



Original Research

Validation of a survey tool assessing effectiveness of an educational intervention on the caring behaviors and referral activities of community pharmacists for migraineurs

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Abstract

Background: Community pharmacists are in an ideal position to ameliorate migraineur under-consulting, under-diagnosis, and under-treatment. Contemporary education/training on developing therapeutic alliances with patients and in advanced pharmacotherapy may further motivate pharmacists to impact the care of migraineurs.

Objectives: The objectives of this study were to assess pharmacists' perceptions of a migraine training program and their self-assessment of subsequent impact on patient care and to develop and assess a tool evaluating the impact of the training program from the patients' perspectives: (1) for patients diagnosed with migraines – identify perceptions of care by pharmacists who have undergone specialty training in migraine vs. pharmacists who have not; and (2) for patients with recurrent headaches and not diagnosed with migraines – identify perceptions of pharmacist effectiveness and thoroughness, after specialty training, to identify a potential migraine diagnosis and referral for advanced care vs. pharmacists that have not undergone specialty training.

Methods: This study employed a mixed method survey design using community pharmacies from the Tulsa, Oklahoma and Pittsburgh, Pennsylvania greater metropolitan areas. Pharmacists from intervention pharmacies received specialty training on migraine and were surveyed on their current practices and about the education program. Approximately 1 month after the training, control and intervention pharmacists were surveyed on current practices. Additionally, patients from both pharmacies were surveyed to assess Migraine Disability Assessment (MIDAS) and pharmacists' delivery of care derived from the Pharmacists' Care of Migraineurs Scale (PCMS). Surveys were handed out for a period of 3-months.

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Results: There were 16 pharmacists and 61 patients recruited. There was no difference in patient perceptions of pharmacists' care or in patient self-perceptions between migraineurs and recurrent headache sufferers. Ninety-two percent of pharmacists agreed that the program could be transferred to an internet-based educational program. The 14-item patient survey, however, demonstrated good internal consistency reliability, with each question having a Cronbach's alpha 0.80 or higher.

Conclusions: There are few studies evaluating the role and potential impact community pharmacists can have on patients suffering from migraines or recurrent headaches. While no difference was found between the groups, the internal reliability of the survey questions and the need to address needs of migraineurs warrants tool dissemination and a larger-scale study.

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Introduction

Migraine under-diagnosis and migraineur under-consulting have negative implications for patient social role functioning, which may adversely impact their support network of family, friends, and co-workers.¹ Health-related quality of life attributed to migraine has been examined extensively. The GEM (Genetic Epidemiology of Migraine) study found that migraineurs reported significantly lower scores on the SF-36 Health Survey on physical functioning, physical role limitations, mental health, pain, vitality, and general health perceptions dimensions than non-migraineur subjects.² Migraineurs often avoid seeking treatment due to low health care locus of control beliefs and stigma associated with the condition, in addition to beliefs that they are suffering from headaches other than migraine.^{3–6} Recurrent headache sufferers would benefit from being made aware that health care professionals have the ability to offer treatment modalities, self-management strategies, and educational approaches that can positively impact the course of their headaches and therefore improve their overall quality of life.^{7–10} As the most accessible health care professionals, community pharmacists are in an ideal position to ameliorate migraineur under-consulting, under-diagnosis, and under-treatment.⁵ Contemporary education/training on developing therapeutic alliances with patients and in advanced pharmacotherapy may further motivate pharmacists to impact the care of migraineurs, particularly when only 19% of them report their current migraine therapy to be consistently effective in managing an attack.¹¹ Pharmacists make over 14 million over-the-counter headache product recommendations each year.¹² A previous study by the investigators demonstrated pharmacists' report

of higher levels of care provided to migraineurs and higher levels of treatment referrals for patients soliciting headache product recommendations following an educational intervention; however, the study relied on self-report of pharmacists and had not take the patient's perspective into consideration.¹³ Additionally, this study identified that knowledge of migraine was a key variable influencing care and concluded that further studies should evaluate pharmacists' training needs to help improve care of migraineurs. Another study by the investigators demonstrated that in a university setting, clinical pharmacist referral was successful in identifying barriers to care and to initiation of specialist consultation among migraineurs, although these results are not generalizable to a broader population of patients seeking care in primary health care settings.¹⁴

Over the past several years, pharmacists have strived to take a more active role in health care and have been successful in many areas.^{15–17} There are several examples of improved patient outcomes as a direct result of pharmacist-managed programs in a variety of chronic disease states including asthma,^{18,19} diabetes,^{20,21} dyslipidemia,²² hypertension,²³ and osteoporosis.²⁴ In all of these successful programs, the pharmacists completed educational or certificate programs in the respective disease state. Additionally, many studies have shown a positive impact on patient outcomes as a result of continuing medical education for physicians.^{25–28} Hence, it is reasonable to postulate that for disease management programs to be successful and patient outcomes to be improved, health care professionals, including pharmacists, should be provided appropriate continuing education in the targeted disease state. Evidence also suggests that pharmacists participating in educational

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