

# Adoption of a biometric screening service in community pharmacies: A qualitative study

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## Abstract

**Objective:** To explore differences in perceived attributes of biometric screening services and organization characteristics among community pharmacies that adopt, outsource, or do not adopt biometric screening services that assess patients' blood pressure, blood glucose, serum cholesterol, and body mass index.

**Design:** Qualitative, comparative analysis.

**Setting:** Independently owned community pharmacies in Alabama.

**Participants:** 25 key informants from community pharmacies were classified as adopters, outsourced adopters, and nonadopters of biometric screening services. Pharmacies using in-house staff to conduct screenings are referred to as adopters; those using external staff are referred to as outsourced adopters.

**Main outcome measures:** Perceived attributes of the screening service and organizational characteristics identified through emergent theme analysis based on the Diffusion of Innovations Model and Model of Innovation Assimilation.

**Results:** The screening service was perceived differently by adopters, outsourced adopters, and nonadopters. Adopters saw the opportunity to increase revenue and expand the role of the pharmacist in health care by offering the service. Adopters also perceived the service to be compatible with their pharmacy layout and organizational identity; simple to implement; modifiable in terms of experimentation with models of service delivery; and visible by external constituencies (which positively affects pharmacy image). In contrast, nonadopters felt the amount of time, investment, and lack of potential patients associated with the service influenced their decision not to adopt it. Adopters and nonadopters differed in regard to their innovativeness in patient care services, their connectedness in professional networks, and how they make sense of and deal with the uncertainty of new programs. Outsourced adopters were similar to adopters but were more cautious in their decision making.

**Conclusion:** Perceived attributes of the screening service and organizational characteristics differed among adopters, outsourced adopters, and nonadopters.

**Keywords:** Adoption, implementation, innovation attributes, organization characteristics, biometric health screenings, qualitative analysis.

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**P**reventable diseases have a severe impact on mortality and overall health care expenditures in the United States. The Centers for Disease Control and Prevention (CDC) reports that heart disease, cerebrovascular disease (stroke), and diabetes mellitus are among the top 10 leading causes of death in the United States.<sup>1</sup> When combined, these three conditions account for nearly 34% of all deaths in the United States every year. Heart disease alone is estimated to cost more than \$500 billion annually. Early detection of such risk factors as high blood pressure, high blood sugar, high cholesterol, and high body mass index (BMI) is vital to reducing the impact of these diseases.

Recognizing the importance of early detection, the U.S. Department of Health and Human Services suggests regular screenings for the above risk factors in its new 10-year goals and objectives for health promotion and disease prevention, which can be found in Healthy People 2020.<sup>2</sup> In this way, such conditions can be detected early on and individuals with these conditions can receive appropriate treatment or make any necessary lifestyle changes. Although identification of elevated risk factors can greatly reduce the threat of a catastrophic event, many adults do not regularly partake in health screenings.<sup>3</sup> One reason for this underuse is a lack of primary care providers—73% of Americans aged 18–64 years report not having a regular primary care provider or source of health care.<sup>3</sup> Additionally, many adults find access to preventive health services difficult and/or expensive.<sup>4</sup>

### At a Glance

**Synopsis:** As pharmacies continue to expand their role in health care, those factors influencing adoption of new advanced patient care services need to be understood. Applying organizational theory to the decision-making processes of 25 key informants from independently owned community pharmacies in Alabama, this study explored the differences in perception among adopters, outsourced adopters, and nonadopters regarding the attributes of the Health Watch biometric screening service.

**Analysis:** Those pharmacy organizations adopting the Health Watch service tended to embrace the service as an extension of their perceived responsibility as members of the health care team. Comparatively, outsourced adopters were generally receptive to the potential benefits of the service but were more cautious in fully embracing it, while nonadopters remained skeptical about the service and continued to primarily identify as medication dispensers. The study authors suggest consideration of the findings may help the pharmacy profession expand its role in health care and achieve more positive patient outcomes.

In Alabama, the State Employees' Insurance Board (SEIB), which has 80,000 individual enrollees, designed a biometric screening service known as Health Watch. The service consists of blood pressure, blood glucose, serum cholesterol, and BMI screenings. Since 2009, Health Watch has been offered to all primary SEIB insurance plan enrollees in the form of free workplace screenings. Because of the success of the service, SEIB decided to extend the offering to insured dependents and retired employees. This has created the need for a new setting outside of the workplace in which to provide the Health Watch service.

SEIB currently owns and operates a clinic in Montgomery, AL, where pharmacists provide Health Watch screenings to enrollees, but those who do not live nearby require an alternative screening location. With the expansion of benefits to dependents and retired employees, community pharmacies are in a unique position to help address this accessibility concern.<sup>5</sup> SEIB recognizes the role that pharmacists can play and has given them the opportunity to engage in biometric screenings and offer this service as part of their patient care delivery.

To be recognized as screening providers, community pharmacists must receive training and credentialing. By providing these services, pharmacists have the opportunity to gain additional revenue through reimbursement, expand their role in health care, and improve public health. Despite these potential benefits, uptake of Health Watch among community pharmacies has been slow—only 20 pharmacists from 11 unique pharmacies had been credentialed in the first 2 years following Health Watch's launch.

To encourage adoption of similar programs and services by community pharmacies, factors that influence pharmacies to adopt or not adopt screening services need to be understood. Using interviews of community pharmacy informants, we sought to identify themes that emerged as important to key decision makers in community pharmacies when considering adoption of patient screenings.

### Objectives

The purpose of this study was to explore perceived attributes of the innovation and organizational characteristics related to decisions to adopt, outsource, or not adopt the Health Watch service using Rogers's Diffusion of Innovations Model<sup>6</sup> and Meyer and Goes's Model of Innovation Assimilation<sup>7</sup> as frameworks to guide the classification of themes.

### Methods

#### Study population and participant recruitment

An organization-level analysis was determined to be most appropriate for this study since owners or representatives of independently owned community pharmacies, rather than individual pharmacists, decide

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