

# Counselling/information to distance customers - An international survey

English version 1.1 – 2012

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## **Introduction**

This rapport describes models, trends and evidence for counselling/information given by community pharmacists to distance customers, based on a structured literature search as well as on information from international contacts, and examples from Danish community pharmacies. The examples involve both information from community pharmacies and projects carried out by pharmacoconomists and pharmacoconomy students.

The report attempts to cover the area in a broad sense by including acquired experiences but is funded on accomplished projects as well.

The report contains following elements:

- Background
- Methods
- Results
- Discussion
- Conclusions
- Implications
- List of reference derived from the literature search.

This report is part of The Danish Community Pharmacy Evidence Database, initiated in 2000. The aim of the database is to ensure that the pharmacy sector has a continuous access to updated knowledge of the impact of pharmacy practice.

The Danish Community Pharmacy Evidence Database is available on the Internet [www.pharmakon.dk](http://www.pharmakon.dk) and [www.apoteket.dk](http://www.apoteket.dk). It covers 10 evidence reports as well as a number of reports on current themes, an example of which this report on Counselling/information to distance customers is.

## **Summary**

The purpose of the study was to survey models and trends concerning counselling/information to distance customers, including a survey on customer-experienced quality. Customer-experienced quality covers customer satisfaction with pharmacy service and the quality of counselling in relation to health professional value for the customer.

## **Method**

A literature search was undertaken on “counselling/information to distance customers”. The search was undertaken via contacts to an international network and via a structured search in recognised databases. Furthermore, a request was sent to Danish community pharmacies urging them to report on projects on this topic. This strategy was chosen in order to ensure the identification of relevant international models as well as to qualify a structured literature search with relevant keywords.

The literature search resulted in 50 hits which were further reduced to 18. Additionally, information was provided from ten countries and three responses from community pharmacies (based on the request) which - after an active follow-up - were extended to eleven responses. Finally, a request was sent to the Faculty of Pharmaceutical Sciences, University of Copenhagen, asking for student projects on the topic, but with no result. Likewise a search in projects carried out by pharmacoconomy students was undertaken as well as a search in projects carried out by pharmaconomists on a course called: “Professional continuing education in clinical pharmacy and public health”. These two additional searches resulted in twelve and six projects respectively.

## **Results**

The identified references and studies were analysed, resulting in a distribution into three groups, depending on the type of counselling/information provided to distance customers:

1. Models involving a two-way distance communication
2. Models involving a one-way communication
3. Models involving a contact with pharmacy professionals elsewhere than the pharmacy.

Further, Danish studies and reports contributed with information on distance customers’ wish for counselling/information.

The survey shows that not much has been described about pharmacy counselling/information to distance customers in systematic studies, but there are some experience-based practice models.

Generally seen, experiences with models involving a two-way communication, a one-way communication and models involving contact with pharmacy professionals elsewhere than the pharmacy were gathered besides wishes from distance customers.

### *Models involving a two-way communication*

Models involving a two-way communication comprise telepharmacy, telephone counselling and booked counselling.

Telepharmacy is offhand the best established method for advice-giving to distance customers. However, there are good experiences with telephone counselling. Swedish pharmacies have good experiences with a free offer: booked counselling to distance customers.

All referenced studies on telepharmacy are using a webcam for communication between customers on the point of delivery and the pharmacist at the pharmacy. There are several different ways in which the drug physically arrives at the client. There are good experiences with the system, and customers are satisfied with it. Customers are pleased with telepharmacy which allows them to shop locally rather than having to drive far to a pharmacy.

Active and passive models for telephone counselling can be found. There is good evidence that active telephone counselling works, while the passive form does not seem to create interest among consumers.

#### Models involving a one-way communication

Models with a one-way communication include e-commerce, vending machines, web sites with or without a chat feature, contact via e-mail and written information. There are many experiences in this area, also in Denmark.

It is shown that problems are encountered with the quality of e-commerce in many places. There are Internet sites offering positive elements such as access to healthcare information and chat with a pharmacist or booking a consultation at the pharmacy, thus softening the one-way communication.

The opportunity to send questions via e-mail is frequently offered. More attention should be given to answering questions from customers and to the content of the answer.

#### Models involving a contact with pharmacy professionals elsewhere than the pharmacy

For models involving a contact with pharmacy professionals elsewhere than the pharmacy, several models are identified: home visits with medication review, professional service at OTC outlets, professional delivery of medicine, and Danish experiences with Mobile Check on Inhalation.

In summary, home visits with medication review are rare, but these present a high healthcare value and result in customer satisfaction. This service is implemented as a paid service in Australia.

Danish pharmacies have tested different models involving outgoing pharmacy staff, but they have often failed because the economy was not beneficial to the pharmacy.

The service Mobile Check on Inhalation can advantageously be offered to distance customers, as this service seems to have a good healthcare value and create customer satisfaction. However, no systematic evaluation has been performed.

#### Customer wishes for information

The studies of customer requests point out that it would be useful for pharmacies to have a general leaflet presenting their most important medicine information (interactions, side effects, substitution and reimbursement) if it is possible to make such a document.

Likewise, there are proposals for situation-specific information, eg under the form of extra label, small cards or sms- information. There are also proposals to give advice when customers are phoning the pharmacy to order shipment.

#### Customer satisfaction with pharmacy services

Customers are satisfied with telepharmacy which allows them to shop locally rather than having to drive far to a pharmacy.

There is a large customer satisfaction survey for German pharmacies, showing that satisfaction with e-commerce is low.

Home visits in Australia were well received by both doctors and patients.

#### The quality of advice with regard to healthcare value

This is poorly studied as few studies have evaluated the healthcare value of interventions.

Two American studies have shown that targeted telephone counselling gave a successful reduction in healthcare costs and hospitalisations, and a telephone drug management programme provided patient education and reduction in expenses.

The Australian study on home visits improved the results of lipid-lowering drug therapy.

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