Attitudes of Medicare-eligible Americans toward Mail-Order Pharmacy Services

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Prepared for
The National Community Pharmacists Association

Prepared by
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Executive Summary

A representative random sample of 6,500 Americans between the ages of 65 and 79 were surveyed to assess their attitudes toward, and experiences with, mail-order pharmacy services. By the close of data collection, 669 completed surveys had been received. After eliminating surveys that were returned as undeliverable, the overall response rate for the study was 10.7%. The average age of survey respondents was 72.4 years, of whom 57.0% were female and 43.0% were male. Respondents represented 644 Zip Codes in 43 states.

Virtually all respondents (98.1%) were enrolled in Medicare. Slightly over one-third (34.2%) indicated they rely on a local independent community pharmacy for at least some of their medication needs.

Most respondents (56.7%) indicated they had used a mail-order option at some point in the past. About one in eight (12.3%) stated they are currently required to use a mail-order pharmacy in their prescription benefit plan.

A plurality or majority of respondents indicated agreement with a variety of concerns about mail-order prescriptions, including: running out of medications; the ability to speak face-to-face with a pharmacist; the effects of temperature or humidity on medications received by mail; waste from discontinued or unneeded medications, and; the ability to obtain prescription medications quickly, when needed.

When asked about their attitude toward the mandated use of mail-order pharmacy, 62.9% of respondents agreed or strongly agreed they would be concerned about losing their freedom to use the pharmacy of their choice and 55.3% indicated they would be concerned about not having a pharmacist who knows them and the medications they take.

When asked if they would oppose a mandated mail-order provision in their prescription drug benefit program if it would cause their local community pharmacy to close, 83.7% of respondents said ‘Yes’. The highest level of risk respondents were willing to accept of such an eventuality was 42.2%. Thus, on average, respondents indicated they would oppose a mandatory mail-order provision if there were greater than about a 4-in-10 chance that it would lead to the closure of their local pharmacy.

Inconvenience resulting from the effort required to secure an alternative pharmacy and reduced access to medications for urgent or acute care situations represented the most frequently cited negative effects of local pharmacy closure at 22.9% and 21.9%, respectively. The loss of a valued personal relationship with the pharmacist was cited by 14.9%, followed by feelings of worry, fear, stress or sadness (13.7%).
Project Overview

MENTORx was engaged by the National Community Pharmacists Association (NCPA) to survey the attitudes of Medicare-eligible Americans toward the implementation of mandatory mail-order pharmacy services in their prescription benefit plans. This report contains results from a representative national survey of persons aged 65 years of age and older to assess their attitudes toward mail-order pharmacy and its appropriate use in prescription benefit plans of public and private health insurance programs.

Background

Community pharmacies have delivered prescription medications to the homes of selected patients via U.S. mail or courier services such as FedEx and UPS for many years. Mail delivery has traditionally been provided as a convenience to a small segment of special circumstance patients who requested it for reasons such as mobility impairment, rural or remote location, illness and temporary relocation. Given its select and voluntary nature, mail-order prescription service has historically represented a small and slowly growing segment of the outpatient prescription drug market.

Fueled by claims of cost savings, growth in mail-order pharmacy began to accelerate in the 1980s. From approximately 6% of the US outpatient prescription drug market in the late 1980s, the mail-order market share doubled to 12% in 2000.\(^1\) By 2010, its market share had doubled again to 23.5%.\(^2\)

Studies have cast doubt on whether health plans realize net savings from mail order when compared with community pharmacies.\(^3\) A recent analysis concluded that commercially insured patients favor community pharmacies by a margin of more than 4-to-1 when they are offered maintenance medications on a benefit-equivalent basis.\(^4\) Still, 96.7% of employers currently offer a mail service pharmacy option to employees.\(^5\)

Unlike the voluntary mail service of old, recent growth has been fueled by a movement among plan sponsors and prescription benefit managers to encourage or require the use of mail-order pharmacy among covered beneficiaries.\(^6\) This is despite growing evidence suggesting that pharmacy benefit plans that restrict patient choice or limit access may negatively affect compliance with prescribed medication therapy.\(^7\)-\(^9\)

The specter of mandatory mail order has raised numerous concerns among patients, employers, pharmacists and policy makers. The J.D. Power and Associates 2012 U.S. Pharmacy Survey found that “satisfaction among customers who use mail-order pharmacies to fill their prescriptions has fallen significantly below customer satisfaction with brick and mortar pharmacies” and that patient satisfaction with mail order declined for the second consecutive year.\(^10\) An earlier 2003 patient survey sponsored by the National Association of Chain Drug Stores reported that 72% of patients opposed a mandatory mail service pharmacy benefit on principle simply because it restricted their personal choice.\(^11\)
A 2011 study found that 31.8% of commercially insured patients who were previously required to use mail service pharmacy elected to have their prescriptions filled at community pharmacies when they were allowed to purchase 90-day supplies with no difference in out-of-pocket costs. Among those who had previously used a community pharmacy, the preference rate jumped to 66.3%. The authors concluded that “when pharmacy benefit design does not preferentially support one pharmacy distribution channel, both community pharmacy and mail service pharmacy options appeal to patients.” 12

Beyond the philosophical issue of a patient’s freedom to choose their pharmacy provider, concerns have been raised about safety, security, convenience, confidentiality, product integrity and waste. These concerns continue to represent unanswered questions about the unintended cost and consequences of mandatory mail-order provisions of prescription drug benefit programs.

Objectives

The purpose of this project was to assess the attitudes and experiences of Medicare-eligible Americans toward mail-order pharmacy and its mandated use in the prescription drug benefit plans of public and private insurance programs.

The primary research questions were:

1. What concerns do Medicare-eligible American have regarding mail-order pharmacy and the mandated compulsory use of mail order in prescription benefit plans, and;

2. What experiences have users of mail-order pharmacy had that inform and influence their attitudes toward, and satisfaction with, mail-order pharmacy?

Of particular interest are consumers’ attitudes toward frequently cited concerns of mail-order pharmacy including:

- Cost of mail order to the plan sponsor, especially when considering waste;
- Convenience of mail order when considering timeliness of delivery;
- Reliability of uninterrupted therapy;
- Substitution of medications for those originally prescribed by their physician;
- Medication storage relative to environmental conditions such as heat, cold, and humidity;
- Medication security;
- Medication confidentiality;
- Accessibility to a pharmacist for questions or counsel;
- Safe disposal of excess or discontinued medications, and;
- Continued economic viability of local community pharmacies for acute or urgent needs.
Methods

Survey Instrument

Existing published literature was reviewed and interviews were conducted with Medicare-eligible persons aged 65 and older to identify potential areas of concern and/or dissatisfaction with mail-order pharmacy services.

The survey began with a series of descriptive demographic questions regarding gender, age, residential Zip Code and drive time to the nearest community pharmacy. Additional questions inquired about past experience with mail service pharmacy and whether the respondent is currently enrolled in Medicare.

Attitudes toward mail service pharmacy were measured via a series of statements that required respondents to select the response from a five-point Likert-type scale that best reflected their opinion. The survey then asked whether the respondent would oppose a mandated mail-order requirement in their prescription benefit plan if it would cause the local pharmacy they relied on for immediate medication needs to close. Those who indicated they would oppose mandated mail order in such a circumstance were subsequently asked to indicate the highest level of risk they would be willing to accept by circling the appropriate value on a visual analog scale.

The survey concluded with two open-ended questions that allowed respondents to express how the closure of their local community pharmacy would affect their lives as well as any additional comments or concerns they had related to mail service pharmacy.

Data Collection

On July 12, 2012, the survey was mailed to a nationally representative random sample of 500 persons between the ages of 65 and 79. Also enclosed were a cover letter and a stamped, self-addressed return envelope.

By August 13, a total of 48 usable responses had been returned for a response rate of 9.6%. A total of 13 (2.6%) surveys were eventually returned as undeliverable. Analysis of responses from the pilot suggested that no revisions to the survey or data collection methods were needed. However, one question was added to the survey: “If you use a mail-order pharmacy, how often do you speak with a mail-order pharmacist about your medications?”

On August 15, 2012, surveys were mailed to the remaining 6,000 persons on the mailing list. Once again, each envelope contained the survey, a cover letter and a stamped, self-addressed return envelope.

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* Mailing list was provided by USA Data ([www.usadata.com](http://www.usadata.com)). The sample was proportionately representative of the relative population of each of the 50 states.
Results

By the cutoff date of October 15, 2012, a total of 669 completed surveys had been returned. Of the total 6,500 surveys mailed, 221 (3.4%) were eventually returned as undeliverable resulting in an overall response rate of 10.7%. Descriptive characteristics of survey respondents appear in Table 1.

**TABLE 1: Respondent Characteristics**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>%</th>
<th>Mean</th>
<th>Median</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>669</td>
<td>100</td>
<td>72.4</td>
<td>72</td>
<td>4.4</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>381</td>
<td>57.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>288</td>
<td>43.0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The average age of survey respondents was 72.4 years (median = 72, SD = 4.4) with 57.0% female and 43.0% male. Although a range of 65-79 years was used as a selection criterion in generating the mailing list that was used in the study, 28 respondents reported being over 79 years of age. The 669 responses represented 644 Zip Codes in 43 states.b

The distribution of respondents is illustrated in Figure 1. Not shown in Figure 1 are five responses that were received from Hawaii.

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b No surveys were returned from Alaska, Maine, Massachusetts, New Hampshire, North Dakota, Rhode Island and Vermont.
When asked to describe their health status, the majority of respondents (56.1%) indicated ‘Good’ followed by ‘Fair’ (22.8%), ‘Excellent’ (17.8%) and ‘Poor’ (3.3%). The self-reported health status of respondents appears in Figure 2.

Virtually all (98.1%) respondents indicated they are currently enrolled in Medicare. Respondents reported taking an average of 4.6 different prescription medications each day that had been
prescribed by an average of 1.6 physicians. The average drive time to the nearest pharmacy was reported to be 9.1 minutes.

Slightly over one-third of respondents (34.2%) indicated they rely on an independent community pharmacy for at least some of their prescription medication needs.

As illustrated in Table 2, when asked if they are currently required to use a mail-order option for some of their medications, 12.3% indicated affirmatively. Among those who currently use either a voluntary or mandatory mail-order option, respondents indicated they speak to a mail-order pharmacist an average of 2.1 times per year.

**TABLE 2: Respondents' Experiences with Mail-Order Pharmacy**

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>N</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Unsure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you <strong>currently required</strong> by your prescription insurance plan to use a mail-order option for some of your medications?</td>
<td>643</td>
<td>79 (12.3)</td>
<td>564 (87.7)</td>
<td>NA</td>
</tr>
<tr>
<td>Have you <strong>ever</strong> used a mail-order option for your prescriptions?</td>
<td>661</td>
<td>375 (56.7)</td>
<td>286 (43.3)</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Attitudes toward Mail-Order Pharmacy**

The survey contained 11 statements designed to assess respondents’ attitudes toward various aspects of mail-order pharmacy. Respondents indicated their agreement with each statement by selecting the response from a five-point Likert-type scale that best reflected their opinion.\(^c\)

Scale reliability was assessed by calculating Cronbach’s coefficient alpha, a commonly used measure of internal consistency that varies from zero to 1.\(^d\) An alpha value \(\geq 0.7\) is generally considered acceptable and a value \(\geq 0.9\) is considered excellent. The internal consistency for the 11-item scale used in this project was calculated to be \(\alpha = 0.905\).

\(^c\) Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

As illustrated in Figure 3, when asked if mail-order pharmacy costs less than using a local pharmacy, a slight majority (51.6%) indicated ‘Agree’ or ‘Strongly Agree’. However, nearly half of respondents were neutral or disagreed with this statement.

When asked if they would be concerned about running out of their medication if they used a mail-order pharmacy, 41% of respondents indicated ‘Agree’ or ‘Strongly Agree’ while a slightly smaller percentage (39.8%) disagreed with this statement (Figure 4).

Over a quarter of respondents (28.2%) agreed or strongly agreed they would be concerned about whether they fully understood their medications and how to take them if they used a mail-order pharmacy while a slight majority (51.1%) disagreed (Figure 5).
"If I used a mail-order pharmacy I would be concerned about whether I fully understood my medications and how to take them"

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>16.1%</td>
</tr>
<tr>
<td>Disagree</td>
<td>35.0%</td>
</tr>
<tr>
<td>Neutral</td>
<td>20.8%</td>
</tr>
<tr>
<td>Agree</td>
<td>16.1%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

FIGURE 5: Understand Medications (n = 654)

When asked if they would be concerned about not being able to speak face-to-face with a pharmacist if they used a mail-order pharmacy, 41.2% of respondents agreed or strongly agreed. Moreover, the percentage of respondents who strongly agreed with this statement was substantially higher than those who strongly disagreed at 19.3% and 12.3%, respectively (Figure 6).

"If I used a mail-order pharmacy I would be concerned that I could not talk face-to-face with a pharmacist"

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>12.3%</td>
</tr>
<tr>
<td>Disagree</td>
<td>26.1%</td>
</tr>
<tr>
<td>Neutral</td>
<td>20.4%</td>
</tr>
<tr>
<td>Agree</td>
<td>21.9%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>19.3%</td>
</tr>
</tbody>
</table>

FIGURE 6: Speak Face-to-Face with a Pharmacist (n = 658)

Slightly over 40% of respondents agreed or strongly agreed they would be concerned about their medications being lost or stolen if they used a mail-order pharmacy. A somewhat higher percentage (41.1%) disagreed with this statement but, once again, the percentage of respondents who strongly agreed was substantially higher than that which strongly disagreed (Figure 7).
Regarding the integrity of mail-order medications, 34.9% of respondents agreed they would be concerned about whether the medication they received was exactly the same as that which the physician had prescribed. A slightly higher percentage (46%) disagreed with this statement (Figure 8).

When asked if they would be concerned about the effects of heat, cold or moisture on their medications if they used a mail-order pharmacy, 41.8% indicated they would while 37% disagreed with this statement. Once again, the percentage of those who strongly agreed with this statement was significantly higher than those who disagreed (Figure 9).
A higher percentage of respondents agreed they would be concerned about waste when their prescriptions were changed or discontinued if they used a mail-order pharmacy than those who disagreed with this statement at 40.9% vs. 32.9%, respectively (Figure 10). The percentage of those who strongly agreed with this statement was more than twice that of those who strongly disagreed.

Nearly 60% of respondents agreed they would be concerned about getting their medications when they needed them right away if they used mail-order pharmacy. In contrast, only 26.4% disagreed with this statement (Figure 11).
In the event they were required to use a mail-order pharmacy, 62.9% of respondents agreed or strongly agreed they would be concerned about losing their freedom to use the pharmacy of their choice. Only 24.1% disagreed with this statement (Figure 12).

If required to use a mail-order pharmacy, 55.3% agreed they would be concerned about not having a pharmacist who knows them and the medications they take (Figure 13). In contrast, 26.8% of respondents disagreed with this statement.
FIGURE 13: Pharmacist Knows Me and My Medications (n = 662)

As illustrated in Figure 14, when respondents were asked if they would oppose a mandated mail-order option if it would cause the local community pharmacy they rely on for immediate medication needs to close, 83.7% said ‘Yes’.

FIGURE 14: Oppose Mandated Mail-Order (n = 637)
To assess the impact that geographic location has on seniors’ attitudes toward mail order pharmacy, each respondent was classified as either “rural” or “non-rural” based on their residential Zip Code and using the criteria employed by the Centers for Medicare and Medicaid Services (CMS). Responses to the 11 Likert-scaled survey questions were then recoded as numeric values and means were generated for both groups. Differences between means were then calculated using paired t-Tests and assuming heteroscedasticity of variance (Table 3).

Mean responses of seniors residing in rural Zip codes demonstrated significantly higher agreement with three statements related to concerns about lost or stolen medications, receiving the exact medication the physician prescribed and the effects of exposure to heat, cold or humidity. Two additional survey items (ability to speak with a pharmacist face-to-face and ability to obtain medications quickly if needed) approached statistical significance.

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\(^e\) [http://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html?redirect=/center/ambulance.asp](http://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html?redirect=/center/ambulance.asp)

\(^f\) Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly Disagree = 1
TABLE 3: Rural vs. Non-rural Respondents

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>N</th>
<th>Rural Mean</th>
<th>SD</th>
<th>N</th>
<th>Non-rural Mean</th>
<th>SD</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting prescriptions by mail is less expensive than getting them filled at a local pharmacy.</td>
<td>142</td>
<td>3.35</td>
<td>1.23</td>
<td>490</td>
<td>3.49</td>
<td>1.12</td>
<td>.1041</td>
</tr>
<tr>
<td>If I used a mail-order pharmacy I would be concerned about running out of my medications.</td>
<td>145</td>
<td>3.07</td>
<td>1.42</td>
<td>51.</td>
<td>3.03</td>
<td>1.29</td>
<td>.3817</td>
</tr>
<tr>
<td>If I used a mail-order pharmacy I would be concerned about whether I fully understood my medications and how to take them.</td>
<td>145</td>
<td>2.78</td>
<td>1.31</td>
<td>509</td>
<td>2.72</td>
<td>1.24</td>
<td>.3049</td>
</tr>
<tr>
<td>If I used a mail-order pharmacy I would be concerned that I could not talk face-to-face with a pharmacist.</td>
<td>144</td>
<td>3.24</td>
<td>1.34</td>
<td>514</td>
<td>3.06</td>
<td>1.31</td>
<td>.0695</td>
</tr>
<tr>
<td>If I used a mail-order pharmacy I would be concerned that my medications could be lost or stolen.</td>
<td>144</td>
<td>3.21</td>
<td>1.34</td>
<td>512</td>
<td>3.00</td>
<td>1.27</td>
<td>.0443†</td>
</tr>
<tr>
<td>If I used a mail-order pharmacy I would be concerned about whether I was getting the exact medication my doctor ordered.</td>
<td>142</td>
<td>3.08</td>
<td>1.34</td>
<td>515</td>
<td>2.86</td>
<td>1.29</td>
<td>.0405†</td>
</tr>
<tr>
<td>If I used a mail-order pharmacy I would be concerned about the effects of excessive heat, cold or moisture on my medications.</td>
<td>144</td>
<td>3.29</td>
<td>1.31</td>
<td>516</td>
<td>3.08</td>
<td>1.26</td>
<td>.0396†</td>
</tr>
<tr>
<td>If I used a mail-order pharmacy I would be concerned about waste when my medications are changed or discontinued.</td>
<td>144</td>
<td>3.21</td>
<td>1.22</td>
<td>513</td>
<td>3.15</td>
<td>1.18</td>
<td>.2996</td>
</tr>
<tr>
<td>If I used a mail-order pharmacy I would be concerned about getting my medications quickly when I need them right away.</td>
<td>143</td>
<td>3.66</td>
<td>1.26</td>
<td>514</td>
<td>3.48</td>
<td>1.26</td>
<td>.0635</td>
</tr>
<tr>
<td>If I were required to use a mail-order pharmacy I would be concerned about losing my freedom to use the pharmacy of my choice.</td>
<td>144</td>
<td>3.71</td>
<td>1.33</td>
<td>517</td>
<td>3.65</td>
<td>1.29</td>
<td>.3305</td>
</tr>
<tr>
<td>If I were required to use a mail-order pharmacy I would be concerned about not having a pharmacist who knows me and the medications I take.</td>
<td>145</td>
<td>3.54</td>
<td>1.34</td>
<td>517</td>
<td>3.51</td>
<td>1.28</td>
<td>.3746</td>
</tr>
</tbody>
</table>

†Difference between means p < .05

The 533 respondents who indicated they would oppose mandated mail order if it would cause their local pharmacy to close were asked to indicate the highest level of risk they would be willing to accept by circling the appropriate value on the following visual analog scale.

I would oppose a mandated mail-order option if the risk that it would cause my local pharmacy to close were any higher than (circle the appropriate value below)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
<td>70%</td>
<td>80%</td>
<td>90%</td>
</tr>
</tbody>
</table>

MENTORx 16 Mandatory Mail-Order Pharmacy
Of the 482 responses that were received to this question, the risk that respondents were willing to accept averaged 42.2%. Thus, on average, respondents indicated they would oppose mandatory mail order if there were greater than about a 4-in-10 chance that it would cause the loss of their local pharmacy, i.e., less than a 50:50 chance.

**Respondent Comments**

When survey respondents were asked to describe how the loss of their local community pharmacy would affect them, 265 (39.6%) provided written comments that cited a total of 402 negative effects. These anticipated effects of local pharmacy closure were subsequently classified according to their core themes (Figure 15).

![How would losing your community pharmacy affect you? (n = 402)](chart.png)

**FIGURE 15: Effect of Local Community Pharmacy Closure**

Inconvenience resulting from the effort required to secure an alternative pharmacy (22.9%) and reduced access to medications for urgent or acute care situations (21.9%) represented the most frequently cited negative effects of local pharmacy closure. The loss of a valued personal relationship with the pharmacist was cited by 14.9%, followed closely by, and often paired with, feelings of worry, fear, stress or sadness (13.7%).

More than one in ten (10.7%) respondents cited concerns that the loss of the local community pharmacy would adversely affect the quality of their health care, and 6.2% indicated it would have a negative impact on their community’s health or economic viability. The loss of other (i.e., non-prescription) products and services that seniors rely on their local community pharmacy for was mentioned by 4.2% of respondents, underscoring the importance of the community pharmacy for a fulfilling a variety of additional needs. The fear that losing their local pharmacy...
would lead to higher prices for their prescription medications was cited by 4.0%, and 1.5% simply indicated that losing their local pharmacy would make them angry. Representative comments for each category of anticipated effect appear in Table 4.
### TABLE 4: Sample Comments on the Effects of Local Community Pharmacy Closure

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sample Comments</th>
</tr>
</thead>
</table>
| Inconvenience / access to another pharmacy | (1) Would have to go to another town to fill my prescriptions. Very inconvenient especially in winter when roads are snowed in or icy.  
(2) I would have to search for another pharmacy that's close because I don't drive. |
| Reduced access to urgent, acute or trial meds | (1) I would have to travel 50 miles to the next [pharmacy].  
(2) Having to drive further for medicine that might need in an emergency situation. |
| Loss of personal relationship with RPh      | (1) I have used the same pharmacy for 16 years. We are on a first name basis. When I see my internist during the 10-15 min he does not look at me. Never calls me by Mrs. or my first name - after 15 years! In too big a hurry to listen to questions. When I have questions regarding side-effects of my meds I call and talk to my pharmacist. I trust his advice. He is my friend. No stranger on the phone can accomplish the same results or peace of mind for me.  
(2) My local pharmacist cares about me and my family. I am not a number, I am a person. |
| Worry, fear, stress or sadness             | (1) I wouldn't know what to do. Am too old for change and to learn new stuff.  
(2) I would be extremely concerned. |
| Reduced quality of care                     | (1) There are other pharmacies in the area that I could use but I value the relationship I have with my pharmacist. He has been very vigilant about the medicines my family has received in the past and averted a potential problem because of his care.  
(2) I rely on my relationship with the local pharmacy to answer my questions I have about the interaction of medications and over the counter medications for both my husband and myself. |
| Negative local economic / community impact  | (1) Our town needs small businesses to add to the tax base and one of the owners is director of our local senior center which I do use frequently. These people also offer meds brought to your door - wonderful if you are disabled.  
(2) There are enough people out of work without putting the local pharmacy out of business. |
| Loss of other pharmacy products and services| (1) I live in a small city (12,000 people). While I do not use our family owned drug store for prescriptions, I do go there for other things.  
(2) advice often provided re: non-prescription drugs |
| Increased cost of meds or travel            | (1) I would have to pay more for two of my drugs.  
(2) [On mail order, I am] only able to order a 3-month supply at a time which increases the cost especially when in the donut hole. |
| Anger                                      | I would be pissed off! |
Finally, when respondents were asked if they wished to share any additional comments or concerns about mail-order pharmacies or prescriptions, 238 (35.6%) provided written comments. Each comment was reviewed to determine whether their attitude toward mail-order was positive, negative or both (Figure 16). Comments were subsequently subjected to content analysis to categorize each comment by theme (Figure 17).

**FIGURE 16: Attitude toward Mail-Order Pharmacy**

As illustrated in Figure 16, the majority of comments that were received (71.4%) expressed a negative attitude toward mail-order pharmacy. In contrast, 17.1% were positive and another
11.3% contained both positive and negative elements. Thus, 82.7% of comments contained one or more concerns and/or negative attitudes toward mail-order pharmacy while 28.5% contained one or more positive themes.

The most frequently expressed concern about mail-order (Figure 17) was seniors’ philosophical opposition to any mandate that would limit their right to use the pharmacy of their choice (30.8%). Of the 96 comments that mentioned this theme, the term “un-American” or a close facsimile was used frequently. Previous negative experiences with the use of mail-order pharmacy were cited in 15.7% of comments, often paired with one or more specific examples.

A frequently cited specific concern with mail-order was the timeliness or reliability of delivery (9.3%), especially during vacations or seasonal travel during which seniors may not have a consistent mailing address. Another frequently cited theme was concern about the accuracy of prescription processing and the quality or integrity of medications dispensed from mail-order pharmacies (8.0%). Complicated, confusing or inflexible procedures used by mail-order pharmacy was mentioned in 7.4% of comments with concerns regarding the unhelpfulness of customer service personnel and inflexible automatic refill policies being commonly cited examples. Other concerns related to a distrust of the US Postal Service or other delivery services (3.5%), excess or unneeded medications being dispensed (2.9%), and concerns about the theft of medications from mailboxes (1.9%). Representative comments for each category of concern expressed in respondent comments appear in Table 5.
### TABLE 5: Sample Comments on Mail-Order Pharmacy

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sample Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oppose mandates / value right to choose</td>
<td>(1) It should not be MANDATED. This IS the U.S.A. isn't it? (2) Mail order should only be an option not a requirement!!!!</td>
</tr>
<tr>
<td>Like mail order and/or positive past experience</td>
<td>I like mail order for reg. prescriptions for the convenience of a 90-day supply and the no cost. But would not want it for ALL prescriptions.</td>
</tr>
</tbody>
</table>
| Negative past experience with mail order   | (1) We had mail order at one time. Getting our meds was like pulling teeth. You never knew if they would receive by the time you needed them. I strongly oppose mail order.  
(2) Tried it - worst mistake I ever made toward my health. [Mail-order Pharmacy] talked a pretty picture but failed in every respect of delivery - meds left in 115 degrees heat of mailbox for days at a time - no results when I complained via phone, not to mention I had to speak with a non-English speaking person - total frustration. |
| Timeliness and reliability of delivery     | (1) My rural postal delivery is made to a box 600 ft from my house. Since delivery times are not consistent, I could not be alert to the prescription arrival. I cannot see the box from my house. I have experienced not receiving my mail order prescription when they were ordered in sufficient time. Thank god for my local pharmacist. |
| Dispensing accuracy or quality/integrity of meds | (1) I have used mail order for years. What I hate is the fact this year they have changed what Rx I was taking and ordered by my doctor stating they no longer carry this Rx by my plan. They sent me + charged high co-pay for a Rx I have tried and doesn't work for me.  
(2) I live in a hot and humid place. I am not always home on time or sometimes travel out of town for a couple of days and when I get home my medicines that I used to get mailed have been sitting in the HOT mailbox. Once my ointment had burst out of its container and made a mess in my mailbox. My pill bottles are wet inside with humidity. It is not safe to take those pills. |
| Complicated, confusing or inflexible procedures | I do not use a computer. I am afraid of running out and not understanding the phone conversations. |
| Distrust USPS or other delivery service     | (1) Need to consider changes in USPS  
(2) The weather is a big factor where I live. Extreme cold and snow could delay delivery. |
| Excess or unneeded meds and/or waste        | Do not like auto refills as they send drugs not needed any longer and they are not returnable. |
| Concern about security/theft of meds        | If I had to order by mail I am afraid the package would be stolen from my front porch because we have a lot of that in this neighborhood. |
Summary
A national survey of Medicare-eligible Americans found that over 60% rely on community pharmacies for most of their prescription medication needs. While most seniors recognize some benefit to having a voluntary mail-order pharmacy option, the majority oppose making such a provision mandatory for a variety of different reasons. Moreover, seniors are relatively risk averse when it comes to the loss of their local community pharmacy indicating that, on average, they would oppose a mandatory mail-order provision if there were greater than about a 4-in-10 chance that it would lead to the closure of their local pharmacy.

The Contractor
The contractor for this project was Desert Mentors, LLC, d/b/a MENTORx. The managing partner for MENTORx is Michael T. Rupp, PhD. He may be contacted at desertmentors@earthlink.net.

References
10. J.D. Power and Associates 2012 U.S. Pharmacy StudySM