

Final Grant Report

Introduction

This study assesses the delivery of prescriptive services in Albertsons pharmacies in Idaho. With growing prescriptive authority for pharmacists in the state of Idaho, the study hopes to elucidate patients' perceptions of these new services and to assess how well these services are delivered in the community pharmacy setting. This research provides unique context to the evolving role of pharmacists as Idaho is widely considered a leader in prescriptive authority for pharmacists and allows for the delivery of a variety of prescriptive services, such as: epinephrine for anaphylactic shock, Narcan for opioid overdose, antibiotics for uncomplicated urinary tract infection, statins in patients diagnosed with diabetes, antivirals for cold sore, antivirals for influenza treatment and prophylaxis, antibiotics for streptococcal pharyngitis, and SABAs for asthma. Another aim of the study is to assess if the increased accessibility of these services allows patients to either avoid accessing healthcare facilities associated with higher costs or allows them to receive appropriate medical care they otherwise would not have sought.

Methods

This is an observational study of all patients who receive or have received any of the prescriptive authority services allowed by the Idaho State Board of Pharmacy and provided by Albertsons pharmacies. A Likert scale survey is used to measure patient perceptions of accessibility, cost, and level of care received with the service or services they receive. Demographic information is requested from participants and asks age, gender, ethnicity, income bracket, health insurance status, and if the participant has a primary care provider. Due to the low number of surveys reported at this point, an appropriate assessment of internal and external validity cannot be made at the time of this interim report.

Results

Data collection remains underway at the time of this final grant report and will continue indefinitely. Preliminary results (n=19) are detailed below.

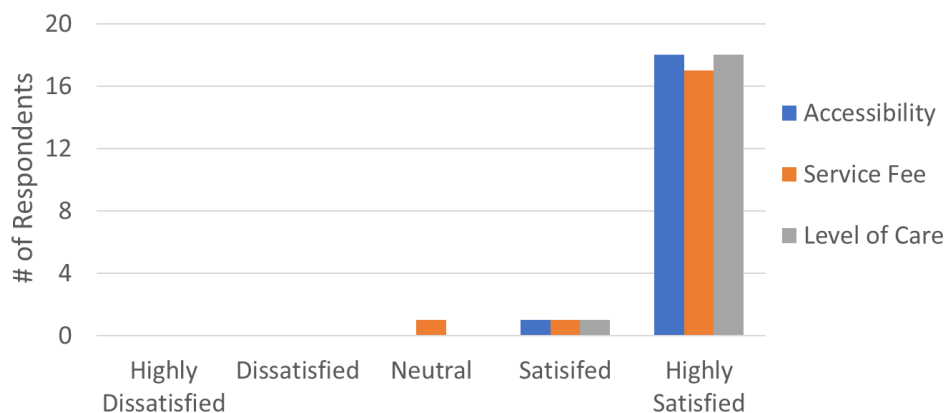


Figure 1: Patient Satisfaction with Prescriptive Services

Figure 1. displays respondents' satisfaction with accessibility, out-of-pocket service fee, and level of care at time of service. All respondents reported satisfaction with the measured aspects of services.

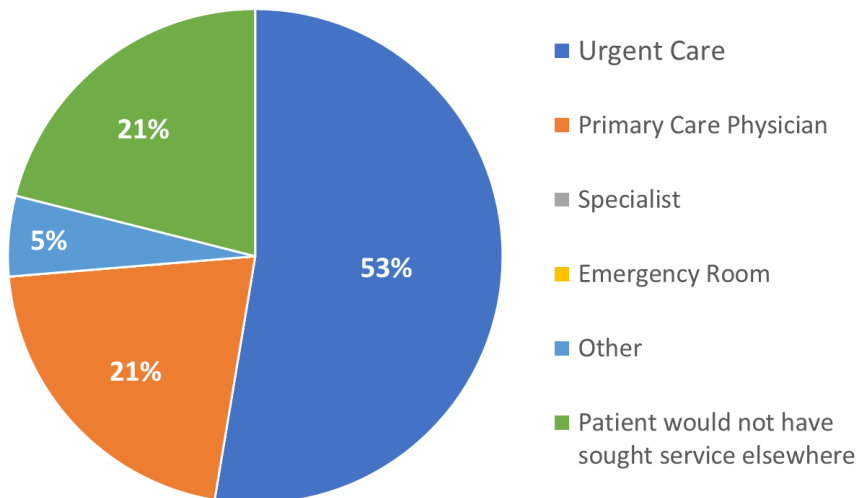


Figure 2: Services Accessed if Not Available at the Pharmacy

Figure 2. displays which healthcare settings, if any, would have been accessed by respondents if the service had not been available at the pharmacy. Ten of the twelve respondents reported they would have visited either an urgent care or their primary care physician for the same service had it not been available at the pharmacy.

All respondents reported they would be comfortable returning to the pharmacy in the future for a prescriptive service.

Discussion

Results to this point highlight patient satisfaction with measured aspects of prescriptive services. The three aspects of the service (accessibility, level of care, and cost) evaluated were satisfactory as scored by a large majority of the participants. Possible selection bias may exist, as pharmacy staff may be more likely to offer the survey to patients that express satisfaction at the conclusion of the service. Other studies that have examined patient satisfaction with pharmacist-delivered services like the ones offered at the participating pharmacies in this study are, however, consistent with the data that is reported here and display similar proportions of patients satisfied with the services they receive.

The study also shows that nearly 20% of the participants sought services they otherwise would not have received if it had not been available at a pharmacy. Another approximate 75% of participants were able to avoid accessing facilities associated with higher costs of care. This highlights the impact of providing care in more accessible facilities such as pharmacies.

Conclusion

Although drawn from a small number of returned surveys, preliminary data shows that patients are satisfied with accessibility, service fees, and level of care they receive in the community pharmacy setting. This would suggest that pharmacists are capable providers to deliver these services and that community pharmacies are ideal locations to deliver these services as they are highly accessible. Future reports of this study may support the argument for pharmacists receiving provider status if results remain consistent with the preliminary results reported in this final grant report.

References

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