Bringing the pharmacist forward

While forward pharmacy has the general seal of approval across the industry, its implementation has mostly been on an ad-hoc basis. Retail Pharmacy looks at how the next stage of pharmacy practice is being approached.

By Will Marquand.

Best foot forward

National Pharmacies is trialling two forward-pharmacy models as the group looks to the future of pharmacy practice.

General Manager Dispensary and Logistics Neale Burton is the former chief pharmacist of the Australian Defence Force. He says that while there is much enthusiasm for forward pharmacy, the processes behind it must be well established if it is to succeed.

“The theory of it is easy, but making it happen is the challenge,” he said.

“You can’t just put a pharmacist out on the floor and say you’ve implemented forward pharmacy,” National Pharmacies has been trialling forward-pharmacy models in eight of its stores over the past few months. It has used two different but non-exclusive models: express dispensing points, which it calls ‘pods’, to speed the process of dispensing and provide enhanced opportunity for dispense counselling; and ‘consulting pharmacists’ who deal with customers in the scheduled medicines area and have no dispensing duties while performing this role. Both roles are also well placed to better promote professional services directly to eligible customers.

“The express dispense point is mostly used for single-item scripts or two-item repeats – things that are relatively quick to process,” Mr Burton said.

“Rather than sending scripts to the back of the store, the customer can be directed to the express dispense point, where the pharmacist does the dispensing on the spot. It has moved forward some of the work previously done at the often cluttered back bench, making the process much quicker for the customer while giving them increased opportunity to interact with the pharmacist.

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"The consulting pharmacist is out on the shop floor patrolling, choreographing and organizing the flow of traffic while consulting with customers and promoting services.

"By having the pharmacist on the floor, they can overhear interactions between assistants and customers and step in and/or initiate conversations with customers. "There’s always an opportunity to ask questions, to value-add or to offer alternative solutions and services in the scheduled medicines area."

Communication

The obvious advantage of positioning the pharmacists in these advanced positions is the greater opportunity it affords them to interact with the customer, which should in turn provide better chances for add-on sales and improved customer loyalty. This, however, places an enhanced emphasis on the communication skills of the pharmacist.

"The old model doesn’t encourage communication at all and may encourage poor practices, like attempting to carry on a conversation over the processing bench," Mr Burton said.

"The new model absolutely does, but it requires skills from the pharmacist because, initially, not all customers may be comfortable talking to the pharmacist about what they might perceive as everyday health requirements."

National Pharmacies has focused on its pharmacists’ ability to make a connection with their patients through the forward-pharmacy implementation process.

"There are some skills to learn and we put our forward pharmacists through customer service training that is focused on working on asking open questions, introducing yourself, being personable and all of those important little things that perhaps you’ve let slip,” Mr Burton said.

“You don’t have to be an extrovert, but you have to be comfortable talking to people. You have to be comfortable initiating a conversation and using open-questioning techniques. If you’re asking questions and all the responses are ‘yes’ or ‘no’, forward pharmacy can be very hard.”

Dispensing

Of course, putting the pharmacist on the floor means taking them out of the dispensary. That necessitates a change of workflow operations, and Mr Burton believes getting these processes right is essential to enable forward pharmacists to have the time and space to perform the role.

"The final check for accuracy and the final counselling of the customer are the steps in the dispensing process that can’t be delegated,” he said.

"However, the production line in the middle – the selecting of the stock, the input of information, the printing of the label and the assembly of the product – is all processing work and ideally the pharmacist should be involved in that as little as possible. That’s why you need dispensary technicians.

"It’s important to get the pharmacist to trust the technicians and to employ good technicians. It’s no good if every second prescription gets sent back because there’s some kind of error. The system really shows up the value of dispensary technicians and the important work they do.

"You need to make sure your technicians have the knowledge, skills and experience to handle the processing of most prescriptions with minimal supervision, to free up the pharmacist to move to the end of the process."

It can be difficult for some pharmacists to adapt to this process, but Mr Burton says even the most hesitant grow in confidence with every successful customer interaction.

"The best way to convince people about the change is for them to observe the positive way that customers react,” he said. “When they notice that script waiting times are declining, or when they become more engaged with the customer, then most pharmacists want to get more involved."

Results

The real question amid all of this change is whether it is producing any tangible value.

"Our vision is to have forward pharmacy in all of our stores but we’re still seeing how it pans out financially,” Mr Burton said.

"The overwhelming early feedback we’re getting is that the customers love it, and if that leads to increased loyalty or customer ‘stickiness’, then we have a better way of doing business. I’m confident that we can demonstrate that within the next six to 12 months.”
A theoretical understanding

UTS’s Professor Charlie Benrimoj believes that pharmacy practice cannot truly advance without a strong academic foundation to support it.

An ardent supporter of forward pharmacy and pharmacy services, Professor Benrimoj, who is UTS’s Head, Graduate School of Health, and a Professor of Pharmacy Practice, says that many pharmacies have difficulties introducing new standards of practice because they don’t have a theoretical grounding in implementation.

“We haven’t taught implementation of professional services at universities as a major theory,” he said.

“Because of this, people have developed strategies that are not evidenced-based. The subsequent impact is that some succeed in implementing them through chance and experience, but the majority either fail or have many more problems than they need to have. Or they develop interventions that have less of an effect clinically and economically than they should.”

To demonstrate his point, Professor Benrimoj considers how many apparently successful pharmacist-patient interactions return only limited results.

“If you’re providing an adherence service but you’re not aware of the different models and theories of adherence, then when you communicate with a patient you may think you’re being effective but you’re not having any real impact,” he said.

“For a start you need to be able to identify the type of adherence issue the patient has. Let’s say it’s health beliefs – if you don’t know anything about the health-beliefs model or the necessity-concerns model then how can you deliver effective adherence advice?

“You can be a good communicator but not really know what you’re communicating about. You just communicate relatively simple messages that won’t change how people behave but you feel like you’ve done a good job because you’ve had a good conversation with the patient.

“It’s about the complexity of the intervention and knowing which types of interventions are effective and which are evidenced-based. Pharmacists are generally good communicators but it’s about what they communicate that will determine the impact they have.”

According to UTS’s annual survey of pharmacist attitudes – the UTS Pharmacy Barometer – 76 per cent of pharmacists see services as the greatest opportunity for community pharmacy over the next three years, but 64 per cent of pharmacies are looking at cutting staff costs as a means of replacing lost revenue from price disclosure.

This appears somewhat incongruous, but is reflective of Professor Benrimoj’s argument. While he acknowledges the difficulty of taking financial risks in the current climate, he believes pharmacies will need higher staffing ratios if they are to become the health destinations everyone talks about. However, to get to that stage, owners will need to have a better understanding of the benefits additional staff can bring.

“There’s a whole science behind implementation, but I don’t think we’ve taught 90 per cent of pharmacy owners and pharmacy practitioners,” he said.

“We’ve told them how to provide services – how to do an HMR or MedsCheck, and so on – but we don’t teach the theory and value of implementation and the issues and the barriers that they’re going to encounter without having a theoretical framework behind them.”

In particular, Professor Benrimoj criticises the inability of the industry to consider the big picture. This manifests in ideas and ‘single-strategy’ solutions that deal with only one aspect of a problem while leaving other areas untouched.

“Consider an HMR,” Professor Benrimoj said. “If you want to get into HMRs, apart from having accredited pharmacists as part of your strategy, you’ll need to have good collaboration with your GPs, you’ll need to market the program, you’ll need to have infrastructure support and everyone in the pharmacy will need to know about the program.

“There are probably six or seven key issues that need to be considered. You just can’t say I’m going to do HMRs, train the pharmacist in straight clinical knowledge and expect it to work.

“Just training people isn’t enough. Just providing a program isn’t enough. Nor is giving an incentive to a person to register for a program.

“You need to have the protocols and principles in place, you need to have a good business plan – a whole range of strategies that will work together in combination.”

Many may nod in agreement but while Professor Benrimoj may be training the next generation of pharmacy graduates to deal with these issues, many working pharmacists won’t have the resources to address any gaps in their education that might resolve the situation.

Professor Benrimoj thinks financial necessity will ultimately bring a better understanding of the new models to the forefront, but, in the meantime, he urges pharmacists to seek out better quality continuing education and to study the innovators who are doing well. Mostly, pharmacists need to have an understanding of change management if they are to implement new systems successfully.

“It’s all about understanding change,” he said.

“It’s about taking your current business model and changing it to a new model, but this is difficult as we’re in a very dynamic situation where people are suffering a lot already, economically.”

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A helping hand

Modern technologies can help deliver the time and space efficiencies required for forward pharmacy to succeed.

It’s not something pharmacists like to acknowledge but the workflow process of many dispensaries can leave a lot to be desired.

Research by management consultants The Next Level indicates that of the four minutes and 16 seconds taken to process an average script, the item sits idle on the bench or desk for two minutes, 14 seconds.

Meanwhile, the average script-bearing customer spends just 49 per cent (two minutes and 22 seconds) of this total dispensing time being engaged by members of the dispensing team. And, of that time, only 38 seconds is invested in proactive medicines or health counselling.
The rest is spent responding to the inquiring customer, or in general conversation.

“There’s more time spent processing a single-script item than engaging the customer,” Glen Guilfoyle, Principal at The Next Level, told delegates at the 2014 APP conference.

He estimates that the average pharmacy could increase sales by $700,000 per annum if they maximised their dollars-per-customer transaction ratios through spending an increased amount of time on health and medicines counselling.

It’s a bold prediction, but it sets a benchmark for what modern pharmacy practice can achieve and helps shine a light on the need for improved dispensary operations.

Perhaps the clearest route towards achieving these is through better use of modern technology.

Consider electronic dispensing: while most pharmacies are now familiar and comfortable with electronic scripts, the potential advantages of patients submitting scripts via their smartphones or tablets are yet to be fully embraced.

Electronic script provider eRx launched its market-leading mobile script delivery app, eRx Express, in October 2013. Jason Bratuskins, eHealth Product Manager at Fred IT Group and a pharmacy owner, says the system can save time for both pharmacists and customers.

“The app allows patients to order their prescriptions ahead of time, allowing pharmacists to prepare the medication in advance without compromising patient safety and quality of service,” Mr Bratuskins said. “This saves their patients time and also provides pharmacists with an alternate method of communicate with customers.

“eRx Express also enhances dispensary workflow by providing a prescription queue for the pharmacy. This will become increasingly important to the dispensing process as we move into paperless prescriptions.”

Then there is automated dispensing.

“For this to happen you need time and space, and that’s where a robot comes in.”

The Next Level team has been conducting research on the efficiency of more than 70 community pharmacies with Willach’s Consis dispensing machine installed. Initial findings indicate:

• Consis dispensaries can process 25 per cent more Rxs per $100,000 cost per annum than traditional dispensaries.
• Consis dispensaries are able to process 100,000 Rxs with 25 per cent less FTE staff than a traditional dispensary.
• Consis dispensaries process Rxs in two-thirds of the time of a traditional dispensary.
• More than 95 per cent of customers remain in-store after dropping off scripts in Consis dispensaries, compared with around 50 per cent in traditional dispensaries.

“The significant rise in in-store customer retention is particularly important, as this then provides additional revenue opportunities,” Ms Stybowski said.

“Automated systems also bring about changes in the work environment through providing highly compact storage. Reducing the dispensary footprint can allow for the inclusion of consulting rooms and the reconfiguration of counters.

“There’s the possibility of allowing the pharmacist to stand at a forward counter with the robot delivering the medicine directly to that workstation. This change in the workflow is what allows the pharmacist to practice forward pharmacy in a seamless and efficient manner.

“There’s strong evidence that automation benefits both dollars per square metre of retail and dollars per man hour worked. There are also significant financial benefits to be gained from a dispensary that gives the pharmacist the time and space to increase customer engagement.”

Once this time and space have been created, Mr Bratuskins foresees pharmacists moving away from fixed locations in the store, becoming a more mobile figure delivering care and advice wherever it is required.

“In this continually evolving world, it’s interesting to see that the pharmacist is still wedded to the dispensary and desk,” he said.

“The next-generation pharmacy system has to allow the pharmacist to be freed up from the desk and interact with their patients. Patient health is about more than just safe dispensing; it’s also about being able to consult with your patient and have more time to understand their situation and environment.

“The use of mobile devices such as tablets and smartphones will be important in allowing the pharmacist to achieve this. They’ll definitely become more of a ‘must have’ than a ‘nice to have’.”

“With a mobile pharmacy solution, the forward pharmacist has access to a patient’s health data in-store when needed, ensuring they have the relevant information they need to provide a more hands-on approach to their patient’s health.”
What future for the pharmacy assistant?

As pharmacists move onto the shop floor, will they displace pharmacy assistants, or can the two work together side by side?

This is a thorny question, particularly as PAs are popular and familiar members of staff who are greatly appreciated by the public, and there is no suggestion that they are going to disappear; there will always be shop duties to be performed and the more commercial pharmacy models will continue to rely on PAs.

Still, pharmacies positioning themselves as health destinations will be more reliant on pharmacists working in front of the dispensary, and these people will take over some of the traditional function of PAs. Then, if the wage gap between roles narrows further, it is not hard to imagine owners opting to employ qualified pharmacists ahead or instead of an assistant.

“The feedback I’ve received from members is that there are a number of pharmacy owners who’ve strongly considered hiring a pharmacist over a PA,” Pharmacy Guild Victorian Branch President Anthony Tassone said.

“The main driving factor for this is the supply of pharmacists available but, despite there being a reported oversupply, there are still a number of owners who report that they face challenges in recruiting high-quality pharmacists, so, depending on the area, we may not be at the tipping point yet.”

Mr Tassone believes that, rather than being displaced, PAs can play a more valuable role working in tandem with the pharmacist.

“I think that in the ideal pharmacy model we’re looking at we’ll see the PA working more closely on the floor with the pharmacist and the customer for a more intimate interaction,” he said.

“Having the pharmacist on the floor should allow the PA to easily and quickly refer to the pharmacist if necessary. If pharmacy embraces the changing face of pharmacy, with a huge focus being put on professional health services, PAs must catch onto this momentum and increase their knowledge base. However, with pharmacists cutting costs in their stores, there’s less money to offer staff education – PAs must take control and invest in their own futures.”

Recent research bears Ms Uden’s argument out. A poll conducted by Pharmacy Insights, a partnership between ACA Research and iLearning Group — creators of Pharmacy Club and Pharmacist Club — indicates that while most PAs are encouraged and directed by their managers to take training (61 per cent) only 33 per cent have formal training scheduled. On average, PAs undertook 13 hours of training over a six-month period with 77 per cent of this done online.

These levels may not be enough to lift PAs to a higher level of performance, but if they can achieve that, leading pharmacist Nick Logan believes they can start taking a more substantial role.

“If pharmacy embraces the commercial benefits of an enhanced supply of scheduled medicines and efficient professional services, then there’s the possibility for the role of pharmacy assistant to become more of a career,” he said.

“Just as there’s a space for a nurse in clinical surgeries, there’s space for pharmacy assistants who manage professional services. They can be involved in the logistics and recruiting and this can lead to more satisfying and specialised jobs.”

For more information about Pharmacy Insights, visit: www.pharmacyinsights.com.au or call 02 9954 4618.