RESEARCH NOTES

Pharmacist intervention in patient selection of nonprescription and self-care products

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ABSTRACT

Objectives: To evaluate the potential outcomes of pharmacist intervention on patient selection of nonprescription and self-care products and to evaluate patient confidence and satisfaction with the assistance of the pharmacist.

Methods: A prospective, convenience sample study was conducted at 3 locations of a national supermarket chain pharmacy in the Charlottesville, Virginia, area over 4 months. Patients were recruited for the study if they approached the pharmacy counter and requested assistance with nonprescription and self-care product selection or if the investigating pharmacists approached the patient in the self-care aisles. Men and nonpregnant women age 18 years and older were included in the study. Patients self-selected into the study by agreeing to participate in the study intervention and answering questions relating to their experience with the pharmacist consultation. The study intervention was the pharmacist consultation with the patient to assess the self-care complaint and to make an appropriate recommendation.

Results: Forty-two patients participated, the mean (±SD) age was 57 ± 20.8 years, and 62% of patients were female. Sixty percent of patients had used pharmacist help in the past in selecting nonprescription and self-care products. There were 87 total potential outcomes, and a mean of 2.1 potential outcomes per patient. The most potential common outcomes were reduced drug cost, avoided physician visit, corrected product use, and avoided a new prescription. Mean patient confidence (±SD) was 4.38 ± 0.96. Mean patient satisfaction was 4.98. Every patient (100%) stated that they would be more willing to ask for pharmacist help in the future with self-care product selection. The mean encounter time was 6 minutes.

Conclusion: Pharmacists' active involvement in patient self-care consultation may help patients to select the most effective and safe product and improve patient outcomes. Patients are highly satisfied with pharmacists' help with the selection of nonprescription and self-care products and are more confident with future self-treatment.

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Pharmacists are the best equipped and in the best position to make sure patients are using non-prescription and self-care therapies in the safest and most effective manner.

To the authors' current knowledge, there is only one other study that relates the pharmacist intervention in patient selection of nonprescription and self-care products to the outcomes of this intervention. This study will improve practice by reaffirming that pharmacists have a beneficial impact on patients' health when it comes to self-care product selection and encourage more pharmacists to take the time to do so.

Nonprescription and self-care products provide helpful and potentially cost-effective options to manage symptoms and can decrease the burden on the health care system by reducing the number of physician visits and related prescription costs. According to the Consumer Healthcare Products Association, 81% of U.S. adults use nonprescription products as a first response to minor ailments, and 86% of U.S.

adults believe that responsible nonprescription product use helps to lower health care costs.[1] Unlike prescription medications, patients have the autonomy to make the final choice regarding the selection of self-care products and whether they consult a health care professional before selecting products.[2] Patients purchase nonprescription and self-care products from pharmacies many times per day, but they do not always ask for pharmacist help when selecting these products. However, if used inappropriately, self-care products could potentially cause harm to patients. For example, a 2012 study demonstrated that without proper pharmacist counseling, 23.8% of patients would overdose on a single nonprescription acetaminophen product by exceeding the recommended maximum dose in a 24-hour period, and 45.6% would overdose by using two acetaminophen-containing products.[3]

Pharmacists are equipped and available to help patients choose nonprescription and self-care products. The combination of brand-name extension and multiple-ingredient self-care products makes the self-care aisles difficult for patients to navigate. This sentiment was confirmed by a 2003 study conducted for the National Council on Patient Information and Education; it found that 66% of Americans believe that selecting a nonprescription medication can be a challenge because of the wide range of competing products available.[4] In this same study, only 43% of patients noted that they consult a pharmacist when buying a nonprescription medicine.[4] Furthermore, with more products continuing to make the switch from "prescription only" to "nonprescription," patients will have the autonomy to choose whether they consult pharmacists about these products, as opposed to the Omnibus Budget Reconciliation Act of 1990 regulations mandating the offer of patient counseling when they had "prescription only" status.[5]

Active pharmacist involvement in selecting self-care products could be beneficial for patients. The great benefit self-care therapies can provide, coupled with the potential risk if used inappropriately, prompted further research into nonprescription and self-care product selection and the formation of this study.

Objectives

The objectives of this study are to evaluate the potential outcomes of pharmacist intervention on patient selection of nonprescription and self-care products and to evaluate patient confidence and satisfaction with the assistance of the pharmacist.

Methods

A prospective, convenience sample study was conducted at 3 locations of a national supermarket chain pharmacy in the Charlottesville, Virginia, area from January through April 2014. Pharmacy study sites varied in prescription volume and staffing. Approximate relevant site data include:

- Site 1: 1750 prescriptions per week, 2 full-time and 1 part-time pharmacists, 4 full-time and 3 part-time technicians
- Site 2: 1500 prescriptions per week, 2 full-time pharmacists, 4 full-time and 1 part-time technicians

- Site 3: 250 prescriptions per week, 2 full-time pharmacists, 1 full time technician.

The study was approved by Virginia Commonwealth University Institutional Review Board.

Men and nonpregnant women 18 years and older were included in the study. Patients were recruited for the study if they approached the pharmacy counter and requested assistance with nonprescription and self-care product selection or if the investigating pharmacists approached the patient in the self-care aisles. Patients self-selected into the study by agreeing to participate in the study intervention and answering questions relating to their experience after consultation with the pharmacist. The study intervention was the pharmacist consult with the patient to assess the self-care complaint and to make an appropriate recommendation.

The primary author trained an additional 2 pharmacists to perform the study intervention and to collect data. The primary author met individually with the 2 additional pharmacists and provided education about how to perform consults by evaluating patient symptoms, history, time of onset, locations, aggravating or remitting factors, current medications, allergies, medical conditions, and how to use the standardized documentation survey (Appendix 1).

Each consult was documented by the pharmacist on a standardized documentation survey (Appendix 1) after the patient consultation and recommendation. Survey documentation included a patient's sex, age, whether they used pharmacist help in the past for selecting self-care products, chief complaint, and medication the patient initially selected (if any). Documentation also included the pharmacist's recommendation after intervention and one or more potential outcomes of the intervention with associated reasoning. At the end of the consult, patients were verbally asked, with interviewing pharmacists writing the response, about their confidence in future self-treatment, their satisfaction with the intervention, and if they would be more willing to ask for the pharmacist's help in the future for selecting nonprescription and self-care products. The encounter duration was also recorded in minutes; it began when the pharmacist left from behind the pharmacy counter and ended upon their return. Patient confidence and satisfaction were assessed using a 5-point Likert scale, with 1 representing least and 5 representing most. Willingness to ask for the pharmacist's help in the future for selecting self-care products was recorded in a "yes or no" format. The list of potential outcomes was selected on the basis of literature and other outcomes studies, and was presented as a checklist on the standardized documentation survey (see Appendix 1). The potential outcomes included reduced drug cost, avoided physician visit, avoided new prescription, avoided hospital admission, corrected product use, physician referral, avoided drug-drug interaction, and avoided drug-disease interaction.[6] Reduced drug cost was based on multiple options: the pharmacist helping the patient select generic equivalent for the same active brand-name medication, steering a patient from a multiple-ingredient product (i.e., cough, cold, and flu products) with unnecessary active ingredients, changing to the generic options of appropriate active ingredients, and recommending changing from brand name of the product selected by the patient to a different medication that is less expensive (and usually generic).