Building the Case: Changing Consumer Perceptions of the Value of Expanded Community Pharmacist Services
Kathryn Steckowych, PharmD; Marie Smith, PharmD; Susan Spiggle, PhD, MBA; Andrew Stevens, PharmD Candidate 2019

BACKGROUND

• Consumers are an important stakeholder group to support the evolution of the pharmacist’s role within the community.
• Community pharmacist organizations (COA) can add the voice of consumer support to expand such services.
• Improving consumer understanding of and appreciation for community pharmacist clinical services will facilitate the expansion of community pharmacists as primary care extenders.

OBJECTIVES

The objectives of this project were to:
1. Determine factors that contribute to positive and negative consumer perceptions of expanded pharmacist patient care roles.
2. Identify facilitators and barriers that contribute to consumer awareness and perceptions of the value of expanded community pharmacist services using three case-based scenarios.
3. Develop strategies and approaches for increasing consumer advocacy for the value of expanded community pharmacist patient care services.

METHODS

CONSUMER ELIGIBILITY CRITERIA
• Inclusion Criteria: (1) English speaking adult, (2) 50 years of age or older, (3) presence of 1 or more chronic conditions, and (4) prescribed 1 or more chronic medications daily.
• Exclusion Criteria: (1) Unable to individually speak, comprehend, and write in English, (2) cognitively impaired, (3) hearing impairment that inhibits participant’s ability to carry out routine conversations, and (4) unable to arrange travel to and from the focus group (FG) facility.

CONSUMER RECRUITMENT
• Recruitment occurred in April/May 2017 until 8-10 participants were recruited per FG.
• Study announcements and flyers were placed in consumer advocacy organizations (CAO) and community pharmacy centers, and community pharmacies.

FOCUS GROUP STRUCTURE
Two 90-minute FGS were completed, and each were split into 3 parts. The types of questions asked included:
1. Part 1: (a) participants’ current interactions with community pharmacists, (b) the role of the community pharmacist in their healthcare, and (c) the types of non-dispensing patient care services that their pharmacist provides.
2. Part 2: three scenarios of expanded community pharmacist services (i.e., pharmacist administration of non-immunization injectable medications, pharmacist refills for chronic medications, and pharmacist diabetes medication monitoring/management) (Table 1) followed by individually-completed Likert-scale questionnaires.
3. Part 3: (a) major facilitators and barriers that would influence them to use or not use expanded services, and (b) the role of CAOs in increasing the awareness of the value of expanded community pharmacist services.

FOCUS GROUP ANALYSIS
• Each FG discussion was audio recorded, transcribed, and verbatim, using the constant comparative method (i.e., grounded theory approach) – an iterative process that is used to identify key, emerging themes common to both FGs.

Table 1: Case-Based Scenarios

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<tr>
<th>Scenario</th>
<th>Details</th>
<th>Questionnaire (median)</th>
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<tbody>
<tr>
<td>Scenario 1</td>
<td>You are a patient who has low vitamin B12 levels. In order to keep your levels normal, you have been visiting your primary care doctor once a month to get an injection of vitamin B12. Your community pharmacist has recently become certified to administer injectable medications (in addition to vaccines) at the pharmacy. Your pharmacist is able to administer your vitamin B12 injection in the pharmacy. Your pharmacist sends a note to your doctor each time a vitamin B12 injection is administered in the pharmacy.</td>
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<td>Scenario 2</td>
<td>You are a patient who is taking medications daily to treat your chronic condition. Your primary care doctor’s office is very busy, and sometimes you have to wait 5 days for your doctor to send in your refills for your medications so your pharmacy can fill your prescription. Your pharmacist has a written agreement with your doctor that allows the pharmacist to automatically authorize refills for your chronic medications without having to call your doctor. Your pharmacist will call your doctor’s office and send the refills for you. Your pharmacist will call your doctor’s office and send the refills for you.</td>
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<td>Scenario 3</td>
<td>You are a patient who has diabetes and is otherwise healthy. You have been seeing your primary care doctor once every 6 months to complete lab work to check your blood sugar level. A few years into seeing your doctor visits, your doctor reviews your medications and identifies that you are taking many different medications you are taking. Sometimes your medications are adjusted, and sometimes you discuss your diet and exercise. Your community pharmacist has a written agreement with your doctor that allows the pharmacist to automatically authorize refills for your chronic medications without having to call your doctor. Your pharmacist will call your doctor’s office and send the refills for you. The pharmacist also talks to you about your diet and exercise. The pharmacist is willing to review your medical record and sends a note to your doctor for each visit. Your visit with the community pharmacist is convenient, the pharmacist is willing to work with you on your diabetes management. It is helpful if your pharmacist is also your primary care doctor.</td>
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RESULTS

• Participant Demographics: (average): age=67 years; education level=HS; 5% use of chain pharmacy=78%; participation in 1 or more CAOs=78%.
• FG Discussion Key Findings (all scenarios):
  1. Positive Reactions: convenience; timelessness; accessibility.
  2. Negative Reactions: lack of insurance coverage; no consumer preference for physician services.

CONCLUSIONS

• Several gaps in consumer perceptions of expanded community pharmacist services were identified, including: (1) pharmacist education/training/qualifications; (2) community pharmacist/patient care provider interactions/collaborations; (3) current existence/prevalence of services; and (4) patient-level value/benefits.

• Strategic goals developed to shape consumer misconceptions (Table 3).

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

FUNDING:
• This project was funded by the Community Pharmacy Foundation (grant #7165).

Table 2: Comparison of Pre-Scenario Questionnaire & Focus Group Discussion Themes (All Scenarios)

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<th>Questionnaire Response (median)</th>
<th>Focus Group Discussion Findings</th>
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<td>Scenario 2</td>
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Table 3: Strategies to Shape Consumer Value for Expanded Community Pharmacist Services

Gap in Consumer Perceptions

• Develop educational materials to educate consumers about the curriculum, experiential training, and postgraduate programs that are offered.
• Encourage state/local pharmacy associations and pharmacy organizations to provide consumer education about the importance of expanded pharmacist roles.
• Engage the local public community to increase awareness about available expanded pharmacist services within communities:
  1. Develop educational materials to inform consumers about the added value of community pharmacist expanded services.
  2. Engage the local community/organization to increase awareness about available expanded pharmacist services within communities.

Approach and Strategies

• Collaborate with adult education organizations and more community-based organizations (e.g., senior centers, YMCAs, senior centers, etc.).
• Encourage consumers to speak out on relevant topics at local events.
• Engage community pharmacists and primary care providers in expanded pharmacist services.

Scenario Questionnaire & Focus Group Discussion Findings (All Scenarios)

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Role of Community Pharmacy Organizations

• Engage consumer advocacy support for health policy changes needed to expand community pharmacist services.

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