Willingness to pay for cognitive pharmacy service in community pharmacies

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Background Pharmacy services and role of pharmacist oriented toward the patient have been linked with the improvement of clinical and economic outcomes. The relevance of a service to patients needs to be examined in the monetary terms, which can be done using the willingness to pay technique.

Purpose The study was designed to determine general public willingness to pay for pharmacist service in community pharmacy, but also attitudes and behavior of participants regarding healthcare issues, and correlation between sociodemographic characteristics or attitudes and willingness to pay.

Method Design of the study was cross-sectional survey. Via printed questionnaire delivered in the community pharmacies, participants were asked regarding the following cognitive service: counselling by the pharmacist in order to identify and resolve potential medication therapy problems after the initiation of a new medicine to optimize health outcomes of the patients. In the questionnaire detailed description of the service is provided. By the same questionnaire, we collected also the information about the participants (age, level of education, level of income, etc), frequency of contact with community pharmacy, health status and current therapy. The participants? willingness to pay was measured through close-ended binary choice question (yes/no). If the respondents answered yes, they were also asked to choose one of the defined values for the service (<0.5 USD, USD 0.5-1, USD 1-2.3, USD 2.3-4.6, >4.6 USD). The values are linked with the Serbian health insurance system. Data were collected during the one month period in 2016 in Serbian community pharmacies.

Findings The total number of respondents who completed the questionnaire was 444; mean age of participants was 45.1±16.1 years. Thirty-eight percent (n=167) of respondents reported that they were willing to pay for a medication management service provided in the community pharmacy. Almost equal percent of respondents indicated a value for service of up to 1 USD (31.1% of respondents willing to pay for service), between one and 2.3 USD (29.3%) or between 2.3 and 4.6 USD (28.1%). Univariate analysis showed significant association between willingness to pay for cognitive pharmacist provided service and participants? socio-demographic factors, health related characteristics, attitudes and behavior, dilemmas and need for the certain pharmacist service. The logistic regression model was statistically significant, $\chi^2 = 4.599$, $p < .001$.

Conclusion This research shows positive attitude of respondents for payment for cognitive pharmacy services, which are not fully recognized within the healthcare system. In future pharmacist should focus on practical implementation of the service and models of funding.