

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6613

**Title**

*The Top 5 Minor Ailments and Pharmacist Management in Ontario: Attachment and Primary Care*

**Priority 1 (Research Category)**

Prescribing and pharmacotherapeutics

**Presenters**

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**Abstract**

Context: Pharmacists represent the 3rd largest healthcare profession in Canada, after nurses and physicians, with 46,699 licensed to practice in 2022. Minor ailments (MAs) are health conditions that can be managed with low prescribed treatment and/or self-care strategies . In Ontario, Canada, pharmacists were given authority to deliver service for 19 MAs as of October 1, 2023.

Objective: This study aims to identify and describe the characteristics of recipients of the five MAs most commonly managed by pharmacists.

Setting: Ontario, Canada

Study Design and Analysis: This study used linked health administrative data, including pharmacist billing for MA services, patient demographics, and physician and hospital billing data, collected for 15.4 million residents in Ontario. Logistic regression analysis was conducted for the delivery of specific MA services prescribed from January 1 to December 31, 2023, by primary care attachment. Models were adjusted for key recipient demographics and healthcare utilization.

Results: In 2023, 547,673 (3.6%) Ontario residents received at least one MA service, with the top 5 conditions being urinary tract infections (199,282 [36.4%]), conjunctivitis (153,021 [27.9%]), herpes labialis (46,659 [8.5%]), allergic rhinitis (41,521 [7.6%]), and atopic dermatitis/eczema/allergic contact dermatitis (39,365 [7.2%]). Compared to all other Ontario residents, MA service recipients were more likely to be attached to a primary care provider (odds ratio [95% confidence interval]: 1.92 [1.90-1.93]), be female (2.65 [2.63-2.67]), live in a higher income neighbourhood: 1.36 [1.35-1.37]), have a comorbidity (2.78 [2.76-2.91]) and use other pharmacy services (MedsCheck: 1.57 [1.55-1.58]; flu/COVID-19 vaccination: 1.69 [1.68-1.70]). In adjusted analyses, receipt of MA service remained significantly associated with primary care attachment (1.39 [1.37-1.40]). In adjusted analyses for each of the top MA services, recipients were significantly more likely to be attached with a primary care clinician: UTIs (1.41 [1.39-1.43]), conjunctivitis (1.69 [1.65-1.72]),

Conclusion: MA prescribing by pharmacists was used by a small proportion of the population in the first year after introduction with more than half of visits relating to two ailments: UTIs and conjunctivitis. People living in higher income neighbourhoods and those with a primary care clinician were more likely to use MA services raising issues of equity and fragmentation.

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