

Nature and Effect of Patient-Initiated Consultations in Community Pharmacies

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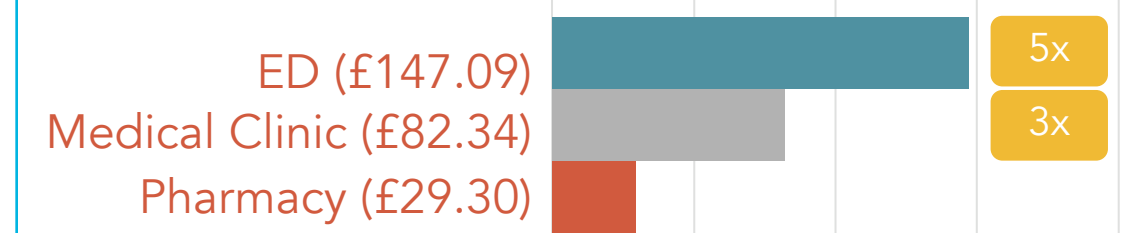
Background

Improving access to clinical expertise for minor ailments and chronic conditions



Consultations provided by pharmacists : a cost-effective strategy to improve primary care?

Mean Cost per Consultation



Similar symptom resolutions at 2 weeks for the same problems (Watson et al., 2015)

Community pharmacists as primary care providers

- Extension of scope of practice for community pharmacists : Medication review, vaccination, public health, integration in primary care teams (Tan et al., 2014)
- Role of community pharmacies within the primary health care system: highly fragmented
 - Stores with little/no formal relation with the healthcare regulator (except through medication insurance programs)
- Very little is known on the consultations initiated by patients in community pharmacies that are not related to the medication dispensation process

Objectives

1. Describe the number and type of patient-initiated consultations in community pharmacies that are not related to dispensation of prescriptions
2. Estimate the impact of these consultations on patients' care-seeking behaviors

Methodology

(Motulsky et al., 2020)

Real-time observational study with triangulated pharmacists' and patients' data

1. Pharmacy and Patient Recruitment

- All pharmacies of the province of Quebec (approx. 1900) were invited to participate to the project
- Final sample of 11 pharmacies (out of 65 interested) selected based on the following criteria: banner or chain of the pharmacy (with an aim for diversity), region, proximity to a medical clinic, and number of dispensed prescriptions per day

- During a 4-week period for every pharmacy (October to December 2017):
- All pharmacists on duty were asked to compile in the app the patient-initiated consultations
 - After the patient-initiated consultation, all adult patients were approached by a research assistant for informed consent to participate in the study
- Included: 18+ years, French or English speaking, not suffering from a cognitive disorder

2. Data collection in mobile application

TYPES DE CONSEILS ?

J'AI RECOMMANDÉ

- ☐ visite à l'urgence
- ☐ consulter en clinique sans RV
- ☐ consulter son MD de famille
- ☐ consulter autre prof. de la santé
- ☐ appeler info-santé
- ☐ mesure non pharmacologique

J'AI DONNÉ DE L'INFORMATION

- ☐ sur médicament Pr
- ☐ sur MVL
- ☐ sur PSN ou vitamine
- ☐ sur autre type de produit (plancher)
- ☐ technique (assurance, prix, etc.)

J'AI DONNÉ

- ☐ autre type de conseil

SELON MOI, CETTE RECOMMANDATION A PERMIS D'ÉVITER...

- ☐ Une visite à l'urgence
- ☐ Une consultation dans une clinique sans rendez-vous
- ☐ Une consultation avec le médecin de famille du patient
- ☐ Une consultation auprès d'un autre type de professionnel de la santé
- ☐ Un appel à info-santé
- ☐ Ne sais pas
- ☐ Ne s'applique pas

For every consultation, the pharmacists would enter in the app :

1. **type**: in person or by phone
2. **nature of the recommendation**: health concern (pain, cough, cold, ...), medication (interaction, side effect, ...), other
3. **action taken**: recommendation, information, other
4. **perceived impact (avoided resources)**: ED, GP, walk-in clinic, telephone consultation with nurse, other healthcare professional

The app would also extract characteristics of the consultation from the logs of the app (day and time, user ID, pharmacy ID)

3. Structured Interviews with Patients

On Day 1 (In Person)

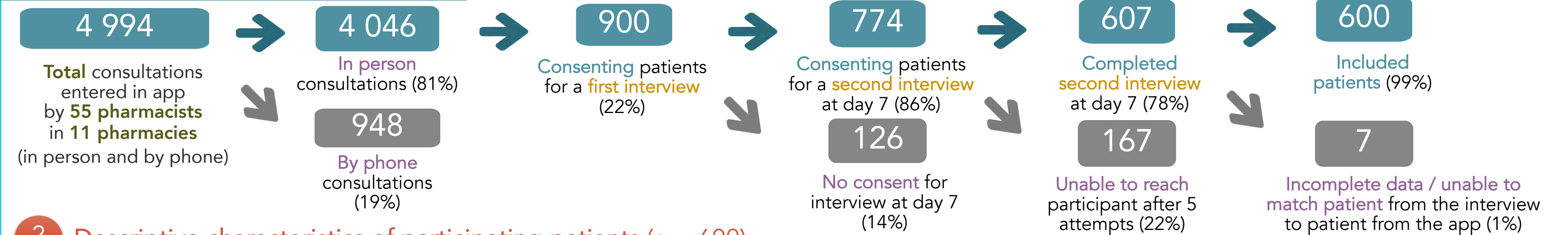
1. Patient characteristics (gender, age, prescription medication use, number of chronic conditions, access to a GP)
2. Reason for the consultation

On Day 7 (Phone)

1. Self-care seeking behavior following the consultation
2. Perceived impact of the consultation
3. Satisfaction

Results

(Motulsky et al., 2020)



2 Descriptive characteristics of participating patients (n = 600)

Patient Characteristics		n (%)
Gender	Male	189 (31.5)
	Female	411 (68.5)
Age of adult seeking consultation	18 – 24	41 (7)
	25 – 34	106 (18)
	35 – 44	109 (19)
	45 – 54	64 (11)
	55 – 64	91 (16)
	65+	175 (30)
Who was the consultation for?	Themselves	511 (85)
	Child	89 (15)
Use of prescription medication	No	184 (31)
	Yes	416 (69)
Number of chronic conditions	None	302 (50)
	1+	298 (50)
Has a family physician	No	93 (16)
	Yes	507 (85)
Reason for the consultation	Health care concern	451 (75)
	Medication	104 (17)
	Other	45 (8)

Self-seeking consultations in pharmacies are more frequent from female individuals and individuals that are already taking prescribed medication

3 Factors associated with avoiding an ED visit

Pharmacy Characteristics	No ED visit avoided (n = 495) N (%)	ED visit avoided (n = 105) N (%)
Region (number of pharmacies)		
Urban (6)	240 (48)	36 (34)
Rural (4)	200 (40)	61 (44)
Suburban (1)	55 (11)	8 (8)
Proximity to a medical clinic (number of pharmacies)		
Yes (5)	208 (42)	33 (31)
No (6)	287 (58)	72 (69)

p = 0.004

p = 0.044

Patients were more likely to report that the consultation with the pharmacist prevented them to go to the ED in rural regions or when the pharmacy was not close to a medical clinic.

4 Type of resources recommended as reported by pharmacist (A), patient behavior as resource used reported by patient (B) and patient perception of resource avoided (C) (n = 600)

Type of health care resources	(A) Resources recommended as reported by pharmacists n (%)	(B) Patient behavior – resources used n (%)	(C) Patient perception of resources avoided n (%)
None	512 (85)	509 (85)	137 (23)
Emergency department	7 (1)	8 (1)	105 (18)
Walk-in clinic	35 (6)	31 (5)	251 (42)
General Practitioner	34 (6)	30 (5)	275 (46)
Calling Info-santé (nurse telephone consultation)	1 (0.2)	1 (0.2)	292 (49)
Another member of the care team (e.g. specialist)	8 (1)	0 (0)	29 (5)
Other health care professional (e.g. rehab)	14 (2)	30 (5)	191 (32)

Pharmacists were equipped to manage most (85%) of these consultations without referring to another healthcare resource. Note: More than one answer was possible

5 Word cloud for reasons for consultations according to patients

