

## Information and Training Webinar

[emphasis.core.ubc.ca](http://emphasis.core.ubc.ca)

Click for more information

1

## Webinar Outline

- I. Why asthma and adherence?
- II. Why community pharmacists?
- III. What is EmPhAsIS?
- IV. Step-by-step guide to being an EmPhAsIS site
  - Baseline** procedures
  - Follow-up** procedures (for Intervention Group)
  - Study-end** procedures

2

## Versions of this Webinar

### Still

- Scroll through the slides as a presentation
- Interact with resources by clicking on links pointed by a yellow arrow

### Printed

- Please print to have as quick reference

### Movie (Coming Soon...)

- Just press play and let us guide you through

3



## I. Asthma and Adherence

4

## Why Asthma?

### 'Adherence is a big problem in asthma'

- Adherence to asthma controller therapies  
– 30 – 70% (**In BC: 34%**)
- Improving adherence can **prevent** asthma-related:
  - Doctor visits (~9M/yr)
  - Emergency visits (~4 M/yr)
  - Hospitalizations (~1 M/yr)

5

## Adherence Key to Asthma Control



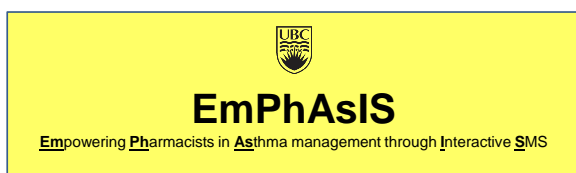
Asthma doesn't have to control patients' lives. Patients can control asthma by

- Becoming **educated** about asthma
- Taking medications as directed ('**adherence**')

[asthma.ca](http://asthma.ca)

Click for more information

6



## II. Community Pharmacists

7

## Pharmacy in Canada



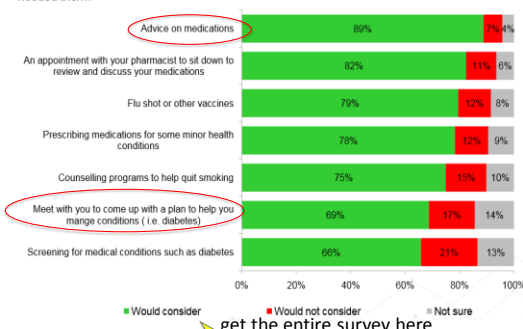
- 'pharmacists are taking on [expanded roles](#)'
- 'pharmacists are increasingly being recognized as the medication management experts'
- '**pharmacists are key to ensuring safe, cost-effective drug therapy for Canadians**'

[pharmacists.ca](http://pharmacists.ca)

8

## Going to Your Pharmacist

Would you consider or not consider going to your pharmacist to receive the following services if you needed them?



get the entire survey here

9

## Pharmacy Practice Research



- Studies that evaluate pharmacists' roles in a variety of capacities including:
  - Systems research
  - Patient-centered research
  - Community based research
- Strongly advocated by CPhA

[CPhA 'the Translator'](#)

10

## Pharmacy Practice Research with UBC

- From >10 years working with >100 pharmacies, you will:
  - Be provided **training**
  - Be provided **tools** as a study site
  - Have **support** from our Research Team
  - Have opportunity to provide **feedback**
  - ....Have fun and contribute to evidence generation for expanded pharmacy scope in Canada

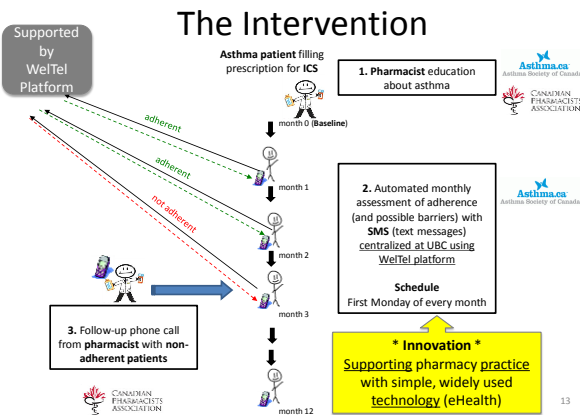
11



## III. What is EmPhAsIS?

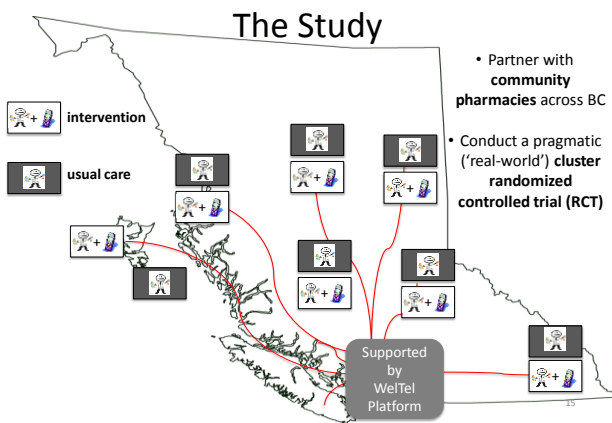
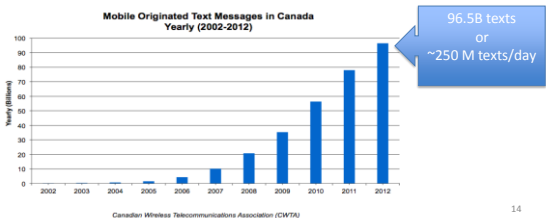
**Study** of a community-pharmacist led adherence **intervention** for asthma

12



## eHealth Supporting Pharmacy Practice

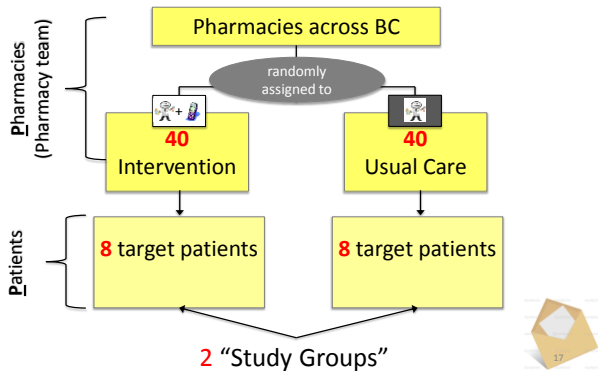
- 'Cell phones are everywhere'
  - 2014: 28.3 M Canadian mobile phone users
- 'Canadians love to text'



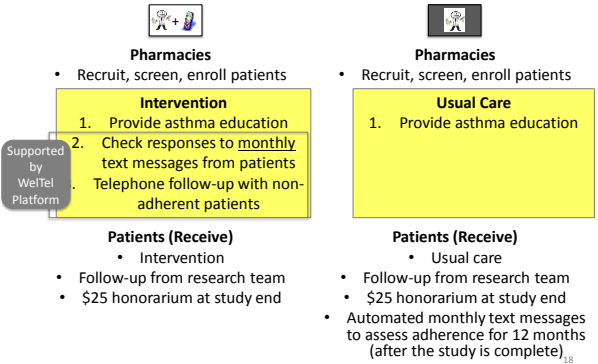
## Study Groups in a Cluster RCT

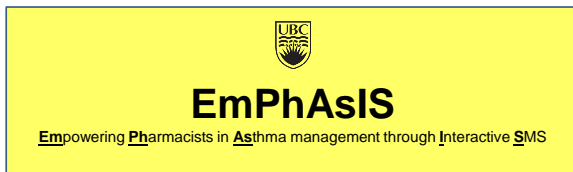
- In this study, pharmacies are randomized to study groups (and not patients)
  - Efficient
  - Reduces contamination
- A randomization list was generated prior and study group assignments for consecutive site pharmacies are drawn from this list

## 'P'eoople Make EmPhAsIS Possible



## Study Groups





## IV. Conducting EmPhAsIS in your Pharmacy

### Resources and Baseline Procedures

19

## Resource 1: Binder



- Important information contained
  - **Site #**
    - 3-digit 'pharmacy ID' (i.e. 007)
    - Unique to your pharmacy
  - **Randomization status** (intervention or usual care)
  - Patient **Study IDs** (sheets of labels)
    - Unique to each patient that you will enroll
  - **Tools** to conduct the study in your pharmacy

20

## All About Your Site #



- Makes up part of your **username** to allow access to all electronic resources
  - Pharmacists section in EmPhAsIS website
    - For Intervention and Usual Care Groups
  - WelTel platform
    - For Intervention Group only
- Same username for both resources

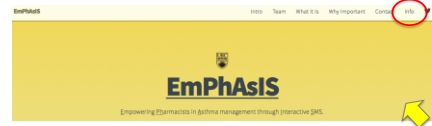
**username = phar###**  
(i.e. phar007)

21

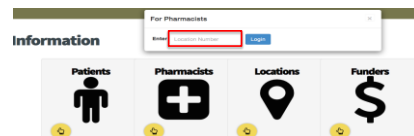
## Resource 2: Website



1. Click on "INFO" to access Pharmacists Section



2. Enter username (i.e. phar007)



22

## Resource 3: WelTel Platform



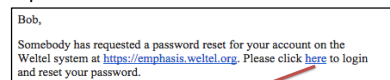
- For Intervention Group only, use to:
  - **Register** patients for automated monthly texts
  - **Check** responses to monthly texts from patients
  - **Manage** follow-ups with non-adherent patients

23

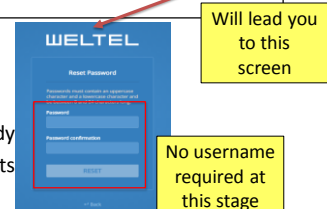
## Creating your WelTel Password



1. After training, you will receive an email to "reset" your WelTel password



2. Create password

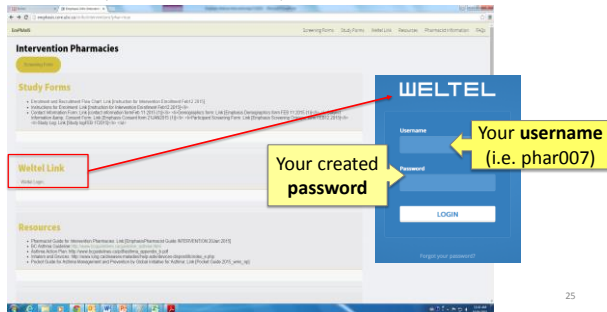


3. You are now ready to register patients into the platform

24

## Accessing WelTel Platform

- Go to "Pharmacists" section in EmPhAsIS website
- Enter your username + created password



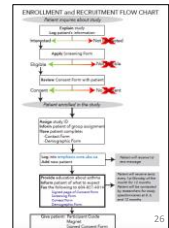
25

## Baseline EmPhAsIS Procedures

1. **Recruit** (Explain study to patients)
2. **Screen** (Patients for eligibility)
3. **Consent** (Eligible patients)
4. **Complete** Enrolment Procedures (Related to Intervention or Usual Care)

In your binder

- Enrollment and Recruitment Flow Chart (laminated)



26

## Eligibility Criteria for Patients

1. 14 years or older
2. Diagnosed with asthma
3. Prescribed with inhaled corticosteroids
4. Have a cell phone with text capabilities

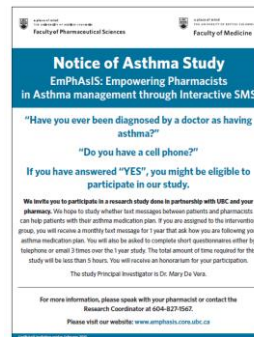


27

## 1. Recruit

In your binder

- Study Ad (colour & BW)



Tip

- Post ad on:
  - Wall by counseling area
  - Counter



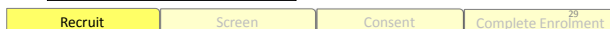
## 1. Recruit

In your binder

- Patient Quick Info Letter

Tip

- Use to explain EmPhAsIS study to patients
- Hand out to asthma patients



## 2. Screen for Eligibility

In your binder

- Participant Screening Form


Via website

- Online Participant Screening Form



### 3. Consent Eligible Patients



- In your binder 
- 10 **Enrolment Packages** (in plastic covers)
    - Instructions**
    - Subject Information and Consent Form**
    - Contact Form**
    - Demographic Form**
    - Participant Guide**
    - [Magnet - Intervention Group only]
  - Use 1 package per eligible patient

Recruit	Screen	Consent	Complete Enrolment <sup>31</sup>
---------	--------	---------	----------------------------------

### 3. Consent Eligible Patients



- Important part of enrollment process
- Review **Subject Information and Consent Form** with patient
- Have patient sign the 2 copies of page 9
  - 1 copy stapled to form → Patient takes home
  - 1 copy not stapled → **Fax** to UBC and **File** in binder
- It is after patient has signed that you may inform of his/her study group assignment

Recruit	Screen	Consent	Complete Enrolment <sup>32</sup>
---------	--------	---------	----------------------------------

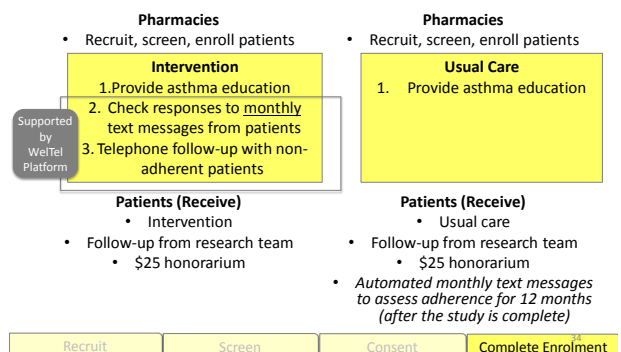
### 4. Complete Enrolment



- Have patient complete
  - **Contact Form**
  - **Demographic Form**
- **Fax** to UBC **604-827-4014** and **File** in your binder ("Completed Forms" tab)

Recruit	Screen	Consent	Complete Enrolment <sup>33</sup>
---------	--------	---------	----------------------------------

### 4. Complete Enrolment (By Group)



Recruit	Screen	Consent	Complete Enrolment <sup>34</sup>
---------	--------	---------	----------------------------------

### 4. Providing Asthma Education



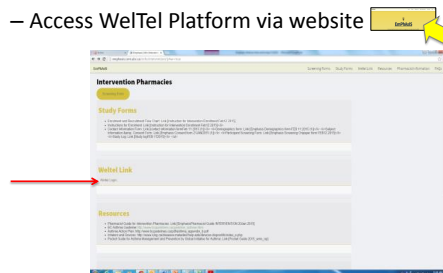
- Both Intervention and Usual Care Pharmacies:
  - As this is a real-world ('pragmatic') clinical trial, provide education according to your own practice
  - Educational resources on asthma available website for both patients and pharmacists

Recruit	Screen	Consent	Complete Enrolment <sup>35</sup>
---------	--------	---------	----------------------------------

### 4. Initiating Text Messages



- Intervention Group Pharmacies Only
  - Access WelTel Platform via website



Recruit	Screen	Consent	Complete Enrolment <sup>36</sup>
---------	--------	---------	----------------------------------



## 4. Initiating Text Messages

- Intervention Group Pharmacies Only
  - **Login** into WelTel platform (via 'Pharmacists' section of EmPhAsIS website)



## 4. Initiating Text Messages



## 4. Complete Enrolment

- Provide** patient with:
  - Plastic package containing
    - Signed **Subject Information & Consent Form**
    - **Participant Guide**
    - Magnet (for **Intervention Group**)
- Inform** patient that:
  - Research team will follow-up within 48 hours
  - S/he will receive text messages on the first Monday of every month for 12 months (for **Intervention Group**)





## 4. Complete Enrolment

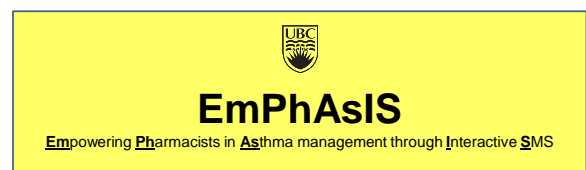
- Reminder to **Fax** to UBC **604-827-4014** and **File** in your binder ("Completed Forms" tab) the following:
  - **Participant Screening Form**
  - **Signed Subject Information & Consent Form** (page 9)
  - **Contact Form**
  - **Demographic Form**
- Update the Study Log**
  - Found at the front of your binder



## Additional Resources

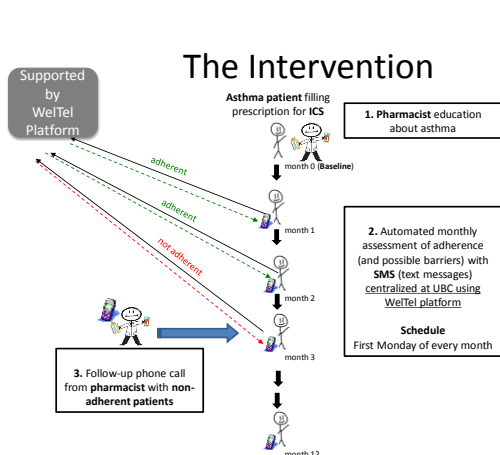


- Please view **mini-webinars**

  - Baseline Procedures: Recruiting and Screening Patients
  - Baseline Procedures: Consenting and Enrolling Patients
  - Baseline Procedures: Usual Care Pharmacy, Next Steps
  - Baseline Procedures: Intervention Pharmacy, Next Steps
- Please refer to **Pharmacist Guide** (in your binder)
 
  - Intervention and Usual Care Versions available



## V. Conducting EmPhAsIS in your Pharmacy

Follow-up Procedures  
(Required for Intervention Group Pharmacies;  
For Information Only for Usual Care Pharmacies)

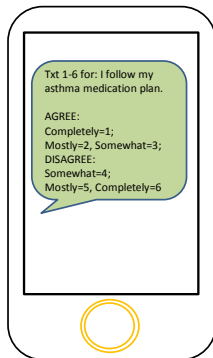


## Automation of Monthly SMS

- **WelTel Platform**
  - You do not have to send texts to patients
  - For duration of study, only available to Intervention Group pharmacies

The diagram shows a login form for 'WELTEL'. It has two input fields: 'Username' and 'Password'. A yellow box on the left points to the 'Password' field with the text 'Your created password'. A yellow box on the right points to the 'Username' field with the text 'Your **username** (i.e. phar007)'. Below the input fields is a 'LOGIN' button. At the bottom of the form, there is a link that says 'Forgot your password?'.

## Understanding EmPhAsIS SMS



### SMS comprises

- **Adult Asthma Adherence Questionnaire (AAAQ)** used to screen adherence problem and barriers in asthma patients
  - **Every Month: Question 1** (sent on first Monday) to assess adherence problem
  - **Based on Response to Question 1: Questions 2 to 5** to identify potential barriers to adherence

## AAAQ Reference Table in WelTel

The screenshot shows the WELTEL patient portal interface. At the top, there's a navigation bar with 'WELTEL' logo and links for 'CHECKS', 'LEADS', 'OUTPAT', and 'PAIN'. A user is logged in as 'mary' (mary.smith@writel.com). Below the navigation bar, there's a section for 'Checks for week of' (Monday, April 27, 2015). A sidebar on the left lists 'Filter Checks' with categories: ALL (15), INCOMPLETE (14), ADHERENT (14), NOT ADHERENT (14), AND RESPONSE (14), NO RESPONSE (14), and CUSTOM (5). The main content area shows a 'Check Date' of 'Apr 07, 2015', a 'Classification' of 'ADHERENT', and a 'DPMHQS' button labeled 'QUESTIONNAIRE'. Below this is a 'Reference Table' with two columns: 'Question' and 'Indicator'. The table lists five reminders related to assessing adherence problems and managing ICS use. A blue 'Email me' button is on the right. A large blue bracket on the right side of the table groups the first four rows under the heading 'identify adherence barrier'.

Question	Indicator
1. I take my asthma medication daily	+4 suggest possible adherence problem
2. I forget to take my inhaler and don't use my related control step	ad Indicates problem start
3. My asthma is mild and does not require regular preventative treatment	ad Indicates problem start
4. My mild disorder causes side effects	ad Indicates problem start
5. I can't afford my related control medications	ad Indicates problem start

identify adherence barrier

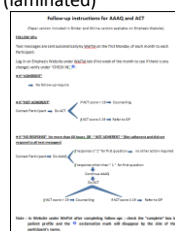
managing ICS use  
perceived need for ICS  
fear of side effects  
cost concerns

## Follow-up EmPhAsIS Procedures

- 1. Check monthly SMS**  
("checkin") (Patient responses to monthly SMS in WelTel platform)
- 2. Follow-up non-adherent patients** by telephone (if needed)

In your binder

- **Follow-up Instructions for AAAQ and ACT**  
(laminated)



## 1. Checkins

- Standardized sending of text messages on the **first Monday of every month** via WelTel
  - You will not have to do anything with respect to texting participant yourself
- Tip:
  - Incorporate monthly SMS checks into workflow by doing “checkins” on WelTel on first Tuesday (or first Wednesday) of the month

Check monthly SMS	Follow-up non-adherent patients <sup>48</sup>
-------------------	---





## 1. Checkins

- 'Checkins' view for all patients (# according to Status)

Green = # of ADHERENT checkins

Red = # of NOT ADHERENT checkins

Gray = # checkins with NO RESPONSE

Check monthly SMS

Follow-up non-adherent patients<sup>49</sup>



## 1. Checkins

- 'Checkins' view for all patients (List)

Click on symbol to check new message

Click on patient's name to view profile and SMS history

Symbol indicates 'checkins' needing review

Check monthly SMS

Follow-up non-adherent patients<sup>50</sup>



## 1. Checkins

- Profile view for individual patient

1. Checkin status

3. Access to AAAQ or ACT

4. Complete box indicates monthly checkin was completed and reviewed by you (Tip: Important to check this for NOT ADHERENT patients)

2. SMS send and response History (Tip: Read up, earlier text on bottom)

Check monthly SMS

Follow-up non-adherent patients<sup>51</sup>



## 2. Follow-up Non-Adherent Patients

- Your role in this step is the most important part of the EmPhAsIS study
- Because this is a pragmatic study, please provide counselling according to your practice but we have provided you with some tools to help

### Tools

- AAAQ Questions 2 to 5 to identify adherence barrier
  - Texted to patients OR
  - Accessible via WelTel OR
  - AAAQ Form (in binder)
- Asthma Control Test (ACT) to assess asthma control
  - Accessible via WelTel OR
  - ACT Form (in binder)

Check monthly SMS

Follow-up non-adherent patients<sup>52</sup>



## 2. Follow-up Non-Adherent Patients

- Why the AAAQ?
  - By identifying potential adherence barrier, we hope this tool will facilitate your counselling
  - Please note: This is provided as a tool and while we encourage its use, you may decide to use/not use

Check monthly SMS

Follow-up non-adherent patients<sup>53</sup>



## 2. Follow-up Non-Adherent Patients

- Why the ACT?
  - This allows assessment of asthma control
  - If total score is 19 or lower, please advise patient to consult their GP
  - Please note: This is provided as a tool and while we encourage its use, you may decide to use/not use

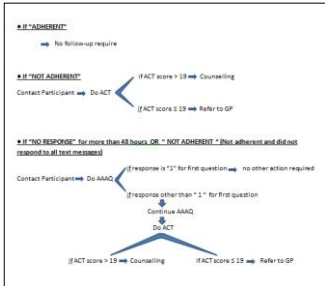
Check monthly SMS

Follow-up non-adherent patients<sup>54</sup>



## 2. Follow-up Non-Adherent Patients

- From **Follow-up Instructions for AAAQ and ACT** (laminated card), possible scenarios:



Check monthly SMS

Follow-up non-adherent patients



## 2. Follow-up Non-Adherent Patients

- We understand pharmacies and pharmacists are busy and we encourage:
  - Two attempts (if possible) at contacting patients
  - If after two attempts, you are not able to contact the patient,
    - Please inform research team
    - Await responses to next month's SMS

Check monthly SMS


Follow-up non-adherent patients

## Additional Resources

- Please view **mini-webinar** 
  - Follow-up Procedures: Intervention Pharmacy Monthly Follow-up and WeTel Platform
- Please refer to **Pharmacist Guide** (in your binder) 
  - For Intervention Group

Check monthly SMS

Follow-up non-adherent patients



# EmPhAsIS

Empowering Pharmacists in Asthma management through Interactive SMS

## VI. Conducting EmPhAsIS in your Pharmacy

### Study End Procedures

58

## Study End EmPhAsIS Procedures



- Print** participants' medication profile
- Arrange **collection** of study materials by research team
- Offer opportunity to receive automated monthly assessment of adherence by text messages for 12 months to participants (for Usual Care Group only)

59

## 1. Print Medication Profile



- Once a participant has completed 12 months of follow-up in the study, you will be contacted by the research team to:
  - Print** a medication profile that lists their medications over the 12 months
  - Fax** the profile to UBC at 604-827-4014

Print Medication Profile

Collect Study Materials

Offer SMS Opportunity

## 2. Arrange Collection of Materials



- Once all of the participants enrolled in your pharmacy have completed 12 months of follow-up in the study, you will be contacted by the research team to:
  - Make arrangements to collect study binders
    - By pickup if in Greater Vancouver Area
    - Secure post or courier services if outside Greater Vancouver Area

Print Medication Profile	Collect Study Materials	Offer SMS Opportunity
--------------------------	-------------------------	-----------------------

## 3. Offer SMS Opportunity



- For Usual Care Pharmacies
  - You or patients you recruited may be interested in experiencing having automated monthly assessment of adherence by text messages (for 12 months)
  - If so, please contact us and we will gladly arrange this for you
  - *Please note that this will be for automated text messages only, there will be no follow-up procedures with non-adherent patients*

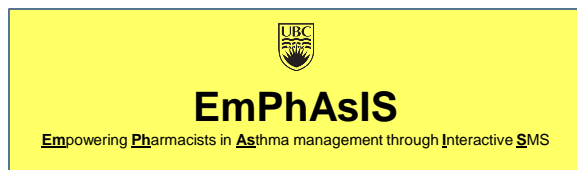
Print Medication Profile	Collect Study Materials	Offer SMS Opportunity
--------------------------	-------------------------	-----------------------

## Before Launching EmPhAsIS



- ☐ Inform your staff of your participation as an EmPhAsIS site
- ☐ Have team (pharmacists, technicians, and students)
  - ☐ Complete **Information and Training Webinar**
  - ☐ Review **Binder**
  - ☐ Sign **Training Signing Sheet** found in your binder (Fax completed sheet to UBC, 604-827-4014)
- ☐ Fax courtesy **Physician Letter** found in your binder to family physicians in your area to inform them about the study
- ☐ Create a short-cut on your computer(s) to our website (<http://emphasis.core.ubc.ca/>) for instant access
- ☐ For Intervention Groups, create your password for WeTel platform

63



### Questions?

Please do not hesitate to contact us

Dr. Mary De Vera at **604-827-2138** ([mdevera@mail.ubc.ca](mailto:mdevera@mail.ubc.ca))  
 Research Coordinator (Louise) at **604-827-1567** ([louisega@mail.ubc.ca](mailto:louisega@mail.ubc.ca))

Fax: **604-827-4014**

### Mailing Address

2405 Wesbrook Mall, Vancouver BC, Canada V6T 1Z3

64