Impact of Pharmacist Follow-up Intervention on Patient Return to a Community Pharmacy From a Convenient Care Clinic

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Abstract

Background: Convenient Care Clinics (CCCs) located within the same facility as a retail pharmacy offer the opportunity for immediate fill of prescriptions from the CCC and may also provide a source of new customers for the pharmacy. **Objective:** To assess the impact of a follow-up intervention on new patients seen at a CCC returning to the pharmacy for subsequent prescription fills compared to the control group. **Methods:** New patients who filled a prescription from the CCC in November and December 2015 received an initial follow-up telephone call or letter, respectively, from the pharmacist within 10 days of their prescription fill date. The primary end point of the percentage of patient return was assessed for 3 months following the initial fill date. Secondary end points included number of prescriptions transferred and customer satisfaction scores. **Results:** Thirty-four out of 214 patients in the control group returned to the pharmacy for subsequent prescription fills (15.9%). Fourteen out of 52 patients in the telephone group returned to the pharmacy for additional prescription fills following a telephone call from the pharmacist. (26.9%, $P = .063$) Sixteen out of 77 patients in the letter group returned to the pharmacy after their first prescription. (20.8%, $P = .329$). **Conclusions:** Following-up with new patients to the pharmacy in the form of a personalized telephone call increases the likelihood of patients continuing to utilize the pharmacy for their prescription needs.

Keywords

community practice, adherence, clinical pharmacy, medication therapy management, pharmacist/physician issues

Introduction

Convenient Care Clinics (CCCs) are health care facilities located in drugstores, supermarket chains, or other retail settings and are primarily staffed by an advanced practice provider such as a nurse practitioner, as well as by physician assistants or physicians. CCCs are generally open 7 days a week, have extended hours during the weekdays, do not require prescheduled appointments, and visits typically last only 15 to 20 minutes.¹ The structure of a CCC provides an alternative health care option for consumers who prefer flexibility in scheduling appointments or need episodic care and would otherwise have to wait for an appointment with their primary care physician (PCP). Since the first CCCs opened in 2000, the Convenient Care industry has seen growth and expansion in the number of CCCs established.² The number of CCCs has increased to include more than 2000 clinics throughout 41 states, providing more than 35 million patient visits each year.³ Services provided at a

CCC include care for common conditions such as cold and flu, rashes or skin irritation, or muscle strains or sprains.¹ Immunizations, physicals, and preventative health screenings are also offered.¹

Several factors are driving opportunities for expansion of CCCs in the realm of retail health care including access, affordability, quality, and addressing unmet needs. A growth in the insured population due to Medicaid expansion and health care reform via the Patient Protection and Affordable Care Act has increased the overall demand for care and

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medications.⁴ Furthermore, these newly insured patients who did not already have an established relationship with a PCP are now attempting to seek care among a growing shortage of PCPs.⁵ It is estimated that by 2020, the shortage of physicians may rise to 200 000 physicians due in part to increasing emphasis on specialization.⁶ The number of CCCs is projected to continue to grow over the years, which will provide patients with additional access to primary care services.⁷ Additionally, many patients with coverage under the Patient Protection and Affordable Care Act may have health care plans with high deductibles, and therefore choose to receive services from a CCC with lower prices than from PCPs. A CCC is generally transparent with their medical costs—visibly posting a list of their health services with treatment costs. The cash cost for a visit to a CCC can range anywhere from \$40 to \$70 with additional charges for immunizations or screenings.⁸ Comparatively, a cost estimate for an adult routine physical can range from \$200 to \$240, while an adult emergency room (ER) visit can cost up to \$580 to \$700.⁹ The providers staffing the CCC not only diagnose and treat common health problems but also help reduce unnecessary visits to the ER and urgent care clinics by acting as a triage to the appropriate level of care.⁶ Up to 14% to 27% of all ER visits are related to issues that could be addressed within the scope of a provider at a CCC, potentially saving \$4.4 billion annually.¹⁰ By avoiding a visit to the ER, patients are saving time otherwise waiting for care and money because a CCC can offer accessibility to preventative and basic health services. CCCs may also be able to assist in connecting patients who need ongoing care with local PCPs making CCCs a potential entryway for directing patients back into the health care system.

CCCs do not appear to increase the overall demand for medical services but rather offer alternatives to patients of all socioeconomic levels who may face problems accessing care within the standard health care system.¹¹ Consumers have rated CCCs very highly with a 93% satisfaction rate based on convenience, providing them with a place to seek quick, affordable, and quality health care without an appointment.¹² Research shows that nurse practitioners, who are licensed and certified to diagnose, treat, and prescribe medications for common medical conditions, provide care comparable in quality to physician care.¹³ Quality scores and rates of preventative care offered are also similar for CCCs as for other care settings.^{14,15}

While there are several different options for locations of a CCC, operating in a location with an established pharmacy complements the health and wellness benefits of the CCC for the patient. Pharmacists and pharmacy staff provide patients with personalized consultations and are thus in a favorable position to assist the providers at a CCC continue the trend in consumer-focused health care. Pharmacists in the community or retail setting have long been seen as being one of the most accessible providers to patients.

Extended hours of a pharmacy and the ability to meet with a pharmacist without an appointment are just two of the qualities of availability that align with the CCC model. Having a pharmacy in the same location as the clinic primarily provides patients with the opportunity to quickly and easily fill any prescribed medication from their visit on-site, potentially increasing first-fill medication adherence. One recent study indicated that as many as one third of prescriptions written are never filled.¹⁶ Continued medication adherence could also be improved from the patient receiving additional education services, such as patient counseling or medication therapy management (MTM), from the pharmacist. Although this arrangement may present as an opportunity for the pharmacy to build their customer base with new patients, it is important to consider that only 11% of the visits to a CCC account for those related to chronic disease management.¹ This means that the majority of patients visiting the CCC may be prescribed medications for an acute condition, often without any refills, to be filled at the same-location pharmacy but have no purpose to return to the same pharmacy as a regular customer after the initial and only fill of the medication has been completed.

Research shows that the factors involved in how a customer decides which pharmacy to fill his or her prescriptions at has remained consistent over the years.¹⁷ The top 3 reasons cited by customers as why they chose their pharmacy are convenience in location, price of medications, and service from the pharmacist and pharmacy staff.¹⁷ Other influencers include good advice received from the pharmacist, availability of prescription promotions, wait time for prescriptions, stock of medications, types of preventative care services offered, and the option of discussing health issues in a consultation room.¹⁸⁻²⁰ Patient satisfaction with pharmacy services tends to be the highest when there is personal interaction involved and the patient feels that his or her needs are being met.¹⁷ The ability of the staff to use patient-friendly language, the level of courtesy shown to the patient, the staff's capacity to respond quickly to questions and concerns, and taking the time to explain the medication and side effects are among some of the top-rated reasons patients are satisfied with their pharmacy.¹⁷ In general, patients' needs are being met for the traditional aspects of the prescription fill process but not in the areas of ongoing patient monitoring and management.¹⁷ Because patients predominantly choose a pharmacy based on convenience, this supports the primary reason that patients may choose to fill their prescriptions from the CCC if the pharmacy was in the same location. Based on a review of research indicating why customers choose their pharmacy, the area that pharmacists and pharmacy staff have the most room for improvement on retention of new customers not cited by patients in the literature is in continued patient care after the prescription has been filled. One method that may pose as a solution to this perceived gap in care would be to begin performing

regular follow-up with new patients after their initial fill of a medication. This would give the pharmacy team an additional opportunity to speak with the patient to make sure they are not experiencing any side effects from their medication, to ensure efficacy of a treatment and adherence to the medication regimen, gives the patient the opportunity to ask any questions that may arise after leaving the pharmacy, and also builds the personal connection that the patients state they are lacking.

Objectives

In order to decide if following-up with patients is successful at increasing retention in pharmacy customers, it is important to test different techniques in providing continual patient care. This study was aimed to determine if a follow-up telephone call or letter influences the return rate to the pharmacy of first-time patients filling a prescription from a visit to the CCC. The secondary objectives of the study were to categorize the types of prescriptions filled by patients who did return to the pharmacy for additional prescriptions based on prescriber location (eg, either from an additional CCC visit, an outside prescriber, or a transferred prescription) and to compare the customers' overall satisfaction score before and after the follow-up intervention was made.

Methods

Study Location and Sample

The study population consisted of all new adult patients, 18 years or older, that filled a prescription for the first time at a single Midwest location of a supermarket pharmacy chain following a visit at the supermarket's same-location CCC from January 1 to December 31, 2015 (Figure 1). At the time of this study, this specific pharmacy was the only location of the supermarket chain to also have a CCC within the same building. New patient in this study is defined as a patient who had never filled a prescription at this specific pharmacy location. Patients who had filled prescriptions at other pharmacy locations in the same supermarket chain but not at the study location were still categorized as new patients. The pharmacy is located in an urban area with operating hours extending beyond the hours that the CCC is available to patients. While patients with prescriptions from the CCC are encouraged to fill their medications at the same-site pharmacy, it is not required of the patients to do so. The patients eligible to be included in the study were identified via a weekly prescription dispensing report. The control group included 214 patients who had an encounter at the CCC and a prescription filled from January 1 to October 31, 2015, and was used to determine the baseline pharmacy return rate for the study. All new pharmacy

Figure 1. Intervention group flow chart.

Table 1. Patient Demographics of Patients Contacted in Intervention Groups^a.

Population	Demographic
Age range	18-81 years
Gender	Female (n = 83, 64.3%) Male (n = 46, 35.6%)
Type of insurance	Commercial (n = 105) Medicaid (n = 14) Uninsured (n = 10)

^aTotal patients (n = 129); telephone calls made to 52 patients and letters mailed to 77 patients.

patients that filled a prescription from November 1 to 30, 2015, received a follow-up telephone call, and new patients that filled a prescription from December 1 to 31, 2015, were mailed a follow-up letter from the pharmacy. A total of 166 patients were in the intervention group; 57 were eligible to receive a telephone call and 83 were eligible for a letter. Demographics of the participants were collected mainly to ensure eligibility to participate in the study (Table 1). Patients who did not meet the eligibility criteria based on their demographic information were excluded from the study. A flow chart depicting the study design and timeline is included in Figure 2.

Data Collection and Analysis

Both types of follow-up interventions were completed within 10 days of the patient's prescription fill date. Both the telephone call and the letter included the same content thanking the patient for filling at the pharmacy, informing the patient of the pharmacy's clinical services, letting the patient know about a current prescription transfer offer, encouraging the completion of a pharmacy satisfaction survey, and welcoming the patient back for future prescription

Figure 2. Study design flow chart.

needs. To ensure consistency, only 2 pharmacists completed the follow-up telephone calls using a standardized script. For all patients that could not be reached directly by telephone, a message was left on the voicemail box if available requesting that the patient return the call to the pharmacy at their convenience. A second attempt telephone call was made for each unavailable patient the day after the first attempt was completed. If a patient was unable to be reached initially and returned a call to the pharmacy, the other 3 staff pharmacists were provided with a script of talking points to discuss with the patient in case either of the primary investigative pharmacists were not available. Templated letters were mailed to each eligible patient at their address on file with the pharmacy. Each patient included in both intervention groups were then assessed for the 3 months after their initial visit to determine if they returned to the pharmacy at any point. Data were collected via Microsoft Excel to tabulate the percentage of patients who returned following their first prescription fill. Researchers used the pharmacy's computer database to evaluate each returning patient's prescription profile to identify the type of prescription the patients filled on their second visit based on prescriber location. All results remained confidential, and all results were reported in aggregate. The study was approved by the University of Toledo, Social, Behavioral and Educational Institutional Review Board. Descriptive and nonparametric statistical analyses were performed using SPSS version 20.0. Hypotheses for categorical data were assessed using a χ^2 test.

Results

The results of the study are shown in Table 2. Of the 214 patients identified in the control group from January 1 to October 31, 2015, 34 individual patients returned to the

pharmacy for additional prescriptions, yielding a 15.9% baseline return rate. Some of the 34 patients returned to the pharmacy more than once, giving a total of 43 return visits. Thirty of the prescriptions filled on a return visit to the pharmacy were generated from another visit to the CCC (69.7%), and 13 (30.3%) were prescriptions from another prescriber. No patients had a prescription transferred from another pharmacy.

A telephone call was able to be completed for a total of 52 patients out of the eligible 57. Five patients had an invalid telephone number listed on their profile. This may have resulted from patients providing an incorrect or out of service phone number on profile creation or from phone numbers uploaded via the supermarket chain's database but not validated or updated with the patient. Return rate for participants in the telephone call group was collected during the month of February 2016, assessing the 3 months after their initial prescription was filled, from December 1 to February 29, 2016. Fourteen of the 52 patients in the completed telephone call group returned to the pharmacy, yielding a 26.9% return rate ($P = .063$) compared to the control group. Return rate for participants in the letter group was collected for 3 months after their initial prescription was filled, from January 1 to March 31, during the month of March 2016.

A letter was able to be mailed to 77 out of the eligible 83; 6 patients had an out of state address and so a letter was not mailed to them as it was unlikely the patient would be able to return to the pharmacy. None of the 77 letters that were mailed were returned to the pharmacy. Sixteen of the 77 patients in the letter group filled another prescription at the pharmacy, yielding a 20.8% return rate ($P = .329$) compared to the control group. Again, some of the patients in both groups returned to the pharmacy more than once, and 32 total return visits were recorded overall for the intervention groups. Twenty-two (68.7%) returned with prescriptions from another visit to the CCC, and 10 (31.3%) were prescriptions from another prescriber. There were no transferred prescriptions filled from either of the intervention groups. This may be due in part to lack of patient interest in having current prescriptions transferred, or patients may not have been on any other medications to have transferred besides what was prescribed at the CCC. The pharmacy location's overall customer satisfaction score increased from 84% at baseline in October 2015 to 85.4% in March 2016 following the study interventions. No other pharmacy initiatives or special programs were running concurrently with the study. Types of questions included in the customer satisfaction survey include those related to the perceived variety of medication options available for the customer to purchase, the attentiveness of the store associate to the customers' needs, and how knowledgeable the technician or pharmacist was in dealing with the customer's questions or concerns. Because the patients were all assessed based on their experiences at a

Table 2. Results.

Group	Total Patients	Patients Contacted	Patients Returned	Total Visits	Prescriber Location
Control	214	NA	34 (15.9%)	43	CCC (n = 30, 69.7%) Outside provider (n = 13, 30.3%)
Telephone call	57	52	14 (26.9%, $P = .063$)	32	CCC (n = 22, 68.7%)
Letter	83	77	16 (20.8%, $P = .329$)		Outside provider (n = 10, 31.3%)

Abbreviation: CCC = Convenience Care Clinic.

single location of a supermarket chain of pharmacies, it can be assumed that responses to the satisfaction survey may not differ considerably based on the principle that the patients were served by the same pharmacy team members operating under the same policies and procedures. The overall customer satisfaction score is reported monthly, is specific to the pharmacy location and not the supermarket or the chain as a whole, and includes responses from all patients who participated in the anonymous survey, regardless of if they were included in the study or not. Numbers of participants completing the survey is not reported in the score made available to the pharmacy.

Discussion

The purpose of this study was to determine if a follow-up telephone call or letter affects the return rate to the pharmacy of first-time patients filling a prescription from a visit to the CCC. While this study focused interventions on patients filling prescriptions from a same-site CCC, it should be noted that the same interventions could be offered to all new patients to a pharmacy in an effort to retain customers. Attempting to perform follow-up with each new patient aimed to show that continuing to display care and gratitude for the patient would increase the likelihood that they would become a regular customer at that pharmacy. In a community pharmacy setting, it can be a challenge to show a high level of service toward every patient due to the nature of the pharmacist and staff responsibilities and depending on the time of day. Multitasking is a large component of the operation of a community pharmacy; telephones may be ringing, technicians or interns may have questions, pharmacists may need to perform a patient consultation or immunization, all while the flow of the prescription fill process must be maintained. Because of this, pharmacy customers may perceive that the pharmacist or staff member does not have enough time to step away from their other responsibilities to talk to them personally when they are picking up their prescription. By directing efforts in patient retention on the time after patients have their first prescription filled, this could better allow the pharmacist to develop a personal connection with the customers at a time that would fit within the workflow of the pharmacist's other duties.

This study identified that performing a follow-up intervention in the form of a telephone call or a mailed letter has a positive impact on patient return rate to the pharmacy for subsequent prescriptions with a few patients even returning multiple times after their initial visit. The telephone calls seemed to have a higher impact on return rate than did the mailed letters. This is likely due to the increased personal connection when actually speaking with the caller rather than just reading a letter. Compared to other health care providers involved in the prescribing process, pharmacists have the training, expertise, and knowledge of various aspects of the pharmacy workflow to be able to handle questions and issues that may arise during a follow-up intervention. Benefits of speaking with the pharmacist during a follow-up intervention include things such as having the opportunity to answer patient-specific questions directly or to assess medication adherence. It is also easier to track the number of patients that were reached by the telephone calls rather than the letters as speaking with the patient confirms that they received the intended message. These interventions show that following-up with new patients does have an effect on the likelihood that they would choose the same pharmacy again for their future needs. Additional studies could be done to assess other approaches at improving patient service at various steps of the workflow to be able to compare which techniques and at what time points are most successful in retaining new patients and improving service. While not completed in this study, future studies may also want to consider performing a cost analysis in implementing this service to identify what impact it has on improving the business aspect for the pharmacy.

Researchers used the pharmacy customers' overall satisfaction score as a way to assess the patient's perception on any impact the follow-up interventions had made. The satisfaction score is dependent on many variables including topics such as friendliness of the staff the patient interacted with, perceived or actual wait time for their prescription to be filled, and time spent at checkout. Pharmacies across the nation are regularly looking for ways to improve their satisfaction score in order to ensure that they are serving their patients to the best of their ability. Past studies indicate that the greatest factor shown to improve satisfaction scores is to have a pharmacist be able to speak directly with the patient.²¹⁻²⁴ The increase in patient satisfaction score

observed in this study enhances the positive impact that the interventions made on patients returning to the pharmacy and further supports the importance of providing the patient the occasion to speak with the pharmacist either in person or via telephone.

This study laid the formation of the first steps in working toward forming a better partnership between a pharmacy and a CCC and highlights some future opportunities for both entities to enhance existing patient care. First, the close proximity of pharmacists to the providers in the CCC when both are housed in the same facility would improve on communication, which could potentially occur face-to-face, to allow quicker resolution of prescribing issues. This would additionally let the pharmacist and the provider talk through the patient case at hand and to share expertise in order to choose the best alternative option for the patient. Many states permit pharmacists and providers to enter a collaborative practice agreement that creates a formal arrangement where pharmacists can provide patient care services such as prescribing medications or ordering lab tests.²⁵ This policy offers a chance to further develop patient care services, potentially letting patients have their prescriptions even sooner. Under a collaborative practice agreement, for example, pharmacists could perform a task such as switching a medication based on a patient's insurance formulary without having to discuss it with the provider first. Pharmacists' additional knowledge and understanding of medication formularies and prescription benefits not only saves the patient time in the prescription fill process but could potentially save the patient money by ensuring that the medications prescribed are covered by the patient's insurance.

While some clinical services offered at a pharmacy, such as immunizations and preventative health screenings, may overlap with what is already provided by a CCC, it is important to identify complementary pharmacy services already in existence that can be delivered to patients seen at the CCC. MTM is a clinical service already performed at most pharmacies that would greatly benefit the patients and would also augment the care being provided at the CCC. MTM differs from patient counseling in that counseling is drug product focused and generally involves one-way communication of information from pharmacist to patient or caregiver.²⁶ MTM goes beyond counseling associated with the dispensing of a product and focuses on the individual patient with the intent of optimizing a patient's medication regimen to best achieve appropriate therapeutic goals for the patient.²⁶ Highlights of key findings on the benefits of MTM in the literature show that MTM provided by pharmacists improves outcomes in disease management, affects total health care cost savings, decreases inpatient and emergency department visits, increases medication adherence, and improves quality of life measures for patients.^{27,28} Completing MTM sessions with patients from the CCC would improve their understanding of the medications

being prescribed and could potentially increase patient satisfaction level with the services that the pharmacy is providing. This may also help contribute to the possibility that a patient would return to the same pharmacy at another time.

Having a pharmacy in the same site as the CCC could also prove as a source of referral for patients from the pharmacy to the clinic itself. As pharmacist accessibility to patients was discussed earlier, it is often that the pharmacist may be the first health care provider a patient turns to for a treatment recommendation. Instead of the pharmacist having to triage the patient to the ER or other outside provider, they can now refer patients directly to the CCC to be examined. This partnership not only serves as a good business model for the CCC but also further reduces the number of unnecessary visits to the ER or urgent care.

Limitations of this study include a small sample size, length of the study, patient and prescription situational variables, location the study was performed, availability of patient demographic information, and study design. Although trends in improvement in patient return rate were seen, statistically significant differences were not detected between the control and intervention groups. This factor may be able to be addressed by running the study for a longer duration in time and subsequently enrolling more patients. Because there are many variables related to prescription fills that are difficult to control for, the possibility of alternative explanations to the results should be taken into consideration. There are a number of influencers that may have been different between the telephone and letter groups including severity of the patient's condition and the time of year the patient was seen. The severity of the patient's condition could have affected the likelihood that they would have been prescribed a medication at all or their ability to come to the pharmacy to get their prescription filled. Some patients may not have a need to return to the pharmacy because they were not prescribed any chronic medications from the CCC. The overwhelming majority, 89%, of CCC visits are related to treatment of acute conditions or for receiving preventative care.¹ These types of visits typically therefore only result in acute treatment and often are not associated with any prescription refills. If the CCC visit was related to a situation such as this, there would be no reason prescription-wise for the patient to return to the pharmacy. It may also be that the patient is already a regular customer at another pharmacy, only filling a prescription from the CCC based on location of the pharmacy alone. Pharmacies must also consider a cyclical trend on prescription fills during certain times of the year. The cyclical trend to viral infections, for instance, leads to a pattern of a higher prescription fill rates during months related to cold and flu season. The flu season is unpredictable and can vary in different parts of the country with activity typically beginning around October and peaking in February.²⁹ The time of year that the groups in this study were assessed may

have been affected by cold and/or flu season but was not considered in the overall design of the study. Randomizing the patients during specific time periods to be in the intervention group or control group or performing the intervention for more patients over a longer period of time may have helped in accounting for the limitation of seasonal variation in prescription filling.

The supermarket chain location in this study has many pharmacies in the area, but the study site was the only pharmacy with a same-location CCC at the time the study was conducted. It can be assumed that some patients filled a prescription at the study site pharmacy for convenience following the CCC visit, and returned to another one of the supermarket chain's other pharmacy locations that may have been closer to their home for reoccurring prescriptions. This would indicate that some patients may have, in fact, remained a customer of the same company of pharmacies but the study only tracked patients who returned to the study site pharmacy only.

More telephone and mailing interactions could have been completed if the patient demographic information in the pharmacy database was correct and complete. Some patients were unable to be reached due to invalid telephone numbers or out of state addresses. It should be part of future protocols to ask each patient if their address and telephone number has changed since their last visit in order to potentially expand on the participant numbers in the future.

Although a pharmacist performed all tasks with regard to this study, a pharmacy technician could also have been utilized to perform some of the responsibilities related to efforts in increasing patient retention. Pharmacy technicians have played an essential role in modern pharmacy practice and are often the ones who are interacting with the patients on the telephone and at the drop-off and pick-up windows. The existing personal relationship a pharmacy technician may have already built with a patient could be leveraged to allow the technicians to initiate the follow-up telephone interventions using the script or to promote the pharmacy directly to the patients. A daily call log could be assigned during a technician's shift to have them reach out to patients who were new customers at the pharmacy. Technicians could also highlight any promotional offers occurring at the pharmacy with new patients who are picking up their prescriptions and thank them in person for their business. In any situation, the technicians could be trained to complete the nonclinical aspects of building patient relationships and to refer patients to the pharmacist should clinical questions or issues arise during the interaction. If pharmacies wanted to continue to send letters to their new patients, technicians also have the ability to be involved in preparing documents for mailing. Technicians could also be in charge of tracking return rate to the pharmacy working toward determining which methods are more successful at getting a patient to utilize the same pharmacy in the future. Overall, including technicians in the process would minimize the potential time requirement for

pharmacists and increases the ability of the pharmacy to be able to continue this practice. The volume of patients at the CCC and number of new patients that use the pharmacy would determine the individual time required to complete the interventions.

Conclusion

An increase was seen in patient return to the pharmacy following their first prescription fill from the telephone calls more so than from the mailed letters. Aiming to maintain new customers at the same pharmacy would result in a beneficial increase in prescription fills for the business as well. The act of the pharmacist following-up with the patient after their first time fill of a medication gives the pharmacist the opportunity to make the personal connection with the patient and therefore may encourage the patient to return for additional prescriptions. Because the telephone call group yielded the greatest rate of patient return to the pharmacy, pharmacies could benefit from having pharmacists or pharmacy technicians follow-up with new patients after their first prescription fill. While the more personal approach seemed to have the most beneficial effect on the patients, the results were not statistically significant and so further research needs to be completed to assess the effectiveness of other methods in creating relationships between the pharmacy staff and patients.

Authors' Note

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