Patient request for pharmacist counseling and satisfaction: Automated prescription delivery system versus regular pick-up counter

Jan D. Hirsch, Austin Oen, Suzie Robertson, Nancy Nguyen, and Charles Daniels

Abstract

Objectives: To assess the rate of patient-requested pharmacist counseling for refill prescriptions and satisfaction with pick-up process for patients using an automated prescription delivery system (APDS) versus those using a regular pick-up counter and to explore patient willingness to use an APDS as a tool for pharmacist monitoring of medication therapy outcomes.

Methods: In this uncontrolled, cross-sectional, survey study, we assessed use of APDS or the regular counter by 116 patients picking up refill prescriptions at two community pharmacies. The main outcome measures were number of patients requesting pharmacist counseling for refill prescriptions, patient satisfaction with pick-up process, and patient willingness to use an APDS to report medication therapy outcomes.

Results: None of the regular counter users and only two APDS users (3.7%) requested counseling for their refill prescription (P=0.126). Almost all patients agreed that they were able to talk to a pharmacist about their prescription if they wanted to do so (95.1% regular counter and 92.3% APDS; P=0.268). The majority (75%) of patients using APDS indicated that they would be willing to use the system to answer questions or perform simple tests to provide information that the pharmacist could use to improve medication effectiveness or reduce adverse effects.

Conclusion: Very few patients (ADPS or regular counter) asked to speak to a pharmacist about their refill medications, although it appeared that no perceived barriers to pharmacist access existed. Most APDS patients were willing to use this new technology to provide information about therapy outcomes to the pharmacist. Further exploration and testing of the APDS as a data collection tool to enhance pharmacist access to therapy outcomes is warranted.

Keywords: Automation, patient satisfaction, technology, counseling (patient).

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n automated prescription delivery system (APDS) is a new technology, similar to an automated teller machine (ATM), that can be electronically integrated with a pharmacy's management system, allowing patients to use a password to pay for and pick up their refill prescriptions after the normal pharmacist dispensing and verification process has been completed. The California Board of Pharmacy approved the use of APDS on January 26, 2007, but use on a case-bycase basis via a waiver system has been allowed since October 2004.2 Key requirements were that APDS be used for previously dispensed prescriptions only, that the patient provide written consent expressing desire to use APDS, and that the APDS be located adjacent to the secure pharmacy area. In addition, the regulation specified that APDS should not be used if the pharmacist determines that a patient should be counseled on the dispensed medication and that the pharmacy must provide an immediate consultation with a pharmacist (in person or via telephone) if the patient so requests.

Traditionally, pharmacist contact has been facilitated through the prescription pick-up process when a clerk alerts

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RESEARCH NOTES

the pharmacist of the need to counsel during the transaction (mandated by law only for new prescriptions in California). Obtaining refill prescriptions at an APDS "kiosk" separate from the regular counter removes patients from this process. At the advent of mail service pharmacy in the late 1980s, similar concerns were raised about changes in direct pharmacist and patient interaction. However, many of these initial concerns have been addressed by mail, fax, or phone service consultations and provision of written patient information.³

Implementing APDS technology has potential benefits and risks. Potential benefits for the patient are convenience, less waiting, and ability to pick up refill prescriptions after regular pharmacy hours. Possible benefits to the pharmacy include enhanced patient flow, less congestion, more pharmacist time for patients at the regular pick-up counter, and possibly reduced clerk labor needs. Possible risks of an APDS include lack of patient—pharmacist contact and, thus, less opportunity for pharmacist consultations and appropriate medication management interventions. Opponents of APDS have also argued that the system may not be secure or accurate.

Because the potential benefits of APDS technology are enticing, widespread adoption of this technology could be rapid and affect pharmacy practice considerably. Evaluating the effect of using APDS on patient–pharmacist interactions is warranted at this early stage of APDS evolution.

Objectives

We sought to assess the rate of patient-requested pharmacist counseling for patients using APDS versus those using a regular pick-up counter to obtain refill prescriptions, to assess the satisfaction of patients using APDS versus those using a regular pick-up counter to obtain refill prescriptions, and to explore patient willingness to use APDS in the future as a tool for pharmacist monitoring of medication therapy outcomes.

Methods

This study was conducted at two community pharmacies, which were under the same corporate ownership, in northern San Diego, CA. These pharmacies were the first in California to use APDS technology. The APDS (ScriptCenter—Asteres: Figure 1) had been in use for at least 12 months at each location prior to the study. The pharmacies were 15 miles apart within an upper-middle-class, primarily English-speaking area. Pharmacy operating characteristics were fairly similar at each site (Table 1). Using APDS did not change the manner in which the refill prescription was ordered by the patient or filled by the pharmacist. The only difference in the process was that completed prescriptions were placed inside the APDS instead of being placed in the traditional holding area for pick-up at the counter. A description of the technical and security features of the APDS used in this study can be found at www.asteres.com. Inclusion criteria were that the patient was receiving a refill prescription either at the regular counter or APDS, was able to read and understand written information, and was 18 years of age or older. Patients picking up their prescription at the APDS had already decided to do so before participating in this study

Table 1. Descriptive characteristics of pharmacy sites and survey respondents by site^a

Site 1	Site 2	P
82	82	
119	168	
250	232	
60	60	
39	77	0.021
15 (38.5)	47 (61.0)	
24 (61.5)	30 (39.0)	
		0.712
25 (64.0)	52 (67.5)	
-	,_ ,	0.004
	- 1 - /	
8 (22.2)	4 (5.2)	
		0.165
9 (23.1)	10 (13.0)	
	82 119 250 60 39 15 (38.5) 24 (61.5) 14 (36.0) 25 (64.0) 8 (22.2) 20 (55.6) 8 (22.2)	82 82 119 168 250 232 60 60 39 77 15 (38.5) 47 (61.0) 24 (61.5) 30 (39.0) 14 (36.0) 25 (32.5) 25 (64.0) 52 (67.5) 8 (22.2) 37 (48.1) 20 (55.6) 36 (46.8) 8 (22.2) 4 (5.2)

Abbreviation used: APDS, automated prescription delivery system.

Patients with complete data collected during study time periods.

bMissing three patients for site 1.



Figure 1. The ScriptCenter, an automated prescription delivery system

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