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Research Brief

Are patient's simply unaware? A cross-sectional study of website promotion of community pharmacy adherence-related services in Tennessee

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Abstract

Background: Medication adherence rates can impact patient outcomes, quality of life, and health care costs. Community pharmacists who offer adherence-related services are well positioned to bolster medication adherence rates. One means for patients to learn more about these services is through the pharmacy's website. However, the prevalence of pharmacies' promotion of adherence services through the internet is unknown.

Objectives: The present study aimed to quantify the online promotion of pharmacies' adherence-related services.

Methods: This was a cross-sectional, observational study of websites representing licensed community pharmacies. One-hundred and sixty-nine community pharmacy websites, representing 1161 of community pharmacies in Tennessee (U.S. State), were included in the observational analysis.

Results: The most commonly promoted adherence-related service was online refills (81.1%). Auto refill, medication synchronization, and packaging systems were promoted on <20% pharmacy websites. Types of promoted adherence services differed between chain and independent pharmacy websites.

Conclusions: Despite 67% of pharmacies offering adherence-related services, only a fraction of them promote these services online. Patient awareness represents a hidden and often unaddressed variable in increasing adherence. Future studies should investigate whether increasing website promotion of these services would increase service use, and potentially improve adherence rates.

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Keywords: Adherence; Community pharmacy; Website; Patient awareness; Patient education

C. Everett Koop is often quoted for his statement, "drugs don't work in patients who don't take them." Yet, despite the almost universal acceptance of this statement as fact, an epidemic of nonadherence continues to plague

the U.S. Poor adherence rates have been documented to negatively impact health and economic outcomes. Estimates have placed the total cost of nonadherence between \$100–\$300 billion.^{1–3}

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Nonadherence is well documented, and occurs at many steps throughout the patient's care continuum. A reported 22%–28% of written prescriptions are never dropped off at a pharmacy.⁴ Of those prescriptions are, 3.27%–6.3% are never picked up and returned to stock; a phenomenon referred to as *prescription abandonment*.^{5,6} Even after dispensing, several barriers to adherence related to socioeconomic status, psychological issues, health literacy, medication characteristics (size, taste, flavoring, etc.), and support systems to help patients manage complex drug regimens often persist. These barriers may contribute to the significant decline in patient adherence seen after 6 months of chronic medication therapy.⁷ Adherence is a symptom with a wide variety of underlying etiologies.

The community pharmacist stands poised to positively impact medication adherence rates.^{8–10} This statement is further evidenced by the over 60,000 pharmacy locations across the U.S., most with extended hours of service, and a proximity of a community pharmacy being within 5 miles from 93% of Americans' homes.¹⁰ Furthermore, patients are likely to have more interaction with a pharmacist than any other health care provider, with some patients averaging 5–11 visits to a pharmacy over a three-month period.¹¹ Research evaluating pharmacist-led interventions to improve adherence has demonstrated positive results.^{12,13} However, as nonadherence has multiple causative factors and is patient-specific, pharmacy's impact on overall adherence rates varies widely. For this reason, an adherence plan for a patient is optimal when it is multi-modal, personalized, and includes shared-decision making. Therefore, adherence success depends on not only the available adherence services, but also the patient's satisfaction with the service and their awareness of services that are offered.

According to the National Community Pharmacists Association (NCPA), 67% of community pharmacies across the US offer some form of adherence service.¹⁴ As pharmacies continue to grow these offerings, it is vital that patients be made aware of their availability in order to identify an optimal, patient-centered adherence plan. One potential avenue for patients to learn about these types of patient care services is through the use of the pharmacy's website. It has been suggested that using patient-friendly materials to explain expanded patient care pharmacy services on a pharmacy's website may be an effective means to increase their utilization.¹⁵ However,

the overall prevalence of the number of pharmacies actively raising patient awareness of adherence services using this method is unknown. These data are a vital piece to understanding whether nonadherence is a function of ineffective adherence services, patient dissatisfaction with available adherence services, or a general patient unawareness of service availability. The present study aimed to quantify the online promotion of adherence-related patient care services via community pharmacy websites in the state of Tennessee. A secondary aim of this article will be to briefly review the evidence surround the identified adherence-related services offered by community pharmacies.

Methods

This was a cross-sectional, observational study of community pharmacy websites in the state of Tennessee that was conducted in September 2015. Each website was visited individually to determine the availability of medication adherence-related service offerings. A list of pharmacies was obtained from the Tennessee Board of Pharmacy. A search was performed, and 2568 facilities were identified. Sites were excluded if they were not located within Tennessee, not a community pharmacy, or if the pharmacy did not have a website. Social media pages were also excluded. Chain pharmacy was defined as four or more locations.¹⁰ A total of 169 community pharmacy websites, representing 1161 of community pharmacies in Tennessee, were included in the observational analysis.

Two community pharmacy faculty researchers reviewed all websites independently for adherence-related services. Discrepancies in data collection were discussed and resolved after independent data collection. Adherence-related services were defined as those services that directly improve adherence, reduced barriers to adherence, or both. A list of adherence-related services was generated by two community pharmacy faculty members based on a review of the literature and personal practice experience. These adherence-related services included:

1. Easy open caps
2. Delivery service
3. Language options (label)
4. Magnified text (label)
5. Online refill
6. Medication synchronization

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