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Implementation of pharmacist-prescribed contraceptive services: A case series of early adopters

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Abstract

Background: The objective of this study was to interview five early adopters of pharmacist-prescribed contraceptive services to gain insight into successful implementation, with a focus on each pharmacy's approach, successes, challenges, lessons learned, and practice implications.

Case Summaries: The five pharmacists who were interviewed included men and women working for independent, chain, and hospital system pharmacies in rural, suburban, and urban areas in various states. Each pharmacy had a unique approach to implementation of pharmacist-prescribed contraceptive services and a variety of service features. The pharmacists were asked about their motivation for starting the service, implementation processes, financial justification, challenges, and successes. Similarities and differences in the intervention characteristics (processes), outer setting (factors outside of the pharmacy), inner setting (factors within the pharmacy), and individual characteristics were compared to determine lessons learned and practice implications for implementation of pharmacist-prescribed contraceptive services.

Practice Implications: The pharmacists interviewed encountered common challenges in implementing pharmacist-prescribed contraception services, including lack of community awareness, difficulty justifying the service financially, difficulty with time management, staying updated with changing regulations, and managing staff turnover. Successful contraception service

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Disclosure

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implementation strategies included efficient workflow integration, financial justification of the service, and increasing community awareness of the service.

Conclusion: These early adopter case studies can serve as a reference for pharmacists wanting to implement contraceptive services in their pharmacies. By incorporating lessons learned and anticipating challenges, more pharmacies may be able to offer contraceptive services, further increasing patient access to contraceptives.

Background

Increasing access to contraception is a public health priority,[1,2] with over 19 million women in the United States lacking reasonable access to a health center with the full range of contraceptive methods.[3] Women and people of reproductive potential report many barriers to contraceptive access, including cost, appointment availability, transportation issues, and clinicians requiring a physical exam.[4,5]

Since 2013, states have been increasing access to contraception via policy changes allowing pharmacists to prescribe hormonal contraceptives. A decade later, this is allowed in more than half the states.[6,7] However, implementation of pharmacist-prescribed contraceptives remains lower than desired. Fewer than one-third of pharmacies in California, New Mexico, Hawai'i, and Utah are providing contraceptive services.[8–11] Low uptake rates across the nation reflect universal barriers to implementation, including training needs, lack of payment for services, liability concerns, time constraints, and physician resistance.[10,12,13]

The objective of this study was to interview early adopters of pharmacist-prescribed contraceptive services to gain insight into successful implementation. An early adopter was defined as a community pharmacy that had successfully implemented pharmacist-prescribed contraception services within five years of their respective state protocols becoming available, for a minimum of six months, and providing at least one contraception prescription encounter per month.

Five pharmacists who have successfully implemented contraception services were chosen via purposeful sampling to include diverse experiences and settings. The pharmacists interviewed included men and women working for independent, chain, and hospital system pharmacies in rural, suburban, and urban areas across 5 states. Semi-structured, 90-minute recorded interviews were conducted via web-based video. Interview questions included prompts based on the five main Consolidated Framework for Implementation Research (CFIR) constructs (Table 1).[14] Interviews were analyzed by the research team for practice implications.

Case summaries

Pharmacy A – Health-system pharmacy in Oregon

Getting started—The pharmacy manager was motivated to implement pharmacist-prescribed contraceptive services because they viewed it as an opportunity to re-brand the pharmacy as a destination for clinical services. The service was piloted in one pharmacy in the health system and later expanded to all four locations.

In preparation for providing contraceptive services, policies and procedures (P&Ps) were adapted from existing immunization P&Ps and disseminated to pharmacy staff. The P&Ps were updated following legislative and state protocol changes. In addition to the required steps in the state protocol, the service was supplemented with follow-up phone calls, detailed notes to the patient's primary care provider, and workflow adjustments. Though appointments were not required, the staff encouraged patients to come when multiple pharmacists were on duty to reduce patient waiting time.

The hospital system made a large investment in building patient care rooms to be used for all the pharmacy's clinical services. The pharmacist also worked with the electronic health record team to build a documentation template. Documentation was printed for each visit and stored for Board of Pharmacy audits.

Financial justification—Rather than focusing on profitability of the contraceptive visits themselves, the service was presented to health system leadership as an opportunity to promote the pharmacy as providing valuable services to the health system patients and broader community. The pharmacy charged a consultation fee to cover 30 minutes of the pharmacist's time. Patient volume remained low but consistent. The pilot pharmacy grew its overall business (i.e., prescription dispensing volume) by 20% in the year after the launch of contraceptive and other clinical services, attributed in part to bolstering the pharmacy's reputation as a destination for clinical services.

Successes—Pharmacy technicians were an integral component in connecting patients to the service when they were out of contraceptive refills. To increase community awareness and help grow the service, the pharmacist gave presentations to local provider groups, Planned Parenthood, and the county health department. Pharmacists contacted patients one week after their contraceptive visit to answer any questions, ensure the patient was tolerating the medication, and encourage routine reproductive health screenings as appropriate. This reassured patients and other providers that pharmacists were providing a meaningful clinical service and linkage to additional care.

Challenges—The pharmacist anticipated some pushback from local providers who were concerned that the service would discourage patients from obtaining routine screenings. The follow-up calls and detailed documentation reassured providers that pharmacists were appropriately offering a clinical service that improved access to care. The clinic front office staff were more likely than providers to refer patients to the pharmacy because they witnessed patients struggling to access care. The pharmacist believed that the lack of funding for advertising contributed to low volume.

Pharmacy B – Chain pharmacy in Minnesota

Getting started—The clinical program manager was motivated to implement pharmacist-prescribed contraceptive services because they felt an obligation to the profession to take advantage of expanded clinical opportunities. Implementation was spearheaded by a community pharmacy resident, and the service was piloted in two locations.

The community pharmacy resident created P&Ps based on the state protocol and additional guidance documents to assist pharmacists in delivering contraceptive services. These guidance documents included comparisons of contraceptive pills, how to start each method and the adverse effects of each method. Pharmacists received one-on-one coaching to ensure they were comfortable before initiating the service. Pharmacy technicians and clerks were also trained to speak to patients about the service. Scheduling software used for immunizations was repurposed to incorporate contraceptive visits, streamlining the workflow and allowing for electronic communication about appointments with patients.

Financial justification—Contraceptive services were financially justified by charging a consultation fee to cover the pharmacist's time. The pharmacy had existing private patient care rooms equipped with blood pressure kiosks. These kiosks interfaced with the pharmacy dispensing software and reduced the visit time, making the service more efficient and financially viable.

Successes—To promote the new contraceptive service, the pharmacy created brochures and used an automated program to print out the flyer when filling out last contraceptive refill. This helped to identify patients who were most likely to use the service and gave pharmacy staff a reminder to describe the new service at the point of sale.

Challenges—While the contraceptive service was successful at the two pilot locations, the pharmacy did not have a long-term plan to expand the service. The pharmacist hopes to reinvigorate the service and expand it, possibly using a hub and spoke model of business to reach patients in more rural areas.

Pharmacy C – Independent pharmacy in Colorado

Getting started—The pharmacist wanted to offer contraceptive services to help improve access to care for patients who could not get in to see their provider or were new to the area and had not yet established care. The independent pharmacy has several locations, and contraceptive services were initiated at one.

The contraceptive workflow and P&Ps were modeled after the pharmacy's existing immunization process. All pharmacy team members were trained to help with appointment scheduling, intake paperwork, blood pressure checks, and how to link potential patients to the service. The service was provided by one pharmacist. The clinical pharmacist used a guidance document detailing how to adjust hormones based on adverse effects as a reference during consultations. An online appointment scheduling system made visits more efficient. The pharmacy did not have a private patient care room, so a privacy screen created a semi-private space for contraceptive visits.

Financial justification—The pharmacy charged a consultation fee for the pharmacist's time. This, combined with the profit from filling the prescription, ensured that the service was financially sustainable. Furthermore, the pharmacist found that most patient consultations were straightforward, which allowed for short appointment times and service efficiency.

Successes—The pharmacy utilized its existing online appointment scheduler to promote contraceptive services to patients who were scheduling other services, such as immunizations. The pharmacy also proactively reached out to patients who were on their last contraceptive refill to inform them of the service.

Challenges—The pharmacy found it challenging to reach potential patients. Going forward, the pharmacy plans to use social media to advertise contraceptives and other clinical services to reach more potential patients.

Pharmacy D – Chain pharmacy in New Mexico

Getting Started—This grocery store pharmacy chain places high emphasis on having pharmacists practice at the top of their license, so the pharmacy began offering pharmacist-prescribed contraceptive services within three months of the statewide protocol becoming available. The pharmacist championing the service was motivated to provide more in-depth care to patients and expand their expertise outside of dispensing.

Corporate pharmacy leaders provided P&Ps for the contraceptive service and required all pharmacists to complete training and implement the service at their location. Follow-up phone calls within a week of the consultation were included in the P&Ps to address any adverse effects, discuss barriers, and answer questions. Pharmacy technicians prepared paperwork before appointments to increase efficiency.

Financial justification—Contraceptive services were financially justified by charging a consultation fee to cover the pharmacist's time. Most patients already knew which product they wanted before the consultation, which made visits efficient and cost-effective for the pharmacy.

Successes—Many patients using the pharmacy contraceptive service did not have insurance and found the service more affordable than a provider visit. Contraceptive prescriptions were put on autofill with text notifications that alerted patients when they were out of refills and connected them to the pharmacy's contraceptive service.

Challenges—Time management was the biggest challenge to providing contraceptive services alongside other pharmacy duties. Another challenge was the need for multiple documentation forms accessed via different logins, leading to delays and confusion about the documentation process. The pharmacist believed that having the ability to schedule appointments would help make the process more efficient, allowing the pharmacist to review the patient's health history in advance. With a more streamlined visit process, the pharmacist plans to spend more time with each patient to consult on all contraceptive options and sexually transmitted disease prevention.

Pharmacy E – Independent pharmacy in California

Getting started—This independent pharmacy opened in 2020 and began offering contraceptive services immediately. The pharmacist was motivated to provide this service to

improve access to contraceptives in their community, although a low volume was expected due to it being a new pharmacy that opened during the COVID-19 pandemic.

Pre-written P&Ps were purchased in bulk for all pharmacy services, including contraceptive prescribing. These procedures and the state protocol were reviewed by the pharmacy staff. The pharmacy used word of mouth to promote the service to existing patients and customers who came in to purchase emergency contraception. Due to the small size of the building, a non-private consultation space was used for contraception visits.

Financial justification—The pharmacist who spearheaded implementation was passionate about offering the service with no consultation fee to remove any barriers for patients. While the contraceptive service was not expected to be profitable on its own, the pharmacist felt strongly that offering multiple clinical services would help the pharmacy become a valuable part of the community and increase overall business through reputation. The pharmacy also found that most insurance companies reimbursed well for contraceptive products, which helped to somewhat offset the cost of the pharmacist's time.

Successes—Providing the service with no consultation fee removed barriers and made the service more accessible for patients. The pharmacist found some success with word-of-mouth advertising, and many patients using the service were students from a nearby college and employees from local businesses.

Challenges—Outside of local students and businesses, awareness of the service was low. The pharmacy plans to begin advertising the service on its website and social media. Eventually the pharmacy plans to expand clinical services to include mifepristone dispensing and expedited partner therapy dispensing for STDs.

Practice implications

The five pharmacies discussed in these management case reports represent diverse experiences, settings, and service features (Table 2). Despite these differences, there were several commonalities in service implementation and challenges experienced.

Common challenges

One of the most common challenges reported by the pharmacists interviewed was a lack of community awareness of the availability of pharmacist-prescribed contraceptives.[15] Furthermore, the pharmacists felt unsure of how best to market the service to new and existing patients. This lack of public awareness may lead to low patient volume and reduced motivation to continue providing the service.

Other challenges cited included difficulty with time management, staying updated with changing regulations, and managing staff turnover. It is important to integrate any new service into the pharmacy workflow to ensure all pharmacy duties are taken into account. As statewide protocols or standing orders are updated, it is important for pharmacies to develop methods to ensure materials and procedures are kept up to date. Finally, staff turnover may

result in a loss of momentum in providing contraceptive services and requires retraining on P&Ps.

Financial justification

Another commonly cited barrier to the implementation of contraceptive services was a lack of financial justification. In most states, pharmacists are not recognized as providers and are unable to bill insurance for the contraceptive visit itself.[16] However, even in states where pharmacists can bill for clinical services, navigating the payment and reimbursement process can be challenging without specialized training regarding billing procedures. Consultation fees, while potentially necessary for the profitability of the service, can create a barrier for patients who cannot afford them. Without the ability to bill for a pharmacist's clinical services, pharmacy owners and executives may not see the benefit of incorporating an additional clinical service into the already busy pharmacy workflow.

The pharmacies discussed in this case series used various means of financial justification for adding contraceptive services to the pharmacy workload. The most common method to ensure the service was financially viable was to charge a consultation fee. Four out of the five pharmacies interviewed charged a consultation fee ranging from $25 to $45 per visit to cover the cost of the pharmacist's time and clinical expertise.

Framing the addition of contraceptive services as a way to boost the pharmacy's reputation was a less direct approach used to financially justify the service. Most of the pharmacies found that offering additional clinical services, including pharmacist-prescribed contraceptives, helped to market the pharmacy as a community health care destination, leading to increased traffic. Many of the pharmacies also experienced an increase in volume due to contraceptive patients utilizing additional pharmacy services, leading to overall business growth ancillary to the contraceptive visits alone.

Finally, it is important to have a long-term plan for the initiation and growth of any new service. The pharmacists interviewed suggested having a detailed business plan for the pilot period and an understanding of how and when the service will be expanded.

Lessons learned and best practices

There were several key features exhibited by the pharmacies that were successful in implementing contraceptive services. Developing detailed P&Ps that integrate the service into the current pharmacy workflow is crucial to the sustainability of the service. Many pharmacies have successfully modeled contraceptive services after other clinical services have already been integrated into the workflow, such as immunizations, smoking cessation, and point-of-care testing.

Another feature that greatly impacted the success of contraceptive services was utilizing technicians and other pharmacy staff as much as possible. Pharmacy technicians can link potential patients to the service, distribute intake paperwork, assemble necessary visit forms, assist with patient follow-up, and, in some states, take blood pressure measurements. Educating and training all members of the pharmacy staff on the P&Ps, expectations, and benefits of the service can greatly streamline and connect more patients to the service.

Using an online appointment scheduling system allows pharmacists to prepare for visits in advance, making the contraceptive visit more efficient. Furthermore, scheduling appointments during periods of pharmacist overlap can help reduce the impact on other pharmacy duties. Using an electronic documentation system, if available, can help further streamline the appointment process.

The pharmacists interviewed had many methods of staying up to date on pharmaceutical knowledge around hormonal contraceptives, including subscribing to various pharmacy newsletters, pharmacy associations, and journals. Many of the pharmacists recommended keeping a quick reference guide of contraceptive options and adverse effect profiles to assist when counseling patients and choosing a contraceptive method. The pharmacists also recommended maintaining contact with other pharmacists who have experience prescribing contraceptives in order to reach out with questions and discuss more complicated clinical cases.

The pharmacists interviewed were asked what lessons they had learned from implementing contraceptive services and how they would improve the process. Marketing was an overarching theme for what could have been improved for the implementation process of all five pharmacies. With a lack of general knowledge that pharmacist-prescribed contraceptive services exist among patients, it falls to the pharmacies themselves to increase public awareness among patients and other community members.[15] Suggested methods of advertising the service included focusing on social media and the pharmacy website, being aggressive with marketing as soon as possible, thinking about how best to reach your target demographics, and reaching out to local women's health organizations, county health departments, and reproductive health organizations to increase awareness.

Conclusion

These early adopter case studies can serve as a reference for pharmacists to inform the implementation or sustainability of contraceptive services in their pharmacy. Key features of successful contraception service implementation include efficient workflow integration, financial justification, and increasing community awareness of the service. By following similar best practices, more pharmacies may be able to offer contraceptive services, further increasing patient access to contraceptives.

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Table 1.

Early Adopter Interview Questions by CFIR Construct

CFIR Construct*	Interview Questions
Intervention Characteristics (process of prescribing contraceptives for patients)	When and how did you decide to offer this service? Were you a champion within the pharmacy team, or did someone else champion the service? How does your birth control service fit in with your other clinical services (e.g. immunizations, naloxone, medication therapy management, smoking cessation)? Was there any specific patient story that resonated with you or made you feel proud of your decision to start this service?
Outer Setting (factors outside of your pharmacy [e.g. patient needs, reimbursement structures, policies, etc.] that impacted how you implemented this service)	Can you describe the patient population (target population and actual population)? Can you share your thoughts on the cost of consultation (not including the contraception product itself) and how it can be a factor that affects your patient's demands for this service?
Inner Setting (factors within your pharmacy/ organization that impacted how you implemented this service)	What changes did you make in order to provide this service (i.e. physical space, electronic or other recordkeeping system, workflow, staffing, billing procedures)? How financially sustainable are you finding the service? How is it going right now? Are you satisfied with the service?
Characteristics of Individuals (characteristics [e.g. individual knowledge, beliefs, confidence, etc.] of those pharmacists providing this service that impacted how you implemented the service)	How did you learn about pharmacist birth control services? What was your motivation or goal with providing this service? What were your initial expectations of this service?
Implementation Process (how you plan, set up, and maintain this service)	How did you prepare your team to provide this service? How do you keep up with guidelines? What resources do you use to deliver this service (i.e. guidelines, protocols, etc.)? What were your methods for advertising your service? Any lessons learned with other services or this service that inform implementation of one another? How are you planning to change or expand this service or related services in the future? If you were to do this all over again, what steps would you do again or would not do again? What obstacles did you anticipate and what obstacles did you actually encounter when setting up or providing this service? Can you describe how you addressed or overcame these obstacles?
Miscellaneous Questions	What recommendations or advice do you have for pharmacists who are thinking of starting this service in their pharmacy? What else would you like to share that might help other pharmacists?

*Consolidated Framework for Implementation Research[14]

Table 2.

Pharmacy Contraception Service Features

Service Feature	Pharmacy A Health-System Pharmacy Oregon	Pharmacy B Chain Pharmacy Minnesota	Pharmacy C Independent Pharmacy Colorado	Pharmacy D Chain Pharmacy New Mexico	Pharmacy E Independent Pharmacy California
Scheduled Appointments	X	X	X	X	-
Walk-in Appointments	X	X	X	X	X
Consultation Fee	X	X	X	X	-
Private Consultation Room	X	X	-	X	-
Follow-up Phone Calls	X	X	-	-	-
Appointment Reminders (text, email, or phone)	-	X	-	-	-
Methods Offered					
Pill	X	X	X	X	X
Patch	X	X	-	X	X
Ring	X	X	-	X	X
Shot	X	-	-	-	-
Other *	-	-	-	X	-

* Non-hormonal contraception, condoms, etc.