

ANALYSIS OF PERSPECTIVE SERVICES FOR IMPLEMENTATION IN THE COMMUNITY PHARMACY PRACTICE

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According to international experts, community pharmacies are one of the most accessible health service settings in different counties of the world as they are in rural and urban areas and often have longer operating hours than medical and public health clinics. Community pharmacists strengthen healthcare through providing advice, information and education, triage, screening and testing and referral, administering vaccinations, prescribing, and reducing polymedication and so on.

However, there is a wide range of other needs that can be met by pharmaceutical specialists community pharmacists, which would relieve pressure on and save time for other areas of the health system.

The aim of this work is to analyze and describe the perspective pharmacy services for wider adoption in the community pharmacy practice.

The paper uses methods of desk marketing research: analysis of documents and pharmacy websites, statistics, comparative, and descriptive method.

In different countries of the world, community pharmacies offer a wide range of services to population. These services may be classified into 6 groups: clinical services, product-related services, primary healthcare services, screening tests, programs to combat drug addiction, and other advanced pharmacy services.

Considering the pharmacists' role in care of patients with different complexity of their disease condition, pharmacy services may be organized into 5 groups adapted from the Kaiser pyramid care model. They are health promotion and disease prevention services; dispensing related services to promote access to medicines (for healthy population); screening and referral services (for low complex users); disease management services (for moderate risk users with conditions which are still incipient) and individual case management services (for high-risk users).

Data from scientific literature prove that smoke cessation service, birth control service, pharmacogenetic testing, long-acting injectable drugs, point-of care testing for flu and strep, expanded immunization programs are promising services for implementation in community pharmacies.

To implement new services in pharmacy practice it is important to account local pharmacy regulations, schedule new service, develop protocols and standards, effectively use technician staff, consider training requirements, and apply marketing communication to attract clients.

To attract clients for these new clinical services, pharmacists need to effectively promote them. Marketing methods include social media, on-hold messages, local media appearances, and even marching in a community parade. On-hold messaging (also called audio marketing) is a service used by businesses and organizations of all sizes to deliver information to their callers waiting on hold or while they are being transferred.

As an example, several American states currently have statutes or regulations addressing pharmacist prescribing of tobacco cessation aids. In particular, “Good Day Pharmacy”, which has 9 locations in northern Colorado, has a protocol through which pharmacists provide 30-minute consultations with patients to discuss their smoking cessation options, including OTC nicotine replacement products and medicines the pharmacists can prescribe. There is a \$45 consultation fee paid by the patient, but the prescription drug dispensing is covered by insurance.

In case pharmacists do not have prescribing rights, in some American states their role in smoking cessation program may be as the accountability partner for patients who want to quit smoking. The pharmacy recruits patients for the program using reports of patients who received smoking cessation products the previous month; other patients join by their own request. The pharmacists act as liaisons between the patient and physician if they want to get a prescription. Pharmacists follow up with patients every month and applaud their successes. To date, the program is provided as a free community service.

Another example is adopting birth control service in the pharmacy. In USA, all hormonal contraceptives are currently available by doctor’s prescription, except for emergency contraception with levonorgestrel. This prescription requirement creates many barriers for patients. Expanding the pharmacist’s scope of practice to allow prescribing these medications gives patients the option to make a single visit to the pharmacy for both a clinical purpose and birth control supplies. In USA, more than 1,100 pharmacies are offering birth control services. Policies vary in different states and may allow pharmacists to prescribe birth control pills, patches, vaginal rings, depot injections, and emergency contraception pills. In an effort to improve access to contraceptives and reduce unintended pregnancy rates, in USA there is a nationwide push to allow pharmacists to prescribe hormonal contraceptives.

Promising services for implementation in community pharmacies practice also include are pharmacogenetic testing, long-acting injectable drugs, point-of care testing for flu and strep, expanded immunization programs.

Expanding the functions of community pharmacists enable rationally use of the health care system resources and benefits for patients.

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