

Patient Experiences

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Article 1: Patient Experiences at Enhanced-Service Pharmacies in Iowa

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Article 2: The Perspective of African-born HIV Minnesotans of their Interaction with Pharmacists

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Article 3: Association between Insurance Characteristics and Patient Activation among Medicare Beneficiaries with Type 2 Diabetes

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Article 6: The Medication Experience of African American Women with Early Stage Chronic Kidney Disease

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Article 7: Pharmacist-Delivered Patient-Centered Care: Exploring an Untested Assumption

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One of the dimensions of the IHI's Triple Aim framework is to "Improve the patient experience of care (including quality and satisfaction)". Patients interact with many individuals, go through a variety of processes and engage with multiple structural entities in receiving care. In addition, each patient's health is impacted by other factors outside the healthcare system including socioeconomic, cultural, and environmental elements. The patient experience is therefore akin to a tangle of webs with the patient at the core. And their health outcomes are significantly impacted by the summation of their interactions and interfaces with these myriad of factors. Healthcare providers are often connected to the patient by one or two strands in this 'system' but are expected to provide care that is patient-centered and responsive to patient needs.

To enhance the healthcare experience of the patient, healthcare providers including pharmacists must take into account the 'ecological' landscape of the patient experience; continue to listen to the patient tell their stories; encourage the patient to voice their concerns, priorities and preferences in order to respond to these appropriately; position themselves as strong patient advocates in addressing barriers to effective patient care at multiple levels; and most of all, validate the patient experience, because no one knows how the shoe pinches like the one wearing it. Research on patient experience will continue to be relevant to enhancing patient care and improving health outcomes.

Patient Experiences at Enhanced-Service Pharmacies in Iowa

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Acknowledgements: This study was funded by Iowa Pharmacy Association.

ABSTRACT

Objectives: As payment systems are evolving, the role of community pharmacists has expanded from simply dispensing prescriptions to actively providing care to patients. Little is known about patients' experiences with enhanced pharmacy services under the pay-for-performance model. In Iowa, Wellmark implemented its Value-Based Pharmacy Program (VBPP) where pharmacists receive capitation for performance on a set of quality measurements. Therefore, the objective of this study was to evaluate the quality of services and pharmacies from patients' perspective in VBPP. A structured interview guide developed from the service quality model was used for this study.

Methods: We conducted telephone interviews with patients from 6 community pharmacies participating in VBPP between December 2017 and January 2018. Patients who were aged between 21 and 90 years, had Wellmark prescription drug coverage, were currently on at least three medications with at least one of the medications for a chronic condition and had received enhanced pharmacy services were invited for the study. The semi-structured interview transcripts were coded and analyzed using an inductive approach of thematic analysis.

Results: Interviews were completed by 25 patients. Most of them were female and the average age was 59. More than half of the patients were taking at least five medications for chronic conditions. A majority of the patients received medication synchronization and immunization while few had pharmacists monitoring their medications. A total of 13 themes across the service quality dimensions were identified. Patients thought their pharmacists were reliable, responsive, knowledgeable and trustworthy when they provided services. Pharmacy services were accessible and perceived as high quality. Privacy was not a big concern for most patients. Patients had a somewhat limited view regarding how pharmacists helped them maintain health.

Conclusions: Patients' perceptions of enhanced pharmacy services and pharmacies were generally positive while their understanding of pharmacists' clinical role was limited.

Keywords: Enhanced pharmacy services, Patient experiences, Value-Based Pharmacy Program

The Perspective of African-born HIV Minnesotans of their Interaction with Pharmacists

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ABSTRACT

Background: The development of antiretroviral (ARV) medications for HIV/AIDS in the last two decades has transformed treatment for HIV/AIDS from an acute, palliative focus into a long-term, managed effort. Participants taking ARV medications should take 95% of the prescribed doses to avoid resistance development. Adherence to ARV therapy is vital for participants because treatment suppresses the viral load, decreases the risk of drug resistance, improves quality of life, and ultimately life expectancy. Despite the fact the African-born population is around 1% of the total Minnesota population, 24% of new HIV infections in 2016 occurred in this population from the Twin Cities metropolitan area. Little is known of the pharmacist involvement in medication adherence to ARV in the African-born population. This study is aimed to explore participants' perception of pharmacists' roles in fostering adherence to ARV therapy.

Methods: Narrative interviews with African-born HIV positive Minnesotans were conducted until saturation occurred. The 14 interviews were transcribed verbatim and inductive content analysis was performed by one researcher using Dedoose, an analytical software. A second researcher checked the codes and the third researcher arbitrated any differences between the codes. Codes were grouped into categories that facilitated to the emergence of themes.

Results: A major theme that emerged from the participants' perceptions and experiences with pharmacists was the "development of a transactional relationship". The relationship was described positively by participants when picking up their refills, being counseled by the pharmacist on ARV medication. Some participants received their ARV medications by mail, while most of them go to a retail pharmacy. Whenever participants have further questions about ARV medications, they might not ask for the pharmacist's advice.

Conclusions: While the participant's perspectives of pharmacists and their services are positive, the perspectives are more of a "transactional nature" rather than a "caring" one.

Key words: Pharmacists, HIV positive, African-born Minnesotans, Antiretroviral therapy

Association between Insurance Characteristics and Patient Activation among Medicare Beneficiaries with Type 2 Diabetes

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ABSTRACT

Introduction: Patient activation has been increasingly recognized as a significant predictor of health behaviors, healthcare utilization, and costs. It's important to know whether insurance characteristics affect care delivery in a way that influences patient activation.

Objectives: This study examined patient activation levels and assessed association between insurance characteristics and patient activation among Medicare beneficiaries with type 2 diabetes.

Methods: Data from 2009 to 2013 Medicare Current Beneficiary Survey (MCBS) was used for analysis. Patient activation levels were classified as "low," scores less than the mean minus $\frac{1}{2}$ standard deviation; as "high," scores greater than the mean plus $\frac{1}{2}$ standard deviation; or as "moderate," scores between the cutoff points for "low" and "high." Bivariate and multivariate weighted ordinal logistic regressions were used in analyses. SAS 9.4 for Linux and an alpha of 0.05 were used in all analyses.

Results: The sample included 5,733 patients, 26.9% with low activation, 37.6% with moderate activation, and 35.5% with high activation. In bivariate analyses, non-whites as compared to whites (Odds Ratio (O.R.) = 1.30, $p = 0.0003$), males as compared to females (O.R. = 1.26, $p < 0.0001$), and individuals with traditional Medicare and Medicaid eligibility as compared to those with only traditional Medicare (O.R. = 1.35, $p = 0.0084$) were more likely to report low activation. Individuals with traditional Medicare and private insurance were less likely to report low activation than those with only traditional Medicare (O.R. = 0.69, $p < 0.0001$). However, in a multivariate model, insurance characteristics were not associated with activation level after adjusting for covariates including age, gender, race, education, marital status, income, employment, independent living, smoking status, and patient perceived health status.

Conclusions: Insurance characteristics were not associated with patient activation levels after adjusting for other risk factors.

Keywords: Insurance Characteristics, Patient Activation, Type 2 Diabetes, Medicare

How Do Health Literacy And Risk Perception Impact Older Adult Misuse Of Over-The-Counter Medications?

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Acknowledgements: The research presented is supported under NIH award TL1TR002375 and AHRQ award R18HS024490. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or the Agency for Healthcare Research and Quality.

ABSTRACT

Introduction: Older adults (age 65+), representing 12% of the population, are responsible for 30% of over-the-counter medication (OTC) use in the US. In a pilot study, 95% of older adults selected an OTC that would result in misuse. Many study participants failed to recognize the risk associated with their self-care practices. Research has characterized risk perception of prescribed medications, but no studies have characterized risk perceptions of OTCs. This is a critical gap given the expectation for older adults, who have the highest risk for adverse drug events, to safely select and use OTCs without guidance from healthcare providers.

Objective: This study will describe factors in OTC selection so they may be targeted through intervention to improve older adult medication safety. The objectives are to: (1) adapt a validated survey on risk perception, (2) examine the relationship between risk perception and OTC misuse, and (3) explore the effect of health literacy on risk perception.

Theoretical Framework: This study employs the Protection Motivation Theory. It incorporates threat and coping appraisals, which assess the severity and response to a situation. Health literacy contributes to coping appraisals. We hypothesize that poor health literacy leads to lower risk perception, which will decrease caution and attention to potential adverse drug events.

Proposed Methods: The TRI-RISK model, a survey used to measure risk perception of cancer, heart disease and diabetes will be adapted. The revised survey will undergo rigorous cognitive interviewing and pilot testing with 8-12 older adults. This survey and the validated Newest Vital Sign health literacy survey will then be added to a larger study evaluating an intervention to improve OTC use in older adults. The results of the study will include data from 72 older adults. Multi-level structural equation modeling will be used in data analysis.

Key Words: Medication Safety, Community Pharmacy, Older Adults, Risk Perception

A Qualitative Approach to Patient Experiences in Migraine

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ABSTRACT

Objective: Migraine is a complex chronic pain condition with varying symptoms. It is often misunderstood and disregarded even though it is a severely debilitating disorder. It is essential to understand the impact of the disease on patients' lives in order to provide better health care. Thus, the aim of this study was to elucidate migraine experience from a patient perspective.

Method: This qualitative study is part of a larger online survey conducted in 2013. Patient population included adults with migraine. The questionnaire included an open-ended question asking the patient to "describe their experience of migraine. Content analysis (thematic and relational) was conducted by two investigators on these responses. A codebook was developed based on existing literature that included mutually exclusive categories and had a short and full definition, when to code and when not to code for each category. The protocols were coded using an iterative process. Relational (axial) analysis was conducted on the developed themes.

Result: The survey resulted in 176 usable responses to the open-ended question. The final codebook had 28 mutually exclusive themes. The most frequently occurring themes were pain (36) and quality of life (QoL) [work functioning] (31). The least frequent themes were cognitive symptoms, QoL economic functioning, and caregiver burden. Axial analysis showed that consequences of migraine was the most frequently reported category of themes. This included themes like QoL and stigma.

Conclusion: This study aims to fill a gap in the knowledge of patients' experience of migraines and the problems they experience. Overall, the study describes the experiences and relationships between the themes of stigma, invalidation, comorbidities, poor QoL, and unsatisfactory health care in the lives of patients with migraine.

Keywords: Migraine, Patient Experience, Qualitative research

The Medication Experience of African American Women with Early Stage Chronic Kidney Disease

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ABSTRACT

Introduction: Chronic kidney disease (CKD) affects 40 million Americans with African Americans disproportionately impacted. African American women are 1.5 times as likely as Caucasian women to progress to end stage renal disease (ESRD) while those in poverty do even worse. CKD and ESRD are costly for our healthcare system (over \$98 billion in 2015) and for patients with worsened quality of life and mortality that exceeds that of breast and prostate cancer. The optimal time to intervene in the course of CKD is early, making prevention a priority. 75% of cases of ESRD are due to diabetes and hypertension, chronic diseases for which medications are the mainstay of treatment. Since disparities continue to exist in the care that blacks receive, understanding the patient's medication experience may be one way to provide culturally sensitive patient centered care.

Objectives:

1. Understand medication experiences of low income African American women taking medications for chronic disease related to CKD.
2. Explore medication adherence experiences from a socio-cultural perspective.
3. Reveal individuals' expectations about medications, how they are prioritized, and how medication-taking decisions are made.

Theoretical Framework (Methodology): Qualitative studies are useful for exploring subjective phenomenon that are not well understood. Phenomenology will be used to explore the lived experience of individuals to elucidate the essence of the phenomenon. The existential structures of the lived world described by Merleau-Ponty will be used as a framework for data analysis.

Methods: Inclusion criteria will be low-income African American adult women taking at least one medication for chronic disease related to CKD and have a clinical diagnosis of CKD Stages 1 through 3. Recruitment will be clinic based following collaboration with local clinic and community partners. 10-15 unstructured interviews will be conducted, or until no further themes emerge from the data. Data will be analyzed for essence.

Pharmacist-Delivered Patient-Centered Care: Exploring an Untested Assumption

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ABSTRACT

Introduction: ‘Patient-centered care’ (PCC) is essential for producing better care and health outcomes at lower cost. The Joint Commission of Pharmacy Practitioners identifies PCC as the center of the profession’s shift from a medication product focus to patient care services regardless of practice setting. The PCC concept is applied across healthcare settings and disciplines despite using evidence drawn only from patients, their family members, physicians, and nurses in hospital settings. PCC’s universal applicability is an assumption that is important to challenge because patient expectations, experiences, and judgements differ by healthcare service and determine how services are used, benefited from, and reimbursed.

Objectives: The study’s objective are: (1) Identify the aspects of pharmacist-delivered patient care services important to patients and their families, and (2) Reliably assess patient experiences of pharmacist-delivered care services across practice settings.

Theoretical Framework: PCC is “respectful of and responsive to individual patient preferences, needs, and values, ensuring that patient values guide all clinical decisions.” The concept contains eight principles: (1)Respect for patients’ values/preferences/needs, (2)Care coordination/integration, (3)Education/information, (4)Physical comfort, (5)Emotional support, (6)Family/friend involvement, (7)Care continuity, and (8)Care access.

Proposed Methods: Objective 1 will be accomplished with data from three focus groups of eight individuals (4-pairs of patients and family member) to elicit expectations, experiences, and judgements about a recent pharmacist-delivered care service. Data will be interpreted by a representative group of pharmacists and pharmacy staff and corroborated by a literature review to identify key principles of pharmacist-delivered PCC. Objective 2 will be accomplished using a modified Delphi Method for three expert panels of patients, their families, pharmacists, and pharmacy staff pertaining to: (a)Medication dispensing, (b)Comprehensive medication reviews, and (c)Targeted medication reviews. Panelists will review statements reflecting aspects of PCC from Objective 1 and use Churchill’s Q-sort method to assess importance. Results will be converted into survey questions using the Dillman Method.