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Time consuming work and patient consultancy in community pharmacies: Findings from a qualitative study

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Introduction

Pharmacy work in general

Pharmacists perform a number of activities to manage their pharmacies. Schommer classified pharmacists' professional responsibilities into 4 groups: medication dispensing, consultation, business management and drug use management (Table I)[1].

TABLE I
Professional responsibility categories of pharmacists

Medication dispensing
Preparing, dispensing and distributing medications (traditional dispensing and medication distribution activities)
Consultation
Consulting and communicating with patients about prescription medications; interacting/communicating with other health professionals on the patient's behalf (via phone, face-to-face, etc.); patient/provider education
Business management
Managing pharmacy personnel, finances and systems; processing and reconciling third-party claims; other business management activities
Drug use management
Assessing and evaluating patient medication-related needs; monitoring and adjusting treatment to attain desired outcomes

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Several recent studies have emphasized the growing importance of pharmacists' care-related roles[2-4]. They have indicated that medication dispensing is not sufficient for a community pharmacy. On the basis of this idea, a study conducted in the Netherlands categorized pharmacy work into care-related activities and other pharmacy work. *Advise on medication, prescription-related computer work and preparing or making medicine* are considered as care-related work, while *ordering and handling medical goods, making changes in stock, dealing with claims and controlling expiry dates* are other work[5]. Classification of pharmacy work according to this scheme is presented in Table II.

TABLE II

Elements comprising general pharmacy work[5].

Care-related work	
Counter care	Providing advice on medication, medical aids or disease
Counter other	Helping patients at the counter, other than counter care
Consultation room	All consultations in this room
Telephone	All telephone conversations
Computer work	Prescription-related computer work, not at the counter
Ex tempore preparations	Preparing or making medicines at the pharmacy
Home care work	All tasks related to home care
Other work	
Filling	Collecting medication
Logistics	Ordering and handling medical goods
Office work	Changes in stock, claims, expiry date control and the quality system
Other	All other activities at the community pharmacy

Determinants of pharmacy practice

Pharmacy practice in the community is affected by the economic, regulatory and organizational framework of the country in which pharmacists operate. Factors that determine the nature of pharmacy practice include (i) the way in which medicines are controlled, (ii) the economic framework of health care, (iii) how medicines are paid for and iv) who can own pharmacies[6]. In this section, health policy and community pharmacy implications in Turkey are described in this context.

In Turkey, all medicines are available through registered pharmacies. Pharmacy ownership is restricted to pharmacists and individual pharmacists can own only one pharmacy[7].

Patients who have a medical report do not have to pay for their medications in Turkey. Other patients pay for part of the cost for their prescription medicines and pay for their non-prescription medicines out of pocket[8]. For prescription medicines, patients also pay the difference between the price of their medications and the reimbursable equivalent[9].

As a result of the transition of Turkey's health care system since 2003, the majority of the population has been covered by the General Health Insurance Scheme. Thus, the Social Security Institution (SSI) has become the biggest purchaser of health care services[10]. In the course of the reform process, health care expenditures have also increased[11].

In order to decrease expenditures for medicines, some measures have been taken by the government. These measures include currency hedging for pharmaceutical pricing[12], increasing discount rates for the SSI's purchases[13] and changing reimbursement regulations for medicines[14].

Another policy implementation that has an effect on pharmacists' everyday work practice is receiving patient's share for medical examination-related costs in the community pharmacies[15]. This could be viewed as an extra financial input for pharmacies, but pharmacists complain about the increased workload because of the difficulty in explaining the patients why they received a hospital-related cost at the pharmacy[16].

Pharmacy technicians' task

Work of the pharmacy technicians is rarely examined in work-related studies. In Turkey, they are involved in dispensing medicines and giving drug information. Similarly, they are also reported to contribute to giving advice and in-store referrals in the UK[17-18] and to dispense medications in the Netherlands[6]. Therefore, pharmacy work examined in this study includes the work of both pharmacists and technicians.

Aim of the study

The aim of this study is to identify general pharmacy work and explore pharmacists' time allocation for different tasks in the pharmacy. In this context, mostly or unnecessarily time-consuming activities and activities in which pharmacists want to engage more were explored.

Material and Methods

Data collection techniques

An in-depth interview technique was selected to collect information about pharmacy work for three reasons. First, in-depth interviews are useful qualitative data collection techniques for issue identification. They allow the use of open-ended questions to gain detailed information and a more complete picture of the issue investigated[19]. Second, they may provide a more relaxed atmosphere between researcher and participant; therefore, they have the advantage of collecting reliable information[20]. Finally, in-depth interviews require interviewing relatively few people compared with surveys[19].

Participants

The snowball technique was used to reach the participants. Interviews were initiated with pharmacists who were known by the authors and interviewees recommended additional participants. This technique allows the snowball gets bigger and bigger as researcher accumulate new information-rich cases[21]. It is stated that "the general rule on sample size for interviews is that when the same themes, issues, and topics are emerging from the interviewees, then a sufficient sample size has been reached". Because of the small samples which are not selected randomly, in depth interview results are not generalizable[20].

Data collection process

Interviews were conducted between 9 and 23 December, 2011, in Ankara by the first author as a part of her continuing PhD thesis which was accepted by Hacettepe University Senate Ethical Commission. Interview questions include the tasks performed in the pharmacy, which tasks are time-consuming mostly or unnecessarily, and the work pharmacists want to engage more. In addition, participants' demographic data and pharmacy characteristics were included in the interview. Interviews were recorded with the participants' verbal permission.

Data interpretation

When interpreting data collected from interviews, it has been suggested that the researcher should identify common themes, code the data and determine patterns among themes[22]. According to these evaluation stages,

responses related to each question were brought together, mostly stated answers were identified and patterns among the responses were determined.

Nature of the qualitative research does not require statistical testing to represent findings[23]. For this reason, pharmacists' statements about the study issue were included and the respondent's gender and age were given after the quotes.

Findings and Discussion

Descriptive characteristics of participants

Twenty community pharmacists were interviewed. Ten of the participants were women; their average age was 41 (min: 23, max: 58) and they had 15 years of experience as a community pharmacist (min: 1, max: 30). Of the 20 pharmacies, nine were located near a hospital, five were near a family health centre and one was on a main street selling primarily dermocosmetics and optical products in addition to medicines. Pharmacists had 2 staff members on average (min: 0, max: 10).

Pharmacy work

Pharmacists stated that they perform a number of activities at the pharmacy, from drug purchasing to patient counseling. The pharmacy product cycle starts with determining the purchase conditions and amount of products needed in the pharmacy. After dispensing medicines and other products, patients pay for their expenses or medical products are reimbursed by reimbursement institutions. Reimbursement process requires checking prescriptions for Health Application Statement (HAS) and preparing some documents for SSI. As a part of their financial management activities, sales are assessed and payments are made to the banks, warehouses and other institutions. Pharmacists are also required to manage their staff properly. Financial and staff management are important parts of pharmacy work, in addition to the pharmacy care services.

Time-consuming activities in pharmacy

Most of the pharmacists who involved in the study stated that dispensing activities are the most time-consuming work in their pharmacies. Ten pharmacists indicated that entering medication data into the pharmacy provision system take their time mostly and four pharmacists pointed to explaining

prescription- and medical examination-related costs to patients. Besides, eleven pharmacists stated that they spend most of their time for prescription control and other reimbursement procedures. These tasks were followed by business management and customer relations-patient care.

According to a study conducted in 2007, community pharmacists in Ankara spend most of their time with official procedures, patient counseling, medication dispensing and stock management/accounting[24]. However, in this study, dispensing activities are performed at the beginning and patient counseling at the end in terms of time allocation. This ranking shows that there was an increase in the amount of time-consuming procedures at the pharmacy from 2007 to 2012.

Underlying reasons of this increase can be the new policy applications in pharmacy field, especially the new software of MEDULA Pharmacy (pharmacy provision system of the SSI) and collecting medical examination costs in the community pharmacies. MEDULA Pharmacy came into the service in 2010 and was criticized for its sufficiency[25]. One of the pharmacists complains about pharmacy provision system as followed:

"Computer work takes most of our time because our (pharmacy provision) system doesn't work well. Sometimes it takes half an hour or one hour to enter a prescription's data into the MEDULA, or we can't enter the data at all." (F, 53).

Another pharmacist explained how medical examination costs consume their time: "It really takes plenty of time to explain medical examination costs to the patients. We spend 5-10 minutes to make ourselves understood by them. Some patients claim us for taking their money every time. In fact, we take that money for the state not for ourselves." (M, 58).

Prescription control and other reimbursement procedures were stated as the second most time consuming work by pharmacists. Since reimbursement amount was determined based on a sample from the prescriptions they submitted to SSI, they feel the need of checking prescriptions according to the latest HAS carefully. After stated that "The most time consuming work is reimbursement procedures, especially controlling prescriptions whether they are consistent with HAS", one pharmacist detailed how prescription control take his time:

"Given that X medication (a medication preventing coagulation) was prescribed. We have to examine the patient's medical report in order to check the existence of the requirements, such as whether a stent was placed to the patient or not, whether an angiography was made or not or having any sen-

sitivity to other antiagregants. Those are among the most time consuming work for me" (M, 52).

Six pharmacists stated that business management mostly takes their time. Especially, frequent changes in the pharmaceuticals' prices and reimbursement conditions, pharmacists had to watch the financial situation of their pharmacy closely. One of the pharmacists interviewed touched on her financial management courses at pharmacy: "Discount rates for the SSI's purchases can cause loss in some medications. I have to notice those medicines' prices as well as my payments to warehouses, monthly payment of the pharmacy, bills, taxes, etc." (F, 36).

In addition, four pharmacists indicated that they spend most of their time for dealing with customers, listening their needs and giving advice to patients on their medicines.

It is notable that there is an overlap between the activities that consume most of the pharmacists' time and activities that unnecessarily consume their time. Nine pharmacists pointed to the time loss while waiting for the pharmacy provision system, six pharmacists stated that explaining medical examination-related costs to the patients consume their time unnecessarily and four pharmacists indicated that reimbursement related activities unnecessarily take their time at pharmacy.

One of the pharmacists interviewed explained why they have to wait for the provision system's work: "When the system doesn't operate, we are blocked. We need to check price difference between the medicine prescribed and the reference medicine from the system. It is also necessary to log into the system in order to learn medical examination costs of the patients. Lastly, sometimes medicines are not reimbursed or withdrawn from the market. When the system doesn't work, we can't know how much money we'll take." (M, 41).

Another pharmacist indicates that "Entering prescription data into the provision system takes my time. … The (pharmacy provision) system generally fails while entering prescription data." (M, 55).

Giving information about the medical examination costs were among the tasks that cause pharmacist to lose time: "Patients still ask about medical examination costs or they want to pay them in another time. They (patients) don't know the regulations. We face with their reactions and complaints about it." (F, 55).

A pharmacist pointed out the frequent changes in HAS and medications which are not prescribed considering reimbursement rules: "Reimbursement

rules are changed weekly. It is difficult to follow them. Moreover, physicians are not knowledgeable about the regulations. When a patient comes with a prescription which is no reimbursable, either (s)he pays the medicine out of pocket or return his/her physician to have the prescription corrected." (M, 41).

Another pharmacist explained why reimbursement procedures unnecessarily consume her time as follows: "There are a lot of procedures related to the reimbursement. For example, I have to take an official document about my insurance payments from SSI when I submit prescriptions for reimbursement to it. In fact, SSI can check this information." (F, 34).

Financial affairs are an important part of pharmacy management; however, because of the ever changing pharmaceutical prices, two pharmacists pointed their time loss emerging from calculating their profit/loss and checking invoices if the prices right.

Activities pharmacists want to engage in more

Most of the pharmacists want to provide pharmaceutical services more. Ten pharmacists indicated that they would like to inform their patients about the use of medications, their side effects and other issues related to medication therapy. In order to give those services, they need of more time and professional knowledge:

"I'd like to spend more time talking to people and helping them to cope with their disease. Usually, I try to aid patients with their sufferings when I listen to their problems. In this way, I can do something -professionally satisfactory things- at the pharmacy. It is not only about selling drugs, it is of importance to me to be useful for people." (M, 55).

"I'd like to deal with pharmacology side of my job and advice patients (about their therapy). Patients are hasty, they wait in the physicians office two hours but don't (want to) wait in the pharmacy two minutes. In fact they ask something and receive information about their therapy when we enter the data into the pharmacy provision system. So, we can give information about medicine use. My knowledge about drug interactions is weak. I'd feel better if I know that. I bought the book but I couldn't advance it." (F, 34).

"I'd like really to practice my profession; introduce the medicine and explain its' use. I would not discuss with patients because of the system which doesn't work. I'd like to learn use of medications and professionally develop myself instead of collecting medical examination costs. We try to learn reimbursement rules not medications' use. I'd like to have less commercial concerns about my pharmacy." (M, 42).

In addition, two pharmacists stated that they want to compound magistral drugs and one pharmacist wants to dispense derma-cosmetics and medical products. Two pharmacists were indicated that they are satisfied with their existing work, and one pharmacist want to engage in social activities.

In the report on good pharmacy practice in developing countries, the International Pharmaceutical Federation (FIP) emphasized the importance of providing pharmaceutical services by pharmacists to ensure high quality pharmacy services[26]. In parallel with this vision, pharmacists who participated in this study would like to engage in consultancy activities more. Similarly, community pharmacists in the US would like to spend more time pursuing their consultation and drug use management responsibilities and less time in medication dispensing and business management[1]. Thus, pharmacists' willingness to engage in and need of more time for patient counselling and professional development should be considered by both policy makers and professional organizations.

80% of the pharmacists participated in a professional training on pharmaceutical care in Istanbul between 2003 and 2005 view pharmaceutical care as their professional responsibility. However, one half of them perceived bureaucratic work as the main barrier to pharmaceutical care at their pharmacy[27]. Also, pharmacists in other countries such as Malta, New Zealand, China, India, Denmark and Thailand had difficulties in pharmaceutical care because of the inadequate time for pharmaceutical care services[29-34].

Pharmacists' overload can be reduced using electronic prescriptions which have been utilized widely since January 2013[35] because it requires less information to enter into the provision system. On the other hand, pharmaceutical prices and reimbursement procedures still need to be stabilized and medical examination costs can be collected in the hospitals. It is also necessary to educate both pharmacy students and pharmacists about pharmaceutical care before they face with time constraint during their pharmacy practice.

Conclusions

This qualitative study shows that community pharmacists perform a number of tasks from drug purchase to patient care. Among these activities, the most time-consuming work is entering prescription data into the pharmacy provision system and checking prescriptions for reimbursement. Pharmacists also lose time explaining medical examination-related costs to patients. On the other hand, pharmacists would like to spend more time in

pharmaceutical services. Electronic prescriptions are a promising implementation to decrease pharmacy overload, but there is a need to stabilize pharmaceutical prices and reimbursement rules and to reduce reimbursement procedures to save pharmacists' time.

FIP emphasizes the importance of pharmacists' involvement in patient care; therefore, to improve health care services provided in pharmacies, barriers to time for patient counselling and professional development should be removed. Hence, it is imperative to develop policies that will decrease pharmacy overload and promote pharmaceutical care.

Summary

Pharmacists have responsibilities that range from the financial to the professional. In recent years, several studies have emphasized the importance of pharmacists' role in patient care. However, workload is seen as the main barrier to providing pharmaceutical care. Therefore, the aim of this study was to identify general work at pharmacies and examine the main characteristics of pharmacy work.

To gain detailed information regarding pharmacy work life, an in-depth interview technique was used in the study. Interviews were conducted with 20 community pharmacists between 9 and 23 December, 2011, in Ankara. Snowball technique was used to determine the study participants. This technique allows interviewees refer researchers to other participants.

Pharmacists who participated in the study stated that prescription dispensing and control consume most of their time and that they lose time while waiting for the pharmacy provision system to work and while explaining medical examination-related costs to patients. In addition, pharmacists want to increase their engagement in consultancy activities. Electronic prescriptions promise to decrease the time required for computer work, but there is a need to stabilize pharmaceutical prices and reimbursement-related regulations in order to save pharmacists' work time.

In conclusion, when the importance of pharmacists' role in patient care is considered, this study indicates the necessity to reduce time consuming activities at pharmacy related to reimbursement procedures and to improve pharmacy provision system. In this context, health policy practices should be revised to ensure pharmacists' participation in patient care.

Keywords: Pharmacy practice, pharmaceutical pricing, reimbursement, health policy, workload, pharmaceutical care

Özet

Serbest Eczanelerde Zaman Alan İşler ve Hasta Danışmanlığı: Nitel Bir Çalışmadan Bulgular

Eczacılar mali olanlardan mesleki olanlara farklı pek çok sorumluluğa sahiptir. Son yıllarda birçok çalışma, eczacıların hasta bakımı ile ilgili rollerinin önemi üzerinde durmaktadır. Bununla birlikte, iş yükü farmasötik bakım sağlamanın önündeki ana engel olarak görülmektedir. Bu nedenle bu çalışmada, eczanede yürütülen işlerin tanımlanması ve eczanedeki işlerin ana özelliklerinin incelenmesi amaçlanmaktadır.

Eczanedeki iş yaşamı hakkında ayrıntılı bilgi edinebilmek amacıyla bu çalışmada derinlemesine görüşme tekniği kullanılmıştır. Görüşmeler 9-23 Aralık 2011 tarihleri arasında Ankara'da 20 serbest eczacı arasında yürütülmüştür. Katılımcıların belirlenmesinde, görüşülen kişilerin araştırmacıyı yeni kişilere yönlendirmesine izin veren kartopu yöntemi kullanılmıştır.

Çalışmaya katılan eczacılar, reçete karşılama ve reçete kontrolünün zamanlarını en çok alan işler olduğunu ve eczane provizyon sistemini bekleme süresince ve hastalara muayene ücretini açıklarken zaman kaybettiklerini belirtmektedir. Ayrıca eczacılar danışmanlık hizmetleriyle daha fazla meşgul olmak istemektedir. Elektronik reçeteler verilerin bilgisayara girilmesi için gereken süreyi azaltması bakımından umut verici olmakla birlikte yine de eczacıların zamandan tasarruf edebilmesi için ilaç fiyatlarının ve geri ödemeyle ilgili düzenlemelerin istikrara kavuşturulmasına ihtiyaç bulunmaktadır.

Sonuç olarak, bu çalışma eczacıların hasta bakımındaki rolü dikkate alındığında eczanedeki geri ödeme işlemleriyle ilgili zaman alan işlerin azaltılması ve provizyon sisteminin iyileştirilmesi gereğini ortaya koymaktadır. Bu çerçevede, sağlık politikalarının eczacıların hasta bakımına katılımını artıracak şekilde gözden geçirilmesi gerekmektedir.

Anahtar kelimeler: Eczacılık uygulamaları, ilaç fiyatlandırma, geri ödeme, sağlık politikaları, iş yükü, farmasötik bakım.

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