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TREAT FIRST, THEN RELIEVE

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A lot has changed in pharmacy during the pandemic, however Glenn Guilfoyle says many pharmacies may still not be taking every opportunity to ask patients the right questions

After more than 2 years effectively being locked out of retail pharmacy and unable to conduct our processing efficiency and engagement effectiveness audit and benchmarking work, The Next Level is tentatively returning to assist pharmacy teams in this way again.

With only a small handful of new audits post-hiatus under our belt, we are reminded of the old adage: the more things change, the more they stay the same….

Whilst the industry has experienced tectonic shifts since new year 2020, we already have the premonition that the essence of the engagement and solution dialogue “down the back” of the pharmacy is remarkably unchanged.

Too often the conversation and agenda are predominantly driven by the customer. If we take the humble pack of Panadol as an example, and pose the question “Why would the customer buy it from your pharmacy instead of the supermarket?, answers will likely include advice, information, service et al.

However, our data based around listening to thousands of customer conversations at the dispensary clearly shows that the associated dialogue is largely “back foot” from the staff member perspective.

In other words, typically the customer is on the front foot, leading the agenda asking for the information, advice, service. The staff member reacts and responds accordingly, all normal retail dynamic.

Usually this is where the conversation starts and ends. However, the great opportunity that is often missed is not to stop there. The opportunity is to use reacting and responding to the customer’s agenda as a means, not an end. To springboard from react and respond to prompt and proact, prompting the customer with questions they did not think, or know, to ask.

Instead best practice is to be proactive with associated counsel that extends what the customer knows, challenges what they think they know, teaches what they don’t know. All in the name of expanding their narrow expectation of the limits of the conversation and providing a more complete solution vis-à-vis the reason they came into the pharmacy.

Too often the pharmacy health professional fast tracks the conversation to symptomatic relief for the OTC customer, without prefacing that conversation with dialogue to build a differential diagnosis and then to narrow down to a “best bet” diagnosis in order to appropriately treat first, before relieving symptoms.

Such treatment, condition dependent of course, may not best be served by a medicine at all, but rather advice or service. All part of the more complete solution.

Further, too often the pharmacy health professional assumes the script customer does not need reminding how to take their med safely and effectively.

But why is this? When we ask staff, the answer is usually around the notion that the particular customer has been on the medicine and dosage for an extended period, and has already been informed of the related med counsel.

However non-compliance and medicine misadventure statistics show that the assumption that the customer knows, or is taking the medicine correctly, is dangerous.

We know of some best practice pharmacists who provide proactive meds counsel all the time, every time, regardless of the long standing nature of the repeat medicine and its dosage. This is all part of the more complete solution.

But apart from these examples, other, ‘if the hat fits’, pharmacy teams fail to provide the customer with a compelling reason to come back to their pharmacy, and fail to adequately provide the customer with the more complete solution than what they thought they were coming into the pharmacy for.

Oh dear… this is the same conclusion we drew from the audits when we conducted our first tranche of data collection, analysis and benchmarks back in 2012.

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