HEALTH RESEARCH ABSTRACT SUBMISSIONS

Name *
David DeMik

Email *
david-demik@uiowa.edu

Educational Level *
Other

If Selected Other
Pharm3

College *
College of Pharmacy

Department *
Pharmacy Practice & Science

Title of Research *
Prediction of the Implementation of the Physician–Pharmacist Collaborative Model using the Theory of Planned Behavior

Other Authors *
David E. DeMik, PharmD Candidate, Mark Vander Weg, PhD, Emily S. Lundt, MS Candidate, Christopher S. Coffey, PhD, Gail Ardery, PhD, Barry L. Carter, PharmD

Introduction & Purpose *
To evaluate the relationship between baseline Theory of Planned Behavior (TPB) survey scores and the level of clinical pharmacy services to predict the implementation of a physician–pharmacist collaborative model (PPCM) for treating chronic disease in primary care offices.

Experimental Design *
A survey instrument to measure TPB determinants of behavior was administered to physicians and clinical pharmacists who practice in 27 primary care offices that are participating in the CAPTION trail. Baseline clinical pharmacy services at each medical office were measured using a validated instrument to quantify the level of services and allow for separation into high and low pharmacy service groups. TPB and clinical pharmacy service scores were compared to predict differences. Associations between TPB subscale scores and clinical pharmacy service scores were investigated using Pearson correlation coefficients. Differences in TPB subscale scores between physicians and pharmacists were examined with independent-samples t-tests.

Results *
Surveys were returned by 282 physicians (32.5%) and 35 pharmacists (77.8%). There was no relationship between “clinical pharmacy service scores” and physician TPB beliefs about implementation of pharmacy intervention in their office. Clinical pharmacists’ behavioral intentions and social norms had modest correlations of 0.566 and 0.481, respectively, with clinical pharmacy service structure scores (p<.01). Pharmacists scored significantly higher than physicians on each of the TPB behavioral determinants (p<.001).

Conclusions *
Baseline clinical pharmacy services within a given medical office do not appear to influence a physician’s willingness or perceived ability to implement PPCM. Pharmacists’ intentions to implement PPCM and feelings of PPCM’s social acceptability were related to existing clinical pharmacist services. Pharmacists appear to believe that it is more feasible to implement a pharmacy intervention within a medical office than their physician colleagues based on higher TPB construct scores.