## MEASURING PATIENT SATISFACTION WITH A DIABETES CARE SERVICE

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# PATIENT SATISFACTION

- Indicator of quality of service
- Patient's evaluation of their care
- Ability of provider to meet patient's needs
- Four conceptualisations of satisfaction

Performance Evaluation	Disconfirmation	Affect	Equity
	Of	Based	Based
	Expectations	Assessment	Assessment
	•		

## MEASUREMENT OF CONSUMER SATISFACTION

#### Performance evaluation

- Pharmacists' services (MacKeigan and Larson, 1989, 2002)
- Diabetes specific instruments
  - Diabetes Treatment Satisfaction Questionnaire (DTSQ) (Bradley, 1994)
  - Diabetes Management Evaluation Tool (DMET) (Paddock et al. 2000)
  - Patients' Evaluation of the Quality of Diabetes Care (PEQD) (Pouwer F, Snoek F, 2002)

## PHARMACY DIABETES CARE PROGRAM (PDCP)

- Randomised clustered controlled trial which evaluated a type 2 diabetes care model in Australian community pharmacies
- 30 intervention pharmacies in 4 Australian states



Krass et al, 2005

# **OBJECTIVES**

 To investigate patient experiences with DSM service (DMAS)

 To develop and validate a measure of patient satisfaction with pharmacist delivery of DSM services

# METHOD

### Patient Satisfaction with DMAS

Combining qualitative and quantitative research is beneficial when developing measurement instruments



Holman, 1992, Casebeer et al. 1997

### QUALITATIVE METHODS Patient Interviews

- Semi-structured interviews
- Five core issues
  - Overall experience
  - Patient understanding
  - Patient expectations
  - Pharmacist interaction
  - Future intentions

- Ascertain patient opinions/thoughts relating to experience
- Understand issues
  important to patients
- 16 DMET items used to assist satisfaction measurement

### DATA ANALYSIS

### DMAS

- Thematic analysis
- Identification of themes to develop item banks for questionnaire development

# DMAS RES

- 14 interviews
- Themes identified
  - Evaluations of th service
  - Service impact
  - Provider preference
  - Perceived need for the service
  - Patient satisfaction

"I have better control

*"Pharmacy location is convenient"* 

"The service in the pharmacy was easy" and thinking about diabetes"

*"It provides terrific support and should definitely be available".* 



### Validation study

Methods

- 165 DMS-Q questionnaires mailed
  - 135 DMAS participants (Krass et al, 2005)
  - 25 Continuity of Care Participants (Krass et al 2005)
- 2 waves

### Data analysis

#### **Construct validity**

- Initial analysis using PCA
  - Oblimin
  - Scree plot
- Correlations with improvements in HbA1c
- Reliability Cronbach's alpha
- CFA used to test the validity of the model

### Results

- Initial extraction 6 factors (Eigen vaues>
  1)
- Final solution 4 factors explaining 53% of total variance

## Results

Factor	Number of items	Cronbach's alpha	Spearman's rho (change in A1c)
Satisfaction with Pcist service	5	0.77	-0.20
Positive impact on S/M	DERE A	0.83	-0.26
Negative impact on S/M	6	0.82	0.40
Knowledge	4	0.76	-0.20

#### Satisfaction with the Pharmacist Service - factor loadings

DDSMQ1: I am satisfied that the pharmacist was helpful during the service	.79	
DDSM7: I was satisfied with being able to reach the pharmacist when needed		
DDSMQ10: I appreciated receiving the service from the pharmacist	.64	
DSMQ22: I am pleased with the service I received	.62	
DDSMQ16: I am thankful for the time the pharmacist gave up to provide the service		
DDSMQ14: I was satisfied with the convenience of the location during the service4		
DDSM2: The pharmacy was too public for the service	40	



CFA Model: Patient satisfaction with DSM service in community

### Discussion

- Provides preliminary evidence of validity and reliability of the DDSM-Q
- Future validation with a larger sample
- Can be used as an outcome measure in future research on consumer satisfaction with Pharmacy Diabetes services.

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