

Community Pharmacist Knowledge, Attitude And Perceptions Towards Medication Counselling Services Related To Medication Therapy Management

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Abstract

A tried-and-true strategy for lowering pharmaceutical mistakes is the application of medication therapy management (MTM). In MTM services, pharmacists play a significant role especially in community health centers (CHCs), as service suppliers. Thus, a key component of the plan for implementing the MTM program in Indonesia is comprehending the knowledge,¹ attitudes, and practices (KAP) of MTM among pharmacists working in CHCs. This study sought to determine the pharmacists' opinions of the obstacles and enablers to future MTM provision as well as the degree of KAP regarding MTM among them and related factors. The pharmacists employed at CHCs were the study's target population. The aim of the study is to evaluate the degree of KAP for MTM among pharmacists employed by CHCs and the factors that are related to it. It also aims to explore the pharmacists' perspectives regarding the obstacles and enablers of MTM supply in the future.

Keywords: Medication Therapy Management, medication counselling services, pharmacist Knowledge, Attitudes, perceptions.

Introduction

Medication mistakes are becoming a global problem since they are the primary cause of illness and mortality globally. It is described as any mistake made when using medications, whether it is in the preparation or the carrying out of the plan. Drug mistakes endanger the health of patients, and patients with chronic illnesses are more susceptible to medication errors because of comorbidities and polypharmacy (Ferreri et al., 2020).

Medication treatment management (MTM) is a strategy that successfully lowers the risk of medication mistake. It is implemented using a model framework that consists of five essential components: medication-related action plans, drug reviews, recording and follow-up, interventions, and referrals. In 2017, Indonesia raised the bar for treating patients who have chronic illnesses by implementing the MTM program (Malina et al., 2020).

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The government has tested the initiative at a number of Community health centers (CHCs), in collaboration with the Social Insurance Administration Organization (BPJS), serve as patients' first point of contact before sending them to hospitals for further care. Research has demonstrated that this MTM pilot project has a favorable impact on clinical and humanistic results. These results are in line with several studies conducted in other nations that have shown the positive effects of MTM on clinical, financial, and humanistic outcomes (Trinovitasari et al., 2020)

Pharmacists must be qualified to apply MTM, as must all other health providers. The success of MTM is influenced by the proficiency of pharmacists, which encompasses knowledge, attitude, and practice (KAP). Therefore, the strategic strategy for successful program implementation depends on the evaluation of KAP with relation to MTM (X. Wang et al., 2019).

A service, or collection of services, is known as medication therapy management (MTM) services, that maximizes each patient's therapeutic results. The patient, pharmacist, doctor, and other healthcare professionals must work together to manage the patient's condition, steer clear of drug-related problems, and ensure the safe and effective administration of pharmaceuticals to help the patient achieve their treatment objectives. The Medicare Modernization Act (MMA) in the United States of America (USA) contained MTM service, which was the first step towards implementing MTM service in many healthcare sectors (Rosenthal et al., 2016).

Three key objectives were recognized by MMA as being best served by introducing MTM services: improving patient adherence to medication, providing patients with the best possible information and counseling regarding their pharmacological regimens, and determining any unfavorable medication responses associated with the treatment. To improve scalability and applicability, MTM service can also be divided into layers (Bakar et al., 2016).

Significance of study

This study aimed at Pharmacists' knowledge, attitudes, and practices (KAP) on medication treatment management (MTM) and their perspectives on potential barriers to and facilitators of MTM supply and related factors among those employed by community health centers (CHCs).

Objectives

1. Evaluate pharmacists' knowledge, attitude, and practice (KAP) about drug treatment management services.
2. List the different difficulties and impediments to future MTM service provision.

Literature Review

The possible MTM service providers are pharmacists due to their patient access and understanding of medications. The use of pharmacists in MTM delivery has resulted in lower hospitalization rates, lower drug expenditures, and better clinical outcomes and medication adherence. Nevertheless, a number of factors, including the pharmacists themselves, affect how well the MTM program works (Lutfiyati et al., 2019).

Knowledge, attitude, and practice (KAP) surveys can offer insights into the requirements, problems, and difficulties of creating successful public health initiatives as well as postintervention data for program assessment. KAP surveys have been utilized in a number of research, both prior to and following MTM deployment. Every study produces results that may be applied to future research or program design (Andrade et al., 2020).

Knowledge and attitudes of pharmacists on the management of drug therapy

A single service or group of related services called medication treatment management (MTM) is intended to maximize the therapeutic results for particular patients. Medication treatment review (MTR), documentation, follow-up, personal medication record, and medication-related action plan (MAP), intervention or referral, and medication-related action plan (MAP) are all part of the pharmacist-led MTM service. The Prescription Drug Management and Modernization Act (MMA) for Medicare was passed in 2003 established MTM services. The major objectives of the MTM service, according to the MMA, are to improve medication adherence, educate patients on medication therapy, and identify any adverse drug reactions. Achieving MTM goals requires cooperation between physicians, pharmacists, and other healthcare providers. Several published studies have revealed that community pharmacists are the only ones who can provide MTM services, even though MMA does not name pharmacists as the principal suppliers of these services (De Araújo Medina Mendonça et al., 2016).

A pharmacist's job description has changed over time. These days, the primary responsibilities of a pharmacy practice have shifted from overseeing the distribution of medications and giving patient counseling to a more all-encompassing, team-oriented clinical position that encompasses illness prevention, wellness enhancement, and patient-first pharmaceutical medication management. Pharmaceutical care is defined by the American Pharmacist Association as the cooperative efforts of a healthcare team towards the ultimate goal, which may involve preventing sickness and assessing the efficacy and safety of a recommended medication regimen. Pharmaceutical care therefore focuses on the attitudes, behaviors, obligations, worries, morality, roles, expertise, duties, and competencies of the pharmacist in administering pharmaceutical treatment management (MTM) in order to maximize medical results and improve patients' overall quality of life and health status. This is accomplished by carrying out a comprehensive pharmaceutical therapy assessment of prescription and over-the-counter drugs, addressing problems associated to medications, modifying intricate regimens, creating adherence initiatives, and suggesting affordable treatments (Domati et al., 2018).

To manage Collaboration between the patient, pharmacist, doctor, and other healthcare providers is essential to monitor the patient's condition, prevent drug-related problems (DRPs), and guarantee the safe and effective use of pharmaceuticals. MTM services include things like assessing the patient's medication profile and medical history, helping the patient better understand the disease state and the drugs they are taking, helping them self-monitor for both positive and negative drug-related effects, and working with other medical team members to maximize medication therapy. These services aim to lower projected or current DRPs in order to improve drug use. Pharmacists are able to treat and manage patient situations through MTM. Consequently, they can help find more DRPs, promote sensible drug use, and guarantee the efficacy and safety of medical treatment—particularly for older patients who take several medications and have comorbid conditions. Moreover, knowledgeable prescription advice from pharmacists will improve adherence, increase patient awareness of medications, and lessen the cost burden (Kubas & Halboup, 2019).

Although the terms MTM and pharmaceutical care have been used synonymously, they are not the same. MTM stands for measures of treatment management that the patient values and that they acknowledge as proof that they are receiving care. A clear professional mandate and ethical framework form the cornerstone of these activities, collectively referred to as pharmaceutical care, without which it is impossible to provide services involving decisions that could have both life-saving and life-ending consequences (Kubas & Halboup, 2019).

Pharmacists' perceptions on how managing drug therapy

When it comes to primary and secondary disease prevention strategies, pharmacists are frequently underutilized resources. Nonetheless, because of their accessibility and regular patient encounters, pharmacists are increasingly seen as having a role in public health initiatives that are within their purview and area of competence. Over 1,200 public health goals are outlined in Healthy People 2020 for the United States (U.S.), each with a particular improvement target to be met by 2020. These goals center on lowering or doing away with disease, disability, and early mortality; doing away with health inequalities; enhancing access to high-quality medical care; and fortifying public health services. Given that they are typically the most readily available source of healthcare for people, pharmacists provide a special service to their patients. For instance, 93% of Americans reside five miles or less from a community pharmacy, providing easy access to healthcare throughout the majority of the nation. Therefore, Regarding the Healthy People 2020 public health goals that pertain to their field of expertise, training, and experience, pharmacists are vital healthcare resources due to their accessibility and understanding (Casserlie & Mager, 2016).

Medication therapy management (MTM) is a well-known framework that pharmacists could use to influence public health goals is one example. In general, MTM refers to a variety of medical services that pharmacists offer in order to maximize patient outcomes. Regardless of overall medication use or health status, MTM encompasses, but is not limited to, monitoring disease states for all patients, enhancing adherence, and analyzing and evaluating drug use and adverse effects. Two components of MTM— The Centers for Medicare and Medicaid Services have determined that targeted medication review (TMR) and comprehensive medication review (CMR) are essential services for Medicare Part D MTM programs. Pharmacists are also compensated by various third-party payers for administering CMR and TMR through MTM, including certain state managed Medicaid programs. As a result, MTM might offer a way to create steady income, giving pharmacists a way to continuously serve the public's needs and influence population health outcomes (Casserlie & Mager, 2016).

Pharmacists are still very interested in novel MTM service concepts that can extend clinical practice and increase revenue, particularly in the United States. Nevertheless, very few surveys have asked pharmacists to name new opportunities for MTM, and none have looked at their interest in potential MTM growth to particularly fulfill Healthy People 2020's public health objectives (Casserlie & Mager, 2016).

Levels of medication therapy management (MTM) service

The MTM service is offered in three tiers. The first level, known as Adherence Management, is the lowest. At this stage, pharmacists are responsible for making sure patients are taking their prescriptions as prescribed for conditions like diabetes, hypertension, and dyslipidemia. To apply at this level, pharmacists must possess general clinical expertise. The goal of management of adherence is to improve health outcomes and lower expenses associated with noncompliance. Interventions on Drug-Related Problems constitute the second level. At this level, pharmacists use the Medication Therapy Review Service (MTRS) to make sure patients are using all of their prescriptions safely and effectively. MTRS come in two flavors: Targeted and Comprehensive. Pharmacists who practice comprehensive type assess all prescription, over the counter, herbal, and non-prescription drugs that patients take. Next, pharmacists look for any issues related to these drugs and work to find solutions. Pharmacists diagnose particular, real drug-related issues with Targeted MTRS. This comes after offering a whole range of services, so pharmacists are already aware of every medication that patients have taken. Disease State Management Service is the third and highest level of MTM service. At this stage, pharmacists treat any chronic condition that a patient is diagnosed with. Pharmacists engage in

non-drug therapy, lifestyle changes, and other initiatives to improve health outcomes in addition to drug-related problem interventions (Rosenthal et al., 2016).

Management services and the related obstacles to their implementation

While there is potential for improved overall health outcomes from MTM implementation, prior research has identified a number of obstacles and difficulties with MTM. According to research conducted in America, the biggest obstacles to offering MTM to pharmacists were a lack of time and inadequate staff assistance. Previous studies have also identified insufficient reimbursement, a lack of qualified workers, and a lack of time as obstacles to MTM adoption (Al-Tameemi & Sarriff, 2019).

The lack of exact patient targeting by MTM platforms, the difficulty of communicating between pharmacists and prescribers, and the inability to obtain patient health information all impede the effectiveness and efficiency of MTM treatments carried out by community pharmacists. Improvements in this area might come from having access to electronic health record (EHR) systems, but more research is required to fully assess the benefits, viability, and work-flow implications of EHR access in community pharmacies (Roberts et al., 2019).

The provision of MTM services has also been impacted by the absence of suitable physical infrastructure. One persistent issue that affects MTM globally and irritates pharmacists is the lack of chemistry between pharmacists and other medical team members (Smith et al., 2017).

Technology is a problem that impacts MTM delivery in community pharmacies and throughout the healthcare system. Although it has been noted that having access to medical records is a key factor in the success of MTM, it has proven challenging to integrate pharmacists into the infrastructure of health information technology (HIT), and community pharmacies have not adopted shared electronic health record (EHR) systems very well (Bosworth et al., 2016).

Another factor mentioned as a barrier to MTM delivery is patients. Getting little experience with the service and having low expectations of it, not having doctors suggest patients for MTM, and financial worries were frequently mentioned as obstacles (Schnur et al., 2016).

Pharmacist-delivered MTM has many obstacles, according to the payer perspective of the business model for MTM. Medicaid programs have recognized the benefits, but many private payers are still unable to quantify or cover the cost of these therapies. Several concerns brought forward healthcare administrators restrict the payment to pharmacists. Among these concerns are the pharmacists' credentials, physicians' ignorance of pharmacist education, doctors' unwillingness to collaborate with pharmacists, inadequately constructed population health models, an unstandardized price schedule, and a changing business model (Maidment et al., 2017).

According to pharmacists' self-reported facilitators and problems for various services, removing obstacles and using change management techniques are essential for every new pharmacy service to be implemented successfully. Relationships with physicians, compensation, pharmacy layout, patient expectations, human resources, communication and teamwork, and outside support/assistance were all found to have an impact on a community pharmacy's ability to implement change in a study conducted in Australia on facilitators of practice change in a community pharmacy setting. The authors came to the conclusion that in order to successfully adopt new pharmacy services, support is needed that goes beyond a clinical focus and ought to incorporate procedures for implementing change. that take these issues into account (Hattingh et al., 2017).

The application of a change-management framework helped pharmacy staff overcome obstacles in the process of implementing the new service. The Pharmacy Change Readiness Wheel (PCRW), which highlighted 10 crucial elements to take care of in order to get ready for service implementation, served as the foundation for the framework. A number of factors will be considered: 1) the new service's profitability; 2) the pharmacy's track record of implementing previous services; 3) the pharmacy's obligation to provide the new service; 4) the resources at its disposal for the new service; and 5) metrics for mapping the new service 6) risk evaluation for the newly offered service; 7) time availability and timing analysis; 8) staff attitude toward the new service; 9) staff knowledge and information; 10) skills audit for new service supply. This structure offers a solid foundation for the creation of fresh professional pharmacy services (Hattingh et al., 2016).

Conclusion

The majority of respondents knew a great deal about MTM, yet only around half of them had positive attitudes and behaviors related to MTM. Gender, practice locations, CHC province, years of practice, and MTM service competency were factors associated with KAP for MTM. Data pertaining to KAP level elements indicate that pharmacists' comprehension and perception of MTM must be improved through direct involvement. The characteristics of MTM services, the prevalence of chronic diseases, and the way MTM is currently practiced were seen by respondents as facilitators of MTM provision. Future personnel, the most frequent obstacles to MTM adoption were stakeholder support, pharmacist expertise, patient collaboration, facilities/drug supply/documentation systems, and patient compliance. To improve KAP in relation to MTM and cultivate abilities for working with other medical professionals and interacting with patients, a training program is required. Qualitative research could provide more insight into pharmacists' opinions regarding MTM in CHCs.

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