

Advocating zoster vaccination in a community pharmacy through use of personal selling

Amy R. Bryan, Yifei Liu, and Peggy G. Kuehl

Abstract

Objective: To evaluate whether the use of personal selling, in combination with other promotional techniques, could improve patient commitment to receive the targeted intervention of herpes zoster vaccine (Zostavax—Merck).

Setting: Two locally owned grocery store chain pharmacies in the Kansas City, MO, metropolitan area (Price Chopper Pharmacy 11 [PC11] and Price Chopper Pharmacy 36 [PC36]).

Practice description: Price Chopper Pharmacy employs pharmacists who are able to administer vaccinations to patients within the dispensing workflow.

Practice innovation: Passive signage promoting zoster vaccine was placed at both PC11 and PC36. Personal selling by pharmacy staff to targeted patients was implemented at PC36, where patients were encouraged to receive zoster vaccine at prescription pick up and/or by personalized letter.

Main outcome measures: Primary measures included comparison of the number committing to receive zoster vaccine at either pharmacy, comparison of patient perceptions regarding each pharmacy's promotion of zoster vaccine, and pharmacy staff time spent identifying targeted patients and performing personal selling activities.

Results: 90 of 745 targeted patients (12.1%) at PC36 made commitments to receive zoster vaccine compared with 9 of 614 (1.5%) at PC11 ($P < 0.001$). The barrier of "Dr. hasn't told me I need it" was reduced for PC36 patients ($P < 0.05$). Patients receiving vaccination had a more favorable attitude toward receiving zoster vaccine than unvaccinated patients ($P < 0.01$). Among unvaccinated patients, those at PC36 had a more favorable attitude toward receiving zoster vaccine after interacting with a pharmacist ($P < 0.05$).

Conclusion: Personal selling increased patient commitment to receiving a targeted intervention significantly. By using personal selling, pharmacists resolved barriers to immunization.

Keywords: Personal selling, zoster vaccine, vaccinations, community pharmacy, workflow.

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Community pharmacists are in a unique position to provide vaccinations to their patients and serve as a resource to meeting vaccination goals.¹ Although the dispensing of prescription medications remains the primary task of pharmacists in this setting, a marked shift in the types of services offered has been seen in the previous 20 years.² Pharmacists are finding it necessary to diversify the services offered to distinguish themselves from their competitors. In addition, decreasing third-party reimbursements, increased drug costs, and the growing influence of government health care programs are key factors driving community pharmacists to seek new methods of generating revenue.³ Offering immunization services in the dispensing workflow is an example of a revenue-generating service.⁴ Ease of accessibility, extensive drug therapy training, and the ability to offer extended hours of availability are ways that pharmacists can contribute to vaccination advocacy and delivery. Despite these advantages, the promotion of preventive measures to patients often is overlooked during the course of a normal workday. Potential barriers include time constraints, lack of staff support, the need for a suitable vaccination space, concerns with legal liability, level of reimbursement, lack of training, perceived lack of knowledge, and poor support from upper management.⁵

At a Glance

Synopsis: Pharmacist use of personal selling—a method in which the seller constantly strives to “close the sale”—was effective at improving patient commitment to getting the herpes zoster vaccine. At the intervention pharmacy, 90 of 745 targeted patients (12.1%) committed to receiving the zoster vaccine, whereas only 9 of 614 patients (1.5%) committed at the control pharmacy, at which only passive signage promoting zoster vaccine was used. These findings indicate that personal selling is a powerful tool to change patients’ perceptions regarding their need for a targeted intervention.

Analysis: Patient commitments to receiving zoster vaccine were 10 times greater when pharmacists, supported by technicians, used personal selling to educate patients about their risk of herpes zoster and how immunization with zoster vaccine could reduce this risk. Pharmacists at the intervention pharmacy spent less than 1 minute per patient, whereas those at the control pharmacy spent 2.5-fold more time, suggesting that personal selling was not time consuming. By tracking the time engaged in personal selling, the authors demonstrated that the process was not a barrier and that pharmacists, with the help of technicians, can promote a targeted intervention to patients during a prescription transaction at the pharmacy counter.

A 2001 study reported that despite 84% of patients going to a pharmacy specifically to receive influenza vaccine, only 3% were prompted by a pharmacist to receive the vaccine.⁶ This finding was confirmed in our practice setting, in which patients with diabetes were identified within the dispensing workflow and asked if they had received the pneumococcal polysaccharide vaccine. Of 104 possible patients, 47 needed vaccination, but none chose to receive the vaccine from our pharmacy.⁷ This lack of uptake highlighted the need to enhance our methods of convincing patients to make vaccine commitments. The conclusion was that personal selling should be explored to determine whether vaccine commitment rates could be improved.

Personal selling is a marketing strategy that has been described as a method to increase uptake of pharmacy services.⁸ It is a component of promotional activities often overlooked by pharmacists, who may find it too difficult to implement. Pharmacists also may feel uncomfortable marketing patient care services because they lack confidence or expertise or do not view themselves as salespeople.⁹ However, successful marketing of pharmacy services is essential to improving the provision and quality of pharmaceutical care.¹⁰ This, coupled with the need for pharmacists to find new sources of revenue, makes it imperative that pharmacists become effective promoters of their own services (written communication, Randal P. McDonough, June 2011).

Personal selling differs from traditional promotional strategies in that it involves one-on-one interaction and conversation between the pharmacist and patient. The pharmacist needs to (1) initiate a conversation with the patient, (2) use effective questioning and listening skills to identify a patient’s unmet health needs, and (3) persuasively present a service that meets the stated and mutually agreed upon goals.⁸ Few studies have documented the positive impact that community pharmacists can have on immunization rates,^{11,12} and none has evaluated the use of personal selling. This gap makes it important to examine whether personal selling can influence patients’ health care choices.

Objective

The objective of this study was to evaluate whether the use of personal selling, in combination with other promotional techniques, could improve patient commitment to a targeted intervention. For this study, we chose to promote herpes zoster vaccine (Zostavax—Merck) to a targeted population of pharmacy patients.

Methods

This study was conducted at two Balls Foods Price Chopper pharmacies in a suburban setting. These pharmacies are part of a locally owned chain of 29 grocery stores and 19 pharmacies. Price Chopper Pharmacy 11 (PC11) served as the control arm and Price Chopper Pharmacy 36 (PC36)

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