

# INCREASING PATIENT DEMAND FOR HOME MEDICINES REVIEWS: A MARKETING PLAN RESEARCH STUDY



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## Objectives

- To deliver a marketing plan which proposes strategies to increase consumer uptake of HMRs. Sub-objectives were to assess the:
  - Awareness levels of eligible non-recipients prior to participation in this study
  - Perceived potential benefits and barriers of having an HMR
  - Perceived HMR facilitators
  - Satisfaction levels of HMR recipients
  - Intention to have an (another) HMR if the GP suggested it
  - Intention to ask the GP for an (another) HMR and to recommend the service to others
  - Drivers of perceived benefits, barriers and facilitators; drivers of satisfaction, intention to have and to ask GP for an (another) HMR
  - Medicine information sources
  - Differences across specific low incidence consumer groups vs. the broad HMR target population.
- To investigate the extent to which pharmacists could cope with an increased demand for HMR services due to a possible increase in consumer awareness and demand for HMRs.



## Methods



### Phase 1—Qualitative (Focus group with 136 patients & carers)

22 Focus groups were held; at least two per consumer segment, one with HMR recipients and one with eligible non-recipients.

Patients and carers were mixed in each focus group.

### Phase 2—Quantitative (Survey of 1834 patients & carers)

Patients and carers belonged to the following consumer segments:

- General HMR-target population
- Older males (75 years or older)
- Younger chronically ill patients (65 years or younger)
- Patients and carers living in remote and rural areas
- Customers of smaller (one-pharmacist) pharmacies
- Aboriginal and Torres Strait Islanders (ATSI)
- Patients of non-English speaking backgrounds (Chinese/Vietnamese, Arabic)

#### Four different questionnaires:

- HMR-recipients (patients)
- Eligible non-recipients (patients)
- Carers of HMR recipients
- Carers of eligible non-recipients

8995 questionnaires sent out,  
1834 questionnaires returned;  
Response rate of 20.4%



### Phase 3—Quantitative (Telephone survey of 219 pharmacists)

Community and HMR-accredited pharmacists were asked whether they thought they could cope with an increased demand for HMR services.



Pharmacists' opinions were collected as part of the telephone recruitment process of pharmacists for phase 2 of the project. The question of whether they could cope with an increased HMR demand was asked only of those pharmacists who indicated an interest in participating in the research study.

## Results

### Results from Phase 1:

#### HMR awareness

- Virtually no awareness across all focus groups
- Eligible non-recipients felt upset that they had missed out on the HMR service as they didn't know about it.

"This is the first time [that we hear about the HMR] and we hope that, if you have other activities like this in the future, you will let us know."  
(Eligible non-recipient)

#### Perceived benefits of HMR

- Acquisition of much wanted medication information
- Reassurance and co-ordination of care
- Feeling valued and cared for
- Improved relationship with pharmacist

"[The HMR] is opening up the communication between the pharmacist and yourself, and the doctor so that, if there are any complications arising from the prescribed medicines you're taking, you can pass it on to your pharmacist who then passes it on to your doctor."  
(Eligible non-recipient)

#### Perceived problems with HMR

- Concern about upsetting the GP
- Pride and independence
- Unknown HMR pharmacist
- Feeling confident and in control

#### HMR initiation

- Very low awareness of what had motivated the HMR initiation
- Strong drive of eligible non-recipients to ask their GP for an HMR
- Request of Chinese patients to conduct HMR *without* GP involvement
- Almost 100% acceptance rate of HMR due to implicit trust in pharmacists and GPs (except Chinese; see above)

"I've got an appointment with my doctor next month and I'll go and ask him then [for an HMR]."  
(Eligible non-recipient)

#### HMR experience

- Extremely high satisfaction with HMR including pharmacist's interpersonal skills
- High intention rate to have an annual HMR
- Preference to have HMR undertaken by their familiar community pharmacist
- Strong preference for an HMR pharmacist of the same ethnic background (non-English speaking patients)
- ATSI's preferred the HMR to be conducted at the clinic (in presence of an Aboriginal Health Worker) rather than at home.

"There was a lot of information and it was fantastic."  
(HMR recipient)

#### Post HMR

- Strong desire for a personal medication list, including dosage and indications
- Approximately half of the respondents wanted a written report/summary of the HMR visit.

"If we want to spread this out, we have to ask SBS Radio Vietnamese program to do an interview."  
(Vietnamese eligible non-recipient)

#### HMR promotion

- Desire for direct-to-consumer promotion available in community language

### Results from Phase 2:

#### HMR awareness

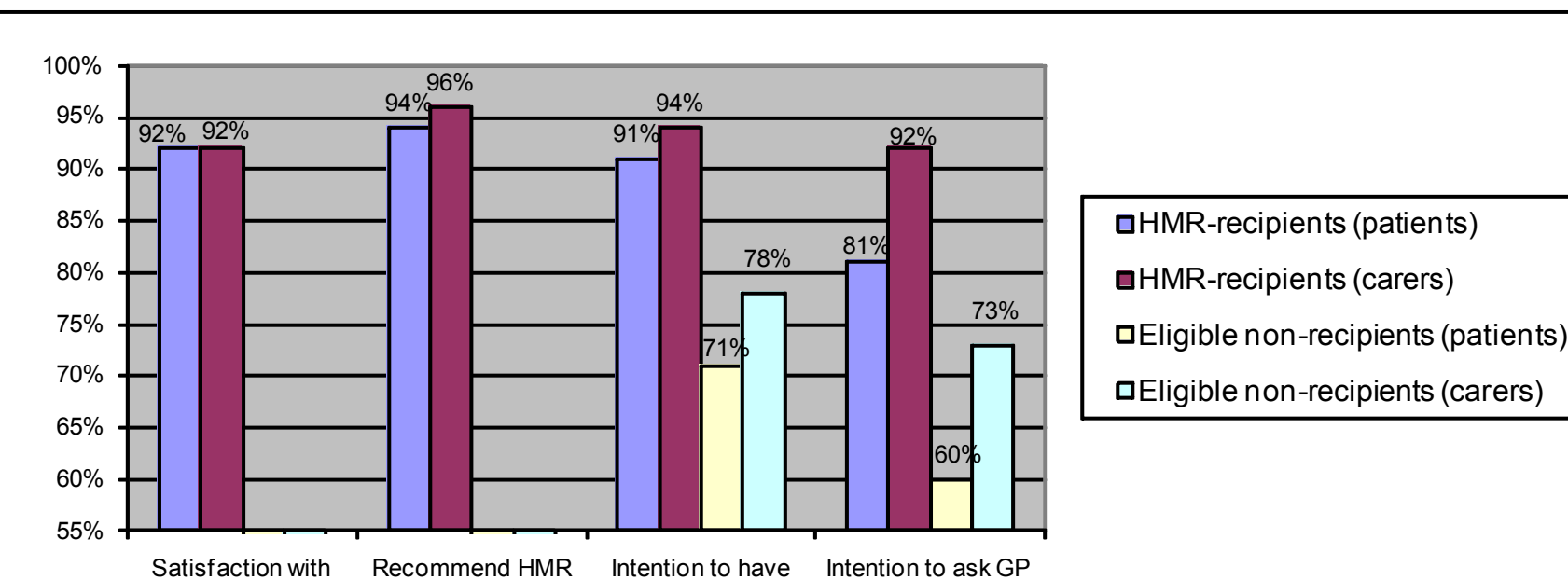
Only 19% of eligible non-recipients (patients and carers) were aware of HMRs prior to participation. 42% of them were made aware of the service by pharmacists, 28% by GPs (28%), and 17% by family and friends.

#### Perceived HMR benefits and barriers (HMR-recipients<sup>#</sup>)

Main benefits	Main barriers
To understand more about medicines	1 The GP doesn't need the information from an HMR.
To feel more confident that medicines are helping	2 The pharmacist doesn't need more information from an HMR.
Managing medicines is easier	3 Being uncomfortable with an unknown pharmacist at home
Less concern about the effects of combining different medicines	4

<sup>#</sup>Benefit expectations of eligible non-recipients were lower but in similar order of importance.

#### HMR satisfaction, recommendation and intentions across groups

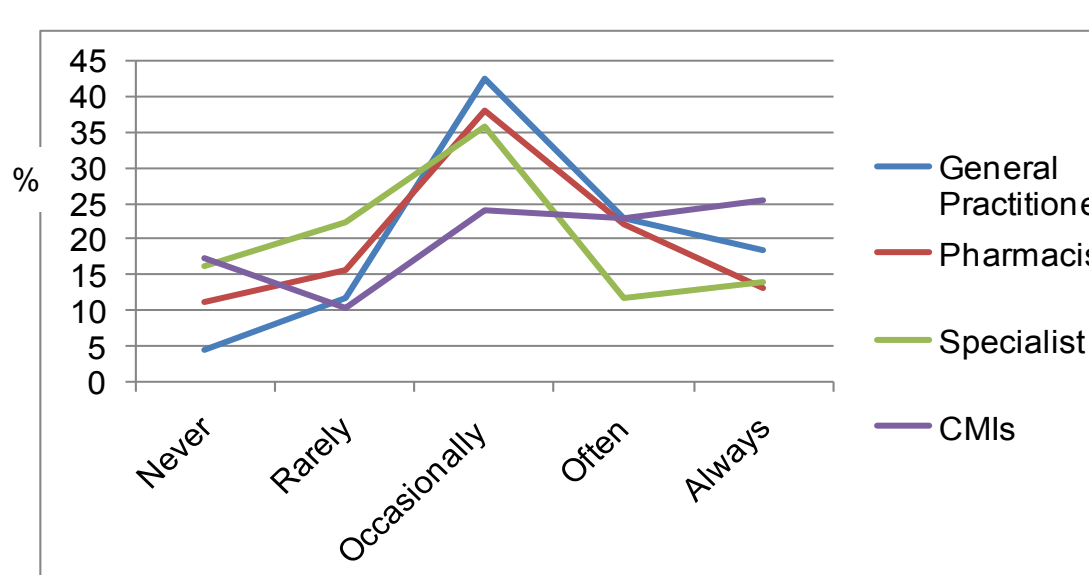


Note: Percentages are the total of 'agree' and 'strongly agree' responses.

#### Main drivers for HMR-satisfaction, recommendation and intentions

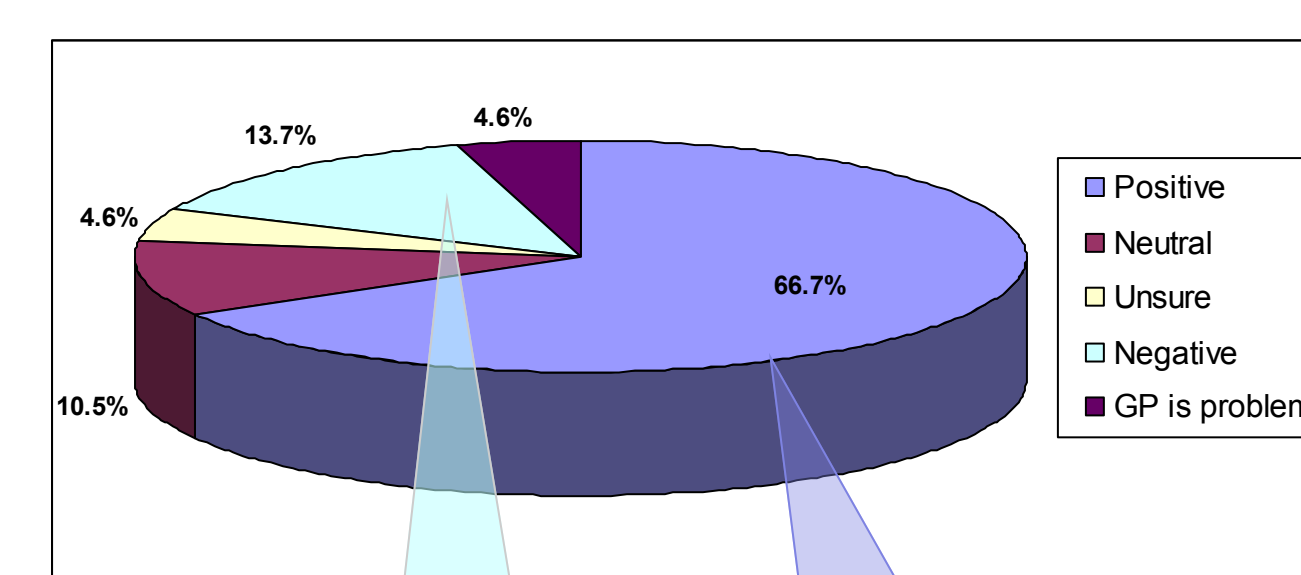
- ⇒ Interpersonal skills of HMR pharmacist
- ⇒ Knowing the HMR pharmacist
- ⇒ HMR awareness (eligible non-recipients)
- ⇒ Concerns about medicine problems
- ⇒ Understanding medicines and administering problems with care recipients (carers)

#### Access of main sources of medicine information (Eligible non-recipients)



### Results from Phase 3:

#### Pharmacists' ability to cope with an increased HMR demand



#### Negative voice:

"I may not cope due to working in a one-pharmacist pharmacy. I would have to conduct HMRs outside of working hours, i.e. at night or on weekends."

#### Positive voice:

"I have a new pharmacist on board which will free up my time to do more HMRs. I am driven by customer loyalty, love the HMR service and can really see the benefits."

## Discussion/Conclusion

### Key findings

- Very low HMR awareness among eligible non-recipients
- Extremely high HMR satisfaction levels among HMR recipients
- Very positive HMR perceptions among eligible non-recipients after being informed about the service

### Very strong latent demand for HMR service

### Immense opportunity to increase HMR uptake through direct-to-consumer promotion

(For marketing strategies see poster 1 "Marketing Plan")

### Further research

- Focus on patients/carers of non-English speaking backgrounds, patients with cognitive disabilities, those who have recently been discharged from hospital and those who have refused to have an HMR
- Longitudinal studies for investigation of HMR effects on an individual's attitudes/long-term behaviours

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