

British Columbia Pharmacy Association (BCPhA)
Clinical Service Proposal
Treatment of Minor Ailments

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British Columbia
Pharmacy Association

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Introduction

Minor ailments are generally defined as conditions that will resolve on their own and can be reasonably self-diagnosed. Minor ailments include common conditions such as headaches, back pain, insect bites, diaper rash, heartburn or indigestion, nasal congestion, etc. While most individuals self-manage minor ailments with over-the-counter medications, it is estimated that general practitioners spend approximately 18 per cent¹ or more of their time treating patients with these types of conditions.

What Is the Scope of the Problem?

In 2010/11 BC general practitioners billed more than \$530 million² under Medical Service Plan (MSP) billing codes 0100 and 0107 for office visits for conditions requiring examination and history, including conditions that would be considered minor ailments. Studies have shown that minor ailments comprise 18 per cent to 40 per cent of GP office visits.^{1,3} Based on these numbers, the billing for minor ailments by BC physicians is estimated to be a minimum of \$95 million annually.

In a 2010 National Physician Survey,⁴ primary care physicians identified the greatest challenges they face in caring for patients as: increasing complexity of patient caseloads; management of patients with chronic disease; and increasing patient expectations. They are also under increasing workload pressure as the number of family doctors continues to fall short of current needs.

According to the General Practices Services Committee, a partnership between the Ministry of Health and the British Columbia Medical Association (BCMA), there are approximately 400,000 British Columbians who either do not have a family doctor or they don't have a strong attachment to a family doctor.⁵

With current workload pressure predicted only to increase and a growing need for complex care delivered in the primary care setting, the time physicians spend on minor ailments is a suboptimal use of a critical Health Human Resource. Physician time would be better used if re-directed to patients with complex health issues that have a much greater impact on health care resources. It has been estimated that more than one million new patients will be diagnosed with the five most prevalent chronic conditions in BC over the next 25 years.⁶

What Role Can Pharmacists Play?

Ensuring that all health care practitioners are working to their maximum competency is a focus for national and provincial governments. In BC, pharmacists have been granted additional authority to better use their full range of knowledge and skills to help alleviate access pressure in the primary care

system. Their additional authority includes doing medication reviews, adapting and renewing prescriptions, and administering injections.

Saskatchewan introduced a program through which pharmacists were trained to treat (i.e., diagnose conditions and prescribe for) patients with minor ailments. This program provides the foundation for proposed similar training of pharmacists in BC that would further enhance their capacity to use their skills in order to reduce costs and address patient access to care issues.

How Can This Benefit the Patient?

Enabling pharmacists to treat minor ailments would improve patient access to a health care professional and alleviate pressure on doctors, allowing them to focus on patients with more complex care needs. Early pharmacist intervention may also result in earlier detection of and referral for more serious conditions. This opportunity would also allow pharmacists to provide patients with more education on self-care and appropriate use of medications and health care services. In particular, patients in rural areas with more limited health care resources would have another health care team member to help them manage their health.

How Can This Benefit the Health Care System?

Enabling pharmacists to treat minor ailments would help address some of the major workload challenges cited by physicians. In treating patients with minor ailments, pharmacists would create more time for physicians to care for patients with complex or chronic conditions. Enabling this scope of practice would most effectively utilize the knowledge and skill sets of both pharmacists and physicians, increase capacity of the health care system, and potentially increase efficiencies in health care spending.

BCPhA's Proposal

The proposed BC minor ailments program would enable pharmacists to:

- Consult with a patient
- Decide whether treatment is needed
- Provide OTC or defined list of prescription medications
- Direct the patient to see a physician

The patient consultation and decision about whether treatment is needed would be based on a patient's self-diagnosis, would not require lab tests, and would not mask underlying conditions, where medical and medication history could reliably differentiate more serious conditions and where only short-term or minimal follow-up would be required.

Pharmacists would need appropriate training in order to provide these services. BC has an excellent model for training pharmacists to take on new responsibilities and expand their scope of practice, and the BCPhA is well-positioned to design and deliver training for minor ailment treatment. The injection training program offered by BCPhA has enabled pharmacists to deliver nearly 200,000 flu shots in the 2012/13 season safely and conveniently.

The BCPhA would work with the Ministry of Health and the College of Pharmacists of BC to determine what legislative or regulatory amendments would be needed to enable BC pharmacists to treat minor ailments.

Legislative Changes:

Although pharmacists can prescribe specified drugs to be used for emergency contraception, prescribing for minor ailments is currently not within their scope of practice, according to the Health Professions Act (HPA) pharmacist regulations.⁷ HPA regulations would need to be amended to provide pharmacists with collaborative prescribing authority for minor ailments, with the view to move towards independent prescribing in some categories of medications to achieve the full potential of an expanded scope of practice.

Mandatory Training for Pharmacists:

Pharmacists would be required to participate in an accredited training program approved by the College of Pharmacists of BC before being granted authorization to prescribe. Training would address standards, limits and conditions of this scope of practice, as well as guidelines and treatment protocols. The training would also serve to promote change management to increase uptake of this service by pharmacists.

Remuneration model:

To meet the objective of optimizing the use of Human Health Resources, the BCPhA suggests linking the fee for a pharmacist consultation and assessment. The fee would be less than the related fee for provision of these services by a physician, perhaps two-thirds of that amount: if the average 0100 code fee is \$35, the pharmacist fee would be \$20 for a similar assessment.

The Saskatchewan model, which provides the basis for the proposed BC program, estimates that minor ailment assessment and consultation combined with completion of required documentation will take a pharmacist approximately 15-20 minutes. Pharmacists would also be eligible for any applicable dispensing fee.

Savings:

With BC physician billing for treatment of minor ailments estimated at \$95 million in 2010/11, pharmacist delivery of this clinical service has the potential to result in an annual saving to the BC health care system of approximately \$32 million. The assumption is that pharmacist visits would replace those for the qualifying conditions. The savings to the system are achieved because of the lower rate that pharmacists will receive.

These fee-related cost savings are in addition to the value of optimizing physicians' time by enabling them to manage patients with complex health issues.

Evaluation:

An evaluation framework needs to be in place to demonstrate evidence of the value of treatment of minor ailments by pharmacists.

Conclusion

The physician shortage and resultant strain on the BC health care system is a reality facing both patients and health care providers. It is also clear that making the best use of Health Human Resources is one way of improving access to timely and affordable health care for all British Columbians, particularly those in rural and remote regions.

Community pharmacists in the UK and elsewhere in Canada are successfully providing treatments for minor ailments, helping to streamline patient care and ensure that patients receive timely, expert advice without having to make an appointment with their family physician.

When fully utilized, pharmacist delivery of this service could result in a minimum of \$32 million in health system cost savings annually over and above the savings generated by physicians caring for patients with chronic conditions and more complex health issues.

¹ Yadav, S. Pharmacists rather than GPs should be first contact for minor ailments, report says. BMJ 2008; 337:a775. Retrieved from <http://www.bmj.com/content/337/bmj.a775>.

² MSP Information Resource Manual Fee-For-Service Payment Statistics 2011/2012. Retrieved from http://www.health.gov.bc.ca/msp/paystats/pdf/irm_complete.pdf.

³ Puntong S, Boardman HF, Anderson CW. A multi-method evaluation of the pharmacy first minor ailments scheme. Int J Clin Pharm 2011; 33(3): 573-581. DOI: 10.1007/s11096-011-9513-2.

⁴ National Physician Survey. 2010 Results for British Columbia. Retrieved from <http://nationalphysiciansurvey.ca/result/2010-bc/>.



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⁵ General Practice Services Committee. Attachment Initiative. Retrieved from <http://www.gpsc.bc.ca/attachment-initiative>.

⁶ BC Medical Association. Charting the course - Designing British Columbia's health care system for the next 25 years. January 2012. Retrieved from http://www.bcma.org/files/Charting_the_Course_FINAL.pdf

⁷ BC Reg. 417/2008. Health Professions Act Pharmacist Regulation. January 1, 2011. Retrieved from http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/28_417_2008.