



Original Research

Patient satisfaction with a pharmacist-provided telephone medication therapy management program

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Abstract

Background: Patient satisfaction with medication therapy management (MTM), a required component of the Medicare Part D benefit, is an important outcome to consider when evaluating MTM programs.

Objective: To measure patient satisfaction with a pharmacist-provided telephone MTM program.

Methods: The study design was nonexperimental and cross sectional. A survey was mailed to Scott & White Health Plan Medicare Part D beneficiaries (n = 60) who received telephone MTM in 2007. The survey was composed of 15 Likert-scaled questions (1 = strongly disagree to 5 = strongly agree) that assessed satisfaction with MTM. Descriptive statistics were used for quantitative data analysis. A qualitative content analysis of patients' responses to 3 open-ended questions was also conducted.

Results: The response rate for the survey was 80% (47 of 59). Study participants were 70.8 (±7.9) years old, and most were white (84.1%) and female (54.3%). The alpha coefficient for the satisfaction scale was 0.88. Overall mean satisfaction score was 4.0 (±0.6), with items ranging from 3.6 to 4.3. The highest level of agreement (mean = 4.3) was with the following statements: (1) I can easily contact my pharmacist when I have questions or concerns; (2) My pharmacist adequately answers my questions; and (3) I am content receiving MTM over the telephone. The patients agreed least (mean = 3.6) with the following statements: (1) When necessary, my pharmacist has encouraged me to receive preventive health care services; and (2) When needed, my pharmacist refers me to other health care providers.

Conclusions: Most of the beneficiaries were satisfied with their MTM care. The positive response to telephone MTM is important because Medicare Part D plans are using the telephone as a method of MTM

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delivery. Education regarding the pharmacist's role in preventive care and pharmacist follow-up with non-pharmacist health care providers may lead to greater satisfaction levels.

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Introduction

Patient satisfaction has become a key component of evaluating the quality of health services provided by all health care providers, including pharmacists and payers.¹⁻¹⁰ Because pharmacists pursue medication therapy management (MTM) provider recognition by Medicare Part D plans, measuring patient satisfaction with pharmacist MTM services is important to provide support for the value of pharmacist services. In fact, 1 survey of MTM providers and payers reported that patient satisfaction was perceived to be a significant factor in determining the value of MTM,¹¹ and an MTM consensus document listed patient satisfaction as a measure that can support the overall effectiveness of an MTM program.¹² Furthermore, the Centers for Medicare and Medicaid Services (CMS) 2010 Call Letter listed satisfaction as an outcome that may become a requirement for Part D MTM Programs to collect and report to CMS in the future.¹³ Currently, MTM best practices are not established and there is much variability in the design and delivery of MTM services among Part D plans. MTM eligibility differs by beneficiaries' number of chronic diseases, number of Part D medications, and total Part D medication costs, and MTM is delivered via face-to-face or telephone consultations or by educational mailings.¹⁴ Therefore, measuring satisfaction with MTM services is essential to help inform MTM design and delivery as best practices evolve.

Few studies have measured satisfaction with pharmacist-provided telephone services.¹⁵⁻¹⁷ Kaiser Permanente of Colorado conducted a survey of patient satisfaction with a telephone/mail Clinical Pharmacy Cardiac Risk Reduction Service (CPCRS),¹⁵ and patient satisfaction was also assessed in a pharmacist-managed lipid clinic that was conducted via the telephone in a Veterans Affairs medical center.¹⁶ These studies reported that patients had a high level of satisfaction with pharmacist telephone services. There is little data regarding pharmacist-provided telephone MTM to Part D beneficiaries. However, 1 recent study reported that MTM participants

perceived telephone consultations to be helpful and convenient.¹⁷ It is important to continue to examine patient satisfaction, as the role of the pharmacist expands to include more direct patient care activities, such as MTM, with various types of service delivery. In particular, evaluating patient satisfaction with MTM services can help contribute to the development of patient-centered MTM best practices and provide support for Part D plans and other payers to recognize pharmacists as MTM providers. This descriptive study examined patient satisfaction with a telephone MTM program provided by Scott & White Health Plan (SWHP), a regional Part D health care plan.

Methods

SWHP's MTM program

In 2007, the SWHP Part D plan administered an opt-in, pharmacist-provided, telephone MTM program to eligible beneficiaries (ie, beneficiaries with ≥ 2 medications, ≥ 2 chronic diseases, and Part D medication costs of at least \$1000 per quarter). Eligible beneficiaries were mailed a brochure that described the MTM program and invited them to participate. Interested beneficiaries called SWHP to schedule an MTM appointment. About 18,000 beneficiaries were enrolled in the SWHP Part D plan, and 1999 beneficiaries (11.7%) were eligible to participate in MTM. Six percent (123 beneficiaries) of the eligible beneficiaries received an MTM consultation from a SWHP pharmacist. MTM providers included 3 clinical pharmacists and 1 managed care pharmacy resident. All the MTM providers completed standardized MTM training before conducting MTM consultations.

The MTM program aimed to optimize beneficiaries' medication and health outcomes by identifying and resolving medication and health-related problems. The MTM framework created by the American Pharmacists Association and National Association of Chain Drug Stores Foundation¹⁸ served as a model for the

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