Exploring the health consumers’ perspective on the burden of chronic illness and the role of community pharmacy in chronic illness management

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Abstract

Background: Living with a chronic condition in the community requires self-management and health-promoting behaviours. Little is known about the treatment burden experienced by people with chronic conditions, nor how they view the role of pharmacy in their care and what services can support them.

Objective: To explore consumer and carer perceptions of treatment burden, patient centred care and choices or preferences for pharmacy services in the management of chronic conditions, amongst people who are high users of health or pharmacy services.

Methods: Stage One included a concept analysis, systematic review and 21 key stakeholder interviews. Stage Two included (i) interviews with 97 consumers and carers; (ii) discussion groups using the Nominal Group Technique (i.e. nominal group) with consumers and carers (n=103) and health professionals (n=61) to identify priorities for pharmacy services. Stage Three used a quantitative survey and discrete choice experiment to explore preferences about the nature of services (n=602 consumers and carers; n=297 health professionals).

Results: Patient centred care was highly valued by consumers and carers, influenced pharmacy loyalty and viewed as reducing treatment burden. Consumers and carers wanted streamlined, convenient, and reliable continuous access to medication, both in existing services (e.g. home delivery, prescription reminders) and innovative services (e.g. continued medication supply by the pharmacist). Pharmacy was considered a convenient, trusted destination for medication, services and referral to community support services. Overall, access to information was the most valued service reported by consumers and carers. Younger consumers were more likely to take up new pharmacy services, representing an important market for pharmacy. Financial burden strongly influenced non-adherence of medication and could be alleviated through responsive pharmacy practices (e.g. patient centred relationships) and systemic reforms (e.g. access to repayment schemes). Affordability was a priority for most participants.

Conclusion: There are clear opportunities for community pharmacy to support people with chronic conditions and carers and reduce treatment burden by streamlining access to information and medication, delivered in a patient centred manner. Advocacy for continued medication supply by pharmacists and strengthening collaborative practices between other health professionals and community organisations is a priority. Pharmacy provides a unique opportunity for targeted proactive intervention with particular groups of consumers and carers through extension of existing and innovative pharmacy services that deliver greater coordination of care and convenience for consumers and carers.