



Original Research

Consumers' willingness to use a medication management service: The effect of medication-related worry and the social influence of the general practitioner

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Abstract

Background: Some consumers at risk of experiencing medication-related problems have chosen not to use pharmacist-provided medication management services. Previous research has shown that consumers' willingness to use the Australian Home Medicines Review (HMR) service depends on the extent to which they believe that they will receive medication information to assist them with self-management.

Objectives: The aim of this study was to develop and test a model of willingness to use HMR among consumers who were eligible to receive the service but have not yet experienced it. Specifically, this study aimed to determine the effects of consumers' medication-related worry and the social influence of the consumer's general practitioner (GP) over willingness.

Methods: A cross-sectional postal survey was conducted among 1600 members of Council on the Ageing (NSW, Australia). Respondents were included in the study if they had not experienced an HMR and were taking more than 5 medicines daily or more than 12 doses daily. Measurement scales were developed or were based on previous research. Confirmatory factor analysis was used to test the reliability and validity of the multi-item scales. Multiple regression analysis and structural equation modeling (SEM) were used to test the model.

Results: Surveys received from 390 respondents (24.3%) were analyzed. Respondents held overall low-to-neutral positive outcome expectancy (POE). The SEM analysis revealed that worry had a direct effect on POE ($\beta = 0.35$, $P < .05$) and an indirect effect on willingness ($\beta = 0.22$, $P < .05$). Subjective norms had a direct effect on willingness ($\beta = 0.27$, $P < .05$) but not POE. Worry was higher among those who had experienced a change in the medication regimen within the past 3 months ($\beta = 0.19$, $P < .001$).

Conclusions: Those consumers who were worried about their medicines were more willing to use HMR. The consumer's GP appeared to exert a significant positive social influence over willingness to use this medication management service.

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Introduction

Preventable adverse events that occur in ambulatory care are a significant cause of morbidity in Australia.¹ It is estimated that adverse events result in 2–3% of all hospital admissions, 50% of which may be preventable.² There is increasing interest in medication safety interventions to prevent these problems. For example, the 2007 Institute of Medicine's report on Preventing Medication Errors recommended that regulatory agencies should provide consumers with increased access to medication information and medication self-management support.³ Medication management services provided by pharmacists are provided for persons who consume multiple medicines⁴ and are at elevated risk of experiencing medication-related problems.⁵ There is evidence that these services resolve medication-related problems,^{6–8} which in turn can improve health outcomes. This article investigates one issue, which is fundamentally important to the success of medication management programs—consumer willingness to use them. Although consumers who have experienced an Australian medication management service are quite willing to reuse the service, those who would be eligible but have not yet experienced it are less willing.^{9,10} Research into *eligible nonrecipients'* willingness to use medication management services is important because studies conducted with the UK's Medicines Use Reviews,¹¹ Australia's Home Medicines Review (HMR),^{12,13} and the U.S.' Medication Therapy Management (MTM)¹⁴ show that some are reluctant to use these services. Although procedural aspects of the programs vary, the services share similarities in that the consumer has an in-depth interview with a pharmacist about the consumer's medicines. Because these services resolve medication-related problems, which in turn can improve health outcomes, a lack of consumer participation is a quality use of medicines issue. Furthermore, enhanced uptake of medication management services may depend on understanding the factors, which influence eligible nonrecipients' willingness to use them.

The HMR service

The HMR¹⁵ is a quality use of medicines intervention, which aims to resolve medication-related

problems and improve health outcomes for those at greatest risk of medicine-related problems.^{6–8} The HMR also aims to increase consumer and caregiver knowledge of medicines. An HMR is provided collaboratively by general practitioners (GPs) and pharmacists. The providers claim for the full cost of service provision from the Australian government. An HMR is initiated with a request from the consumer's GP to the consumers' preferred pharmacy or to the GP's preferred accredited pharmacist. The pharmacist generally visits the consumer and caregiver(s) at their home, for an extended interview regarding medication management issues. Following the visit, the pharmacist sends a written report documenting medication review findings and recommendations to the GP, who then formulates a revised medication management plan with the consumer.

Previous research conducted by the authors of this article has shown that eligible nonrecipients' willingness to use HMR, is at least in-part, driven by consumers' expectations, which are centered on the provision of medication information.¹⁶ Given that the past experience is a key determinant of a person's expectations about a service,¹⁷ it was proposed that eligible nonrecipients' expectations about medication management services would likely reflect their past experience of pharmacists acting in roles that are familiar to them. Multiple medicine users would have interacted with pharmacists and received medication advice during dispensing or within the hospital ward. Although consumers may be unfamiliar with some of the technical aspects of the service, their expectations of receiving information during HMR would be reasonably *tangible* and may therefore act to motivate participation.

A theoretical model based on Social Cognitive Theory (SCT)¹⁸ and the Theory of Motivated Information Management (TMIM) have recently been developed by the authors of this manuscript.¹⁹ After providing respondents with a brief description of HMR within a cross-sectional survey, 46% of the variation in eligible nonrecipients' willingness to use HMR was explained by the model.¹⁶ There were 2 important findings from that study. First, the most important influence on willingness to use HMR was positive outcome expectancy (POE) ($\beta = 0.56$, $P < .001$). The POE was defined as the extent to which consumers

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