

### A PRACTICAL CE SERIES FOR PHARMACISTS SEEKING TO SUSTAIN AND BUILD AN EXPANDED SCOPE OF PRACTICE

#### Learning Objectives

Upon successful completion of this lesson, you should be able to:

1. Identify and describe seven key barriers to the marketing of, and billing for, expanded pharmacy services
2. Identify various methods for the marketing of pharmacy services
3. Describe the key elements for the successful marketing of services, using clear, attention-getting language
4. Describe how to bill for services, including approaches for determining a fee structure and the creation of an invoice/tax receipt
5. Identify key lessons on how to bill for expanded services, drawing from the experiences of two practising Canadian pharmacists

#### Instructions

1. After carefully reading this lesson, study each question in the post-test and select the one option you believe is the best answer. Although more than one option may be considered acceptable, only one option is the best answer.
2. To pass this lesson, a grade of 70% (14 out of 20) is required. If you pass, your CEU(s) will be recorded with the relevant provincial authority(ies). (Note: some provinces require individual pharmacists to notify them.)

#### Answering options

- A. For immediate results, answer online at [www.pharmacygateway.ca](http://www.pharmacygateway.ca).
- B. Mail or fax the printed answer card to (416) 764-3937. Your reply card will be marked and you will be advised of your results within six to eight weeks in a letter from Rogers Publishing.

### A FREE CONTINUING EDUCATION LESSON

## Marketing & Billing for Expanded Pharmacy Services

By Rhonda Dorren, B.Sc.Pharm.

### Introduction

Many pharmacists have enhanced their scope of practice and are now providing clinical services that five or 10 years ago would have seemed like impossible aspirations.<sup>1</sup> Pharmacists are increasingly recognized as primary healthcare practitioners, ideally situated for both prescription/nonprescription drug-therapy management and self-care counselling. Recent reports commissioned by the federal and provincial governments suggest that pharmacists should be utilized to a greater extent in primary care in order to relieve pressure on the healthcare system, improve patient outcomes and reduce overall costs.<sup>2,3</sup> However, there is also growing awareness that clinical services offered by pharmacists are not sustainable without adequate revenue generation.<sup>4</sup> Thus, pharmacists need to not only acquire the knowledge and skills necessary to deliver clinical services that meet patients' needs, but also to market these services and charge for them.<sup>1</sup>

According to data provided by The Canadian Institute for Health Information (CIHI), provincial and territorial government health spending totalled \$148 billion in 2006.<sup>5</sup> Additional studies in Canada and abroad have shown that regular use of self-care products and services can significantly reduce the risk of certain medical conditions, thereby reducing both long- and short-term healthcare costs.<sup>6</sup> Phar-

macists can play a vital role in helping patients manage their health.<sup>7-9</sup> Consultations with pharmacists not only improve health outcomes but reduce annual medical costs, absenteeism and disability, and increase productivity, thereby benefiting the patient, employer and healthcare system in general.<sup>10-14</sup> Canadian studies such as the Cardiovascular Risk Intervention by Pharmacists (SCRIP), which demonstrates the benefit of pharmacist involvement in screening patients with high cholesterol, help to solidify the foundation for general acceptance of expanded pharmacy services.<sup>15</sup>

New legislation is also laying the foundation to support expanded pharmacy services. In December 2003, the Canada Revenue Agency ruled that pharmacists' health-related consulting services are eligible for medical-expense tax credits.<sup>16</sup> Thus, Canadians can now claim the cost of pharmacy services on their personal income tax returns. Province by province, governments are re-examining health regulations and policies, and addressing the need to change the scope and patterns of pharmacists' practice (examples include Ontario's Meds Check program and prescribing privileges for pharmacists in Alberta).<sup>17</sup>

For patients, the benefits of expanded pharmacy services include personal empowerment, a feeling of safety and increased drug and lifestyle knowledge.<sup>18</sup>

### Practice CHANGE Solutions

is a series of CE lessons dedicated to helping pharmacists map out a long-term, resource-based plan to create and sustain an expanded scope of pharmacy practice. While each lesson can stand on its own, they are designed to build upon each other, in the order in which they are published. The full series is as follows:

**Lesson 1:** Change Management & Needs Assessment in Pharmacy Practice (June 2007)

**Lesson 2:** Market Analysis & the Expansion of Services in Pharmacy Practice (September 2007)

**Lesson 3:** Essential Business Principles in Preparation for Expanded Services in Pharmacy Practice (November 2007)

**Lesson 4:** Marketing & Billing for Expanded Pharmacy Services (February 2008)

Note: CCCEP accreditation pending for Lessons 2 to 4 (inclusive)

## Get your CE results instantly!

Online answering and accreditation available at [www.pharmacygateway.ca](http://www.pharmacygateway.ca).

## Barriers

### 1. FINANCIAL REALITY

Without compensation, it is not financially feasible for pharmacists to provide innovative pharmacy services over the long term.<sup>19</sup> Currently, 42% of community pharmacists say they personally provide special pharmaceutical-care services to patients. Of those, only 19% charge extra for these services.<sup>20</sup>

Considerable psychological barriers stand in the way of pharmacists charging for services. These include fear of asking, complacency and the belief that patients will not pay for pharmacy service. Some pharmacists also believe customers should not have to pay extra. Yet dispensing fees are not sufficient to sustain the business of pharmacy, let alone expanded services. While day-to-day dispensing activities will continue in accordance with current standards of practice, innovation requires additional revenue streams.<sup>20</sup>

Until pharmacists start charging for expanded services, consumers won't realize there is a real value to the service. Providing specialty services for free lessens their perceived worth, and fails to deliver the message that the perceptions of other professionals and payers need to change.<sup>20</sup> Given Canada's universal healthcare system, Canadians are not accustomed to paying out of pocket for services, which poses a potential obstacle to billing for pharmacy services that extend beyond dispensing.

Transitioning to a system where payment is based on providing a service rather than selling a product is difficult. Pharmacists must become comfortable talking about pharmacy services and their costs.<sup>21</sup> Aggressive sales techniques are neither necessary nor appropriate, but pharmacists will need to be able to clearly and confidently discuss the features, benefits and price of their services.<sup>19</sup>

### 2. TIME AND RESOURCE CONSTRAINTS

Before pharmacists can charge for expanded services, they need to be able to offer those services consistently. Lack of time and resources are barriers to overcome. In day-to-day practice, pharmacists would welcome a shift from dispensing to prescription counselling (Table 1).<sup>20</sup> As well, 87% of pharmacists would like to see the role of the technician expand, particularly in the areas of claims adjudication, inventory management and technology maintenance.

Automated solutions such as dispensing technologies offer time-saving options to improve pharmacy productivity and increase patient safety. More than a third (37%) of pharmacists use personal digital assistants (PDAs), and 54% use patient-care documentation software.<sup>20</sup> Studies have demonstrated that the time-saving benefits outweigh the costs of investing in technology, as evidenced by initiatives such as a cardiovascular wellness program and a wellness centre.<sup>22,23</sup>

### 3. CREATING OPPORTUNITIES

Pharmacists need to ask themselves what they and their staff are passionate about. Pharmacists should seize the opportunity to take advantage not only of their own skills but also those of staff, creating concepts for the pharmacy and determining how to adopt them effectively.<sup>24</sup> While certification and

#### TABLE 1

From reality to ideal how would you like your time divided?

	Reality	Ideal
Dispensing	40%	23%
Prescription counselling	21%	31%
Nonprescription counselling	12%	16%
Special pharmaceutical care services	4%	12%
Other (administration, claims adjudication, talking with doctors, frontshop issues, research)	23%	18%

Source: Trends & Insights 2007 Survey of Pharmacists (n=857; moe ±2.7% 19/20)

#### TABLE 2

Top five pharmacy services (among the 42% of community pharmacists who provide expanded services)

1. Medication management/ drug utilization review	49%
2. Diabetes-related care	47%
3. Drug-therapy management for seniors	34%
4. Smoking cessation	30%
5. Hypertension management	29%

Source: Trends & Insights 2007 Survey of Pharmacists (n=857; moe ±2.7% 19/20)

education are key components to expanding the scope of expertise, it is passion that will drive success. Patients do not care how much you know until they know how much you care.<sup>25,26</sup>

Community pharmacists already recognize the gaps in day-to-day patient-care services. For instance, 66% believe their own pharmacy should be doing more to improve patient adherence to prescription drug therapy, and 83% believe community pharmacists should be spending more time with patients in general.<sup>20</sup>

When thinking of what expanded services to offer, be specific and offer services that consumers need.<sup>27</sup> Weight-management programs, for example, can be an excellent reimbursable service since consumers are accustomed to paying for commercial weight-loss programs, such as Weight Watchers and Jenny Craig.<sup>27</sup> Moreover, despite the documented health benefits of weight loss, health insurance plans may not cover weight-management services, and patients therefore may not expect third-party reimbursement for them.<sup>19,28</sup>

Pharmacists can also look to current trends in the profession to identify the specialty services that are most in demand (Table 2). For example, of the 42% of community pharmacists providing expanded

services, medication management and diabetes-related care are the most popular services.<sup>20</sup>

### 4. PLANNING AND IMPLEMENTATION

Unless a program for expanded services is well planned and executed, it is inadvisable—and counterproductive—to market or bill for these services. The greater the time and attention spent preparing the program, the higher the likelihood it will run smoothly, and that consumers will pay for it. Allow six months to a year to plan, implement and evaluate the program.<sup>29</sup>

The first three lessons in this "Practice Change Solutions" CE series outline how to plan and implement expanded pharmacy service programs (see page one of this lesson for their titles). To summarize their key recommendations:

- 1) Conduct a needs assessment.
- 2) Evaluate and restructure the practice site.
- 3) Set goals and timelines.
- 4) Write a business plan.
- 5) Invest in resources (e.g., new technology, staffing).
- 6) Develop materials and program(s).
- 7) Determine marketing activities.
- 8) Evaluate and adjust as required.

### 5. COMMUNICATION

Pharmacists should not apologize for charging for pharmacy services. Pharmacists who appear guilty, uncertain or ill at ease about their pricing policies send the wrong message to potential patients or collaborating health professionals. Speaking with confidence about services and fees, and clarifying professional competency, help to convey their value and importance (Table 3).<sup>19</sup>

Communication is essential for patient care, and that extends to charging for services. By listening, acknowledging and remaining open-minded during interactions with patients, pharmacists can cultivate a patient-centred practice and are most likely to achieve success, both in health outcomes and payment for services.<sup>30</sup> Persistence is also important when communicating billable services. Pharmacists should not stop offering a service, or stop billing for a service, if patients do not pay right away. The Trends & Insights survey asked pharmacists who bill for services what other pharmacists should do to overcome their feelings that patients won't pay, and the most common suggestion was to "keep offering the service and people will eventually see the benefits."<sup>20</sup>

### 6. IDENTIFYING THE PATIENT

The adage, "If you build it, they will come," does not necessarily apply to pharmacy services. While potential clients may present themselves each day, and successful pharmacy services can assist in attracting new patients, pharmacy staff need to be aware of which patients can be approached to receive expanded services. An analysis of local demographics, including common disease states in your patient files, as well as the distribution of a self-administered medication and/or health-risk-assessment questionnaires, may complement common practices for identifying and referring patients for pharmacy services.<sup>31</sup> Well-designed and executed pharmacy-consultation services have demonstrated positive clinical outcomes

**TABLE 3** Dialogue examples regarding pharmacy services

Approach	Dialogue
Sounding tentative or apologetic about fees:	"Mrs. Webb, with all these prescription and nonprescription medications you're taking, I think you might benefit from sitting down with one of our pharmacists for a medication review session. Unfortunately, we have to charge for this service."
A more persuasive and positive way to state this information would be to say:	"Mrs. Webb, with all these prescription and nonprescription medications you're taking, you could benefit from a personal consultation with one of our pharmacists, who would review your medications with you. Our professional fee for this service is \$30."
Another key is to close the sale with confidence:	"This service takes about 20 minutes. We have the time now or we could schedule an appointment for you on another day this week."

Source: Bennet, et al. *J Am Pharm Assoc* 2000;40(6):747-55.

**TABLE 4** Pharmacy services patients may be willing to pay for

Pharmacy service	Clinical outcomes
Smoking-cessation interventions	Effective in helping smokers to quit <sup>32</sup>
Bone-mineral density (BMD) screening	Identification, education and referral of patients at risk for osteoporosis <sup>33,34</sup>
Counselling to improve medication adherence in patients with coronary risk factors	Increase in medication adherence, medication persistence and clinically meaningful reductions in blood pressure <sup>35</sup>
Pharmacist-managed lipid clinics	Satisfaction for patients and providers; help improve patients' LDL cholesterol, total cholesterol and triglyceride levels <sup>36</sup>
Weight-management services	Decrease in total body weight, body mass index (BMI) and risk of weight-related complications <sup>37</sup>
Asthma-care program	Implementation of strategies to ensure patient asthma care meets current standards of best practice and demonstrates improved asthma control <sup>38</sup>
Health-screening services in pharmacy-based wellness centres	Improved health monitoring <sup>39</sup>

**TABLE 5** Examples of collaboration with healthcare professionals

Healthcare scenario	Activity	Proven outcomes
Educate physicians	Scheduled appointments	Physician referrals and greater chance of pharmacist compensation <sup>43,44</sup>
Collaborate with physiotherapists	Participate in primary care	Reduce use of NSAIDs, high patient satisfaction, compensation <sup>45</sup>
Pain clinics	Prescribing authority	Favourable clinical outcomes, revenue generation, healthcare cost savings <sup>46</sup>
Cardiovascular risk-reduction clinic (CDTM: collaborative drug therapy management)	Participating in drug therapy, laboratory tests, assessing patients' responses to therapy, educating and counselling patients, administering medications	High-risk patients achieve goal low-density lipoprotein cholesterol level, satisfaction with pharmacist-managed clinic, compensation <sup>47</sup>

and financial gains for pharmacists as evidenced from controlled and uncontrolled trials (Table 4).

**7. COLLABORATION WITH OTHER HEALTHCARE PROFESSIONALS**

Pharmacists should be confident in demonstrating their expertise in expanded services to other healthcare providers, and form collaborations wherever

possible (Table 5). Unfortunately, pharmacists may not believe in themselves, may question whether their employers support them or may doubt that the patients' physicians accept their role. Placing the patient at the centre of care is essential to overcome these barriers. For example, the collaborative drug therapy management (CDTM) program, which requires professional partnering between physicians

and pharmacists for the management of drug therapy and disease states, is a celebrated case of successful collaboration.<sup>40</sup>

In their paper entitled, "Leading Change in Pharmacy Practice: Fully Engaging Pharmacists in Patient-Oriented Healthcare," award-winning Canadian pharmacists Dr. Ross T. Tsuyuki and Theresa J. Schindel, of the University of Alberta, suggest 10 strategies to move pharmacy practices toward a model that places the patient at the centre. Through research gathered at the Centre for Community Pharmacy Research and Interdisciplinary Strategies (COMPRIS, [www.epicore.ualberta.ca/compris](http://www.epicore.ualberta.ca/compris)), the authors recommend, among other actions, establishing a sense of urgency by communicating unmet patient needs to physicians, payers, healthcare policymakers and the general public.<sup>41</sup>

Physicians and other healthcare professionals are confused about what pharmacists do. Pharmacists should be direct and concise when consulting with physicians. The four critical guidelines for achieving a successful collaborative practice with a physician are:<sup>42</sup>

1. learn about the physician's practice and understand how best to improve patient care
2. initiate dialogue/relationship
3. inform physician of services available
4. establish trust/maintain communication

**Marketing expanded pharmacy services**

Marketing is essential for the success of expanded pharmacy services. Pharmacists should not underestimate the power of personal or word-of-mouth marketing, which capitalizes on developing long-term relationships with a targeted group of patients and other partners, such as physicians, to build a service.<sup>48</sup> Consider the model of pharmaceutical drug reps, who increase sales via their relationships with physicians. With finely titrated doses of friendship and frequent visits to targeted physicians—during which critical information is shared that can change prescribing (or referral) behaviour—pharmacists can manifest an outcome that is well worth the investment.<sup>49,50</sup>

Budget may dictate the other marketing activities that are deployed; there are inexpensive yet effective solutions (see List 1) and more costly options (List 2). In cases where historical data is lacking to guide the marketing plan, a variety of marketing methods should be attempted and eventually selected by process of elimination, based on their degree of success.

Patients who take advantage of the pharmacy service can be asked how they heard about the service and what sparked their interest to enrol. Collecting positive feedback is validating for pharmacists and staff, and can be a useful source of testimonials to include in tools such as brochures and presentations. Asking a physician or office nurse what benefit they see in certain services can also produce great marketing material. Ask both patients and healthcare professionals for permission to use their comments; patients often are flattered and may become great informal spokespersons. It is important to analyze the marketing initiatives and target efforts to the type of marketing that generates enrolment of the greatest number of people.<sup>29</sup>

**LIST 1****Examples of inexpensive and effective marketing initiatives**

- Signage/brochures
- Certain print media
- Bag stuffers
- In-house signage/posters
- Messages on receipts at the pharmacy
- Newsletters
- News release to a local newspaper
- Article(s) for a local community newsletter/free magazine
- Letter(s) to the editors of newsletters/newspapers
- Available for speaking engagements
- Partner with other consumer groups or organizations
  - Local gym, support groups
- Basic website/Internet initiatives

**LIST 2****Examples of more costly marketing initiatives**

- Community-wide advertising
- Newspaper advertising
- Television commercials/info ads
- Magazines, professional publication advertising
- Booths at conferences
- Sophisticated website
- Host information events

**Marketing messages<sup>19</sup>**

It is extremely important to use clear, attention-getting language when communicating your services to consumers. If necessary, hire a marketing or advertising consultant or work with marketing students at a local college to develop professional marketing messages that deliver results. Successful marketing messages will:

- Clearly communicate the customized service(s).
  - The pharmacy is positioned not simply as another weight-loss centre, but rather as a health-education clinic that offers a variety of solutions to help patients reach both their weight and therapeutic goals.
- Sell the sizzle. While a service's features are important and require mentioning, the benefits are the selling points to which people will relate.
  - i.e., Benefits answer questions like: "What's in it for me? Why should I care? How will my life be enhanced by buying your product or service?"
- Catch attention. This may be as simple as incorporating the strongest selling point into the headline or first sentence of the advertisement. Create thought-provoking messages.
  - e.g., Create a sense of urgency by using the format of a news announcement.
  - e.g., Use the words "how to" with an associated benefit ("How to quit smoking").
- Create a call to action. Make it absolutely clear what you want the prospect to do after hearing/seeing your message.
  - e.g., "Register today and begin your new journey," or "Call right now and get the support you need."
- Apply understandable logic. Point out the personal benefits and ways pharmacist services complement the care patients are currently receiving from

**TABLE 6** Examples of collaboration with healthcare professionals

Expanded pharmacy service	Fee	Example(s)
Time spent in each type of visit	Cost for time	\$2/min; \$60/30min; \$120/60min
Type of visit	Standard fee	\$50/education or consultation visit; \$35/bone density screening
Bundled service	Standard fee	\$300 initial consultation and two follow-up consultations

Source: Snella, et al. *Pharmacotherapy* 2004;24(3):372-88.

other healthcare providers.

- e.g., "It often takes smokers five to seven attempts to quit smoking. Pharmacy ABC's specially trained pharmacists will help you overcome your personal challenges and lessen the time it takes for you to quit. Our smoking cessation program will meet your individual needs."
- Infuse creativity. Create a slogan, a visual brand (using a professional graphic artist) or clever wording to add "pow" to messaging.
  - e.g., The Nike advertising slogan for athletic wear, "Just do it," has sold a lot of shoes.

**Billing for expanded pharmacy services**

Fee structures must be established for the expanded pharmacy services, which should then be charged consistently. Cash-paying customers must be charged the same as customers who may have third-party coverage. Fees may be set using various strategies such as the type of service provided or the time spent; prices often decrease with an increase in time billed (e.g., \$110 for 60 minutes versus \$60 for 30 minutes). This demonstrates increased value delivered for greater patient commitment (Table 6). Once the fees are established, charges should begin with the initial visit, with each patient that enrolls, and enacted consistently, without deviation.<sup>51</sup>

Pharmacists must provide participating patients with an official receipt (Figure 1) and, in applicable cases, submit a claim to third-party payers. Pharmacists may choose to submit a claim without prior authorization to third-party payers on behalf of the patient to investigate the possibility of payment (test billing), or payment may be requested from the patient directly.

In the past, pharmacists have resisted filing claims to insurance companies due to time constraints, lack of confidence in receiving payment, fear of change, fear of patient perceptions, potential creation of "turf wars" with other healthcare providers, and various other reasons. Today, an increasing number of benefit plans include "health-spending accounts," which employees/patients may use at their discretion to pay for services such as massage therapy and pharmacist services. Test billing, therefore, is increasingly worth the effort, and at the very least may create an opportunity to discuss the value of the service to third-party payers.<sup>51</sup>

Pharmacists may also choose to collect payment from the patient and deliver an accompanying letter outlining the patient profile, details of services and the fees. The patient then negotiates with their

insurance provider. When patients submit a letter with an invoice that is subsequently paid by their insurer, they generally follow up for more care.

Figure 1 gives an example of an acceptable receipt issued to patients who have received and paid for an expanded pharmacist service. Such documentation can be customized to an individual pharmacy, by including the store logo, for example. To be eligible for reimbursement, the document must include a unique receipt number, the name of the pharmacist who provided the service and his or her licence number and signature. The billing can be processed through the dispensing system and the Rx number used as the invoice reference number.

**Case study 1**

*Farid Wassef RPh, CCN*

*Memphis Star Health Services Inc.*

*Stouffville IDA Pharmacy*

*Stouffville, Ont.*

- Commencement of fee-for-service consultations: 1993
- Approximate number of patients receiving fee-for-service consultations: 20 per week

**CREDENTIALS AND BACKGROUND**

- Bachelor of Science in Pharmacy, Massachusetts College of Pharmacy in Boston, MA, 1989
- Fellowship in Applying Functional Medicine in Clinical Practice from the Institute for Functional Medicine in Gig Harbor, WA, 1999
- Certified Clinical Nutritionist, International and American Association of Clinical Nutritionists in Addison, TX, 2001
- Author of numerous peer-reviewed articles and continuing education courses
- Speaker to healthcare professionals across North America outlining evidence-based treatment options and patient-centred care for common respiratory diseases, chronic inflammatory disorders, the Metabolic Syndrome and other age-related diseases
- Co-author of *Breaking the Age Barrier: Strategies for Optimal Health, Energy and Longevity* (Penguin Publishing, 2003)
- 2006 Canadian Pharmacists Association Pharmacist of the Year

**CONDITIONS ADDRESSED UNDER FEE-FOR-SERVICE CONSULTATIONS**

- Common inflammatory disorders: arthritis, asthma, allergies, eczema, irritable bowel syndrome, Crohn's disease, ulcerative colitis, migraines, psoriasis

- Lifestyle/stress-related disorders: anxiety, depression, insomnia, chronic fatigue, fibromyalgia, headaches, GERD, PUD, chemical dependency (e.g., alcohol, caffeine, nicotine), functional GI disorders (e.g., bloating, constipation)
- Immune deficiencies: chronic or recurring viral infections (e.g., colds, flu, herpes, warts); bacterial/fungal infections (urinary tract, upper/lower respiratory tract, bowel); poor wound healing (e.g. pressure sores)
- Women's health: side-effect management of oral contraceptives, conception, pre/post natal care, PMS, menopause, osteoporosis, recurring vaginal yeast infection, urinary tract infections
- Chronic age-related diseases: metabolic syndrome, cardiovascular disease, diabetes, obesity, age-related macular degeneration, Alzheimer's

**FEE SCHEDULE AND HISTORY**

- Current fee of \$360 annually (includes the first visit plus up to 11 visits thereafter at approximately 30 minutes per visit for one year) or "pay-as-you-go" at \$60 per 30 minutes
- Initial fee in 1993 of \$180 per year; increased to \$250 per year (or \$45/hour) in 2005; increased to current fee of \$360 (or \$60/30 minutes) in 2006

**DESCRIPTION OF FEE-FOR-SERVICE CONSULTATIONS**

- Integration of the principles of evidence-based medicine, patient-centred care, health promotion and collaboration within the scope of pharmaceutical care and chronic-disease management
- Assessment of family history, personal medical history, functional health, lifestyle, diet and laboratory data (past five years or as far back as possible) to evaluate health status, understand risk factors and devise a treatment plan
- Use of various health questionnaires as well as patients' records via a journal of daily food intake and wellness
- Evaluation of medications for clinical effectiveness, adverse effects, interactions and drug-induced nutrient depletions
- Recommendations for changes in lifestyle (e.g., stress-reduction, exercise, sleep) and diet (e.g. sugar, salt, caffeine, alcohol, saturated fat reduction and increase whole grain, fruit, vegetable and water intake)
- Where appropriate, recommendations for vitamins, minerals, essential fatty acids, probiotics, fibre as well as other natural health products
- Education and support to help patients self-manage their health, communicate more effectively with their physicians and access other types of health care in the community

**FOUR ESSENTIAL PRINCIPLES FOR FEE-FOR-SERVICE CONSULTATIONS**

1. Patient-centred care (effective patient communication and self-empowerment)
2. Evidence-based medicine (critical appraisals for safe and effective therapies)
3. Collaborative practice (linking the practitioner and patient to a healthcare network)
4. Health promotion (lifestyle, diet, exercise, stress reduction)

**FIGURE 1** Sample receipt for expanded pharmacist services

**RECEIPT FOR PHARMACIST SERVICES**

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

**PATIENT**

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Date of service: \_\_\_\_\_

Reference #: \_\_\_\_\_

**PHARMACY**

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

GST registration: \_\_\_\_\_

**Professional service(s) provided**

<input type="checkbox"/> Structured medication review	<input type="checkbox"/> Home visit
<input type="checkbox"/> Medication management	<input type="checkbox"/> Disease education
<input type="checkbox"/> Disease management clinic	<input type="checkbox"/> Disease management consultation
<input type="checkbox"/> Complementary medicine consultation	<input type="checkbox"/> Nutrition consultation
<input type="checkbox"/> Smoking cessation	<input type="checkbox"/> Vaccination clinic
<input type="checkbox"/> Monitor/device training	<input type="checkbox"/> Other

Service details: \_\_\_\_\_  
\_\_\_\_\_

Provider/Pharmacist: \_\_\_\_\_

Pharmacist licence #: \_\_\_\_\_

Pharmacist signature \_\_\_\_\_

**Fee for service: \$** \_\_\_\_\_ **GST: \$** \_\_\_\_\_ **Total charge: \$** \_\_\_\_\_

The services stated above can be claimed towards a medical expense tax credit when filing your income tax return (line 330). Please keep this receipt. This receipt meets the requirements of Canada Revenue Agency.

**THREE CRITERIA FOR PATIENTS**

1. Must be under the active care of a family physician
2. Must be committed to making lifestyle and dietary changes, and following recommendations
3. Must make a commitment to follow up once enrolled in fee-for-service program

**MARKETING ACTIVITIES**

- One-on-one at the pharmacy
- Staff word-of-mouth
- Website: [www.prescription4nutrition.com](http://www.prescription4nutrition.com)
- Newspaper advertisements
- Community lectures
- Articles submitted in trade publications
- Media appearances (radio, TV, newsprint)
- Letters and one-on-one meetings with physicians and other healthcare professionals

**KEY MESSAGING TO PEERS**

After providing patient consultations for 15 years, the need for promotion has decreased. In recent years, most patients who inquire about fee-for-service consultations are referred by other patients,

physicians and healthcare professionals. However, in many instances, a number of issues need to be addressed before a patient decides to pay for a clinical service offered by a pharmacist.<sup>21, 52-56</sup>

The most common issue is that a patient needs to understand the value and benefits of the care being offered. Studies have suggested that pharmacists' ability to present themselves and convey the value of their services is often much more important than the actual cost of the service. Moreover, studies have shown that at least 50% of patients are willing to pay for pharmacists' services where confidentiality and patient-centred care are assured.<sup>21, 52, 53, 57-59</sup>

Many patients who resist paying for services do so because of previous unsatisfactory exchanges with their doctors. Studies have revealed that there are 13 distinct reasons why patients become dissatisfied with their communications with physicians.<sup>60</sup> Therefore, pharmacists need to be aware of the patient's history with his or her physician and offer a patient-centred approach.<sup>61, 62</sup>

Patients often struggle with adhering to treatment when they are told things like: "Because of your age and family history you will have this condi-

tion for the rest of your life and it will only get worse if you don't take this medicine," "You will just put up with the side-effects of this medicine" or "I am in charge and you will do as you're told." These types of statements are discouraging and make patients feel they have no influence on outcome. This is known as an external locus of control.

More effective options are: "Let me tell you about your condition so you understand how best to manage it," "Let me tell you about the benefits of your medicine and why it is important to take it every day" or "If you have any questions about your condition or problems with your medicine please feel free to call, and we will look at how we can help you." These types of statements promote an internal locus of control, where patients feel they can influence outcome.

Numerous studies have shown that when patients have an internal locus of control, when they are encouraged to ask questions and undertake self-care initiatives (e.g., lifestyle changes, diet, exercise, stress reduction) that will ultimately make differences in outcomes, they become much more willing to get involved in their own care, and pay for additional services. When patients have an external locus of control (e.g., genetics, age, no known causes, provider-centred care), where the only issue is a matter of drug compliance, they not only struggle with adherence and follow-up care, but are also unwilling to pay for clinical services.<sup>63-67</sup>

When the care is patient-centred and focused on health rather than compliance and disease education, patients are much more likely to be satisfied with the care process, and to refer others. Thus, ultimately, care needs to be about them and what they can do to improve their health.<sup>21,52,53,57,60,63-65</sup> It should be pointed out to those who are resistant to paying, that fees may be reimbursed by private insurance or, at the very least, claimed as a tax deduction.

Despite a pharmacist's best efforts, some patients will decline pharmacist services no matter what the cost. Regardless of the patient's reasons for declining additional services, pharmacists should not get discouraged or take it as a personal rejection. Current surveys have pointed out that the majority of patients will say "yes" to clinical services offered by pharmacists.<sup>21,52,53</sup> The objective, then, becomes one of ensuring successful outcomes and patient satisfaction for those who do accept.<sup>54,56,58,59,61,64,66-69</sup>

## Case study 2

R.J. Bannister

R.J. Bannister Counselling Service

Saskatoon, Saskatchewan

- Commencement of fee-for-service consultations: 1997
- Approximate number of patients receiving fee-for-service consultations: 150 currently enrolled

### CREDENTIALS AND BACKGROUND

- Bachelor of Science in Pharmacy, College of Pharmacy, University of Saskatchewan, 1958
- Certificate Program in Women's Health 502, American College of Apothecaries, Memphis, Tennessee, 2000
- Sold compounding pharmacy in 2003 to concentrate on home- and web-based consultations (average hours worked per week: 20)

### CONDITIONS ADDRESSED UNDER FEE-FOR-SERVICE CONSULTATIONS

- Male sexual dysfunction
- Bioidentical (natural) hormone replacement therapy

### FEE SCHEDULE AND HISTORY

- Currently \$180/hour plus incidentals (e.g., costs for tests, follow-up letters to physicians)
- Initial fee of \$60/hour in 1997; increased to \$90 in 2004 and \$120 in 2005

### DESCRIPTION OF FEE-FOR-SERVICE CONSULTATIONS

- Prior to the first consultation, patient must undergo a hormone saliva test (paying \$165 to \$220, depending on the hormones tested) and complete a personal medical profile and body temperature chart
- Assessment of saliva test results, medical profile and temperature chart in consultation with the patient during a personal phone call (20 to 25 minutes in duration)
- Development of care plan and creation of "letter of recommendation" for patient to take to physician
- Three follow-up phone calls to monitor progress (five to seven minutes for each call)
- Three-month blood work review follow-up (seven to 10 minutes in duration)
- Where appropriate (pending results of three-month follow-up), recommendation may be made for a thyroid 24-hour urine test (additional costs of \$225 for the test and \$120 for a follow-up letter of recommendation to the physician)

### MARKETING ACTIVITIES

- Client referrals
- Business cards
- Web site: [www.natural-women.ca](http://www.natural-women.ca)
- Newspaper advertising campaign (since discontinued due to cost)
- Direct mailings or phone calls to previous clients

### KEY MESSAGING TO PEERS

Pharmacists who have an interest in health conditions such as diabetes, asthma, high blood pressure, nutrition and so on need to take the necessary courses to become qualified in that area. Simple one-on-one marketing activities need to be employed in daily practice; for example, distribution of business cards (if working in a retail setting, permission from employer may be required) and promotion of services during prescription refills. Professionally produced information brochures, which include the fee schedule, should also be available for distribution. Pharmacists who wish to see patients by appointment also need to predetermine their availability and create a consistent schedule that patients can remember and work around.

Pharmacists who begin to charge for expanded services can expect to experience some anxiety because consulting represents an entirely new learning curve of pharmacy practice. After just a few consultations, however, pharmacists will naturally refine their techniques—and achieve a new level of satisfaction in pharmacy practice.

Pharmacists who offer appointment-based con-

sultations build their practice one patient at a time. It would be wise to follow the cliché and not give up your day job with the expectation of a full-time, office-based consultative practice—at least not at the start. There are benefits to both the pharmacist and the pharmacy for offering expanded pharmacist services in a traditional community pharmacy setting, but a community pharmacist can eventually transition into an office-based practice if desired.

Pharmacists must keep in mind that a growing number of people, particularly baby boomers, are well educated and tech-savvy. They are overloaded with information from the Internet and often seek expert advice. Once they understand the depth and value of pharmacist services, more often than not they are willing to receive those services, and pay for them.

## Conclusion

For pharmacy services to survive and prosper, pharmacists will be expected to demonstrate the value of what they do, to improve relationships with decision-makers and to acquire greater understanding of the business side of health care.<sup>70</sup> The need for pharmacists to venture outside the cloistered enclave of prescription dispensing, finding ways to work with other professionals and administrators to improve clinical processes and patient care, is paramount. By developing pharmacy services that meet patients' needs and deliver quality health-consulting services, pharmacists can build lasting relationships that are the foundation of a financially successful and professionally rewarding practice.<sup>71</sup>

## References

1. Bellingham C. What makes pharmacists competent? What are the knowledge, skills, attitudes and behavior that pharmacists will need in the future? *The Pharmaceutical Journal* 2004;273:779-80.
2. Westerlund T, Andersson I, Marklund B. The quality of self-care counselling by pharmacy practitioners, supported by IT-based clinical guidelines. *Pharmacy World and Science April* 2007;29(2):67-72(6).
3. Covington TR. The pharmacist as nonprescription drug therapy manager: let's seize the opportunity. *J Am Pharm Assoc* 2002;42:518-19.
4. Ernest J, Dole, Matthew M, Murawski. Reimbursement for clinical services provided by pharmacists: what are we doing wrong? *Am J Health-Syst Pharm* 2007;64(1):104-6.
5. Canadian Institute for Health Information (CIHI), National Health Expenditure Trends 1975-2006. [http://secure.cihi.ca/chiweb/dispPage.jsp?cw\\_page=PG\\_592\\_E&cw\\_topic=592&cw\\_rel=AR\\_31\\_E\\_I](http://secure.cihi.ca/chiweb/dispPage.jsp?cw_page=PG_592_E&cw_topic=592&cw_rel=AR_31_E_I) (accessed August 12, 2007).
6. Ipsos Reid. Views on Self-Care, submitted to NDMAC. February 2005. Available at [www.ndmac.ca/index.cfm?fuseaction=main.dspFile&FileID=88](http://www.ndmac.ca/index.cfm?fuseaction=main.dspFile&FileID=88) (accessed August 12, 2007).
7. Wang X, Qin X, Demirtas H, et al. Efficacy of folic acid supplementation in stroke prevention: a meta-analysis. *Lancet* 2007 Jun 2;369(9576):1876-82.
8. Spence JD, Bang H, Chambless LE, et al. Vitamin intervention for stroke prevention trial: an efficacy analysis. *Stroke* 2005;36:2404.
9. Ipsos Reid. NHS Plan (July 2000) Baseline National Health Products Survey Among Consumers, submitted to Health Canada March 2005. Available at [www.hc-sc.gc.ca/dhp-mpps/alt\\_formats/hpfb-dgpsa/pdf/pubs/eng\\_cons\\_survey\\_e.pdf](http://www.hc-sc.gc.ca/dhp-mpps/alt_formats/hpfb-dgpsa/pdf/pubs/eng_cons_survey_e.pdf) (accessed August 27, 2007).
10. Bunting BA, Cranor CW. The Asheville Project: long-term clinical, humanistic and economic outcomes of a community-based medication therapy management program for asthma. *J Am Pharm Assoc* 2006;46:133-47.
11. Garrett DG, Martin LA. The Asheville Project: participants' perceptions of factors contributing to the success of a patient self-management diabetes program. *J Am Pharm Assoc* 2003;43(2):185-90(6).
12. North Carolina Association of Pharmacists (NCAP). The Asheville Project. Available at [www.ncpharmacists.org/displaycommon.cfm?aN=1&subarticlenbr=41#Anchor-Asheville-35882](http://www.ncpharmacists.org/displaycommon.cfm?aN=1&subarticlenbr=41#Anchor-Asheville-35882) (accessed August 12, 2007).
13. Simpson SH, Johnson JA, Tsuyuki RT. Economic impact of community pharmacist intervention in cholesterol risk management: an

evaluation of the study of cardiovascular risk intervention by pharmacists. *Pharmacotherapy* 2001;21(5):627-35.

14. NDMAC. Advancing Canadian Self-care: Making Canadians healthier. [www.ndmac.ca/index.cfm?fuseaction=main.dspfile&FileID=108](http://www.ndmac.ca/index.cfm?fuseaction=main.dspfile&FileID=108) (accessed August 12, 2007).

15. Tsuyuki RT, Johnson JA, Teo KK, et al. Randomized trial of the effect of community pharmacist intervention on cholesterol risk: the study of cardiovascular risk intervention by pharmacists (SCRIP). *Arch Intern Med* 2002;162:1149-55.

16. Canadian Pharmacists Association. CPhA Takes Action: Medical Expense Tax Credit. [www.pharmacists.ca/content/about\\_cpha/whats\\_happening/cpha\\_in\\_action/medexpense\\_credit.cfm](http://www.pharmacists.ca/content/about_cpha/whats_happening/cpha_in_action/medexpense_credit.cfm) (accessed August 12, 2007).

17. Amirault P. Reading the winds of change. *State of the industry. Pharmacy Post* 2006;July:33-42.

18. Renberg T, Lindblad AK, Tully MP. Exploring subjective outcomes perceived by patients receiving a pharmaceutical care service. 1: *Res Social Adm Pharm* 2006 Jun;2(2):212-31.

19. Bennett MS, Blank D, Bopp J, et al. Strategies to improve compensation for pharmaceutical care services. *J Am Pharm Assoc* 2000;40(6):747-55.

20. The Pharmacy Group, Rogers Publishing Limited. *Trends & Insights 2007 Survey of Pharmacists*.

21. Larson RA. Patients' willingness to pay for pharmaceutical care. *J Am Pharm Assoc* 2000;40(5):618-24.

22. Wilson JB, Osterhaus MC, Farris KB, et al. Financial analysis of cardiovascular wellness program provided to self-insured company from pharmaceutical care provider's perspective. *J Am Pharm Assoc* (2003). Sep-Oct 2005;45(5):588-92.

23. Kent K, McDonough RP, Dinges B, et al. Retrospective financial analysis of wellness center from an independent community pharmacy perspective. *J Am Pharm Assoc* (2003). Jul-Aug 2006;46(4):447-52.

24. Zilz DA, Woodward BW, Thielke TS, et al. Leadership skills for a high-performance pharmacy practice. *Am J Health-Syst Pharm* 2004;61:2562-74.

25. Scherger JE. What Patients Want. *J Fam Prac* 2001. Available at [http://findarticles.com/p/articles/mi\\_m0689/is\\_2\\_50/ai\\_71403435](http://findarticles.com/p/articles/mi_m0689/is_2_50/ai_71403435) (accessed August 13, 2007).

26. Moskowitz DB. Pharmacist Case Management. The Pharmacist as Patient Care Provider: Three Projects Support Role. *Drug Benefit Trends* 2003;15(7):43-6.

27. Kotecki JE, Elanjian SJ, Torabi MR. Health promotion beliefs and practices among pharmacists. *J Am Pharm Assoc* 2000;40(6):773-9.

28. Ferst K. Cutting the obesity epidemic down to size. *J Am Pharm Assoc* 2000;40:675-6.

29. Rodis JL, Thomas RA. Stepwise approach to developing point-of-care testing services in the community/ambulatory pharmacy setting. *J Am Pharm Assoc*. 2006;46(5):594-604.

30. deOliveira DR, Shoemaker SJ. Achieving patient centeredness in pharmacy practice. *J Am Pharm Assoc* 2006;46(1):56-66.

31. Langford BJ, Jorgenson D, Kwan D, et al. Implementation of a self-administered questionnaire to identify patients at risk for medication-related problems in a family health center. *Pharmacotherapy* 2006;26(2):260-8.

32. Dent LA, Harris KJ, Noonan CW. Tobacco interventions delivered by pharmacists: a summary and systematic review. *Pharmacotherapy* 2007;27(7):1040-51.

33. Liu Y, Nevins JC, Carruthers KM, et al. Osteoporosis risk screening

for women in a community pharmacy. *J Am Pharm Assoc* (2003). 2007 Jul-Aug;47(4):521-6.

34. Goode J, Swiger K, Bluml B. Regional osteoporosis screening, referral, and monitoring program in community pharmacies: findings from Project ImPACT: Osteoporosis *J Am Pharm Assoc* 2004;44:152-160.

35. Lee JK, Grace KA, Taylor AJ. Effect of a pharmacy care program on medication adherence and persistence, blood pressure, and low-density lipoprotein cholesterol: a randomized controlled trial. *JAMA* 2006 Dec 6;296(21):2563-71. Epub 2006 Nov 13.

36. Collins C, Kramer A, O'Day ME, et al. Evaluation of patient and provider satisfaction with a pharmacist-managed lipid clinic in a Veterans Affairs medical center. *Am J Health Syst Pharm*. 2006 Sep 15;63(18):1723-7.

37. Lloyd KB, Thrower MR, Walters NB, et al. Implementation of a weight management pharmaceutical care service. *Ann Pharmacother* 2007 Feb;41(2):185-92. Epub 2007 Feb 6.

38. Armour C, Bosnic-Anticevich S, Brilliant M, et al. Pharmacy Asthma Care Program (PACP) improves outcomes for patients in the community. *Thorax* 2007 Jun;62(6):496-502. Epub 2007 Jan 24.

39. Kent K, McDonough RP, Dinges B, et al. Retrospective financial analysis of wellness center from an independent community pharmacy perspective. *J Am Pharm Assoc* (2003). 2006 Jul-Aug;46(4):447-52.

40. Koch K. Trends in Collaborative Drug Therapy Management. *Drug Benefit Trends*. 2000;12(1):45-54.

41. IMS. News Release. IMS Health and International Pharmaceutical Federation Announce Award Recipients at 65th World Congress of Pharmacy & Pharmaceutical Sciences. [www.imshealth.com/web/content/0,3148,77303623\\_63872702\\_77770096\\_77774678,00.html](http://www.imshealth.com/web/content/0,3148,77303623_63872702_77770096_77774678,00.html) (accessed August 29, 2007).

42. Zillich AJ, et al. Influential characteristics of physician pharmacist collaborative relationships. *Annals Pharmacotherapy* 2004;38:764-70.

43. Norwood GJ, Sleath BL, Caiola SM, Lien T. Costs of implementing pharmaceutical care in community pharmacies. *J Am Pharm Assoc*. 1998;38:755-61.

44. Jones EJM, MacKinnon NJ, Tsuyuki RS. Pharmaceutical care in community pharmacies: practice and research in Canada. *The Annals of Pharmacotherapy* 2005;39(9):1527-33.

45. Hay EM, Foster NE, Thomas E, et al. Effectiveness of community physiotherapy and enhanced pharmacy review for knee pain in people aged over 55 presenting to primary care: pragmatic randomised trial. *BMJ* 2006 Nov 11;333(7576):995. Epub 2006 Oct 20.

46. Dole EJ, Murawski MM, Adolphe AB, et al. Provision of pain management by a pharmacist with prescribing authority. *Am J Health Syst Pharm* 2007 Jan 1;64(1):85-9.

47. Saltiel E. Pharmacists as primary care providers in a managed care practice. *U.S. Pharmacist* 1998 March:24-35.

48. Doucette WR, McDonough RP. Beyond the 4Ps: using relationship marketing to build value and demand for pharmacy services. *Am Pharm Assoc* 2002;42(2):183-94.

49. Fugh-Berman A, Ahari S. Following the script: how drug reps make friends and influence doctors. *PLoS Med* 2007 April;4(4):e150.

50. Cutts C, LaCase A. What tricks and techniques can be used to influence prescribing? *Prescribing & Medicines Management* 2003 September/October;5:12-14.

51. Snella KA, Trewn RR, Hansen LB et al. Pharmacist compensation

for cognitive services: focus on the physician office and community pharmacy. *Pharmacotherapy* 2004;24(3):372-88.

52. Suh DC. Consumers' willingness to pay for pharmacy services that reduce risk of medication-related problems. *J Am Pharm Assoc* 2000;40(6):818-27.

53. Hong SH. Patient valuation of pharmacists services for self-care with OTC medications. *J Clin Pharm Ther* 2005;30(3):193-9.

54. Getteis M, Edgman-Levitan S, Daley J, et al. *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*. San Francisco, Cal., Jossey-Bass 1993.

55. Remen RN. The power of words: How the labels we give patients can limit their lives. *West J Med* 2000;175:353-4.

56. Smith RC, Hoppe RB. The patient's story: integrating the patient- and physician-centered approaches to interviewing. *Ann Intern Med* 1991;115:470-7.

57. Farzad A. The effect of pharmacist intervention and patient education on lipid-lowering medication compliance and plasma cholesterol levels. *Can J Clin Pharmacol* 2003;10(3):101-6.

58. Heisler M, Bouknight RR, Hayward RS, et al. The relative importance of physician communication, participatory decision-making and patient understanding in diabetes self-management. *J Gen Intern Med* 2002;17:243-52.

59. Stewart MA. Effective physician-patient communication and health outcomes: a review. *CMAJ* 1995;152:1423-33.

60. Landis NT. Lessons from medicine and nursing for pharmacist-patient communication. *Am J Health-Syst Pharm* 1996; 53:1306-14.

61. Brown SA. Interventions to promote diabetes self-management: state of the science. *Diabetes Educ* 1999;25:52-61.

62. Prochaska JO, Velicer WF, Rossi JS, et al. Stages of change and decisional balance for 12 problem behaviors. *Health Psychol* 1994;13:39-46.

63. Pruessner JC, Baldwin MW, Dedovic K, et al. Self-esteem, locus of control, hippocampal volume, and cortisol regulation in young and old adulthood. *Neuroimage* 2005;28(4):815-26.

64. Hong TB, Oddone EZ, Dudley TK, et al. Medication barriers and anti-hypertensive medication adherence: the moderating role of locus of control. *Psychol Health Med*. 2006;11(1):20-8.

65. Twenge JM. It's beyond my control: a cross-temporal meta-analysis of increasing externality in locus of control, 1960-2002. *Pers Soc Psychol Rev* 2004;8(3):308-19.

66. Knowler WC, Barrett-Connor E, Fowler SE, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 2002;346:393-403.

67. Anderson RM, Funnell MM. Compliance and adherence are dysfunctional concepts in diabetes care. *Diabetes Educ* 2000 26:597-604.

68. Rosenberg W, Donald A. Evidence-based medicine: an approach to clinical problem solving. *BMJ* 1995;310(6987):1122-26.

69. Ling C, Flexman S, Wassef F. Top 5 tips for setting up a successful cognitive service practice. *The Ontario Pharmacist* 2004 June/July;62.

70. Dole EJ, Muraski MM. Reimbursement for clinical services provided by pharmacists: what are we doing wrong? *Am J Health-Syst Pharm* 2007;64:104-6.

71. Bliss S. High-performance pharmacy: coming soon to your health system? *Pharmacy Practice Medscape Pharmacists* 2007 April 24. [www.medscape.com/viewarticle/555043\\_1](http://www.medscape.com/viewarticle/555043_1) (accessed August 27, 2007).

## ANSWER ONLINE AT PHARMACYGATEWAY.CA, CE SECTION, NOVOPHARM CONTINUING EDUCATION DEPT.

**1. Consultations with pharmacists have been shown to improve all of the following except:**

- absenteeism
- health outcomes
- punctuality
- productivity

**2. Which is true regarding the eligibility of patients to claim a medical tax credit for consultation services from a pharmacist?**

- Pharmacist consulting services must be:**
- health-related provided by a pharmacist
  - dispensing-related provided by a pharmacist
  - co-provided by two pharmacists
  - co-provided by a physician and a pharmacist

**3. Which of the following reasons is not currently a valid reason for pharmacists charging for patient consulting services?**

- financial feasibility to continue the consulting service
- new legislation mandates pharmacists charge for consulting services
- perceived value of the service is lessened if no charge is applied
- dispensing fees are not sufficient to sustain a business of pharmacy

**4. Which of the following is an important technique to assist in transitioning to the new system of charging for pharmacy con-**

**sultation services?**

- aggressive sales tactics
- no change in practice management is required
- obtain a degree in accounting
- succinctly discuss features and benefits

**5. Which of the following are tools to manage time constraints and productivity?**

- dispensing technologies
- personal digital assistants
- patient care software
- all of the above
- e. a and c

**6. A key factor known to drive the success of consulting services is:**

- a. passion
- b. age
- c. gender
- d. fitness

**7. Which choice is not valuable when discussing fees for pharmacy consultation services?**

- a. being confident
- b. speaking with certainty
- c. conveying the importance
- d. apologizing for charging

**8. A component of essential communication for pharmacists to care for patients is which of the following?**

- a. a comprehensive expression of scientific knowledge
- b. open-mindedness
- c. one-way communication
- d. criticizing a patient's poor health

**9. Which action is least helpful in identifying potential patients for pharmacy consultation services?**

- a. having patients complete medication and/or health risk assessment questionnaire
- b. determining which patients in a pharmacy practice have specific disease states
- c. waiting for patients to ask for consultation services
- d. conducting an analysis of the demographics of current and potential patients

**10. KL has identified a large majority of his patients are overweight, over the age of 60 years old and take heart/blood pressure related medications. What potential consulting service seems valuable?**

- a. weight management
- b. lipids clinic
- c. diabetes management
- d. all of the above
- e. a and b

**11. An action strategy that is likely to positively change or professionally enhance a pharmacy practice is:**

- a. minimizing any sense of urgency
- b. communicating unmet patient needs to the public
- c. obstructing patients from the centre of care
- d. working in isolation from other healthcare practitioners

**12. Which statement is true regarding relationship marketing?**

- a. the cost does not justify the benefit
- b. it is not proven to be an effective marketing strategy
- c. necessitates only one physician detailing visit
- d. develops bonds that can translate into increased business

**13. What one action/element is most important to successfully market pharmacy consultation services?**

- a. formulating a cost of service for only one initiative
- b. analysis and consideration of various marketing initiatives and opportunities
- c. direct efforts at multiple initiatives
- d. disregard historical data

**14. Based on surveys, which of the following factor(s) is/are important when patients are deciding to pay for a clinical service offered by a pharmacist?**

- a. understanding the personal benefit of the service
- b. provider-centred care
- c. the cost of the service
- d. all of the above
- e. c and b only

**15. Which of the following actions is true regarding helping to ensure the success of the pharmacy consulting service?**

- a. write a program/business plan after a thorough investigation.
- b. Postpone follow-up with other healthcare providers for at least 6 months.

- c. Delay development of marketing tools, until after one year.
- d. Execute the program first, then write the business plan.

**16. The invoice (tax receipt) for pharmacy consulting services must include:**

- a. patient's date of birth
- b. a description of the services provided
- c. name of the patient's physician
- d. patient's drug plan (if available) and unique identification

**17. Based on the current surveys, at least 50% of patients are willing to pay for a clinical service offered by a pharmacist.**

- a. true
- b. false

**18. Key element(s) to marketing messages is/are:**

- a. clear communication
- b. sizzle
- c. call to action
- d. logic
- e. all of the above

**19. Pharmacists who submit claims without prior authorization to third-party payers are:**

- a. test-billing.
- b. contravening Standards of Practice.
- c. not going to be paid by the payers.
- d. squandering their time and efforts.

**20. Pharmacists recognize gaps and barriers in day-to-day patient care services. Which answer is least true regarding such challenges?**

- a. Pharmacists need to do more to improve patient adherence to prescription drug therapy.
- b. Pharmacists receive a surplus of input from physicians regarding patient care by pharmacists.
- c. Pharmacists face a lack of time and resources.
- d. Pharmacists need to spend more time with patients in general.

**FACULTY**

## Marketing &amp; Billing for Expanded Pharmacy Services

**About the author**

**Rhonda Dorren B.Sc.Pharm.** is a licensed pharmacist in Alberta and has offered expanded pharmacist services for more than 12 years in an independent consulting practice ([www.rhondadorren.com](http://www.rhondadorren.com)). She is the author of numerous published articles and continuing education courses for medical practitioners and pharmacists.

**Reviewers**

All lessons are reviewed by pharmacists for accuracy, currency and relevance to current pharmacy practice.

**CE Project Manager**

Sheila McGovern

**Missed something?**

Previous Novopharm CE lessons are available at [www.pharmacygateway.ca](http://www.pharmacygateway.ca) and [www.novopharm.com](http://www.novopharm.com).

This lesson is valid until January 7, 2011. Information about marketing & billing for expanded pharmacy services may change over the course of this time. Readers are responsible for determining the most current aspects of this topic.

For information about CE marking, please contact Mayra Ramos at (416) 764-3879, fax (416) 764-3937 or [mayra.ramos@rci.rogers.com](mailto:mayra.ramos@rci.rogers.com). All other inquiries about Novopharm CE Lessons should be directed to Karen Welds at (416) 764-3922 or [karen.welds@pharmacygroup.rogers.com](mailto:karen.welds@pharmacygroup.rogers.com).

This CE lesson is published by Rogers Publishing Ltd., One Mount Pleasant Rd., Toronto, Ont. M4Y 2Y5. Tel.: (416) 764-3916, Fax: (416) 764-3931. No part of this CE lesson may be reproduced, in whole or in part, without the written permission of the publisher. © 2008





**Over 60 FREE**  
 CCCEP-approved CE lessons online.

Instant results/accreditation  
 in the CE Online section.

Answer this **FREE CE Online** at  
[www.pharmacygateway.ca](http://www.pharmacygateway.ca)

Go to the CE Online section, "More CCCEP-Approved" area.



**Marketing & Billing for Expanded Pharmacy Services**

1 CEU • 1 UNIT IN QUEBEC • CCCEP #647-1207 • FEBRUARY 2008

Not valid for CE credits after January 7, 2011

- |              |               |               |               |
|--------------|---------------|---------------|---------------|
| 1. a b c d   | 6. a b c d    | 11. a b c d   | 16. a b c d   |
| 2. a b c d   | 7. a b c d    | 12. a b c d   | 17. a b       |
| 3. a b c d   | 8. a b c d    | 13. a b c d   | 18. a b c d e |
| 4. a b c d   | 9. a b c d    | 14. a b c d e | 19. a b c d   |
| 5. a b c d e | 10. a b c d e | 15. a b c d   | 20. a b c d   |

Last Name		First Name	
Primary Licensing Prov.	Licence #	Secondary Licensing Prov.	Licence #
Home Address	City		Province
Postal Code	Telephone	Year graduated	
Email			

**TYPE OF PRACTICE**

- Drug chain or franchise     Independent     Grocery store pharmacy     Other (specify):  
 Banner     Mass merchandiser     Hospital pharmacy

**Please help ensure this program continues to be useful to you, by answering these questions.**

- As a result of taking this lesson, do you feel better able to manage change in your pharmacy?  Yes  No
- Was the information in this lesson relevant to your practice?  Yes  No
- Will you be able to incorporate the information from this lesson into your practice?  Yes  No  N/A
- How satisfied are you with our program?  Very  Somewhat  Not at all

**ANSWERING OPTIONS:**

- Answer **ONLINE** for immediate results at [www.pharmacygateway.ca](http://www.pharmacygateway.ca)
- MAIL** or **FAX** this reply card to Mayra Ramos at 416-764-3937 (Please allow 6-8 weeks for notification of score)

Pharmacy Gateway  
CE Online

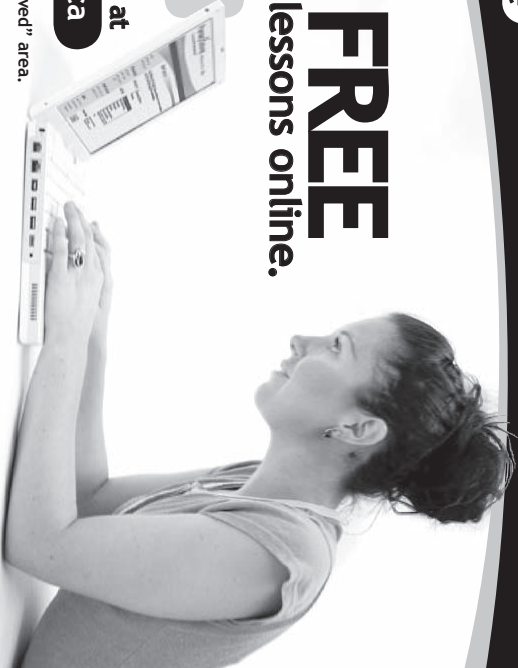
Getting your **CE credits**  
has never been easier!


# Over 60 FREE CCCEP-approved CE lessons online.

Instant results/accreditation  
in the CE Online section.

Answer this **FREE CE** Online at  
[www.pharmacygateway.ca](http://www.pharmacygateway.ca)

Go to the CE Online section, "More CCCEP-Approved" area.



CANADA POST		POSTES CANADA
Postage paid if mailed in Canada		Port payé si posté au Canada
Business Reply Mail		Correspondance- réponse d'affaires
0007187514		01



1000062557-M4Y3G3-BR01



PHARMACY CONTINUING EDUCATION  
HEALTHCARE & FINANCIAL SERVICES  
PO BOX 22002 STN BRM B  
TORONTO ON M7Y 4A2