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# BUSINESS SOLUTIONS CE



## How to Implement and Promote Professional Services at Your Pharmacy

by Jeannie Collins Beaudin, BPharm, RPh

APPROVED FOR

**1.5 CE  
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# How to implement and promote professional services at your pharmacy

by Jeannie Collins Beaudin, BPharm, RPh

## Learning Objectives:

Upon successful completion of this lesson, the pharmacist will be able to:

1. Discuss barriers to change in community pharmacies
2. Explain steps to be considered when planning a new pharmacy service
3. Consider implementing strategies to create the time necessary to provide new services
4. Describe a variety of marketing ideas for pharmacy services
5. Measure the success of pharmacy services
6. Discuss financial considerations, and the impact of pharmacy services on the business

Jeannie Collins Beaudin is a community pharmacist with 35 years of experience. She owned and operated two successful compounding pharmacy businesses over a period of 14 years, is certified to administer medications for injection and began charging for consultations in 1997. She has been authoring articles for *Drugstore Canada* since 2006, and her current column, "New Business," deals with developing and marketing pharmacy services. She has been a reviewer for CCCEP for 15 years, completing many different types of educational programs yearly. She is also the lead pharmacist trainer for the program in New Brunswick, participating in the certification of over 200 pharmacists in the province. She has presented to over 100 local groups in addition to giving presentations on pharmacy services at two national pharmacy student Professional Development Week conferences. Jeannie has also presented at several Dalhousie/Memorial University of Newfoundland conferences, the Business 2.0 conference in Toronto, several New Brunswick pharmacy conferences, as well as on the Dalhousie University PharmaSea Cruise in the Caribbean. Jeannie is past Chair of the Board of the New Brunswick Health Research Foundation, Past President of the NB Pharmaceutical Society, having served 12 years on the council, and a member of the Board of CPhA. She sold her pharmacy business in 2009, and currently does relief work from April to November and spends her winters in Florida.



## INTRODUCTION

Numerous articles have been written in recent years describing the many reasons Canadian pharmacists need to change the focus of their activities. But change doesn't come easily to most of us. At a CCCEP conference some years ago, a speaker quoted statistical information on societal change: about 20% of us welcome change, 20% will cling tenuously to our old ways, and the balance of us will embrace new ideas and activities with some help and encouragement. I have come to realize that I am a person who finds change exciting and challenging. My first paid consultation was in 1997, and much of my successful pharmacy business was built on paid pharmacy services. I truly enjoy every consultation, and the many thanks I receive in various forms are worth even more to me than the payments I receive.

This lesson is based mainly on my experiences—a "front-line" pharmacist's point of view. My goal is to provide you with practical ideas on how to begin incorporating pharmacy services into your present workplace, ideas for marketing these services, and ways to achieve a greater comfort level in taking those first steps. As you read through this lesson, I also want you to consider the reasons why you personally have not advanced your practice. Pharmacists are often uncomfortable with change for good reason: we are trained in the exact function of dispensing, while patient-centred services are a grey area of activity that can often require different actions for different patients.<sup>(1)</sup>

## APPROVED FOR 1.5 CE UNITS



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## ANSWERING OPTIONS

1. After carefully reading this lesson, study each question and select the one answer you believe to be correct. Answer online at [www.CanadianHealthcareNetwork.ca](http://www.CanadianHealthcareNetwork.ca).
2. To pass this lesson, a grade of at least 70% (11 out of 15) 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.)

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**GETTING STARTED**



## GETTING STARTED

Although your pharmacy will likely eventually offer many different pharmacy services, it makes sense to introduce them one at a time as you identify a need for each. Ideas for services that add value can come from a literature search, from your pharmacy association, or from talking to your clients about their needs. To overcome the inertia that prevents many of us from taking the first step, consider starting with the “low-hanging fruit”—services that have already been identified as being necessary and are paid for by the government in certain provinces, such as medication management or immunization services.<sup>(2)</sup> Generally, the criteria for these types of services are well described, and often the tools to help make these services consistent and effective are already developed. Additionally, a payment structure is already in place, eliminating the awkwardness of asking for payment—often actually more of a hurdle for the pharmacist than for the client. Another area to consider as a first service is an area of personal interest—one for which you have a passion, although it is important to research your market to determine whether or not the service is needed. Given your interest in the service, you will likely already have studied the subject, giving you specialized knowledge that can make the service a unique, higher-level one. By offering these types of services, you will likely have less competition and more ability to attract new clients, possibly even some from outside your usual geographic area. One example is the menopause consultation service I developed. A personal interest in hormones and hormone disruptors piqued my interest in additional research and reading on the subject. When the results of the Women’s Health Initiative study were released, I had already begun building a body of knowledge that was unique in my area. Many women became interested in learning about alternative strategies for managing menopausal symptoms, as their physicians advised them to stop their standard therapy. Because of the need for in-depth conversations and privacy, I began booking appointments after hours. And, because of my hormone clients’ need to educate their physicians on alternatives to standard hormone therapy, these discussions eventually developed into a private consultation service where I worked closely with patients and their physicians, communicating the patients’ needs and desires to the physician and offering solutions.

Pharmacists sometimes worry about being overwhelmed with unmanageable demand as soon as they begin a new service. This rarely happens. It takes time for potential clients to realize that the service is available and to understand how they will benefit from it. Like the prescription service of most new businesses, usage of new services almost always starts off slowly, allowing staff to adjust to the gradually increasing workflow. And, should you be lucky enough to have a large demand right away, booking appointments is a simple way to keep the usage to a level that can easily be accommodated, and to allow time, if necessary, to prepare. For example, I once received

a physician referral to assist a client who was diagnosed with Restless Legs Syndrome (RLS). I immediately agreed to see her, and arranged for an appointment the following week—allowing me time to research the disease and its treatments (of which I knew absolutely nothing). When the client arrived for her appointment, I was ready with a worksheet that would lead me through the interview, since I had researched the topic and found several excellent articles to educate myself. There is nothing more motivating to the learning process than having a firm deadline that is only a week away. I discovered several possible areas of adjunct treatment that I shared with the client and her doctor, and I also learned that she had previously been prescribed an excellent first-level treatment (levodopa/carbidopa) but had taken it in the morning rather than at bedtime, as recommended for RLS, resulting in treatment failure. So, never refuse an opportunity to provide a service you are not currently prepared to provide—just give yourself time to prepare.



## FREE VERSUS PAID

Many pharmacies already offer free services, such as blood pressure measurement. An easy first service to add to your pharmacy is to expand this function into a blood pressure education service, which teaches clients how to take their blood pressure correctly and educates them on lifestyle changes that could lower their blood pressure. The challenge here, though, is to convince the client that the extra service warrants the extra fee. It is important that both you and your staff learn to explain how your augmented service is well worth the fee you are charging by clearly explaining how the service will help them control their blood pressure. The advantage is that potential clients are already identifying themselves by using your free blood pressure measurement service.

We had an eye-opening experience here in New Brunswick a few years ago that sent our membership a strong message about offering free services. As part of a report submitted to the government asking them to share financial responsibility for the escalating cost of destroying old, unused medications, the current system of free pharmacy collection and destruction was described. The government’s response was that if pharmacies are already paying for this service, why should they get involved? In their opinion, the system was working fine. Pharmacists need to be careful about what services they offer for free, especially in the current economic environment. It is noteworthy that other professions have begun charging for services that are associated with a cost, such as physicians phoning in prescription refills or filling out forms. Pharmacies may need to consider this in the future as well.

Two personal experiences changed my attitude toward charging fees for services. The first was actually my first paid consultation: after spending an hour with my client, answering all of her questions about medication, I asked her for \$30, the amount I would have earned filling pre-

scriptions for one hour as a staff pharmacist at that time (this was a while ago, obviously). She said that \$30 was not nearly enough for an uninterrupted hour with a pharmacist, and actually paid me \$40. The second event was several years later when I decided to raise my fee for a one-hour consultation from \$70 to \$100. I was conducting these appointments after hours and wanted to reduce the demand to a more manageable level. The result was the opposite of what I expected to happen: the demand increased. However, with the increased fee and demand, I was able to justify hiring an additional pharmacist and started booking appointments during regular working hours. I have learned that clients are willing to pay, as long as they perceive value for the cost. My current fee is \$250 per hour, and one recent client, on paying the fee, immediately asked to book a second appointment for another condition. I have only once billed a private insurance company directly for my services and I waited four months to receive payment; therefore, I decided not to repeat the experiment. However, I have helped many clients submit claims to their insurance companies for reimbursement of my fees.



### HOW DO YOU FIND THE TIME?

Finding the time to offer additional pharmacy services for a fee is often a problem in a busy pharmacy and can be a significant hurdle to making changes. I like to suggest that you need to make time by streamlining dispensing (if you haven't already) and by altering the duties performed by various members of the pharmacy team; downloading, so to speak, duties that can be performed just as well by a staff member with fewer qualifications. Gradually and with training, regulated or more experienced technicians can take over some functions that pharmacists are doing, and unregulated technicians or cashiers can take over some duties currently being performed by technicians. This change results in time freed up for a pharmacist, essentially for the cost of a cashier. It doesn't happen overnight and training for new tasks is essential, but it can be accomplished during the time the details of the service are being developed and as the volume of demand for the service builds. The key is to have capable people who are eager to increase their skills and scope of practice. The hope, with the introduction of registered technicians, is that this group will be willing and able to take over tasks that are currently being done by pharmacists. Don't overlook your experienced techs—many of them are very capable of taking on additional tasks, too. This and other ideas to help make time will be explored in a future lesson. Additionally, I would encourage readers to explore other literature on streamlining dispensing services.

In smaller pharmacies with only one pharmacist on duty at a time, consideration could be given to booking appointments for services before or after regular hours initially until the volume warrants hiring extra staff. Extending payment of the service directly to the staff pharmacist (usually result-

ing in a higher rate than the hourly salaried rate) could offer incentive for the extended hours. There are many creative ways to solve the problem of a lack of time. I would encourage all of the pharmacy team to be involved in sharing ideas.

Note that many tools (both electronic and paper-based) exist to help you develop the details of the service itself, and more will become available in the future. These can greatly reduce the time required to develop the structure of your service.



### PRACTICE, PRACTICE, PRACTICE MAKES PERFECT

Like anything you do, practicing your procedure and the skills you will need to perform your service can make its introduction go much more smoothly and boost your confidence. Practice on other team members initially, and then consider conducting a pilot phase for further practice. Choosing clients you already know well and explaining that you are still in a test phase can result in a greater comfort level for the staff performing the service and will encourage your initial clients to give you feedback and suggestions for improvements. Practicing on each other can also result in greater familiarity with the service for all staff members who will then be better able to explain the service to potential clients, even if they are not directly involved in the service. Train as many staff as possible to perform the service so it will not be reliant on a single staff member whose departure could result in the end of the service. Although the pilot phase of the service might be performed for free, offering it at a reduced cost initially (and outlining what the normal cost will be) will show the value of the service you are offering.

Be aware that staff members will require support in various forms to minimize the negative effects of change as much as possible. This support can come in the form of a formal change-management program from your head office or pharmacy association, from your store owner or manager, or simply by supporting, helping, and encouraging each other. I have found that having complete details of what the new service involves, having a step-by-step procedure to follow during delivery, as well as practicing beforehand can make a significant difference in both comfort level and performance as the service is rolled out.



## **MARKETING STRATEGIES**



## MARKETING STRATEGIES

Services are an intangible product and it can sometimes be difficult for clients to see the value of what you are offering. One way around this problem is to make your service more tangible by offering *something physical to show value—a product they can take home*. This could include a general information sheet along with the results of any testing done or a written summary of advice. Providing your recommendations in written form, as well as verbal, and conducting some type of follow up will help ensure that your clients maximize the value provided by the service. That being said, since many clients are not knowledgeable enough about the content of the information you are providing to judge its quality, a significant portion of their perceived value is derived from the attitude, caring, and courtesy you demonstrate during the service.<sup>(3)</sup> It is extremely important that your clients are satisfied with the value they perceive in your service because clients are an important referral source. Having experienced the service, they can readily describe it to others who they think could also benefit from it. You want them to have as many positive comments as possible about your service.

### **PHYSICAL CHANGES/BROCHURES:**

There are many ways to get the message about the services you provide out to clients who could benefit from them. First and foremost, you want everyone who comes into your pharmacy to know you are doing something different. Physical changes in the pharmacy layout, such as a new lab space or counselling room, can be a signal but potential clients need more specific information and an explanation of what the service entails. Having a list of services with associated prices is a start but, since the value is in the details, a simple list may not result in significant uptake. A brochure describing the service is easy to prepare using a computer template and colour printer. This tool can save you the time it would take for a verbal explanation during a busy period, and provides a take home for potential clients who are interested but want to think about it before signing up for an appointment.

### **VERBAL MARKETING:**

Verbal one-on-one marketing to a client who is expressing a personal concern that your service addresses is the ideal marketing scenario. All staff members need to keep available services in mind, and suggest them to potential clients. For example, a client comes into your pharmacy presenting a new prescription for a blood pressure medication. He comments that he is having trouble getting his blood pressure under control and is visibly upset about the need to add yet another medication. This would be an ideal candidate for a blood pressure program that teaches him how to monitor his blood pressure at home along with information on other non-drug measures he could take to help with his blood pressure control. It can be a challenge, however, to keep staff on task for this type of one-on-one marketing—one pharmacy owner solved this problem by posting a sign over

each computer screen that reminded pharmacy staff to think about services every time they looked at the screens. Be creative and get as many of your staff as possible involved.

### **IN-STORE ANNOUNCEMENTS:**

Try using a recorded store announcement describing the benefits of services you offer, encouraging clients to ask for more information. Use an on-hold message to educate your clients about your services rather than just entertaining them with music. Some commercial telephone systems make this very easy, using a simple CD player as an attachment to your phone system to play your recorded message. Professional services are available to prepare the message for a relatively low cost, or you could easily prepare the message yourself if you are so inclined.

### **PRINT/MEDIA:**

If you have a yellow pages listing or use any other type of print advertising, be sure that your services are at least mentioned. Better yet, writing a column for a local newspaper or a newsletter can be a great way to introduce your services to the public. Members of the media are often willing to do stories about interesting and different activities you may be doing. While I was helping a reporter who was doing a story on prescription drug abuse, he noticed some nicotine lollipops we had compounded that were displayed on our pharmacy counter. He was fascinated with the packaging—each was in a blue child resistant vial with the lollipop handle sticking out through a hole drilled in the cap—and within a few days, he was back to do a story on them that ended up being shown on television throughout the Maritime provinces. What great exposure and it was all free!

### **COMMUNITY PRESENTATIONS:**

Similarly, small information sessions that were given after hours at my pharmacy eventually led to invitations to present to organized groups. One presentation I gave in conjunction with two other presenters, sponsored by Planned Parenthood, needed to be changed to a larger venue due to the pre-registration numbers. At each presentation, regardless of the topic, I had a few slides about my services to say who I was and what I did, including information on pharmacy services. I met many interesting people at these presentations and almost always had increased requests for my services afterward. And sometimes I was even paid for what I viewed as a marketing session.

### **REFERRALS:**

Another great way to build the demand for your pharmacy services is through referrals: as mentioned earlier, not only from previous users of your service but also from other health professionals and additional sources. One of my best sources of referrals for my menopause counselling service, surprisingly, was a hairdresser who had used my service. I can just picture her telling her clients about her experience as she watched them have hot flashes triggered by the heat of the hair dryer. So treat every client as if he or she is a referral source. And don't forget to inform other healthcare professionals about your services. Frame the information you

present to them in a manner that will demonstrate how they and their clients can benefit. Rather than just talking about what you can do, frame the conversation to be about them; this will be more likely to capture their interest. Even other pharmacists will refer when they encounter a client who is in need of additional help, if your service is a unique one that they are not interested in performing themselves. I have had this happen quite often.

### **PHARMACEUTICAL REPS:**

I am aware of a pharmacist with a very advanced practice who has successfully hired a pharmaceutical rep to do part-time promotion of the pharmacy's services. However, this is likely to be an expensive proposition. But taking on the role of the rep yourself is doable if you are able to get out of the pharmacy for a few hours. I used this strategy with great success to promote my veterinary compounding service to several local veterinarians. They are a group who do not receive many visits from company representatives and I think they were quite intrigued with what I had to say.

### **MARKETING TO PHYSICIANS:**

Another seemingly unsuccessful attempt at having an open house to showcase our newly enlarged compounding lab gave a surprisingly positive end result: after having two technicians spend an afternoon hand delivering invitations for our event to physicians' office in the city, we were disappointed that not one attended the open house. However, our message didn't go unnoticed. Over the next few weeks we were pleased to experience a sharp increase in physician enquiries about our compounding service.

In another venture, we discovered that we could apply to have a display for physicians at our local hospital. We displayed samples of various types of compounds we could make, featuring three or four novel ones that we could quickly describe to physicians who passed by on their way to work. With this exposure, we eventually received an invitation to give a presentation at a well-attended Grand-Rounds meeting on alternative dosage forms that we could compound.

### **SOCIAL MEDIA:**

New possibilities for extending the message about pharmacy services abound with social media, particularly if your target market is a younger audience. Having a well-designed and informative website is becoming more important as computer-literate baby boomers age. Your website can readily take the place of printed brochures to disseminate important details about your services. Ideally you would want a newsletter or similar tool to draw potential clients to your site. Again, this can be an expensive venture but you may be able to piggyback your information onto your parent corporation's site.



### **HOW WELL IS IT WORKING?**

Pharmacists who deliver services are generally occupied with delivering the best pharmacy service possible, and don't often think about collecting information on out-

comes of the interventions. Having had the good fortune to become involved in health research in recent years, I have come to realize that I missed an excellent opportunity to demonstrate the value I have contributed to the healthcare system through the services I have been offering for many years. Of course, a research project that would give true statistical results is beyond the scope of a BSc Pharmacist. However, simple questions such as, "Were you pleased with the service?" and "Did you learn something new that may help to improve your health?" would generate some interesting and quotable statistics. A worthy project for one of our pharmacy organizations would be to design a brief standardized questionnaire that would generate valid metrics on Canadian pharmacy services, demonstrating the value inherent in our services.

Hire a good accountant who will help you to evaluate financial aspects of your services as part of the analysis of your business at the end of the year. Separate staff time requirements, marketing and material costs, fees received and, if possible, new prescriptions generated by the services to obtain a clear picture of the bottom-line value.



### **AND THE SURVEY SAYS...**

Although a simple method of measuring the success of a service is its uptake, I would advise using a brief evaluation, either verbal or a check-box form with room for suggestions for improvements, to give you more immediate and detailed feedback from your clients, especially during the early stages. To achieve a good response rate, this must be done before the client leaves. I would suggest this should be considered an essential activity for the pilot phase of a service. Asking for feedback from your clients can provide ideas for how to improve. As well, asking about outcomes of your recommendations during follow up, and documenting the results, can give you useful (and quotable) statistics on the success of your service.

Having once tried mailing a survey to clients after a pharmacy service clinic day, I know that a very low return rate can be expected from this method, and I would not recommend it. In order to maximize returns, I would suggest conducting a survey directly after the service and before the client leaves. And, given the demands on your clients' time, it should not require a long time to complete. Short, sweet, and immediately after should be the rule. Consider what information you want to gather and use yes/no questions and fill-in-the-blanks as much as possible, with room for comments at the end. Here are some suggested questions for your survey:

- Were you satisfied with the service you received?
- Did you learn new information that may help to improve your health?
- Did you feel you received value for the fee charged?
- Would you recommend this service to others?
- How did you hear about our service?
- Do you have any additional comments?
- Would you allow your comments to be used anonymously on our website?





## POTENTIAL IMPACT ON PHARMACY BUSINESS

As with so many other ventures, the potential impact of pharmacy services on your business is directly proportional to the effort spent on developing and promoting them. Try different ideas and learn from your failures as well as your successes. Have fun getting to know your clients better and develop new loyalties. Learn new information and put it into practice right away. Be very wary of offering services for free—they are only sustainable and worth doing if they make a profit. Remember that profit is not a dirty word; your clients understand that you need to make a living and I have observed that they are increasingly willing to pay for services from which they believe they will benefit. Baby boomers in particular are a group that seek out knowledge in order to solve problems and they generally understand that the opinion of a professional is worth paying for. With generally decreasing profitability from regular dispensing activities, new revenue streams are essential. As reports in the media discuss pharmacy revenue losses, well educated baby boomer clients understand the need for new revenue sources. They are familiar with the concept of getting what you pay for. If a service is offered for free, can it even be worth their time?

When you spend a block of time with a client delivering your pharmacy service, a special relationship often develops. And if you are able to make a difference in that client's health, you can end up with an extremely loyal customer who loves to tell others what a great pharmacist you are. This word-of-mouth promotion is something that money can't buy. Additionally, quite frequently those who have successfully used your specialized service will transfer the rest of their business to you as well, increasing your volume of regular prescriptions.

If you are not a pharmacy owner or manager who can make decisions about starting new services but are interested in expanding your scope of practice and actually practicing what you learned in pharmacy school, preparing a business case to convince the owner is the way to go. I was surprised to learn, when participating as a speaker at a recent national pharmacy student conference, that this is a skill being taught to some of our future pharmacists. For the rest of us, this could be the subject of a CE event in the near future.

Tracking various parameters of your service, at least at the beginning, is a good exercise. In addition to verifying client satisfaction as described above, a cost analysis can give you good information as to which services best warrant your time. This is a subject that should be addressed with your accountant, who can help you separate out and track various aspects of the costs and benefits of the services you offer. As well, Teva Business Check-up, a free iPad app, can easily lead you through basic accounting analyses, ideally to be performed on a monthly basis to track your business performance more closely between meetings with your accountant. I was especially impressed

with how easy it is to use this program to calculate the cost of dispensing a prescription.

Table 1, as shown on page 13, shows fees charged for various services. Given the changes in reimbursement experienced in many Canadian provinces, serious consideration should be given to charging for the most added-value pharmacy services. As in all professions, pro bono work can be done for those who cannot afford services but who have an obvious need. However, simply offering services for free suggests to potential provincial and private payers that pharmacists do not need to be reimbursed for these services and/or do not incur any expenses in providing them. In reality, previously offered free services were financed by the pharmacy professional allowance system. Now that this system is disappearing, our only sustainable option may be to either discontinue these services or start charging for them. Which one it will be depends on our actions on the whole as a profession.



## WHAT IS HOLDING US BACK?

Patient-centred care, originally referred to as pharmaceutical care, has been discussed since the early 1990s, yet pharmacy practice is still largely unchanged 20 years later.<sup>(4)</sup> A survey of pharmacists in Alberta and Northern Ireland in 2011 suggests that pharmacists continue to focus primarily on the product rather than the patient.<sup>(5)</sup> Essentially, all pharmacists have an intrinsic desire to make a difference in their patients' lives and contribute to their care, and we do make a difference every day. However, a significant proportion of our time is still devoted to technical drug distribution tasks rather than to improving outcomes of patients' drug treatments. Barriers to this change continue to be elucidated but include pharmacist attitudes, skills, motivation, culture, lack of reimbursement models, low expectations of public and payers, and organizational barriers such as time management and physical work environment. Changes in patient expectations, pharmacists' attitudes and activities, and systems for reimbursement are changing gradually over time, and it appears that these changes are finally accelerating. It's time to make sure you are not left behind.



**CASE STUDY**



## CASE STUDY: Cardiovascular Risk Assessment Service

Let's consider how a pharmacist might approach the development of a new pharmacy service.

The husband of a staff pharmacist recently experienced a myocardial infarction, so the entire staff became keenly aware of what can happen when there is a lack of awareness of risk factors for cardiovascular disease. They know that changes in lifestyle can reduce the risk, and they would like to use their knowledge to help others in their community maintain their health. The demographic of the population living in their area includes a significant number of middle-aged, working professionals who could benefit from knowing and acting on their level of risk for cardiovascular disease. There has also been a chronic shortage of physicians in their area, leaving many people without basic preventative care. As well, there is a large fitness centre in the neighbourhood and they frequently see customers in workout gear shopping in the store. This suggests that many of their clients are interested in being proactive in maintaining their health. The pharmacy will introduce the new service at the beginning of February (coinciding with heart month), offering it at an introductory fee that will be increased at the end of the month. The owner asks for a pharmacist to volunteer to coordinate the development of the program in the pharmacy, and all of the dispensary staff will be involved.

In order to free up some pharmacist hours, the pharmacists decide to train one of the technicians to assume responsibility for paperwork that was previously done by the staff pharmacists during overlap in the afternoon and in the evening when it was quiet. A new part-time cashier has been hired who is able to file prescriptions, keep the dispensary clean, and take on other similar duties normally performed by a technician when there are no clients waiting at the cash for service, freeing up time for the technician's new role. Several days a week, after the pharmacists coach the technician in her new duties, they are able to work on preparations for the new service. They also have overlap three days a week, and use this time as well on quieter days. The development work is divided between a staff pharmacist and a pharmacy student. The pharmacy doesn't have a counselling room, but the manager has an office beside the dispensary that is accessible and can be reorganized to use for counselling services on a part-time basis.

The first task is to gather up-to-date information on the subject by conducting an Internet search for the newest version of practice guidelines and studies of modifiable risk factors. This information will become pre-reading material for all of the pharmacists involved in the service. They also want to draft a worksheet that will lead the pharmacists through a similar discussion with each client, standardizing the service and providing structure for the interview. When completed, the sheet will be scanned

into the patient profile in the pharmacy computer system, and then given to the client as a take home, along with informational brochures on the topics discussed. They decide to do a full-panel cholesterol test and blood pressure measurement as part of the appointment-based service, and then conduct a Framingham assessment to demonstrate how risk factors can influence the risk of a cardiovascular event in the future. On the reverse side of the sheet, they have printed a summary of the Interheart Study—a study conducted in 51 countries that describes risk factors for heart disease—which can be modified for pharmacist reference during the service and for patient take-home information.

By mid-January, all preparations are complete and the staff pharmacists and technicians have been trained in the techniques of taking accurate blood pressure and cholesterol measurements. They learned by reading reference material and then by practicing the full program on each other and on front store staff. In-store signs have been printed using the store's colour printer. An announcement of the service has been sent to local physicians' offices, including a detailed explanation of the information that will be provided and benefits to the patient and physician. They are invited to provide input into the details of the service and to refer patients who would benefit. A voice promotion is set to play on the store's sound system every 30 minutes. A simple tri-fold brochure containing information about the service, designed by store staff and printed on the store's colour printer, is ready to give to clients who ask about the service. The appointments will be booked by the employee who is manning the pharmacy cash so a pharmacist will be nearby to answer any questions that might arise.

The performing of the service will be divided between the technician and pharmacist, with the technician ushering the client into the counselling room, recording personal information on the worksheet, and taking the blood pressure reading. The pharmacist will then conduct the cholesterol test, answer questions and provide information while waiting for the results, and complete the Framingham risk calculation and explain the results. She will also discuss how the client can change the results by modifying lifestyle and diet, and briefly review the material provided to the client. When the service is finished (in about 15–20 minutes), the worksheet will be scanned onto the client's profile for future reference by the pharmacist, while the technician will help the client with the post-service survey and ring in the payment for the service. The pharmacist will document the event and its results in the consultation section of the patient profile and a detailed receipt will be produced for tax/insurance purposes. The information in the consultation will then be used to produce reports on counselling activities at a later time.



**TABLETS**

**TABLE 1: Examples of pharmacy services (free vs. paid)**

Free	Paid
<ul style="list-style-type: none"> <li>Blood pressure measurement</li> <li>Year-end summary receipts/copy of profile</li> <li>Disposal of old medication* (Should we be charging? Should government be paying?)</li> </ul>	<ul style="list-style-type: none"> <li>Immunization/injection service (\$)</li> <li>Disease state assessment and education (\$\$)</li> <li>Medication management (\$\$)</li> <li>Specialty compounding (variable: \$-\$\$\$)</li> <li>Private consultation (30 minutes or less) (\$\$)</li> <li>Private consultation (more than 30 minutes) (\$\$\$)</li> </ul>

\$=<\$25 \$\$=<\$100 \$\$\$=>\$100

\* Free in most provinces. Some costs of this service are now covered by the Orange Drop program in Ontario.

A summary of pharmacists' expanded scope of practice activities from across Canada with corresponding fees for service being paid (effective December 2011) can be found at [http://blueprintforpharmacy.ca/docs/pdfs/pharmacists%27-expanded-scope\\_summary-chart---cpha---oct-29-2012.pdf](http://blueprintforpharmacy.ca/docs/pdfs/pharmacists%27-expanded-scope_summary-chart---cpha---oct-29-2012.pdf).

A literature scan citing studies showing the benefits of various expanded pharmacy services is available at <http://blueprintforpharmacy.ca/docs/default-document-library/2011/05/05/2011-05-04%20-%20Expanding%20Pharmacy%20Services.pdf?Status=Master>.

**TABLE 2: Critical steps for achieving wide-scale pharmacy practice change<sup>(6)</sup>**

#### 1. Establish a sense of urgency

- With a compelling reason for change, people are more motivated (cuts in reimbursement)

#### 2. Form a powerful guiding coalition

- Major change requires strong leadership (Blueprint for Pharmacy)

#### 3. Create a vision for pharmacy practice

- A vision helps to focus efforts to change and makes people more likely to want to change (Canadian Pharmacy Services Framework—patient-centred, cost effective)

#### 4. Communicate the vision

- Extensive and ongoing communication of the vision maintains motivation for change (Blueprint in Motion)

#### 5. Remove obstacles to the new vision

- Obstacles need to be clearly identified so work can proceed toward removing them

#### 6. Plan and create short-term wins

- Large-scale changes take many years; celebrate and reward short-term wins and continue to address obstacles

#### 7. Consolidate improvements and produce more change

- Regressing to old behaviour is common; continue to build on what has been learned to continue the momentum for change

#### 8. Institutionalize new approaches

- Make the new approach part of the values and social norms of the profession

## QUESTIONS

Please select the best answer for each question and answer online at [www.CanadianHealthcareNetwork.ca](http://www.CanadianHealthcareNetwork.ca) for instant results.

- 1) Barriers to changes in pharmacy practice include:
  - a) A public that is completely unwilling to pay for pharmacy services
  - b) Perceived lack of skills on the part of pharmacists
  - c) Culture of product focus rather than patient focus
  - d) Low expectations of patient and payers
  - e) b, c, and d
  - f) All of the above
- 2) Change in a profession is best achieved by:
  - a) Waiting for government to establish programs and payment schemes for services
  - b) Copying what was done in other professions
  - c) Communicating urgency and vision for change, identifying and removing obstacles, creating short-term wins, and consolidating and normalizing the change
  - d) Mandating new parameters and withdrawing reimbursement for undesirable functions
- 3) The ideal way to choose a new service offering is to:
  - a) Follow trends of successful services in your area
  - b) Check with your pharmacy reps as to what services they support
  - c) Offer a service that aligns with the expertise of your staff
  - d) Learn the needs of the clientele of your pharmacy
- 4) The first step in planning a new pharmacy service is to:
  - a) Inform the physicians in your area about your service
  - b) Determine what services are needed by your clients
  - c) Book appointments to ensure profitability
  - d) Decide how much you will charge for the service and survey clients to learn if they will pay
- 5) A logical series of activities when creating a service is:
  - a) Choose a service, promote it, gather information, prepare handouts, assess results
  - b) Determine a needed service, address barriers, gather information, prepare tools, practice, inform physicians, promote to public, assess results
  - c) Gather information, address barriers, inform other professionals, promote the service, assess results
  - d) Determine a needed service, address barriers, prepare tools, gather information, practice, promote to public, assess results, inform physicians
- 6) Strategies to address the barrier of lack of time might include:
  - a) Transfer duties from pharmacists to technicians
  - b) Transfer duties from technicians to cashiers
  - c) Streamline dispensing activities
  - d) Limit the length of sessions by answering only three questions per session
  - e) a, b, and c
  - f) All of the above
- 7) Ways to generate ideas for marketing services might include:
  - a) Discussing ideas with pharmacy staff
  - b) Reading pharmacy journals
  - c) Examining activities of your competition
  - d) Finding a pharmacist mentor
  - e) a, c, and d
  - f) All of the above
- 8) Benefits of providing pharmacy services include:
  - a) Increased client loyalty
  - b) Increased job satisfaction for pharmacy staff
  - c) Improved patient health outcomes
  - d) Alternative revenue stream for the pharmacy
  - e) b, c, and d
  - f) All of the above
- 9) The best method of gauging customer satisfaction with a pharmacy service is:
  - a) A short checklist survey after the service before the client leaves
  - b) A detailed emailed customer survey
  - c) The opinion of staff providing the service
  - d) Monitoring the increase in usage of the service over time
- 10) The verbal marketing of services is not as effective as using printed materials.
  - a) True
  - b) False
- 11) Many clients, having little knowledge of medicines and medical conditions, will use which criteria to judge the value of a pharmacy service?
  - a) The empathy of the person conducting the service
  - b) The length of the service
  - c) The number of handout materials
  - d) The look and feel of the room the service is conducted in
- 12) Offering a service for free can send the message that it does not deliver any value.
  - a) True
  - b) False
- 13) Valid referral sources for your pharmacy services can include:
  - a) Hairdressers
  - b) Physicians
  - c) Specialists
  - d) Previous clients
  - e) b, c, and d
  - f) All of the above
- 14) Strategies to demonstrate the value of your pharmacy services include:
  - a) Providing a tangible item to take home
  - b) Conducting yourself in a very formal, businesslike manner
  - c) Using advanced terminology to demonstrate your knowledge
  - d) Watching the clock closely and charging extra if client stays overtime
  - e) a and b
  - f) All of the above
- 15) Increasing the price of a popular, established service is likely to reduce demand.
  - a) True
  - b) False

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## CE FACULTY

### How to implement and promote professional services at your pharmacy

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

This lesson is valid until May 17, 2014. Information about how to implement and promote professional services at your pharmacy may change over the course of this time. Readers are responsible for determining the most current aspects of this topic.

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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). No part of this CE lesson may be reproduced, in whole or in part, without the written permission of the publisher. © 2013

