

Victoria Fulford

Perception versus reality

METHODOLOGY

Trends & Insights 2004 was conducted for The Pharmacy Group of Rogers Publishing by Starch Research, one of Canada's foremost suppliers of media and advertising research.

The mail-out survey was sent between June 30th and August 13th, 2004. A general survey was sent to a random sample of 7,250 pharmacists across Canada (including owners and managers), and a second survey on management issues was sent to a random sample of 3,250 pharmacy owners and managers only.

The response rate for the general survey was 15.4 per cent, with a margin of error of ± 2.9 per cent, 19 times out of 20. The results have been weighted to accurately reflect the actual population of Canadian pharmacists by type of pharmacist, official language and region.

The response rate for the owner/manager survey was 11.2 per cent, with a margin of error of ± 4.9 per cent, 19 times out of 20. The results have been weighted to accurately reflect regional and official language representation of Canadian owners and managers.

National survey finds that pharmacists think patients won't pay extra for specialty care, even though experience shows they will

WHILE CANADIAN PHARMACISTS ARE KEEN TO PROVIDE SPECIALTY pharmaceutical care services to their patients, the majority still shy away from charging for them, unconvinced patients will see their worth. Those who do charge, however, find that patients generally are quite happy to ante up for specialized care from their pharmacist.

These findings from *Trends and Insights 2004*, a survey of pharmacists across the country conducted by Starch Research, demonstrate that when it comes to providing—and charging for—specialty pharmaceutical care, perception does not necessarily match reality. (See this page for statistical information on the survey.)

Victoria Fulford is assistant editor of *Pharmacy Practice*.

Our second installment of survey results looks at pharmacists' views about the specialty services they currently provide to patients, and the ways in which they plan to transform their practice to better showcase their expertise.

What specialty services do you currently provide?

AMONG PHARMACISTS SURVEYED, TWO-thirds (67%) said they provided a specialty pharmaceutical care service to patients. Diabetes management was the most common service provided, with 44 per cent of pharmacists including it in their practice. Smoking cessation (31%), hypertension management (28%), asthma management (25%), and medication management/drug utilization reviews (23%) rounded out the top five specialty care services respondents reported offering to patients. Only 27 per cent said they provided no specialty care services at the moment.

Consultant pharmacists may have found their niche when it comes to providing specialty pharmaceutical care, although the numbers should be considered cautiously given the small number of consultants who responded (15). Consultants are focusing mainly on asthma management (58% compared with only 25% of pharmacists on average), women's health (50% vs 14% average), weight management (50% vs 9%) and arthritis management (36% vs 10%).

Eighty-six per cent of all respondents didn't mention having any specific training or credentials for providing specialty

care—and 43% said they didn't provide these services because they had insufficient training or lacked credentials in the area. That could be changing, though: 31 per cent of respondents said they were planning to obtain specialty training of some type in the next five years.

Does your pharmacy charge for services?

WHEN IT COMES TO CHARGING FOR services such as disease counselling, home visits and drug utilization reviews, the majority of pharmacists surveyed said they don't currently collect a fee, but plan to do so in the future. Disease management counselling was the service pharmacists were most likely to charge for: 36 per cent of respondents who provide this service said they currently charge a fee and 64 per cent were planning to do so.

Among pharmacists who are currently charging for extra services, 38 per cent said they make no attempt to formally market themselves, relying solely on one-on-one contact with patients as a means of advertising. Twenty-two per cent of respondents said they had created a take-home brochure for patients listing the expertise they had to offer and 18 per cent said they had their schedule of fees posted in the pharmacy. Direct contact with physicians (13%) and other health-care providers/institutions (12%) were other marketing avenues.

Pharmacists in chain stores and super-market/mass merchandisers are the marketing whiz kids: of those who provide specialty services and charge for them,

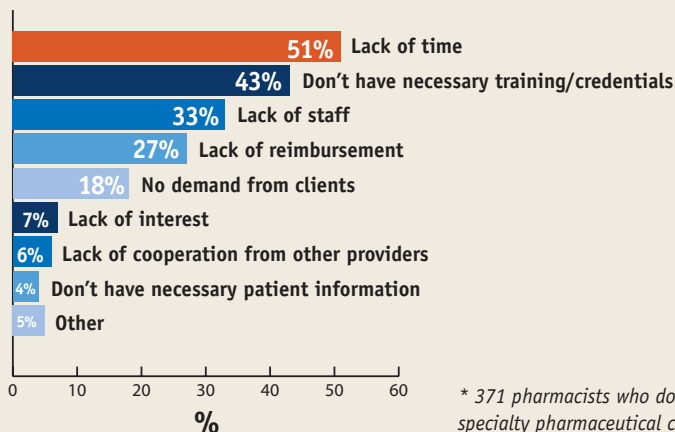
only five per cent of chains and 21 per cent of supermarkets said they rely solely on one-on-one contacts to market their services, compared with half of franchises (51%) and independents (48%) (banners come in between the two extremes, at 39%). Again, these numbers should be taken cautiously given the small number of respondents who were charging for specialty services.

How do patients react to the fee?

OF PHARMACISTS WHO CURRENTLY charge fees, more than half (56%) reported that when notified of the charge, their patients willingly put their money where their health is. Only 23 per cent of respondents said their clients decline the service altogether. In the remainder of cases, it seems patients initially hesitate or resist before finally paying up.

Manitoba pharmacists appear to be the most successful at collecting fees for extra services from patients, reporting that 75 per cent of their patients willingly settle up. Pharmacists in Atlantic Canada indicate a 60 per cent success rate, followed by their colleagues in British Columbia at 59 per cent. Pharmacists in B.C. also appear to have the highest reject rate, reporting that 27 per cent of their patients decline the service because of the fee.

WHY DON'T YOU OFFER SPECIALTY SERVICES?*



AVERAGE FEE CHARGED FOR PHARMACEUTICAL CARE SERVICES (PER HOUR)*

Average consulting session: 29 minutes

\$68.90

Medication management/
drug utilization review

\$62.40

Home visit

\$54.60

Disease management

* 141 pharmacists who charge for pharmaceutical care services

Question: Does your pharmacy currently charge for the following pharmaceutical care services, outside of regular dispensing? If so, how much do you charge on average for these services?

If you're not charging for specialty services... why not?

NATIONALLY, "I'M NOT CONVINCED patients will pay for my services" was the number one reason given for not charging a fee for specialty services (34%). Other pharmacists weren't sure of how to get started (21%), or said they find it too difficult to ask to be paid (16%). Another 17 per cent admitted they simply don't want to charge their patients extra.

Quebec pharmacists were the least optimistic patients would pay for their services (53%), while pharmacists in British Columbia were the most hopeful, with only 17% citing patient reluctance as a reason for not charging a fee. Quebec pharmacists were also the most likely to need a bit of guidance in establishing a fee-for-service practice, with 27 per cent indicating they weren't sure how to get started, followed closely by pharmacists in Alberta (23%) and Ontario (22%). Saskatchewan pharmacists expressed the least enthusiasm for fees, with more than a quarter (27%) claiming they had no desire to charge their patients extra and 24 per cent admitting their difficulty in asking to be paid.

Next month in *Pharmacy Practice*:

- How do pharmacists spend their day—and how would you *like* to spend your day?
- How long is the average pharmacist's work shift?
- What is the average pharmacist's salary?

Trends & Insights 2004 is sponsored by McKesson Canada and Novopharm Limited. Look for the online summary report in January.

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