Background and Rationale

What is currently known about the topic?
- 50-80% of patients have poor inhaler technique (IT) and 50% have poor medication adherence (MA) [1].
- Patients IT deteriorates over time [2].
- Patients tend to overestimate their IT [1].
- Community pharmacists (CPs) have a positive impact on the management of respiratory patients regarding IT and MA [3].
- Methods used currently to assess IT and MA are subjective in nature [4,5].

Can technology be a possible solution to an old problem?

Proposed solution is Inhaler Compliance Assessment (INCA) technology.
- Acoustic, battery operated device
- Monitors IT and adherence while patients are using inhalers at home.
- Provides objective feedback regarding IT and adherence [6].

Results

Interviews were conducted with 23 CPs.
Themes identified were:
- Limitations of patient support: limitations included: fragmented care, remuneration, pharmacists’ time, patients’ time and health beliefs.
- Need and acceptability of new technologies: CPs were receptive to INCA technology.
Benefits perceived were related to provision of objective feedback regarding inhaler technique and adherence.

It will be a home device....it having the result of that particular piece telling me that the evidence has it if it shows any evidence that when you in the consultation room I will be spending time to find out about that adherence level and will not get it right unless you have these evidence.

Use the way you are that medication, that’s all. There is no clinical input or anything else, and its just the usage. It is not review ready.

We can’t get involved clinically because it is not our remit, that’s down to the surgery

- Perceived understanding of CPs role: Lack of recognition of clinical role within the offered services (e.g.: MUR).

MUR is an annual thing but it all depends if we get the patient again...it just depend on reimbursement.

I think the other thing which could be viewed as a problem is the multiple approach from different parts of the NHS...so lack of communication with other HCTs is an issue.

- Professional identity: CPs were open to delivering new services or even upgrading the current services to include technology such as INCA if remuneration is available.

We should have remuneration for it but it just not as part of the service. CPs get paid for just measuring blood pressure which should be really the job any way. Now the government is actually paying them to make sure, and its things like this that mentality has come through now to the pharmacists: if there is no money involved they do not want to do, remuneration.

Aims:
- Explore CPs’ perceptions about the current services offered to respiratory patients.
- Assess CPs’ perceptions and need for an objective measure of IT and MA such as INCA and gauge their acceptability for the new proposed technology.

Methods:
- Semi structured interviews with CPs owning or working in independent community pharmacies within West and South West London.
- Framework method used for thematic analysis of data
  i. Conceptual Framework
  ii. Theoretical framework
  Rogers Diffusion of Innovation theory [7] was used as a theoretical framework to aid in the analysis of technology acceptability theme.
  Inductive/deductive approaches during analysis and development of themes.
- Data coded using NVivo 10 software.

Conclusion:
Results generated from this research so far highlights that there is a room for improvement in the management of respiratory patients in community pharmacy especially with CPs’ positive attitude towards INCA technology, yet certain obstacles still exist.

References