INCREASING PATIENT DEMAND FOR HOME MEDICINES REVIEWS: A MARKETING PLAN RESEARCH STUDY
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Objectives
1. 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.

2. 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 groups 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)
- 7 Patients of non-English speaking backgrounds (Chinese/Vietnamese, Arabic)

Four different questionnaires:
1. HMR-recipients (patients)
2. Eligible non-recipients (patients)
3. Carers of HMR recipients
4. Carers of eligible non-recipients

8955 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.

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.

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

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 initiative
- Strong drive of eligible non-recipients to ask their GP for an HMR
- Request of Chinese patients to conduct HMR
- Almost 100% acceptance rate of HMR due to implicit trust in pharmacists and GPs (except Chinese; see above)

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)
- ATEA preferred the HMR to be conducted at the clinic (in presence of an Aboriginal Health Worker) rather at home.

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.

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*)

<table>
<thead>
<tr>
<th>Main benefits</th>
<th>Main barriers</th>
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<tr>
<td>To feel more confident that medicines are helping</td>
<td>The pharmacist doesn’t need more information from an HMR</td>
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<tr>
<td>Managing medicines is easier</td>
<td></td>
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<tr>
<td>Less concern about the effects of combining different medicines</td>
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*Benefit expectations of eligible non-recipients were lower but in similar order of importance.

HMR satisfaction, recommendation and intentions across groups

Phase 3—Results:
Pharmacists’ ability to cope with an increased HMR demand

Discussion/Conclusion
Key findings
1. Very low HMR awareness among eligible non-recipients
2. Extremely high HMR satisfaction levels among HMR recipients
3. 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 patient/caregivers 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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