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## Evaluation of the Provision of Minor Ailment Services in the Pharmacy Setting Demonstration Project - Final Evaluation

Prepared for:  
Pharmacy Association of Nova Scotia (PANS)

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# 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.<sup>1</sup> 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 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* with 27 pharmacies. Based on the positive results of the pilot study, a demonstration project was conducted to engage more pharmacies. A brief description of the pilot study and findings is provided below, followed by a description of the demonstration project.

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<sup>1</sup> 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/bettercaresooneer/docs/Better-Care-Sooner-plan.pdf> (accessed September 18, 2013).

## ❖ Description of the Pilot Study

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, 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.

Pharmacists recruited over 1,000 patients during the study period and the findings revealed that pharmacists specifically targeted recruitment to patients who may require a prescription for a minor ailment rather than an over the counter (OTC) product. Ninety-three percent of assessments resulted in a prescription for a minor ailment. 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. Most of the patients who were able to be contacted for follow up indicated that their concern had been satisfactorily resolved (89%). Ninety-six percent of the patients completing the satisfaction survey indicated that the service was beneficial or very beneficial, and 99% indicated that they would use the service again. Many patients (96%) indicated that they were able to access health care sooner as a result of the minor ailment service and had the service not been available, 90% said they would have sought help elsewhere (family physician 57%, walk-in clinic 20%, emergency room 9% and other 4%). The pilot did not measure if the patient visited both a pharmacist and physician for the same reason and did not analyze the cost of providing this service in a pharmacy verses other health care locations.

## ❖ Description of the Demonstration Project

As a result of the success of the pilot study a one-year demonstration project was launched in May 2015 to implement the minor ailment and prescribing service within more pharmacies across Nova Scotia. The specific objectives of the *Minor Ailments Services in the Pharmacy Setting Demonstration Project* were:

- To demonstrate the benefit of the service (positive outcome/ accessibility);
- To demonstrate the cost of providing the service (to payer and pharmacists);
- To demonstrate demand for the service; and
- To demonstrate the capacity to provide the service.

While the pilot study was implemented and funded through PANS, the demonstration project was co-funded by the Nova Scotia Department of Health (DHW) and Wellness and PANS. A Steering Committee with representatives from the DHW (senior leaders from Pharmaceutical Services, Physician Services, and Primary Health Care), PANS (CEO, Chair of the Board, and Chair of the Economic Committee), and Doctors Nova Scotia provided oversight to the project.

Although the approach to implementation of the service in the demonstration project was similar to the pilot (e.g., invitation process to pharmacies, signed letter of agreement, training sessions in person or online, a manual with all documentation and tools), the enrollment/eligibility criteria was changed in the demonstration project. Whereas the pilot study included all minor ailments except smoking cessation, the number of minor ailments in the demonstration project was restricted to three: skin conditions, cold sores, and allergic rhinitis. In addition, in the demonstration project, only Pharmacare beneficiaries were covered for the service (pharmacies were reimbursed \$20.00 for the service although what individual stores charge for the service varies between \$20.00 and \$30.00); whereas in the pilot study there were no exclusions and pharmacies were reimbursed \$22.50. The demonstration project began in May 2015 with data collected between May 4, 2015 and May 2, 2016.

## Purpose

As with the pilot study, Research Power Inc. (RPI), a health care research firm, was engaged to conduct an evaluation of the *Provision of Minor Ailment Services in the Pharmacy Setting Demonstration Project*. The final evaluation includes quantitative data gathered through the pharmacists' data collection form and a patient survey, and a survey conducted with pharmacists (described in the *Methodology* section of the report). This report presents the evaluation findings from all data sources including descriptive information, and data on process and outcome measures.

# Methodology

## Quantitative Data and Patient Satisfaction Survey

Quantitative data for the evaluation was collected through two instruments: pharmacists conducting the assessments completed a data collection form/log and patients who participated in the demonstration project 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 (i.e. whether a prescription was written), the outcome for the patient (i.e., whether the condition was resolved) and information on patient satisfaction with the service. Copies of the data collection form and patient satisfaction survey are included in Appendix B. Six hundred and fifty patients participated in the demonstration project between May 4, 2015 and May 2, 2016 and are included in this final evaluation. Three hundred and eighty-nine patients (60%) completed the patient satisfaction questionnaire.

## Pharmacist Survey

A survey was conducted with pharmacists and pharmacy owners in order to gather their feedback on the demonstration project. The survey was developed in collaboration with PANS and a copy of the survey is provided in Appendix B. The survey was available online, and was open for three weeks, closing at the end of August 2016. A link to the survey was sent via email to all pharmacies participating in the project (146 pharmacies that recruited at least one patient).

A total of 88 people responded to the survey, for a response rate of 60% (N=146), although not every respondent answered every question on the survey. Both pharmacists and pharmacy owners responded to the survey. Fifty-nine percent of respondents were located in urban areas (n=52 of 88), and the rest (41%, n=36 of 88) were in rural areas.



## Data Analysis

For the analysis of the quantitative data, missing responses were removed from the calculations. Frequencies and descriptive statistics were calculated and correlations were performed for key indicators of interest. The results are presented in the report in table format or as graphs with accompanying text. Thematic analysis was performed on responses to open-ended questions on the survey.

## Considerations

- Quantitative analysis was performed using available data from the pharmacy log and patient satisfaction survey. 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 evaluation statistics is 650 (the total number of patients recruited), unless otherwise indicated.
- Three hundred and ninety patients (60%) completed the patient satisfaction questionnaire, which is a very good 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 389 (the total number of surveys received), unless otherwise indicated.

# Findings

## Project Description and Implementation

### ❖ Participating Pharmacies

Two hundred and thirty pharmacies signed up to participate in the demonstration project and a total of 146 pharmacies recruited at least one client. More than half of the 146 pharmacies (59%, n=86) are banner stores (independently owned) and 41% (n=59) are pharmacies that are part of a larger chain. The pharmacies are from across the province. Approximately half of participating pharmacies (53%, n=77) are in urban locations and the other half (47%, n=68) in rural settings (pharmacies are defined as rural if they are located in a community with a population of less than 10,000 people according to 2011 census data accessed through Statistics Canada's Focus on Geography Series, 2011 Census<sup>2</sup>).

### ❖ Training and Supports for Pharmacies

Eighty-one percent of respondents (n=70) to the pharmacy survey participated in program training, 30% (n=26) in person and 51% (n=44) by video. Those that participated in the training were asked about satisfaction with the training, whether the training increased their understanding about the process and requirements for participating in the demonstration project, and if the training prepared them for minor ailment assessment and prescribing. As depicted in Table 1, the vast majority were satisfied with the training (82%, n=59), and felt that the training had increased their understanding about project requirements (85%, n=61). There was slightly less agreement that the training had prepared them for minor ailment assessment and prescribing (65%, n=46).

<sup>2</sup> Statistics Canada, Focus on Geography Series, 2011 Census, <https://www12.statcan.gc.ca/census-recensement/2011/as-sa/fogs-spg/Index-eng.cfm> (accessed January 7, 2016).

**Table 1: Usefulness of Training**

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Satisfied with the training and orientation	0% (n=0)	1% (n=1)	17% (n=12)	64% (n=46)	18% (n=13)	n=71
Increased my understanding about the process and requirements for project	0% (n=0)	0% (n=0)	15% (n=11)	68% (n=49)	17% (n=12)	<b>n=72</b>
The training and orientation prepared me to offer the service	0% (n=0)	7% (n=5)	28% (n=20)	55% (n=39)	10% (n=7)	<b>n=71</b>

In addition to questions about the training/orientation, the pharmacy survey also asked pharmacists/pharmacy owners whether the tools/resources provided were useful for implementing the minor ailment assessment and prescribing service including the clinical tools and supports (e.g., treatment algorithms), operational supports (e.g., forms, marketing materials, process maps) and program supports (e.g., program manager available in person, online or by phone, online forum, online resources). Table 2 illustrates that the clinical tools and supports were reported as most useful with 77% (n=63) indicating agreement, and program supports were rated least useful with just over half indicating agreement (53%, n=43).

**Table 2: Usefulness of Tools/Resources**

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
The clinical tools and supports were useful	1% (n=1)	1% (n=1)	20% (n=16)	65% (n=53)	12% (n=10)	<b>n=81</b>
The operational supports were useful	1% (n=1)	7% (n=6)	27% (n=22)	54% (n=44)	10% (n=8)	<b>n=81</b>
The program supports were useful	1% (n=1)	4% (n=3)	43% (n=35)	44% (n=36)	9% (n=7)	<b>n=82</b>

### ❖ Service Promotion

Pharmacy survey respondents were asked the methods they used to promote the minor ailment assessment and prescribing service to patients and health care providers. As

illustrated in Table 3, signs and billboards, and staff informing patients about the service were used most often and by the majority (88%, n=72).

**Table 3: How the Service was Promoted**

Methods	% (n)
Signs and billboards in and around the store	88 (n=72)
Pharmacy and/or store staff informing patients about the service	88 (n=72)
Bag stuffers	45 (n=37)
Outreach to family physicians (e.g. lunch and learn, letters, meetings)	15 (n=12)
Social media/online (e.g. website, e-newsletter, Facebook, Twitter)	9 (n=7)
Traditional media (e.g. newspaper article)	4 (n=3)
<b>Total</b>	<b>n=82</b>

The survey respondents were asked which methods were most effective with “pharmacy and/or store staff informing patients about the service” noted by 77% (n=21) as most effective. Twenty-six percent (n=21) felt that signs/billboards in and around the store were effective and less than 10% felt the other methods were effective. Table 4 presents the responses to several other questions related to promotion of the service. As illustrated, the majority used the promotion material provided by PANS (83%, n=66), 84% (n=67) agreed that they would like PANS to continue to support promotion of the service, and 67% (n=54) agreed that support staff helped to promote the service. Fewer respondents agreed that they were satisfied with the promotion of the service done through their pharmacy with just 31% (n=25) agreeing and 38% (n=30) neutral. Survey respondents were also asked if they looked at data such a prior script to help identify patients with the majority (67%, n=53) indicating they had not (i.e., disagreed with the statement).

**Table 4: Service Promotion**

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Used the promotional materials provided by PANS	0% (n=0)	8% (n=6)	10% (n=8)	65% (n=52)	18% (n=14)	<b>n=80</b>
Would like PANS to continue to promote the service.	0% (n=0)	2% (n=2)	14% (n=11)	50% (n=40)	34% (n=27)	<b>n=80</b>
Support staff (e.g.,	1%	10%	21%	55%	12%	<b>n=80</b>
<b>Provision of Minor Ailment Services in the Pharmacy Setting Demonstration Project</b>						<b>9</b>
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Statement	Strongly Disagree (n=1)	Disagree (n=8)	Neutral (n=17)	Agree (n=44)	Strongly Agree (n=10)	Total
pharmacist technicians/ assistants, front store and administrative staff) helped to promote the service						
Satisfied with the promotion of the service done through the pharmacy	4% (n=3)	28% (n=22)	38% (n=30)	30% (n=24)	1% (n=1)	<b>n=80</b>
Looked at data such as prior scripts to help identify patients	23% (n=18)	44% (n=35)	15% (n=12)	15% (n=12)	3% (n=2)	<b>N=79</b>

Survey participants were asked to identify the top three challenges to the promotion of the service and identification of patients. When answering this question, it appears that respondents considered not only the promotion of the service and identification of patients, but also overall implementation of the service. The key themes that emerged are presented in Table 5 along with quotations which illustrate the theme.

**Table 5: Challenges to Service Implementation**

Theme and Description	Quotations Illustrating the Theme
<b><i>Lack of Time and Time Consuming</i></b> (n=31). Project requirements were time consuming (e.g., the paper work, uploading of information on the website, time to prescribe, time to promote the service), and pharmacists and pharmacy staff did not have enough time to implement all of the requirements (e.g., heavy workload, not enough staff)	<i>Staff were not motivated to promote the service because of the excessive time required with our limited staffing. Only 1 pharmacist and 1 technician.</i>  <i>Pharmacists don't have any overlap or free time to provide extra services in today's pharmacy landscape. Maybe if big corporations started using registered techs our time would be freed up.</i>
<b><i>Restrictive Inclusion Criteria</i></b> (n=31): The service was limited to Pharmicare patients, which meant that far fewer patients were eligible to participate/be offered the service. In addition, the fact that the service was limited to just three minor ailments also meant that fewer	<i>The number one challenge was finding patients who met the inclusion criteria for the study. There were multiple times we performed a minor ailment assessment, but either the condition was not for one of the several included and/or the patient was not covered by Pharmicare. I think we could have collected better data for the study if the inclusion criteria were not as strict.</i>

Theme and Description	Quotations Illustrating the Theme
patients were identified.	<p><i>The main problem with the demonstration project was the fact that very limited minor ailments were covered and that they were only covered for Pharmacare patients. It would be much easier and more impactful to be able to offer to any patient with a NS health card if they would benefit from the service; that would take the guesswork out of how you promote the project.</i></p>
<p><b>Paper Work</b> (n=16): Although related to the time consuming theme, the amount of paper work and documentation was specifically identified as a challenge to project implementation. (On the survey respondents were asked to rate their level of agreement with the statement “the amount of paper work required as reasonable” – with 71% (n=53) of respondents disagreeing)</p>	<p><i>The forms were tedious and the physicians complained about receiving so much documentation. The excessive paper work discouraged pharmacists from providing the service</i></p> <p><i>Too much paperwork. Let us just write a script like a doc does and be done with it. The paperwork makes the process too complicated so I avoided prescribing when I was too busy</i></p>
<p><b>Cost of the Service</b> (n=13): Although related to the restrictive inclusion criteria, an additional 13 respondents identified cost of the service as a challenge. For those patients without additional coverage (and who did not meet the Pharmacare criteria), there was a charge for the service which was noted as a challenge to patient participation.</p>	<p><i>Practicing in an urban area with a walk-in clinic above the store, where there is no assessment fee</i></p> <p><i>Patients do not want to pay out of pocket--if they are not Pharmacare they aren't really interested</i></p>
<p><b>Over the Counter (OTC) Alternative</b> (n=6): The fact that there was an OTC drug available for the minor ailments included in the study meant that fewer patients needed or were interested in the service</p>	<p><i>Most of the minor ailments we are allowed to prescribe for can be treated with an OTC so people are less likely to pay for the prescribing service</i></p> <p><i>Having OTC treatments that work well and are appropriate for these same minor ailments</i></p>

Other challenges noted less often (i.e., five or fewer respondents) included: lack of interest among potential clients including patient preference to see their family physician or not wanting to wait for the service (n=5), lack of awareness among the public that pharmacists can prescribe medication for certain ailments (n=4), lack of confidence/comfort with prescribing among some pharmacists (n=3), lack of buy-in among some staff (n= 4), lack of private counselling space (n=1), timing of the project (n=1) (initiated prior to summer when staffing was down; would have been better to initiate in January/February prior to allergy season).

### ❖ Patient Identification and Recruitment

Six hundred and fifty patients (650) were recruited to participate in the demonstration project between May 4, 2015 and May 2, 2016. Stores recruited an average of four patients each over the time period (with a maximum number of 75 patients, and a minimum of one patient recruited by an individual store). Sixty-eight percent of patients (n=443) were recruited by chain stores and the remaining 32% by banner stores. Urban/rural recruitment was also split similarly (see Table 6).

**Table 6: Patient Recruitment by Urban and Rural Pharmacies**

Pharmacy Location	n	%
Urban	414	64%
Rural	236	36%
<b>Total</b>	<b>650</b>	<b>100%</b>

### ❖ Study Participants

Fifty-nine percent (n=355 unique participants) of participants were female. Participants were recruited from all age categories, with the majority (63%, n=367) 66 years or older. That the majority of participants are from the older age categories is anticipated given that eligibility for coverage was restricted to Pharmacare beneficiaries. The age distribution was similar for men and women. The age and gender distribution of participants is presented in Table 7. The total number of individuals included in the age calculation is 584 as correct date of birth information was not available for all respondents.

**Table 7: Participants by Age and Gender**

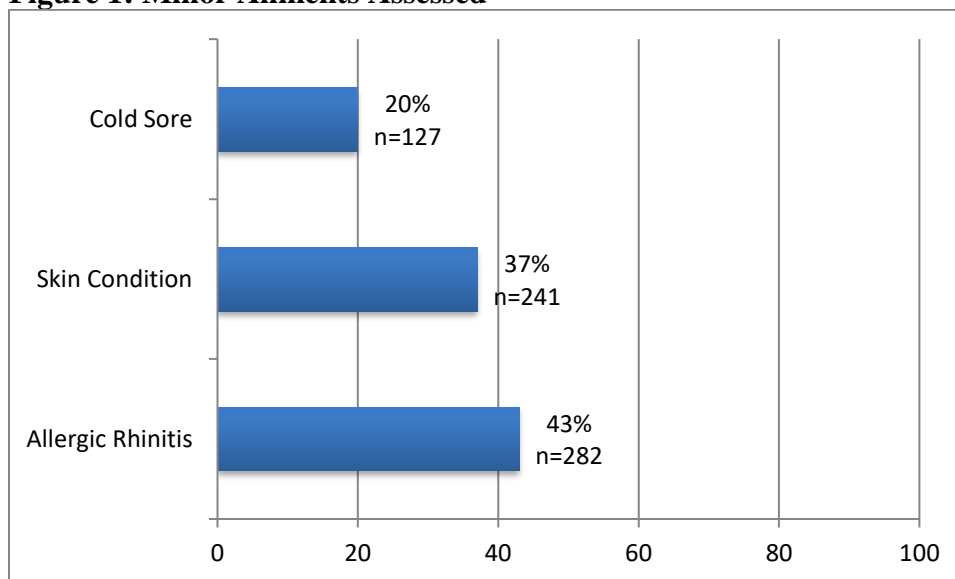
Recruitment by Age & Gender	Males		Females		Total	
	n	%	n	%	n	%
18 and under	14	6%	20	6%	34	6%
19-35	11	5%	29	9%	40	7%
36-50	18	7%	42	12%	60	10%
51-65	35	14%	48	14%	83	14%
66-80	139	57%	165	48%	304	52%
over 80	26	11%	37	11%	63	11%
<b>Total</b>	<b>243</b>	<b>100%</b>	<b>341</b>	<b>100%</b>	<b>584</b>	<b>100%</b>

The majority of patients were recruited by the pharmacist (58%, n=380) or referred themselves to the assessment and prescribing service (39%, n=252). Two percent (n=16) were referred from other sources (pharmacy staff, VON, family member). Less than 1% of patients (n=2) were referred to the study through a physician's office.

#### ❖ Assessments

Of the 650 assessments conducted, the most commonly assessed minor ailment was allergic rhinitis (43%, n=282) with cold sores assessed least often (20%, n=127). Thirty-seven percent of ailments assessed were skin conditions, which included mild to moderate eczema (n=93), skin fungal infection (n=71), contact allergic dermatitis (n=45), mild bites, stings, and hives (n=17), and impetigo (n=15). The minor ailments assessed are provided in Figure 1.



**Figure 1: Minor Ailments Assessed**

It took pharmacists an average of 13 minutes to complete the assessment (with a range of 3 minutes to 60 minutes). It took pharmacists an average of 17 minutes to complete the paperwork (with a range of 5 minutes to 90 minutes). The outcome of the assessment was most frequently a prescription (96%, n=626). Only 2% resulted in a recommended over the counter (OTC) medication (n=12). This finding makes sense since recruitment was specifically targeted at patients who may require a prescription for a minor ailment rather than an OTC product.

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 majority of patients (88%, n=575 of 650) were able to be reached in order to conduct the follow up assessment. The follow up took pharmacists an average of seven minutes (range of 0 minutes to 30 minutes). It took pharmacists an average of eight minutes to complete the paperwork (with a range of 1 minute to 60 minutes). Most of the

patients who were able to be contacted for follow up indicated that their concern had been satisfactorily resolved (86%, n=475 of 554<sup>3</sup>).

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<sup>3</sup> 21 missing responses.

## Evaluation Outcomes

This section assesses the findings as they relate to the desired outcomes of the project identified in the evaluation framework.

### ❖ Pharmacy Ability to Conduct and Integrate the Service

#### *Staff Knowledge and Confidence*

On the pharmacy survey, respondents were asked whether staff at the pharmacy had the knowledge, skills, and confidence to integrate the service into daily work flow (respondents rated their level of agreement). Close to three quarters agreed that staff had the knowledge and skills (72%, n=54) and 65% (n=48) agreed that staff had the confidence to integrate the service.

#### *Organizational Processes*

Pharmacy survey respondents were asked about organizational processes/enablers to the implementation of the minor ailment and assessment service. Participants rated their level of agreement to statements related to enablers to integrating the service into daily work flow including: staff having sufficient time, schedule adjustments, increasing staff, use of pharmacy technicians, management and team support, team meetings, and use of technology. As illustrated in Table 8, all of the statements were rated relatively low – particularly staffing being increased (85%, n=64 disagreed or strongly disagreed), regular team meetings were conducted (74%, n=56), and that pharmacy technicians or assistants were used to support implementation of the service (52%, n=39). Rates highest was that there was support from management (49%, n=37) although 45% (n=36) disagreed or were neutral.

**Table 8: Organizational Processes/Enablers to Support Implementation**

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Provision of Minor Ailment Services in the Pharmacy Setting Demonstration Project						16
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Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Staff have time	12% (n=9)	29% (n=22)	37% (n=28)	19% (n=14)	3% (n=2)	n=75
Schedules were adjusted	29% (n=22)	41% (n=31)	27% (n=20)	1% (n=1)	1% (n=1)	n=75
Staffing was increased	40% (n=30)	45% (n=34)	15% (n=11)	0% (n=0)	0% (n=0)	n=75
Pharmacy technicians or assistants were used	23% (n=17)	29% (n=22)	29% (n=22)	16% (n=12)	3% (n=2)	n=75
Support from management	5% (n=4)	20% (n=15)	25% (n=19)	41% (n=31)	8% (n=6)	n=75
Support from the entire team	4% (n=3)	22% (n=16)	31% (n=23)	39% (n=29)	4% (n=3)	n=74
Pharmacy had regular team meetings to plan problem solve issues	25% (n=19)	49% (n=37)	17% (n=13)	8% (n=6)	0% (n=0)	n=75
Pharmacy effectively used technology	16% (n=12)	31% (n=23)	33% (n=25)	16% (n=12)	4% (n=3)	n=75

### *Level of Success in Implementing the Service*

On the pharmacy survey, respondents were asked to rate how successful they felt their pharmacy was in implementing the minor ailment assessment and prescribing service on a scale of one to ten (1 indicates not at all successful and 10 indicates completely successful). The average (mean) score was 4.1, with 75%, of respondents (n=56) rating the success of implementation of the service as 5 or less.

Respondents who rated the service as five or less were asked why they felt their pharmacy was not successful. The challenges identified were very similar to the challenges noted related to service promotion and patient identification (this is because the question about promotion challenges was interpreted as general program challenges). The challenges include: restrictive inclusion criteria (n=22), lack of time and time consuming to implement (n=17), too much paper work/documentation (n=7), availability of OTC alternatives (n=3), lack of staff buy-in (n=4), and lack of patient interest (n=3).

Those who rated the level of success of implementation as six or higher (a quarter of respondents, n=19) were asked why they felt they were successful with the following noted:

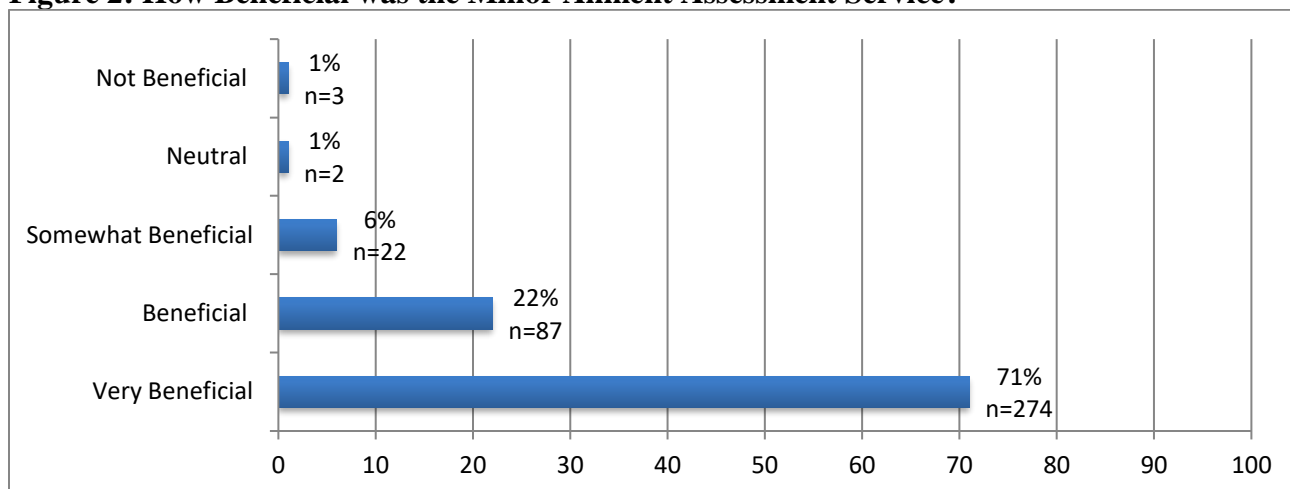
- Buy-in from staff, promotion of the service and education of patients (n=7)
- Developing processes to incorporate the service (n=7) (e.g. offered the service when counselling patients [OTC counselling or during prescriptions], materials prepared and ready ahead of time, used auto-populating documents to make paper work easier, coaching staff, templates for prescriptions)

Survey respondents were asked if the \$20.00 per assessment was appropriate remuneration given the amount of time and resources required to provide the service – 47% (n=35) agreed, 27% (n=20) were neutral and 27% (n=20) disagreed.

Despite the challenges with implementation of the service, 89% of respondents (n=67) agree that the pharmacy plans to continue offering this service in the future.

### ❖ **Value to Patients**

Of the 650 patients who participated in the study, 390 patients completed the patient satisfaction survey (response rate of 60%). The survey demonstrated that patients valued the service that was provided. Ninety-three percent (n=361 of 388, 2 missing responses) of patients indicated that the service was beneficial or very beneficial and 99% (n=387 of 390) said that they would use the service again.

**Figure 2: How Beneficial was the Minor Ailment Assessment Service?**

Three quarters (75%, n=55) of pharmacists/pharmacy owners indicated on the survey that they felt patients were interested in the service (i.e., they agreed with this statement). Fewer agreed that the public is aware that pharmacists can prescribe medication for selected minor ailments (45%, n=37 agreed; 36%, n=29 were neutral; 18%, n=14 disagreed).

### ❖ Value to Pharmacy

On the pharmacist survey, respondents were asked whether the service had provided benefits to the pharmacy and if the service had provided benefits to them as a pharmacist/pharmacy owner. Sixty-one percent (n=44) agreed that that the minor ailment assessment and prescribing service had provided benefits to the pharmacy (with 31%, n=23 neutral) and 57% (n=42) agreed that the service had provided benefits to them as a pharmacist/pharmacy owner (with 30%, n=22 neutral).

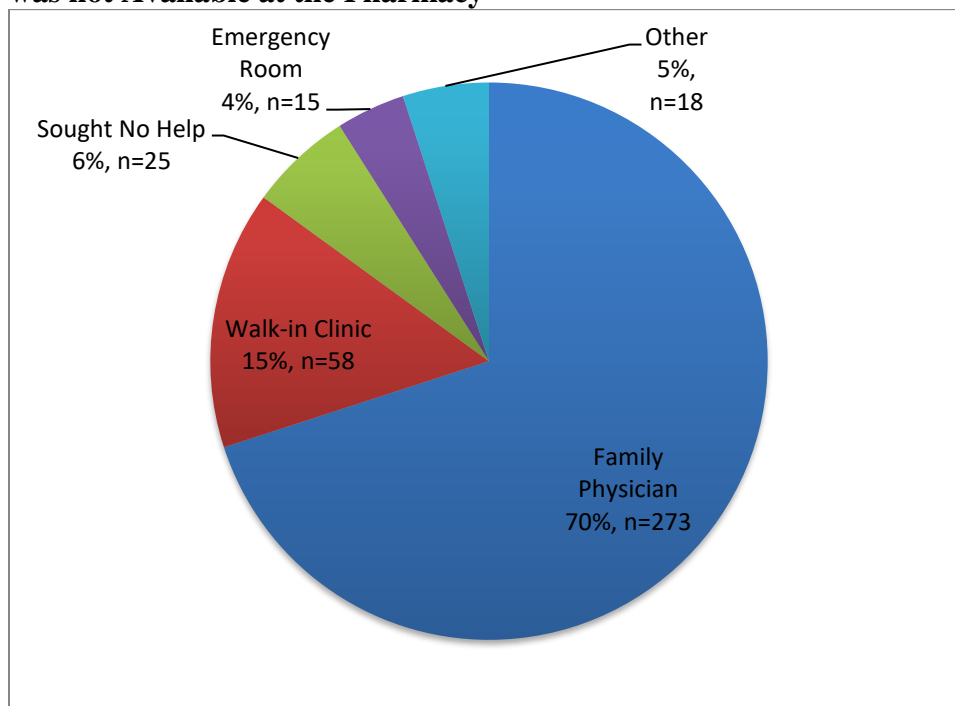
### ❖ Improved Efficiencies in Health Care Utilization

#### *Access to Health Care*

Most patients indicated they would have either seen their family physician (70%, n=273 of 389) or attended a walk-in clinic (15%, n=58 of 389) if the minor ailment assessment and prescribing service was not available at the pharmacy. In addition, 4% of patients

indicated that they would have gone to an emergency room to seek care (see Figure 3 for all answers to this question).

**Figure 3: Where Patients Would Have Gone for Care if the Minor Ailment Service was not Available at the Pharmacy**



The majority of the patients surveyed indicated that the minor ailment assessment and prescribing service helped him/her gain access to health care sooner (94%, n=364 of 387 respondents). On the pharmacy survey, 89% (n=67) of respondents agreed that the service helps to provide patients with access to health care in a timelier manner.

Most of the patients indicated that they did not visit a physician **either the day before or the same day** he/she used the minor ailment assessment and prescribing service at the pharmacy (88%, n=344 of 389 respondents). Of the 47 patients that did see their physician, 15 indicated that the visit was for a different ailment than they received an assessment for at the pharmacy, while 31 indicated that it was for the same issue – this 31 represents 8% of the 389 patients (1 missing response).

Only 12% (n=45 of 389) of patients indicated that they visited a physician in **the seven days after** they used the minor ailment assessment and prescribing service at the pharmacy. Twenty-nine of these patients indicated it was for a different ailment than the one they were assessed for at the pharmacy, while 15 indicated it was for the same reason which represents 4% of the 389 patients. Once again, a very small proportion of patients (just 4%) saw both the pharmacist and physician for the same reason seven days after using the service. In this case, for 96% of patients, there was no duplication in service.

In terms of the percentage of patients that appeared to have a duplication in service overall (i.e., saw the physician and pharmacist for the same issue at both time periods), the total is 12% (adding together the number who indicated they saw a physician the day before or same day they used the minor ailment assessment and prescribing service for the same issue with the number who indicated they saw a physician seven days after using the minor ailment assessment and prescribing service for the same issue). This finding reveals that for a very small proportion of patients (i.e., 12%) there was duplication in service.

#### ***Communication and Collaboration with Other Health Care Providers***

On the survey, pharmacists/pharmacy owners were asked whether providing the service helped to improve communication/collaboration with other health care providers (e.g., family physicians, other pharmacists). Just under one quarter of pharmacists/pharmacy owners (22%, n=16) agreed with this statement, while the majority of respondents were neutral (49%, n=37) or disagreed (29%, n=22).



# Conclusion & Recommendations

## Conclusion

The purpose of this evaluation was to assess the outcomes of the *Provision of Minor Ailment Services in the Pharmacy Setting Demonstration Project* following its implementation (one-year time frame). As previously noted, the demonstration project has four objectives:

- To demonstrate the benefit of the service (positive outcome/ accessibility);
- To demonstrate demand for the service;
- To demonstrate the capacity to provide the service; and
- To demonstrate the cost of providing the service (to payer and pharmacists).

The conclusions based on the final evaluation findings are discussed below categorized by the objectives.

### ❖ Benefit of the Service

As with the pilot study, the findings from the demonstration project illustrate the benefits of the minor ailment assessment and prescribing service. The majority of assessments resulted in a prescription versus an over the counter (OTC) medication recommendation which indicates that the target audience for the service was reached. Further, the majority of clients valued the service indicating it was beneficial or very beneficial and that they would use the service again. The complaint/issue was resolved for the vast majority of clients reached for follow up.

In terms of health care utilization, the findings demonstrate that offering the minor ailment assessment and prescribing service can result in more efficient delivery and use of health care services. The majority of clients noted that they would have either seen their family physician or attended a walk-in clinic if the service was not available at the pharmacy. 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. A small proportion also noted they would have gone to an emergency room to seek care if the service had not been available – an inefficient use of health care resources. The majority of respondents to the pharmacist survey also felt that the minor ailment assessment and prescribing service helped to provide patients with access to health care in a timelier manner. A survey of Canadians revealed that 85% of Canadians agreed that “if pharmacists were able to prescribe medications for minor ailments, it would alleviate overcrowding in emergency rooms and walk-in clinics”.<sup>4</sup>

Further support for the benefit of the minor ailment assessment and prescribing service is the fact that the vast majority of clients indicated the service had helped them to gain access to health care sooner and most did not visit a physician either the day before or the same day of the assessment by the pharmacists or in the seven days after they used the service – and if they did, generally it was for a different reason.

### ❖ Demand for the Service

At the completion of the demonstration project, 650 patients were recruited and used the service. The vast majority of patients who completed the patient survey (99%, n=387) said they would use the service again. Therefore, among those who are aware of and have used the service there appears to be demand for the minor ailment assessment and prescribing service.

A survey of public awareness about the use of expanded scope activities of pharmacists, revealed a lack of awareness about minor ailment assessment and prescribing services with close to half of respondents (46% in 2013 and 47% in 2014) indicating they were not aware of the service.<sup>5</sup> The findings from the pharmacy survey support this, as only about half of the pharmacy survey respondents agreed that the public were aware of the

<sup>4</sup> ABACUS DATA (2015). Pharmacists in Canada: A national survey of Canadians on their perceptions and attitudes towards pharmacies in Canada. Prepared for the Canadian Pharmacists Association.

<sup>5</sup> As identified in The Bulletin, Nova Scotia College of Pharmacists, Spring 2015

service. This lack of awareness of the service among the public is likely a key contributing factor in demand for the service. Given that over 90% of clients valued the service and indicated they benefited from it, if awareness about the service was increased among the public, demand for the service would likely increase.

Although fewer patients were recruited in the demonstration project than the pilot study, this is not an indication of demand as the sample/target audience is completely different for the two studies (the pilot included all people and all minor ailments whereas the demonstration project included Pharmacare beneficiaries only and just three minor ailments). The more restrictive criteria for patient recruitment explains why fewer patients were recruited in the pilot study – because of the much narrower target population and fewer minor ailments included, far fewer people qualify to receive the service. The findings from the survey with pharmacists/pharmacy owners strongly support this conclusion as the restrictive criteria was identified as the top challenge to implementing the service during the demonstration project.

### ❖ **Capacity to Provide this Service**

Two hundred and thirty of 308 pharmacies in Nova Scotia signed up to participate in the demonstration project, representing 75% of pharmacies in Nova Scotia. There appears to be willingness to provide the minor ailment assessment and prescribing service among pharmacies in Nova Scotia, and the pharmacy survey respondents indicated that they plan to continue to offer this service. Other similar services such as the provision of flu vaccinations by pharmacists have demonstrated capacity of pharmacies to provide expanded scope of practice services if sufficient support/resources are provided. Both the pilot study results and demonstration project findings support that pharmacists have capacity in terms of knowledge and skills to provide the minor ailment assessment and prescribing service with adequate resources/supports (e.g., clinical support tools).

It is important to note that the findings from the pharmacy survey revealed that, overall, pharmacies did not feel they were successful in the implementation of the minor ailment

and assessment prescribing service, and less than two thirds saw the benefits to the pharmacy or themselves. However, this appears to be due to the more restrictive criteria (i.e., restricted to three minor ailments and Pharmacare beneficiaries) used in the demonstration project. The time consuming nature of implementing the service, particularly the paper work required, was also a barrier to providing the service. The findings from the pharmacy survey reveal that pharmacies would benefit from support in terms of developing and implementing organizational processes to more effectively incorporate the service within their daily work flow (e.g., adjusting staff schedules, effectively using staff time such as pharmacy technicians or assistants, using technology, team meetings, reviewing data such as prior scripts).

### ❖ Cost of Providing the Service

The findings demonstrated that if the minor ailment assessment and prescribing service had not been available, the majority of clients would have sought support elsewhere (86% through a family physician or walk-in clinic). In terms of the cost of providing the minor ailment assessment and prescribing service, if one compares absolute costs: the \$20.00 reimbursement paid by the government for the service by a pharmacist compared to the cost of the service provided by a family physician (office or walk-in), the fee is much lower as illustrated in Table 9. Further, more than 90% of patients indicated that the service allowed them to access care sooner – given that timely access to appropriate care is a key goal of the Nova Scotia health care system, this is an important finding.

**Table 9: Family Physician Billing Information**

Type of Visit	Cost
General visit	\$31.45
General visit after hours (after 6 pm and weekends)	\$39.32
Geriatric visit	\$39.93
Geriatric visit after hours	\$49.92

Given that a small proportion of patients visited both the pharmacist and family physician for the same ailment (before the assessment it was 8% and after the assessment it was 4%), and virtually all patients in the study would have sought some form of medical help (90%), the cost of providing the service through pharmacists would still be less than options currently available to them – particularly since patients are able to conveniently access a pharmacy in the evenings and on weekends.

The fee of \$20.00 may not adequately cover the cost of the pharmacist delivering the service due to the time to complete the service and paper work reported in the demonstration project (i.e., on average 12 minutes to complete the assessment and 17 minutes to complete the paper work; and six minutes to complete the follow up and seven minutes to complete the paper work). The findings from the pharmacy survey support this as well. The lack of time, the time-consuming nature of the project, and the burden of paperwork were the top challenges to implementation identified by pharmacists/pharmacy owners. Further investigation is required to accurately determine the time to offer the service as the study parameters likely inflate the actual time required; and efficiencies in service delivery would likely be achieved if the service was fully supported and implemented on a consistent basis.

Finally, in assessing the cost of providing the minor ailment assessment and prescribing service, it is important to factor in patient willingness to pay for the service. In the pilot study, although some patients were willing to pay out of pocket for the service, cost was seen as a barrier to accessing the service. Patients and providers both felt strongly that the cost of the service should be covered by government.

## Recommendations

### ❖ **Expand the Service to all Nova Scotians**

The pilot study demonstrated the need to support and expand the minor ailment assessment and prescribing service given the benefit and perceived value of the service among patients, as well as increased efficiencies in health care utilization. The evaluation of the demonstration project supports the pilot study findings to expand the service to all Nova Scotians for all ailments that pharmacists are legally authorized to provide. In addition, there is a need to further investigate the actual cost for the service so that fair and cost effective reimbursement for the service can be accurately determined. Funding the service for all patients would help to reduce barriers to access due to cost, and it appears such investment would be an efficient use of health care dollars. In addition, a finding from a recent survey found that the public feels that all health care professionals that are able to deliver an insured service should be paid to do so – 74% of Nova Scotians agreed that “if a healthcare service is covered by MSI, Government should pay all health care professionals who can deliver the service”.<sup>6</sup>

### ❖ **Promote the Service to the Public**

Data from the Nova Scotia College of Pharmacists (NSCP) illustrates a lack of awareness about the minor ailment assessment and prescribing service among the public. There is the need for key stakeholders such as the provincial government, the Health Authority, PANS, pharmacies, pharmacists, other providers etc. to collectively promote the service through various channels (e.g. through 811, television advertising, print materials, in-store advertising, etc.). Building awareness about the service will help to improve efficient use of the healthcare system and reduce duplication in service provision. As noted in the pilot study and supported in the findings from the demonstration project, the minor ailment assessment and prescribing service should form part of a broader shift in

<sup>6</sup> ABACUS DATA (2015). Pharmacists in Canada: A national survey of Canadians on their perceptions and attitudes towards pharmacies in Canada. Prepared for the Canadian Pharmacists Association.

thinking about the pharmacist as someone who is part of a patient's health care team, and this message should come from trusted and credible sources such as health care providers, government, etc.

### ❖ **Continue to Engage Pharmacies to Offer the Service**

Share the findings of the evaluation with pharmacies from across Nova Scotia to illustrate the benefits of the service to patients as well as the broader health care system. Despite the challenges to implementation of the service identified through the pharmacy survey, pharmacists/pharmacy owners still want PANS to continue to promote the minor ailment assessment and prescribing service. There is therefore the need to work with pharmacies to promote the service to their clients to help build awareness about the role of pharmacists in the treatment of minor ailments and as integral members of the health care team. In addition, as previously discussed, providing supports to pharmacies to help address some of the barriers to offering the service would be beneficial (e.g., engaging pharmacy assistants to help recruit patients, using technology, adjusting staff schedules, etc.).

## 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

Health Card Number: \_\_\_\_\_

## Pharmacy Association of Nova Scotia (PANS) Minor Ailments Demonstration Project

### Patient Satisfaction Questionnaire

Thank you for participating in the PANS Minor Ailments Demonstration Project. 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.

**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

5. **Did you visit a physician either the day BEFORE or the same day you used the minor ailment assessment and prescribing service at the pharmacy?**

Yes No

**If YES: was this physician visit related to the same minor ailment you received an assessment for at the pharmacy?**

Yes No

6. **Did you visit a physician in the seven days AFTER you used the minor ailment assessment and prescribing service at the pharmacy?**

Yes No

**If YES: was this physician visit related to the same minor ailment you received an assessment for at the pharmacy?**

Yes No

*Thank you for completing this questionnaire and contributing to the evaluation of the Pharmacy Association of Nova Scotia Minor Ailments Demonstration Project!*

**PANS Minor Ailment: Data Collection Form**

Name: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address: Postal Code:
Referral: Self <input type="checkbox"/> Doctor <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other <input type="checkbox"/> HCN:
Contact info: (phone) (email)

Obtain consent for Minor Ailment Service and Consent for Study

**Existing Patient?**

Yes  If yes, allergies and medication reviewed and updated

No  Allergies:

Medication:  
 \_\_\_\_\_  
 \_\_\_\_\_

Medical Conditions:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Assessment: (Refer to Guidelines for Patient Assessment)**

Date of Assessment: \_\_\_\_\_ Pharmacist Completing Assessment: \_\_\_\_\_ **Notes:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time to complete assessment only: \_\_\_\_\_ Time to complete paperwork \_\_\_\_\_

Complete Pharmacist Prescribing Notification and send if prescription is provided or referral sent

Complete Pharmicare Form  Retain **OR**  submitted- Date: \_\_\_\_\_

**Follow -up**

Date of follow-up: \_\_\_\_\_ Time to complete: \_\_\_\_\_ Time to complete paperwork \_\_\_\_\_:

Minor Ailment Status on follow-up:  Resolved  Not Resolved

Complete Pharmacist Monitoring Results Notification Reporting in Accordance with Professional Standards.

**Pharmacy Association of Nova Scotia (PANS)  
Minor Ailment Assessment and Prescribing Services  
Demonstration Project  
Survey – Pharmacists and Pharmacy Owners**

**August 8, 2016 – Final**

**Purpose**

The Pharmacy Association of Nova Scotia (PANS) is conducting an evaluation of the minor ailment assessment and prescribing service offered by pharmacies in Nova Scotia. 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. The three minor ailments included in this evaluation are skin conditions (allergic contact dermatitis, eczema, mild urticaria, impetigo, and fungal skin infections), cold sores, and allergic rhinitis. The purpose of this survey is to gather your feedback about minor ailment assessment and prescribing for skin conditions, cold sores, and allergic rhinitis.

**Who Should Complete this Survey?**

Any pharmacist or pharmacy owner in Nova Scotia whose pharmacy has conducted minor ailment assessment and prescribing for the three conditions of interest (skin conditions, cold sores, and allergic rhinitis) between May 3, 2015 and May 2, 2016.

Your participation in the survey is voluntary. It will take approximately 10 minutes to complete.

**Confidentiality**

There are no right or wrong answers, and you are free to skip any questions you do not wish to answer. Your responses are confidential. Do not write any personal information, such as your name, anywhere on the survey. The survey data will be stored securely on a password protected server. Only the consultant hired to do the survey will have access to the survey data.

By completing the survey, you indicate that you have reviewed the information provided above and give your consent to participate. Thank you for your time and helping us to understand minor ailment assessment and prescribing in Nova Scotia.

*Thank you for your input!*

**SECTION 1: Demographic Information**

1. I am a (select all that apply):

- Pharmacist  Pharmacy Owner

*If you work at or own more than one pharmacy location, please answer the following questions for the pharmacy at which you spend more of your time.*

2. The pharmacy where I work/that I own is located in (select one only):

- An urban centre  A rural area

3. In the area in which your pharmacy is located, how would you characterize the ability to access a family physician or other primary care provider (select one only):

- Good  Fair  Poor  Don't know

**SECTION 2: Training and Resources**

*To answer the following questions, please think back to the training and orientation for minor ailment assessment and prescribing you received from PANS either through the in-person session in April 2015 or through watching the video.*

4. I participated in the training (select one only):

- In person  By video  I did not participate in the training (skip to question # 6)

5. Thinking back to the training and orientation, please rate your level of agreement for each statement (select one option for each statement):

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) I am satisfied with the training and orientation I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
b) The training and orientation increased my understanding about the process and requirements for participating in the demonstration project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The training and orientation prepared me for minor ailment assessment and prescribing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Thinking about the supports, tools and resources you have been provided with by PANS to support the minor ailment assessment and prescribing service (e.g., treatment guidelines, written training materials, online forum), please rate your level of agreement for each statement (select one option for each statement):

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
d) The <b>clinical tools and supports</b> (e.g., treatment algorithms) were useful for implementing the minor ailment assessment and prescribing service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The <b>operational supports</b> (forms, marketing materials, process maps, etc.) were useful for implementing the minor ailment assessment and prescribing service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The <b>program supports</b> (e.g., project manager available in person, online or by phone; online forum; online resources) were useful for implementing the minor ailment assessment and prescribing service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION 3: Patient Identification

*To answer the following questions, please think about the process of identifying patients who could benefit from participating in the minor ailment assessment and prescribing service.*

7. Please select the methods you used to help promote the minor ailment assessment and prescribing service to patients and health care providers (select all that apply):

- Signs/billboards in and around the store
- Outreach to family physicians (e.g., lunch and learn, letters, meetings)
- Bag Stuffers
- Pharmacy and/or store staff informing patients about the service
- Social media/online (e.g., website, e-newsletter, Facebook, Twitter)
- Traditional media (e.g., newspaper article)

8. Which methods were the most effective in identifying patients who could benefit from the minor ailment assessment and prescribing service? (select all that apply):

- Signs/billboards in and around the store
- Outreach to family physicians (e.g., lunch and learn, letters, meetings)
- Bag Stuffers
- Pharmacy and/or store staff informing patients about the service
- Social media/online (e.g., website, e-newsletter, Facebook, Twitter)
- Traditional media (e.g., newspaper article)

9. Please think about your efforts to promote the minor ailment assessment and prescribing service and identify patients who could benefit from the service, please rate your level of agreement with each statement (select one option for each statement):

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) We used the promotional materials provided by PANS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Support staff (e.g., pharmacist technicians or assistants, front store staff, administrative staff) helped to promote the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) We looked at data such as prior scripts to help identify patients who could use the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I am satisfied with the promotion of the minor ailments and prescribing service done through my pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Our pharmacy offered the service to <b>all patients with these ailments</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
f) Our pharmacy offered the service to only patients <b>covered through Pharmacare</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) The public is aware that pharmacists can prescribe medications for selected minor ailments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I would like PANS to continue to support promotion of the minor ailment assessment and prescribing service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the top three challenges to promoting the service and identifying patients

#### SECTION 4: Conducting Minor Ailment Assessment and Prescribing

*To answer the following questions, please think about provision of the minor ailment assessment and prescribing service in your pharmacy.*

10. In your opinion, how successful was your pharmacy in implementing the minor ailment and prescribing service?

Insert a 10-point scale

- 11a) If you felt your pharmacy **was not successful**, why not?

Open ended

- 11b) If you felt your pharmacy **was successful**, why (or what was done do enable your success)?

Open ended

11. Thinking about the implementation of the minor ailment and prescribing service in your pharmacy, please rate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) The staff at our pharmacy <b>have the knowledge and skills</b> to integrate the service into daily work flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The staff at our pharmacy have <b>the confidence</b> to integrate the service into daily work flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
c) The staff at our pharmacy have <b>the time</b> to integrate the service into daily work flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Schedules were adjusted to support integration of the service into daily work flow					
e) Staffing was increased to support integration of the service into daily work flow					
f) Pharmacy technicians or assistants were used to gather initial assessment information					
g) There is <b>support from management</b> to integrate the service into daily work flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) There is <b>support from the entire team</b> at the pharmacy to integrate the service into the daily work flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Our pharmacy had <b>regular team meetings</b> to plan how to integrate the service into daily work flow and to problem solve issues					
j) Our pharmacy <b>effectively used technology</b> to integrate the service into the daily work flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) The amount of paper work required was reasonable					

Did you do anything else to support the integration of the minor ailment assessment and prescribing service into daily work flow?

## SECTION 6: Overall

12. Thinking about your experience with the minor ailment assessment and prescribing service overall, please select the option that best applies to you for each statement (select one option for each statement):

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) The service has provided benefits to the pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The service has provided benefits to me as a pharmacist/pharmacy owner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
c) The service helps to provide patients with access to health care in a timelier manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Patients are interested in the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Providing this service has helped to improve communication/collaboration with other health care providers (e.g., family physicians, other pharmacists).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) \$20.00 per assessment is appropriate remuneration given the amount of time and resources required to provide the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) The pharmacy plans to continue offering this service in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Thank you for taking the time to complete this survey.*