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Original article

The Role of Pharmacists in Caring for Young People With Chronic Illness

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A B S T R A C T

Purpose: To explore the perceived and potential roles of pharmacists in the care of young people aged 10–24 years with chronic illness, through the exemplar of juvenile arthritis, from the perspectives of UK community and hospital pharmacists, health service commissioners, rheumatology health professionals, and lay advocates.
Methods: A sequential mixed methods study design comprises the following: focus groups with community and hospital pharmacists; telephone interviews with pharmacy and rheumatology stakeholders and commissioners; and multidisciplinary group discussions to prioritize roles generated by the first two qualitative phases.
Results: The high priority roles for pharmacists, identified by pharmacists and rheumatology staff, were developing generic health care skills among young people; transferring information effectively across care interfaces; building trusting relationships with young people; helping young people to find credible online health information; and the need to develop specialist expertise. Participants identified associated challenges for pharmacists in supporting young people with chronic illness. These challenges included parents collecting prescription refills alone, thus reducing opportunities to engage, and pharmacist isolation from the wider health care team.
Conclusions: This study has led to the identification of specific enhancements to pharmacy services for young people, which have received the endorsement of a wide range of stakeholders.

IMPLICATIONS AND CONTRIBUTION

The role of community or retail and hospital pharmacists in the care of young people with chronic illness could be further developed to complement the role of other health care providers. Research in this area has been scarce. Priority roles and associated challenges are identified by stakeholders within and beyond pharmacy.

Conflicts of Interest: N.J.G., F.J.S., J.B., and D.T. are all registered pharmacists in Great Britain. R.R.—employed by the sponsor, Pharmacy Research UK—is an author of this article; she assisted the team in data analysis and interpretation in her capacity as a qualitative researcher and helped to write the article. N.J.G. wrote the first draft of the article in her capacity as the principal investigator, supported by the study grant funding from Pharmacy Research UK. The other authors have no conflicts of interest to disclose.

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These suggestions could inform the next steps in developing the contribution of community and hospital pharmacy to support young people with chronic illness in the optimal use of their medication.

The role of the pharmacist as a member of the adolescent health team, particularly in the care of young people with chronic illness, has not been widely researched. The two main employment groups are community pharmacists (sometimes called "retail pharmacists") and hospital pharmacists. In this article, there will be reference to "pharmacists" as a professional group across the two settings; in some places, it will be necessary to differentiate between the two environments. There are good reasons to consider the engagement of pharmacists in adolescent medication use. In developed countries, transcending the way that health systems and medication supply are financed, the vast majority of prescriptions for medication for young people will have been reviewed, checked, and/or dispensed by a pharmacist. Woods et al. [1] undertook secondary analysis of adolescent data from a large medical care data set in Colorado and Utah. Medication-related events were the second most frequent source of safety problems, and the highest incidence of patient safety issues occurred in the pharmacy setting.

The role of the community pharmacist in reproductive and public health has attracted more research. Emergency contraception studies noted that young women have found the profession to compare well to other reproductive health providers—accessibility and nonjudgmental attitude were positively cited [2], and 94% of adolescents said they would recommend the service to a friend [3]. Studies have also, however, highlighted the potential for community pharmacists to break confidentiality, when, for example, pharmacists might contact a parent before dispensing contraception to minors [4]. In relation to vaccination, there has been recognition of the potential of the community pharmacy setting as a "unique resource" to increase adolescent immunization rates [5], but the need to increase pharmacists' experience with young people was noted.

Pharmacists report a lack of training and confidence in engaging with young people [4]. Community pharmacy staff are unsure whether their adult-focused services should be offered to young people, especially those aged <16 years [6]. UK pharmacists may, however, be gaining confidence from providing public health services to young people. In a small study, almost two thirds (62.2%) of the 143 community pharmacists surveyed felt "reasonably confident" about engaging with young people, and almost another third (30.1%) felt "very confident" [7]. Increasing numbers of community pharmacists internationally now provide commissioned services to discuss medication with patients. The most commonly used overarching term to describe these cognitive, patient-centered services that go beyond the supply function is "pharmaceutical care" [8], but other country-specific terms include "medication therapy management" (U.S.) and "medicines optimization" (UK). A study of UK community pharmacists reported significant self-reported engagement with young people [7]. Although approximately half of these pharmacists reported dispensing prescriptions "often" and providing public health services "often" for young people aged 13–19 years (53.8% and 45.4%, respectively), only 5.2% reported chronic medication review activities "often" with this age group.

The aim of this study was to explore the perceived and potential roles of pharmacists in the care of young people with chronic illness, through the exemplar of juvenile arthritis, from the perspectives of UK community and hospital pharmacists, rheumatology health professionals, and health service commissioners (payers).

The World Health Organization age range for young people of 10–24 years was adopted in this research to reflect the range of important biological, cognitive, psychosocial, and vocational transitions that can impact on the use of medication [9].

Methods

An overview of the project methods is provided in Table 1. A blog-based project called "Arthriting" was undertaken by the authors in 2012–2013 to elicit the views of young people attending a rheumatology service aged 11–19 years, and their parents or caregivers, about the links between identity, the arthritis condition, and medication [10–12]. This subsequent project would challenge pharmacists with the "Arthriting" data to think how they could better engage with, and support, young people with chronic illness and their families.

The sequential mixed methods study design [13] allowed stakeholders to identify, and then prioritize, current and future roles that would underpin the pharmacist's contribution to the care of young people with chronic illness. The first two phases—pharmacist focus groups and stakeholder telephone interviews—were qualitative, reflecting the dearth of literature in this area and the need to capture and record ideas from pharmacists and stakeholders about current and future roles that would support young people and families. The final phase—multidisciplinary discussion groups—was quantitative, encouraging pharmacists and rheumatology professionals to discriminate between ideas and to prioritize roles to be developed or enhanced. Each phase had a particular objective within the aim of the overall study.

Institutional ethical approval for the study was given by Aston University Health and Life Sciences Research Ethics Committee.

Recruitment of participants

A number of recruitment strategies were used to recruit pharmacists to phases 1 and 3, through gatekeepers in the Royal Pharmaceutical Society (RPS)—the national professional body for pharmacy, the national continuing education organizations in England and Wales, and the UK National Health Service regions surrounding the group venue in Scotland. The RPS does not represent all pharmacists; during the recruitment period, 54% of all licensed pharmacists in Great Britain were members. It is, however, the national professional forum and that was deemed appropriate for recruiting pharmacists for this work. The continuing education organization and UK National Health Service mailing lists, however, do include most registered community and hospital pharmacists. We aimed for maximum