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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*

# 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.<sup>1</sup>

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).

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<sup>1</sup> 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. television 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.