



Research Brief

Will Australians pay for health care advice from a community pharmacist? A video vignette study

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Abstract

Background: Large proportion of Australians have access to pharmacists' health advice at no cost. The impact of a proposed co-payment levy for general practitioner (GP) consultation by Australian government is unclear. This raises an interesting question about consumers' perceived value of health-related consultations.

Objective: This survey of representative sample of Western Australians explores the hypothesis that Australians are willing to pay for advanced model of pharmacy consultation.

Methods: Two videos illustrating current-services and quality-enhanced-service (QES) incorporating systematic assessment of symptoms and referral to GP if necessary, were used. Participants viewed videos online and completed a willingness-to-pay (WTP) questionnaire about their perception and WTP for each service. Logistic regression and McNemar tests were used to identify WTP groups.

Results: Of the 175 respondents, one in nine (19/175, 11%) were willing to pay and (35/175) 20% might consider paying for advice at pharmacies as per current-practice. Almost one in four (49/175, 28%) were willing to pay and (47/175) 27% would consider paying for QES (McNemar Test $P < 0.001$).

Conclusions: The majority of West Australians may be willing to pay for consultation at pharmacies that offers more private, time-intensive experience with documented GP referral where required. Further research is warranted to test WTP with actual customers to confirm these results.

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Keywords: Community pharmacist; Willingness to pay; Australia; Bowel symptoms; Video vignettes

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Introduction

People living in Australia who are concerned about symptoms are able to consult a community pharmacist without making an appointment and at no charge. Alternatively, if they choose to consult a general practitioner (GP), they may also do so without incurring a fee-for-service at some practices in Australia.¹ However, in the 2014 federal budget, a co-payment levy for GP consultation was mooted by the Australian Government.² Experts are concerned that:

Vulnerable groups, including children, Indigenous people, older people and the financially disadvantaged, may delay seeking treatment for serious illness — or even serious worry — with consequent health compromise.²

While consumer co-payments introduced in other countries have demonstrated minimal impact on consumer behavior,² the impact of similar charges in the Australian health care system is unclear. Furthermore, it is possible that payment to other health care providers also could come under consideration.³ This raises an interesting question about consumers' perceived value of health-related consultations. In the case of community pharmacists, the first hypothesis was that most people would continue to expect consultation at no cost. However, the researchers wished to explore willingness-to-pay (WTP) for an advanced model of pharmacy consultation that would better determine the need for, and coordinate with, GP consultation. The second hypothesis, therefore, was that Australians are more willing to pay for a service that includes systematic assessment of symptoms and formal referral to a medical practitioner if necessary.

The aim of this study was to deploy a survey-based method to determine monetary valuations of a standard pharmacy consultation *versus* quality-enhanced service (QES). The few studies examining WTP in this area show that 13–57% of people are willing to pay for services in pharmacies, depending on the type of pharmacy service provided.⁴

Methods

The project was approved by the Curtin University Human Research Ethics Committee (HR19_2013). The researchers selected assessment of bowel symptoms as the basis to test the hypotheses, following evidence that pharmacies are well utilized for purchase of medicines for

diarrhea, constipation and rectal bleeding.⁵ A recently published decision-aid tool to manage customers presenting with bowel symptoms to a community pharmacy⁶ was the inspiration for the QES.

Vignettes

A video vignette based willingness to pay (WTP) survey was adopted. Vignettes are often used to elicit information about values, beliefs and perceived societal norms from participants. The use of video clips to deliver information to research participants makes vignettes more realistic, helps to engage the interest of research participants, and makes any variations in the vignettes more obvious.⁷ A major advantage of this methodology is allowing comparison of different respondents' behavior over the same set of scenarios and estimating the independent effects of specific information on a person's judgments.⁸

The two video vignettes depicted a pharmacy customer supposedly with lower bowel symptoms being consulted by the pharmacists.

1. **Video 1:** Standard (current) practice, using verbal approach to get symptom information and for giving advice/referral; duration 50 s
2. **Video 2:** Quality-enhanced service (QES), depicting greater privacy, systematic assessment of symptoms based on the decision-aid tool, and referral to a GP if necessary; duration 75 s.

Adult English-speaking consumers whose age and gender profile closely matched recent census data were recruited for this study from across Western Australia⁹ using the services of Qualtrics, an online survey mechanism. Participants viewed both videos online, and then completed a brief WTP questionnaire online.

WTP questionnaire

The contingent valuation method (CVM), which is a survey-based, hypothetical, direct method to determine monetary valuations of effects of health technologies or interventions, was applied.¹⁰ WTP elicited by the contingent valuation method directly refers to the expense or cost that equals the valuation of the presented health outcome.¹¹ The WTP questionnaire comprised questions about the participants' understanding of the scenarios depicted in the two video vignettes, their perception of the service

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