Utilization of Pharmacy Value-Added Services and Its Association with Waiting Time for Medication Collection in Public Health Institutions across Malaysia

Noraini Nordin, Mazuin Mahmud Taridi, Muhammad Radzi Abu Hassan, Rozita Mohamad, Chan Huan Keat, Chan Pui Lim, Ong Chin Wen5, Khairul Iman Muzakir, Azuana Ramli

Pharmacy Policy and Strategic Planning Division, Pharmaceutical Services Programme; Pharmacy Department, Hospital Tunku Azizah; Clinical Research Centre, Hospital Sultanah Bahiyah; Pharmacy Division, Pahang State Health Department; Clinical Research Centre, Hospital Sultanah Bahiyah; Pharmacy Policy and Strategic Planning Division, Pharmaceutical Services Programme; Pharmacy Policy and Strategic Planning Division, Pharmaceutical Services Programme; Pharmacy Policy and Strategic Planning Division, Pharmaceutical Services Programme; Pharmacovigilance Section, National Pharmaceutical Regulatory Agency.

ABSTRACT:

Background: Pharmacy value-added services (PVAS) have long been offered in public health institutions across Malaysia as an alternative to conventional counter services for prescription refills, with the aim to reduce the waiting time.

Objective: To assess the utilization of the PVAS in individual health institutions, and its association with the achievement of the key performance indicator (KPI) set for the pharmacy waiting time.

Method: This was a cross-sectional study based on the data contributed by 142 hospitals and 648 health clinics throughout 2018. The availability and uptake of the PVAS were summarized as percentages. The impacts of the PVAS uptake and the other institution-related factors on the KPI achievement were further explored using the logistic regression analysis.

Results: Approximately 2.9 million (17.1%) of the refill prescriptions were dispensed via the PVAS. The appointment-and-pickup services (42.7%) and the Integrated Drug Dispensing System (23.7%) emerged as the most commonly used types of PVAS. A higher PVAS uptake was associated with a better KPI achievement (OR=0.91, 95% CI: 0.84-0.98). In contrast, adding a new type of PVAS to the existing services yielded an opposite outcome (OR=1.48, 95% CI: 1.15-1.89). Both the prescription load and location of health institutions were also found have influenced the KPI achievement.

Conclusion: The PVAS are generally well accepted in Malaysia and showed to have reduced the pharmacy waiting time. However, strategies to optimize the PVAS uptake are warranted.

KEYWORDS: Pharmacy, public health, value added services, waiting time, prescription load