

Web 2.0



By Bill G. Felkey

Understanding opportunities for community pharmacy as the online world races ahead

It was at the technology luncheon during the 2008 NCPA Convention last fall in Tampa, Florida. Three student pharmacist panel members were recruited to address an audience of equally mixed student pharmacists and seasoned veterans. In this session, an attempt was made to build a vision of how and why the Internet is changing the way that pharmacy can be practiced. The Institute of Medicine is calling for all of health care to become more patient-centric, which it defines as fully involving patients in decisions about their care. Concurrent to this initiative, patients on their own are interacting with other industries and the virtual world created by the Internet in new and exciting ways that can no longer be ignored. The night before the session, we were struggling with how to make pharmacists understand what is happening in the “Web 2.0” world, in which the information age is demanding that health care become more digital and interactive. Some of the changes represent serious threats to the pharmacy profession. But some of these offer exciting opportunities. Everything described in this article needs to be considered as something done “in addition to,” and not “instead of” what is currently happening in your practice.

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Interactive Connectivity Continuum

For this article, we are going to make the assumption that you are an independent pharmacist or a chain pharmacist working in a traditional community practice. We will also make the assumption that you have at least one passion for providing a special service to the patients you serve. Finally, we assume that you are operating a physical storefront, but that you are also using a high-speed Internet connection to connect your practice to the outside world for day-to-day operations.

With the assumptions described above, let's see where you fall on a continuum of interactive connectivity options with your patients and prescribers. Given that you are the owner and/or a practicing pharmacist in a community setting, we know that patients can physically enter the door of your pharmacy during business hours and purchase goods and services. We hope that your service level is one of your biggest points of pride. We also hope that you have found a patient niche that responds to your offerings. Anyone operating a pharmacy without a physical presence in the community is described as a "pure play" operation. Companies such as Amazon and eBay do not operate physical storefronts.

The next level of connectivity on our continuum involves a telephone line and some measure of delivery capability. Some pharmacists operate a delivery service. Some operate this service at no charge, while others have

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found it necessary to add a fee for this service. Others employ companies such as the U.S. Postal Service, FedEx, or UPS to fulfill orders. In other settings taxicabs are called or pharmacists provide house calls on their way home. In a similar way, the telephone is used to provide service. Often these are provided free of charge, but some pharmacy operations have been able to turn the corner on telephone consultations and charge for their time.

In our NCPA audience, about 15 percent of the pharmacists present were interacting at the next level (the

"Brick and Click" pharmacy) in our continuum. At this level, patients are able to access goods and services from a pharmacy by interacting with its Web site. When we asked our audience how many of them had purchased something online, 100 percent of the people in the room enthusiastically shot their hands up into the air. But in this same group, 85 percent had not taken steps to offer online purchases of their products from their own Web sites.

We described how large chains have not only gone beyond the static presentation of content on a Web site that included interactivity, but also reduced the workload for personnel in their operations by integrating work done by patients on the Web with their pharmacy management systems. Patients can fill out their own medication profiles detailing the prescriptions purchased at other pharmacies, their OTC consumption, herbals, and home remedies on the chain's Web site. Then, the next time a new drug is added to their regimen, the drug utilization review software on the pharmacy management system checks the complete profile, including those medications entered by the patient at home.

Handle E-Mail With Care

Even if you have elected to disregard electronic commerce and using the Web as a channel to interact with your patients, stay with us for a moment as we complete the continuum. This includes answering questions that are placed on your Web site and interacting with patients by e-mail on the third level described in the previous paragraph. We will add a caution about using e-mail to discuss protected health information topics. An employer e-mail server allows IT personnel and executives to access any e-mail traffic that comes into the work place. The courts have said that employers legally own this channel of communication. If you use e-mail as a channel of communication, or if you answer questions posed on your Web site by patients by e-mail, you must either use the e-mail to have them contact you by telephone, not divulge any protected health information in your e-mail, or encrypt the text on the e-mail to protect your patient confidentiality. There are many companies that will allow you to do any or all of these options in your practice.

At this point on the continuum, we leave your practice and start looking at how your patients interact with health care information and services provided for them by other businesses on the Internet. Consider this

scenario: An adult female patient or a more elderly female family member begins to experience the unpleasant effects of menopause. The patient or the family member sees a physician and has her suspicions confirmed that she is, in fact, beginning the process of menopause. Hormone replacement therapy is prescribed, but none of the manufactured doses available seem to control the nightly hot flashes or her breakthrough bleeding.

Helping Patients Stay Afloat

At this point, in addition to talking to friends and family and perhaps a pharmacist, several hours have been spent using Internet search engines and reading advice on how to manage these problems. We don't see these simple information searches as a huge threat to pharmacy. Certainly, patients can be exposed to inaccurate and biased information. Unwarranted claims can be marketed by disreputable "snake oil" sites.

What does seem to occur on a frequent basis is the phenomenon we call "drowning in data." Ideally, the Internet will make us all "knowledge drenched," but this is not typically the case. Even though thousands of Internet sites provide lay language versions of health information, patients often get overwhelmed with all of the options and need to consult with someone to figure out what information is important to them and how they should sequence potential actions to make their situation better. We would say that the threat to pharmacy is minimal from this activity, and the opportunity to provide services to reduce patient uncertainty in making decisions is large.

One solution to address patient needs for high-quality information and direction is to do a matching process between patients with a problem

and pharmacists who specialize in addressing that problem. The way that this can be accomplished is to place a Web-based tool called a widget on the same page where patients are reading information about their problems. Patients would be told to enter their ZIP code, and pharmacies that specialize in the area of need would be listed in order from nearest to furthest.

As more patients are spending increasing amounts of time looking up health information on the Internet, it is imperative that a push and pull process take place. The push occurs when information that patients are seeking is distributed to them by the pharmacy. The pull takes place when people have found somebody else's information but need those aspects of the service that have to be delivered face-to-face fulfilled by their local pharmacy. There are some services that can be delivered through a Web visit. For example, getting a second opinion can be done entirely online. On the other hand, checking for pitting edema or preparing a medication reminder dose box requires face-to-face interaction.

Staying Engaged

Now we want to introduce you to the idea of Web 2.0. You've probably heard your young employees talking about Web sites such as Facebook or Myspace. These sites are described as social networking environments where millions of people spend time interacting with their friends and colleagues. A health care version of this type of Internet use is called Health 2.0, and many health care disciplines and specialties are waking up to the reality that they need to be a part of these trusted communities to stay engaged with an ever increasing number of their own patients. We know that people typically fail in their health care behaviors for one of three reasons. First, they don't know what to do. Second, they don't know how to do it. And finally, they are not motivated to manage their own health care behaviors. The toughest of these three to resolve is the motivation component.

In our opinion, the greatest threat to pharmacy is offered by a social networking site that provides a trusted community for patients wherein they get all the information and all the motivation help they require from these entities. Combine these resources with an Internet pharmacy that provides for their distribution needs and you have a real threat on your hands. So how do you compete with a social networking site? The short answer it is you

get right into that sweet spot where people are searching with questions and you notify them that you have the answers and pull them to your goods and services.

If you go to a well-entrenched site such as Revolution Health (revolutionhealth.com) and look under weight management you will see banner advertising from a company that markets an adjustable gastric band product and its network of surgeons who install it. This company knows that the only eyeballs that use this particular section of the site are looking for an answer to their problem. Of course, advertising dollars changed hands for this placement. Now imagine that the same patients find themselves using the Rxwiki site operated by NCPA to get information, and they get directed to a pharmacy-run blog where they can ask questions or find the ZIP code service locator widget described earlier. Patients are effectively pushed to the place where they can find solutions, which could be your pharmacy.

We started this article by saying that when it comes to online technology, you need to take additional action beyond what you are already doing. So, where are the locations that you want to be? One example involves a compounding pharmacy that entered its name, address, and other contact information on every service directory related to the topic. It did this by going out to every major search engine that had a directory and manually entering its information. Whenever patients would go to one of these directories, they would see that pharmacy sitting in the list and waiting to provide services. Innovative approaches such as those are the key for pharmacies to stay vibrant and successful in the Web 2.0 world. As always, if you would like to continue the conversation you can e-mail me at felkebg@auburn.edu. I already get 100 e-mails a day. What's a few more?

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