

PERCEPTION AND CRITICAL ANALYSIS OF THE MEDICINES ENTITLEMENT SYSTEM

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ABSTRACT

OBJECTIVES To determine the perceived, actual and desired knowledge of healthcare professionals regarding free medicines' entitlement, to identify strengths and weaknesses of the present entitlement system and to recommend improvements to the system to enhance patient care and sustainability.

METHOD Qualitative interviews with the Medicines Entitlement Unit (MEU) staff were carried out to identify customer care-related issues encountered. This information was used to devise a questionnaire to assess perceived, actual and desired knowledge on medicines' entitlement. The questionnaire was distributed to physicians, pharmacists and pharmacy technicians. A strengths, weaknesses, opportunities and threats analysis of the medicines' entitlement system was undertaken through qualitative interviews.

KEY FINDINGS A total of 26 strengths, 7 weaknesses, 6 opportunities and 15 threats on the present entitlement system were identified during the discussion sessions with 20 participants. Strengths included legislation, reference documentation and customer care service while the main weakness identified was the current IT system. Opportunities included an improved IT system and premises. Threats identified included manual applications, misconceptions by the public and healthcare professionals and patients' attitudes and expectations. A total of 207 physicians, pharmacists and pharmacy technicians from different professional backgrounds completed the questionnaire. The participants obtained an average score of 72.2%. The respondents obtained a significantly higher mean score ($p < 0.001$) for questions related to Fifth (V) Schedule conditions and entitlement (81.60%), compared to the mean score for the questions related to the Government Formulary List (GFL) and related policies (63.57%). Pharmacists obtained a significantly ($p = 0.005$) higher total mean score (75.89%) than physicians (66.21%). A positive relationship between the self-rating and actual overall knowledge was found; the mean total scores vary significantly between the overall knowledge self-rating ($p < 0.001$).

CONCLUSION The results show that healthcare professionals have appropriate insight of the medicines' entitlement system and are very interested in improving their knowledge. Measures to increase their knowledge should be considered. The weaknesses and opportunities identified should be addressed to improve the current entitlement system both for the patients and healthcare professionals.

KEYWORDS Critical Analysis, Medicines Entitlement, Government Formulary List

INTRODUCTION

In Malta free medicines entitlement is in accordance with the Fifth Schedule of the Social Security Act Chapter 318 Article 23 and the amendment of this Act of 2012 and 2014.^{1,2}

Since in Malta free medicines' entitlement is based on the presence of disease and is irrespective of income or age, any patient suffering from any one (or more) of the conditions listed in the Fifth Schedule, is entitled to free treatment for that specific disease.³ Patients are entitled to free treatment available on the Government Formulary List (GFL) and entitlement is provided once it is in line with GFL policies. In this paper, any reference to the term GFL includes both the Out-Patients' Formulary and Hospital Formulary.

Patients suffering from any one or more of these conditions are entitled to a Schedule V card, which is colloquially known as the 'yellow card'. A patient holding a Schedule V card is only entitled to those medicines listed on the card. Some of the medicines are also further regulated with a protocol, for example as is the case for, atorvastatin.

The Medicines Entitlement Unit (MEU) is responsible for processing Schedule V Card applications and Protocol Regulated Medicines applications and issuing of Schedule V Cards and permits.

The aims of this project were to determine the perceived, actual and desired knowledge of healthcare professionals regarding free medicines' entitlement, to identify strengths and weaknesses within the present entitlement system and to recommend improvements in the system to enhance patient care and sustainability.



METHOD

Approval from the Director of the Directorate for Pharmaceutical Affairs (DPA) was granted. All pharmacists and pharmacy technicians working within the DPA were invited to participate in the study. Analysis to identify the strengths, weaknesses, opportunities and threats (SWOT) was carried out in the form of qualitative group discussions with the staff who agreed to participate. The methodology used to carry out the SWOT analysis in this study was based on the methodology used by Cassar in 2012.⁴ The reference and policy documents used by the MEU staff such as formularies and protocols were evaluated.

Qualitative interviews with MEU staff were also carried out to discuss and highlight several misconceptions and queries encountered during customer care. Information obtained from these interviews was used to draw up the questionnaire used to determine the perceived, actual and desired knowledge of healthcare professionals on medicines' entitlement. The questionnaire included questions related to the Government Formulary list and its related policies and also questions on Schedule V conditions and entitlement procedures. The respondents were rated on the correct responses to the 23-item questionnaire. The questionnaire was subsequently distributed manually and electronically to physicians, pharmacists and pharmacy technicians and the results obtained were analysed using Microsoft® Excel 2013 and SPSS® version 22.

RESULTS

All 14 pharmacists and 6 pharmacy technicians working within the DPA agreed to participate to identify the strengths, weaknesses, opportunities and threats.

A total of 8 discussion sessions were carried out, each session lasted approximately 40 minutes. A total of 26 strengths, 7 weaknesses, 6 opportunities and 15 threats on the current entitlement system were identified.

Identified strengths include: the Medicines Entitlement system is backed up by legislation, use of reference documentation to process the applications in a transparent and equitable way, availability of customer services, availability of various methods to submit applications, continuous efforts are made to increase the information

about the Medicines' Entitlement System and its processes, and certain processes were made more flexible to reduce bureaucracy.

Weaknesses included the current IT system which is very out-dated, free medicines entitlement is limited to 79 conditions, the website is not user-friendly, some changes are not advertised properly, open treatment with certain Schedule V cards and certain applications are not straightforward due to the particular situation of the patient and information provided. Opportunities included a new IT system, better premises, more awareness on the entitlement system, reduction in bureaucracy, access of entitlement databases to healthcare professionals and one stop shop with POYC. Threats identified are the location of the MEU premises, the use of manual applications, misconceptions on the system by the public and healthcare professionals, patients' attitudes and expectations, the fact that sometimes patients are not seen by clinicians when reviewing entitlement documents and also that private family doctors and physicians in the private healthcare system cannot apply for entitlement documents.

The staff at the MEU use 6 reference documents, namely; out-patients formulary, hospital formulary, government protocols, formulary mapping document, Standard Operating Procedures on MEU processes and MEU working guidelines. The MEU staff stated that they found these documents useful and use them regularly. Certain amendments were suggested, such as improving the user-friendliness of the formularies.

A total of 207 healthcare professionals answered the questionnaire, of which 123 were pharmacists, 57 were medical doctors and 27 were pharmacy technicians.

The majority of the doctors answering the questionnaire worked in hospital (n=23), the majority of the pharmacists worked in community (n=46) and most of the pharmacy technicians worked in procurement and supplies (n=6). With regards to knowledge of entitlement system by respondents, a mean score of 72.2% was obtained. Participants obtained a significantly higher mean score on Schedule V related questions when compared to the mean score on questions related to the GFL (Table 1). The paired samples t-test showed a p-value of approximately zero, hence implying that they are more knowledgeable on Schedule V conditions and related entitlement.

	Mean (%)	N	Std. Deviation	Std. Error Mean
Scores of Schedule V related questions	81.60	207	19.99	1.32
Scores of GFL related questions	63.57	207	25.77	1.79

$t(206) = 11.89, p < 0.001$

Table 1: Paired Samples t-test

The one-way ANOVA test was used to compare the mean percentage scores between independent groups (Table 2). Pharmacists got a significantly higher mean score (70.19%) for the questions related to the GFL with a p-value of approximately zero. Physicians got a marginally higher score (82.78%) for questions related to Schedule V and entitlement. Pharmacists obtained a significantly higher overall mark (75.89%) with a p-value of 0.005.

'Very Knowledgeable' was the highest (88.79%). There is a statistically significant relationship between the self-rating and the actual overall knowledge, with a p-value of approximately zero. The majority of participants (n=195) answered that they would like to increase their knowledge. Information through email updates were the preferred choice (n=159), followed by website (n=91) and information sessions/lectures (n=70).

The respondents were asked to rate their knowledge on the Medicines' Entitlement System (Table 3). The total mean score obtained by participants who rated themselves as 'Not Knowledgeable' was the lowest (16.15%) and the mean score of the participants who rated themselves as

		Mean (%)	Std. Deviation	95% Confidence Interval for Mean		F	P-value
				Lower Bound	Upper Bound		
Scores of GFL related questions	Medical Doctor	51.02	19.80	45.77	56.28	12.306	0.000
	Pharmacist	70.19	25.00	65.73	74.65		
	Pharmacy Technician	59.88	30.32	47.88	71.87		
Scores of Schedule V related questions	Medical Doctor	82.78	16.98	78.27	87.28	1.170	0.312
	Pharmacist	82.19	19.42	78.72	85.65		
	Pharmacy Technician	76.43	20.83	68.19	84.67		
Total Score	Medical Doctor	66.21	15.26	62.16	70.26	5.547	0.005
	Pharmacist	75.89	20.28	72.27	79.51		
	Pharmacy Technician	67.79	23.91	58.33	77.25		

Table 2: One Way ANOVA Descriptions of Mean Percentage Scores vs Professions (N=207)

	Mean (%)	Std. Deviation	95% Confidence Interval for Mean		F	P-value
			Lower Bound	Upper Bound		
Not knowledgeable	16.15	17.16	0.280	32.02	65.496	0.000
Somewhat knowledgeable	62.49	14.46	58.97	66.02		
Knowledgeable	76.48	14.91	73.44	79.51		
Very knowledgeable	88.79	12.07	84.82	92.76		

Table 3: One Way ANOVA Descriptions of Total Mean Percentage Scores vs Overall Knowledge Rating (N=207)



Healthcare professionals have appropriate insight on their knowledge on the medicines' entitlement system and are very interested in improving their knowledge. If adequate information is given and lack of knowledge in certain aspects is addressed, the system and society will benefit greatly.

DISCUSSION

The SWOT analysis identified strengths within the system, which included legislation, customer care service, reference documentation and reduction in bureaucracy. The SWOT analysis also highlighted weaknesses such as the IT system which is an out-dated and stand-alone system. A new IT system which is linked to other entities will reduce bureaucracy, improve workflow and improve the service given to patients. Moreover, with a well-designed IT system, medicines could be tracked more easily and monitoring would be carried out more efficiently.

According to the results obtained from the questionnaire, it can be concluded that healthcare professionals are more knowledgeable on the medicines entitlement system. Their knowledge regarding protocol regulated items and the availability of policy and reference documents is poor. This may be due to the fact that formularies and protocols are continuously being updated, whereas the Medicines' Entitlement System seldom changes.

The actual knowledge of participants was significantly associated with their perceived knowledge. This shows that participants have appropriate insight on their knowledge. These results are similar to the study carried out by Adiga et al in 2006.⁵ In this study, researchers compared the actual knowledge and the perceived knowledge of internal medicine residents in Medicare Billing. Scores of participants were also significantly associated with their perceived knowledge.

CONCLUSION

Matters related to medicines entitlement are of great interest to both healthcare professionals and patients. The strengths, weaknesses, opportunities and threats of the medicines' entitlement system can determine its success. The role of healthcare professionals is very important for the success of the system and their knowledge plays a very important role. Healthcare professionals have appropriate insight on their knowledge on the medicines' entitlement system and are very interested in improving their knowledge. If adequate information is given and lack of knowledge in certain aspects is addressed, the system and society will benefit greatly.

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