primary care providers. While challenges did occur, the pilot study was successful in demonstrating achievement of the desired outcomes: the study helped to increase the comfort and confidence of pharmacists in providing the minor ailment assessment and prescribing service; the study demonstrated that the model is portable across different pharmacy settings in Nova Scotia; and the minor ailment assessment and prescribing service can help to improve efficiencies in health care utilization, ensuring that patients are able to access health care sooner.

The following section provides recommendations for moving forward with provision of the minor ailment assessment and prescribing service across Nova Scotia.

Recommendations

❖ Expand the Provision of Minor Ailment Assessment and Prescribing Services across Nova Scotia

The pilot study demonstrated that the minor ailment assessment and prescribing service resulted in an increased ability to conduct the minor ailment assessments in the pharmacy setting; increased awareness of the value pharmacists provide in the provision of minor ailment services by stakeholders and patients; and increased efficiencies in health care utilization. Therefore it is recommended that the minor ailment service be supported and expanded so that it is offered consistently across Nova Scotia. This is also a way for Nova Scotia to continue to demonstrate leadership in implementing an expanded scope of practice for pharmacists.

❖ Provide Pharmacies with Appropriate Supports and Resources

Pharmacists participating in the pilot study found the supports and resources provided were helpful in getting started with the minor ailment assessment and prescribing service. The supports that were most helpful were patient recruitment materials (brochures, signs, etc.), and treatment algorithms (e.g. RxFiles, e-Therapeutics, Saskatchewan Minor Ailments Guidelines, etc.). It will therefore be important to provide similar supports and resources to support provision of the service across Nova Scotia. For example, PANS may want to develop treatment algorithms for each of the 31 minor ailments as a support and information resource for pharmacists. Pharmacies could also benefit from supports and strategies to assist them with integrating conducting the assessment into their work flow.

❖ Promote the Minor Ailment Assessment and Prescribing Service to Patients

In order to continue to inform Nova Scotians about the minor ailment assessment and prescribing service, the service should continue to be promoted through various channels (e.g., television advertising, print materials, in-store advertising, etc.). In addition, it is important that the promotion of the service come from multiple channels, including government. The minor ailment assessment and prescribing service should form part of a broader shift in thinking about the pharmacist as someone who is part of a patient's health care team, and this message should come from those who already trusted health care providers.

❖ Reduce the Out-of-pocket Cost to Patients of Receiving Minor Ailment Assessment and Prescribing Services

While some patients were willing to pay out of pocket for the minor ailment assessment and prescribing service, the cost was seen as a barrier to accessing the service, particularly for those with low or fixed incomes. Patients and providers felt strongly that the cost of the service should be covered by government. Even some patients who were willing to pay the out-of-pocket costs themselves indicated that they would like to see the cost covered in order to reduce barriers for others.

Appendix A: List of Minor Ailments

Pharmacists in Nova Scotia can assess and prescribe for the following minor ailments:

- Dyspepsia (indigestion)
- Gastro-esophageal Reflux Disease (acid reflux)
- Nausea
- Non-infectious Diarrhea
- Hemorrhoids
- Allergic Rhinitis
- Cough
- Nasal Congestion
- Sore Throat
- Mild Headache
- Minor Muscle Pain
- Minor Joint Pain
- Minor Sleep Disorders
- Dysmenorrhea (menstrual cramps)
- Emergency Contraception
- Xerophthalmia (dry eyes)
- Oral Ulcers
- Oral Fungal Infection (thrush)
- Fungal Infections of the Skin (such as Athlete's Foot)
- Vaginal Candidiasis (yeast infection)
- Threadworms and Pinworms
- Herpes Simplex (cold sores)
- Contact Allergic Dermatitis (skin reaction from coming into contact with an allergy)
- Mild Acne
- Mild to Moderate Eczema
- Mild Urticaria (including bites and stings) (hives)
- Impetigo
- Dandruff
- Calluses and Corns
- Warts (excluding facial and genital)
- Smoking Cessation

Appendix B: Data Collection Tools

Focus Group Guides

❖ Pharmacist Focus Group – Mid-term Evaluation

Introduction and Purpose
As you are aware, the Pharmacy Association of Nova Scotia (PANS) is leading the development, implementation and evaluation of a pilot study addressing minor ailment prescribing. Minor ailments are health conditions that can be managed with minimal treatment and/or self-care strategies, and patients with these ailments have traditionally been assessed and provided treatment recommendations within the practice of pharmacy. This pilot study is expected to expedite the implementation of advising and prescribing for minor ailments at the pharmacy level; provide meaningful metrics to assist in building a case with third party payers and government to reimburse pharmacists for the provision of prescribing and counseling services; and educate and enhance the understanding of patients of the role of the pharmacist as a key member of their health care team and their expanding scope of practice.

In order to better understand the process and outcomes related to the Provision of Minor Ailment Services pilot study, an evaluation is being conducted by Research Power Inc. Data for the evaluation will include various sources of data: focus groups with pharmacists and pharmacy owners, as well as analysis of the quantitative data gathered during the study.

The purpose of this focus group is to gather your feedback about the progress, success, and challenges of the pilot study thus far. To help with the analysis of the information, I would like to audio record and transcribe this focus group. The responses that you provide will only be reported in aggregate (summed together), and although individual responses may be used as quotations in the final report, you will not be personally identified.

Do you have any questions?

Do you consent to participate in the focus group?
___Yes ___No

Do I have your permission to record the focus group?
___Yes ___No (Ask if you can take notes if permission to record is not given)

Focus Group Discussion
The moderator will outline the process for the remainder of the session, including time required and procedures for telephone focus groups.

The moderator will begin the focus group discussion, using the scripts and questions outlined below. Items in italics are scripts for the moderator.

Questions

1. Are you satisfied with the pilot study so far? Why or why not?

Probes:
- What have been the greatest accomplishments or successes of the pilot study so far?
- What have been the greatest challenges? How could those challenges be overcome?
- Are there any aspects of the pilot study that you would like to see further developed? Is there anything missing from the study?

2. Are you satisfied with the training and orientation you received at the beginning of the pilot study? Why or why not?

Probes:
- What did you like most about the training and orientation? What elements were most helpful?
- How could the training and orientation be improved?
- Are there any additional skills or knowledge that would help you in addressing and prescribing for minor ailments that could have been addressed in the training? Please describe.

3. Are you satisfied with the supports you have received from the pilot study? Why or why not?

Probes:
- What supports have been most helpful?
- How could supports be improved? Are there any additional supports that would help you in addressing and prescribing for minor ailments? Please describe.

4. Are you satisfied with the tools and resources you have received from the pilot study? Why or why not?

Probes:
- What tools or resources have been most helpful?
- How could the tools and resource be improved? Are there any additional tools or resources that would help you in addressing and prescribing for minor ailments? Please describe.

5. What recruitment strategies have been used to recruit patients to the pilot study (shelf talker; MD lunch and learn; newspaper article; bag stuffers, other)?

Probes
- How satisfied are you with the patient recruitment activities that have been conducted so far?
- What have been the greatest successes with the patient recruitment? Which strategies have been most effective in recruiting patients?
- What have been the greatest challenges with the patient recruitment? How could the patient recruitment be improved?

6. How easy or difficult has it been to integrate conducting minor ailment assessments into your daily work flow?

Probes
- What has facilitated the integration of minor ailment assessments into your daily work flow?
- What has been challenging about the integration of minor ailment assessments into your daily work flow? How could integration be improved?
- What other supports could be provided to help integrate minor ailment assessments into your daily work flow?

7. How, if at all, has your participation in this pilot study affected your level of confidence in conducting minor ailment assessments?

Probes
- What was most important in helping to increase your level of confidence?
- What other supports could be provided to help increase your level of confidence?

8. Do you have any additional feedback you would like to share?

Thank you very much for your participation in this focus group.

❖ Pharmacist Focus Group – Final Evaluation

Introduction and Purpose

As you are aware, the Pharmacy Association of Nova Scotia (PANS) has engaged Research Power Inc. (RPI) (a health and research consulting company) to conduct an evaluation of the Provision of Minor Ailment Services pilot study. Data for the evaluation is being collected via various data collection sources including focus groups with pharmacists and pharmacy owners and analysis of the quantitative data gathered during the study.

The purpose of this focus group is to gather your feedback about the outcomes of the pilot study. To help with the analysis of the information, I would like to audio record and transcribe this focus group. The responses that you provide will only be reported in aggregate (summed together), and although individual responses may be used as quotations in the final report, you will not be personally identified.

Do you have any questions?

Do you consent to participate in the focus group?
___Yes ___No

Do I have your permission to record the focus group?
___Yes ___No (Ask if you can take notes if permission to record is not given)

Focus Group Discussion
The moderator will outline the process for the remainder of the session, including time required and procedures for telephone focus groups.

The moderator will begin the focus group discussion, using the scripts and questions outlined below. Items in italics are scripts for the moderator.

Questions

1. Thinking about the pilot study overall, are you satisfied with the pilot study? Why or why not?

Probes:
- What were the greatest accomplishments or successes of the pilot study?
- What were the greatest challenges? How could those challenges be overcome?

2. How, if at all, has the pilot study benefitted you as a pharmacist? How has it benefitted patients?

3. Thinking of the patients you saw for the minor ailment assessment and prescribing service over the course of the pilot study, please describe how you think patients perceived the service.

Probes
- Did the patients seem comfortable receiving the service? Why or why not?
- Did patients describe or imply any barriers that they faced in accessing the service? If so, were you able to address these barriers? Please describe.
- Did you receive any direct feedback (positive or negative) from patients about the service? Please describe.

4. Thinking about the pilot study overall, how satisfied are you with patient recruitment?

Probes
- What were the greatest successes with the patient recruitment? Which strategies were most effective in recruiting patients?
- What were the greatest challenges with the patient recruitment? How could patient recruitment be improved?

5. Since the time of the process evaluation, has your level of satisfaction with the supports, tools and resources provided through the pilot study changed? If so, please describe.

Probes:
- Are there any additional supports that would help you in assessing and prescribing for minor ailments? Please describe.

6. Since the time of the process evaluation, has it become easier or more difficult to integrate conducting minor ailment assessments into your daily work flow?

Probes
- What facilitated the integration of minor ailment assessments into your daily work flow?

- What was challenging about the integration of minor ailment assessments into your daily work flow? How could integration be improved?
- Going forward, what other supports would help you to integrate minor ailment assessments into your daily work flow?

7. How, if at all, has collaboration with other health care providers (e.g. physicians, other pharmacists) changed as a result of the pilot study?

Probes
- What type of collaboration has taken place?
- What has been challenging about collaboration? How could collaboration be improved?
- What other supports could be provided to help support collaboration?

8. Since the time of the process evaluation, has your level of confidence in conducting minor ailment assessments changed? If so, please describe.

Probes
- What was most important in helping to increase your level of confidence?
- What other supports could be provided to help increase your level of confidence?

9. Do you expect to continue offering minor ailment assessment and prescribing services? Why or why not?

Probes:
- How can minor ailment assessment and prescribing services be promoted to patients?
- What supports do pharmacies need to continue or start offering minor ailment assessment and prescribing services? Who should provide these supports?

10. Do you have any additional feedback you would like to share?

Thank you very much for your participation in this focus group.

❖ Pharmacy Owners/Associates – Final Evaluation

Introduction and Purpose

As you are aware, the Pharmacy Association of Nova Scotia (PANS) is leading the development and implementation of a pilot study addressing minor ailment assessment and prescribing. In order to better understand the process and outcomes related to the Provision of Minor Ailment Services pilot study, an evaluation is being conducted by Research Power Inc. Data for the evaluation will include various sources of data: focus groups with pharmacists and pharmacy owners, as well as analysis of the quantitative data gathered during the study.

The purpose of this focus group is to gather your feedback about the pilot study. To help with the analysis of the information, I would like to audio record and transcribe this focus group. The responses that you provide will only be reported in aggregate (summed together), and although individual responses may be used as quotations in the final report, you will not be personally identified.

Do you have any questions?

Do you consent to participate in the focus group?
___Yes ___No

Do I have your permission to record the focus group?
___Yes ___No (Ask if you can take notes if permission to record is not given)

Focus Group Discussion

The moderator will outline the process for the remainder of the session, including time required and procedures for telephone focus groups.

The moderator will begin the focus group discussion, using the scripts and questions outlined below. Items in italics are scripts for the moderator.

Questions

1. Are you satisfied with the pilot study? Why or why not?

Probes:
- What were the greatest accomplishments or successes of the pilot study?
- What were the greatest challenges? How could those challenges be overcome?

2. How confident are you that conducting the minor ailment assessment and prescribing service can be effectively integrated into the daily work flow of a pharmacy?

Probes
- What can facilitate the integration of minor ailment assessment and prescribing services into the daily work flow?
- What is challenging about the integration of minor ailment assessment and prescribing services into daily work flow? How could those challenges be overcome?

3. Do you plan to continue offering minor ailment assessment and prescribing services at your pharmacy? Why or why not?

Probes:
- How can minor ailment assessment and prescribing services be promoted to patients?
- What supports do pharmacies need to continue or start offering minor ailment assessment and prescribing services? Who should provide these supports?

4. What are the challenges in the portability of the minor ailment assessment and prescribing service to pharmacies across Nova Scotia?

Probes
- How can these challenges be overcome?

5. From your perspective, is the provision of minor ailment assessment and prescribing service an adequate revenue stream for pharmacies? Why or why not?

Probes
- Are there any challenges to revenue generation? If so, how can these be overcome?

6. Do you have any additional feedback you would like to share?

Thank you very much for your participation in this focus group.

❖ PANS Project Team – Final Evaluation

Introduction and Purpose
In order to better understand the process and outcomes related to the Provision of Minor Ailment Services pilot study, an evaluation is being conducted by Research Power Inc. Data for the evaluation will include various sources of data: focus groups with pharmacists and pharmacy owners, as well as analysis of the quantitative data gathered during the study.

The purpose of this focus group is to gather your feedback about the successes and challenges of the pilot study. To help with the analysis of the information, I would like to audio record and transcribe this focus group. The responses that you provide will only be reported in aggregate (summed together), and although individual responses may be used as quotations in the final report, you will not be personally identified.

Do you have any questions?

Do you consent to participate in the focus group?
___Yes ___No

Do I have your permission to record the focus group?
___Yes ___No (Ask if you can take notes if permission to record is not given)

Focus Group Discussion
The moderator will outline the process for the remainder of the session, including time required and procedures for telephone focus groups.

The moderator will begin the focus group discussion, using the scripts and questions outlined below. Items in italics are scripts for the moderator.

Questions

1. Are you satisfied with the pilot study? Why or why not?

Probes:
- What were the greatest accomplishments or successes of the pilot study?
- What were the greatest challenges? How could those challenges be overcome?

2. How satisfied are you with the development and implementation of the pilot study? What worked well in developing the pilot study? What was challenging

Probes:
- What worked well in developing and implementing the pilot study?
- What was challenging about developing and implementing the pilot study? How could those challenges be overcome?

3. How satisfied are you with participant recruitment to the pilot study?

Probes:
- How could recruitment have been improved?

4. How, if at all, has collaboration with health care stakeholder groups changed as a result of the pilot study?

Probes
- What type of collaboration has taken place?
- What has been challenging about collaboration? How could collaboration be improved?
- What other supports could be provided to help support collaboration?

5. What lessons have been learned in relation to the provision of pharmacist-led minor ailment services in Nova Scotia?

Probes
- What lessons have been learned regarding the critical supports needed by pharmacists to implement this service? Who should provide these supports?
- What lessons have been learned regarding patient use of the minor ailment assessment and prescribing service?
- What lessons have been learned regarding collaboration?

6. What are the challenges in the portability of the minor ailment assessment and prescribing service to pharmacies across Nova Scotia and the opportunity for the service to be a significant revenue generator?

Probes
- How can these challenges be overcome?

7. Do you have any additional feedback you would like to share?

Thank you very much for your participation in this focus group.

❖ Physicians – Final Evaluation

Introduction and Purpose

As you may be aware, the Pharmacy Association of Nova Scotia (PANS) is leading the development, implementation and evaluation of a pilot study addressing minor ailment prescribing, the Provision of Minor Ailment Services in the Pharmacy Setting Pilot Study. In total, approximately 1,000 patients were recruited to participate in this study offered through pharmacies across the province In order to better understand the outcomes related to this study, an evaluation is being conducted by Research Power Inc. (RPI), a health and research consulting company based in Dartmouth, NS. Data for the

evaluation is being collected via various data collection sources including focus groups with physicians, pharmacists, and pharmacy owners and analysis of the quantitative data gathered during the study.

As a physician who may have referred patients to pharmacies participating in the pilot study, your feedback is extremely valuable. The purpose of this focus group is to gather your feedback about the Provision of Minor Ailment Services in the Pharmacy Setting Pilot Study. To help with the analysis of the information, I would like to audio record and transcribe this focus group. The responses that you provide will only be reported in aggregate (summed together), and although individual responses may be used as quotations in the final report, you will not be personally identified.

Do you have any questions?

Do you consent to participate in the focus group?
___Yes ___No

Do I have your permission to record the focus group?
___Yes ___No (Ask if you can take notes if permission to record is not given)

Focus Group Discussion
The moderator will outline the process for the remainder of the session, including time required and procedures for telephone focus groups.

The moderator will begin the focus group discussion, using the scripts and questions outlined below. Items in italics are scripts for the moderator.

Questions

1. Did you refer patients to the minor ailment assessment and prescribing service provided by the pharmacist?

2. Would you refer your patients to a pharmacist providing the minor ailment prescribing service? Why or why not?

Probes:
- If you would not refer your patients, is there anything that would help to change your mind?
- Do you have any suggestions for ways in which physicians and patients can be better informed about the minor ailment assessment and prescribing services?

3. Please describe how, if at all, the minor ailment assessment and prescribing service provided by the pharmacist was beneficial to your patients and/or to yourself as a physician.

Probes:
- If the service was not beneficial to you and/or your patients, please explain why not.

- Are you aware of any challenges related to the provision of this service? How could those challenges be overcome?

4. Please describe the level of collaboration with the pharmacist(s)/pharmacy team members around the provision of minor ailment assessment and prescribing services to your shared patient.

Probes:
- Were there any challenges to collaboration? If so, how could those challenges be overcome?

5. When a pharmacist issues a prescription through the minor ailment assessment and prescribing service, the College of Pharmacists requires that a notification form is sent to the patient's physician outlining what was prescribed and why. Do you recall receiving any of these notification forms?

Probes:

If they recall getting the form:
- Was the information provided on the notification form useful? Why or why not?
- Was the notification form added to the patient's chart?

6. Please describe how, if at all, the pharmacist-led minor ailment assessment and prescribing service helped your patient gain access to health care sooner.

7. What are the greatest challenges in increasing uptake of pharmacist-led minor ailment assessment and prescribing services?

Probes:
- Will there be challenges in getting referrals from physicians? If so, how can those challenges be overcome?

8. Do you have any additional feedback you would like to share?

Thank you very much for your participation in this focus group.

Data collection Form

Patient ID#: _____

Pharmacist Name: _____

PANS Minor Ailment Pilot Study: Data Collection Form

Name:	Gender: M ☐ F ☐
Address:	Postal Code:
DOB: (mm/dd/yyyy)	Referral: Self ☐ Doctor ☐ Pharmacist ☐ Other: ☐

Reminder: Obtain consent for Minor Ailments Service Provision and Consent for study.

Existing Patient?

Yes ☐ If yes, allergy, medications reviewed and updated ☐

No ☐ Allergies: _____

Medications: _____

_____

Medical Conditions: _____

_____

Assessment: (if a disease specific assessment tool is used instead, please attach)

Date of Assessment: _____ (mm/dd/yyyy)

Notes: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

1

Patient ID#: _____

Pharmacist Name: _____

Minor Ailment Type: _____

Assessment Outcome: Prescription Provided ☐ Referral ☐ OTC Recommended ☐

Complete Pharmacist Prescribing Notification & Send if Prescription is Provided or Referral Recommended: Sent ☐

Time to Complete to Assessment: _____ (minutes)

Follow-up

Date of Follow-up: _____ (mm/dd/yyyy) Time to Complete Follow-up: _____ (minutes)

Minor Ailment Status: Satisfactorily Resolved: ☐ Not Satisfactorily Resolved: ☐

NOTE: Pharmacist Monitoring Results Notification Reporting in Accordance with Professional Standards

Patient Satisfaction Survey

Patient ID #: _____

Pharmacy Association of Nova Scotia (PANS) Minor Ailments Pilot Study

Patient Satisfaction Questionnaire

Thank you for participating in the PANS Minor Ailments Pilot Study. Your participation has enabled the Pharmacy Association of Nova Scotia (PANS) to evaluate the patient benefits of pharmacist led minor ailment services. An important part of the evaluation is obtaining feedback on your experience in receiving minor ailment services from your pharmacist. We have developed a brief questionnaire that we would like you to complete. Please note that your responses will be kept confidential. Thank you in advance for your time and feedback.

Please indicate your response to each question by circling **one** of the responses options provided for each question. If we ask you to explain your answer, please note it in the space provided.

1. **Was the minor ailment assessment and prescribing service provided by the pharmacist beneficial to you?**

Very Beneficial	Beneficial	Somewhat Beneficial	Neutral	Not Beneficial

2. **Where would you have gone for care if the minor ailment service was not available at the pharmacy?**

Your family physician	Walk-in clinic	Emergency Room	Other	Sought no help

If your answer is **Other** to question 2, please explain below:

_____

_____

3. **Did the minor ailment assessment and prescribing service help you gain access to health care sooner?**

Yes No

4. **Would you use the pharmacist led minor ailment assessment and prescribing service again?**

Yes No

In the space provided below, please explain your answer. That is, if you answered **Yes**, explain why you would use this pharmacy service again. If you answered **No**, explain why you would not use this pharmacy service again.

Yes, I would use this pharmacy service again because…….

_____

_____

No, I would not use this pharmacy service again because……

_____

_____

5. **Would you pay for this pharmacy service if the cost was not covered by the government or third party insurance?**

Yes No

In the space provided below, please explain your answer. That is, if you answered **Yes**, explain why you would pay for this pharmacy service. If you answered **No**, explain why you would not pay for this pharmacy service.

Yes, I would pay for this pharmacy service if the cost was not covered because…….

_____

_____

Please indicate how much you would be willing to pay for this service if the cost was not covered (enter $ amount) _____.

No, I would not pay for this pharmacy service if it was not covered because.....

_____

_____

6. **Please provide any further feedback that you think is important to share in the evaluation of the PANS Minor Ailments Pilot Study.**

_____

_____

_____

_____

Thank you for completing this questionnaire and contributing to the evaluation of the Pharmacy Association of Nova Scotia Minor Ailments Pilot Study!

Appendix C: Data Tables

❖ Descriptive Statistics

Participating Pharmacies

Type of Pharmacy	n	%
Banner	14	52%
Chain	13	48%
Total	**27**	**100%**

Rural/urban	n	%
Urban	14	52%
Rural	13	48%
Total	**27**	**100%**

Geographic Location	n	%
HRM	11	41%
Central	4	15%
Valley	4	15%
Cape Breton	3	11%
Hants	2	7%
South Shore	2	7%
Guysborough/ Eastern Shore	1	4%
Total	**27**	**100%**

Patients Recruited

Recruitment by Gender	n	%
Female	644	64%
Male	358	36%
Total	**1002**	**100%**

Recruitment by Age	n	%
18 and under	126	13%
19-35	213	21%
36-50	232	23%
51-65	243	24%
66-80	161	16%
over 80	26	3%
Total	**1001**	**100%**

	Males		Females		Total	
Recruitment by Age & Gender	**n**	**%**	**n**	**%**	**n**	**%**
18 and under	56	16%	70	11%	126	13%
19-35	73	20%	140	22%	213	21%
36-50	70	20%	162	25%	232	23%
51-65	87	24%	156	24%	243	24%
66-80	62	17%	99	15%	161	16%
over 80	10	3%	16	2%	26	3%
Total	**358**	**100%**	**643**	**100%**	**1001**	**100%**

Recruitment by Location	n	%
HRM	366	37%
Central	189	19%
Valley	152	15%
Cape Breton	110	11%
South Shore	99	10%
Hants	57	6%
Guysborough/ Eastern Shore	29	3%
Total	**1002**	**100%**

Recruitment by urban/rural	n	%
Urban	545	54%
Rural	457	46%
Total	**1002**	**100%**

Recruitment by Store Type	n	%
Banner	504	50%
Chain	498	50%
Total	**1002**	**100%**

Referrals

Referral Source	n	%
Patient Self-referral	517	52%
Pharmacist Recruitment	430	43%
Other	37	4%
Physician Office	18	2%
Total	**1002**	**100%**

Other Sources	n	%
Friend/Family member	15	41%
Store Staff	9	24%
Healthcare Provider	9	24%
Promotions	2	5%
Fellow patient	2	5%
Total	**37**	**100%**

Type of Minor Ailment

Minor Ailment	n	%
Herpes Simplex	167	16.7%
Allergic Rhinitis	149	14.9%
Mild to Moderate Eczema	63	6.3%
Fungal Infections of the Skin	62	6.2%
Gastro-ecophageal Reflux Disease	60	6.0%
Vaginal Candidiasis	59	5.9%
Contact Allergic Dermatitis	58	5.8%
Mild Urticaria (including bites and stings)	56	5.6%
Minor Muscle Pain	56	5.6%
Oral Fungal Infection (thrush)	48	4.8%
Hemorrhoids	43	4.3%
Oral Ulcers	39	3.9%
Xerophthalmia (dry eyes)	32	3.2%
Mild Acne	26	2.6%
Minor Sleep Disorders	20	2.0%
Impetigo	17	1.7%

Minor Ailment	n	%
Threadworms and Pinworms	10	1.0%
Sore Throat	8	0.8%
Cough	5	0.5%
Non-infectious Diarrhea	5	0.5%
Dysmenorrhea	4	0.4%
Calluses and Corns	3	0.3%
Dandruff	3	0.3%
Mild Headache	2	0.2%
Nasal Congestion	2	0.2%
Nausea	2	0.2%
Warts (excluding facial and genital)	2	0.2%
Smoking Cessation	1	0.1%
Total	**1002**	**100%**

Assessments

Assessment Time	
Max	45
Min	3
Average	14
Mode	15

Assessment Outcomes	n	%
Prescription provided	936	93.4%
OTC recommended	45	4.5%
Referral made	17	1.7%
Nothing done	4	0.4%
Total	**1002**	**100.0%**

Follow Up Assessments

Follow Up Time	
Max	25
Min	1
Average	5
Mode	5

Follow Up Outcomes	n	%
Not Satisfactorily Resolved	99	11.4%
Satisfactorily Resolved	772	88.6%
Sub-Total (follow up completed)	**871**	**86.9%**
Unable to contact	110	
No response	21	
Sub-Total (no follow up completed)	**131**	**13.1%**
Total all patients	**1002**	

❖ Patient Satisfaction Survey

Patient Satisfaction Survey

Total Surveys Completed: **587**
Response Rate: **59%**

1. Was the minor ailment assessment and prescribing service provided by the pharmacist beneficial to you?	n	%
Very Beneficial	464	79%
Somewhat Beneficial	18	3%
Beneficial	98	17%
Neutral	4	1%
Not Beneficial	1	0%
Total	585	100%

2. Where would you have gone for care if the minor ailment service was not available at the pharmacy?	n	%
Your family physician	335	57%
Walk-in clinic	116	20%
Sought no help	58	10%
Emergency room	51	9%
Other	26	4%
Total	**586**	**100%**

3. Did the minor ailment assessment and prescribing service help you gain access to health care sooner?	n	%
Yes	556	95.5%
No	26	4.5%
Total	**582**	**100.0%**

4. Would you use the pharmacist led minor ailment assessment and prescribing service again?	n	%
Yes	578	99.0%
No	6	1.0%
Total	**584**	**100.0%**

5. Would you pay for this pharmacy service if the cost was not covered by the government or third party insurance?	n	%
Yes	408	70.1%
No	174	29.9%
Total	**582**	**100.0%**

Please indicate how much you would be willing to pay for this service if the cost was not covered (enter $ amount)	
Max	$ 120.00
Min	$ 3.00
Average	$ 18.95
Mode	$ 20.00

Willingness to Pay by Age	Average
18 and under (n=48)*	$20.14
19-35 (n=54)	$22.97
36-50 (n=85)	$18.20
51-65 (n=102)	$17.88
66-80 (n=57)	$16.93
over 80 (n=11)	$20.68
Overall	**$18.95**

Where would you have gone for care if the minor ailment service was not available at the pharmacy?	Age					
	18 and under (N=63)	19-35 (N=91)	36-50 (N=125)	51-65 (N=171)	66-80 (N=119)	over 80 (N=17)
Emergency room	13% (n=8)	7% (n=6)	10% (n=13)	8% (n=9)	8% (n=9)	12% (n=2)
Other	2% (n=1)	5% (n=5)	8% (n=10)	4% (n=7)	3% (n=3)	0% (n=0)
Sought no help	6% (n=4)	9% (n=8)	8% (n=10)	12% (n=20)	10% (n=12)	24% (n=4)
Walk-in clinic	27% (n=17)	29% (n=26)	24% (n=17)	17% (n=26)	10% (n=30)	12% (n=2)
Your family physician	52% (n=33%)	51% (n=46)	50% (n=33)	60% (n=46)	70% (n=62)	53% (n=9)
	100%	**100%**	**100%**	**100%**	**100%**	**100%**