
The Role of Pharmacist in Patient Counseling

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ABSTRACT

The role of pharmacist in patient counseling is well defined. However, the extent of provision of this service is the one which varies within and between practicing sites. The service is demanded by patients, government, pharmacy profession and in a few countries legislation was released in response to this demand. Unfortunately many of the advancement in pharmacy practice in the hospitals have not been transferred to the community pharmacies. Patient counseling is one of several pharmaceutical services provided in hospitals and the main function for the pharmacists in community pharmacy. Ambulatory pharmacy is the new setting under which patient counseling is offered to all patients in the hospital.

The role of the pharmacist in patient counseling is confronted with several legal, cognitive, attitudinal and situational barriers. The barriers are well recognised and considered as real problems with logical explanations and relatively simple solutions. We need to maintain our mission initially by solving the pharmacist-related barriers. If we managed to create the competent pharmacist who

cares for the patients, the rest of the barriers will be easier to tackle. This paper will address the subject in more detail in the full text.

I- Introduction:

Patient Counseling is defined as: the process whereby a pharmacist listens to a patient concerns about his/her drug therapy and offers education appropriate to the patient needs. It usually occurs at the time prescriptions are dispensed but may also be provided as a separate service.

Historically, the pharmacist responsibility to the patient was almost secondary. In fact early codes of ethics for pharmacist stand against the interaction between the pharmacist and patients, as it expressly indicates that it was not within the pharmacist professional duty to counsel patients or answer their questions. If queried about their medications by patients, pharmacists were to refer them to the prescriber.

During the last three decades, the role of the pharmacist in the health care system began to change, initially in the hospital settings and later in community practice. Not only it became acceptable to counsel patient about their medication, it began to be expected. Despite the advancement of pharmacy practice in a country such as the USA, and efforts made to move this practice beyond the traditional dispensing, the code of ethics did not change until the concept of pharmaceutical care formulated by Hepler and Strand in 1989.⁽¹⁾ The new concept call pharmacists to move their practice beyond the traditional dispensing and counseling services to the broader term "pharmaceutical care" the pharmacy mission in the 1990s. One of the models used to simplify pharmaceutical care is the ABCs approach suggested by

Knowlton (1991) which consists of four stages⁽²⁾. Assessment (A), the stage proceed prescription preparation, Botteling (B), stand for the dispensing process, Counseling (C), where the pharmacist talks to the patient about his medication and finally, Survelance (S), where the pharmacist provides the required monitoring to ensure continuity of care. As a result of the new commitment of the pharmacist, the U.S government released the Omnibus Budget Reconciliation Act (OBRA, 90s) which mandates an offer to counsel Medicade outpatients about prescription medications.⁽³⁾

II- The role of pharmacist in patient counseling

a) The required support:

The role of the pharmacist in patient counseling required two types of support, legal and professional. The legal support represented by the regulation released officially by government to enforce a required service. The USA release the OBRA, 90 act in 1990, which mandates patient counseling. The federally legislated minimum in the OBRA, 90s is to: screen prescription for potential problem offers to counsel patient about medication, maintain patient profile and document certain action. The UK experience can be seen in the "Nuffield" report, which proved a timely catalyst to help the profession, particularly within the community setting, to chart the way forward and to build upon the patient services already being provided⁽⁴⁾. In Australia, the advisory role of the pharmacist was also officially recognised in a recent Common Wealth Government report on Pharmacy Medicinal Supply⁽⁵⁾. We dont know much about the legal support for pharmaceutical services in other countries, however, we do have the impression that similar acts may appear in the coming few years to enhance pharmacy practice for the betterment of health care systems.

In the mean time, the pharmacists as a professional, should see the service of providing pharmaceutical care as an essential duty that they should always perform. The following three issues seem to be very important reasons to carry this duty. First, patients are in most cases completely reliant on health care professionals for information about their medications. This dependence implies the right to receive information about the safe use of their medications. Second, the government has the right to provide effective and safe use of medications to improve the quality of care and to reduce cost of drugs. Third, the professional's right to survive and gain the respect of patients and health care providers.

b) The pharmacist and physician's role:

Two distinct terms, risk assesement (RA) and risk management (RM) are used to differentiate between the role of physician and pharmacist toward the patient. RA is a highly judgmental process which occurs before a drug is prescribed. The drug information required in this case is that which assists the physician in drug selection. RM, which is the message of pharmacist in patient counseling is non-judgmental and it occurs after drug is prescribed. The purpose of RM is to ensure that the patient will use the medication most efficiently and to avoid action that may cause harm. Patient monitoring follows for the physician to ensure proper prescribing and for the pharmacist to ensure effective medication counseling. Patient counseling is a coordinated effort among all health care professions. Each profession should communicate with the patients the optimal education in coordination with their mission. They should work together as a team for the sake of delivering effective medical, pharmaceutical care which is a common goal for each provider.

c) General counseling guidelines:

Pharmacist should get ready for patient counseling by preparing specific counseling guidelines for each commonly prescribed drug, improve their social and communication skills then announce their service. During counseling, the pharmacist should first utilise active listening to understand the patient's, drug information needs, he should assess the patient-related barriers such as visual and hearing impairment, level of education and the language are essential in determining how much information to present and the best way for presentation. The following three prime questions are the most frequent to start with. What do you take this medicine for, how do you take it and what kind of problem are you having. The response of the patient to these questions should explore more information about the purpose of drug use, patient interaction with physician, monitor drug effect in out-patient populations and to make sure that the patient understand his drug therapy. The informations which can be communicated with the patient during a counseling process are many. They include directions for drug administration, purpose of receiving drug therapy, drug interactions, adverse effects/caution and once, duration of action, missed does.

d) The extent of pharmacist involvement:

Giving advice on medicine in response to patient querie or review of the label direction is a common service done almost by all pharmacists regardless of their location. Patient counseling, on the other hand, is the process whereby the pharmacist routinely asseses the patient needs, offers to counsel the patient, maintains patient profile and finally does the required documentation. We should first ask ourselves, how widely are such services provided to the patient. In a USA survey of hospital pharmacies in 1989,

patient medication counseling occurred in 25% of the 1174 hospitals surveyed. It was the seventh frequently provided pharmaceutical service among the other services and the pharmacist time for the service is 18 minutes in the average.⁽⁶⁾

The National Association of Retail Druggist (NARD) of USA studied the activity of community pharmacist during a typical day and found that one pharmacist in one day spent 1.5 hour counseling patients, the rest of the time spent in filling prescription and in communicating with physicians.⁽⁷⁾ Because of the specific community pharmacy environment, the average time for counseling is short, about 2 minutes per patient.

In the hospital setting the service is recognised when the pharmacy department imposes changes in the work flow and minor or major change in the layout. The best way to estimate the extent of provision of patient counseling in hospital settings is to do a hospital survey. Most of the research in patient counseling was conducted in community pharmacies. Patient counseling in the community setting is taking special consideration may be because it is the primary service offered. In general, the quality of counseling is usually measured by frequency of counseling, duration of counseling and number of items covered in each counseling session. The frequency of counseling can be obtained by either asking the pharmacist and that usually overestimates the results, direct observation and that may influence pharmacist behaviour or by directly asking the patients which is the best way.

e) Factors affecting patient counseling:

The provision of cognitive services including patient counseling, depends on three major factors: pharmacist attitude, practicing site and geographic region.

The pharmacist indeed is the main factor, because he is the one supposed to deal with barriers to expand his role. In general, the pharmacist practicing pharmaceutical care should be competent, trustworthy and caring for the patient.

The practicing site is another important factor. Most pharmacists are employed either as hospital or community pharmacist. The opportunity and the barriers which face patient counseling in each setting are different. The pharmacist in the hospital usually gets involved in several pharmaceutical services such as clinical services, drug use evaluation, in-service education, adverse drug reaction management, drug therapy monitoring, pharmacokinetic consultation, drug information, poison information and patient counseling. The time he can devote for patient counseling is limited. To enhance the role of the pharmacist in patient counseling in hospital ambulatory pharmacies introduced, This new service, originated to serve the medication needs of patients discharged from the hospital or the outpatient seen in the hospital. Many of the advancement in pharmacy practice in the hospital settings has not been transferred to the community pharmacy. However, the opportunity for the community pharmacist involvement in the public health is there. Although, he may get involved in various activities such as patients screening, chronic disease monitoring and early disease detection, patient counseling remains the most important function.

The quality of counseling may vary according to the geographic region because the barriers are not the same. As a result, the practice of pharmaceutical services varies from one country to another and between regions in the same country. For example the frequency of counseling as it was reported by consumers were: 66.2%, 25%, 41% and 46% for the USA, UK, Scottish and Australian surveys respectively.⁽⁸⁾

f) Barriers to patient counseling:

Because the extent of involvement of pharmacist in the provision of patient counseling is variable, a strategic plan to increase pharmacist involvement is required. The first step in this process is to identify the barriers which may influence the provision of counseling and the impact of those barriers on the pharmacist. The identified barrier could be summarised in the following points: 1) Legal barriers including lack of legislation and regulations for the practice of pharmacy. 2) Cognitive barriers including inadequate pharmacist training. 3) Situational barriers which include, lack of time, lack of privacy, pharmacy layout, lack of payment and lack of patient informations. 4) Attitudinal barriers represented by pharmacist, physician and patient attitude towards the role of pharmacist in patient counseling. In the following sections, each barrier will be explored together with the expected solutions.

g) Barriers analysis:**1) Legal barriers:**

Legislation is one of the most important factors which influence the application of the new role of the pharmacist. The OBRA, 90s legislation makes it mandatory to counsel all medicaid patients buying prescription drugs. Since then at least 44 different states have mandated prescription counseling for all patients. Legislation that makes patient counseling mandatory will significantly improve the attitude of patients, physicians and pharmacists. The pharmacist-patient relationship will improve because the latter will see the pharmacist more than a technician and, at the sam time, will expect the pharmacist to speak to him. The law also will enforce the search for solutions to the other barriers. As a result of the OBRA, 90s act, the US law requires a

study on whether paying pharmacists for cognitive services is cost effective even when a product was not dispensed. Similarly, many states began to study the maximum number of prescriptions that should be dispensed by pharmacists.

2) Cognitive barriers:

Cognitive barriers is defined as lack of adequate pharmacist training to perform the required services. Berger has considered "competence" as the first characteristic that a pharmacist practicing pharmaceutical care should possess.⁽¹¹⁾ Competence in pharmacy can only be obtained if pharmacist training includes both technical skills which allow the provision and affect of various types of drug informations together with social and communication skills which improve the interpersonal skills component of the pharmacist to effectively communicate with patients. To enhance pharmacist counseling, we need to incorporate the required skills in our school of pharmacy and continuing education programs. In the US, the Indian Health Service (IHS), the largest program used to train practicing pharmacist and pharmacy students, more than 30,000 pharmacists have participated in the free workshop training may lead to incompetent pharmacist, who may not be able to overcome the rest of the barriers. Many older pharmacist are uncomfortable with the new expanded role of the pharmacist.

3) Attitudinal barrier:

Attitudinal barrier is defined as the patient, physician and pharmacist attitude towards the patient medication counseling. Several patient-related factors may act as barriers and need to be considered in the strategic planning for pharmacy practice. Patients view the pharmacist as a dispenser of medications. They often do not demand pharmaceutical care services because they

may not know that they are entitled to receive such services. Eighty percent of the patients failed to speak with their pharmacist at the time when their most recent prescription was filled, and five out of six patients did not indicate the pharmacists as the individual they will ask about prescription. To overcome the negative patient attitude we need to increase his satisfaction by providing higher level of patient counseling services.

Negative physician attitude towards pharmacist recommendations is a difficult barrier to address, because it represents both the physician and the pharmacist attitude. In the short term, it may take several successful interactions before the prescriber is willing to trust an individual pharmacist recommendations.

Most of the pharmacists negative attitudes to patients counseling are due to either fear or wrong expectations. The fear arises because he may give wrong information or get embarrassed by patient queries. The wrong expectation appears when the pharmacist assumes that the physician may have already counseled the patient or the patient may not accept the pharmacist intervention. It can be solved with proper pharmacist training and understanding the increased patient demand for information.

h) Situational barriers

a) Lack of privacy:

Because pharmacy was a product oriented service, lack of privacy only a characteristic of pharmacy profession. A busy pharmacy counter is not the proper setting for communication with patients. Pharmacist must endeavor to utilize private counseling areas which could be created with an isolated space or room, restructure common area or with a well designed desk and counter. The created private area will be conducive to

patient involvement in discussion and at the same time will enhance the learning ability of the patient as well as increasing his acceptance to the new role of the pharmacist. The pharmacists also demonstrate their sense of caring for the patient, when they stopped what they are doing and make the patient the focus of their activity for at least few minutes.

b) Lack of time:

One of the major barriers which needs to be solved is the lack of time required to provide this service. The number of pharmacists hired depends on the number of prescriptions in community pharmacy and on services provided in the hospital by the pharmacy. However, the time problem arises because of the large number of prescription that the pharmacist should prepare. In one study it was estimated the average number of prescription prepared in US pharmacy is about 150 prescription. (R) If each prescription took about 5 minutes it mean over 12 hours and there is no time for counseling. One of the solutions to overcome this problem is to reduce the number of prescriptions and many states are working to release such regulation. Other solutions for the problem is to increase the number of pharmacist and to use the pharmacy technicians for the dispensing functions.

c) Pharmacy layout:

It is difficult for the pharmacist to establish counseling services in the absence of a minor or even major physical and design changes. Most pharmacy restructuring will require little or no additional expenses. Nevertheless, the pharmacists who are unable to change the physical barriers that exist in their work area may guide a patient to a quiet, more private area of the pharmacy for consultation. The counseling area should be also supplied with the required counseling aids.

d) Lack of payment:

Pharmacists are paid for dispensing prescription products rather than for providing services. In the US, the new regulations released by the third parties regarding pharmacist embarrassments reflect a new consideration for the basis of patient payments. As a result of the OBRA, 90 act, the Congress in the US is currently supporting a study related to the economic impact of paying the pharmacist for his/her service based on the cognitive services they provide.

e) Lack of patient information:

This problem is mainly encountered in the community settings, because the only information available is the one obtained from the patients and the refill history. The information will be further distorted if the patient uses more than one pharmacy. The advancement in technology may contribute to the solution of this problem.

III) Signs of pharmacist success:

The signs of success for the pharmacist role in patient counseling are: patients begin to expect consultation with the pharmacist, physicians begin to ask the pharmacist to counsel their patients, patients begin to ask questions and patients become loyal to one pharmacy. In a nother words, success is obtained mainly from the satisfaction of physicians and patients. The sings of counseling success imply the needs to get patients as well as the physicians satisfaction.

During the last decade, health care is a provider centred,

where the patients role is passive. This led to a degree of patients dissatisfaction and to the problem of noncompliance, nonadherence. In the modern model, the relationship is patients centred, the patient takes an active and assertive role. To gain the respect of the patients, the pharmacist should adapt the modern approach when communicating with their patients. The pharmacist should express responsibility for patient outcome, get him involved in the decision making, increase patient education skills, increase record keeping and confidentiality, increase privacy, increase interaction with patients and become more competent. As a result of the pharmacist involvement in patient counseling, one of the largest marketing research firms in the USA, Elrick & Lavidge, found that: 71% of the patients surveyed rated pharmacist counseling on prescription medications as very important.⁽¹⁰⁾

Recognition of the new role of pharmacist by physician is improving with time. In the Netherland, the general practitioner considered tasks such as monitoring prescriptions for errors, interactions, contraindications, etc, to be an important role of the pharmacists.⁽⁹⁾ The former Surgeon General Everett C.Koop, M.D. says "there is no subsitutie for a pharmacist dialogue and the pharmacist should be compensated for services above the dispensing of a product."

IV) Conclusion:

The barriers to providing patients counseling do exist; however, they are not going to be there forever. The experience of others has shown that these are real problems with logical explanations and relatively simple solutions. In reality, patients

do want to be counseled and the pharmacist must respond to this request. The solutions when it comes to the practicing pharmacist is to ignore the initial discomfort phase induced by the barriers. To implement patient counseling we need to do changes in the work flow, procedures, functions and minor or major physical and design changes. Then let your patients know ahead of time about your service, improve your existing counseling skills, review and organise information for each drug and persist in counseling even in the face of initial patient resistance. Medicine: the more you talk the more it works.

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