“If people have a minor health problem, the first thing they try to do is self-treat and the first place they go in order to do that is a pharmacy”

—Paul Blanchard,
Executive Director,
New Brunswick
Pharmacists’
Association

are talking about a significant percentage,” says Paul Blanchard, Executive Director of the NBPA. “New Brunswick pharmacists are qualified to provide the type of service that will divert some patients from over-burdened ERs and after-hours clinics.”

The province’s Health Council measures patients’ interactions with the health care system in terms of visits to physicians, clinics and hospitals, and also reports on waiting times for surgeries and medical tests. The Council, however, does not currently measure how many people with minor ailments head to their community pharmacy to seek advice and appropriate treatment, says Mr. Blanchard.

“If people have a minor health problem, the first thing they try to do is self-treat and the first place they go in order to do that is a pharmacy, where they can talk to a pharmacist without an appointment.”

Giving pharmacists the authority to write prescriptions in these cases would eliminate the

need for many of these patients to go elsewhere to get treatment, he adds.

The New Brunswick Pharmaceutical Society has developed the *Draft Pharmacy Act, October 2012*, which proposes pharmacist prescribing for a range of minor ailments, along with other changes including regulation of pharmacy technicians. The Society is consulting health professionals on the proposals and the provincial government is also reviewing the draft legislation.

The NBPA is advocating for approval of these minor-ailment measures, as well reimbursement of pharmacists providing the service. The association points to Saskatchewan as the best model, where pharmacists are compensated for prescribing treatments for ailments ranging from allergic reactions and insect bites to diaper rash and cold sores. Pharmacists in Nova Scotia recently acquired this prescribing authority as well.

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Canadian research finds automated calling system helps identify adverse drug reactions

Using automated phone calls to follow up with patients after they receive a prescription can help uncover adverse drug events (ADEs), according to new Canadian research.

The study, published in the online version of *JAMA Internal Medicine* on February 4, 2013, was led by Alan Forster, Scientific Director of Performance Measurement at Ottawa Hospital. According to Dr. Forster, the study was the first to use an automated calling system to check for adverse drug reactions.

The research involved 629 patients at family health care practices in Quebec. The patients were contacted 3 days after receiving their prescription medication and again after 17 days, and responded to recorded questions that asked them about problems or new symptoms that had occurred after beginning to take the drug. Study researchers then contacted the

patients after 21 days to get more detailed information.

The study found that the automated phone call system identified 58 out of 125 ADEs (46%). The system offered the patients the chance to receive a phone call from a pharmacist to have a further discussion about their medication; about one-third of the patients asked for such a call.

A journal editorial accompanying the study called the findings promising, but noted that automated calls alone have limitations, given that slightly fewer than half of ADEs were identified.

The Canadian Institutes of Health Research (CIHR) is funding a randomized control trial of the system to gather more information on potential benefits and cost-effectiveness.

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