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GUEST AUTHOR — 15/10/2018



Sorting out your pharmacy's workflow is crucial to transforming its health services and value to patients say Glenn Guilfoyle and Paul Jaffar

There is much ado about the advent of newer and novel professional services appearing in the domain of retail pharmacy, and also there is much prognostication about the dollar opportunity, especially in light of off-setting some of the PBS reform exposure that every pharmacy has been subject to over the past decade.

This, in addition to declining margins from generics, and increased competition driven by discounters and supermarkets highlights the importance for community pharmacy to transition from a transactional model to a patient focused provider of health care services and solutions.

Is the workflow really working?



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Independent workflow and customer engagement observations and data collection covering roughly 60 odd pharmacies per annum over the past 5 years suggests that there is much scope for many practicing pharmacists to reinvent their “professional service” at the medicines counters.

This would require the pharmacy to adopt a model that is focused on patient health outcomes, with specialist trained staff who are readily available to provide health solutions, as opposed to a volume driven discount model.

There are many opportunities for pharmacies to utilise the skills and expertise of a pharmacist, and in particular the Schedule 3 Pharmacist Only category which is often under-utilised and can not only improve the ongoing viability of a pharmacy but also deliver better patient outcomes.

Additionally, patients highly value the opportunity to engage with a health professional to assist with their health conditions and stay healthy.

But to become a beacon professional services pharmacy, it is nigh on impossible to transition if your pharmacy practices and processes are still rooted in products, price and dispensing.

Too often, the pharmacist who is the most highly skilled and knowledgeable staff member in the pharmacy is inaccessible behind a dispensary bench providing an inconsistent level of access and advice for patients.

Rise of the ‘rubberband’ pharmacist

The Next Level’s benchmarking workflow and customer engagement audit studies suggest that, of the medium to large size pharmacy subset, 85-90% are still primarily rear pharmacist oriented. Paradoxically, the same studies show that the national benchmarks for the % frequency in which a health customer is served by a pharmacist is:

- At script in = 37%
- At script out = 65%
- At OTC = 46%

But how can that be? If so many pharmacists are still primarily rear positioned, how can such high scores for pharmacist interface with customers at the service counters co-exist?

This is the phenomenon we like to call “the rubberband man” (or woman). In a rubberband man, rear oriented pharmacy, the pharmacist/s still make their “home base” at the rear where the processing is done. But they are mobile and frequently come to the service counters to serve customers, usually as briefly as practical, so that like a homing pigeon, they can return to home

base (the rear processing bench) as swiftly as possible.

Perfunctory counsel

The dominant mindset guiding when to come forward and when not, is the perception of “as required”: “Here comes Flo to pick up her script.....I better whip out there and make sure she understands the change of dose, change of med, change of this, change of that”.

Unfortunately, our observations show time and again that the “counsel” in this ubiquitous scenario is perfunctory, rather than richly professional. To give yourself a chance of succeeding as a professional services pharmacy, one must first excel at becoming a professional service pharmacy. A fundamental re-rostering and re-engineering of the pharmacist home base must occur.

Conducting an assessment of the current situation is an important first step and can help identify key areas in which the pharmacy can improve such as pharmacist accessibility, workflow, staff knowledge and patient engagement.

The next step is about imagining what the ideal situation would look like and putting in place a plan to achieve it. An Opportunity Analysis tool, which is part of the Guild’s Health Advice Plus program can also assist in identifying where the opportunities lie for professional services.

Reverse the rubber band

The home base for the pharmacist/s needs to be at the serving counters within a clearly identifiable professional services area. The counselling area must have sufficient privacy, be well organised and stocked and have sufficient space. It is worth assessing the area from a slight distance and then stepping into it to see how comfortable it is. You can still be a “rubberband man” – just in reverse now.

Move back as required, eg check the technician’s work, answer queries, take phone calls, but do those things quickly and efficiently so that you can return to your forward home base as soon as possible. All non-pharmacists tasks can be delegated to a dispensary assistant, freeing up the pharmacist to spend more time on patient counselling.

This is ostensibly a physical reversal change. But, moreover it is a mindset reversal change.

The mindset that honours the medicines as the secondary value contribution to the customer’s visit experience. It is the mindset that embraces the primary value from the customer’s point of view being the engagement and counsel that comes with the medicines.

It is the mindset that greater leverage of the medicines creates the opportunity for a more complete solution than the customer expected, but that the total experience is differentiated by the words of wisdom that associated to the medicines, more than the additional medicines offered. This is the essence of (underdone) professional service.

Shifting the model

This is the segue to evolving from the dispensing chemist to the professional services pharmacy.

When embarking upon the change it’s vital that all pharmacy staff are able to provide feedback and be part of assessing the current situation. Ultimately the focus of the assessment must be on how to improve the mix of stock within the pharmacy, policies and procedures, the knowledge of pharmacy assistants, skills and accessibility of pharmacists, as well as the image and marketing of the pharmacy.

Allow all staff to be part of this journey, and take the time to consult and discuss the changes and future direction of the business with them, including the benefits and improvements that will arise as a result of the transformation. Think about how you want the business to look in 12 months time.

Plan ahead

Now, for the plan. Determine what changes need to be made and by when, assign roles and responsibilities and then execute and measure progress and success regularly. Train the team, with a 12 month training plan.

Also train your customers so they are aware of the changes that have been made. Utilise tools such as social media and health newsletters, as well as meeting with local doctors and engaging with patients in the pharmacy. Then be consistent in delivering what you said you were going to do.

Programs such as the Guild’s Health Advice Plus provide coaching and support for pharmacies to make the change, and health modules for services such as heart health, asthma management and diabetes.

Buying groups and pharmaceutical companies can also be a source of assistance with marketing and promotions.

Pharmacists should also re-familiarise themselves with the PSA's professional Practice Standards as a way of assessing their skills.

Transforming a pharmacy into a true health solutions model will deliver a plethora of benefits. Patients will value the pharmacy more, staff will feel more satisfied about their the professionalism of their job, and the business will have a key point of differentiation that will lead to a more successful and financially viable business.

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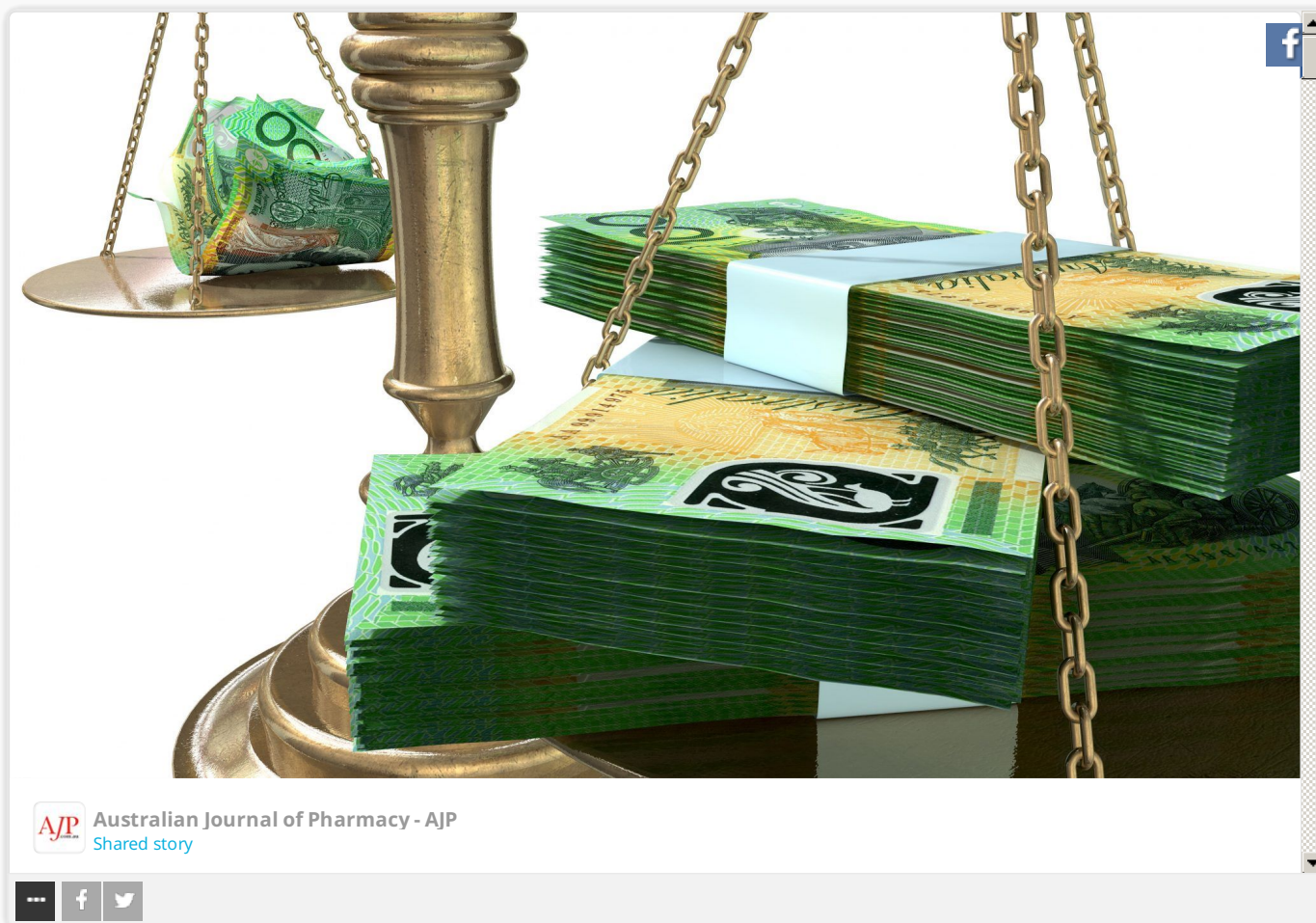


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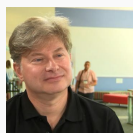
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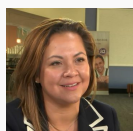
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