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Investigating influences on current community pharmacy practice at micro, meso, and macro levels

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Abstract

Background: The nature of Australian community pharmacy is continually evolving, raising the need to explore the current situation in order to understand the potential impact of any changes. Although community pharmacy has the potential to play a greater role in health care, it is currently not meeting this potential.

Objective: To investigate the nature of the contemporary practice of community pharmacy in Australia and examine the potential missed opportunities for role expansion in health care.

Methods: In-depth semi-structured interviews with a wide-range of key stakeholders within and beyond community pharmacy circles were conducted. Interviews were audio-recorded, transcribed verbatim and analyzed for emerging themes.

Results: Twenty-seven key informants across Eastern half of Australia were interviewed between December 2014 and August 2015. Several key elements of the current situation representing the social, economic and policy context of community pharmacy have been identified. These elements operate interdependently, influence micro, meso and macro levels of community pharmacy operation and are changing in the current climate. Community pharmacy has untapped potential in primary health care, but it has been slow to change to meet opportunities available in the current situation.

Conclusions: As the current situation is complex, interrelated and dynamic with often unintended and unpredictable consequences, this paper suggests that policy makers to consider the micro, meso and macro levels of community pharmacy operation when making significant policy changes. The framework proposed in this study can be a helpful tool to analyze the processes operating at these three levels and their influences on practice.

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Introduction

For many years, community pharmacy has been described as being in a state of transition with a body of international research highlighting the inevitability of practice change.^{1,2} Significant historical transitions in community pharmacy have been marked by the loss of three of its four traditional mainstays. Community pharmacies were originally focused on procuring, preparing and evaluating their own drug products.³ However, the rise of pharmaceutical industries took over these activities leaving only dispensing – a role which is usually associated with the distribution and sales of pharmaceuticals.⁴ In recent decades, in Australia, dispensing has been the core of the business model and the major contributor to remuneration in contemporary community pharmacy.⁵

However, the ongoing Pharmaceutical Benefits Scheme (PBS) reforms along with the changing landscape of the Australian health care system have greatly affected the income that community pharmacy can derive from their dispensing role. Community pharmacy viability is under threat if the business model continues to rely on dispensing. In addition, the over-reliance on dispensing has discouraged community pharmacy from adopting a more active role in health care through providing Cognitive Professional Services (CPS) such as medication management, health promotion and screening, and chronic disease support.⁶ It has been a concern of policy makers that the role of community pharmacists, as highly trained professionals, remains narrowly focused on dispensing medicines. Policy makers are calling for a greater contribution from pharmacists to health care, a challenge to which community pharmacy must respond.⁷ Accordingly, community pharmacy again faces inexorable societal and economic pressures to change.

It must be recognized that a community pharmacy is not simply a business entity. Although as with any business, a community pharmacy must be profitable, it also has a responsibility to meet the health care needs of the public.⁸ One perspective of community pharmacy is that it is a setting for an individual pharmacist to apply their professional duties in health care,⁹ whilst, at a broader level it has been increasingly seen as an effective instrument to control rising health care and pharmaceuticals expenditure.¹⁰ These intertwined roles imply that the operation of community pharmacy encompasses multiple-levels i.e., the pharmacist

as an individual practitioner (micro level), community pharmacy as institution (meso level) and community pharmacy as part of health care system (macro level).

This study therefore sought to investigate the nature of the contemporary practice of community pharmacy in Australia, in particular the impact and the interaction of influences on practice at the micro, meso and macro levels. Secondly, this study examined the potential missed opportunities for Australian community pharmacy to assume an expanded role in health care.

Community pharmacy in Australia

There are approximately 5450 community pharmacies across Australia, comprising mostly small and medium sized businesses. It is a \$12 billion industry employing more than 63,000 persons with around 78% of registered pharmacists working in community pharmacy.¹¹ Over the years, community pharmacy has been a major facilitator of National Medicines Policy which aims to ensure that life-saving and vital medicines are distributed in a timely manner throughout Australia.

Community pharmacies in Australia are seen as highly accessible, therefore it is not surprising that 94% of Australians, particularly those with chronic illnesses, visit community pharmacy every year. Although representing only 14% of the total population, the elderly account for 80% of pharmaceutical consumption.¹² Dispensing of PBS medicines represents up to 60% of community pharmacy profit with the remainder derived from Over-the-Counter (OTC) medicines and other general retail products.¹²

While community pharmacists are still predominantly focused on their dispensing role, they may also participate in the provision of remunerated CPS including Home Medicine Reviews, Residential Medication Management Reviews, and Medschecks which are essentially medication management programs delivered in a patient's home, at aged care facilities and in-pharmacy store, respectively.^{13–15} In addition, under the Pharmacy Practice Incentive program, community pharmacies may receive payment for delivering Dose Administration Aids and Staged Supply services for patients who are at risk for potential medication misadventure.^{16,17}

Internationally, there is growing trend for incorporating community pharmacy in primary

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