Participant perceptions of pharmacists and workplace wellness in CAMMPUS

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Introduction

Preventive health programs in the workplace result in improvements in employee health, reduction in absenteeism and increased productivity.^{1,2} Since employees are the focus of these programs, their feedback is important to ensure programs meet their needs and expectations.

The University of British Columbia (UBC) employs over 16,000 people across 2 campuses and has made a commitment to preventive health and workplace wellness.^{3,4} Recently, a pharmacist-led cardiovascular health program was offered to UBC employees at the Vancouver campus by the UBC Pharmacists Clinic (the Clinic) and UBC's Health Wellbeing and Benefits team as part of a research study. The Cardiovascular Assessment and Medication Management by Pharmacists at the UBC Site (CAMMPUS) study evaluated the impact of pharmacist-led interventions on UBC employees' cardiovascular disease (CVD) risk. For 178 participants who each completed a 12-month program of service, results showed significant and beneficial reductions in predictors of cardiovascular risk (Framingham Risk Scores and blood pressure) and increased self-reported quality of life.⁵

Pharmacists are well positioned to support local employers through preventive health programs, and an important aspect of pharmacist care is the patient perspective. One aspect of CAMMPUS was to evaluate the participant perceptions of the pharmacist approach and overall care. The objective of this article is to report participant perceptions while participating in CAMMPUS to help inform future pharmacist efforts in the area of preventive health.

Methods

The study was a prospective, observational pre-post evaluation. The study was open, on a voluntary basis, to all UBC Vancouver staff and faculty who were the primary plan members

in the UBC extended health benefits plan. Eligible participants received a baseline assessment by a Clinic pharmacist to assess cardiovascular risk. Those screened were eligible to enroll if they had a 10-year risk of CVD $\geq 10\%$ based on Framingham Risk Score or at least 1 medication-modifiable CVD risk factor such as diabetes, hypertension, dyslipidemia, myocardial infarction, stroke, tobacco use or obesity. Enrolled participants received an initial visit with a Clinic pharmacist and up to 5 follow-up visits over the 12-month study period. The complete methodology and interventions used in CAMMPUS have been published elsewhere.⁵ To explore participant perceptions, a paper-based feedback survey was administered to each participant who received 12 months of service in CAMMPUS. Participants received and completed the survey in the Clinic immediately following the conclusion of their final follow-up consultation. The survey included 12 Likert-style questions on participant experiences with the service and care they received. Participants were asked to choose their level of agreement with statements regarding practical aspects such as ease of appointment booking, interactions with reception staff and pharmacists and how they felt their overall health changed as a result of the program. Free-form comments were also encouraged and captured.

Responses were collected, deidentified, manually entered into a database and analyzed using SPSS version 24 software (SPSS, Inc., an IBM Company, Chicago, IL). The CAMMPUS study protocol, including the participant feedback components, was approved by the Clinical Research Ethics Board at UBC.

Results

Of 178 CAMMPUS participants, 156 (88%) completed the feedback survey. Respondents were 53.9% female, with a mean (SD) age of 51 (9.1) years.

TABLE 1 Participant responses to Likert-style questions

How do you rate your overall experience in CAMMPUS?	Best imaginable, n (%)	Better than very good, n (%)	Very good, n (%)	Good, n (%)	Average, n (%)	Less than average, n (%)
n = 149	66 (44)	45 (30)	28 (19)	7 (5)	3 (2)	0 (0)
What is your level of agreement with the following statements?	Responses (n)	Strongly agree, n (%)	Agree, n (%)	Neither agree or disagree, n (%)	Disagree, n (%)	Strongly disagree, n (%)
Booking the appointment was easy	155	122 (79)	30 (19)	2 (1)	1 (1)	0 (0)
The Clinic was accessible (location, facilities)	156	131 (84)	23 (15)	1 (1)	1 (1)	0 (0)
The appointment was at a convenient time for me	155	127 (82)	23 (15)	3 (2)	2 (1)	0 (0)
My wait time in the reception area was reasonable	151	125 (80)	30 (19)	0 (0)	0 (0)	0 (0)
My interaction with the reception staff was pleasant	156	136 (87)	20 (13)	0 (0)	0 (0)	0 (0)
The instructions and advice the pharmacist gave me were clear and easy to understand	156	137 (88)	18 (11.5)	1 (0.5)	0 (0)	0 (0)
All of my questions were answered in the appointment	156	140 (90)	14 (9)	2 (1)	0 (0)	0 (0)
I felt that the Clinic staff cared about me and my health	156	134 (86)	19 (12)	3 (2)	0 (0)	0 (0)
I feel confident that my records and information will be kept confidential	128	99 (77)	27 (21)	2 (2)	0	0

Results are summarized in Tables 1 and 2. Seventy-four percent of respondents reported that their overall experience in CAMMPUS was either “better than very good” or “best imaginable.” Seventy-nine percent strongly agreed that they experienced quality administrative support while booking the initial appointment and when they arrived at the Clinic. Over 86% of respondents strongly agreed that the information and advice provided by their pharmacist was clear and easy to understand, all of their questions were answered by the pharmacist at check-in appointments, they were included in the decisions regarding their health and the Clinic staff cared about them and their health. The majority (77%) of respondents strongly agreed that they felt confident that their records and information were kept confidential. Finally, respondents believed their health improved (72%) or greatly improved (8%) as a result of receiving service from a pharmacist in CAMMPUS.

Discussion

Among patients who received cardiovascular risk reduction care from their pharmacist, 80% felt that their health improved. In addition, 74% reported their overall experience in CAMMPUS to be “better than very good or best imaginable.” This is also consistent with the objective improvements in cardiovascular health observed in these patients.⁵

Ensuring a positive patient experience was a priority in the development and design of CAMMPUS, starting from the first point of contact with administrative staff and appointment scheduling process. Health care scheduling is an issue that is too often overlooked and can impede program success if it is not patient-friendly.^{6,7} Respondents highly valued having low-barrier access to care with seamless appointment booking procedures and convenient appointment times. A survey conducted to assess employee willingness for pharmacist-led

TABLE 2 Participant perception of overall impact of CAMMPUS on their health

To what extent do you believe your health has changed as a result of participating in the CAMMPUS study?	Responses, n (%)
Greatly improved	12 (8)
Improved	113 (72)
Did not change	28 (18)
Worsened	3 (2)
Greatly worsened	0 (0)
Total	156 (100)

preventive health services supported appointment lengths ranging from 15 to 45 minutes, depending on employee-specific needs.⁸ The appointment length during CAMMPUS ranged from 30 to 60 minutes, with follow-up appointments predominantly 30 minutes in length.

A previous study conducted in a pharmacist-run medication management clinic showed patients cited transportation barriers as a factor limiting their access to the clinic, which affected their ability to receive primary care and preventive health services.⁹ Employee attitudes regarding a work site-based clinic cited work schedules as a barrier to participating in workplace wellness programs.⁸ During CAMMPUS, the location of the Clinic at UBC was easily accessible to staff and faculty who were based on campus, which made it easier to incorporate the appointments within their work schedule.

Respondents indicated that their overall experience was influenced by their first impressions with the Clinic's administrative staff and administrative processes. The receptionist responsible for patient support at the Clinic set the tone for a positive patient-centred experience where the patients felt the staff cared for them and their health. The relationships with the administrative staff along with the practitioner have been cited as perceived barriers for patients gaining access to primary care services.⁷ Following the check-in process with the receptionist, all respondents agreed their wait time was reasonable, which is an important factor, as existing data have solidified

that long wait times to see a primary care practitioner act as a barrier to accessing appropriate care.¹⁰

Modern pharmacist practice requires a patient-centred approach and patient partnerships.¹¹ Respondents noted that they felt and valued being included in the discussions and decisions about their health during their interactions with the pharmacist during CAMMPUS. This patient-centred, shared decision-making approach is preferred over traditional paternalistic approaches that respondents may have experienced elsewhere in the health care system.¹²

Respondents noted that the instructions and recommendations provided to them by the pharmacist, both verbally and in writing, were clear and easy to understand. Pharmacists provided information to the participants using patient-friendly language to increase patient understanding. Expectations were also clearly stated for both the pharmacist and patient to mitigate the risk of patients not understanding the long-term complications of poorly managed cardiovascular risk factors, such as hypertension.¹³ Pharmacists are traditionally trained to counsel, educate and provide recommendations verbally to patients, but there is value in providing supplementary written material as a summary for the patient to refer to following the consultation.^{14,15}

This study contains some limitations. A major limitation is the use of an unvalidated survey tool. To minimize recall bias, we administered the survey at the clinic, but this may have influenced the results in a positive manner.

The generalizability of the study results may be limited due to study participants possessing a higher education background. Individuals who possess higher education may have stronger health literacy, which affects their health behaviours and decisions about their well-being compared to those with low health literacy, who may not be as likely to pursue preventive health services.¹⁶ Finally, employees had better access to the services since the clinic is located on the university campus, which affects the generalizability of the findings to other workplace settings.

Conclusion

Participant feedback regarding the experience of a pharmacist-led workplace preventive health program suggests the design of CAMMPUS and the patient care approach were enablers of care and success. These findings provide insight into how future pharmacist-led workplace preventive health programs can be designed with the patient experience in mind. ■

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