Family Pharmacy and Family Medicine: A Viable Private Practice Alliance

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The association of the new roles of the family physician and the family pharmacist in a model private practice is described. The pharmacist works closely with the family physician to offer personalized patient education and follow-up for therapeutic effectiveness. He also serves as a consultant to the physician for up-to-date drug information and assists in solving difficult therapeutic problems. Reimbursement for pharmacy services occurs for consultative time as well as by traditional methods.

Initial response by the professionals themselves as well as the patients and staff has been very positive. An appropriate physical plant and ongoing communication between physician and pharmacist are mandatory for the success of this model. Some specifics of this practice at its present stage of development are included.

The past decade has witnessed the development and elaboration of the role of the family physician. During that same period an innovative role has also been developed in pharmacy, the family pharmacist. This new concept has been well described in the pharmacy literature.[1-11] Although this change has a large potential impact on family medicine, very little has been written about it in the medical literature,[12-14] and nothing concerning its application to private practice. The purpose of this article is to discuss the central concepts of the alliance of family physicians and family pharmacists and to describe such an existing private practice and the advantages offered by this combination.

Background

The authors trained in a family practice residency program and a doctor of pharmacy (PharmD) program during the same time period in the model unit of the Medical University of South Carolina, Department of Family Practice. In this setting PharmD students in their final year of training routinely interact with medical faculty and residents on a consultative-educational basis.[15] All health professionals in this environment have a unique opportunity to experiment with new roles.[12-15] This interface at the training level has led to the creation of a new team approach to health care delivery in numerous practices throughout South Carolina.[3,5,6]

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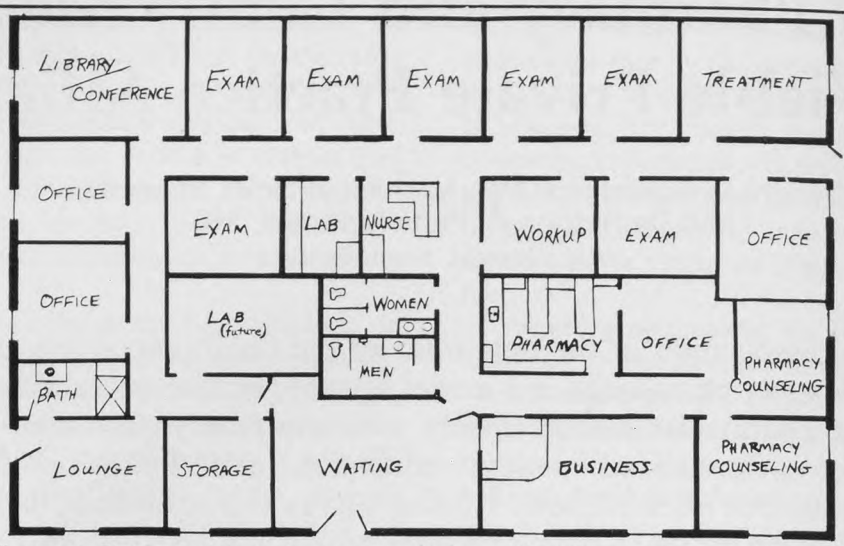

Figure 1. Floor plan for private association of family medicine and family pharmacy (eventually will be occupied by three to four physicians and one PharmD)

The Team Practice

Office Layout and Methods

The private practice version of this team model is located in a suburb of Charleston, South Carolina. The practice is composed of a medical partnership and a pharmacy sole proprietorship housed in the same building. As shown in Figure 1, the pharmacy is conveniently located near the entrance to the medical examining room area, readily accessible to the physicians, nurses, business office personnel, and patients alike. The pharmacy shares the business and waiting room with the medical partnership. Of the building's 4,363 square feet, the pharmacy consists of 523 square feet. Of this, a dispensing area occupies only 140 square feet with the remainder split between two pharmacy consultation rooms and an office. The small size of the pharmacy dispensing area is possible because the practice adheres to a formulary, thus only a limited inventory of drugs is required and overhead is reduced.

Standard hours for the medical office and pharmacy are 9:00 AM to 5:00 PM every weekday. One physician and the pharmacist are always present or immediately available during office hours. The physicians work half time at the practice, alternating half days, and half time at other locations, until patient load increases to warrant both being present simultaneously. Thus the office and patient flow systems at this time are similar to a solo practice. The physicians employ one registered nurse who is salaried, and share the salary of one receptionist with the pharmacist. A physician sees an average of nine patients per day, writing 8.3 prescriptions per day, with 89 percent of these being filled at the pharmacy. Overall drug prices are directly competitive with local pharmacies (discount or traditional). Although marketing methods at discount pharmacies may cause some "loss leaders" to be discounted below cost, this loss generally is more than recouped in prices of less common drugs. At this time the pharmacist earns 60 percent of his income from the traditional "dispensing fee" and 40 percent from the "consulting fee" for non-traditional services.

Patient Oriented Pharmacy Services

Each new patient is interviewed by the family pharmacist (except in emergency situations), who takes a detailed medication history concerning adverse drug effects and concerning active, inactive, and over-the-counter (OTC) medications, and enters the information in the medical record.

Thus, when the physician sees the patient this historical information is readily available. If the physician prescribes drug therapy, the patient, with his medical record, is directed to one of the pharmacy consultation rooms where the pharmacist engages in detailed drug education. This education emphasizes therapeutic indications, administration, adverse reactions, and compliance. In cooperation with the physician, the pharmacist then assumes personal responsibility for monitoring that patient's therapy for effectiveness, adverse reactions, and compliance. Drug dispensing and the convenience of this service also are important components of this model but remain entirely optional for the patient. This optional status is discussed in the practice brochure and re-emphasized by the physicians each time a prescription is written.

Thus, the patient develops an ongoing relationship with the family pharmacist and receives personalized assistance with OTC and prescription drugs. Such a relationship fosters communication and encourages effective education concerning drug actions and side effects. The pharmacist can continue this relationship in later visits or telephone communications. Any drug related telephone calls are screened by the pharmacist and handled by him in conjunction with the physician from the point of view of a personalized understanding of the patient and his/her family. There also is ensured communication between the person who prescribes and the person who dispenses the medications. This collaboration can result in the most beneficial and effective therapeutic regimen individualized for each patient which also takes into consideration the cost effectiveness and quality of available products.

Physician Oriented Pharmacy Services

The family pharmacist's relationship with the physicians is primarily that of drug therapy consultant. The pharmacist is readily available to aid the physician in selecting appropriate drug regimens in difficult patients, as well as routinely to assist in the selection of appropriate dosages, dosage forms, and economical regimens. In addition, the pharmacist consults with the physicians concerning the latest developments in drugs, such as therapeutic indications and dosages. By routinely monitoring the patient's drug therapy, the pharmacist aids the physician in detecting drug interactions, inadequate therapeutic response, adverse reactions, cross sensitivities, and drug overlap. The pharmacist also meets with all drug company representatives for the physicians. Information gathered during these meetings is screened, investigated, and, when warranted, presented to the physicians in a succinct, objective fashion. Another timesaving service performed by the pharmacist is the screening of all drug related telephone calls. Information regarding adverse reactions, therapeutic effectiveness, and other problems is gathered, and appropriate drug and dosage changes are made in consultation with the physician. The combination of effective communications between the physicians and pharmacist and the pharmacist's access to the medical record is essential to the provision of high quality, comprehensive family pharmacy services.

Administrative and Financial Arrangements

Although the medical and pharmacy aspects of the practice are united professionally with common goals, they are two separate and distinct legal and financial entities. Both pay their own expenses, as well as their share of the common expenses (rent, utilities, business office personnel), and both generate their own separate incomes. For patient convenience, all charges are collected centrally, and the income is immediately allocated to the appropriate account. The physicians are in no way financially affiliated with the pharmacy. The pharmacist generates income by a number of different mechanisms. He is reimbursed in the traditional manner for prescriptions filled in the pharmacy. In addition, the pharmacist receives a consultant's fee for each patient he contacts as reimbursement for time spent in providing non-traditional pharmacy services. This is collected within an office visit fee. Those patients requiring extensive counseling or other pharmacy management may be charged a direct pharmacy visit fee, especially if they did not see the physician at the same visit. Third party payers in general will not reimburse for non-traditional outpatient pharmacy services except in rare cases of home health services done in lieu of hospitalization.

Table 1. Advantages Offered by the Family Pharmacist

Time Savings for Physician
Assists in gathering drug related data base
Manages drug related telephone calls
Educates patients regarding their medications
Reinforces the physician's therapeutic suggestions
Aids in management of chronic patients
Interviews drug company representatives and provides an objective report to physicians

Consultation with Physician
Provides up-to-date general drug information
Serves as continuing education resource for physicians
Screens prescribed therapy for allergies, interactions, overlap, and appropriateness
Participates in devising most optimal therapeutic regimens for specific patients

Personalized Pharmacy Services
Provides detailed drug education
Functions as a readily available resource for patients with drug related questions
Develops an ongoing relationship with the patients, which fosters communication and encourages effective education

Monitoring Drug Therapy
Therapeutic effect
Adverse reactions
Compliance

Convenience for patient in filling a prescription

Other successful methods of reimbursement for non-traditional services by the pharmacist in other similar practices in South Carolina include: (1) paying the pharmacist a percentage of collections, (2) paying the pharmacist a percentage of the charges, and (3) paying the pharmacist a set fee for any patient contact within the practice whether or not the patient was seen by the pharmacist. The latter method assumes that many non-traditional pharmacy services occur even without a direct patient-pharmacist contact (see Table 1 for an outline of these services).

Comment

Because this practice was begun de novo and is still evolving and growing, a detailed analysis of the practice is premature but will be performed later in the fiscal year. A discussion of preliminary results, however, may be helpful for others contemplating a similar private practice arrangement.

Community acceptance to date has been very good. The PharmD enjoys good relationships with local pharmacists. Informal analysis of patient satisfaction has been excellent. The physicians have been quite pleased by the positive response from the patients as well as the practicing physicians in the area. This positive response is reinforced by the fact that several new private family physician-PharmD alliances will be begun in the Charleston area in the next six months.

Table 1 outlines the basic advantages of this method of delivering primary health care. For this type of practice to function smoothly and effectively, certain requirements are inherently important. The health professionals must have mutual

appreciation and respect for each other. They must have the ability to communicate effectively in both professional and business matters. The existence of a common medical record and an appropriate physical layout is essential.

In summary, this system offers the patient increased and new health care services through the close alliance and cooperation of family medicine and pharmacy. This team approach utilizes each professional in the roles for which he is best suited, thus increasing professional fulfillment, as well as the knowledge and appreciation of each other's specialty.

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