

# Evaluate Current Community Pharmacy Services to Identify Strengths and Weaknesses

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**Abstract:** *This review delves into the landscape of community pharmacy services, exploring the current practices and identifying areas where improvements can be realized. Community pharmacies play a crucial role in healthcare by offering accessible and essential services to the public. The review examines the spectrum of services provided by these pharmacies, ranging from dispensing medications to offering health screenings and consultations. While commendable efforts have been made in delivering quality care, there exist notable opportunities for enhancement. This abstract highlights the need for refining existing practices, potentially through the integration of advanced technologies, expanded collaborative care models, and heightened emphasis on patient education. By scrutinizing the current state of community pharmacy services, this review aims to contribute valuable insights that can guide the evolution of these vital healthcare hubs for the benefit of both the providers and the communities they serve.*

**Keywords:** Community Pharmacy Services, Medication Management

## I. INTRODUCTION

In 2014, the United States spent \$3 trillion on health care, or 17.5% of GDP.<sup>1</sup> There are more than 300,000 pharmacists in the US, and their role in the healthcare system grows along with the sector.<sup>2</sup> The health care system has moved to a model of better service at a reduced cost, in addition to a stronger emphasis on beneficial patient outcomes and legislative action. All of this has been accomplished while addressing a general shortage of health care providers.<sup>3</sup> This has allowed community pharmacists, who were already quite personable with patients, the opportunity to become more than simply suppliers of pharmaceuticals. In addition to clinical outcomes, another measure of the potential impact of pharmacists on patient care is patient satisfaction with the service. Examining the corpus of research on community pharmacy services was the aim of this review, which also sought to identify areas where the business may expand and identify which pharmacies are already providing excellent patient care.

## Methods

The most recent trends in pharmacy services and patient satisfaction were discovered by doing a comprehensive search of the literature indexed in PubMed for the ten-year span between 2006 and 2016. We searched for "community," "patient satisfaction," and "pharmacy services." The term "community" was used to include not just community pharmacies but also undefined clinics that might be housed in a separate structure or offered in conjunction with community pharmacy services. The results were limited to human research and English-language literature. Articles were included if

- The study included an intervention, assessment of current service, or comparison between services.
- The study service was conducted by pharmacists.
- The focus of the study was on community pharmacies or outpatient clinics.
- The study examined a community pharmacy service, such as counseling, care management, and immunizations.

### **Opportunities for improvement**

Several studies revealed that patients were satisfied with community pharmacy services, although these results were inconsistent, and pharmacies may still improve their services. Access is typically considered when selecting a community pharmacy, although it may strain these businesses.<sup>33, 48</sup> Even if patients are content with their pharmacists, being more aware of demographic differences may help reduce perceived access disparities between urban and suburban areas.<sup>6</sup>

Many pharmacy services need additional time or resources, thus this should be considered while introducing new services. Pharmacists must work hard to offer continuing diabetes self-management assessment and guidance, but it may improve patient outcomes.<sup>27</sup> Targeted medicines that involve motivational interviewing may require pharmacists to spend more time with patients and enhance adherence.<sup>29</sup> Limiting the intervention to a few visits over several months may prolong its effects, albeit it hasn't been extensively studied.<sup>30</sup>

In addition to pharmacy staff time, certain programs may require financial resources to motivate patients or purchase equipment and materials. Financial incentives motivate patients to act, however it has not been proved that this expenditure would be recouped by increased patient spending in the pharmacy's store.<sup>28</sup> It may be expensive for pharmacies to stock CPAP machines before providing services.<sup>35</sup> Even without CPAP machines, pharmacists may educate patients on obstructive sleep apnea as there may not be enough information.<sup>36</sup> Hospital readmissions may be reduced by pharmacists, but a good doctor-patient connection is rare in the community. If patients understand medication counseling and perceive its limited usefulness over medicine refills, pharmacists may be able to assist them benefit more from repeated counseling.<sup>16</sup> However, patients may not want their doctor to know they take OTC drugs, which may make patient-physician management difficult for pharmacists. However, pharmacists may provide OTC guidance that enhances patient outcomes.<sup>4, 24</sup> Collaborative practice agreements may improve remote patient access, but large-scale programs must be carefully planned.<sup>40</sup> When screenings are done in a convenient environment like a community pharmacy, at-risk patients are more inclined to pay. Pharmacy memory tests, which are easy to use, may also help patients.<sup>38, 39</sup> New services may not be well welcomed in communities if training has a steep learning curve or needs training at a different site.<sup>34</sup> Patients who receive basic care are likely to be satisfied, but those who receive more specialized or customized care may have different expectations of a good pharmacy experience and require more from their pharmacist.<sup>9</sup> Pharmacists should focus on creating trust with current consumers to promote patient loyalty rather than just offering unique services.<sup>7</sup> Patient-centered care retains chronically ill patients.<sup>10</sup> Improved literacy-based communication tactics may benefit patients.<sup>33</sup> Customized information and counseling may improve patients' experiences.<sup>17, 22</sup> Lab test improvements have not always been connected to life satisfaction, which may limit patient happiness.<sup>37</sup> Intensive interventions may improve patient outcomes, but fewer hospital admissions and doctor visits have not been proved to save health care costs.<sup>21</sup> Patients who received antidepressant counseling experienced minimal advantages, including enhanced quality of life but no statistically meaningful clinical improvement.<sup>23</sup> Pharmacy reconciliation and counseling after hospital discharge did not reduce mortality or pharmaceutical costs, but patients were remained satisfied.<sup>41</sup> Patients starting selective serotonin reuptake inhibitors thought they required more individualized and meaningful medication information and that a pharmacist-patient interaction could be impeded by a perceived lack of empathy. Mental health patients may have questions about how to stop taking medicine or adverse effects, and pharmacists may help.<sup>19</sup> Patients want pharmacists to help them beyond prescription medicines, yet they don't obtain epilepsy-specific advice. However, prescribing medicine for mild diseases by pharmacists benefits patients at a lower cost. Even though patients found the contact useful, the pharmacist's effect may be overstated as most of the disorders under examination were self-limiting.<sup>25, 49</sup> Pharmacists helped primary care clinics identify medication-related concerns while patient education and counseling improved adherence. These strategies may be more effective in retail.<sup>20</sup> To increase adherence, patients may demand more information, and pharmacists must know each patient's needs.<sup>5</sup> A patient-centered approach to drug management may make patients happy but increase health care costs.<sup>50, 51</sup> Patients' impressions of pharmacy services rely on professionalism and care, but as they get more exposed, their expectations and preferences grow, thus long-term services may not be one-size-fits-all.<sup>15</sup> While pharmacists may improve patient satisfaction, people have low expectations for their ability to provide extra drug information.<sup>14</sup> Developing interpersonal skills in addition to competence may help pharmacists boost patient loyalty. Drug users and other stigmatized groups are less satisfied with pharmacy services. Motivational interviewing may reduce this stigma

and improve patients' pharmacist relationships.<sup>32, 52</sup> Talking to pharmacists about their medications and illnesses may boost patient satisfaction with pharmacy services, even without a lot of interaction.<sup>31</sup> Especially in distant places, pharmacists seldom share health promotion information; educating them more may help patients.<sup>26</sup> Pharmacies providing emergency contraception may attract new patients because to their easier access than clinics, although those supplying injectable contraception usually supplied injections to returning clients. Pharmacists may be better at maintaining patients than growing them.<sup>12,53</sup> Community pharmacists are using technology to give care, but it's early. To improve patient satisfaction and pharmacy services, pharmacies may need to adapt and apply new technology as society grows more reliant on them. Integrating technology may be as simple as calling patients to build trust and identify difficulties. This method takes pharmacist time and does not improve patient problems.<sup>47</sup> Patients may worry about fragmented care or that pharmacists are offering more services for financial gain rather for improved care. Pharmacists should consider this while adding or upgrading services, particularly technology.<sup>48</sup>

## II. CONCLUSION

As the role of pharmacists as healthcare practitioners expands, community pharmacies are providing their consumers with more services. Even though patients are generally satisfied with the services provided by community pharmacists, their expectations may fluctuate and increase in response to increasingly advanced therapies. Even while patients' ideas of community pharmacists' roles in their care may be growing beyond prescription dispensing and counseling, additional services may not always be more important to patient satisfaction than improved interpersonal skills.

### Disclosure

The authors report no conflicts of interest in this work.

## REFERENCES

- [1]. CMS.gov [webpage on the Internet]. Historical. Centers for Medi- care and Medicaid. Available from: <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/national-healthexpenddata/nationalhealthaccountshistorical.html>. Accessed November 2, 2016.
- [2]. BLS.gov [webpage on the Internet]. Occupational Outlook Handbook: Pharmacists. Bureau of Labor Statistics, U.S. Department of Labor. [updated December 17, 2015]. Available from: <http://www.bls.gov/ooh/healthcare/pharmacists.htm>. Accessed November 2, 2016.
- [3]. HHS.gov [webpage on the Internet]. Read the Law. U.S. Department of Health and Human Services. [updated August 28, 2015]. Available from: <https://www.hhs.gov/healthcare/about-the-law/read-the-law/>. Accessed November 2, 2016.
- [4]. Simoens S, Lobeau M, Verbeke K, van Aerschot A. Patient experiences of over-the-counter medicine purchases in Flemish community pharma- cies. *Pharm World Sci*. 2009;31(4):450–457.
- [5]. Du Pasquier S, Aslani P. Concordance-based adherence support service delivery: consumer perspectives. *Pharm World Sci*. 2008;30(6):846–853.
- [6]. Malewski DF, Ream A, Gaither CA. Patient satisfaction with community pharmacy: comparing urban and suburban chain-pharmacy populations. *Res Social Adm Pharm*. 2015;11(1):121–128.
- [7]. Patterson BJ, Doucette WR, Urmie JM, McDonough RP. Exploring relationships among pharmacy service use, patronage motives, and patient satisfaction. *J Am Pharm Assoc* (2003). 2013;53(4):382–389.
- [8]. Patricia Antunes L, Gomes JJ, Cavaco AM. How pharmacist-patient communication determines pharmacy loyalty? Modeling relevant fac- tors. *Res Social Adm Pharm*. 2015;11(4):560–570.
- [9]. Gastelurrutia MA, de San Vicente OG, Erauncetamurgil O, Odriozola I, Fernandez-Llimos F. Customers' expectations and satisfaction with a pharmacy not providing advanced cognitive services. *Pharm World Sci*. 2006;28(6):374–376.
- [10]. McMillan SS, Sav A, Kelly F, King MA, Whitty JA, Wheeler AJ. How to attract them and keep them: the pharmacy attributes that matter to Aus- tralian residents with chronic conditions. *Int J Pharm Pract*. 2014;22(4): 238–245.

- [11]. McAuley JW, Miller MA, Klatte E, Shneker BF. Patients with epilepsy's perception on community pharmacist's current and potential role in their care. *Epilepsy Behav.* 2009;14(1):141–145.
- [12]. Akol A, Chin-Quee D, Wamala-Mucheri P, Namwebya JH, Mercer SJ, Stanback J. Getting closer to people: family planning provision by drug shops in Uganda. *Glob Health Sci Pract.* 2014;2(4):472–481.
- [13]. Collum JL, Marcy TR, Stevens EL, Burns CF, Miller MJ. Exploring patient expectations for pharmacist-provided literacy-sensitive communication. *Res Social Adm Pharm.* 2013;9(5):626–632.
- [14]. Tran S, Calabretto JP, Sorich M. Consumer-pharmacist interactions around complementary medicines: agreement between pharmacist and consumer expectations, satisfaction and pharmacist influence. *Int J Pharm Pract.* 2013;21(6):378–385.
- [15]. Naik Panvelkar P, Armour C, Saini B. Community pharmacy-based asthma services – what do patients prefer? *J Asthma.* 2010;47(10): 1085–1093.
- [16]. Kaae S, Traulsen JM, Norgaard LS. Customer interest in and experience with various types of pharmacy counselling – a qualitative study. *Health Expect.* 2014;17(6):852–862.
- [17]. van Geffen EC, Philbert D, van Boheemen C, van Dijk L, Bos MB, Bouvy ML. Patients' satisfaction with information and experiences with counseling on cardiovascular medication received at the pharmacy. *Patient Educ Couns.* 2011;83(3):303–309.
- [18]. van Geffen EC, Kruijtbosch M, Egberts AC, Heerdink ER, van Hulten R. Patients' perceptions of information received at the start of selective serotonin-reuptake inhibitor treatment: implications for community pharmacy. *Ann Pharmacother.* 2009;43(4):642–649.
- [19]. Black E, Murphy AL, Gardner DM. Community pharmacist services for people with mental illnesses: preferences, satisfaction, and stigma. *Psychiatr Serv.* 2009;60(8):1123–1127.
- [20]. Tan EC, Stewart K, Elliott RA, George J. Pharmacist consultations in general practice clinics: the Pharmacists in Practice Study (PIPS). *Res Social Adm Pharm.* 2014;10(4):623–632.
- [21]. Kjeldsen LJ, Bjerrum L, Dam P, et al. Safe and effective use of medicines for patients with type 2 diabetes – a randomized controlled trial of two interventions delivered by local pharmacies. *Res Social Adm Pharm.* 2015; 11(1):47–62.
- [22]. Hoffmann W, Herzog B, Muhlig S, et al. Pharmaceutical care for migraine and headache patients: a community-based, randomized intervention. *Ann Pharmacother.* 2008;42(12):1804–1813.
- [23]. Rubio-Valera M, March Pujol M, Fernandez A, et al. Evaluation of a pharmacist intervention on patients initiating pharmacological treatment for depression: a randomized controlled superiority trial. *Eur Neuropsychopharmacol.* 2013;23(9):1057–1066.
- [24]. Bosse N, Machado M, Mistry A. Efficacy of an over-the-counter intervention follow-up program in community pharmacies. *J Am Pharm Assoc (2003).* 2012;52(4):535–540.
- [25]. Mansell K, Bootsman N, Kuntz A, Taylor J. Evaluating pharmacist prescribing for minor ailments. *Int J Pharm Pract.* 2015;23(2):95–101.
- [26]. Sunderland B, Burrows S, Joyce A, McManus A, Maycock B. Rural pharmacy not delivering on its health promotion potential. *Aust J Rural Health.* 2006;14(3):116–119.
- [27]. Mitchell B, Armour C, Lee M, et al. Diabetes Medication Assistance Service: the pharmacist's role in supporting patient self-management of type 2 diabetes (T2DM) in Australia. *Patient Educ Couns.* 2011;83(3): 288–294.
- [28]. Hui-Callahan BC, Luder HR, Frede SM. Impact of the pay-for-performance-for-patients program for diabetes management. *J Am Pharm Assoc (2003).* 2013;53(6):644–647.
- [29]. American Pharmacists Association. DOTx. MED: pharmacist-delivered interventions to improve care for patients with diabetes. *J Am Pharm Assoc (2003).* 2012;52(1):25–33.
- [30]. Saini B, LeMay K, Emmerton L, et al. Asthma disease management- Australian pharmacists' interventions improve patients' asthma knowledge and this is sustained. *Patient Educ Couns.* 2011;83(3):295–302.
- [31]. Saini B, Filipovska J, Bosnic-Anticevich S, Taylor S, Krass I, Armour C. An evaluation of a community pharmacy-based rural asthma management service. *Aust J Rural Health.* 2008;16(2):100–108.

- [32]. Lea T, Sheridan J, Winstock A. Consumer satisfaction with opioid treatment services at community pharmacies in Australia. *Pharm World Sci.* 2008;30(6):940–946.
- [33]. Warner JG, Portlock J, Smith J, Rutter P. Increasing seasonal influenza vaccination uptake using community pharmacies: experience from the Isle of Wight, England. *Int J Pharm Pract.* 2013;21(6):362–367.
- [34]. O’Neal KS, Murray KA, Skomo ML, Carter SM, McConaha J. Validation of a survey tool assessing effectiveness of an educational intervention on the caring behaviors and referral activities of community pharmacists for migraineurs. *Res Social Adm Pharm.* 2015;11(3):352–363.
- [35]. Hanes CA, Wong KK, Saini B. Clinical services for obstructive sleep apnea patients in pharmacies: the Australian experience. *Int J Clin Pharm.* 2014;36(2):460–468.
- [36]. Shoukry G, Wong K, Bartlett D, Saini B. Treatment experience of people with obstructive sleep apnoea seeking continuous positive airways pressure device provision through community pharmacies: a role for pharmacists? *Int J Pharm Pract.* 2011;19(5):318–327.
- [37]. DiDonato KL, May JR, Lindsey CC. Impact of wellness coaching and monitoring services provided in a community pharmacy. *J Am Pharm Assoc (2003).* 2013;53(1):14–21.
- [38]. Rickles NM, Skelton JB, Davis J, Hopson J. Cognitive memory screening and referral program in community pharmacies in the United States. *Int J Clin Pharm.* 2014;36(2):360–367.
- [39]. Breslow RM. Patient attitudes regarding pharmacist-administered memory screening in community pharmacies. *J Am Pharm Assoc (2003).* 2013;53(6):648–651.
- [40]. Jackson AN, Orr KK, Bratberg JP, Silverblatt F. Pharmacist initiation of postexposure doxycycline for Lyme disease prophylaxis. *J Am Pharm Assoc (2003).* 2014;54(1):69–73.