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Rural Patient's Willingness to Use Mobile Phone Technologies for Accessing Pharmacy Services

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Introduction

Effective acute and chronic illness care requires continuous monitoring and self-management support. Mobile telephone technology appears promising to deliver health assessment, education, and other services to patients between in-person encounters. Patient-centered information technologies can be a potential tool for increasing both the quality and quantity of disease management support in vulnerable populations like for e.g. in rural communities. However, given resource constraints, and access barriers, rural health systems and providers in the United States are unaware of the demand for these services in rural populations. Because there is limited information in this area, this study will enable pharmacists and other providers gain a perspective about rural populations' access and willingness to use mobile phone technologies in self-managing health care. This information will help pharmacists design and deliver appropriate patient centered interventions to improve health care costs and their health outcomes.

Purpose

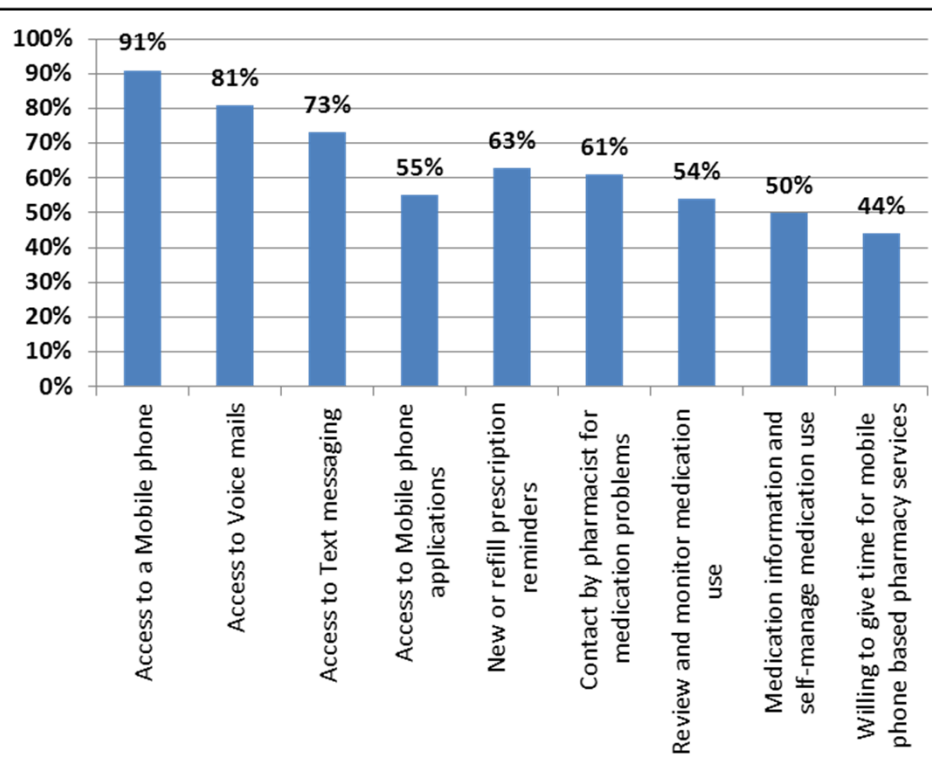
This pilot study documents patient's willingness to use mobile phone technologies for accessing pharmacy services in rural areas in the U.S. to evaluate the potential to use health information technology in delivery of patient centered pharmacy services.

Methods

An anonymous IRB approved survey was completed voluntarily by patients visiting 2 rural pharmacies in Nebraska from August to October, 2011. The 2-page survey collected data on their demographics, health status, access to mobile phone, and willingness to use and give time for accessing mobile phone based pharmacy services.

Results

Figure 1: Rural Patient's Access and Willingness to receive telephone/mobile phone messages by a pharmacist for various services (n=24)



Results

1. Respondents (n=24) were 19-40 year olds (52%), female (88%), married (63%), with >\$35,000 annual income (55%), excellent to very good health status (63%), with <=\$100 monthly medication expenses (80%), with private insurance (78%), and living within 5 miles of their pharmacy (71%).
2. Majority (75%) reported that mobile phone based health services are important to them.
3. Respondents had access to a mobile phone (91%), voice mails (81%), text messaging (73%), and mobile phone applications (55%).
4. Respondents were willing to receive telephone/mobile phone messages by a pharmacist for various services:
 - ✓ new/refill prescription reminders (63%)
 - ✓ contact by pharmacist for medication problems (61%)
 - ✓ review & monitor medication use (54%)
 - ✓ medication information and self-manage medication use (50%)
5. Of 44% respondents that were willing to give time for mobile phone based pharmacy services, 83% were willing to give 15 minutes and 17% were willing to give 30 minutes every month.

Conclusions

The potential patient demand for mobile phone based pharmacy services could be a novel use of health information technology to deliver patient centered pharmacy services in rural areas.

Acknowledgements

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