



Original Research

How to best manage time interaction with patients? Community pharmacist workload and service provision analysis

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Abstract

Background: Primary health care disease management models are rooted in multidisciplinary participation; however, implementation of services is lagging behind desires and predictions. Barriers like workload and lack of demand have been described. The aim of this research is to observe the workload and work patterns of Portuguese community pharmacists, and relate it with the demand of pharmaceutical services.

Method: A time-and-motion observational study was performed to describe community pharmacists' workload in a sample of four pharmacies in the metropolitan Lisbon area. A reference list of activities to be observed was developed by reviewing other studies of community pharmacy work. This study took place during a weekday's 8-h shift, focusing on pharmacists' activities. Data to be collected included the type and duration of the activity, who performed it and where. To estimate the demand of pharmaceutical care services, "thematic-patient scenarios" were developed. These scenarios were based on the defined daily dose and package size of the most consumed medicines in Portugal, combined with data obtained from the four pharmacies' information systems on the day the observational study took place.

Results: Between 67.0% and 81.8% of the registered activities were pharmacist-patient interactions. These interactions summed 158.44 min, with a mean duration of 3.98 min per interaction. On average, participant pharmacies' professionals handled 4.2 prescriptions and 0.9 over-the-counter (OTC) consultations per hour. About one third of the day was spent performing administrative and non-differentiated tasks. About 54.92 min were registered as free time, 50% of which were "micro pauses" with 1 min or less. The most dispensed therapeutic subgroup was antihypertensive drugs, while the dispensation of antidiabetics was

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characterized by a high number of packages sold per interaction. From the developed scenarios, one can estimate that a chronic patient may visit the pharmacy 4–9 times per year, depending on the condition presented.

Conclusion: Workload results are very similar to findings from studies in other countries, which may be an indication of uniformity of community pharmacy practice across countries. The amount of time a pharmacist has at the counter to interact with a patient during a year renders disease management or therapeutic management non-viable. Also, the perception of “lack of time,” many times reported as a barrier for service provision, must be called into question, since substantial available time was found. However, to turn this available time into usable time, redesign of work processes and new role definition are necessary. Both better management and new communication channels should be developed to address this gap and increase patient follow-up services.

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Introduction

The aging population and the prevalence of chronic diseases are challenging health systems to implement reforms toward higher sustainability.¹ These reforms have often focused on primary healthcare (PHC) coverage, supported by multidisciplinary teams.² Community pharmacists are adding significant contributions to PHC by fulfilling an increasing range of roles and responsibilities.³ This largely results from the professional practice promoted by Hepler and Strand,⁴ who established the concept of “pharmaceutical care” almost three decades ago. In most health care systems, pharmacists are usually the first health care professional that patients access when seeking health advice, particularly for minor ailments or when making use of their medications. Pharmacists’ position is ideal to leverage health care interventions, in particular those related to pharmacotherapy and pharmacovigilance activities.⁵

Pharmacists’ interventions have potential benefits for health systems and patients.^{6–8} This potential derives from patients visiting community pharmacies more often than any other health care service due to their proximity and accessibility.^{9–11} Main drivers for these visits are patients’ needs for medication supply and associated information.^{12,13} To respond to this demand, a typology of three main services has emerged among community pharmacies¹⁴: provision of specialized product-related services (e.g. medicine dispensing, medicine compounding); information services (e.g. drug information programs, mailed refill reminders); and pharmacists’ care services (e.g. immunizations and health screenings, diabetes

management programs, medication therapy management). This movement is thought to be essential to the professions’ future, with some authors advocating that the implementation of patient follow-up services and its sustainability has to be dramatically up-taken to make community pharmacists relevant to the health systems.^{15–17}

Community pharmacy system in Portugal

Community pharmacists in Portugal work exclusively in independent pharmacies, since large chains are not allowed. The opening of community pharmacies is regulated, with main criteria being a minimum distance between pharmacies (350 m in a straight line) and the number of serviced inhabitants (minimum 3500 inhabitants). There are some exceptions to these rules, depending on the presence of a health care service in the vicinity or in areas with low population density. Pharmacies have to be opened at least 50 h a week. The presence of a responsible pharmacist – the technical director – is mandatory and a substitute has to be registered at the national medicines regulatory agency (INFARMED) to assure a pharmacist is present at all times. Non-pharmacist ownership is allowed, with the maximum number of pharmacies per owner capped at 4. Pharmacies have a National Health Service (NHS) contract for dispensing prescription medicines, with legislation establishing medicines’ profit margins and patients’ co-payments.¹⁸ Practicing pharmacists have to be mandatorily registered and licensed by the Portuguese Pharmaceutical Society. By the end of 2014, there were 8682 registered community pharmacists.^{19,20}

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