From Oversight to Insight

Reimagining Resources in Collaboration with Patients

Debbie Bunka, BSc Pharm
Tahirih McAleer, BSP
RxFiles Academic Detailing


Debbie,
Can you help me talk about our journey with patient resources at NaRCAD?
Sure - just as long as we start by admitting that it was more of a scenic detour.
We have no conflicts of interest to disclose.

The RxFiles Journey:
25+ Years of Evolution

1

1997 – Saskatoon Pilot Launch

1999 – 1st Patient Tool: Antibiotics are not for Viral Infections

2

2000 - Provincial Expansion

Alternatives to antibiotic prescriptions:
Viral Prescription Pads

3

2001 - First Published Comparison Chart Book

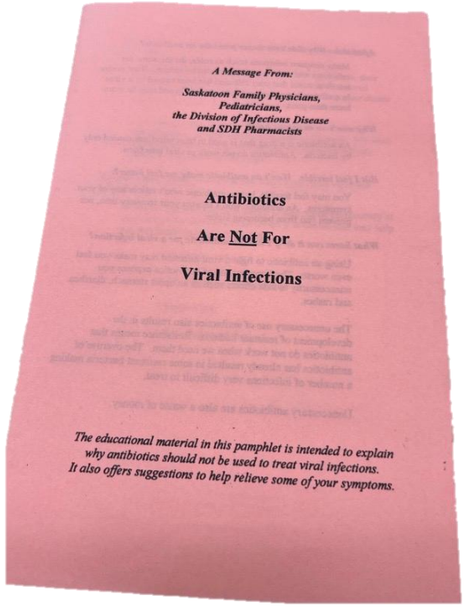
2006 – Asthma Action Plans
2015 – Insulin Needle Infographic
2016 – Antibiotic Posters

4

2018 - University Partnership – Patient Booklets

2018 – Opioid Tapering
2019 – Cannabinoids
2020 – Substance Use

…. and this was just the beginning!


A Message From:

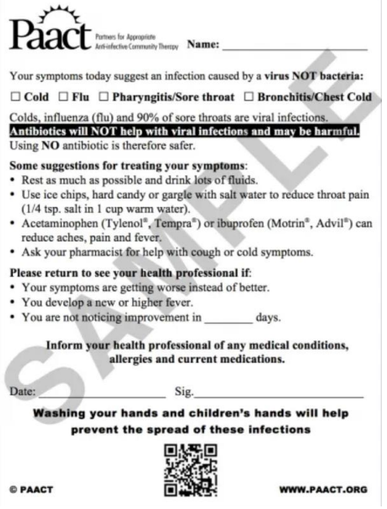
Saskatoon Family Physicians, Pediatricians, the Division of Infectious Disease and SDH Pharmacists

Antibiotics

Are Not For

Viral Infections

The educational material in this pamphlet is intended to explain why antibiotics should not be used to treat viral infections. It also offers suggestions to help relieve some of your symptoms.


Paact Partners for Appropriate Anti-infective Community Therapy Name: _____

Your symptoms today suggest an infection caused by a **virus NOT bacteria:**

☐ Cold ☐ Flu ☐ Pharyngitis/Sore throat ☐ Bronchitis/Chest Cold

Colds, influenza (flu) and 90% of sore throats are viral infections.
Antibiotics will NOT help with viral infections and may be harmful.
Using **NO** antibiotic is therefore safer.

Some suggestions for treating your symptoms:
- Rest as much as possible and drink lots of fluids.
- Use ice chips, hard candy or gargle with salt water to reduce throat pain (1/4 tsp. salt in 1 cup warm water).
- Acetaminophen (Tylenol®, Tempra®) or ibuprofen (Motrin®, Advil®) can reduce aches, pain and fever.
- Ask your pharmacist for help with cough or cold symptoms.

Please return to see your health professional if:
- Your symptoms are getting worse instead of better.
- You develop a new or higher fever.
- You are not noticing improvement in _____ days.

Inform your health professional of any medical conditions, allergies and current medications.

Date: _____ Sig. _____

Washing your hands and children's hands will help prevent the spread of these infections

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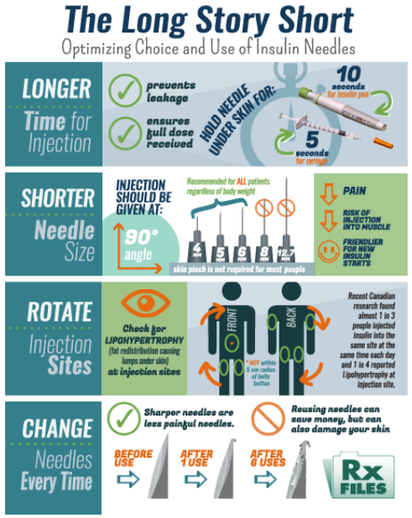
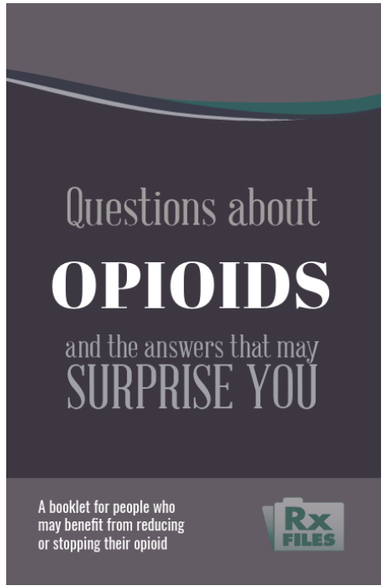
SAMPLE





The Missing Voice

The program and tools were originally designed for…

- Clinical decision-making
- Provider education
- Professional reference
- Supporting evidence-based practice

… but patients needed:

- Clear, understandable language
- Relevant, actionable information
- Tools they could use
- Resources that built confidence

Our tools were not serving the people who needed them the most

Why Now? The Strategic Shift

Wave of Change

More literature, presentations, symposiums, including the patient perspective in the process

Team Initiative

Leadership is willing to devote more time and resources as needed for this priority

Mission Alignment

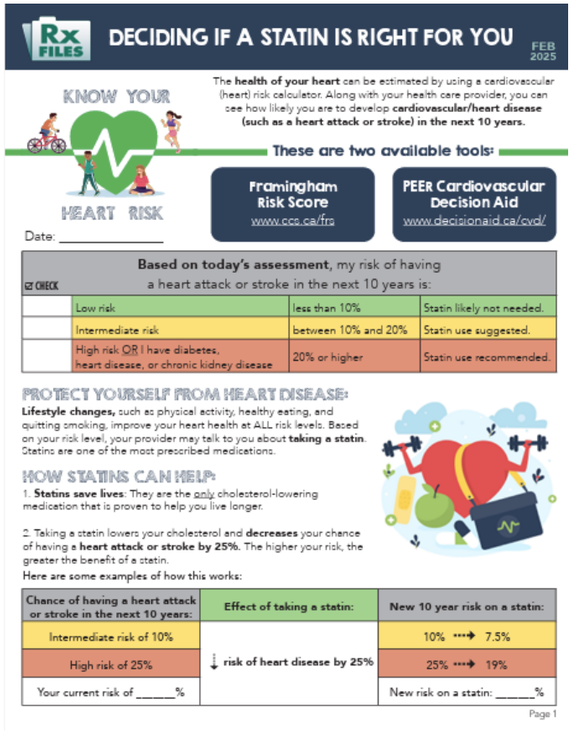
Patient-centered care became central to our organizational values and strategic planning initiatives

Taking Action: The Beginning of Our Formal Patient Review Process

- Two dyslipidemia double-sided patient tools

- **Patient Recruitment**
  - Family/friends
  - Community pharmacy
  - Physician
  - Saskatchewan Center for Patient Orientated Research (SCPOR)
  - Patient Engagement and Research Link (PEARL)

- **Honorarium**
- **Data collection**
  - Survey (Survey Monkey, print/mail, telephone)



Rx FILES

DECIDING IF A STATIN IS RIGHT FOR YOU

FEB 2025

KNOW YOUR HEART RISK

The **health of your heart** can be estimated by using a cardiovascular (heart) risk calculator. Along with your health care provider, you can see how likely you are to develop **cardiovascular/heart disease (such as a heart attack or stroke) in the next 10 years.**

These are two available tools:

Framingham Risk Score www.ccs.ca/frs

PEER Cardiovascular Decision Aid www.decisionaid.ca/cvd/

Date: _____

☑ CHECK	**Based on today's assessment**, my risk of having a heart attack or stroke in the next 10 years is:		
	Low risk	less than 10%	Statin likely not needed.
	Intermediate risk	between 10% and 20%	Statin use suggested.
	High risk OR I have diabetes, heart disease, or chronic kidney disease	20% or higher	Statin use recommended.

PROTECT YOURSELF FROM HEART DISEASE:

Lifestyle changes, such as physical activity, healthy eating, and quitting smoking, improve your heart health at ALL risk levels. Based on your risk level, your provider may talk to you about **taking a statin**. Statins are one of the most prescribed medications.

HOW STATINS CAN HELP:

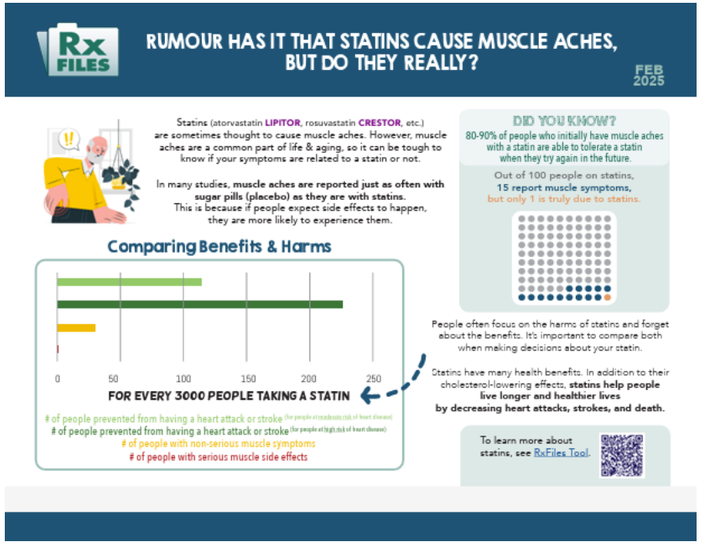
1. **Statins save lives**: They are the only cholesterol-lowering medication that is proven to help you live longer.

2. Taking a statin lowers your cholesterol and **decreases** your chance of having a **heart attack or stroke by 25%**. The higher your risk, the greater the benefit of a statin.

Here are some examples of how this works:

Chance of having a heart attack or stroke in the next 10 years:	Effect of taking a statin:	New 10 year risk on a statin:
Intermediate risk of 10%	↓ risk of heart disease by 25%	10% ⇢ 7.5%
High risk of 25%		25% ⇢ 19%
Your current risk of _____%		New risk on a statin: _____%

Page 1



Rx FILES

RUMOUR HAS IT THAT STATINS CAUSE MUSCLE ACHES, BUT DO THEY REALLY?

FEB 2025

Statins (atorvastatin **LIPITOR**, rosuvastatin **CRESTOR**, etc.) are sometimes thought to cause muscle aches. However, muscle aches are a common part of life & aging, so it can be tough to know if your symptoms are related to a statin or not.

In many studies, **muscle aches are reported just as often with sugar pills (placebo) as they are with statins.** This is because if people expect side effects to happen, they are more likely to experience them.

DID YOU KNOW?

80-90% of people who initially have muscle aches with a statin are able to tolerate a statin when they try again in the future.

Out of 100 people on statins, **15 report muscle symptoms,** but only 1 is truly due to statins.

Comparing Benefits & Harms

0 50 100 150 200 250

FOR EVERY 3000 PEOPLE TAKING A STATIN

# of people prevented from having a heart attack or stroke (for people at moderate risk of heart disease)

# of people prevented from having a heart attack or stroke (for people at high risk of heart disease)

# of people with non-serious muscle symptoms

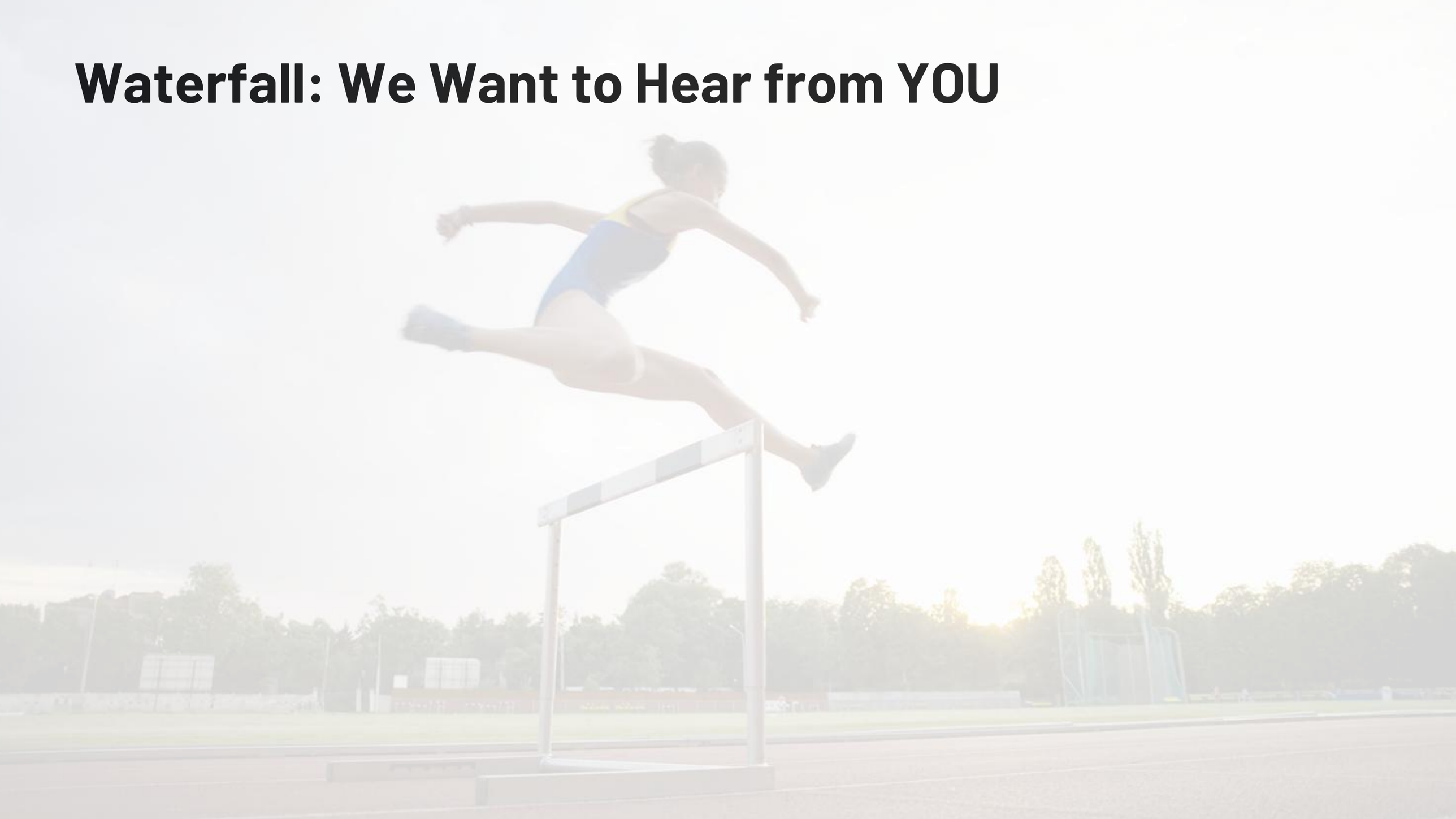
# of people with serious muscle side effects

People often focus on the harms of statins and forget about the benefits. It's important to compare both when making decisions about your statin.

Statins have many health benefits. In addition to their cholesterol-lowering effects, **statins help people live longer and healthier lives by decreasing heart attacks, strokes, and death.**

To learn more about statins, see RxFiles Tool.

Waterfall: We Want to Hear from YOU



The Reality Check: Significant Barriers

FUNDING CHALLENGES

- Organization time allocation
- Patient reimbursement logistics
- Resource constraints

PATIENT RECRUITMENT

- Achieving adequate sample sizes
- Minimizing selection biases
- Connecting with diverse populations

PAYMENT HURDLES

- University direct deposit requirements
- Banking and literacy barriers
- Gift card limitations ($5 maximum)

The Breakthrough:

CHASR
Canadian Hub for
Applied and Social Research

- Consult and design in research projects
- Tailored research consultation
- Applied and social research
- Data collection, data processing, data analysis, reporting

CHASR
Canadian Hub for
Applied and Social Research

CHASR Partnership: The Game-Changing Solutions

Payment Flexibility

Gift cards, e-transfers, and mailed cheques - no banking barriers or bureaucratic constraints

Expert Consultation

Professional guidance on research methods, question development, and data collection approaches

Patient Access

Connection to thousands of patients through multiple recruitment channels and engagement methods

Method Optimization

Consultation for most effective data collections tailored to this project

My Medication Plan

What to do when I am

UNWELL & DEHYDRATED

Adapted from the 2020 Canadian Cardiovascular Society Heart Failure and 2018 Diabetes Canada Guidelines.

Rx FILES

Name: _____ **Date:** _____

- When you are unwell, you are at risk of becoming dehydrated. This can be from throwing up, diarrhea, and/or not eating/drinking enough.
- If you become dehydrated, this can change the way medications work in the body. Some medications may even cause problems if taken when you are dehydrated.
- This means that **some** medications should be **PAUSED** when you are dehydrated (usually for just a few days) to prevent side effects or kidney problems.
- These medications can be **STARTED AGAIN** once you are feeling well.

MY PLAN

If I have been throwing up, and/or having diarrhea, and I am worried that I am dehydrated because I cannot keep "anything down" for more than 24 hours, I will PAUSE (temporarily stop) the following medicine(s):

Type of Medication (healthcare provider to fill out)	My Medication
sulfonylureas, other secretagogues	
ACEi/ARBs	
diuretics	
metformin	
NSAIDs	*If you have heart failure or reduced kidney function, avoid these medications. Ask your healthcare provider for alternative options.*
SGLT2 inhibitors	

I will RESTART these medicines again at my usual dose when I am feeling well and my body has recovered from the illness.

REMEMBER TO:

RESTART medications again at the same dose as when you were feeling well

HYDRATE drink plenty of fluids low in sugar, limit caffeine, and consider electrolyte replacement solutions

ASK your healthcare provider if you have questions about what to do when you are sick or if you do not feel better after about 3 days

✗ Do not take any over-the-counter products that contain:
- anti-inflammatory drugs (ibuprofen ADVIL, COMBOGESIC, MOTRIN, or naproxen ALEVE)
- ASA ASPIRIN for pain or fever; daily "baby aspirin" is okay if prescribed by a healthcare professional
- decongestant medications containing pseudoephedrine or phenylephrine

Read over-the-counter labels carefully - these ingredients are in many cold medicines.

✓ Instead, you can use:
- acetaminophen TYLENOL for pain or fever
- saline (salt water) nose spray or rinse for congestion

❑ I have DIABETES		❑ I have HEART FAILURE	
Stay hydrated	Try to drink plenty of fluids with minimal sugar, limit caffeine and consider electrolyte replacement solutions.	**Stay hydrated**	Keep total fluids (such as soup, water, tea) to 2 litres per day and replace fluids lost by throwing up, diarrhea, or fever.
Adjust insulin (if using)	The amount of insulin you need may increase or decrease. For example, meal time insulin may not be needed if you are not eating.	**Track weight and blood pressure**	Let your provider know if your weight goes up or down by more than 1.5 kilograms (3 pounds) over 2 days or if your blood pressure is lower than your normal.
Check blood sugar	Increase the number of times blood sugar is checked while ill. If they are too high or low, contact your healthcare provider.	**Watch salt**	Canned soup and packaged foods can cause your body to hold onto extra fluid.

The Second Act:
Sick Day Management Tool

- 2 x 18 patient focus groups
- RxFiles questions
- CHASR lead discussion
- Saskatchewan residents
- Semi-structured discussion, 70 minutes
- Focus: readability and clarity of the document

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this message was "not clear."

have a more direct approach,

"there's just so many things that are trying to pull your attention."

it seems overwhelming from the beginning,

The language used was generally perceived as too complex for the target audience.

a lot of unnecessary words and punctuation:

"My Plan" box to be overwhelming

just pare it down

"there is far too much information on this sheet,"

"I think there's just too much going on the page for one, there's just so much information crammed in here that I think it's going to confuse a lot of people."

I read it about three times before I finally got everything

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Check blood sugar	Increase the number of times blood sugar is checked while ill. If they are too high or low, contact your healthcare provider.	**Watch salt**	Canned soup and packaged foods can cause your body to hold onto extra fluid.

PROTECTING THE KIDNEYS

when unwell and dehydrated

Rx FILES

- When throwing up, having diarrhea, running a fever, or not eating / drinking enough for about 24 hours, there is a risk of becoming dehydrated.
- When dehydrated, some medications can harm the kidneys. These medications should be paused (for a few days) to protect the kidneys. It is important to restart the medications once feeling better.

To protect your kidneys when unwell and dehydrated, follow the steps below:

1 **CHECK for dehydration.** If unwell and showing signs of dehydration, continue to step 2.

Signs of Dehydration				
	❑ Peeing Less	❑ More Tired Than Usual	❑ Dizzy	❑ Confused
	❑ Dry / Cool Skin	❑ Thirsty, Dry Mouth	❑ Irritable	❑ Headache

2 **PAUSE some medications.** Stop the medications listed below for 1 to 3 days until feeling better.

Medication Family	Medication Name (Healthcare provider to fill out.) Date :
ACE inhibitor / ARB / ARNI	
Diuretic	
SGLT2 inhibitor	
NSAID (anti-inflammatory)	
Sulfonylurea and / or metformin	
Avoid over-the-counter products and cold medications that have ibuprofen (Advil, Motrin), naproxen (Aleve), or decongestants (pseudoephedrine, phenylephrine). Ask a pharmacist what can be taken instead.	

Reminders for people with DIABETES	
Adjust insulin	Insulin needs may change when unwell. For example, if not eating, meal time insulin is not needed.
Stay hydrated	Drink lots of fluids with minimal sugar. Limit caffeine. Consider electrolyte replacement drinks (such as Hydralyte).
Check blood sugar	Check blood sugar more often while unwell. Medications can lower blood sugar too much. If blood sugar is too low, contact a healthcare provider.

Reminders for people with HEART FAILURE	
Ask about pausing diuretic	Please contact your healthcare team before stopping a diuretic (water pill) such as furosemide.
Stay hydrated	Keep total fluids (such as soup, water, tea) to 2 litres per day. Replace fluids lost from throwing up, diarrhea, or fever.
Track weight and blood pressure	Contact a healthcare provider if body weight goes up or down by more than 1.5 kilograms (3 pounds) in 2 days or if blood pressure is lower than usual.
Be aware of salt	Canned soup and packaged foods are high in salt and can cause your body to hold on to extra fluid.

3 **RESTART medications** when feeling well and eating again.
Talk to a healthcare provider if not feeling better after 3 days or with any questions.

TAKE NOTE!

The Future Looks Bright

- Create patient tools, along with patients
- Meet the needs of both the clinician & the patient
- Request dedicated funding
- Ensure input received from underserved populations

Key Learnings: Take Action Early

Challenge Inertia

Consider the WHY and HOW when change isn't happening

Question Assumptions

Rethink and reconsider your processes, values, and priorities

Stay the Course

Maintain persistence while engaging in ongoing dialogue with both internal and external resources where appropriate