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MOVING FORWARD



GUEST AUTHOR — 30/04/2018



Glenn Guilfoyle and Joyce McSwan explain how to leverage your forward pharmacy services to help your patients with pain through the recent regulatory changes

The sensational events of the cricket ball tampering cricket crisis recently provided a glowing example of the old adage “common knowledge is not always common practice”.

Steve Smith and his cronies knew the rules. But their practice violated that knowledge.

The how and why of practicing forward pharmacy in Australia is not new. Like the cricket rules on ball tampering, it is almost inconceivable to think that there is a practicing pharmacist that is unaware of the basic principles underpinning a forward

pharmacy service model.



The conundrum faced by the industry is that as the revenue pendulum swings from remuneration based on product to service the need for such a service model increases directly. But common knowledge in this respect is often not aligned to common practice.

At The Next Level, many pharmacists tell us that they have tried before, and it didn't work. Others tell us that they are getting around to it "just got to get our X or our Y or our Z sorted firstly". Others say "we do that in our own way", and when our auditors audit their workflow and health customer visit experience, we conclude that they are deluding themselves.

An emerging body of data, from over Australian 300 time and motion style studies, is providing an alternative source of "how to" information, which in some cases is confirming conventional wisdom's whilst in others it is confounding them.

The metrics covered in these studies can be thought of at a macro level as:

- Behavioural – the dispensary team has a high level of control;,
- Environmental – the team has low or negligible control, and ;
- Commercial outcome – companion add on or adjunctive therapy – arguable the commercial proxy that most highly relates to high control of the team members.

The conventional wisdom of "just get the pharmacists out the front engaging with health customers will increase satisfaction via richer advisory conversation AND higher profitability for the pharmacy in the form of higher companion add-ons" does NOT correlate strongly at all.

The best explanation is that for so long pharmacists have been trained in "what-stop-go" risk management and duty-of-care speak, that too many of them do not possess the confidence and competence to host a proactive, exploratory, even confronting conversation with the customer in the interests of providing a more complete solution than anticipated.

A condition in which these pre-requisite skills are so necessary right now is pain.

The recent transition of codeine rescheduling has brought pain management into the spotlight and has required us to reflect on current roles and practices.

With 1 in 5 people in Australia suffering chronic pain and 30% of consumers reporting that they still prefer to see a pharmacist for consideration of alternatives and options in the management of their pain, the opportunity for pharmacists to play a greater role in pain management remains promising.

In order to meet the demand of such high and enduring customer expectation, pharmacists need to upskill clinically and adapt to the changing times. Pharmacists must invest more. Invest our time to upskill clinically an invest in time spent with the customer for greater longitudinal return.

The new science of pain acknowledges that chronic pain is a disease in its own right. The treatment options therefore recommend a whole person approach as opposed to a symptom approach. Through engaging the whole person pharmacists have the opportunity for a greater role in the person's chronic pain journey.

Unfortunately one off "fix it" approaches to managing chronic pain have been to no avail, and may be more suited to acute pain.

There is a huge opportunity for pharmacists who are willing to assess pain well and who recognise that there is a need to move from a one off transactional engagement of giving the customer what they came in asking for, to a complete care approach where the patient leaves educated and engaged to seek the pharmacist's help to "project manage" their pain.

BUT realistically, on a day-to-day busy pharmacy setting, how is this to occur and is it simply wishful thinking?

A complete care approach is about what is addressed not how much is addressed. It is also about how safe, efficient and effective treatment can be. Managing pain is complex and having the skill to identify the prioritised needs of the patient within a short space of time requires active listening and good communication skills.

Efficiently assessing the symptoms and methodically synergising medication choices for the patient to consider should take into consideration dose, formulation, frequency, contraindication and previous trials. Delivering options confidently and with empathy will provide not only validation to the client but will also engage the patient with an experience that exceeds their expectation. Skilfully done, the patient will quickly experience the difference between a typical transactional experience versus a complete care approach.

But the journey does not stop there, it is only the beginning. Managing pain is ongoing and integrative and thus provides an incredible opportunity for the patient to be invited back to experience further offerings and services that may optimise their pain management or manage comorbidities that may contribute to the pain experience.

It is essential for the patient to leave the pharmacy no matter how ready they are, knowing that your door is always open and that they can experience other services that can adjunctively help to manage their pain, whether that is Medscheck, Home Medicines Review, weight loss programs, sleep clinics or dose administration aids. But at the very least even without adjunctive service offerings, being able to explain pain to the patient and apply our clinical knowledge in an ongoing basis and supporting GPs at the same time, is well within the scope of our practice and a non-negotiable.

Whilst the pre-requisite to achieve the complete care approach may be a suitable pharmacy operations model that supports this, it is also highly dependent on the accuracy and confidence of the clinical skill which will ultimately bring value to the services we can provide.

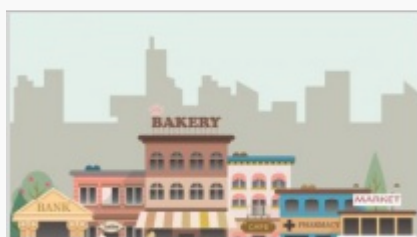
Joyce McSwan is a clinical consultant pharmacist and expert in pain education. She is currently the Clinical Director of the 'Turning Pain into Gain' program for the Gold Coast Primary Health Network, Australia's first federally funded primary health pain program.



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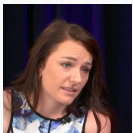
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