Community pharmacists, medication monitoring, and the routine nature of refills: A qualitative study

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Abstract

Objective: To describe the attitudes, contextual factors, and behaviors associated with medication monitoring in the dispensing process by community pharmacists.

Design: Descriptive qualitative research with semistructured interviews.

Setting: Midwestern community pharmacies or telephone.

Participants: 12 licensed community pharmacists from chain, independent, and grocery pharmacies.

Intervention: 45-minute, semistructured interviews were conducted to gather detailed live experiences and perspectives pertinent to the study objective.

Main outcome measures: Transcripts were coded descriptively and interpretively, originating with the input and monitoring process domains of the Health Collaboration Model.

Results: A thematic dichotomy was interpreted in the analysis. All participants discussed both (1) the technical and routine nature of their work, and (2) the problem-solving and relational aspects of practice. More specifically, medication monitoring was constrained by busyness, lack of patient interest, and the routine nature of refills, although to varying extents. Some predominantly responded to unique circumstances such as patient question-asking, prior memory of a patient interaction or service utilization, or technical issues such as medication cost. Others added unprompted questions of varying specificity when handing off the prescription to understand patient medication experiences. Pharmacists felt challenged by nonadherence monitoring because workflows made this information difficult to access and late refills were prevalent.

Conclusion: Community pharmacies seeking to increase medication monitoring in the dispensing process may target the routine nature of refills and the availability of monitoring information.

Keywords: Pharmacists, counseling, monitoring, adherence, qualitative research.

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Worldwide, the burden of chronic disease is increasing, as is the use of long-term medications.[1] While used with the hopes of benefit, medication use can be accompanied by problems.[2–6] Recent research suggests the majority of these problems are the manifestation of known complications associated with using medications in diverse populations, rather than inappropriate prescribing, which historically has been the focus of health system improvements and research.[7] Therefore, enhancement in medication monitoring, that is, the identification and resolution of medication-related problems associated with medication use, is needed.[7,8] The categories of medication monitoring problems generally relate to safety, nonadherence, and noneffectiveness.[9] Ideally, a health care system could utilize various practitioner and technological mechanisms to monitor patient medication use and identify and resolve problems as they inevitably arise.

The U.S. health care system has struggled to address problems resulting from the use of long-term medications. For example, primary care physician visits tend to focus on acute or new complaints rather than ongoing treatments.[10,11] Recommended laboratory tests go unchecked, patients stop taking their medications, and clinical goals fail to be reached.[12–15] Community pharmacists have been suggested as important contributors to medication monitoring because they often see a patient more frequently than the physician, and have specialized drug knowledge and training focused on identifying and resolving medication-related problems.[16]

In the United States, the majority of community pharmacists primarily spend their time in a product-dispensing role.[17] A smaller proportion spend part or all of their time delivering patient-focused services such as medication reviews, disease state management, and medication therapy management.[17] These interventions generally have shown success in identifying and addressing medication-related problems, although the long-term health and economic outcomes are less established.[18,19] In practice, however, it appears pharmacists do not engage in as much medication monitoring of community-dwelling older patients as physicians and nurses, although there is variability.[20] Studies also show patients often go without interacting with a pharmacist when they present for prescriptions.[21,22] If patrons speak with a pharmacist, interactions tend to focus on the pharmacist transmitting one-way drug information rather than exchanges focused on the patient's medication use experiences.[21–26] While community pharmacists have intentions to discuss medications more in-depth with patients, they cite barriers such as lack of time, low reimbursement, and low patient demand.[27–31]

A conceptual model particularly suited to investigating medication monitoring is the Health Collaboration Model (HCM).[8,32] This framework is based on the patient-centered care literature, and it stresses the importance of collaborative communication between the patient and provider in decision making. The model focuses on how five inputs (patient, provider, drug, environment, and past interactions) influence communication quality for both new and ongoing medication-related encounters.

One of the main concepts guiding the monitoring portion of the HCM is that patients are actively evaluating their medication experiences, which influences their adherence. It is the provider's role to ask "carefully designed, open-ended questions" to understand the

At a Glance

Synopsis: In this study of medication monitoring, 12 community pharmacists from a rural Midwestern U.S. state were interviewed using a semistructured format that focused on memories of interaction with patients on long-term medications. Interviewees were encouraged to reveal their practices and attitudes about refilling long-term medications versus new prescriptions and how the patient interface differed. Quotations from the pharmacists about their attitudes, values, and skills, and the busyness of the pharmacy were recorded and evaluated for patterns and interrelationships. During dispensing of refill medications, pharmacists have unrealized potential for monitoring adherence, adverse effects, and the progress of patient diseases through evaluation of refill data and open-ended questions.

Analysis: *Community pharmacists have been suggested as important contributors to medication monitoring because they often see a patient more frequently than the physician, and have specialized drug knowledge and training. However, in the United States the majority of community pharmacists primarily spend their time in a product-dispensing role. Studies show patients often go without interacting with a pharmacist when they present for prescriptions. Few studies have specifically examined community pharmacist perspectives on how medication monitoring fits into their medication-dispensing role. Pharmacists appear to rely on an ad hoc rather than a proactive or systematic approach to monitoring adherence, adverse effects, and effectiveness of patient medications. Barriers to medication monitoring in the dispensing process generally echoed those reported for new prescription counseling and providing enhanced pharmacy services. The routine nature of refills is cited as a deterrent to dialogue. A potential strategy is to position the pharmacist to more frequently hand off prescriptions, possibly resulting in a "gateway conversation"—one that segues from a discussion of a technical issue such as cost or changes in manufacturer to open-ended questions that can increase patient expectations for refill encounters. These efforts are important because initiatives by the Centers for Medicare & Medicaid Services and other payers are focusing on adherence metrics.*