Patients’ Perspectives on Healthcare Providers (HCPs) Medication Counseling

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Abstract:
Medications play a primary role in increasing life expectancy and quality of life in patients. Misunderstandings associated with prescribing decisions between practitioners and patients have been reported due to lack of participation of patients in the counseling session. This qualitative study utilized focus groups of patients who use a pharmacy to determine their perspective on “best practice” medication counseling by HCPs. Patients were recruited through patient-pharmacy staff interactions at point of dispensing, phone interactions via lists developed in both pharmacy and home medical department, and direct mailers. Patients were provided with a brief explanation of the research project and questioned if met inclusion criteria. Inclusion criteria included but was not limited to >30 years old or a caregiver and at least one encounter with a healthcare professional within the year. A guided focus group question set was used. Sessions continued until saturation was reached and were analyzed and coded using grounded theory to elect theses.

1. Introduction:

1.1 Background
Medications play a primary role in increasing life expectancy and improving quality of life in the United States, especially with the aging population and consequent increase in chronic health problems. Patient's well-being and drug related needs are a primary concern in terms of pharmaceutical care provided by healthcare providers (HCPs). Their professional responsibilities include identifying and resolving drug related problems, giving appropriate advice, and supporting patients in different ways- with the goal of achieving optimal patient outcomes. This is achieved through counseling. Studies repeatedly show that effective patient counseling can significantly reduce nonadherence, treatment failure, and wasted health resources(1).

Healthcare providers need to adopt a counseling approach that focuses on the patients’ wants and needs. A patient centered professional explores the patients’ main reasons for the counseling and their need for the information(5). This improved communication can improve both patient satisfaction and adherence to counseled information.

Previous studies have a quantitative focus, aiming to explain the extent and type of information provided by pharmacists(3). Qualitative studies have analyzed the medication use process from a patient, physician and pharmacist’s perspective, with a focus on where improvements lie
and who are the responsible parties (1). This study revealed there was a need for counseling; however, pharmacists were not recognized as a medication-counseling provider by either patients or physicians. Another study focused on counseling sessions. The aim was to determine counseling behaviors and if they were patient focused by analyzing audio recording of sessions.

Currently there are studies on pharmaceutical care providers’ communication skills and barriers perceived; however, few have focused on patient perspectives of the counseling intervention- i.e. what type of medication information patients want with counseling interventions. Knowing what dynamics patients are drawn towards and respond to, could optimize patient care as a whole. In addition, misunderstandings associated with prescribing decisions between general practitioners and patients have been reported due to lack of participation of patient in counseling sessions. These misunderstandings further highlight the importance of focusing counseling on patients’ wants and needs. Awareness of patients’ drug related needs and provides opportunities to customize counseling and would permit more effective consultations between HCPs and patients. Improved communication can improve both patient satisfaction and adherence to prescribed therapy. Also, by evaluating the patient’s perspectives, insight may be given to what gaps exist in the counseling process.

1.2 Research Question
What are adult patients’ perspectives on medication counseling provided by all healthcare providers (HCPs)?

2. Objectives
2.1 Primary
To identify what type of interactions and behaviors patients’ prefer with counseling interventions provided by HCPs

2.2 Secondary
To identify ideal counseling communication strategies as well as reveal the main goals of counseling interventions by evaluating patients’ opinions of HCPs’ medication counseling interventions.
3. Study Design

3.1 Methodology

Qualitative research design

This qualitative study utilized focus groups of patients to determine their perspective on “best practice” medication counseling provided by HCPs. Patients were recruited through patient-pharmacy staff interactions at point of dispensing, phone interactions via lists developed in both pharmacy and home medical department, and direct mailers. Patients were provided with a brief explanation of the research project and questioned if met inclusion criteria. A guided focus group question set was used (Appendix A).

The lead investigator practiced the question set to help ensure consistency among focus groups. Further, the focus groups had no prespecified duration and the facilitator allowed participants to talk as long as they liked when responding. The sessions averaged 60 minutes.

Patients who participated in the focus group sessions were asked to complete a written demographic survey. Examples of questions included: “What is your gender?”, and “Do you take any over the counter medications?” (Table 5.1).

All sessions were confidential and performed during a two-month period from February 2014 through March 2014. Investigators sought to include as many patients as possible during focus group sessions. Patients were assigned to focus group based on medications-Chronic, “PRN”, caregiver- as well as the inclusion criteria. All patients participated in only one focus group session.

Each focus group was conducted in a quiet/private space within the pharmacy. No names were attached to sessions, only the participant category (i.e. chronic medications). Investigators kept a separate record of who participated; therefore, patients did not participate twice. The patient surveys were anonymous. Study investigators provided lunch for all participants as well as a $20 gift card to a local grocery store. Patients were made aware of the gift card before the sessions. Study investigators continued focus groups until saturation was reached. Saturation was defined as the time when the focus group sessions resulted in little new information and investigators were relatively confident that the information had reached redundancy. The patient survey was useful to increase our understanding of our study population.

Data collection and analysis

The dialogues from the interviews were audio taped and transcribed. Session transcripts were read and coded independently by the primary investigator, then reviewed by all investigators to address consistency, gaps, or new interpretations.
The investigators kept one list of codes with continual edits while reading the transcripts. Pieces of text were assigned a code that best described them. The coded pieces of text were grouped by code to visualize the major themes. Next, the research team met to discuss the content of the coded sessions to collectively identify and agree on themes. Focus group sessions data were stored at Hartzell’s Pharmacy and no identifiers were kept with the data. Recordings were transcribed as the focus group sessions were completed, thereby allowing the study investigators to read, code, and assess for saturation continuously. Survey data was summarized using descriptive statistics.

Steps were taken to heighten the trustworthiness of our data. Qualitative researchers who were neither part of the study group nor pharmacists were continually sought for suggestions during design, study and analysis phases. Co investigators who were not directly involved with data collection, but reviewed the data multiple times during analysis period. This study has been IRB approved as exempt by the Wilkes University IRB.

4. Study Population

4.1 Eligibility Criteria

4.1.1. Inclusion Criteria
- Patient or Caregiver of patient (>30 years old)
- New prescription(s) filled at a pharmacy within 1 year
- New prescription(s) for previous medications if discontinued for > 1 year
- Having a recent encounter with a HCP within 1 year

4.1.2 Exclusion Criteria
- Refill prescription(s)
- New prescription(s) for dose changes of old prescriptions
- Delivery prescription(s)
- Long term care facility patients

5. Results
A total of twenty patients were included in three focus groups conducted February 2014 through March 2014. We reviewed 20 surveys as well. Participants had a mean age 50-75 years old, 20% male and 80% female (Table 1). This research has shown that regardless of types of medications patients receive, chronic, “PRN” or caregivers, patients desire some kind of medication education. The qualitative analysis revealed dominant themes that are presented below.
Theme 1- Positives about medication counseling: questions answered and building relationships
Patients reported valuing having a conversation with their pharmacists and physicians. Several patients expressed that pharmacists have an expertise in medication therapy and an opportunity for increased time with patients. Patients also commented being satisfied with their pharmacist interactions and would recommend and encourage seeing their pharmacist to other patients. Below are some responses to the domain “What do you like about receiving medication counseling?”

- “I like to be informed”
- “Once I was told to eat fruits because a medication makes you constipated. I liked that and wish I was told that with all my medicines, like, what to expect.”
- “At first I used to think the pharmacists were too busy to talk to me, but after years of getting my medications filled I realize how much they know about my medicines. I really like coming to the pharmacy to talk to the pharmacist about my medications and my day!”

Theme 2- Medication counseling improvement needs: review information together slowly and provide paper information
Patients expressed concern about being involved with their medication counseling interventions. They stated they want their pharmacists and physicians to go over the information with them, as a team, as well as provide some sort of pamphlet information. Responses included the following to the domain “What can be done to improve medication counseling?”

- “Sometimes I wish talking about my medication felt more like a conversation instead of me just answering question after question.”
- “Sometime they (HCPs) don’t let me ask questions, they just run through what they want to say. I wish I felt like they cared what I had to say.”
- "The doctors and nurses should know what I am taking; they put me on these medications. Don't they remember what they put me on; shouldn't it be written in a book somewhere? Or are they just checking on me? They should say that.”
- “Pharmacists should go over the colored stickers on the bottle when people pick up their medications every time, it will only take a couple minutes, and it will explain what the pictures actually mean. I also like always getting the paper about the medications in my bag.”
Theme 3- Goals of medication counseling: purpose, administration, and drug-food interactions

Patients reported valuing the information received during medication counseling. There is a lot of information that they receive, however, there is also a lot of information the patients find lacking. Below are some sample quotations when analyzing the domain “What do you consider the main goal during medication counseling?” (Figure 5.1)

- “I am always told what the medication is for. I know what medications help my heart and which help my pain. But I want to know how they help! That will help me understand why I am taking three different medications for my blood pressure. ”
- “I’m always told what the medications are for, like my blood pressure, but no one ever tells me how it will help my blood pressure. I want to know how it works.”
- “I like when the doctors and pharmacists tell me when to take my pills. It makes it less stressful on me.”
- "I've been told I can't take grapefruit with certain medications but no one ever told me why, or what happens if I do."

Theme 4- Ideal to communicate many ways: consultation booth, pamphlets of paper, over the phone

Patients have reported a want to receive information about their medications in several ways and at different times. Some suggested that having a follow up phone call approximately one week after starting a new medication would encourage them to be more open, especially because they have had time to think and develop questions. Below are some sample quotations for the domain “What do you consider the best way to receive medication education?”

- “A phone call after a couple days of starting a new medication would be nice just to make sure I don’t have any questions or issues.”
- “I think receiving some paperwork after the doctor's visit like discharge papers summarizing the visit and at the pharmacy with the medication. As well as having a conversation with both (HCPs) would be ideal.”

Table 5.1: Patient Demographics

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>No. of total Patients</td>
<td>20</td>
</tr>
<tr>
<td>Age (Mean)</td>
<td>50-75</td>
</tr>
<tr>
<td>Gender</td>
<td>20% Male</td>
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<tr>
<td></td>
<td>80% Female</td>
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<td>--------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Herbal Supplements</td>
<td>Yes</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>Yes</td>
</tr>
<tr>
<td>Preferred Pharmacy</td>
<td>Chain</td>
</tr>
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<td></td>
<td>Independent</td>
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**Figure 5.1: Patients Perspectives on Goal of Medication Counseling Content**
6. Discussion
At the onset of the study, we set out to identify what type of interactions and behaviors patients prefer and the gaps that exist with counseling interventions provided by all HCPs. We also set out to determine the ideal counseling communication strategy for patients. These results demonstrate the overwhelming want patients have to learn about their medication and their acceptance to learn from all healthcare providers during every encounter. Through focus group sessions, we were in contact with three different groups of patients. Several aspects of the results were of particular interest, including the similarities of opinions. To our knowledge, few qualitative analysis studies have focused on patient perspectives of the counseling intervention—i.e. what patients receive and want with counseling interventions. Unlike with those studies, the patient’s feelings of pharmacists not being able to counsel on medications were not reported in the current study. This may be due to 10 years having lapsed since the trial, or the increased effort all pharmacists have made to educate patients. We did find several similarities between the studies including that patient’s want to learn about their medications. In this study, it became evident that patients want to learn about why they are taking their medications and rely on all healthcare providers to educate them during each encounter, in both written and verbal form. It also became clear that patients want an in depth counseling session. They want to learn more than why they are “taking the medicine.” Based off the results there are currently no defined gaps in the medication counseling provided by HCPs but it is evident that we should strive to provide our patient more in depth information.

7. Limitations
Our research had several limitations. The focus groups were conducted during a 2 month time period with 20 participants. This was a small sample size. In addition, the focus groups sessions were facilitated by a pharmacist, which may have caused some bias. Participants may have been hesitant to share negative experiences with the facilitator. However, attempts were made during the interviews to elicit negative thoughts and challenges that may have been occurring.

8. Conclusion
In conclusion, this study shows the want and need to educate patients about their medications. It displays the patient’s interest to fully understand their medications. All HCPs should educate their patients about their medicines during each encounter verbally and provide them with some written information as well. We
as a team should provide our patients an in depth understanding to help gain their trust satisfy their needs. By improving our communication, we can improve both patient satisfaction and adherence to prescribed therapy.
References:
Appendix A:

Focus Group Questions

Opening Question:
- “Tell us your first name and something about yourself.”

Introductory Questions:
- “Where do you generally learn about your medications?”

Transition Question:
- “Tell me a time when you received information from your Health care provider. What went well? What could have gone better? How would you have liked to receive that information?”

Key Questions:
- “What do you like about the counseling process?”
- “What can be done to improve the counseling interaction?”
- “How would you like to receive information during counseling interactions?”

Ending Questions:
- “We want you to help us evaluate the counseling services provided by all HCP. We want to know what we can do at Hartzell’s to improve our service.”
Demographic Survey

1) What is your Gender?
   Male
   Female

2) Age: What is your age?
   · 40-44 years old
   · 45-54 years old
   · 55-64 years old
   · 65-74 years old
   · 75 years or older

3) Ethnicity origin (or Race): Please specify your ethnicity.
   · White
   · Hispanic or Latino
   · Black or African American
   · Native American or American Indian
   · Asian / Pacific Islander
   · Other: Please specify

4) Education: What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.
   · No schooling completed
   · Nursery school to 8th grade
   · Some high school, no diploma
   · High school graduate, diploma or the equivalent (for example: GED)
   · Some college credit, no degree
   · Trade/technical/vocational training
   · Associate degree
   · Bachelor’s degree
   · Master’s degree
   · Professional degree
   · Doctorate degree

5) Do you take medications (prescription and/or over the counter)
   · Yes
   · No
6) What type of health care provider helps you learn and understand your medications (Circle all that apply)?
   · Doctor
   · Nurse
   · Pharmacist
   · Physician Assistant
   · Nurse Practitioner