Pharmacy Quality Ratings: Incorporating the Consumer Perspective
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Objectives

1. Pilot-test the collection of consumer evaluations of community pharmacies for potential inclusion in an overall quality rating of pharmacies a). Within a targeted geographic area, determine the percentage of pharmacies that successfully deploy a standardized mechanism to trigger participation of their patients in a web-based survey about the quality of the pharmacy b). Determine the response rate of the patients who were prompted to participate in the survey and the average number of completed surveys per pharmacy.

2. Determine the impact of including consumer evaluations in an overall quality rating of pharmacies a). Calculate the overall pharmacy rating with PQA-endorsed quality measures that are widely available in EQuIPP and include the consumer survey results under various models for weighting of the measures b). For pharmacies who achieved a minimum response rate of patients, determine whether the consumer survey results altered the overall rating of the pharmacy for a significant number of pharmacies.

3. Gather feedback from community pharmacy owners and chain pharmacy executives on real quality ratings for all pharmacies within the targeted geographic areas.

Methods

Design
- Recruitment of pharmacies: specifically in North Carolina
- Training of pharmacy staff: through the EQuIPP dashboard portal
- Deployment / Implementation of survey: individual pharmacy level
- Data analysis

Study endpoints
- Pharmacy survey participation / collection data
- Impact on pharmacy star ratings performance scores for an overall individual store score
- Feedback on use of consumer survey in a pharmacy setting

Results

- 27% response rate of pharmacy participation based on initial design
- 593 surveys completed
- Over 98% of patients surveyed ranked their pharmacy as either “very good” or Excellent” when responding to each of the questions in the survey
- Adding the results of the consumer survey to an aggregate star rating for pharmacies had no significant impact on the overall star rating a pharmacy had.

Conclusion

Pharmacy patients (98%) ranked the pharmacy that they use as either “very good” or “excellent.” This reflects very well on the services that are being provided by the pharmacies and the patients they serve. In addition to the quantitative analysis, open ended questions provided information that the patients liked their pharmacists and staff. No specific trends were determined in the open ended questions as less than 5% completed this section. Overall the data provides a very positive endorsement of the patient – pharmacist (and staff) relationships in the community pharmacy setting.

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Using standard statistical analyses, there was little to no statistically significant associations between the consumer perspective survey and the star ratings of the pharmacies. Further analysis revealed no alternatives to try to address the limitations. The survey did not provide the anticipated variability which may have been impacted by a small number of participating pharmacies and patient selection by the pharmacy.

Future research might consider a randomized, controlled study design with recruitment of a larger number of pharmacies, perhaps even through entire health plans where broad or full population participation is decided at the organization level. In addition, it is relevant to consider the biases that may be introduced by a pharmacy staff person, perhaps even the pharmacist, approaching a patient and asking for participation in a survey of satisfaction with services they’ve just received. It is known that individuals may respond with social desirability, meaning they will report what they know the requester hopes to see in the results in order to be pleasing to him/her and/or to avoid the potential for conflict or uncomfortable future interactions.

As with other research in busy community pharmacy settings, if the workflow is interrupted with research endeavors, we often see limited participation or complete attrition of participant pharmacies/pharmacists without other incentives. Incentives may be required at the pharmacy level, and perhaps the patient level, to maintain participation. These strategies should be included to achieve a better and more variable response so that the process and measure can be appropriately analyzed and validated.