



Implementation of a Marketing Strategy to Increase Patient Participation in Medication Therapy Management in a Community Setting



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Objective

The objective of this study was to determine whether implementing a marketing strategy by providing patients informational packets would increase patient participation in a community Medication Therapy Management (MTM) pharmacy setting.

The secondary objective was to determine whether the inclusion of a Primary Care Provider (PCP) endorsed recruitment letter in the informational packet would further increase patient participation when compared to generic recruitment letters.

Methods

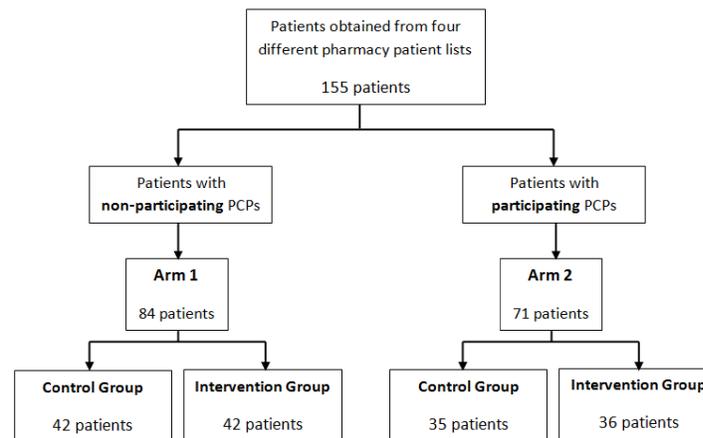
- This study was conducted at Goodrich Pharmacy, an independent community pharmacy chain located in the northern suburbs of Minneapolis, Minnesota
- Patients included in this study were obtained from patient lists provided through an MTM billing platform and separated into two arms based on primary care provider (PCP) participation
- Patient's PCP was determined by reviewing prescribers for chronic medications using Goodrich Pharmacy's prescription documentation system
- Arm 1 contained patients whose PCP did not agree to participate in this study, while Arm 2 contained patients whose PCP did agree to participate
- Patients in each arm were then randomized to an intervention group, who received an informational packet about MTM, or a control group, who did not receive an informational packet, using block-randomization
- Statistical significance within each arm and between Arm 1 and Arm 2 was determined using a t-test
- This study was submitted to the University of Minnesota's Institutional Review Board (IRB) and it was determined that this study did not require IRB approval.

Recruitment Process

Control groups for Arm 1 and Arm 2 did not receive informational packets. Three phone call attempts were made to reach the patient within 14 days before considering the patient a refusal to participate.

The intervention groups for Arm 1 and Arm 2 received an informational packet prior to the recruitment phone call. If no appointment was scheduled within two weeks after the informational packets were sent, a recruitment phone call was then made. Three attempts were made to reach the patient within 14 days before considering the patient a refusal to participate.

Patient Selection Flowchart



Marketing Materials

The informational MTM packet included a recruitment letter and an informational MTM brochure from Goodrich Pharmacy. These were provided to the intervention groups.

The recruitment letters informed patients of their eligibility to receive an MTM at no cost, described the service, and was either endorsed by their PCP (Arm 2) by using their providers actual name or was not provider endorsed (Arm 1).

The MTM brochure provided additional information about what will occur at their MTM visit and information on how to make an appointment.

Patient Participation Results

	Arm 1 Non-Participating Provider Patients	Arm 2 Participating Provider Patients	Study Patients Both Arm 1 and Arm 2
Control Group			
Patient Participation	7 (17%)	6 (17%)	13 (17%)
Patient Non-Participation	35 (83%)	29 (83%)	64 (83%)
Total Number of Patients	42	35	77
Intervention Group			
Patient Participation	15 (36%)	12 (33%)	27 (35%)
Patient Non-Participation	27 (64%)	24 (67%)	51 (65%)
Total Number of Patients	42	36	78
Both Groups			
Patient Participation	22 (26%)	18 (25%)	40 (26%)
Patient Non-Participation	62 (74%)	53 (75%)	115 (74%)
Total Number of Patients	84	71	155
T-test Results*			
Comparing Participation in Control and Intervention Groups	p=0.024 Significant	p=0.059	p=0.006 Significant

* P-value of <0.05 is statistically significant

Results

A total of 155 patients were enrolled in this study. Eighty-two patients used providers not participating in this study and were included in Arm 1, while 71 patients had providers participating and were included in Arm 2.

Patients in Arm 1 were randomized to either the control group or the intervention group. The control group had 17% patient participation (n=7) in MTM services, while the intervention group had 36% patient participation (n=15), with a 19% difference between the groups. This was a statistically significant increase in patient participation from the control group to the intervention group (p=0.024).

Patients in Arm 2 were randomized to 35 patients in the control group and 36 patients in the intervention group. The control group had 17% patient participation (n=6) in MTM services, while the intervention group had 33% patient participation (n=12), with a 16% difference between the groups. While patient participation doubled, there was no statistical difference between the control group and the intervention group (p=0.059).

When comparing all patients in the control groups (both Arm 1 and 2) to all patients in the intervention groups (both Arm 1 and 2), the control groups had a 17% patient participation (n=13) in MTM services overall compared to a 33% participation (n=26) with the intervention groups. The intervention groups had a 16% increase in patient participation for both Arms when compared to the control groups. This was a statistically significant increase in patient participation from the control group to the intervention group (p=0.006).

There was no statistical difference in patient participation between the intervention group of Arm 1 and the intervention group of Arm 2 (p=0.414).

Conclusion

This study demonstrated that successful implementation of a marketing strategy, which included an informational recruitment letter and brochure, in a community pharmacy can increase patient participation in clinical MTM services. This study also showed that endorsement from the patient's PCP did not significantly influence participation.

References:

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