CONCLUSIONS: The economic burden of TBI in the acute-care setting is substantial; treatment outcomes and costs vary considerably by TBI severity and mechanism of injury.

PATIENT WILLINGNESS TO PAY FOR COGNITIVE PHARMACY SERVICES IN AMBULATORY CARE SETTINGS
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Pharmaceutical care is known to help improve patient quality of life, reduce adverse events and help reduce healthcare costs.

OBJECTIVES: This paper aims to identify the current level of cognitive pharmacy services that patients receive in ambulatory pharmacy settings and the amount patients are willing-to-pay for these services.

METHODS: A self-administered questionnaire was constructed and tested for validity. The questionnaire was distributed at two randomly selected ambulatory care pharmacies in Maryland. The instrument asked questions regarding demographics, current level of cognitive pharmacy services the patient was receiving and the dollar amount the patient was willing-to-pay for the service.

RESULTS: 91 people responded. Thirty-one percent of the respondents were between the ages of 45 and 65 and approximately 13% of the respondents were Hispanic. The majority of the respondents were female (60%) and about 33% had completed trade school or college. The major insurance type was HMO/Medicare (41.8%) and about 31.2% of respondents reported an annual income between $20–30K. Sixty-three percent of respondents reported a household size of two to four persons. Almost 80% of respondents reported their perceived health status to be good/very good. Almost one-half (48.4%) of respondents reported never receiving any counseling about their medications, and 60% of respondents reported never receiving any monitoring services. The respondents were willing-to-pay $0–10 (58.2%) and $11–20 (29.7%) for a pharmaceutical care evaluation. The respondents were willing-to-pay $41–50 (16.5%) for a pharmaceutical care evaluation with a year of monitoring by the pharmacist. Although, 36.3% of the respondents were only willing-to-pay between $0–10. The majority of respondents reported that insurance companies should cover cognitive pharmacy services.

CONCLUSIONS: The results suggest that the majority of the respondents are not receiving cognitive pharmacy services; although, many of them would be willing-to-pay for this type of service.