ATTITUDES OF CHAIN PHARMACY PERSONNEL TOWARD E-PRESCRIBING

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OBJECTIVES: This project was conducted as part of a federally funded national pilot to evaluate electronic prescribing in the community practice setting. The objective of this analysis was to measure the attitudes of chain community pharmacists and technicians toward e-prescribing and the processing of e-prescriptions. METHODS: A self-administered survey was distributed to pharmacists and technicians practicing in 422 stores operated by seven chain pharmacy organizations in six states. RESULTS: A total of 1094 surveys were returned from pharmacy personnel practicing in 276 stores. Pharmacy personnel rated e-prescriptions as preferred to conventional prescriptions on each of seven desired outcomes of care. Pharmacists were more likely to view e-prescribing more positively than technicians (p < 0.05) for its net effect on three key outcomes: patient safety, effectiveness of care and efficiency of care. No differences were found between personnel classes in their overall satisfaction with e-prescribing as all were found to be moderately satisfied when comparing this technology to conventional prescribing and prescription processing. A total of 2235 written comments were received on the returned surveys. Of these, 57% (1277) mentioned negative features of e-prescribing, while 43% (958) were positive features. Among the positive features mentioned, improved clarity and/or legibility of prescriptions was the most frequently cited advantage of e-prescribing, followed closely by improved speed or efficiency of processing. Prescribing errors, particularly those containing a wrong drug or wrong directions were the most commonly cited negative feature of e-prescribing (34.1%). CONCLUSION: Chain pharmacy personnel are generally satisfied with the current status of e-prescribing, but do perceive key weaknesses in how it has been implemented in physicians’ practices and their own organizations. From analysis of the data and follow-up interviews, twelve (12) best practice recommendations are offered to improve e-prescribing in the community setting.

THE STATE OF HEALTH STATUS MEASUREMENT IN LATIN AMERICA

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OBJECTIVES: Regulatory agencies and other national bodies in countries across the world now demand health-related quality of life (HRQOL) data—for multiple applications that range from technology appraisal to monitoring health inequalities and the measurement of population health. Little is known about the state of HRQOL research in Latin America over the last 20 years. METHODS: Systematic electronic searches of SCIELO, LILACS and MEDLINE were conducted to identify published studies that used SF-36, SF-12, SF-8, HUI or EQ-5D as a generic HRQOL instrument in 27 Latin American countries from 1987 onward. RESULTS: Prior to the 1990s there was virtually no evidence of the use of HRQOL instruments in the majority of the Latin American countries. Electronic searches retrieved 115 records from 12 different countries; only 6 records were multinational studies. The vast majority of published material has only emerged within the past 6 years. 105 records were published from 2000 onwards. Brazil was the highest producer of single-country HRQOL studies (n = 81 records). The SF-36 survey was the most frequently used instrument to measure generic HRQOL, followed by the HUI, the SF-12 and the EQ-5D VAS. The main use of generic HRQOL instruments has been in the evaluation of quality of life for particular health conditions and the validation of other, condition-specific instruments. CONCLUSION: Health status measurement is a field of growing interest in Latin America although much remains to be done in order to ease the process of incorporating the measurement of HRQOL to traditional health indicators of morbidity and mortality. The main barriers to overcome in the future for Latin American countries are firstly the lack of qualified or skilled outcome researchers and secondly the limited number of valida-