



Original Research

Preferences for the delivery of community pharmacy services to help manage chronic conditions

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Abstract

Background: To optimize positive outcomes, the design of new pharmacy services should consider the preferences of consumers with chronic condition(s) and their carers.

Objectives: (i) To evaluate the relative importance of community pharmacy service characteristics, from the perspective of consumers with chronic condition(s) and carers; (ii) To compare consumer and carer preferences to health professional beliefs about ideal service characteristics for consumers.

Method: A discrete choice experiment was completed by consumers with chronic condition(s) and/or carers ($n = 602$) and health professionals ($n = 297$), recruited from four regions in Australia. Participants were each randomized to one survey version containing four (from a total 72) different choices between two new pharmacy services. Consumer and carer participants were also given an ‘opt out’ alternative of current service. Each service was described using six attributes related to pharmacy service characteristics: continued medicines supply, continuity and coordinated care, location, medication management, education and information, and cost.

Results: Consumers and carers placed highest priority on continued medicines supply by a pharmacist for regular and symptom flare up medicines (100 priority points), a pharmacy located within a ‘one-stop’ health center (61 points) and home delivery of medicines (52 points). Although continued medicines supply was most important for consumers and carers, pharmacy location was perceived by health professionals to be the most important characteristic for consumers. Participants were less inclined to choose new services if their current pharmacy offered high quality services that were person-centered, easy to access and responsive to their needs. Younger, more highly educated

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and employed participants, and those with established condition(s) were more likely to choose new services.

Conclusions: Person-centered care is a fundamental tenet for pharmacy services. The provision of continued medicines supply (e.g. through pharmacist prescribing), convenient and coordinated care delivered through a one stop health centre, and home delivery of medicines, should be prioritized when planning pharmacy services to best assist consumers to manage chronic conditions.

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Background

The role of the pharmacist and community pharmacy has evolved from being principally centered on medicines supply to include a broader focus on medicines management, adherence support and promoting the judicious, appropriate, safe and efficacious use of medicines in the community.^{1,2} Pharmacists are amongst the most frequently visited, available and trusted health professionals in the community setting.^{3–6} The accessibility of pharmacy for most consumers reinforces its potential to promote general community health, but also self-management and optimal use of medicines by those with chronic conditions.

Pharmacy services other than dispensing have been reported to be beneficial in some settings to assist the management of selected chronic condition(s), leading to improved clinical outcomes, quality of life (QoL) and reduced health care utilization.^{7–10} Services that a pharmacist could potentially offer to help consumers and their carers effectively manage chronic conditions include medication reviews, education and information, safety monitoring through reporting adverse drug reactions or interactions or both, supporting compliance through dose administration aids, and liaising with a person's General Practitioner (GP) and other health providers as part of a care plan.¹¹ Perhaps more contentiously, in selected countries, pharmacists can also prescribe in a range of models across varying scopes of practice.^{12,13}

Despite the potential benefits of pharmacy-led services, there is little evidence available from the consumer perspective about the acceptability or preferred design of new or innovative pharmacy services.¹⁴ The few studies that have examined consumer preferences have reported some support for extended pharmacy roles, such as prescribing in England and Scotland, where pharmacist

prescribing is now comparatively well established.^{15,16} One Australian study reported support for the delivery of specialized asthma services through community pharmacy.¹⁷

In other areas, it is now recognized that to provide optimal benefit for consumers and carers and be responsive to their needs, the design of new services should consider the preferences of consumers. Indeed, the benefits of considering consumer preferences in health care reform and service design have been widely recognized.^{18–20} Consumers bring a unique perspective, which can promote the relevance, responsiveness, quality and safety of health service delivery. Furthermore, if consumers are engaged in the development of services, it is more likely that they will access these services, form partnerships around their care, and adhere to recommended management plans, ultimately leading to improved health outcomes.²¹ This is particularly important for populations with unique needs, such as young people who experience barriers to health care access and unmet health needs that youth-friendly pharmacy services could address.^{22,23} There is a clear need for a greater understanding of preferred pharmacy services from the consumer perspective, to harness the opportunity for pharmacy to develop innovative health and medicines services to benefit the community.

This study is part of a wider project focused on consumers' perceptions of chronic conditions, treatment burden, and the engagement of community pharmacy in chronic condition management. The primary aim of this sub-study was to examine the relative importance of different pharmacy service characteristics for consumers with chronic condition(s) and carers of people with these condition(s), and the trade-offs that are made when choosing between pharmacy services. A secondary aim was to investigate the similarities and differences between consumer and carer

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