

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. Understand the components and importance of change management
2. Understand the components of a needs assessment process
3. Determine personal levels of readiness to expand roles, including gaps in resources
4. Determine the pharmacy's level of readiness to sustain expanded practice models, including gaps in resources
5. Identify goals and first steps to overcome gaps in resources

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.
- 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.

Change Management & Needs Assessment in Pharmacy Practice

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Introduction

The evolution of primary health care delivery offers significant opportunities to those pharmacists ready to embrace change. This is not, however, simply a matter of increasing one's expertise in a clinical area and working more closely with physicians and other healthcare providers. While these are vital action steps, the longer-term challenge for today's pharmacists is to expand their role in a way that is financially sustainable and professionally fulfilling, being conscious of fiscal restraints and personal burnout.

Quebec provides an excellent example of the challenges of change. In 1978, the Association Québécoise des Pharmaciens Propriétaires successfully negotiated the "Opinion Pharmaceutique" (Pharmaceutical Opinion) program. It reimburses pharmacies for a number of activities, including refusals to dispense, documented recommendations to physicians and compliance packaging. The program got off to a slow start, largely due to the fact that claims had to be submitted manually, with detailed docu-

mentation requirements. When electronic claims submissions became possible in 1993, participation rates began to climb more steadily, although there remains much room for growth. The numbers in Table 1 demonstrate that, while things are moving in the right direction, the expansion of pharmacists' services in day-to-day practice can take years, if not decades, to truly take hold. At the same time, it is interesting to note the relatively aggressive uptake and growth of compliance packaging services, which are more technical and less documentation-driven than physician recommendations.¹

Another factor driving the growth of pharmaceutical opinions in Quebec is the fact that pharmacy students are required, in their fourth-year rotation, to perform a number of opinions. This lays the behavioural groundwork for them to continue the practice once they are pharmacists. On a related note, it is encouraging to know that faculties of pharmacy across Canada have revised curricula to include communication strategies with physicians and other healthcare pro-

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 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)

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viders, so that graduating pharmacists are more likely to assert themselves immediately within a collaborative circle of patient care.

Change management

Other countries offer useful lessons to Canadian pharmacists regarding the importance of change management. In Australia, the government began paying pharmacists to conduct home medicine reviews (HMRs) in 2001. By 2005, the Pharmacy Guild of Australia found that it had overestimated the number of completed HMRs by almost 50 percent. While almost all pharmacies (95 percent) were eligible to provide the services, only 10 to 20 percent did so in 2005, and of those, half claimed less than two HMRs per month.² In the Guild's analysis of this service, as well as other government-funded pharmacy services (for instance, chronic disease screenings), it cites "change management strategies" as a critical success factor.³ In the case of the HMRs, the Guild has since hired pharmacists to work part-time as "quality use of medicines facilitators," to raise awareness among physicians, pharmacists and consumers and to help identify patients who would most benefit from the service.

A similar story can be found in the United Kingdom. A year after the implementation of the government-funded medicine review service by pharmacists, the Pharmaceutical Services Negotiating Committee ended up with surplus funding due to the lower-than-expected uptake among pharmacies. Fifty-eight percent of pharmacists had become accredited to provide the service, while about 33 percent of pharmacies were actively submitting claims.⁴ The committee identified physician awareness and understanding; patient awareness and acceptance; pharmacists' clinical and communication skills; business planning (particularly among independents); documentation procedures and service quality audits as key factors for the continued growth of the program.

PLANNING FOR CHANGE

When planning for major change, the first step is to determine the strengths—and, more importantly, the weaknesses or gaps—of your current practice environment. Staff pharmacists, pharmacy owners and managers alike must take stock of how resources are currently allocated, such as time, support staff and technology, in day-to-day interactions with patients, co-workers and other healthcare providers.

TABLE 1

Participation levels, Quebec Pharmaceutical Opinion program, 1998 versus 2005

	1998	When divided by the number of pharmacies in 1998 (n=1,624)	2005	When divided by the number of pharmacies in 2005 (n=1,666)
Refusals to dispense	28,452	17.5 per pharmacy	58,070	34.9 per pharmacy
Recommendations to physicians	16,065	10 per pharmacy	41,641	25 per pharmacy
Compliance packaging	2,370,808	1,460 per pharmacy	20,869,892	12,527 per pharmacy

Source: *La Régie de l'assurance maladie du Québec*¹

In general terms, gaps clearly exist between how pharmacists in Canada currently spend their time and how they would ideally like to spend their time. For example, pharmacists want to reduce the time they spend dispensing, according to an annual survey conducted by Starch Research on behalf of Rogers Publishing Ltd.⁵ Staff pharmacists estimate that 41 percent of their time currently goes to dispensing and 19 percent to counselling for prescriptions; however, they would like to see those allocations change to 28 percent for dispensing and 28 percent for prescription counselling.

The biggest perceived barriers to closing the gap between how pharmacists currently spend their time and how they'd like to spend their time are: lack of pharmacist staffing, lack of support staff (particularly in terms of the role of the pharmacy technician), lack of technology (and/or underutilization of existing technology), lack of training, and lack of reimbursement.⁵ In a parallel survey of pharmacy owners and managers,⁵ when asked what they would ideally do to ensure their pharmacy is performing at its best, the number one action, according to 46 percent of respondents, would be to increase the use of technology, followed by increased technician training (38 percent) and increased pharmacist training (33 percent).

PRINCIPLES OF CHANGE

Change is important: without it one can become stagnant, complacent and uncreative.⁶ However, while people may say they embrace change, huge walls of resistance often emerge. This is to be expected. Researchers at the University of Rhode Island state that "in most populations 80 percent of people are not prepared to change immediately."⁷ In the workplace setting, additional research shows that "employee

resistance is the norm, not the exception."⁸

Limiting beliefs, patterns and habits can get in the way of one's ability to incorporate change into one's life, or to initiate change. These may translate into concerns, anxieties, cynicism or even anger. All of these must be recognized and expressed, because the sooner one understands the affect of change and individual reactions to it, the sooner one will be able to manage change, and embrace it. In a workplace setting, open communication and non-judgmental support are essential ingredients in managing and inspiring change.⁶

Change can be broken down into five categories:⁶

1. Straightforward change, like changing computer screens or changing uniform styles.
2. Changing something that is already done and relearning it in a new way, like changing the steps and questions used in counselling a patient.
3. Changing something that obviously needs changing, but there is a sense of unwillingness or anxiety. This kind of change usually involves a habit, for instance smoking, or it could be moving from behind the pharmacy computer to a private counselling area to speak to patients.
4. Changing something that is contrary to personal beliefs. For instance, pharmacists may feel uncomfortable contacting a physician to recommend a different medication, because of the belief that the doctor is always right and his authority should not be questioned.
5. Change that is imposed. A head office may implement a new patient program, or government may enact legislation that affects the pharmacists' workload.

The first three types of change are the most common. People change in little ways all the

time. There might be some struggle associated with the change, but one is conscious of it and ultimately one has absolute control over the decision-making process. The fourth and fifth types of change, however, can be much more difficult and confrontational.

The fourth type of change requires a changed point of view, a process that can easily cause feelings of confusion, insecurity and defensiveness. Imposed change, the fifth type of change, often seems unfair. One may also feel that the change is not being done the right way, especially if consultation has not occurred, or there has been no opportunity to buy into the process or add a point of view. Often the resulting anger and stress become a greater issue than the change itself.

Whatever the type of change, but particularly for changes in belief and imposed change, which are inevitable or out of one's personal control, it is critical to accept and commit to the change rather than fight it. Only then can those affected properly direct their energies to minimizing any negative impact—and maximizing the possible opportunities—that may result.

ORGANIZATIONAL CHANGE

Research data from more than 1,000 companies involved in large-scale changes reveal that “the most common barrier to success was a lack of change management.”⁸ As a result, these companies typically encountered:

1. Managers who were unwilling to assign the needed resources;
2. Managers who filtered out important messages or started negative conversations about the change;
3. Employees who became distracted and lost interest in their current work responsibilities;
4. Valued employees who left the organization;
5. More people taking sick leave or not showing up for work;
6. Unforeseen obstacles to the change that seemingly appeared from nowhere; and
7. A lack of funding for the change.⁸

Proper change management can not only minimize these outcomes, but in many cases avoid them entirely. Unfortunately, many business leaders and project teams do not appreciate their role in managing change, particularly as it affects people on a personal level, until after resistance emerges and threatens to derail a project.⁸

TABLE 2

SWOT worksheet; sample responses have been inserted in italics.

Strengths:	Weaknesses:
What do you do well? What unique resources can you draw on? What do others see as your strengths?	What could you improve? Where do you have fewer resources than others? What are others likely to see as weaknesses?
<i>I am a certified diabetes educator. I have developed good relationships with the physicians in my clinic and their support staff. I maintain detailed files on my diabetes patients. I am passionate about helping my customers.</i>	<i>I am a bit shy with new patients. I have not kept up with software enhancements for glucometers. Some staff feel I spend too much time with some patients, and we get behind in dispensing activities.</i>
Opportunities:	Threats:
What opportunities are open to you? What trends could you take advantage of? How can you turn your strengths into opportunities?	What trends could harm you? What is your competition doing? What threats do your weaknesses expose you to?
<i>I can take a course that builds confidence. I can promote my diabetes care services and have physicians refer their patients. I can develop a relationship with the new nurse practitioner and work together to service patients with diabetes. The incidence of diabetes is growing, across all age groups.</i>	<i>My profession is moving toward more direct patient care, and because of my shyness I may be left behind. Diabetes is a growing area of specialization among pharmacists and other healthcare providers; if I do not become more proactive, I may lose customers or be left out of a “health team” environment.</i>

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Needs assessment

The process of change begins with a needs assessment. A needs assessment is “a systematic process for determining goals, identifying discrepancies between optimal and actual performance, and establishing priorities for action.”⁹

A needs assessment is a valuable tool on many levels. On a personal level it helps to identify individual strengths and weaknesses, which in turn leads to the determination of goals. In the pharmacy, it helps identify gaps in resources as well as existing areas of strength, which contribute to the development of a business plan. Once the needs assessment is completed on the personal and pharmacy levels, the process can also be applied externally, to determine areas of specialization for the community.

THE SWOT ANALYSIS

The SWOT analysis¹⁰ is a simple and common method of needs assessment. “SWOT” stands for strengths, weaknesses, opportunities and threats. “Strengths” and “Weaknesses” are

attributes that are internal to individual pharmacists, co-workers and the pharmacy workplace. “Opportunities” and “Threats” refer to external factors that can affect individuals, co-workers and the workplace. The purpose of a SWOT analysis is to step back and objectively evaluate yourself and/or your situation.¹⁰

For the purposes of this portion of the CE lesson, the SWOT analysis will be applied to a pharmacist who would like to expand their expertise in diabetes care (Table 2).

Strengths What types of skills, education, or connections do you have that others may not? You may be a certified diabetes educator, for example. What do you enjoy doing? What resources can you draw on or have access to? What do others see as your strengths or best characteristics? You may have detailed knowledge of new treatment guidelines, or you may have an expertise due to personal experience (e.g., a family member who has diabetes). When listing strengths, be honest—and not humble. You need to know the assets at your disposal.

Weaknesses It's much harder to admit shortcomings, yet essential to do so. Consider the activities or opportunities you tend to

avoid—these often point to weaknesses. What do co-workers see as a weakness in you? Are you reluctant to use the new computer software for downloading and monitoring blood glucose results? Once weaknesses are recognized, it's important to draw from your strengths to address them.

Opportunities Do local demographics support your desire to develop your expertise in diabetes? Is the nearest diabetes education centre back-logged? If you could eliminate some of your weaknesses, would this open up opportunities? For instance, if you overcame your reluctance to use new software, could you download data from a patient's glucometer to generate reports for physicians? Make note of all external trends or events that can be considered opportunities, e.g., an aging population, new legislation, the local shortage of physicians. You may be the only accessible local expert, so make sure others know it.

Threats Take a close look at your weaknesses and determine which ones could seriously threaten your ability to practice

pharmacy, particularly in light of evolving external trends. For instance, will your low comfort level around enhanced computer software become an obstacle when electronic health records are rolled out across Canada? As well, consider external threats in isolation, e.g., new competition, new legislation. Will the growing role of nurse practitioners add or take away opportunities to expand your expertise in diabetes care?

THE WISDOM MODEL

In addition to the relatively quick SWOT analysis, numerous models exist that probe deeper into the change management process. Many can be accessed through reading materials, or live training sessions. The WISDOM™ Practice, developed by a Canadian firm with experience in the retail pharmacy sector, is one such model.¹¹ The WISDOM approach addresses both the practical as well as the behavioural issues associated with change, particularly in small- to medium-size business environments.

For the purposes of this CE Lesson, let us

assume your pharmacy is preparing to offer a medication review service to beneficiaries of your province's public drug plan (in Ontario, this service became reimbursable in April 2007). While this is something you've anticipated and desired, it's also a service that will probably take between 20 minutes and one hour of time for each review. How does one incorporate this into daily practice?

The WISDOM model uncovers the challenges and opportunities of change in six steps by:

- identifying what is Working Well;
- Isolating Issues;
- Sharing feelings and Sensory reactions;
- determining what to Do Differently;
- identifying future Opportunities; and
- providing Meaningful Move-forward lessons.¹¹

Furthermore, when applying the WISDOM method to the practice of pharmacy, there are four major areas for consideration:

- resources;
- operations;
- clinical knowledge; and
- pharmacist interactions.

W – What's Working Well?

The new era of pharmacy practice will demand that you leverage the strengths of individual pharmacists and the pharmacy team. Crystallizing strengths will build confidence during the change management process. Below is a suggested worksheet with sample responses.

Area	Questions	Sample Responses
Resources	<ul style="list-style-type: none"> • What advantages/strengths do you and your team have in terms of: <ul style="list-style-type: none"> - time/productivity - scheduling - staffing levels 	<ul style="list-style-type: none"> • Strong existing support from technicians • Scheduling controls already in place, including overlap of pharmacists' shifts • Entire team is involved and onside
Operations	<ul style="list-style-type: none"> • What advantages/strengths do you and your team have in terms of: <ul style="list-style-type: none"> - workflow - physical space - internal systems and tools (e.g., technology, equipment) 	<ul style="list-style-type: none"> • Technicians already experienced with electronic documentation procedures and scheduling (e.g., for existing specialty compounding services) • Back office available for private counselling • Provincial pharmacy organization has produced medication review guidelines and templates
Clinical Knowledge	<ul style="list-style-type: none"> • What advantages/strengths do you and your team have in terms of: <ul style="list-style-type: none"> - clinical knowledge - access to clinical networks - access to clinical knowledge decision tools - an existing specialized area of practice 	<ul style="list-style-type: none"> • Clinical knowledge is sufficient • Existing compliance packages services to supplement medication reviews • Subscription to eTherapeutics¹² for online access to drug information databases
Pharmacist Interactions	<ul style="list-style-type: none"> • What advantages/strengths do you and your team have in terms of pharmacist interactions with: <ul style="list-style-type: none"> - patients - physicians, nurses and other healthcare providers - pharmaceutical sales reps 	<ul style="list-style-type: none"> • Patients have occasionally asked for medication reviews • Strong relationships already exist with physicians, a few of whom occasionally refer complex patients to pharmacy for reviews • Sales reps have expressed interest in supplying patient information materials

I – What are the Issues?

To manage and thrive in a changing environment, people need to be aware of the issues that make them vulnerable to problems, barriers, errors, and misdirected energies. These could include inconsistent communication, unclear roles and responsibilities, ineffective technology, or inconsistent staffing levels. To ready yourself and your pharmacy team to deliver expanded professional pharmacy services, you will need to honestly reflect on what these issues are for your pharmacy. Below is a suggested worksheet with sample responses.

Area	Questions	Sample Responses
Resources	<ul style="list-style-type: none"> • What time/productivity constraints do you face? • What scheduling challenges do you encounter? • What are the staffing issues that typically arise? 	<ul style="list-style-type: none"> • Complex patients are most likely to require reviews and will need the most time; how do we make it cost efficient? • Patients prefer appointments between 3:30 and 5:30 pm when staff is changing shifts; may need to rearrange or lengthen shifts
Operations	<ul style="list-style-type: none"> • What workflow issues are common concerns? • What physical space limitations have you identified? • What amount of time is spent dispensing? Counselling? • What limitations have you faced with internal systems and tools (e.g., technology and equipment)? • What time is dedicated to interacting with colleagues in day-to-day practice? In training? 	<ul style="list-style-type: none"> • The busiest period is between 3:30 and 5:30 • Lack of dedicated private counselling area makes it difficult to counsel patients during peak periods • Despite computer software, documentation, follow-up and appointment scheduling often done manually for later inputting • Lack of regular staff meetings
Clinical Knowledge	<ul style="list-style-type: none"> • What gaps do you and your team have in terms of clinical expertise? • What obstacles do you and/or your team face for gaining the right clinical knowledge? 	<ul style="list-style-type: none"> • Only one pharmacist has experience conducting medication reviews • All pharmacists need to complete training seminars offered by provincial pharmacy organizations
Pharmacist Interactions	<ul style="list-style-type: none"> • What typical challenges or issues do you and your team face in your interactions with: <ul style="list-style-type: none"> - patients - physicians, nurses and other healthcare providers - pharmaceutical sales reps 	<ul style="list-style-type: none"> • While patients are interested in the service, extra time will need to be spent explaining billing process • While some physicians and nurses have already been referring complex patients, extra time will need to be spent explaining and promoting new billable pharmacist service for medication reviews

S – What are People Sensing and Feeling?

To motivate people to make important changes in behaviour it is essential to understand what they have been feeling and sensing as the idea of change gets increasingly closer to becoming reality. For you and your pharmacy team, the expanded role of the pharmacist may be giving rise to a range of feelings, from pride and excitement to fear, worry and resistance. Identifying what people are feeling and why will help you to better plan how to direct your energies (and theirs) for change. Consider the questions below and answer for yourself and other stakeholders:

Stakeholder	Questions	Sample Responses
Yourself	<ul style="list-style-type: none"> • How do I truly feel about this change? • What are my underlying uncertainties and doubts? 	<ul style="list-style-type: none"> • I am excited to use more thoroughly the knowledge I have been trained to use. • I will need to do some “dry runs” or take a course to make sure my techniques and approach are appropriate and meet quality assurance guidelines. • I am concerned about time management and how to document the reviews.
Other pharmacists and staff	<ul style="list-style-type: none"> • What do you observe/hear about the way your colleagues and co-workers feel about this planned new service? 	<ul style="list-style-type: none"> • Some colleagues feel we do not have the time to provide this service, especially to complex patients who are in most need of medication reviews. • Some colleagues would rather focus their efforts on other areas of expertise, such as menopause counseling. • While technicians are enthusiastic, they're concerned about ensuring consistency in documentation and follow-up.
Other healthcare providers	<ul style="list-style-type: none"> • What do you observe/hear about the way physicians, nurses, and pharmaceutical sales reps feel about the new service? 	<ul style="list-style-type: none"> • Generally positive support among physicians and nurses, though they're not familiar with the details. • Biggest concern is about the establishment of consistent, efficient communications between pharmacists and physicians, and developing trust.
Patients	<ul style="list-style-type: none"> • How do you think your patients will feel about this new service? 	<ul style="list-style-type: none"> • Patients are generally positive during occasional medication reviews. Issue could be payment for the service (for those with private drug plans).

D – What can you do Differently?

After completing the first three steps of WISDOM, it is time to look back at your strengths, your challenges and people's feelings in order to determine what can be done differently. For example, perhaps you identified strong physician relationships as something that is working well in your pharmacy, yet the current communication process is inconsistent. What can be done to fill this gap?

It is important not to expect to do things differently all at once. One must determine immediate or short-term, medium-term (within three to six months) and long-term (within six to 12 months) action steps. Do this on a regular basis and adjust your plan as specific steps are achieved and as new factors come into play. Below is a suggested worksheet for an action plan with sample responses.

Conducting medication reviews – 'Do Differently' Action Plan

	Immediate Action Steps	Within 3 – 6 months	Within 6 – 12 months
Resources	<ul style="list-style-type: none"> • Create small staff committee (including at least one technician) to address concerns around appointments, documentation and cost-effectiveness, and to ensure communication with entire staff. • Establish regular staff meetings. 	<ul style="list-style-type: none"> • Adapt existing scheduling, documentation and follow-up procedures to accommodate medication reviews. • Extend overlap schedule of pharmacists to accommodate appointments throughout day and evening for patient convenience. • Start service for patients on three to five meds. 	<ul style="list-style-type: none"> • Expand service to patients on six to 10 meds; reinvest revenue to hire pharmacists and/or techs to accommodate growing demand. • Expand service to patients on more than 10 meds.
Operations	<ul style="list-style-type: none"> • Retrofit back office as required to create dedicated private counselling area. 	<ul style="list-style-type: none"> • Install computer in office for ease of access to data and documentation. • Purchase new software and/or schedule additional training for pharmacists and techs to maximize electronic documentation and follow-up procedures. 	<ul style="list-style-type: none"> • Evaluate documentation and follow-up procedures and adjust as required.
Clinical Knowledge	<ul style="list-style-type: none"> • Arrange knowledge transfer between experienced pharmacist and rest of staff, through job shadowing (during actual reviews) and one-on-one training. 	<ul style="list-style-type: none"> • Complete training for all staff, provided by provincial pharmacy organization. • Ensure Internet access for all pharmacy staff as well as working knowledge of online clinical knowledge decision-making tools (e.g., eTherapeutics¹²) 	<ul style="list-style-type: none"> • Evaluate knowledge base and schedule additional training, as required.
Pharmacist Interactions	<ul style="list-style-type: none"> • Meet personally with nearest physicians to explain and promote upcoming medication review service; gather their feedback on procedures for regular communication, documentation and follow-up. • Research support tools and/or patient information aids from supplier reps. 	<ul style="list-style-type: none"> • Create printed and electronic flyers to explain and promote services to patients, physicians and other providers. • Develop long-term communications plan (e.g., including media advertising) 	<ul style="list-style-type: none"> • Gather follow-up feedback from patients, physicians and other providers and adapt communications plan as required.

O – What is the Opportunity?

When working through a major change, it is important to periodically step back and survey the horizon of additional possibilities that often emerge. This can be extremely motivating and result in a long-term vision for the pharmacy. For instance, let's say your current action plan includes training for your pharmacy technicians on your patient documentation software. Beyond the obvious positive outcomes of more accurate patient records and improved reporting for medication reviews, what other opportunities does this open up? Can this robust database of patient information be used to determine future areas of specialization?

M – Meaningful Move Forward Lessons

The sixth and final step of the WISDOM process of change management is to consider the meaningful lessons that the whole exercise has provided. It's looking back at the first five steps and recognizing what consistently rises to the surface in terms of personal lessons or learnings that you can carry forward into the future, whatever you are doing. For instance, you may have realized that you have difficulty delegating tasks to pharmacy technicians. Or you may have realized that your pharmacy team works best with brief, bi-weekly meetings that include an 'open floor' for people to raise ideas or concerns, without judgment.

In summary, when considering the expansion of pharmacy practice, what meaningful lessons have I learned about myself? about my team? about my pharmacy/organization?

How ready are you for change?

This brief questionnaire, developed by the creators of the WISDOM Practice,¹¹ can help you determine your personal level of readiness for change. Ask yourself these five key questions and answer honestly. Select your response on a scale of 1 – 4, with “1” representing an emphatic “yes” and “4” representing an emphatic “no.”

Question 1.

Do you have a clear vision of the possibilities and opportunities that are within your reach as a result of an expanded scope of practice?

1 2 3 4

Question 2.

Are you personally and professionally committed to doing whatever it takes to change the way you are accustomed to practicing?

1 2 3 4

Question 3.

Are you prepared to fully engage all your stakeholders, from the front sales counter to

behind the prescription counter, inside the pharmacy and out?

1 2 3 4

Question 4.

Have you taken time to anticipate all possible reactions or hurdles?

1 2 3 4

Question 5.

Can you and your pharmacy team share input honestly, both positive and negative?

1 2 3 4

Score:

Each question for which you answered “1” gets one point, each question for which you answered “2” gets two points, and so on. Total score: _____

Interpreting Your Score

Total Score: Readiness for Change

5 - 7 You are ready for change! Get ready to implement but remain alert.

8 - 10 You are nearing readiness! Keep focusing on the tasks that will ensure that you are ready to manage the change.

11 - 12 You not quite ready to change yet. Take steps to correct the situation and then try the quiz again. Seek more information or coaching if required.

Reflect on your readiness for change as an important motivator to seek out the additional support you may require. Here are some additional helpful hints related to each of the questions.

Question 1

- Change begins with a clear and compelling vision of the desired future. And this vision must be well communicated, between co-workers and between employer and employees. Sometimes a vision takes a leap of faith, as a demonstration of your belief in the delivery of expanded services.

Question 2

- The first person to change must be you. While this is particularly true for the pharmacy owner or manager, each individual must take responsibility for actively adapting to change (rather than passively waiting for it to happen to them).

Question 3

- Everyone has a stake in what happens at the pharmacy, and they each bring valuable points of view. By engaging all the people who are affected by the change, you increase your chance of success. With each direct connection you ‘enroll’ those people in the change.

Question 4

- Think about all the aspects of change: the pragmatic, emotional and behavioral. Problems can delay you, other priorities will scream ‘me first,’ and people will surprise you, and even oppose you. To make the transition, be prepared. Continuously anticipate and monitor the pharmacy for any signs of breakdown and manage those proactively.

Question 5

- Establish a trusting environment and your pharmacy team will feel comfortable in providing important insights about the opportunities and challenges inherent in offering expanded services. As you evolve, continue to seek feedback along the way. Invite them to rant or rave, as long as you keep the dialogue going and keep the focus on moving toward the vision.

Final checklist

As you develop and experience your own change management process, both personally and in the pharmacy, here is a final checklist to draw upon to help stay on track.

- Goals and desired outcomes have been identified and clearly articulated in a plan of action.
- Regular team meetings are occurring to gather everyone’s input and delegate responsibilities.
- There is a level of comfort with the planned changes.
- Additional training is available, as required.
- Sufficient physical space is available to accommodate the planned expanded service(s), including a private counselling area.
- Appropriate clinical decision support tools and reference materials are available or accessible.
- The computer system, software and/or equipment have been upgraded, as required.
- New practice guidelines and technologies have been reviewed.
- Steps to fill gaps in resources (e.g., staffing,

money for advertising) are underway.

- Staff scheduling has been reviewed and adjusted as required, including possible increases in staffing.
- Store hours have been reviewed and adjusted as required.
- A regular communications strategy to physicians and other healthcare providers is in place, with mechanisms for feedback.
- Support staff members have been trained and motivated to play their own important part in the provision of expanded pharmacist services (e.g., verbally communicating services to customers, booking appointments).
- A plan is in place to regularly evaluate the change management process as well as the outcomes of the expanded service(s), making adjustments as required.

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CE Questions

1. In Quebec, the number of pharmacists' documented recommendations to physicians, eligible for reimbursement under the Pharmaceutical Opinion program, increased from 1998 until 2005 because:

- Moving from a manual system to electronic claims submissions made the recommendations easier to document and submit for payment.
- Revised university curricula in faculties of pharmacies across Canada address how to communicate with physicians and other healthcare providers
- Pharmacy students in Quebec must complete a number of pharmaceutical opinions in their fourth-year rotation; this lays the groundwork to continue the practice after they have graduated.
- a and c

2. The Pharmacy Guild of Australia cites the following as a critical success factor when implementing expanded services in day-to-day pharmacy practice.

- Pharmacists' clinical skills
- Documentation procedures
- Change management strategies
- Physician awareness and understanding
- Adequate reimbursement for pharmacists

3. In the United Kingdom, the Pharmaceutical Services Negotiating Committee was left with the following a year after the implementation of government-funded medicine review services by pharmacists.

- Surplus funding due to the lower-than-expected uptake among pharmacies.
- Additional funding due to the higher-than-expected uptake among consumers.
- The same level of funding due to achievement of anticipated uptake among pharmacies and consumers.
- A shortfall in funding due to the higher-than-expected uptake among pharmacists.

4. When pharmacy owners and managers are asked what they would ideally do to ensure their pharmacy is performing at its best, the number one action, according to 46 percent of respondents, is:

- Increased technician training
- Increased pharmacist training
- Hiring of additional technicians
- Increased use of technology

5. Government legislation of mandatory reporting requirements by pharmacists would be an example of:

- Straightforward change
- A change in belief
- Imposed change
- None of the above

6. Research data from more than 1,000 companies involved in large-scale changes reveal that the lack of change management can result in the following:

- Managers who are unwilling to assign the needed resources
- Managers who filter out important messages or start negative conversations about the change
- Valued employees who leave the organization
- Divisiveness between employees who support the change and those who don't
- a, b, c

7. A needs assessment is:

- A systematic process for determining goals, identifying discrepancies between optimal and actual performance, and establishing priorities for action
- The starting point for the process of change
- A tool that can be applied on many levels: individually, within a pharmacy, and externally within the community
- All of the above

8. When considering implementing a new service for patients you should first:

- Hold a staff meeting
- Contact physicians in your area to garner their support
- Perform an internal needs assessment
- Hire additional trained staff with expertise in this area

9. The "Opportunities" and "Threats" referred to in a SWOT analysis are:

- Internal to an organization
- External to an organization
- Both of the above
- None of the above

10. When performing a SWOT analysis, having the credential of being a certified diabetes educator would be considered:

- An opportunity
- A strength
- A threat
- A weakness

11. With "imposed change," it is usually the anger and stress over the process that is the issue rather than the change itself.

- True
- False

12. A SWOT analysis, which is quick and easy, and the WISDOM practice, which is utilized in more detail, are both types of needs assessments for the change management process.

- True
- False

13. When applying the WISDOM method to the practice of pharmacy, the major areas for consideration are:

- Resources, clinical knowledge and pharmacist interventions
- Resources, operations, clinical knowledge and pharmacist interactions
- Resources, technology and clinical knowledge
- Resources, operations, technology and clinical knowledge

14. When implementing a medication review service in your pharmacy, you may be concerned

about:

- Time management
- Proper and consistent documentation
- Good communication between pharmacists and physicians
- All of the above

15. What is the most important step in the SWOT analysis?

- Strengths
- Weakness
- Opportunities
- Threats
- All steps are equally important

16. Under the WISDOM model, the "Opportunity" phase can best be described as:

- Periodically stepping back and surveying the horizon of additional possibilities that often emerge from a change
- Surveying external market trends and determining how these translate into possible opportunities
- Forecasting how current action steps around a specific change will evolve in the future

17. In a SWOT analysis a weakness can be described as:

- Something you avoid
- An improvement you have made
- An opportunity you missed
- All of the above

18. Under the WISDOM process, when determining what you can do differently in your personal practice or in your pharmacy, it's important:

- To have short-term, medium-term and long-term action steps.
- To have weekly meetings to measure progress
- Not to expect to do things differently all at once
- To look back at your strengths, your challenges and people's feelings in order to determine areas of focus.
- a, c and d

19. According to the WISDOM model, a recommended timeline for short-term, medium-term and long-term action steps would be:

- Within three months (short-term), within six months (medium-term), within 12 months (long-term)
- Immediately (short-term), within three to six months (medium-term), within six to 12 months (long-term)
- Within six months (short-term), within 12 months (medium-term), within two years (long-term)

20. The following statement(s) are correct:

- Open communication and non judgmental support are important in managing and inspiring change
- Maximizing the use of technicians allows time for pharmacists to introduce new services such as medication reviews, or disease state management consults
- Pharmacist interactions with their patients, fellow colleagues and other health care providers are all important but often take time to foster
- All are correct

FACULTY

Change Management & Needs Assessment in Pharmacy Practice

About the author

Sherry Peister is a pharmacy consultant and founder of S.A. Taylor Holdings Inc., as well as a practising community pharmacist at Preston Pharmacy and vice-chair of Green Shield Canada. She does consulting work for pharmacies in the areas of needs assessment and change management, and is personally involved in professional committees and pilot projects that explore change management issues and models for expanded pharmacy practice.

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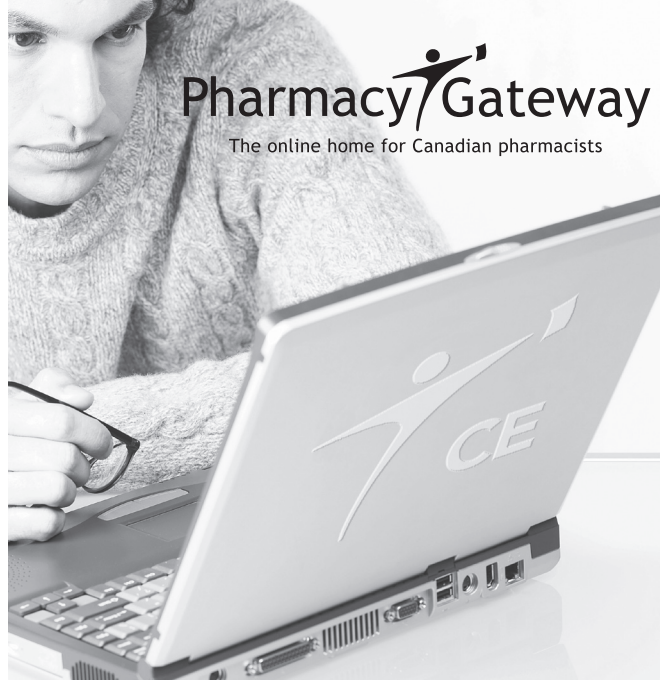
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