COMPLIANT DYSLIPIDEMIA PATIENTS

OBJECTIVE: Through the willingness to pay method, evaluate the value of a pharmacist intervention program focused on patient education, life-style changes and compliance to lipid-lowering therapy. METHODS: Patients non-compliant to their lipid-lowering therapy were asked to participate in a six-month program. At the beginning and once during the 6 months, patients received a 30-minute consultation with the pharmacist where they were educated on their disease, the importance of compliance to therapy and the need for life-style changes. In addition, pharmacists phoned the patients every two months to re-emphasize the importance of treatment compliance and life-style changes. At the end of the six-month program, patients were asked to complete a willingness to pay questionnaire to assess how much they valued such a program based on their experience. The willingness to pay had a value range of $0 to $55 CAN. Non-parametric tests were

WILLINGNESS TO PAY FOR DRUGS TO TREAT ADHD—A CONTINGENT VALUATION STUDY IN STUDENTS

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OBJECTIVES: New drugs with extended release are being developed to treat patients with ADHD. Instead of taking two to three pills a day, a one-time daily intake becomes possible with a more consistent working profile during the day. The current study tries to find 1) the WTP for this improved release as compared to the standard drug and 2) whether the order in which the drugs are presented is of influence. METHODS: A pre-tested questionnaire was administered to 114 final-year economics students from the University of Antwerp. In order for students to have a binding income constraint, they were told to consider themselves as the head of the household with a specified income. Income was varied in the sample. After presenting information on the disease and on the effects of the drug, WTP was elicited using the payment card method. Respondents were allowed to answer yes or no with different degrees of certainty. A split sample was used to test the hypothesis, which states that the order in which the drugs are presented is imperative. RESULTS: The average willingness to pay per month amounts to €57.34 certainly and €74.29 probably for the standard drug and to €81.95 certainly and €95.12 probably for the extended release. The difference between the two drugs is statistically significant (Wilcoxon signed rank test). Students state a higher WTP for the new drug if the current therapy is presented first (Mann Whitney U test). CONCLUSIONS: The current study brought some further evidence on the validity of the CV method to find out WTP. It showed that students can be used to elicit WTP for drugs when given a fictitious income. The study also showed that WTP for a new drug differs if first given information on an old drug compared to giving the information in the second place. This is related to the embedding effect found in other studies and hampers the validity of the method.

WILLINGNESS TO PAY FOR A PHARMACIST INTERVENTION PROGRAM AMONG NON-COMPLIANT DYSLIPIDEMIA PATIENTS

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WILLINGNESS TO PAY STUDIES

WILLINGNESS TO PAY FOR PHARMACIST-PROVIDED MENOPAUSE AND HORMONE REPLACEMENT THERAPY CONSULTATIONS

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Pharmacists are accepting an increasing role in patient care by providing a variety of pharmaceutical care services. As third party payers have been reluctant to reimburse pharmaceutical care services, pharmacists rely on out-of-pocket payment from patients. It would be beneficial to pharmacists to understand the magnitude of the amount and factors that influence patients’ willingness to pay (WTP) for their services. OBJECTIVES: The objectives of this study were to 1) determine the amount of women would be willing to pay (WTP) for a consultation provided by the pharmacist, and 2) determine the relationship between WTP and “importance of resolving menopausal symptoms,” “satisfaction with physician services,” “patients’ perceptions of pharmacists’ services” and “income.” METHODS: Five hundred adult women using hormone replacement therapy (HRT) to treat menopause were recruited by their pharmacists. The WTP amount was assessed for four scenarios (i.e., 50% and 100% improvement in symptoms after a half-hour initial and a half-hour follow-up visit, respectively). RESULTS: Two hundred and three patients returned the survey via mail resulting in a 41% response rate. Respondents were willing to pay $42.07 ± $30.27 (median = $40) and $65.60 ± $42.80 (median = $40) (50% and 100% improvement, respectively) per initial consultation; and $33.68 ± $26.60 (median = $20) and $51.40 ± $36.61 (median = $40) (50% and 100% improvement, respectively) per follow-up consultation. Regression models revealed that patients’ income level and their perceptions of pharmacists’ services were positively and significantly (p < .05) associated with WTP across all of the four scenarios. CONCLUSIONS: Women treated with HRT for menopausal symptoms were willing to pay for pharmacist-provided counseling services and the WTP amounts increased with more positive perceptions of these services and with higher income level. These results might be encouraging for pharmacists who are considering providing consultation services to patients experiencing menopausal symptoms.