Adopting an Easy-to-Read Prescription Medication Label

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Background

- Prescription drug labels often are the only print source of dosage instructions received by patients.
- Many different label styles, resulting in variability in the clarity and complexity of usage instructions.
- Inadequate understanding of prescription directions for use and auxiliary information on dispensed containers is widespread.
- The United States Pharmacopeia (USP), a scientific nonprofit organization that sets standards for the identity, strength, quality, and purity of medicines, released a set of evidence-based standards for medication labeling in May 2013.

Background

- USP – Prescription container label standards to promote patient understanding
  - Organize the prescription label in a patient-centered manner
  - Emphasize instructions and other information important to patients
  - Simplify language
  - Give explicit instructions
  - Include purpose for use
  - Limit auxiliary information
  - Address limited English proficiency
  - Improve readability

Objective

- Slow adoption of these standards
  - Only 3 states (CA, UT, NY) have begun to address this issue
  - Decision makers are often reluctant to consider implementing new strategies
- To explore the current attitudes and values of key healthcare stakeholders that may affect the adoption of the new labeling standards

Methods

- Theoretical Framework
  - Rogers' Diffusion of Innovations Theory (DIT)
  - Five attributes of an innovation: *Relative advantage, Compatibility, Complexity, Trialability and Observability.*
- Sample
  - 20 key stakeholders in rural and urban Wisconsin.
  - Software vendors, pharmacists (chain and independent), pharmacy managers (chain and independent) and physicians.
- Data Collection
  - A semi-structured interview guide based on DIT five attributes
  - Telephonic interviews
  - Audio-recorded and transcribed
- Data Analysis
  - Directed content analysis because of the DIT framework (3 researchers)
  - Descriptive coding was undertaken to characterize issues related to each attribute

Results

- Relative Advantage
  - General lack of awareness, except amongst software vendors
  - Standardization across labels
  - Improved patient care and outcomes
- Compatibility
  - Standards aligned with healthcare professionals' values
  - Corporate and state board by-in?
- Complexity
  - Pharmacy software issues
  - Real estate of the label
- Trialability
  - Pharmacy practice settings (environment and workflow)
- Observability
  - Research evidence
    - Improved patient safety and reduction medication errors
    - Errors due to non-standard labels

Conclusions

- Stakeholder education and engagement
  - Patient/consumer involvement
- Design considerations
  - Label format
  - Lessons learned (labels in CA)
    - http://www.pharmacy.ca.gov/licensing/labels.shtml
- Future research
  - Additional states
  - Process evaluation (health care delivery)
  - Outcomes (self-management, overall health)

Questions?