Abstracts

OTC PROGRAM FOR COMMON, ROUTINE AILMENTS DESIGNED TO LOWER THE BURDEN ON PROVIDERS AND TO SUBSTITUTE LESS EXPENSIVE OTC MEDICATIONS FOR MORE COSTLY PRESCRIPTION MEDICATIONS: A CASE STUDY OF THE UNITED STATES NAVAL HOSPITAL IN KEFLAVIK, ICELAND

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Problem or Issue Addressed: Excessive utilization of clinic appointments for routine ailments that could be treated with over the counter medications.

Problem addressed: Hospital administration at the United States Naval Hospital in Keflavik Iceland concluded that too many clinic visits were for common, frequent ailments such as coughs, colds and aches and pains for which adequate OTC medications were available. Providers resented the time spent handling common ailments which limited their time available for handling non-routine complaints. In brief, the perception was that these visits for routine health complaints contributed to excessive wait times at the clinic and inhibited utilization of the clinic for more serious health conditions. Therefore, an OTC program for common ailments was adopted that did not require a provider visit.

Goals: The general goals of the OTC program was to lower the burden on providers, substitute less expensive OTC medications for potentially more costly prescription medications, and to increase utilization of pharmacy resources. The specific goals of the OTC program were (1) to reduce the amount of provider visits for routine health complaints for which there are adequate OTC options by 20%, (2) increase utilization of less expensive OTC remedies in place of expensive prescription medications by 15%, and (3) increase availability of clinic appointments.

Outcomes items used in the decision: The primary outcomes measures for this experiment were: percent of patients participating in the OTC program that also incurred a provider visit for the same ailment, proportion of provider visits devoted to the common ailments eligible for the OTC program, total prescriptions dispensed, OTC medications dispensed via the OTC program, number of provider visits, number of provider visits avoided times the cost of each visit, number of prescriptions avoided times the cost of each prescription, and total cost of OTC meds utilized during program period. All outcomes measures can be evaluated using the hospital’s comprehensive claims data.

Implementation Strategy: To assist the providers in making access to clinic appointments more readily available, the Pharmacy Department implemented an Over the Counter (OTC) medicine program, providing beneficiaries access to non-prescription medications for the treatment of common, routine health issues. The beneficiaries went directly to the pharmacy to access these medications after filling out a brief dispensing form indicating what medications they needed. These patients could also consult with the pharmacist about their problem. Some common ailments included in this program (and OTC medications available) were: Acid indigestion (Mylanta), Cough and cold (pseudoephedrine, guaifenesin, diphenhydramine, dextromethorphan), Minor fungal infections (clotrimazole), etc . . .

Results: Anecdotal evidence from patients and providers overwhelmingly indicate that the program was a success, and the program itself remained in effect for well over three years until base closing. All that remains is to empirically evaluate the hospital claims data before and after the implementation of the OTC program. Pending evaluation of that data there are three possible scenarios. The desirable outcome from the perspective of the hospital is that the OTC program lowered the number of provider visits and the use of more expensive prescription medications. The second scenario is that the OTC program actually increased provider visits and prescriptions—perhaps a consequence of discussions with the pharmacist leading to more provider visits and beneficiaries who not only visited the OTC clinic but subsequently also followed up with a provider visit for the same problem. The final scenario is that there were no significant changes before or after implementation of the program, implying that this OTC program increased utilization of pharmacy time and OTC medications provided by the hospital but did not reduce either provider visits or prescription medications for these illnesses. Important outcomes measures, among others, include the percent of patients participating in the OTC program that subsequently also incurred a provider visit for the same ailment and whether the OTC program lowered the proportion of provider visits devoted to the common ailments covered by the OTC program. The impact on hospital costs depends on whether the increased costs from the OTC program itself are offset by savings in provider visits and prescription medications.

Lessons Learned: Assuming that there are significantly lower numbers of office visits and expensive prescription medications used after implementation of the OTC program, it would be beneficial for insurance companies and Health Maintenance Organizations to evaluate the utility of implementing an OTC program or reimburse beneficiaries for OTC medications in the future. Additional studies would also be needed to further explore this aspect of health care.