



PRACTICE SPOTLIGHT:

Community Pharmacy Practice

By CASEY KAMPS, *Pharm.D., pharmacy resident, SpartanNash*

What is community pharmacy practice?

Historically, preparing and dispensing prescription medications has been the foundation of community pharmacy practice. While dispensing is still an integral portion of community pharmacy, the practice of community pharmacy is evolving and expanding. Community pharmacists are increasingly taking on additional clinical roles and are providing a variety of clinical services, including medication therapy management (MTM) and health screenings. Practice is also expanding to include monitoring of current drug therapies. Community pharmacy is practiced in a variety of retail settings such as independent pharmacies, chain or corporate community pharmacies, and supermarket pharmacies. While the provision of prescription medications is generally standard, the availability of pharmacy services may vary significantly at different pharmacy locations. Community pharmacists are progressively providing services that are making pharmacies a destination for health care services, rather than solely a place to pick up a prescription.

What is the role of community pharmacists?

More than half of licensed pharmacists in the United States currently practice community pharmacy in neighborhoods across the country. Likely, it is due to the broad knowledge and dedication of these community pharmacists, who are known as the most accessible health care providers. Community pharmacists are involved in a variety of activities, including:

- Preparing and dispensing medications
- Recommending therapeutic alternatives and cost-effective generic substitutions
- Identifying and resolving medication therapy problems
- Managing drug interactions
- Resolving gaps in patient care
- Assisting patients in self-care by recommending over-the-counter products and dietary supplements
- Encouraging medication adherence by solving patient-specific barriers to adherence
- Promoting medication safety
- Administering immunizations
- Performing and interpreting the results of various rapid diagnostic tests (RDTs)
- Participating in collaborative practice to provide optimal patient outcomes
- Providing community outreach services and educational programming

In addition to the professional responsibilities outlined above, many pharmacists have several additional administrative responsibilities such as drug procurement, inventory management, and supervising and leading teams.

How can you prepare for a career in community pharmacy?

There are a variety of avenues to take in preparation for a career in community pharmacy. Student pharmacists can prepare by completing community pharmacy clerkships, enrolling in community pharmacy-focused elective courses and participating in community pharmacy internship programs. Post-graduate pharmacists may jump start their careers by securing positions as staff pharmacists or may opt to gain advanced training by completing a community pharmacy residency program (CPRP). Certificate and training programs in areas such as business and administration, MTM services, disease state management, immunization delivery and RDT offer additional value to those pursuing careers in community pharmacy practice.

What is in the future for community pharmacy practice?

As the use of prescription drugs continues to rise, preparing and dispensing of prescriptions will remain an integral part of community pharmacy. However, the landscape of medication dispensing and community pharmacy practice continues to change. Pharmacists are increasingly distinguishing their value in the community setting by providing patients with advanced clinical services such as drug regimen reviews, immunizations and screenings. Increased use of technology and automation such as automated medication dispensing systems and central fill operations will allow community pharmacy to continue shifting from a commodity-based industry to a service-based industry. Additional information about community pharmacy practice is available from the National Community Pharmacists Association at www.NCPAnet.org.

References:

- Saint Louis College of Pharmacy, www.STLcop.edu/practice/history, Feb. 14, 2014.
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MEMBER PROFILE:

Community Pharmacy Practice

Amy Ellis, R.Ph., clinical care coordinator, SpartanNash

By CASEY KAMPS, *Pharm.D., pharmacy resident, SpartanNash*

How long have you practiced in community pharmacy, and what interested you about this practice area?

I have practiced in community pharmacy for approximately 20 years. During my high school years, I stocked shelves and cashiered at an independent pharmacy. It was through that early experience that I developed an appreciation for the pharmacist-patient relationship and fell in love with the profession. As time evolved, my role extended to pharmacy technician and eventually intern. Upon graduation, I practiced as a community pharmacist for more than 10 years and even during the busiest of days filling prescriptions, I was always seeking additional ways to help my patients.

Patient relationships and the evolving world of patient care opportunities have always driven my love for pharmacy. My current role as clinical care coordinator at SpartanNash allows me to marry these two interests and is a perfect mix for me. The variety keeps every day interesting and yet challenging. One day I may be managing diabetic patients in our employer-sponsored diabetes management program and the next day I may be training our pharmacy team on a new service offered at our stores.

How has your role as a community pharmacist evolved during your career?

My early exposure to community pharmacy practice primarily consisted of dispensing prescriptions and recommending appropriate over-the-counter treatments to patients. The first major evolution in pharmacy practice during my career was implementation of the Omnibus Budget Reconciliation Act of 1990 (OBRA 90). The novel practice of talking to every patient with a new prescription was quite challenging at the time and I recall resistance to the change from both pharmacists and patients. Looking back at what was a major change, I now see that OBRA 90 paved the way for increased communication and trust between the pharmacist and patient.

Since that time, I have seen other significant advancements that build upon this relationship. Changes in practice have also allowed community pharmacists to gain more of a presence on the health care team. This acceptance has allowed pharmacists to embrace additional opportunities and patient care services such as medication therapy management (MTM), immunizations and a variety of rapid diagnostic testing (RDT) services.

Today, community pharmacy practice offers pharmacists new opportunities to expand their roles as health care providers. At SpartanNash I am part of a patient-focused team that is continually seeking additional ways for our pharmacists to nurture relationships with their patients. We focus on ways to implement technology that allow our pharmacists more opportunities for patient care. Some of the patient care programs I am involved with include medication reviews, diabetes management, various adherence programs, immunizations and RDT.

Recently, I have been involved in initiating adherence programs with the support of a handful of like-minded vendors, something I'd never imagined as a pharmacist even 10 years ago. Question(s) we looked to answer by way of this project included "What value does pharmacist intervention have on patient adherence?" and "Would pharmacists be accepting of an additional task?" We designed a program that would be impactful, but that would not be burdensome upon the pharmacist's routine workload. By leveraging technology to identify patients, we have developed first-fill counseling programs that are embraced by both the pharmacy staff and patients. We are continuing to develop these programs further but have seen significant positive trends in medication adherence. The face-to-face conversations with pharmacists and patients have shown an increase in the number of prescription fills and medication persistency.

What motivates you to continue practicing in this area?

Caring for patients is truly what motivates me. My position as a clinical care coordinator allows me to care for patients in a variety of direct and indirect ways. By constructing and implementing patient care services such as adherence initiatives and immunization programs, I am able to provide care indirectly to a large proportion of our SpartanNash patients. Additionally, I am able to provide direct patient care to those enrolled in SpartanNash Care2 and to perform medication reviews for patients in the communities we serve.

Currently, I manage diabetic patients enrolled in Care2, our SpartanNash diabetes management program. I meet with each patient quarterly to provide diabetes care, including a medication and adherence review. National guidelines direct the patient care that I provide, but appointments can vary greatly based on specific patient needs. I encourage patients to set personal goals at each appointment and use those goals to guide discussion at each visit.

For me, the highlight of these visits is seeing an empowered patient. I use motivational interviewing techniques to assess the patient's values and desire to make changes. Using these techniques, patients are encouraged to set their own goals. Often times, when reviewing patient-initiated goals, I find the patient will set a goal even higher than I would have set. It's fulfilling to see the progress and pride of a patient when he or she decides to make a change and achieves success.

When performing a medication review, I strive to educate and help the patient. Moreover, I hope that when the appointment is complete, the patient finds the review beneficial. My goal is for the patient to want a future medication review and to tell others they know about the service they received because they found it so valuable. I find that patients truly appreciate the pharmacist's time and value the education and advice that we provide regarding the best use of their medications.