

Assessing Ohio grocery store patrons' perceptions of a comprehensive medication review

Catherine H. Kuhn, Kristin A. Casper, and Tara R. Green

Abstract

Objective: To assess grocery store patrons' perceptions of a comprehensive medication review (CMR) compared with traditional prescription medication counseling.

Design: Self-administered survey.

Setting: Eight central Ohio grocery stores during January through April 2007.

Participants: Grocery store patrons.

Intervention: Survey events.

Main outcome measures: Responses to survey items about CMRs and prescription medication counseling indicated (1) who study participants would expect to deliver each program, (2) where they would expect services to be offered, and (3) what they would expect to be included or discussed.

Results: Predefined response options were provided for each question. The majority of the 214 study participants associated physicians or pharmacists with a CMR. CMRs were thought to be provided in medical offices or pharmacies. Only 3 of 24 qualifiers were statistically significantly different when comparing CMRs and prescription medication counseling (inclusion of health and wellness screenings [55% vs. 43%, $P = 0.015$], discussion about any of the patients' medications being the same [45% vs. 56%, $P = 0.026$] and "other" [6% vs. 12%, $P = 0.021$]).

Conclusion: Patients may not recognize pharmacists as primary providers of CMRs and may not see a clear distinction between a CMR and prescription medication counseling. More research is needed in this area to further solidify the results. Pharmacists need to market themselves as willing and capable individuals of providing CMRs. Additionally, pharmacists should highlight key differences between a CMR and prescription medication counseling so that patients understand the value of a CMR.

Keywords: Community pharmacy, medication therapy management, drug use review, counseling (patient).

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Medication therapy management (MTM), defined by a professionwide consensus statement, is a distinct service or group of services, provided by a pharmacist or other qualified health care provider, that optimizes therapeutic outcomes for individual patients.¹⁻⁵ MTM services are independent of, but can occur in conjunction with, the provision of a medication product. The primary component of MTM is a medication therapy review.^{1,2,4} This medication therapy review often occurs annually in the form of a comprehensive medication review (CMR), which sets the stage for MTM services. The CMR then may be supplemented by targeted interventions when specific problems arise with a patient's medication regimen.^{1,2,4}

During a CMR, the pharmacist collects valuable data about the patient's current medications, including all prescription and nonprescription medications, herbal remedies, and other dietary supplements. The interaction between the patient or the patient's primary caregiver occurs, preferably, through a face-to-face consultation. The pharmacist uses this patient interaction and any other relevant data to identify medication-related problems. The pharmacist also provides the patient with education and information, and works with the patient's prescribers and other members of the health care team to improve the patient's self-management of the medication regimen, as well as acute and chronic health conditions.^{1,2,4}

While initial implementation of MTM services has been demonstrated to be successful in reducing health care costs and optimizing therapeutic outcomes, patients' willingness to participate in MTM services may be affected by their expectations of these services.⁶⁻¹¹ Although no comparative research

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in this area exists, patients' understanding of how MTM services differ from traditional prescription medication counseling, typically guided by the Omnibus Budget Reconciliation Act of 1990 (OBRA '90), may influence participation.¹²

Objective

The primary objective of this study was to assess grocery store patrons' perceptions of a CMR compared with traditional prescription medication counseling.

Methods

An anonymous, self-administered survey (Appendix 1 in the electronic version of this article, available online at www.japha.org) was designed to identify how potential patients perceive the terms "comprehensive medication review" and "prescription medication counseling." These terms were selected for inclusion following a review of the MTM and OBRA '90 literature and were chosen to serve as a representation of services currently being provided by community pharmacists across the nation. The terms were not defined for the participants but were identified as "related to medication therapy management."

Study participants were asked the following three questions about each of the terms: (1) Who would you expect to run this program? (2) Where do you expect this program to be offered? and (3) What would you expect to be included or discussed in this program? Predefined qualifiers were provided for each question. "Other" was also a response option, allowing respondents to add additional information if desired. Qualifiers were chosen for these questions following a review of the MTM and OBRA '90 literature.^{1,4,11,12} Study participants were able to choose from one or more qualifiers for each question. Two sets of pilot surveys, completed by 16 grocery store patrons and 10 employees at two grocery store locations, were used to determine and fine-tune survey qualifiers and assess participants' understanding of the survey questions. The first pilot survey assisted with determining qualifiers for the final survey by allowing the study participants to answer the questions without choosing from any predetermined qualifiers. The second pilot survey included predetermined survey qualifiers, based on the results of the first pilot survey, and was used to assess survey readability. Because of the small number of participants in the pilot surveys, no measures of validity were gathered.

The final survey, approved as exempt status by the Institutional Review Board of Ohio State University, was distributed to patrons of eight central Ohio grocery store locations, which also housed community pharmacies. The grocery store locations were selected on the basis of their demographic diversity, as determined by grocery store patron characteristics, and approved by both store and pharmacy management. Eight survey events of 3-hour duration were held at the selected grocery store locations from either 9:00 am to 12:00 pm or 2:00 pm to 5:00 pm, in January through April 2007. During the survey events, study investigators set up a table and chairs near the entrance of the store and recruited grocery store patrons to complete the anonymous, self-administered survey. Partici-

pant inclusion criteria included age 18 years or older. Completion of the 5- to 10-minute survey served as consent to use data for study purposes. Study participants were offered entry to win a \$25 gift card as an incentive for participation.

Data analysis

Survey data were coded and analyzed using SPSS for Windows version 14.0 and Microsoft Excel for Macintosh version 11.4.1. Descriptive statistics and frequencies were used to report demographics of study participants. Frequencies were computed to determine which qualifiers were more often and less often chosen. Chi-square tests were performed to assess differences in what study participants expected to be included in a CMR versus prescription medication counseling. Alpha was set at 0.05.

Results

Study participants at the eight survey events completed a total of 214 surveys. A mean (\pm SD) of 27 ± 13.4 surveys (range 6–49) were completed per survey event. The majority of the study participants were women, white, and married (Table 1). Most were also college graduates, reporting an annual household income of \$30,000 to \$49,999, and with a mean age of 49 ± 16.5 years. Study participants currently take a mean of 2 ± 2.6 prescription medications and typically use 2 ± 2.0 over-the-counter medications. Acquisition of these medications generally occurred as a result of employer-provided prescription coverage, and the prescriptions were most likely filled at a community pharmacy chain.

Participant expectations

Who would you expect to run this program? The majority of study participants associated a physician with a CMR, with a pharmacist being selected second most often (Figure 1). Furthermore, the majority of study participants associated a pharmacist or a physician with the provision of prescription medication counseling.

Where would you expect this program to be offered? A medical office and pharmacy were both most often associated with the location at which a CMR may be offered (Figure 2). A pharmacy was most often associated with the location at which prescription medication counseling may be offered, followed by a medical office.

What would you expect to be included in this program? The top five items that study participants expected to be included or discussed during a CMR and prescription medication counseling were the same. The items were name and description of medication (what it is, what it does, and what to expect), drug interactions, drug adverse effects, medication dose and directions, and how long to take the medications (Table 2).

Study participants expected health and wellness screenings (e.g., blood pressure, cholesterol, diabetes) to be included or discussed more often during a CMR than prescription medication counseling but expected the provider to discuss "if any of your medications are the same" and "other" more often during prescription medication counseling than a CMR (Table 2).

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