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Mail-order pharmacy experience of Veterans living with AIDS/HIV

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ABSTRACT

Background: The VA system is the largest single provider of healthcare in the United States and to individuals infected with HIV specifically. High quality medication management is particularly important since HIV is a chronic infectious condition which requires taking multiple medications with strict requirements for adherence to medication regimens. Veterans Administration (VA) patients are required to obtain all chronic medications using the VA mail-order pharmacy system.

Objective: Drawing on Donabedian's Quality Improvement framework, this study sought to examine experiences that Veterans with HIV have with the Veterans Administration medication mail-order system, and to explore opportunities for quality improvement.

Methods: A sequential, explanatory mixed-methods design was used to interview Veterans receiving care at a Midwestern Veterans Administration Hospital using a mail-order experience survey followed by in-depth interviews. All 57 Veterans, out of 72, who were successfully contacted consented to participate. **Results:** Overall, Veterans evaluated the mail-order service positively and valued the accuracy (correct medication delivery). However, a notable problem emerged with respect to assuring access to HIV medications with about half (47%) indicating running out of HIV medication. Respondents identified structural issues with respect to days covered by mailed medications (90 versus current 30 days) and process issues with scheduling new refills. Veterans also indicated the information sheets were too long, complex and not helpful for their queries. Patients were open to pharmacists playing an active role during clinic visits and felt this would help manage their conditions better.

Conclusions: Veterans generally reported that the VA Mail-order service was of high quality. However, some findings indicate there are opportunities to improve this service to be more patient-centered particularly for vulnerable HIV patients.

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1. Introduction

The Veterans Administration system is the largest single provider of healthcare to individuals infected with HIV.¹ As of 2011, there were about 25,271 Veterans living with HIV, of which 97% were male.² Hence, about 1 in every 250 Veterans is living with HIV.¹ As HIV is a lifelong condition, its therapy has often been compared to other chronic conditions.³ The majority of VA patients

with HIV get their medications through the Consolidated Mail-order Pharmacy (CMOP) system. Hence, the structure of the system and processes involved in obtaining medications through the mail-order system is important to maintain patients' key outcomes.

What sets HIV patients apart from other mail-order users is their dependence on near perfect adherence for sustained HIV suppression and survival^{4–6} and the virus's long incubation period (time from first acquiring HIV-1 to developing AIDS). This can range from a few months to over 10 years.^{7,8} Providing easy access to medications is crucial to allow individuals to maintain a stable condition. Improved treatment and increased longevity means HIV patients are developing other age associated conditions such as diabetes and high blood pressure^{9,10} and face higher morbidity rates.^{11,12} This in turn requires HIV patients to manage additional

Abbreviations: CMOP, Consolidated Mail-order Pharmacy.

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medications,¹³ with complicated regimens and higher risk for drug-drug interactions and other adverse drug events.^{14–19} Hence the medication needs of patients with HIV may be uniquely complex.

The VA CMOP provides a streamlined, efficient, cost-effective way for medication delivery,^{20–23} and fills about 100 million prescriptions annually across the country.²⁰ Although mail-order pharmacies (MOP) can be an efficient and cost-effective way to deliver needed medications to a person's home, mail-order users' experience with structure or processes involved is not known.

There is little published research on the MOP experience of Veterans with HIV. However, there has been research on general patient satisfaction with non-VA MOP. These non-VA studies found patient satisfaction with mail-order services was associated with promptness of service, costs, convenience, and perceived quality of medications.^{24–26} They also found key problems. When users needed more information about a prescription filled through MOP they often asked no-one (24%).²⁴ Also, more than a quarter had ordering difficulty (28.7%) and reported late delivery of medications (30.6%).²⁶ Moreover, users' with certain conditions like cancer, diabetes and asthma reported lower overall satisfaction with mail-order services than other respondents.²⁷ This may point towards differences in needs and expectations based on disease conditions and complexity of medication regimens. Although the VA mail-order system has previously received considerable praise, a more recent study reported that VA mail-order patients were more dissatisfied with the system compared to patients using other mail-order systems.²⁸ This finding combined with differences in mail-order experiences for some vulnerable populations raises the question of whether vulnerable patients with HIV/AIDS experience a high quality of care with their MOP services. To fill this gap, we undertook a sequential mixed methods study to explore Veterans' experience with the structure and processes within the VA Mail Order Pharmacy system with respect to their HIV medications and management needs at a Midwestern VA hospital.

2. Material and methods

2.1. Conceptual model

The Donabedian Quality of Care Model²⁹ informed the study's evaluation of the mail-order pharmacy system's structure and processes in relation to the outcome - users' reported "experience" with the system (See Fig. 1). The structure construct highlights the organizational conditions under which mail-order care is provided. The process includes actions taken by patients and

providers to ensure medications are obtained in an effective and efficient way.

2.2. Design

A sequential explanatory mixed methods study design was used to explore Veterans' experience with the VA MOP system. Quantitative data collection was followed by qualitative data collection to explore and help explain the quantitative results (See Fig. 2).^{30,31} The intent was to provide a more robust analysis and explanations for patients' perspectives of the mail-order system.^{31,32}

2.3. Setting

This study was conducted in a Midwestern Veterans Administration (VA) Hospital Infectious Disease Clinic. The systems used by this setting conform to the structures and processes of the VA system throughout the country with subtle differences. The Department of Veteran Affairs provides about 80% of all their medications through the VA CMOPs. The CMOPs are large-volume, automated dispensing systems designed to be efficient and low cost.²⁰

Initially, newly diagnosed Veterans at the study setting may require more frequent visits to the VA clinic to tailor their medication regime and suppress the infection. After this initial phase, patients typically get check-ups every 6 months or annually. After the initial check-up the provider enters an electronic prescription request which is reviewed by a pharmacist for accuracy and verification.²⁰ New prescriptions are commonly picked up at the VA outpatient pharmacy; however, subsequent prescriptions for HIV medications and other maintenance medications are usually sent via mail-order. It is the shared responsibility of the physician and pharmacist initially to educate their patients about the HIV medications they prescribe their patients.

Two important process characteristics of the mail order system are important to note. At certain locations, including the case study site, only a 30 day supply is sent for HIV/AIDS medications whereas other maintenance medications have a 90 day supply. Second, patients are responsible for placing a request via phone or internet for the next refill to be shipped and may receive all medications in a single shipment or multiple shipments, depending on number of medications, days supplied for each medication and prescription renewal dates. The mailed medications has a return address and a 1–800 number for their local clinic pharmacist to encourage patients' questions to the original

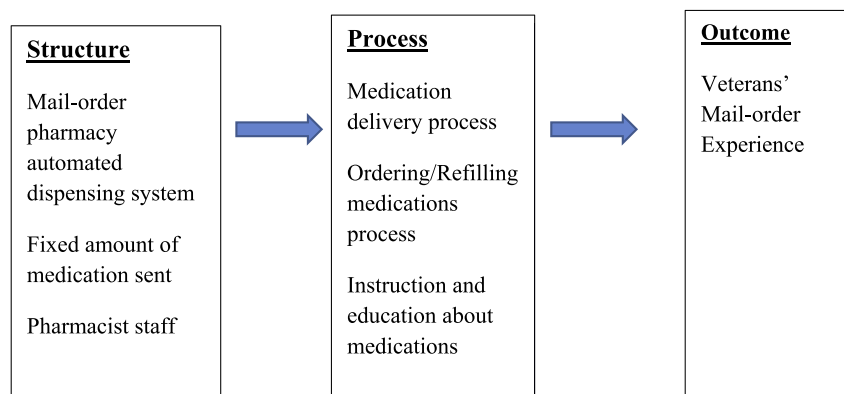


Fig. 1. Conceptual framework for study.

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