

PEAR VS. THE PANDEMIC

SUPPORTING OUR PHARMACY STAKEHOLDERS DURING THE COVID-19 CRISIS

DELIVERING CARE FROM A DISTANCE

Due to the COVID-19 pandemic, pharmacists have needed to rearrange their workflow and change their work processes to ensure safe patient engagement in the pharmacy. These changes have included advising patients to reduce visits to the pharmacy as much as possible. Now that measures have been put in place to help prevent transmission of COVID-19, how can pharmacy teams continue to provide the level of care needed for patients with chronic diseases or other issues? This document is focused on some key questions about continuing to care for patients in the absence of, or with reduced, face-to-face contact.

OBJECTIVES:

This document will address the following four questions:

- 1 How can pharmacy teams navigate challenging conversations about new pharmacy processes?
- 2 What can pharmacists do to provide emotional support to patients during this time?
- 3 How should pharmacists help patients manage self-limiting conditions and chronic diseases from a distance?
- 4 What are some resources to share with patients?



1 DIFFICULT CONVERSATIONS ABOUT CHANGES TO PHARMACY PROCESSES

Pharmacists have been forced to change the way they provide care at this time. Physical distancing measures, including reduced pharmacy hours, limiting the number of people in the pharmacy at any one time, and distanced OTC counselling, have changed the way patients experience the pharmacy.

The physical distancing precautions implemented in the pharmacy will have an impact on the pharmacist-patient relationship, at least over the short term. However, showing compassion for the patient while doing your part to help manage this public health crisis can help to maintain rapport with patients. As much as the pharmacy team may be frustrated and anxious, the patient who is coming to the pharmacy with a health concern may be even more concerned. Recognize that some patients may not fully understand the situation and may need the pharmacist to educate them on the implications of the pandemic and the reasons for the precautions.

When the pandemic was declared, Canadians rushed to stock up on everything from toilet paper to prescription medications. Since the Canadian Pharmacists Association recommended that pharmacists dispense no more than a 30-day supply of medications at each fill, there has been a backlash from patient advocacy groups and individual patients. The concerns regarding extra fees and additional visits to the pharmacy are real, particularly for older people. However, to ensure a healthy supply of prescription medications, it has become necessary to impose this limit. While some pharmacists provide greater than 30-day supplies based on their professional judgment, this may not be necessary or appropriate for all patients, so difficult conversations are often necessary. Acknowledging the patient's concern and explaining the reasons for this action are important. Do not assume that patients understand the medication supply chain

and how medication shortages can affect people with chronic health conditions.

What does this mean for patient care?

- Focus on the bigger picture. Whether through physical distancing or respecting the medication supply chain, everyone has a role to play to ensure population health, particularly in the current environment. We should think beyond ourselves and aim to protect the health of all people.
- Support patient safety. If you do not already offer delivery, curbside pick-up of prescriptions, or specified times to come to the pharmacy to pick up prescriptions, now is the time to consider these changes, particularly for those who are most vulnerable or frail. Discuss with patients the measures you have in place to ensure their safety and wellness, including ongoing access to their prescription medications.
- Emphasize your commitment to provide ongoing service and care. Pharmacies are one of the few businesses considered to be essential services that are open to the public during the pandemic. Demonstrate your team's commitment by offering counselling by phone and following up frequently with patients of greatest need (see more on this later in the document).
- Stress the temporary nature of these changes. In times of crisis, everyone has been called upon to contribute to the solution.

2 PROVIDING EMOTIONAL SUPPORT

When interacting with others during the pandemic, pharmacists on the front lines are faced with patients and colleagues who are dealing with fear and anxiety related to COVID-19 and the implications of the pandemic for their lives. Although pharmacists are not trained to provide mental health counselling, emotional support can be given to those in need during this crisis.

Empathy is an important aspect of the therapeutic relationships that pharmacists build with patients. This situation is unique because

globally and locally, “we are all in this together.” However, it is still important to recognize and acknowledge that what every patient experiences is unique. Any opportunity should be taken to show empathy and support patients to help to strengthen the trusting relationship with them.

It has been suggested that both short- and long-term effects on mental health will result from the ongoing physical distancing that has been required during this pandemic. Other large-scale events (e.g., 9/11 in New York City) have resulted in increases in mental health issues such as depression, post-traumatic stress disorder (PTSD), substance use disorder, as well as domestic violence and child abuse.¹ In a recent article in the *Journal of the American Medical Association (JAMA)*, the authors suggested that three steps should be taken now to reduce the impact of the pandemic on mental health. These broad steps include: planning to tackle loneliness and isolation through outreach; having mechanisms in place to monitor for domestic or child abuse; and ramping up mental health treatment and psychological first aid.² This guidance is applicable to pharmacy teams, as they can work to engage patients via telephone or other means, continue to play a role in protecting the public and reporting abuse, and provide emotional support to patients and colleagues.

Pharmacists are the most accessible healthcare providers, so engaging with patients about mental health issues makes sense. Mental health first aid is a concept that was built from the physical first aid training, originally in Australia, and it has expanded throughout the world. Various courses that teach mental health first aid can help empower pharmacists with the basic skills needed to start a dialogue with a patient, caregiver, or colleague about their mental health and to provide ongoing support.³ For more information, visit <https://www.mental-healthcommission.ca/English/resources/mental-health-first-aid>.

What does this mean for patient care?

- Share: Connect with your own support network to share your thoughts and feelings; this will help you be a more effective supporter of patients and colleagues.
- Listen: Lend an ear and acknowledge your patients’ emotions. As the most accessible healthcare provider in the community, this is invaluable, especially at this time.
- Inform: Arm patients with credible information. Knowledge is power and can help turn fear into action. Consider using social media to connect with your patients in different ways: through regular messages or updates, information about how to stay well during isolation, reminders about how to reorder medications, and delivery service details if you offer it.
- Follow up: Make regular calls, if possible, to patients who live alone and are not able to be with family/friends and to those dealing with mental health issues. A friendly check-in can be a great opportunity to assess medication adherence, symptom management, and other aspects of the patient’s care.

3 MANAGEMENT OF CHRONIC DISEASES, SELF-LIMITING CONDITIONS, AND MINOR AILMENTS

During this health crisis, the focus of care has shifted to prevention and management of COVID-19. As pharmacists move from the initial stage of implementing physical distancing measures to ensure a safe environment for staff and patients, it will be important to re-establish continuity of care for patients with ongoing health needs.

Chronic disease management for patients with conditions such as hypertension, heart disease, diabetes, and dyslipidemia must continue during this time in an effort to prevent drug therapy problems and other issues that may necessitate emergency care. Pharmacist-led chronic disease management leads to positive

outcomes,⁴ and it may be needed in certain communities, now more than ever, as some physicians may temporarily suspend nonurgent care to minimize contact with patients and, in some cases, shift to supporting hospital care of patients with COVID-19.^{5,6}

Pharmacists can consider following up by telephone or through other electronic means (where allowed) to assess patients with the following conditions/situations:

- COPD or asthma: to assess symptom control and use of devices (i.e., when to use and how often, rather than specific technique). For patients with asthma, it may be appropriate to use a symptom questionnaire or to ask about peak flow meter use to determine their level of control.
- Diabetes: to review blood glucose monitoring or flash glucose monitoring reports. Consider having patients share data with you if they do not do so already.
- Heart failure: to assess symptom management (e.g., shortness of breath, edema) and adherence to therapies.
- History of myocardial infarction who are taking multiple medications for secondary prevention: to reinforce adherence and discuss adverse effects.
- Taking anticoagulants such as warfarin and apixaban: in addition to assessing adherence, to inquire about warning signs of bleeding.
- Chronic pain taking opioids: to assess pain control and reinforce appropriate use of the medication. This might be a good time to review the signs of overdose and to discuss naloxone and offer a naloxone kit if the patient does not have access to one. Keep in mind that older adults are at higher risk of opioid-related overdose than younger people due to physiologic changes including greater sensitivity to psychoactive and respiratory effects of opioids.⁷
- Rheumatological, dermatological, or other conditions taking medications that may cause immunosuppression (e.g., methotrexate,

biologics): to ensure that they are continuing their medication, unless otherwise advised by their physician. Patients may be advised to stop these medications temporarily if diagnosed with COVID-19.^{8,9,10}

- Frail, older patients who take multiple medications: Drug therapy problems can occur as a result of accidentally taking too much or too little of a prescribed medication, or combining OTC medications with prescriptions, so regular check-ins to review medication use are important. Ask about supplies of medications, how they are being taken, and any new symptoms they might be experiencing.¹¹
- Patients who require regular subcutaneous injections of certain medications (e.g., denosumab, etanercept) or vaccinations: to ensure that if/when they are due for their injection, that they have a way to get it.

The Alberta College of Pharmacy has provided guidance for temporary provision of virtual care to patients by pharmacists in that province. This care can be delivered to patients using an appropriate technology, while patient confidentiality is maintained. This includes the use of unregulated technologies such as Skype, Microsoft Teams, FaceTime, Zoom Basics, Google Hangouts, WhatsApp, and Doxy.me. Pharmacists are advised not to share sensitive patient information through texts or unencrypted emails and to minimize or limit the patient information shared through an unregulated platform. The college requires that pharmacists obtain two types of consent from patients or their agents: consent to receive virtual care, and consent to collect, use, disclose, and store information obtained through the care discussion using the applicable technology. Consent must be documented in the patient record. If a patient does not consent, the pharmacist should provide alternatives to receiving care, such as transfer to another pharmacy. Pharmacists should determine whether the technology used allows them to obtain the necessary information required to assess the patient; if not, other options should be considered to deliver this care. Documentation

should include: the reason for providing virtual care; the time, date, and method of technology used; any disruptions in service that occurred and the actions taken to rectify them; and confirmation of the patient's verbal consent.¹²

Providing recommendations to manage self-limiting conditions that can be treated with OTC products, or prescribing for minor ailments in jurisdictions where pharmacists have authority to do so, addresses ongoing needs and will help to reduce patient visits to their physician, a clinic, or the emergency department. In the pharmacy, the use of personal protective equipment (PPE) can be considered for consultations that require closer contact with the patient. Otherwise, assessment of the patient via phone or other technology where allowed, from a physical distance of at least two metres, or from behind a physical barrier such as plexiglass can be completed to provide a product recommendation or minor ailment prescription.

Consultations, whether for prescription counselling, chronic disease management or monitoring, or assessment for minor health issues, can be performed over the phone (or using technology platforms if allowed in your jurisdiction) with many patients, and this is preferred, where possible, to minimize contact in the pharmacy. To optimize these discussions, keep the following in mind: Confirm the patient's identity and speak directly with the patient and, with patient's consent, his/her agent and/or caregiver; after obtaining patient's consent for consultation, ensure that you protect the patient's privacy and reassure the patient that you will do so; speak more slowly than you would in person; and document your discussion in the patient profile, along with any recommendations that were made.^{11,13} Documenting is important to ensure continuity of care and a record of the intervention. If the patient will be visiting the pharmacy to pick up a recommended OTC product, the pharmacist on staff will be able to promptly help the patient in the pharmacy, if necessary, by reviewing the patient record.

What does this mean for patient care?

- Encourage telephone counselling. Educate patients to call to discuss medication-related concerns or minor health issues before coming to the pharmacy. It may be possible to manage their issue via phone or to determine which product the patient needs so that the visit to the pharmacy is brief, with minimal interaction with staff. If you work in a jurisdiction that allows the use of unregulated technologies to provide virtual care, determine whether this is something that you are willing and able to offer.
- For remote consultations, confirm the patient's identity before starting the discussion, obtain patient consent, protect the patient's privacy, and document the intervention in the patient's record.
- Develop an approach for monitoring and following up with patients who have chronic diseases, such as COPD and diabetes. It is critical at this time because they may have fewer opportunities to see their physician.
- Monitor complex patients closely, such as those taking multiple medications or who are considered frail. They may be most likely to experience drug therapy problems that, if not addressed, could lead to emergency situations.
- Check in on patients who are on narrow therapeutic index drugs such as anticoagulants and insulin to remind them about how too little or too much medication could manifest and to check any warning signs of toxicity or other adverse effects.
- Ensure patients who need regular injections are getting them. Offer to provide injections if you have the authority and training to do so and the appropriate PPE available.
- Offer safe ways to obtain medication refills. Encourage someone to pick up medications for a frail, older person. Offer specific times of the day exclusively for older adults or vulnerable/immunocompromised patients to shop and/or pick up prescriptions, as many pharmacies have done. If your pharmacy offers delivery or curbside pick-up, be sure that your patients are aware of this option as well.

4 RESOURCES FOR PATIENTS

Pharmacists continue to serve as a source for credible health-related information for people in the community. Help patients manage their fears by providing factual information to put the media stories into perspective. Reinforce key messages: Stay home as much as possible, wash hands with soap and water for 20 seconds frequently throughout the day and after coming into contact with others in public places (such as the pharmacy), keep a good distance from others (at least two metres), and wear a homemade or other mask when going out into the pharmacy or grocery store when physical distancing may be difficult to achieve. Also, consider sharing credible websites or written information with patients.

Below are some resources that you may wish to share.

Government of Canada. Coronavirus disease (COVID-19): Awareness Resources. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/awareness-resources.html?topic=tilelink>

Centers for Disease Control and Prevention. Use of cloth face coverings to help slow the spread of COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Centers for Disease Control and Prevention. Stress and coping. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

Mental Health Commission of Canada. The working mind COVID-19 self-care & resilience guide. <https://theworkingmind.ca/blog/working-mind-covid-19-self-care-resilience-guide>

Mental Health Commission of Canada. Mental health first aid COVID-19 self-care & resilience guide. <https://www.mhfa.ca/en/blog/mental-health-first-aid-covid-19-self-care-resilience-guide>

Canadian Geriatrics Society. COVID-19 Recommendations for Older Adults: What do older adults need to know? https://canadiangeriatrics.ca/wp-content/uploads/2020/04/CGS-COVID-19-Recomm.-for-Older-Adults_FinalEN.pdf

World Health Organization. Clean care is safer care. Clean hands protect against infection. https://www.who.int/gpsc/clean_hands_protection/en/

What does this mean for patient care?

The community relies on pharmacists to provide credible information, especially in times of crisis. It may be helpful to print copies of relevant information and attach it to prescription bags or share links for relevant information through your social media platforms that are accessed by your patients. For patients who have access to technology, providing links to credible information through your website or by printing a page listing these links and affixing it to a prescription bag may be helpful. Take note that the pandemic is a fluid situation, and information and advice from national and international authorities can change over time. It is important to stay apprised of the most current information so you can share that with your patients.

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