



## COMPLETED GRANT SYNOPSIS

### Building the Case: Changing Consumer Perceptions of the Value of Expanded Community Pharmacist Services

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Objectives	
<p>Conduct consumer focus groups to:</p> <ol style="list-style-type: none"> <li>1. Determine factors (i.e., previous interactions or information) that contribute to both positive and negative consumer perceptions of expanded pharmacist patient care roles.</li> <li>2. Identify the facilitators and barriers that contribute to consumer awareness and perceptions of the value of expanded community pharmacist patient care services using case-based scenarios</li> <li>3. Develop a successful approach and strategies for increasing consumer advocacy for the value of expanded community pharmacist patient care services.</li> </ol>	
Methods	
Design	<p>This study was conducted to gain an understanding of consumer’s perceived thoughts, perceptions, and values of expanding (i.e. non-dispensing) community pharmacist services. The focus group discussions included topics that focused on the current frequency and types of pharmacist interactions consumers experience currently; the current role of the pharmacist in providing patient care; consumer experiences with pharmacist services outside of Connecticut; consumer thoughts, concerns, and perceived value of expanded services; perceived facilitators and barriers to expanded service utilization; and the role of consumer advocacy organizations in championing the implementation of expanded community pharmacist services. A combination of scenario-based discussions and individually completed questionnaires were used to elicit both group and individual perceptions of the expanded services discussed.</p>
Study endpoints	<ol style="list-style-type: none"> <li>1. Consumer thoughts/concerns regarding implementation and use of expanded community pharmacist services.</li> <li>2. Facilitators/barriers to using expanded pharmacist services for direct patient care services.</li> <li>3. Added value/benefit of expanded pharmacist services.</li> <li>4. Consumer perceived role of consumer advocacy organizations increasing awareness of expanded services.</li> <li>5. Approaches and strategies to increasing consumer advocacy for the value of expanded community pharmacist patient care services based on gaps in consumer perceptions</li> </ol>
Results	
<p>Participants exhibited some common reactions across all three scenarios. They expressed reservation about the ability of pharmacists to take on additional services when participants view them as “overworked,” “frazzled,” “so busy”, and having “too much on their plate.” Accordingly, participants found it difficult to imagine how pharmacists can take on more work without requiring a change in pharmacist staffing capacity to ensure safe medication use. However, many commented how they trust their pharmacist and view them as educated medication experts.</p> <p><b>Across All Three Scenarios</b> Some participant reactions to the proposed scenarios were <i>common across all three scenarios</i>.</p> <p><i>Positive Reactions:</i> Participants expressed positive responses to using their community pharmacist for expanded services, including the potential benefits of convenience, timeliness, and accessibility.</p> <p><i>General Facilitators to Service Uptake:</i> Participants concluded that a team approach to care that includes the community pharmacist was important in shaping their decision to use expanded community pharmacist services, in addition to trust. Those participants who trust their pharmacist stated that they would be more likely to use their community pharmacist for expanded services. In addition, many participants stated that they would rather visit their community pharmacy for expanded services if it were more convenient than scheduling a visit with their doctor’s office.</p>	

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**Negative Reactions:** In contrast, participants shared some negative comments and concerns about community pharmacists offering expanded services. They raised questions and concerns about whether all community pharmacists have appropriate qualifications, training, and education to provide each expanded service. In addition, participants expressed concerns over the lack of a private space within pharmacies to offer the service, specifically for scenarios 1 and 3.

**General Barriers to Service Uptake:** Lack of insurance coverage for expanded community pharmacist services was a major barrier across all three scenarios. Many participants stated they would not utilize the expanded services if they had to pay fees or if it was not covered by their insurance. Others noted the issue of privacy, including pharmacist access to the patient's electronic medical records.

Some participants stated they have strong bonds with their physicians and would prefer their physicians to continue to manage their medication injections, medications refills, and chronic disease states (such as diabetes). These participants noted they lack strong relationships with their community pharmacist, which would prevent them from using expanded services.

### **Individual Scenario Findings**

**Scenario 1: Administration of non-immunization injectable medications:** Of all the scenarios, scenario 1 had the most overall acceptance with fewer strong objections. This expanded service most closely resembles a current community pharmacist clinical service (e.g., pharmacist administration of influenza, pneumonia, and shingles vaccinations). Participant familiarity with these current immunization services facilitated a clear understanding of the pharmacist's role in providing this expanded service. Although convenience was found to be a facilitating factor across all three scenarios, it was a major contributor to shaping consumer value in using this expanded service. In addition, participants commented that they also would use the expanded service based on increased accessibility and potentially less time investment as compared to receiving the same service at their primary care physician's office. Some commented that the benefit of redistribution of medication injection services (e.g., testosterone supplementation, contraception, long-acting antipsychotics, osteoporosis) from primary care physician offices to community pharmacies could allow physicians to focus on more acute and complex patient care needs.

**Scenario 2: Refills for chronic medications:** Participants appeared to have stronger positive and stronger negative reactions for chronic medications refilled under a written collaborative agreement between their physician and community pharmacist. The major positive factor was the potential benefit of more timely refills to prevent lapses in patient adherence. Major negative reactions were due to a general lack of understanding of the delegated pharmacist responsibilities in collaborative practice agreement. Some participants were reluctant to use the expanded service because they interpreted that the pharmacist would be independently prescribing or managing refills without their physicians' knowledge. A fundamental concern in the lack of pharmacist and prescriber communication for the expanded service was thought to increase the risk for medication errors. Participants did not support the pharmacist in managing refills for medications that were considered "high risk," such as warfarin.

**Scenario 3: Pharmacist diabetes management:** Compared to the previous two scenarios, scenario 3 received the strongest objections overall, and received limited positive reactions. Participants found scenario 3 to be conceptually abstract and difficult to interpret, as most participants have never interacted with a pharmacist in a direct, clinical patient care role. Many participants misunderstood the scenario and use of a collaborative practice agreement for chronic condition management. They commented that diabetes management is the responsibility of a specialist, such as an endocrinologist. Participants concluded no added value or benefit for the pharmacist to provide this expanded service, especially since they did not believe the pharmacist was qualified to do so without additional, extensive training. Interestingly, participants speculated that *pharmacies* could specialize in treating disease states that are prevalent in their locales (such as diabetes), despite the limited support for pharmacists in this role as discussed above. This was one of limited supportive comments that acknowledged how the expanded service might provide added health value for the community.

### **The Role of Consumer Advocacy Organizations**

Participants shared limited thoughts on ways consumer advocacy organizations could help expand community pharmacist services beyond medication dispensing. Participants were largely unaware that community pharmacists are offering similar services in other parts of the country. They noted that they had only experienced typical dispensing pharmacist services in the past. Participants found it hard to conceptualize the expanded scenarios, in particular scenarios 2 and 3. It could be that a lack of a clear understanding of the role of the pharmacist in providing each expanded service led to difficulties in concluding how consumer advocacy organizations could champion the implementation of such services.

## ***Approaches and strategies to increasing consumer advocacy for the value of expanded community pharmacist patient care services based on gaps in consumer perceptions***

### Gaps in Consumer Perceptions:

#### **Pharmacist education, training, and qualifications**

1. *Approach:* education on pharmacists' clinical training and professional capabilities:
2. *Strategies:*
  - a. Partner with state-level pharmacy organizations to educate consumers about the curriculum, experiential training, and postgraduate programs that pharmacists have completed.
  - b. Invite pharmacists to speak or present on relevant topics at local senior centers and consumer advocacy meetings.
  - c. Develop and promote a "meet your pharmacist" biography that can be made available in community pharmacies for patients to learn more about their pharmacist's credentials and background.

#### **Community pharmacist and primary care provider interactions and collaboration**

1. *Approach:* Education on pharmacist and physician professional role delineation and collaboration
2. *Strategies:*
  - a. Educate on working relationships between pharmacists and physicians with examples of types of collaborative models that delineates specific roles and responsibilities of the pharmacist and provider.
  - b. Review the role and structure of collaborative practice agreements between community pharmacists and community-based providers for comprehensive medication management and medication monitoring services.
  - c. Discuss the importance of extending electronic health record access to community pharmacists completing comprehensive medication reviews to increase pharmacists' abilities to develop targeted, actionable clinical recommendations for improving patient care.

#### **Current existence of expanded community pharmacist services**

1. *Approach:* Increase awareness about available expanded pharmacist services within communities:
2. *Strategies:*
  - a. Advertise the existence of the expanded services to consumers at the level of the community pharmacy using prescription bag tags, posters, and handouts.
  - b. Educate community-based providers about available expanded pharmacist services to champion patient referral to pharmacists that offer expanded services.
  - c. Partner with the local public community to advertise the awareness of expanded pharmacist services (e.g., community centers, library, town hall).

#### **Added value or benefit to patient care for expanded community pharmacist services**

1. *Approach:* Education on the benefits and added value of pharmacist-provided patient care services:
2. *Strategies:*
  - a. Discuss how the expanded service can directly impact patient care using a patient-centric approach.
  - b. Review how pharmacist-provided expanded services can complement (not replace) services provided by primary care providers by focusing on the pharmacist's unique set of skills and training.

#### **Role of consumer advocacy organizations**

1. *Approach:* Promotion of community pharmacists as an important stakeholder in community-based healthcare teams:
2. *Strategies:*
  - a. Educate consumers on the added value and benefit of expanded community pharmacist services using patient cases to provide contextual examples of patients likely to benefit from the service and how.
  - b. Disseminate educational commentaries in electronic and printed press about the education, training, and certification of pharmacists.
  - c. Educate consumers on the availability of expanded pharmacist services within their community (e.g., organizational flyers, news blogs, email listservs, pharmacist presentations at senior centers and organizational meetings, social media, etc.).

### **Conclusion**

This study can inform consumers, advocates, community pharmacists, primary care providers, and community-based organizations on opportunities and methods to shape consumer perceptions on the added value of community pharmacist

expanded services. As healthcare transitions to providing high value, population-centered care, community pharmacists are emerging as critical players in the improvement of team-based primary care. To facilitate the transformation of the community pharmacist role towards clinical patient care providers, pharmacists must partner with advocacy organizations to educate consumers on: 1) their clinical competency to provide expanded services, 2) their added value as collaborators to patient-centered primary care, 3) emerging expanded pharmacist services available within the community and how to utilize it, and 4) the role of consumer advocacy organizations in increasing awareness of expanded community pharmacist services.