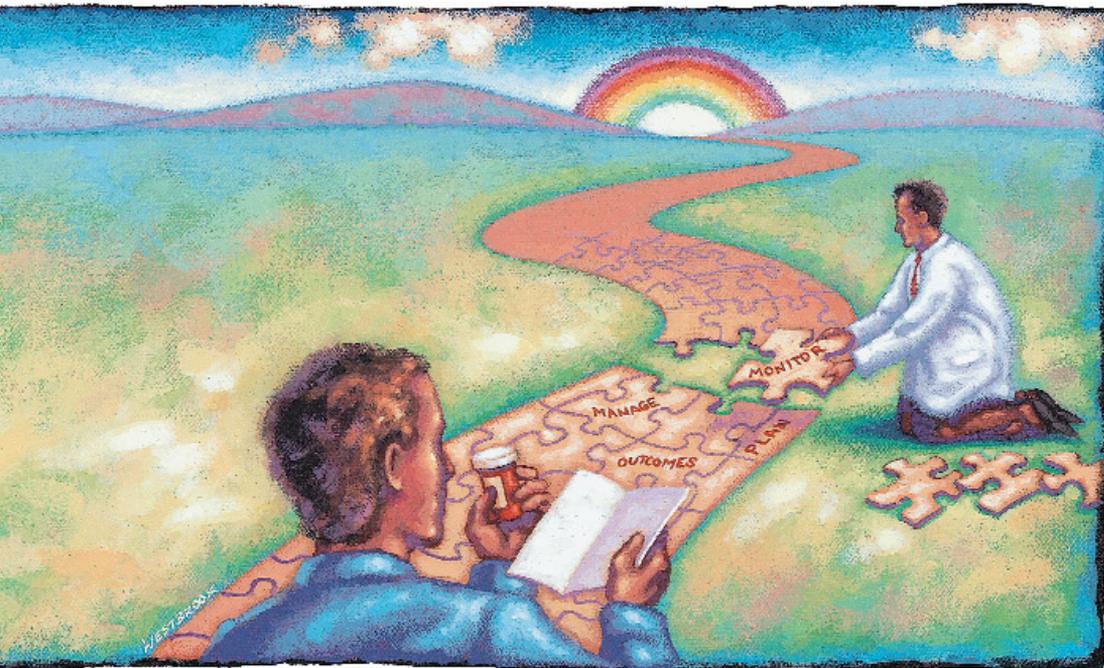


Using Relationship Marketing to Expand Pharmacy Services

Monograph 24



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Using Relationship Marketing to Expand Pharmacy Services

By developing and maintaining mutually rewarding relationships with selected groups of patients and other partners, pharmacists can more effectively market pharmacy services.

Reviewed by **Randy McDonough**

Introduction

More than a decade ago, Hepler and Strand introduced the concept of pharmaceutical care—the therapeutic relationship between pharmacist and patient—as an integral component of patient care.^{1,2} They saw pharmaceutical care as “a covenantal relationship between a patient and a pharmacist in which the pharmacist performs drug use control functions (with appropriate knowledge and skill) governed by the awareness of and commitment to the patient’s interest.”^{1,3}

An empathetic and trusting pharmacist-patient relationship is now widely recognized as the cornerstone of pharmaceutical care. Far less appreciated, however, is the importance of the pharmacist-patient relationship in successfully marketing pharmacy-based clinical services. Close collaborative relationships with patients, physicians, and other potential partners (i.e., other stakeholders in patient care) are the keys to creating and sustaining demand for pharmacy services on a long-term basis. Ideally, a network of mutually rewarding relationships should form the foundation of the marketing plan for a patient care service.

In the pharmacy setting, dispensing interactions are increasingly anonymous. However, patient care services, such as medication therapy management (MTM), emphasize a patient-centered focus that is common to all parties. Similarly, relationship marketing focuses on the pharmacist-patient bond and represents a major shift in practice from traditional marketing, which emphasizes discrete (one sale at a time) and often impersonal exchanges between organizations and customers.

This article describes how to use relationship marketing to create and maintain a network of productive relationships with selected groups of patients and other partners to expand the delivery of patient care services.

Relationship Marketing: Definition and Background

Relationship marketing has been defined in various ways.⁴ In the narrowest sense, relationship marketing refers to the use of an organization’s database to select preferred customers for a promotional program, such as direct mailing of a special coupon or offering a discount to a limited group of customers.^{5,6} In this article, relationship marketing is defined much more broadly as a practice that encompasses “all marketing activities directed toward establishing, developing, and maintaining successful relationships.”⁷

The focus of relationship marketing is on developing long-term relationships with a targeted group of patients and other partners. In the pharmacy setting, relationship marketing refers to attracting, maintaining, and enhancing patient relationships to create mutual benefit for the pharmacist and patient.⁸ The most important beneficiary of patient care services is the patient. Given the ongoing nature of chronic drug therapy and the opportunity for repeated interactions between pharmacists and patients, identifying and targeting groups of patients who could benefit from developing long-term therapeutic relationships with pharmacists makes sense both professionally and economically.

Relationship marketing theory was developed in the early 1980s to respond to the growing needs of service-oriented

Learning Objectives

After reading this article, the pharmacist will be able to:

- ▲ Define relationship marketing and state its key concepts.
- ▲ Cite the 4Ps of marketing and describe how each summarizes basic tenets of relationship marketing.
- ▲ Explain the difference between a market segment and a market niche.
- ▲ Describe the criteria that impact an evaluation of market segments or niches for pharmacy services.
- ▲ Discuss components of total quality management and its use in implementing relationship marketing.

companies, which have steadily replaced manufacturers as the dominant drivers of the U.S. economy. Although originally developed for companies such as banks and insurers, relationship marketing lends itself well to the promotion of patient care services. Such services focus on the relationship with the patient, rather than provision of a material product. Because patients cannot physically see or touch services, they must understand and experience them to derive benefits and appreciate their value.⁹ Relationship marketing offers practical strategies to help pharmacists convey the value of patient care services and encourage active patient participation.

In addition, relationship marketing emphasizes the value of lasting bonds, making this approach well suited to promoting pharmacy services to patients who have chronic conditions and require long-term follow-up to meet their therapeutic goals. MTM services, which provide a comprehensive review of a patient's medication regimen to identify, prevent, and solve drug therapy problems, usually as a part of an ongoing therapeutic relationship, are a growing area of patient care services. Other services may focus on the management of specific diseases, such as asthma, diabetes, hypertension, or dyslipidemia, or provide support for health-related behaviors, such as smoking cessation or weight loss. Relationship marketing offers a more focused and efficient approach to recruit and retain patients from these populations.

Beyond the 4Ps: The Basic Tenets of Relationship Marketing

Traditional marketing has followed a set of principles called the 4Ps. These basic principles remain important components of any patient care service marketing plan and have been extensively reviewed elsewhere.^{9,10} Relationship marketing does not replace these basic principles, but rather offers a fresh perspective to view and implement them. Briefly, the 4Ps refer to:

- ▲ **Product**—This is the item or service being marketed. Although relationship marketing can be applied to any service, it is best suited to programs that involve repeated interactions between the pharmacist and patient, such as MTM or disease state management.
- ▲ **Price**—Setting the appropriate price for a product or service is essential to marketing it successfully. Here, relationship marketing can be used to assess patients' and payers' price sensitivity and willingness to pay for a service before it is implemented.
- ▲ **Promotion**—In addition to advertising, promotional activities include publicity, public relations, and personal selling. The latter is especially vital to the success of relationship marketing, which emphasizes one-on-one interactions.
- ▲ **Place**—Making the product or service available at the right time and right place is also important to the success of a pharmacy-based patient care service. From a relationship marketing perspective, pharmacists need to know their target markets well enough to tailor the location of the service to patients' needs.

In addition, a fifth P, *positioning*, which addresses how the product or service will be viewed as personally beneficial to prospective patients, is an important consideration. Positioning involves identifying and evaluating the niche for the service, which is another key principle in relationship marketing.

As a philosophy, relationship marketing moves beyond these basic principles to embrace several other key concepts.⁴

One-on-one marketing. Whereas traditional promotional tactics such as running advertisements in newspapers are aimed at a mass market, relationship marketing tactics target selected customers.⁴ Using this approach requires the pharmacist to pay greater attention to relationship building and personal selling.

Retaining patients. Pharmacies often concentrate their promotional efforts on one-time events or services, such as a blood pressure screening day, a month-long diabetes awareness campaign, or a seasonal influenza vaccination program. Although these activities may work well for drawing customers to the pharmacy, they typically offer little incentive for patients to return on a regular basis to take advantage of other, longer-term clinical services. Relationship marketing offers tools to build and sustain relationships with the pharmacy's existing patients.

Taking a longer-term view. Instead of a narrow, one-sale-at-a-time view of organization-client interactions, relationship marketing emphasizes developing close and continuing collaborations between an organization (the pharmacy) and its target markets (patients) as well as various stakeholders in patient care (physicians, insurers, and suppliers).⁴ Relationship marketing also requires recognizing that relationships take time to grow and mature. Using this approach, the goal of an initial patient encounter should be less to close the sale than to assess the patient's needs and begin to establish the value of pharmacy services.

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A 2000 estimate of pharmacy patronage showed that the equivalent of the entire U.S. population (approximately 275 million people at the time) visited pharmacies each week.¹¹ Pharmacists' remarkable access to patients gives them numerous opportunities to initiate and build therapeutic relationships. However, for these bonds to form, interactions between patients and pharmacists must be meaningful, with each meeting building on the previous interaction. Interactions between pharmacists and patients need to represent more than discrete transactions so that patients can understand the value of the services pharmacists can provide, including MTM and more focused services.^{12,13}

Market Segmentation and Niche Marketing

An essential step for pharmacists adopting relationship marketing is identifying their most promising market segments—the specific groups of patients (and other partners, such as physicians)—that would most likely benefit from a proposed or existing pharmacy-based patient care service.¹⁴ Market segmentation is a focused approach to marketing in which services are offered to a targeted group or groups of patients.

A market segment consists of those patients who could benefit from a pharmacy service because of their unmet health care needs (e.g., difficulty reaching a therapeutic goal such as target cholesterol levels). Points to consider when deciding whether to target patients for specific services include the ability of patients to pay for the service (either out-of-pocket or through a third party) and their desire to actively use the service.¹⁵

Sometimes a market segment may be attractive but too broad for the pharmacy to serve effectively. In such cases, the market segment often can be further divided into market niches, which are more narrowly defined groups of customers.^{16,17} For example, patients who use prescription medications is a large and desirable market segment, but few pharmacies have the staff or resources to offer the full spectrum of services that would meet the needs of this population. However, a pharmacy may successfully fill a niche in this broader market. Examples include providing MTM services to patients with diabetes who use at least two medications to manage their condition, or providing a rapid strep testing service with prescription antibiotic therapy under a collaborative practice protocol.¹⁸ By carefully identifying market niches and then developing customized services for those patients, pharmacies stand a better chance of competing even in crowded health care markets. Additional examples of market segments and target niches within those segments are shown in Table 1.

Niche marketing may be particularly important when establishing a service for which there is a lot of competition. For example, a pharmacy starting a weight management

service may encounter substantial competition from established weight control programs and do-it-yourself approaches. In this environment, pharmacists could focus the service as a program for patients with chronic conditions who need to lose weight to better manage their medical condition (e.g., diabetes, hypertension, dyslipidemia). By incorporating disease management information into weight management sessions, pharmacists could better position the service as a health care program that supports both weight loss and achievement of therapeutic goals, rather than just another weight control center.

Once identified, market segments and niches can be profiled to learn more about patients' needs and desires, identify important patient demographic characteristics, and understand patients' reasons for whether or not they participate in a particular program.¹⁹⁻²² Based on this knowledge, pharmacists can develop customized marketing strategies for increasing patients' use of a particular service.

Identifying Market Segments and Market Niches

Because it encourages focusing on selected groups of customers, relationship marketing is not a one-size-fits-all approach. Each pharmacy needs to identify its most promising market segments or niches while taking into account internal conditions, including pharmacy staff expertise, interests, and resources, and external market characteristics, such as local patient demographics and unmet health care needs in the community.

One of the best tools for identifying attractive market segments is also one of the simplest: listening attentively to each patient's comments and feedback. Employing this low-tech strategy can help pharmacists identify and target individual patients as candidates for specific pharmacy services. When patients make comments, suggestions, or complaints, it is important to listen as closely as possible, paying attention to the person's words and nonverbal cues. To maintain focus, try to listen actively; minimize external distractions, such as other conversations, and avoid thinking about how to respond until after the person has finished speaking.¹⁰

For example, if conversations during MTM sessions or other patient interactions reveal that many patients want to stop using tobacco but have been unable to do so, the pharmacist could use this information to help with the development of a tobacco cessation service.

Computerized dispensing records are another valuable tool for identifying and evaluating potential market niches. Analyzing dispensing data allows pharmacists to determine how many customers have certain conditions (e.g., hypertension, diabetes) and how many receive refill prescriptions for a particular category (e.g., antihypertensives, antidiabetic agents). The database also can be searched for other relevant information, such as the age range or insurance coverage for

Table 1.
EXAMPLES OF MARKET SEGMENTS AND NICHEs FOR PHARMACY SERVICES

Market Parameter	Selected Market Segments	Examples of Specific Market Niches
Age	Elderly patients	<ul style="list-style-type: none"> ▲ Polypharmacy patients ▲ Hospice patients ▲ Patients with chronic pain
	Pediatric patients	<ul style="list-style-type: none"> ▲ Children with asthma or diabetes ▲ Parents of low-birth-weight infants
Sex	Men	<ul style="list-style-type: none"> ▲ Men with benign prostatic hyperplasia
	Women	<ul style="list-style-type: none"> ▲ Peri- and postmenopausal women ▲ Pregnant and lactating women ▲ Women requesting breast cancer risk assessment and risk management education
Diseases and conditions	Patients with cardiovascular disease	<ul style="list-style-type: none"> ▲ Patients requiring blood lipid monitoring and management ▲ Patients requiring anticoagulation monitoring and education
	Diabetic patients	<ul style="list-style-type: none"> ▲ Patients using insulin ▲ Polypharmacy patients
Preventive health services	Patients in need of immunization	<ul style="list-style-type: none"> ▲ International travelers ▲ Adolescents requiring vaccines ▲ Patients needing herpes zoster vaccine
Self-care	Consumers of nonprescription products	<ul style="list-style-type: none"> ▲ Patients requiring assessment and counseling to guide product selection ▲ Patients using herbals and/or dietary supplements

a particular group of patients. If the pharmacy has access to a computer systems analyst or consultant, it may be worthwhile to seek professional advice on how to efficiently extract information from this rich data resource.

Analysis of dispensing records also can provide information about other stakeholders in patient care, such as physicians, insurers, and employers. By tapping into this database, a pharmacist can determine the numbers of patients who come from various physician practices in the community. This analysis might show, for example, that the pharmacy has a significant number of asthma patients from a single physician practice and, perhaps, that a disproportionate number of these patients have received repeated refills for rescue medications rather than controller medications. Using this information, the pharmacy could prepare a presentation to educate the prescribing physician about the mutual benefits of a pharmacy-based asthma care program.

If a pharmacy needs to identify patients with a particular condition but does not routinely collect diagnoses, targeted patients can be identified by searching the database for

patients who use medications to treat the selected condition. Although some patients may be prescribed the medication for off-label uses, such a search will likely generate a list of patients with that condition. Once a report of selected patients has been created, pharmacists can use direct mail and other personalized approaches to communicate with patients in that marketing niche.

A patient survey is another tool that can be useful for gauging patients' interest in a proposed or existing pharmacy service (Figure 1). A survey can provide additional information about patient demographics, the types of services that may interest patients, and patients' willingness to pay for such services. Surveys could be distributed to patients as bag stuffers and by direct mail to selected customers with an enclosed postage-paid reply envelope.

Conducting focus groups is an additional way pharmacists can learn about patients' interest in proposed services.¹⁰ In these small group sessions, a representative sample of consumers is gathered to discuss and share their views on an issue or proposal. A focus group, especially when moderated

Figure 1.**PATIENT NEEDS SURVEY FOR PHARMACY SERVICES****PHARMACY SERVICES SURVEY**

To help us better understand the needs of our patients, please take a few minutes to complete this survey. The information from this survey will be used in the development of patient care services at the pharmacy.

Sex: Male _____ Female _____

Age: _____

Do you have health insurance? Yes _____ No _____

If yes, through which insurer? _____

Sex and age of other person(s) living in your household: _____

Service Needs

Please mark the services that interest you and indicate your willingness to pay for the service.

Service	Yes, I would be willing to pay for this service myself	Yes, I would use this service, but only if it is covered by my insurance	No, I am not interested in this service
Diabetes education			
Blood glucose monitoring			
Asthma education			
Cholesterol/lipid monitoring and management			
Comprehensive medication therapy review			
Tobacco cessation			
Weight control			
Body fat analysis			
Blood pressure monitoring			
Anticoagulation monitoring			
Osteoporosis screening			
Skin care services			
Nutraceutical and dietary supplement education services			

What other pharmacy services are you interested in?

Thank you for your feedback. We will use this information to help guide the development of the services that we offer. Please contact a pharmacy staff member if you have any questions about our patient care services or this survey.

by an unbiased facilitator, can help reveal patients' needs and desires for a new service or provide feedback on an existing pharmacy service. As a secondary benefit, patient focus groups can help to informally market a new service to the participants and, if they are enthusiastic about the service, promote it beyond the group through word of mouth.

Traditional promotions, such as newspaper advertisements and flyers, can be used beneficially in conjunction with relationship marketing strategies. For example, targeted patients in the market niche could receive personalized invitations to participate in the program, along with a reply card to indicate their interest. Print advertisements could be run simultaneously to promote the service to people who are not already patients of the practice.

Evaluating Target Market Segments and Niches

Before implementing pharmacy services for a selected patient group, the pharmacist should carefully evaluate a number of important criteria that affect the potential for patient participation in an offered program and the service's likelihood of becoming profitable.

Size of the market. How common is the condition (or the need for the service) in the pharmacy's geographic area? How many of the pharmacy's current patients would likely use the service? How many new patients could be attracted to the service and at what expense?

Obstacles to market entry. Does substantial competition already exist for the proposed service? If so, does the pharmacy service offer some additional value or benefit that could help to attract and retain participants? Capital costs and investments of staff time, including equipment expenses and staff training, also need to be evaluated before implementing a new service.

Potential revenue and profit. How much revenue could be generated through service provision? The number of patients and the number of service episodes in a given period are key factors in determining the potential revenue. Is third-party reimbursement available for the service? If so, does it cover the cost of the service with allowance for a reasonable profit? If insurance coverage is not available or adequate, would participants be willing to pay out-of-pocket for the service? Many patients are willing to pay out-of-pocket for certain pharmacy services, particularly those that provide support for lifestyle changes, which are not generally covered by traditional insurance plans.

Patient access. Can prospective patients reach the pharmacy easily? Is the service available during the times when patients would most likely want it? Less tangible obstacles to access also should be considered. For example, if a pharmacy offers a patient care service to a Hispanic population, the primary pharmacist ideally should be able to speak Spanish and understand common health beliefs of the population.

Patients' attitudes and behavior. What aspects of patients' behavior might be important when evaluating the market segment? For example, if the program requires participants to make significant behavioral changes, pharmacists need to be able to assess the readiness of individuals to participate actively, along with their own ability and willingness to motivate patients to participate.²³ Likewise, pharmacy-based services that are perceived as pioneering or outside the mainstream, such as counseling on dietary supplement or herbal product use, may be more likely to appeal to patients who tend to use new and innovative services.²¹ Ideally, pharmacists should identify potential early adopters of the service and target them with initial marketing efforts.

Building Patient Relationships to Create Mutual Benefit

In relationship marketing, every encounter with a patient is an opportunity to establish or build a closer professional bond. Although medication dispensing may sometimes be viewed as a mundane and rote task, this everyday pharmacy activity provides an excellent opportunity to establish an initial rapport with patients and briefly introduce, or "premarket," pharmacy services.

For example, when dispensing medication for a new prescription for a chronic condition, the pharmacist might ask, "What did your doctor tell you to expect from this medication? What are your goals for this [disease state or therapy]?" Or, when dispensing a medication refill, particularly for a chronic condition, the pharmacist might inquire, "How is this medication working for you? Can you describe any problems that you have had with the medication?" For example, when a patient picks up a refill for a statin, the pharmacist could ask if the patient knows his or her cholesterol level, inquire about the last time it was checked, and discuss how the cholesterol level provided by the patient compares with treatment goals. This type of brief conversation can offer a natural transition to a description of and invitation to use the pharmacy's lipid monitoring and management service, and open the door to discussion of other services, such as a weight loss service.

The First Visit

First impressions are very important. When a patient initially uses a pharmacy service, it is imperative that he or she has a good experience. The first visit should leave a lasting impression with patients about the benefits of pharmacy-based care. The patient should be treated in a friendly and professional manner throughout the provision of the service.

All pharmacy staff should receive training about the new service, including the process for service delivery and their role in it. (In addition, support staff, such as front-end cashiers, should be aware of the service and able to direct

patients to the appropriate location.) Prior to the appointment, the process of the visit should be explained to the patient. For example, if the patient will be asked to fill out a medication history form, he or she could be given instructions to arrive 10 to 15 minutes prior to the scheduled appointment time to complete paperwork. If a comprehensive medication review will be incorporated in the visit, the patient should be advised to bring all of his or her prescription, over-the-counter, herbal, and dietary supplement products to the visit. Pharmacy staff should place reminder phone calls a few days before each appointment.

Providing patients with accurate information about their financial responsibilities for the service is essential to maintaining a positive relationship. Payment arrangements, including insurance coverage when applicable and any amount that the patient will be responsible for, should be carefully explained to the patient prior to the visit.

When the patient arrives for the appointment, he or she should be greeted professionally and courteously. There should be a comfortable waiting area for the patient, and any paperwork should be managed in a professional manner.

The patient's priorities for treatment may not necessarily match those that the pharmacist would identify. Therefore, the pharmacist should be certain to ask the patient to state his or her primary concerns during the initial visit. The patient's concerns should be addressed during the visit and incorporated in the patient's care plan. Because many patients are unfamiliar with pharmacy-based patient care services, their expectations should be carefully explored. The pharmacist also should explain the pharmacy's efforts to ensure continuity of care with the patient's other health care providers. For example, if the pharmacist intends to provide a copy of the personal medication record to all of the patient's prescribers, the pharmacist should describe this step and its purpose.

Payment for the service may be managed by pharmacy staff at the conclusion of the visit. Patients should receive a receipt that details the cost of the service, even if the patient has no out-of-pocket charge for the service or has a nominal copayment; seeing the cost of the service in writing reinforces the perception of value for the pharmacist's services.

Generally, it is best to make patients aware of the importance of regular follow-up visits prior to or during the first visit. A follow-up appointment should be scheduled at the conclusion of the first visit.

Follow-Up Visits

Follow-up visits allow the pharmacist to assess and monitor the patient's progress, and are an important component of pharmacy-based patient care services that are promoted through relationship marketing.

During these visits, pharmacists determine whether the interventions made at prior visits have been effective for addressing the patient's health care concerns and/or drug-related problems. Pharmacists should reinforce the impor-

tance of progress toward therapeutic goals, praise achievements, and encourage continuation of healthful behaviors. Causes of failure to achieve therapeutic goals also should be carefully investigated.

Pharmacists should respond with empathy if patients have not adhered to treatment recommendations, work with patients to identify causes of nonadherence, and help the patient devise strategies to address them. For example, if a patient does not use a newly prescribed medication because of adverse effects, the pharmacist should collaborate with the prescribing physician to identify treatment alternatives. On the other hand, if the patient does not use the medication because he or she does not understand the nature of the illness and how drug therapy may help, educational interventions would be appropriate.

Finally, the pharmacist should determine whether there have been any changes in the patient's health status, and whether any new issues or concerns have emerged.

Implementing Other Principles of Relationship Marketing

Relationship marketing and continuous quality improvement efforts in the pharmacy are closely interrelated. To sustain relationships with patients and other partners, pharmacists must consistently meet or exceed others' expectations of their services. When implementing services and relationship marketing, pharmacists can benefit from adopting a total quality management (TQM) approach. TQM refers to the application of quality principles to all functions and processes, which in the pharmacy range from medication dispensing and shelf stocking to patient care services and laboratory testing.²⁴ Under TQM, all employees are required to share in the responsibility for maintaining and improving the quality of the services.

Practically speaking, TQM can be implemented by holding regular staff meetings to discuss issues, identify problems, and plan actions to improve service quality. During these meetings, staff members should focus on how to improve services, enhance patients' perceptions of the service, and identify educational gaps that need to be addressed. Clinical services should be reviewed regularly to improve delivery to patients and ensure that the programs remain up-to-date.

Staff activity reports are another important quality control tool that can be used to assess productivity. These reports, which can be generated from some pharmacy computer systems, show how each pharmacist spends his or her time during the workday. Activity reports can help identify areas of outstanding performance as well as components of service that need improvement. Information also can be gathered on how much time a pharmacist spends providing patient care services and how often he or she recruits patients for these programs. These reports should be reviewed regularly and can be incorporated in employee evaluations.

Staffing and Scheduling

Involving pharmacy technicians and/or robotics in the dispensing process is essential for freeing up pharmacists to provide one-on-one patient care services. To nurture the development of pharmacist-patient relationships, the pharmacy's workflow must be organized to allow regular contact between pharmacists and patients beyond that which ordinarily occurs during dispensing. For example, an initial visit for a medication therapy review might take 30 to 60 minutes, while dispensing a prescription takes only a few minutes.

Pharmacies may need to experiment with several different approaches to staffing patient care services to find the optimal scheduling mix of patient care and dispensing duties. Some pharmacies may have one pharmacist dedicated to dispensing services and another dedicated to patient care services. If pharmacists are to fill both roles, it is important to achieve a schedule that will allow for continuity of care (e.g., follow-up appointments with the same pharmacist when possible) for those enrolled in patient care services, while ensuring that pharmacists' dispensing skills remain sharp.

Assessing Outcomes

The Centers for Medicare and Medicaid Services has stated, "In order to pay for quality, we have to measure it and it has to be reported."²⁵ Tracking and reporting outcomes are essential to demonstrate the value of a service to multiple stakeholders, including potential patients and payers. In addition, ongoing monitoring of a patient care service can help determine whether the service is having the desired effects.

Outcomes that should be assessed on a regular basis include clinical parameters and process measures. Clinical outcomes measure the impact of the service on patient health. For example, a diabetes management service would likely evaluate the impact of the service on patients' hemoglobin A1c values, or a weight management service would assess the impact on patients' body mass index. Other results that could be measured include humanistic outcomes, such as a patient's quality of life, and economic outcomes, such as a patient's overall cost of health care. Process measures that can be evaluated relate to the activities demonstrated in the implementation of the service. Such measures could include the number of patients enrolled in the service, the amount of time patients have to wait for an appointment, the time required for a patient visit, and the number of interventions made by the pharmacist.

A patient satisfaction survey is another important tool for gathering feedback from participants and improving the quality of existing programs (Figure 2).^{26,27}

Developing a Patient Care Database

A database containing patient information that can be used to further customize services is a valuable resource for

relationship marketing. Information sources include dispensing records, patient care records, and results of periodic patient surveys. For example, as patients enroll in a pharmacy service program, the pharmacist can enter the patient's clinical and nonclinical information in a database along with preferences for a particular pharmacist or desire to use the pharmacy's adherence packaging service—all of which can be used to support the pharmacist-patient relationship. Specifically, the clinical information in the database can be used to monitor long-term progress, measure patient outcomes, and identify areas for service expansion or improvement.

Maintaining Relationships With Patients

Relationship marketing offers insights to help maintain patient relationships, thus increasing retention in pharmacy service programs. Bitner described three prerequisites for building and maintaining relationships with customers: make realistic promises, deliver on those promises, and keep promises.²⁸

Making Realistic Promises

Before promoting a service, make sure that the pharmacy and staff can fully meet patients' expectations. Promises about pharmacy services are typically made through advertising, personal selling, and pricing. In some cases, it may be better for a pharmacy to introduce a new service gradually or on a smaller scale than originally envisioned to ensure that patients' needs and expectations can be met by the service, rather than developing and promoting an ambitious service that the pharmacists are unable to deliver. Pharmacists should carefully assess their knowledge and skills when determining which services to promote.

Delivering on Promises

To meet expectations and develop effective pharmacist-patient relationships, the pharmacy must have trained staff and adequate resources. These include tangible resources, such as facilities, equipment, and staff, as well as intangible resources, such as organizational processes and a good reputation in the community. Pharmacists and other staff are likely to need regular continuing education to keep their skills and knowledge sharp and current. Staff training should focus on ensuring that service quality is consistent no matter who provides it or when. Also, many pharmacies must make changes in the physical layout of their facilities to deliver new services. For example, many pharmacists will need to create a patient care area that meets Health Insurance Portability and Accountability Act (HIPAA) privacy requirements and is comfortable for a 30- to 60-minute visit. Physical facilities should be assessed regularly to ensure that they function properly and maintain a professional appearance.

Figure 2.
PATIENT SATISFACTION SURVEY FOR A PHARMACY SERVICE

PATIENT SATISFACTION SURVEY

To help us improve the quality of our service, please take a few minutes to complete this survey. We appreciate your honesty and feedback. Please mark the answer that best describes how you feel about your experience with this service.

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Pharmacists and Staff					
1. The pharmacist was courteous and friendly.	<input type="checkbox"/>				
2. The pharmacist was knowledgeable.	<input type="checkbox"/>				
3. The pharmacist spent enough time with me during the visit.	<input type="checkbox"/>				
4. This service helped to meet my health care needs.	<input type="checkbox"/>				
5. I would recommend this service to friends or family members with similar health care needs.	<input type="checkbox"/>				
6. The pharmacist listened to and addressed my questions and concerns.	<input type="checkbox"/>				
7. I am satisfied with the care I received from the pharmacist.	<input type="checkbox"/>				
8. The pharmacist improved my knowledge about my health condition(s) and how to care for it/them.	<input type="checkbox"/>				
9. My ability to take care of my health condition(s) was improved by this service.	<input type="checkbox"/>				
10. The pharmacy staff was friendly and courteous.	<input type="checkbox"/>				
11. The pharmacy staff was helpful.	<input type="checkbox"/>				
Pharmacy Service					
1. I was able to schedule appointments that were convenient for me.	<input type="checkbox"/>				
2. I have usually been seen on time for my appointments.	<input type="checkbox"/>				
3. The pharmacy is accessible for me.	<input type="checkbox"/>				
4. Payment arrangements were clearly explained prior to the visit.	<input type="checkbox"/>				
5. The amount of paperwork associated with the service was reasonable.	<input type="checkbox"/>				
6. The pharmacy has a professional appearance.	<input type="checkbox"/>				
7. The patient care area is pleasant and comfortable.	<input type="checkbox"/>				

If you were dissatisfied with any aspect of the service, please explain why:

If you could change any part of the service, what would it be?

Please use this space to provide any additional feedback about the service:

Source: Adapted from references 26 and 27.

Keeping Promises

According to Bitner, service promises are most often kept or broken during a service episode when the provider and customer interact.²⁸ Each encounter between patient and pharmacist presents an opportunity to build the relationship and a challenge to keep promises. With each interaction, a patient forms a perception of the pharmacy's service quality. This perception can be a key determinant in a patient's decision to continue to use a pharmacy's services (Figure 3).

Service delivery cannot always be perfect, of course, so the pharmacy should have a service recovery plan in place to manage situations when a patient's expectations are not met. New patients enrolling in a service can be encouraged to share their feedback with the pharmacy staff, both verbally and through occasional surveys. When a complaint is received, a pharmacist or other designated staff member needs to respond promptly and sincerely, assuring the dissatisfied person that his or her concern is important to the pharmacy and will be addressed in a timely manner.

Figure 3.

DEFINING SERVICE QUALITY FROM THE PATIENT'S POINT OF VIEW

Some marketing authorities have pointed out that service quality derives more from customer perceptions than from objective measures.^{29,30} A customer is most likely to perceive a service to be of high quality when it meets or exceeds his or her expectations. In the mid-1980s, marketing researchers developed an instrument called SERVQUAL to assess customers' perceptions of service quality.³⁰ This instrument, which identifies five dimensions of customers' perceptions, can be used to help pharmacists assess their patients' perceptions of service quality.

Tangibles and Serviscape

What is the general appearance of the pharmacy? Is the patient service area comfortable and attractive, and does it provide sufficient privacy? Is equipment in good condition and does it operate properly? Are adequate supplies available to perform tests or other functions associated with the service? Are pharmacy personnel well groomed and appropriately dressed?

Reliability and Trustworthiness

Can the pharmacist perform the service dependably and accurately? Has the staff had training in use of any special equipment? Do the pharmacists and other staff regularly attend continuing education sessions to learn more about implementing services and the conditions they are designed to help manage?

Responsiveness and Service Recovery

Does the pharmacy staff promptly and willingly help patients, especially if something unpredictable happens? Do personnel respond to problems by taking action and remaining in control of the situation? Has the staff had training in how to handle a medication error or other types of mistakes in pharmacy-related processes?

Assurance of Professionalism and Skills

Does the staff have the knowledge to perform the services offered? Are they courteous and capable of inspiring trust and confidence in customers? Does the staff know and use appropriate procedures to maintain patient confidentiality?

Empathy (Attitudes and Behavior)

Does the staff demonstrate a caring attitude? Is the pharmacy able to provide individualized attention to patients?

A recent management and marketing review added two more dimensions to service quality²⁹:

Accessibility and Flexibility

How accessible is the pharmacy's location for patients who drive, those using public transit, and for foot traffic? Are services provided during evening hours and weekends in addition to daytime hours on weekdays?

Organization's Image

What is the pharmacy's reputation in the community? Is the company considered credible and trustworthy?

Relationship Marketing for Other Stakeholders in Patient Care

In the pharmacy setting, physicians are among the most important partners to target through relationship marketing. If physicians perceive a pharmacy service to be valuable, they can refer new patients to the program or encourage continued participation among existing patients.

In the past few years, pharmacists have focused much attention on collaborative practice agreements as a way to integrate their services with those of physicians. While collaborative practice agreements are important to the successful integration of pharmacists' and physicians' practices, signing one represents a late stage in the working relationship between these practitioners.³¹ Most pharmacists have not yet reached this stage in their relationships with physicians. (More than half of the states have some form of collaborative drug therapy management regulation, yet few pharmacists are currently engaged in these agreements.³²)

Just as pharmacists can demonstrate the benefits of pharmacy-based care to patients during dispensing encounters, they can similarly use routine interactions with physicians to show how pharmacists add value to patient care. To initiate the relationship, a pharmacist may begin to regularly provide the physician with helpful information (e.g., patient's medication history, adherence information). If pharmacists discover that therapeutic goals are not being met, communicating specific clinical information to physicians about their patients and making clinical recommendations help to build professional trust between providers.

In addition, pharmacists need to become more assertive in communicating patient information and recommending clinical interventions to physicians. Face-to-face visits between pharmacists and physicians are especially important when initiating a professional relationship. Once physicians become familiar with pharmacists and trust their clinical competence, personal visits become less important, but should continue periodically. Pharmacists also need to determine the frequency and type of communications (e.g., telephone call, fax, e-mail) a particular physician prefers. The goal of these exchanges is to add value to the relationship and deepen the pharmacist-physician bond, setting the stage for further professional collaboration—perhaps to the point that a collaborative practice agreement can be established.

A physician survey can be a valuable resource for evaluating physicians' needs and preferences for pharmacy services. Similar to a patient survey, this tool can be used to identify key physicians who are interested in specific pharmacy services and willing to refer their patients to the practice. Pharmacists can use information from these surveys to identify physicians who might actively support an expansion of pharmacy services. The pharmacy could then send regular communications, such as a newsletter and brochures describing the pharmacy's patient care services, to these potential partners. Physician satisfaction surveys are additional tools that can be used to assess

their perceptions of existing services.

Employers are another important target for relationship marketing efforts. Employers, particularly those who self-fund their workers' health care benefits, constitute a significant and often overlooked market for pharmacy services. Pharmacists who want to establish relationships with employers need to consider how their services can reduce the cost of health care while improving its quality. They also should be prepared to discuss studies and model programs, such as the Asheville Project, that document the benefits of pharmacists' interventions.³³ When establishing new relationships with employers, face-to-face meetings between the pharmacist and the company's senior managers or other key decision makers are vital to building trust and credibility.

Managing Service Discontinuation

Pharmacists' relationship marketing strategies should include a plan for when a patient chooses to discontinue using a service. For example, a patient may decide he or she no longer needs the service and starts breaking appointments or stops coming to the pharmacy altogether. Conversely, the pharmacist may conclude that the service no longer meets the patient's needs and that referral to another provider is appropriate. In either case, it is important to try to talk with the patient and, if possible, reach a mutual decision on the best course of action. If the patient is not completely satisfied with the service, it may be possible to identify and address the source of dissatisfaction and/or adapt the service to the patient's individual needs. However, the pharmacist will need to determine whether any requested modifications to the service are financially viable for the pharmacy.

If a patient decides to terminate his or her use of a service, it is important to try to preserve any positive relationship that exists. One simple tactic is to thank patients cordially for their patronage and assure them they can return to the service at any time in the future.

Conclusion

The philosophy and practice of relationship marketing offer new insights and strategies for building a successful pharmacy practice. This approach emphasizes the importance of developing and maintaining lasting relationships with patients and other partners, such as physicians, through the provision of high-quality pharmacy-based clinical services. Relationship marketing requires thoughtful use of market segmentation and niche marketing techniques to identify selected groups of patients who are most likely to benefit from selected pharmacy services. Each interaction with these patients should be deliberate, with the dual purpose of improving health and creating a mutually rewarding relationship. By developing pharmacy services that meet patients' needs and deliver on promises, pharmacists can build long-lasting relationships that are the foundation of a successful professional practice.

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1. **As defined in this article, which of the following statements best describes relationship marketing in pharmacy practice?**
 - a. The focus of relationship marketing is on providing services to all former and current patients in the pharmacy's database.
 - b. Patients with acute conditions are ideal candidates for relationship marketing.
 - c. One-time services should be implemented to attract large groups of patients who may not return to the pharmacy.
 - d. Long-term relationships are developed with a targeted group of patients and other stakeholders in patient care.
2. **Which of the following groups of patients best exemplifies a market niche?**
 - a. All patients with diabetes.
 - b. Patients who use insulin to control their diabetes.
 - c. Elderly patients who use prescription medications.
 - d. Women with chronic medical conditions.
3. **Generally, it is best to use niche marketing when:**
 - a. There is a lot of competition for a service.
 - b. The pharmacist requires additional training before providing the service.
 - c. A service is being expanded.
 - d. Seeking third-party payment for a service.
4. **Which of the following statements regarding computerized dispensing records is true?**
 - a. HIPAA regulations prohibit analysis of dispensing records for marketing purposes.
 - b. Data within the records are usually too cumbersome to analyze.
 - c. Pharmacists can search computerized dispensing records to identify and evaluate potential market niches.
 - d. Dispensing records are not useful for analyzing physician practices.
5. **As defined in this article, "premarketing" a pharmacy service involves:**
 - a. Marketing the service to physicians.
 - b. Briefly mentioning a service to potential customers.
 - c. Heavily marketing the service to potential early adopters.
 - d. Marketing services to patients who do not yet need them.
6. **When should a patient be told of his or her financial obligations for the pharmacy service?**
 - a. Prior to the initial visit.
 - b. When he or she arrives for the initial visit.
 - c. At the conclusion of the initial visit.
 - d. After any drug-related problems have been identified and resolved.
7. **How should a pharmacist respond if a patient enrolls in a pharmacy service but fails to follow recommendations that are provided?**
 - a. Discharge the patient from the service.
 - b. Provide the patient with a list of worst-case scenarios that might happen if the patient remains non-adherent.
 - c. Work to identify the underlying causes of non-adherence and help the patient devise strategies to address them.
 - d. Call the patient's family members and ask them to ensure the patient follows the recommendations.
8. **Which of the following represents a humanistic outcome of a pharmacy service?**
 - a. Impact on overall prescription costs.
 - b. Impact on patients' quality of life.
 - c. The average amount of time patients have to wait for appointments.
 - d. The number of referrals made during the service.

9. Which of the following statements about collaborative practice agreements is *true*?
- They represent a late-stage in the development of relationships between pharmacists and physicians.
 - They are a requirement for any pharmacist who provides medication therapy management services.
 - Approximately 70% of currently practicing pharmacists have such agreements in place.
 - Pharmacists are allowed to sign collaborative practice agreements with only one physician.
10. Which of the following statements about the application of relationship marketing is *true*?
- Pharmacists are the only employees in the pharmacy who need to ensure that service quality is monitored and maintained.
 - Relationship marketing does not encompass the 4Ps of marketing.
 - Market niches are often too broad for a pharmacy to serve effectively.
 - Relationship marketing encourages focus on selected groups of customers.
11. Approximately how many people visited pharmacies in the United States in 2000?
- 50 million.
 - 100 million.
 - 275 million.
 - 500 million.
12. The 4Ps of marketing are:
- Product, price, promotion, place.
 - Product, price, position, push.
 - Product, promotion, placement, persuasion.
 - Product plug, promotion, placement.
13. Using the SERVQUAL instrument, the pharmacy staff's ability to respond to problems is a component of which aspect of service quality?
- Tangibles and servscape.
 - Reliability and trustworthiness.
 - Responsiveness and service recovery.
 - Empathy (attitudes and behavior).

14. Which of the following services would best be promoted using relationship marketing practices?
- A blood pressure screening day.
 - A week-long long diabetes awareness campaign.
 - A seasonal influenza vaccination program.
 - An ongoing blood lipid monitoring and management program.
15. The hours and location of a pharmacy service are components of its:
- Servscape
 - Accessibility.
 - Organization's image.
 - Total quality management approach.

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