

The Art of Selling in Pharmacy



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Learning Outcomes:

After reading this article, the learner should be able to:

1. Recognise the importance of customer engagement when delivering a health solution.
2. Effectively communicate with customers through listening, empathising and providing information.
3. Explain the importance of a pharmacist's responsibility to assess symptoms and conditions and to make a professional judgement on the course of action.
4. Recommend interventions that may have a positive impact on the presented condition.

National Competency Standards: : 1.3, 2.1, 6.1, 6.3, 7.1

Accreditation Number: : G2017023

This activity has been accredited for 1 hour of Group 1 CPD (or 1.0 CPD credits) suitable for inclusion in an individual pharmacist's CPD plan which can be converted to 1 hour of Group 2 CPD (or 2.0 CPD credits) upon successful completion of relevant assessment activities.

THE ART OF SELLING IS VIEWED BY MANY IN OUR PROFESSION AS A ‘DIRTY’ TOPIC, BUT IT IS AN ESSENTIAL COMPONENT OF WHAT KEEPS OUR BUSINESSES VIABLE. PHARMACISTS ARE (AND SO THEY SHOULD BE) EXCELLENT AT LISTENING TO THEIR CUSTOMERS AND PROVIDING ADVICE. HOWEVER, THE CONVERSION OF THAT ADVICE INTO THE SALE OF PRODUCTS THAT WILL REDUCE THE SYMPTOMS, TREAT THE CAUSE AND PREVENT A RECURRENCE IS A SKILL THAT FEW HAVE MASTERED. WHAT ABOUT PROFESSIONAL SERVICES: REVIEW OF MEDICATIONS, VACCINE ADMINISTRATION, BLOOD GLUCOSE MONITORING, WOUND MANAGEMENT? WHAT IS THE MOST EFFECTIVE WAY TO INCORPORATE THIS TOPIC INTO CONVERSATIONS WITH YOUR CUSTOMERS, WITHOUT SOUNDING OR FEELING LIKE YOU ARE A USED CAR SALESPERSON?

The proposed end result of this article is for the reader to have the ability to confidently have a discussion with a customer about their health. This includes initiating a conversation with a repeat script customer or during a symptom based over the counter (OTC) request, and being able to suggest evidence-based products and services to optimise their health and/or recovery.

There are numerous ways to enhance customer engagement to increase product and solution sales. The first step to increase

engagement is to leverage the customer’s expectation that you will react and respond to their perceived needs and reasons for coming in. Aim to progressively recalibrate such expectations through a strategic approach of leading the conversation with prompting questions and proactive suggestions. Insightful questions, and unanticipated advice and medication or service options will wrest control of the agenda and lead them into associated aspects of their medicines, condition and health that:

- Extends what they know;
- Challenges what they think they know, and;
- Teaches what they don’t know.

Through astute questioning that invites the customer into the conversation, you convert what could be perceived as a lecture on their health condition, to an interactive discussion on actions that will hopefully improve your customer’s overall health outcome. For example, a basic request for an antihistamine may transform to educating the customer on allergy prevention with an intranasal corticosteroid spray.

WHAT THE DATA SAYS

Data collected by observational audit at the dispensaries of more than 250 pharmacy studies over recent years, indicates that the industry norm is to deliver on the perceived, and often shallow, needs of the customer. The data indicates that it’s far less common that the customer receives additional, unanticipated medicines or health advice and associated additional products or services to choose from, in order to create more of a complete solution. Consider this:

- Of the average 1:37 engagement with an OTC customer, only 0:16 (15%) is staff driven conversation that prompts and proactively provides unanticipated advice and medicines/health options for the customer to choose from for a more complete solution¹.

- For the script customer, the input is even more marginal: of the average 2:21 engagement, only 0:11 (8%) is of this proactive nature¹.

An observational audit conducted in the UK similarly revealed that an average of 10.9% of pharmacist time is spent on counselling of prescribed and non-prescribed medicines².

This conversation mindset is referred to by some consultants as ‘react and respond’. With regards to non-script health product add-ons for both the prescription and OTC customer, this lack of engagement results in:

- For every 100 OTC customer visits, the industry standard basket size for non-script health products is 118 i.e. little more than a 1 product : 1 customer ratio³;
- For every 100 script customer visits, the industry standard is to add on 29 non-script companion products i.e. almost 3 in every 4 script customers walk out with nothing more than what the doctor prescribed¹.

This prompts the question: do we have to undertake a fast food chain style ‘do you want fries with that’ ethos to survive the economic pressure afflicting all pharmacies? The answer is both yes and no.

Yes, in the sense that the end result should be a happy customer leaving with a larger than expected bundle of products and/or services, due to skillful questions and suggestions from the engaging staff member.

No, in the sense that when the unqualified fast food retail assistant offers you fries as an add-on to your burger, he/she is:

- Not teaching you anything you don’t know (because everyone knows what fries are), and;
- Not offering anything that is likely to improve your health.

In pharmacy we have a moral obligation to execute the opposite of the two abovementioned points. A customer who has been educated on the benefits of taking a

The Art of Selling is an essential component of what keeps our pharmacies viable.

coenzyme Q10 supplement whilst on a statin, the convenience of a dose administration aid, and offered an opportunity for a MedsCheck, is more likely to be a loyal customer than the one who simply signs for their repeat prescriptions and leaves without further discussion.

WHAT WE NEED TO DO

In their training, pharmacists have been hardwired to keep risk management and duty of care in the forefront of their minds. Acronyms and frameworks like WHAT-STOP-GO and CARER help to reinforce that risk management hardwiring. However, it’s no longer enough just to be good at WHAT-STOP-GO if you are to have a proactive health conversation with your customer. The good news is that the necessary re-wiring of the brain and tongue only requires mastering a small number of skills. However, executing this with confidence and competence in the real world of retail pharmacy will require the tenacity and practice akin to learning a new foreign language.

The necessary skills encompass:

- Asking the right questions;
- Asking them the right way;
- Communicating the selected solution the right way;
- Handling objections.

Whilst frameworks like WHAT-STOP-GO lose

none of their importance, they need to be supplemented to ascertain the relevance of the possible complete solution for each unique customer. There are a number of acronyms in our industry that can do this, one being TRAPS¹:

- Treat the condition;
- Relieve symptoms;
- Alleviate side effects;
- Prevent the condition/recurrence;
- Support overall well-being in relation to the condition.

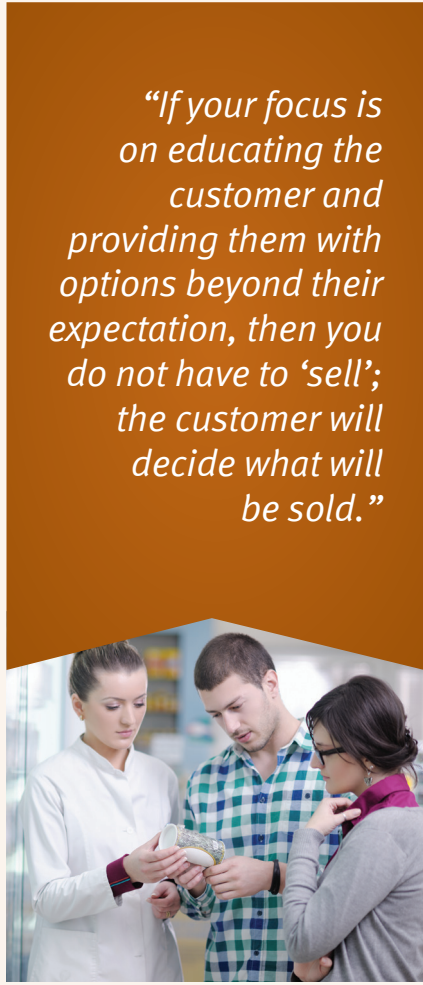
If your focus is on educating the customer and providing them with options beyond their expectation, then you do not have to ‘sell’; the customer will decide what will be sold. As part of your role of providing a professional service, you are leveraging the ‘react and respond’ part of the conversation that meets the customer’s anticipated needs; and proactively exceeding their expectations through education.

The profoundly powerful skill at the heart of the consultation with the customer, is to be able to ask the right questions the right way. The secret is to elevate the conversation from the superficiality of signs, symptoms and side effects, to implications on work, rest and play. How is this done? As soon as the customer reveals any of their specific signs, symptoms and side effects, simply ask something like:

- How does that affect you day to day?, or;

- How does that impact you at night?

Now that the conversation has been elevated into the domain of lifestyle impacts, you will be able to connect with your customer at a much more empathic level. The customer is very likely to feel like they are REALLY being listened to and REALLY understood. This technique can easily be utilised in any conversation, from the initial symptom based request to the presentation of a repeat prescription for an ongoing medication. Other skills to be learnt here include the art of paraphrasing, and verbalising your nominated product/service/advice in terms of specific lifestyle impact benefits that circle right back to the customer’s description of their work/rest/play impediments. For example, asking a patient in the first few months of antidepressant medication if they are finding a benefit from it, will hopefully reveal a positive response. Following that with the above suggestion of asking ‘how does the medication impact you at night?’ may result in a comment about sleep not being so great lately. Paraphrasing the benefits of the antidepressant on your customer’s mood, with a suggestion on changing the timing of the dose, and the offer of a MedsCheck to review the other medications (that may result in the implementation of a dose administration aid) demonstrates that your recommendations are in response to their issues.



BREAKING DOWN THE CONVERSATION

A complete solution conversation should feature two connected parts:

1. The diagnosis;
2. The consultation.

Whether the customer is script bearing or not, whether condition is new or ongoing, a diagnosis should never be assumed, nor glossed over in haste to reach the point of discussing symptomatic relief. The diagnosis part of the conversation can be broken down to four clear objectives:

1. Diagnose the condition;
2. Determine if the condition can be treated;
3. Determine if any prescribed/ requested medication is for treatment of the condition (at this point it is important to differentiate the purpose of the medication from use for symptomatic relief or side effect alleviation from another medication);
4. Determine if intervention is warranted regarding any prescribed/requested medication.

With those clear circumstances understood, then you can effectively begin to consult towards a complete solution. At this point it is useful to cycle through the five health domains within TRAPS that make up the potential complete solution with your customer.

PHARMACISTS NEED TO GET OUT THERE

A current 'reality check' shows that the service level provided by our industry is somewhat stale and stagnant:

- Anywhere between 50 – 90% of ongoing medicine takers are not taking the medicine as prescribed¹;
- 61% of prescriptions are handed out by a pharmacist; of this 61%, only 45% of the time the medication is handed back with pharmacist conducting the basic counselling of ascertaining who the medication is for, what condition is being treated and how to take the medication¹.

A meta-analysis of studies of our counterparts overseas revealed that the bulk of pharmacists' time is spent on the assembling and labelling of prescriptions: from 25.5% in the UK, to over half of the time in the US².

Too often, pharmacists assume that the stable, ongoing medication consumer has already been told how to take their medication safely and effectively several times over, and anecdotally, feel that they may annoy the customer to do so again. A US study revealed that the likelihood of a patient receiving counselling was not related to staffing, automation or workload, but the public perception and practice habits of the pharmacist³. Perhaps paradoxically, this situation of reminding pharmacists of the standard counselling practices should be leveraged to encourage a more proactive conversation about overall wellbeing and health.

TAKE A RECORD OF THE CONVERSATION

In many sales sectors (such as company representatives who visit our pharmacies daily), the solution seller will note key discussion/action/advisory points for each visit. This appears to be a relatively uncommon discipline in pharmacy which, in turn, denies the pharmacist the ability to optimally conduct the consultative and complete solution conversations for each customer from one visit to the next. Each visit is more like a conversation episode, rather than a progressive milestone in ongoing care management.

Consider your classic, stable statin customer: if such patient notes were immediately accessible via the terminal at the script counter, a quick glance would arm the pharmacist with key bullet points from prior customer visits. Begin with an open question such as *'how have you been going lately with that?'* (*'That'* being the medication, condition or product suggestion previously discussed). Depending on the nature of the response, you can leverage something in it or something relevant in recent discussions to continue working towards a solution. Alternatively, you could simply ask a closed question such as *'when are you next due to get your cholesterol levels tested?'*

Following the disciplines outlined already, set yourself up to leverage information from your customer to gain the necessary outcomes of the *'diagnosis'* conversation, which leads into the solution consultation. Remembering the second of Stephen Covey's *'7 habits of highly effective people'*⁴, begin with the end in mind; have a clear picture of what options you are going to explore with your customer when using TRAPS to conduct the conversation.

As the customer leaves with the tailored complete solution, invest a minute or so to key the critical discussion points into your dispensing software, so that they can be leveraged in this way again, on that customer's next visit. For example, *'last time you came, we discussed and agreed X, Y and Z; how did you go with that?'*

INCLUDING PROFESSIONAL SERVICES

The current fervor around selling professional services, means there is a possible risk that you may appear disjointed and sound like you are throwing mud and hoping some will stick. If we take vaccinations and MedsChecks as two leading examples, and think of them in terms of the strategic consultation framework that is TRAPS, it is likely that vaccinations will fit into the *'prevention'* topic of the integrated and strategic consultation; MedsChecks will likely fit into *'support'*. By incorporating these services into the logics and methodology of the professional consultation, as outlined above, any recommendation provided will be contextualised, and sound like an element of an organised, integrated and tailored solution, rather than a disjointed idea.

Observational audit data clearly demonstrates that the pharmacy industry has the potential to substantially increase proactive customer engagement. Pharmacists have the opportunity to expand on their current skill set by incorporating the right questions, asked in the right way, into their counselling sessions to deliver a complete health solution to every patient. Add to this more dedicated time for the pharmacist on the counter, and the habit of recording important points from these conversations into your database, and you will be well on your way to healthy loyal customers choosing to shop at your pharmacy.

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ASSESSMENT QUESTIONS

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QUESTION 1

Which of the following statements about customer engagement is true?

- a. The data indicates that it is very common for the customer to receive unanticipated health advice.
- b. The average OTC customer receives over one minute of staff driven conversation per visit.
- c. The average prescription customer receives 11 seconds of staff driven conversation per visit.
- d. The pharmacy industry norm is to provide over and above the perceived needs of the health customer.

QUESTION 2

Which of the following is not a necessary skill required to have a proactive conversation with a customer?

- a. Asking the right questions in the right way.
- b. Communicating the solution only in a written format.
- c. Prevent the condition or a recurrence.
- d. Treat the condition.

QUESTION 3

Which of the following statements is true, in regards to pharmacists being involved in the health conversation?

- a. Over 90% of prescriptions are handed out by a pharmacist.
- b. Pharmacists believe that instructing how to take a medication several times over is not annoying to a customer.
- c. The standard counselling practice should be leveraged to encourage a more proactive conversation about health.
- d. Over 60% of on-going medicine takers take their medicine as recommended.

QUESTION 4

When having a conversation with a customer, which is the most correct answer?

- a. Try to remember every conversation so that you can continue it next time.
- b. Always ask a closed question to get the answer you want.
- c. Treat each conversation as its own event, rather than progressing towards a milestone in on-going care management.
- d. Have a clear picture of what options you are going to explore when using the TRAPS framework.

QUESTION 5

Which of the following is not an objective in the diagnosis part of the conversation?

- a. Diagnose the condition.
- b. Determine if the condition can be treated.
- c. Refer each patient to the GP for confirmation of diagnosis.
- d. Determine if any requested medication is for treatment of the condition.

REFERENCES

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"Whether the customer is script bearing or not, whether condition is new or ongoing, a diagnosis should never be assumed, nor glossed over in haste to reach the point of discussing symptomatic relief."