

Assessment of Drug Sample Use In Outpatient Clinics: A Three Part Investigation

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Background

- Drug samples are typically given to patients to assess their response to therapy without them having to commit to a medication that may be costly or result in waste.
- Reports suggest that the use of drug samples do not promote good use of therapy and instead increase adverse events and healthcare spending.
- Issues that may be associated with providing drug samples include dispensing expired stock, lack of appropriate counseling, improper instructions, insufficient labeling, and patients not being screened for contraindications, interactions or allergies. Moreover, there is no record of the drug sample on PharmaNet.
- These issues taken together may pose a threat to patient safety.
- Examination of our records suggests that outpatient clinics owned and operated by health authorities use drug samples.
- The objectives of this investigation are to provide insight regarding the current practices surrounding the use of drug samples, to determine healthcare providers' attitudes toward samples, and to identify barriers to practice change.
- The results of this study will help to inform policy change surrounding the use of drug samples in outpatient clinics.

Methods

- Outpatient clinics within Vancouver Coastal Health, Providence Health Care and Fraser Health that used drugs as a routine part of care were included, and were faxed information about the study and then called to assess their eligibility.
- If clinics used drug samples, then an appointment was set up to conduct Part I and Part II of the study.
- Part I examined procedures related to drug samples. This was accomplished through a face-to-face, cross-sectional survey with short-answer questions. Photographs of drug sample storage conditions were also captured.
- Part II examined clinician attitudes and opinions related to drug samples, as well as rationale behind providing drug samples versus a prescription. This was also accomplished through a face-to-face, cross-sectional survey and employed a mix of short-answer and Likert scale questions.
- The primary outcomes of the study were the answers to the survey questions captured in Parts I and II.
- The results obtained were analyzed using descriptive statistics.

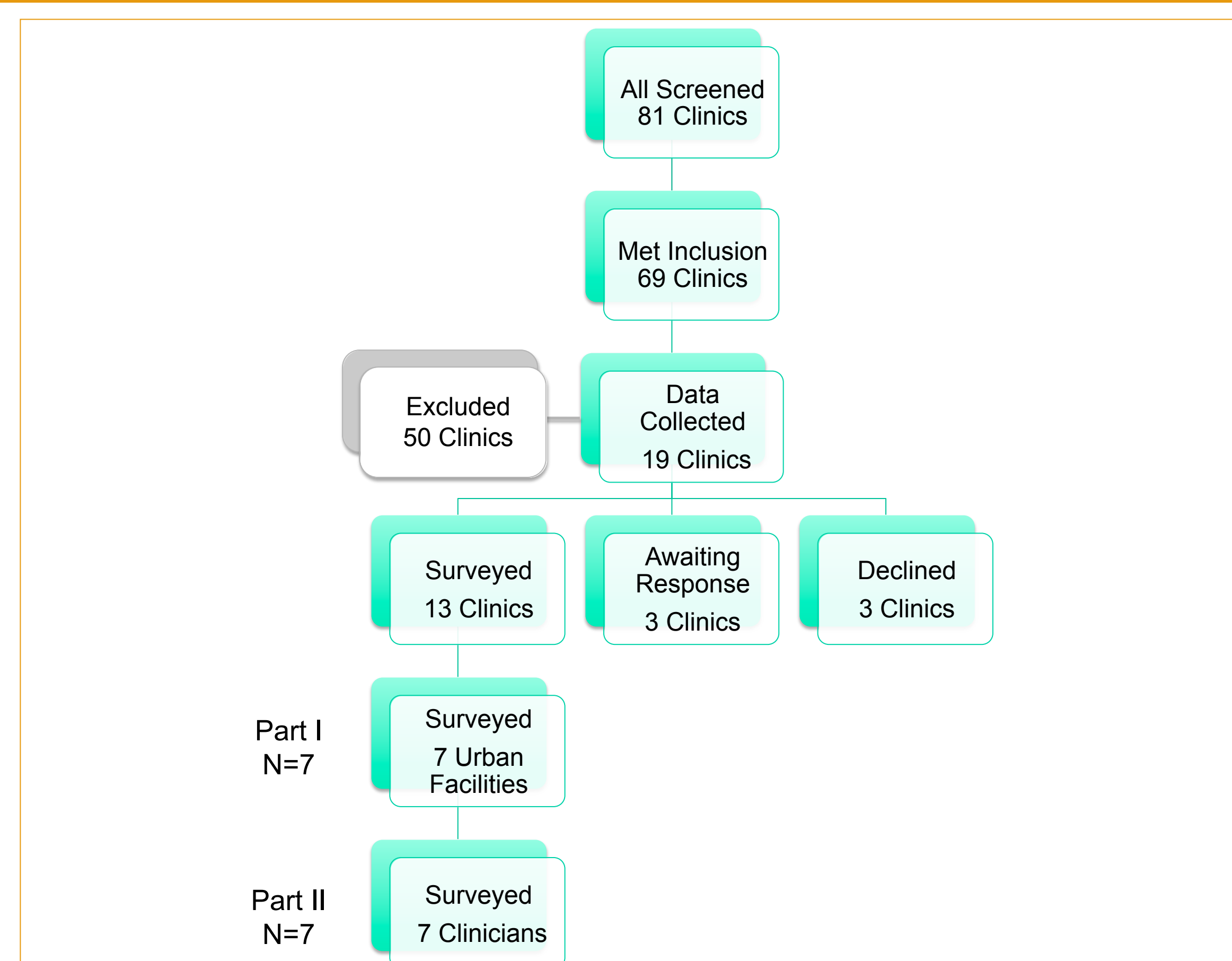


Figure 1. Illustrates facilities and clinicians included in our study to date. Our data represents a subset of the population

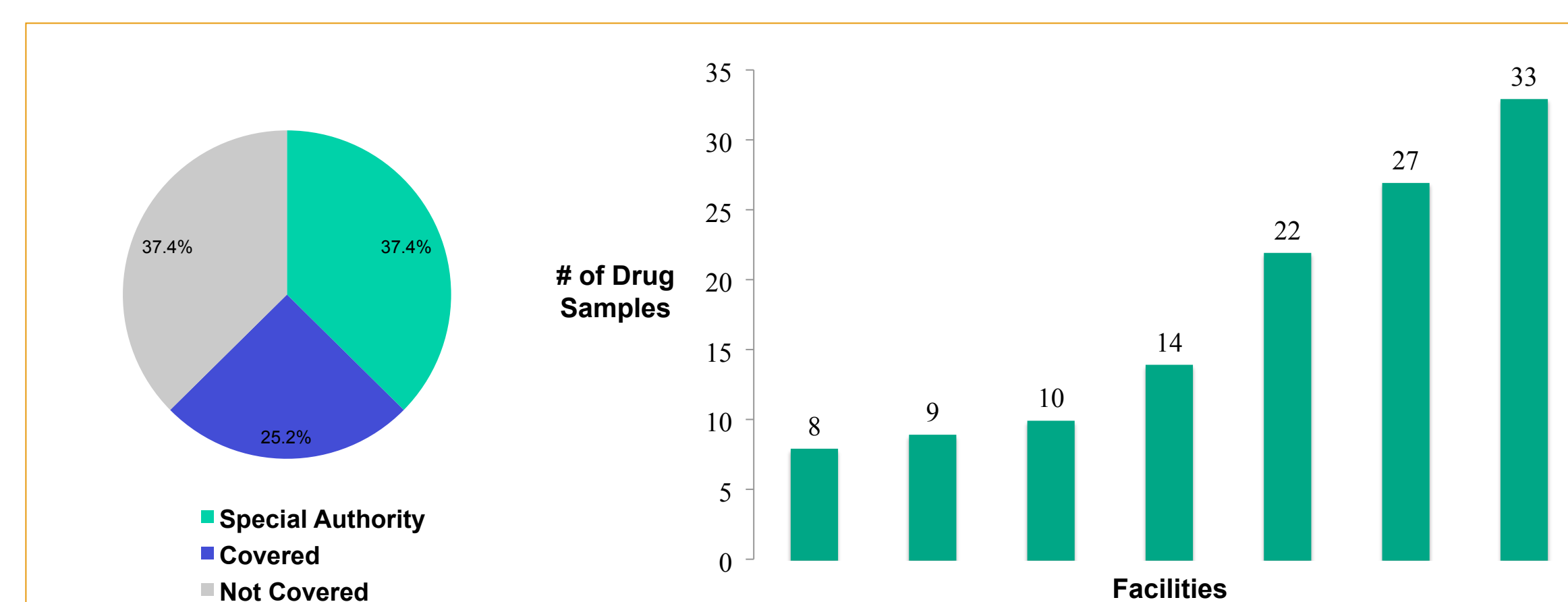


Figure 2. PharmaCare coverage of drug samples.

Figure 3. Number of drug samples stored in each facility.

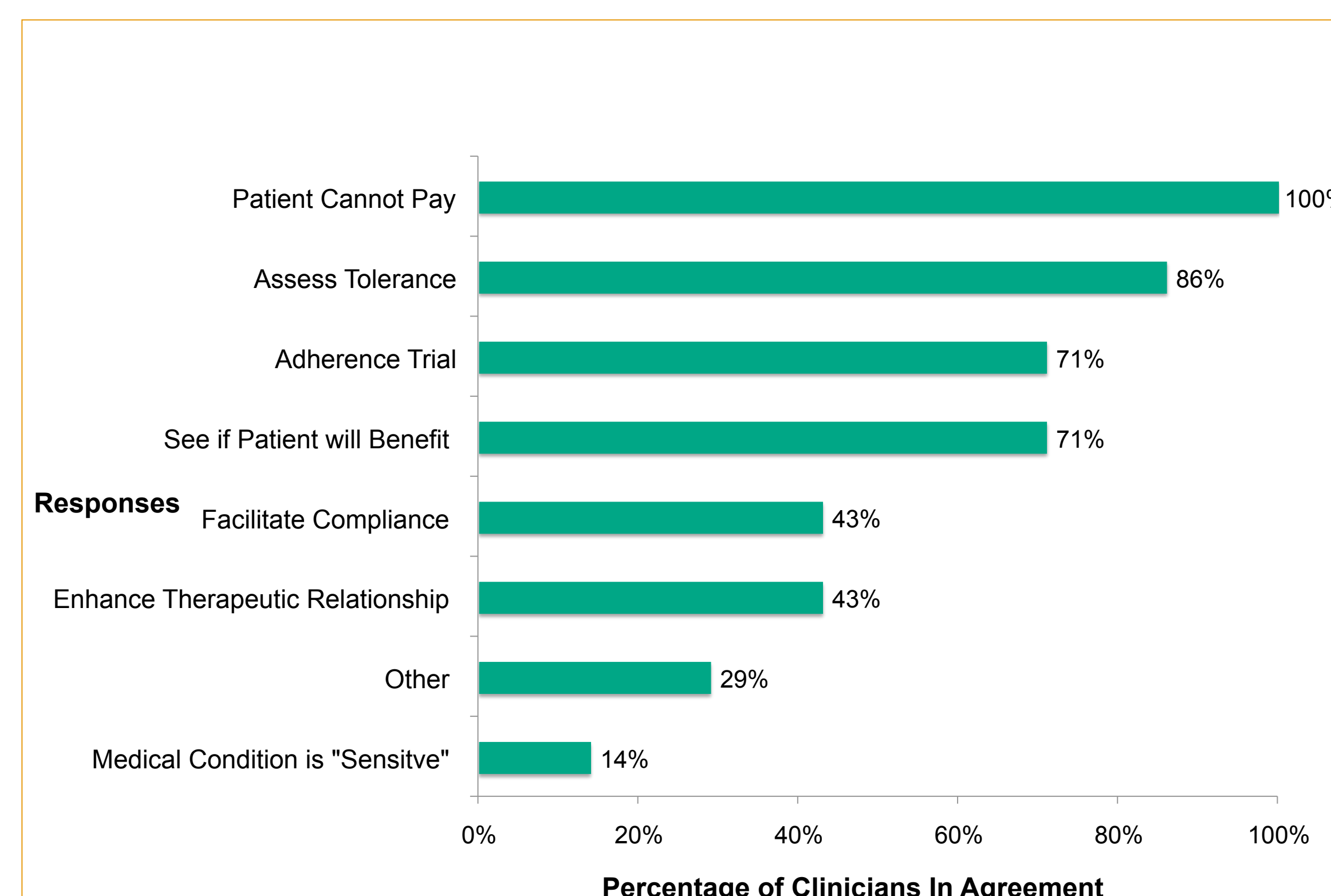


Figure 4. Depicts clinician reasons for providing drug samples to patients.

Interim Results for Part I & II

Part I

- Facilities utilized storage rooms, file cabinets, cupboards and patient exam rooms to store drug samples.
- The reported frequency of pharmaceutical representatives re-stocking drug samples ranged from several times a week to every two months.
- Samples are checked for expiry on a fixed schedule in 71.4% of facilities.
- Only 28.6% of facilities endorse cross-checking PharmaNet prior to providing patients with drug samples.
- Fifty-seven percent of facilities provide information on side effects, precautions, and instructions for use and 14.2% report partial counseling on these topics.
- Patients who receive drug samples are told by 42.8% of facilities to notify their family physicians or pharmacists of their drug sample use.
- Drug samples are not labeled in 57.1% of facilities and 71.4% do not dispense childproof packages for their drug samples.

Part II

- Clinicians believe that drug samples play a role in their practice to some extent. The frequency that they provide drug samples to their patients varies between rarely and very frequently.
- Clinicians report that their patients appear satisfied or very satisfied when they are provided drug samples.
- Seventy-one percent of clinicians slightly or mostly agree that pharmaceutical representatives play a role in their education of new or existing drugs; in contrast, 28.5% of clinicians mostly disagree that pharmaceutical representatives play a role in their education of drugs.

Limitations

- Our investigation was subject to response bias, discrepancies between observation and facility reporting, skip errors, and inter-surveyor variability. Our small sample size is a limitation imposed by interim reporting.
- The enrolment for Part II is contingent on enrolment from Part I and as such is subject to coverage error.

Interim Conclusions

- Procedures related to drug samples may leave patients at risk of adverse drug events as contraindications and interactions are not consistently screened, and patients are not routinely counseled or provided with labeled drugs. Moreover, patients are not regularly told to notify other healthcare providers of their drug sample use.
- Clinicians provide drug samples as they believe it will benefit their patient's health. Furthermore, clinicians believe that their patients' are satisfied with the provision of samples.