Innovation in Healthcare Delivery Systems Abstract

Development of an Adherence Enhancement Program for Patients with Asthma in Community Pharmacy Practice: Instruments and Pharmacists’ Feedback

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Background and Research Questions: Continuous medication use is vital for patients with persistent asthma; however, reaching optimal adherence to asthma therapy poses a number of challenges, which can be addressed when healthcare providers work with patients to identify and address patient-specific barriers to adherence. Pharmacists are in a key position to address these barriers, as the provision of educational counseling to patients has been shown to be effective for other chronic conditions [1-4]. However, there is no concrete evidence regarding the effectiveness and feasibility of an asthma-specific adherence program. Therefore, there is a critical need to establish an effective pharmacist-led program that will enhance asthma therapy adherence through identifying patient barriers and resolving them using patient-focused strategies, which, in turn, can reduce the burden of asthma.

The long-term goal is to develop an effective and efficient component of Medication Therapy Management (MTM) services provided by pharmacists that will be a standard for counseling patients with asthma. The objectives in this paper are to: (1) develop patient-centered and asthma-specific instruments to be used in the intervention program and (2) identify community pharmacists’ attitudes, barriers to, and opportunities for implementation of the program.

Methods and Analysis: The Adherence Starts with Knowledge (ASK-12) and DRug Adherence Work-up (DRAW) tools, which are not disease-specific served as the initial framework for
developing asthma-specific instruments. To modify the ASK-12 instrument, we identified all available asthma-specific instruments pertaining to adherence, along with qualitative studies exploring adherence to asthma medication, and then aggregated and incorporated the most relevant items into the ASK-12 instrument. Based on the modified asthma-specific ASK-12 instrument, we developed a corresponding instrument for pharmacists that will facilitate counseling with a patient by linking barrier(s) identified through ASK-12 to a suggested action (strategy) for overcoming this barrier. The goal of using this second instrument is to simplify and facilitate communication between a patient and a pharmacist. This instrument builds upon and enriches the DRAW tool by incorporating asthma-specific strategies for enhancing adherence. Also, we developed a complementary pamphlet for patients that will help them overcome their barriers to adherence and educate them on the asthma management key points, misunderstanding of which are often associated with lack of adherence and asthma poor management.

Semi-structured interviews were conducted with practicing community pharmacists using open-ended questions that focused on pharmacists’ experiences in addressing adherence for patients with asthma, barriers, special concerns, and perceptions regarding the proposed instruments and its implementation in practice. Audio-recorded interviews were transcribed verbatim. Two independent researchers conducted a thematic analysis to describe pharmacists’ feedback.

Results: Three asthma-specific instruments were developed by adapting the ASK-12 adherence and DRAW tools and include: 1) patient questionnaire to identify asthma medication adherence barriers, 2) pharmacist ‘Conversation Starter’ to efficiently facilitate identification and resolution of barrier(s), and 3) patient pamphlet to address and educate regarding identified barrier(s).
Interview data from 5 chain pharmacists have been collected. Preliminary analysis of the data revealed overall positive attitude to the program/proposed instruments by the pharmacists. Most of the interviewees agreed that common adherence barriers were addressed in the instruments, emphasizing the following: high cost, lack of knowledge how to use an inhaler, not understanding difference between controller and rescue inhalers, and not having an asthma action plan. A patient questionnaire was considered to be user friendly (N=5). The main barrier regarding program implementation was time constraints of the pharmacists, who usually have high workload. However, pharmacists acknowledged the easy and structured nature of the instruments: “I like the suggested actions being right here, where I don’t have to go look for them. Because we are not lazy, we are busy” (‘Conversation Starter’); “I like this transparent thing – it tells you what box to check and what aspects are important for counseling” (‘Conversation Starter’); “Because it’s going home with a personalized something <pharmacist’s and physician’s names and phone numbers>, and these little things – people are going to read it” (patient pamphlet). Pharmacists shared a number of suggestions regarding the implementation of the program: (1) marking the box with the prescription for a controller inhaler with counseling flag, (2) make a list of patients with persistent asthma upfront and invite them to participate in the program, (3) conduct this program as an addition to health clinic/health fair. All pharmacists agreed that having an incentive (gift card) for a patient would help them to be more cooperative.

**Discussion of Findings:** Completion of Phase 1 of the project resulted in revised asthma-specific instruments based on pharmacists’ feedback, which may lead to program implementation that is efficient and sustainable. Pharmacists agreed that providing focused counseling by utilizing tools that identify specific patient issues and offer possible solutions is much needed. Phase 2 of this project will be to implement the program into practice.
References


