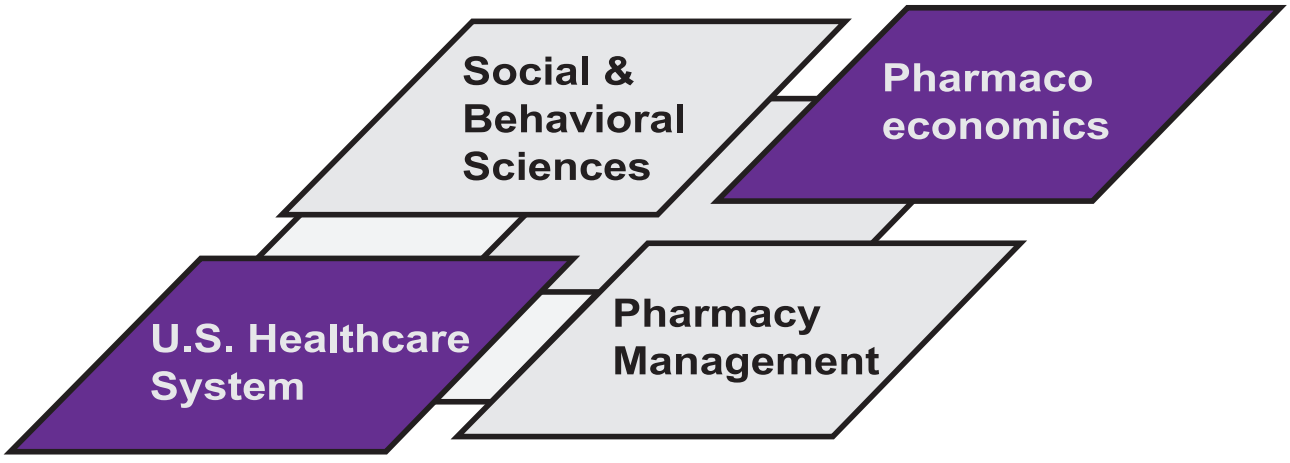
FPGEE®

Management Review

Theory 2026-2027



Pharmacy Management

PREPARATION

THEORY

By Manan H. Shroff, R.Ph *2026-2027 Ediiton*

RxExam's FPGEE®

MANAGEMENT Review

Theory

2026-2027 Edition

MANAN SHROFF

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PREFACE:

I am very happy to introduce this new edition that covers the major portion of pharmacy management and pharmacoeconomics. As in recent years, FPGEE exam is putting more weight on management and the economic portion of the pharmaceutical field, which has inspired me to introduce a guide that may help students to answers questions in the exam related to these topics.

I tried to cover all the pharmacy management and pharmacoeconomics aspects in this guide. The reason to introduce this review guide is to provide foreign students with enough information regarding the management aspect of health care in the U.S.

The students must try to understand the information provided in this guide since that's the only way to apply your logic to answer management and economics related questions in the exam. You may not receive straightforward questions from this guide, however the information presented in this guide will definitely help you to guess the best logical answer for a given question.

I hope my efforts will bring you much success.

Best of luck,

Manan H. Shroff

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SOCIAL AND BEHAVIORAL ASPECT OF PHARMACEUTICAL CARE

1. Social and Behavioral Aspect of Pharmaceutical Care

Pharmaceutical Care: It is the study of the logical consequences of the evolution of the profession of the pharmacy.

What is the true meaning of health?

It is a very hard task to define health since it is not limited to a single factor. For example, if we try to define health by using medical definition, it would not be sufficient since there are sociological, epidemiological, health planning and physiological definitions as well. In short, it is hard to define health by using a single factor. In medical terms, health may be defined as the absence of disease or the maintenance of physiological parameters within accepted norms (e.g. blood glucose, blood pressure, cholesterol).

Anderson has summarized epidemiological and health planning definitions into five major categories. These are:

1. Health as a product or outcome (the result of adequate planning and utilization of resources).
2. Health as a potential or capacity to achieve goals.
3. Health as an everchanging dynamic process (the interaction between agent, host, and environment).
4. Health as something experienced by individuals.
5. Health as an attribute of an individual.

According to the World Health Organization, health is the state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

The Quality of Pharmaceutical Care: The quality of pharmaceutical care can be evaluated and examined by resources such as structure, process, and outcome components.

A. **Structure Resources**: Structure resources are required to obtain high-level quality care. For example, one must have laminar flow hood in order to provide the highest quality of parenterals admixtures. It does not matter how efficient or smart you are, structural resources play an important role to address the quality of care. Referring to the above example, obviously if you have a home-infusion company without laminar flow hood, the quality of parenteral preparations will be considered poor. Therefore, the structural resources would be considered necessary to obtain a high level of quality care.

B. **Process Resources**: It refers to many activities performed by a pharmacist that are considered a part of quality care. Referring to the parenteral preparation example; the use of aseptic technique while making IV admixtures is defined as a process resource.

C. **Outcomes**: It refers to the experience of a patient who receives the care. The high quality of care is assumed when the patient experiences the desirable outcomes. Thus, the structure, process, and outcomes are intended to be part of an integrated model of quality care assessment. Another example that explains the quality of care is a hospital with a CAT scanner is presumed to render a higher quality of care than a hospital without one.

2. Health Behavior

Health behavior is an action taken by a healthy person for the purpose of remaining healthy or in an asymptomatic state. For example, brushing teeth, avoiding tobacco and alcohol, regular exercising, wearing a seat belt, etc. People engage in such behaviors for several reasons, including habit, attraction, fear or death.

A Model of Health Behavior or Health Belief Model

The Health Belief Model was developed to give healthcare professions an idea as to why and under what conditions people take preventive health actions or behaviors. The Health Belief Model depends on three classes of variables:

1. The individual's psychological state of readiness to take specific action.

2. The degree to which a particular course of action is believed to have a net beneficial effect in reducing the health threat.

3. A cure to action that may trigger appropriate action when needed.

Christensen, Fincham and Wertheimer have used the Health Belief Model to find out the patients' compliance with therapeutic regimens. Christensen also proposed that compliance with the drug therapy is a dynamic process in which patients continuously reassess the decision to comply.

Fincham and Wertheimer used the Health Belief Model to predict the patient's initial compliance rate with drug prescriptions. By using this model, they categorized 69% of patients into a group that did not comply with the initial prescription. For example, the patient receives the prescription from the prescriber, and also drops it to a pharmacy, but never picks up the filled prescription from the pharmacy.

Barriers that affect the patient's compliance:

1. Cost of medications
2. Lack of access
3. Distance from the pharmacy
4. Transportation facilities
5. Psychological behavior of patients

Wellness and Health

Wellness is defined as an integrated method of functioning which is oriented towards maximizing the potential of which the individual is capable, within the environment where he or she is functioning.

Wellness normally involves the total person. The mind, body, and spirit are inseparable and constantly interact to determine one's experience and behavior.

It is seen as one's potential for wholeness and well-being, and is strongly influenced by personal choice and environmental factors.

3. Illness, Sickness and Disease

According to Eliot Freidson, illness is described as:

"One is immediately obligated to distinguish between illness as a purely biophysical state and illness as a human, social state. Illness as a biophysical state involves changes in bones, tissues, or vital fluids of any living organism. Illness as a social state involves changes in behavior that occur only among humans and that may vary with the culture."

A distinction between illness and disease:

Illness is defined by laymen as a reaction to perceived biological alteration while disease is defined by physicians, and for that reason, it is perceived to be a more precise term. The following sentences may help an individual to distinguish illness from a disease.

1. A person may have a disease and not be ill.
2. A person may be ill and not have a disease.
3. Both disease and illness may be present.

To understand more precisely, we can take the following example. Hypertension is a disease that has been defined by healthcare professionals as a combination of diastolic and systolic blood pressures outside "normal" limits. Now, it may be possible that a person with the disease of hypertension may be asymptomatic, and therefore not ill. And, as not being ill, this person may not seek care. An opposite of this can also be true. A person who experiences dizziness or headaches may perceive himself or herself as ill, seek care and be diagnosed as disease-free.

Practically, both these differences may have serious outcomes: failure to receive needed care in the first instance and a possible waste of medical resources in the second.

A definition of sickness:

Sickness is defined as a social state conferred on an individual by others. It is socially defined by sociologists.

According to Bezold, the state of health is determined by the interaction of the following variables:

1. Biology (e.g. generic determinants)
2. Behavior (e.g. smoking, drug abuse, eating habits)
3. Pre and post environments (including physical, biological, economical, and social)
4. The healthcare system

Types of Behaviors

There are three types of health-related behaviors:

1. Health Behavior
2. Illness Behavior
3. Sick Role Behavior

The pharmacist is most involved in the illness behavior, to a large extent in the sick role behavior, and in very few instances with the health behavior.

A. Health Behavior:

Any activity undertaken by a person who believes himself or herself to be healthy for the purpose of preventing disease or detecting disease in an asymptomatic stage.

Health behavior of people can be successfully expressed by the Health Belief Model. According to this model, people who step up to obtain preventive care or follow good nutrition and exercise in order to maintain good health are driven by the following factors:

1. The psychological effects of an individual (for example, a person whose father is suffering from diabetes will more likely be involved with preventive care than a person without such psychological effects.

2. The individual must also believe that a proposed action should be feasible and appropriate to use, and that it would reduce susceptibility to the condition or to the seriousness of the condition.

3. Some sort of cue or stimulus is needed to trigger an action response. For example, a person with poor eating habits may be convinced to pay more attention to eating habits if they are told they may cause ulcer or bowel problems in the long run.

Health Locus of Control Model and Health Behavior:

This is another theoretical model that is widely used to explain an individual health behavior. This model is usually administered to large population samples, and can be measured by a survey instrument.

Factors that affect individual health behavior under this model are:

1. Previous illness experience
2. Religious belief
3. Educational level
4. Economic status

The Fundamental Attribution Errors and Health (Survey Instrument):

An attribute is a characteristic or property that an individual has. For example, Steve is a handsome young man. The observer can assign another characteristic to him: I think he is an honest young man. In the above example, the observer is making an attribution based on what he noticed. However, an attribution made by an observer may be true or may not be. There are three possibilities:

1. Steve may always exhibit this trait (honesty).
   OR
2. Steve may exhibit this trait (honesty) only in certain situations.
   OR
3. Steve may seldom exhibit this trait (honesty).

In short, a potential difference exists between the observer's attribution and various situations that have not been observed by the observer. For example, in above case Steve may be a dishonest in most instances, however at the time when the observer is making an attribution, his behavior may likely give off an impression that he is an honest person.

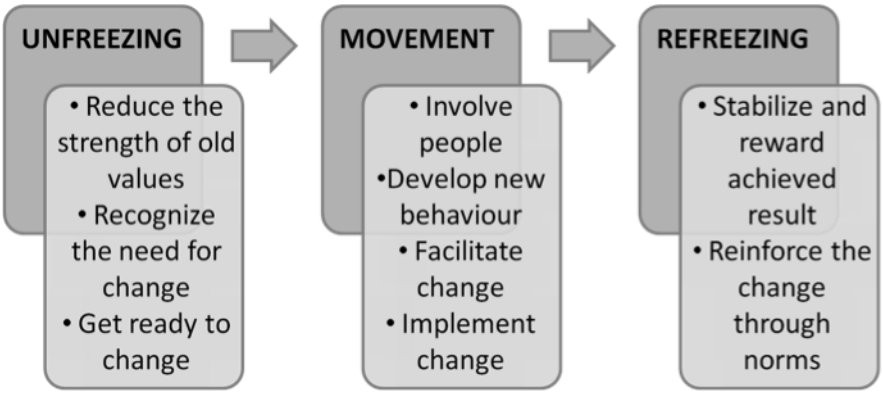
Fundamental Attribution Error:

Normally, people tend to attribute traits to others, and to see their own behaviors in terms of the various situations in which they operate on a day to day basis. They see themselves as actors and interpret their responses as more of a response dependent on different situations while they observe others. Acting as observers, they tend to see stable characteristic in others (a stable characteristic does not vary by situations). Researchers have described this actor-observer tendency of people as "fundamental attribution error." It helps one to differentiate between acute symptoms (situations) and chronic symptoms (traits).

Take for example a pain related to headache. Many of us experience the headache on an infrequent basis and seek situational explanation for the cause of it. The headache may be because of poor sleep or due to a lack of coffee in the morning. In this example, we are responding to a symptom by seeking a situational explanation for the pain. For some people however, the symptoms of headache are more permanent. For example, a person who is suffering from migraine. For such a person, these symptoms become a characteristic of him. He is able to say he is healthy despite chronic disease (migraine headache) because he can do the things that he expects to be able to do.

Lewin's Three-Step Change Model:

Dissatisfaction with symptoms is the driving force behind a patient's action to visit a physician or a pharmacist. Symptoms that are unusual and associated with perceived risk, and that interfere with day to day function of the life, may often lead to action on the part of the patient. One way to summarize this change is with Lewin's unfreeze movement-refreeze change process.

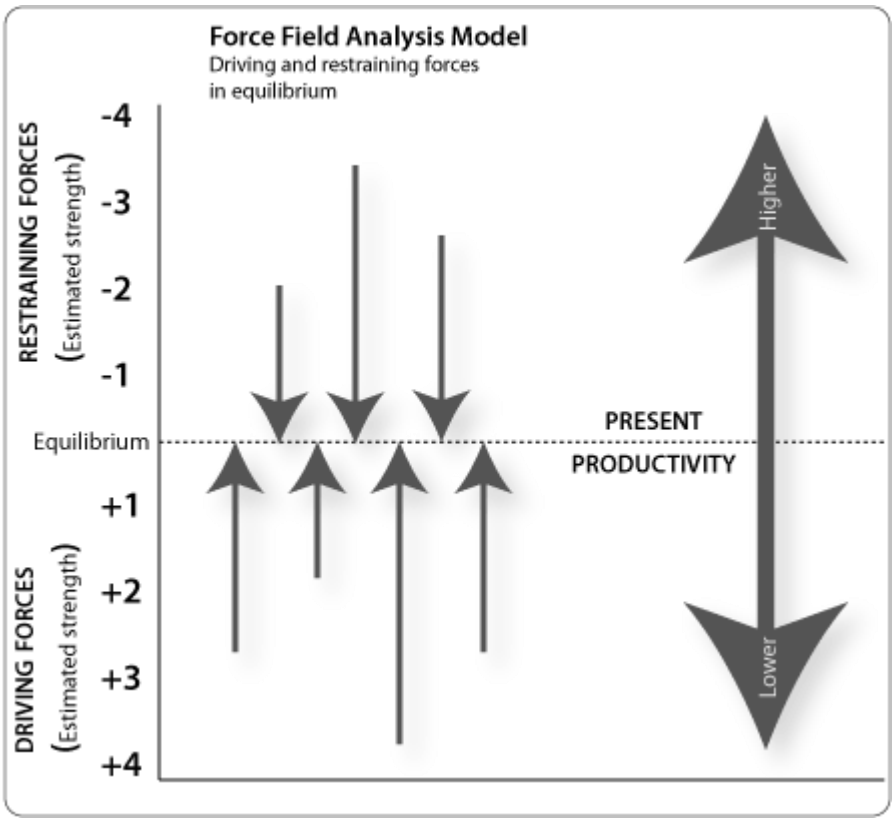


1. The process of change includes an initial phase where an individual must be "stuck" from existing ideas and behaviors. This is known as the "Unfreezing Phase." For example, Mr. Mehta has a habit of smoking. He smokes 10 to 15 cigarettes per day. This is called the **unfreezing phase**.

2. Once the individual is ready for change, he/she must be moved toward the desired behaviors, sometimes over a period of time. This phase is called "Movement." Due to heavy smoking, Mr. Mehta's lungs are not functioning properly, and a physician advised him to quit smoking. Mr. Mehta is now ready to quit smoking (change in behavior), and this phase is called **"Movement."**

3. However changing to new behaviors, is not enough. Those new activities must be solidified, habituated, and reinforced so that they continue over time. This phase is known as **"Refreezing"**. Referring to Mr. Mehta's case, six months after quitting smoking, he starts again. This is breaking off the phase "Refreezing." This phase requires a person to stick to a changed behavior.

Force Field Analysis:



A Force Field Analysis is a useful tool for a healthcare provider in identifying the dynamic state in which the patient can be placed. In a routine life, forces change each day to both facilitate and inhibit the patient's response to the symptom of illness. A Force Field Analysis helps to visualize these various forces.

In above figure, there are two types of forces listed. Forces listed that encourage change are defined as driving forces, whereas the other forces that make change difficult are described as restraining forces. In a practical life, these forces are complex, and each may have dual characteristics of encouraging and preventing a change. Familiarizing with these forces may be helpful for patients as well as healthcare providers.

B. Illness Behavior:

Any activity undertaken by a person, who feels ill, for the purpose of defining the state of his health, and of discovering suitable remedy, is defined as **"Illness Behavior."** The "Sickness Career" helps with understanding the behavior of people when they are ill. The "Sickness Career" begins with a state of wellness. The changing from a state of wellness to illness is mainly depends on the presence and types of symptoms.

For example, many people-even those who feel well are able to identify some sort of symptoms at any given period of time. Often, they will view these symptoms as normal; however it is the intensity of the symptom that ultimately decides the change of one's status from being healthy to being sick.

According to Twaddle and Hessler, the following factors help determining the significant change in health status of an individual:

These factors are:

1. Interference with normal activities and functions (e.g. bowel habits, work ability)

2. Clarity of symptoms (sharp chest pain)

3. Tolerance threshold (some people can tolerate more pain, either because of personal characteristics, cultural factors, or the nature of their work)

4. Familiarity with symptoms (common symptoms that one has experienced previously, and recovered from are likely to be viewed as less serious than those that have not been previously experienced

5. Assumption about the cause (e.g. in the case of chest pain, it may be viewed as anything from heart attack to indigestion)

6. Assumption about prognosis (e.g. if long-term incapacity or possible death is associated with the symptom, it is likely to be viewed as more serious than the symptom without such intensity

7. Interpersonal influence

C. Sick Role Behavior:

Any activity undertaken by those who consider themselves ill for the purpose of getting well.

According to Talcott Parsons (Sociologist), the **Sick Role** consists of two rights and two duties.

Rights: 1. Freedom from blame for illness
2. Exemption from normal roles and tasks

These rights are appropriate only if a patient fulfills his/her duties.

Duties: 1. To do everything possible to recover
2. To seek technically competent help

The Sick Role gives an individual a reasonable excuse for making claims on others for care. People with symptoms (who are ill) can, with the confirmation (from a health care provider such as a physician), adopt the sick role (socially defined).

A person can enter the Sick Role if a physician confirms that the person is ill or if a family or friends of the person are willing to accept the status of "sick". Thus illness (individually defined) becomes sickness (socially defined), especially when the physician confirms the existence of a disease.

The following four factors play an important role in determining whether one is defined as "sick" or not.

1. **Legitimization by a physician:** A patient receives medical care from a physician. Prescriptions are important evidence of this factor.

2. **Symptoms:** A pain, discomfort or other manifestation that indicates change in health.

3. **Prognosis:** The expected outcome of the illness (e.g. probably will get worse, get better, stabilize, or is uncertain, etc.).

The Sick Role Behavior is a valuable tool in understanding the patient behavior; however this behavior does not apply to all cases. For example, using a Sick Role Behavior, how can one explain that a chronically ill patient will "recover"? In such instances, a patient (chronically ill) can adopt a Chronic Illness role.

Orthodox and Unorthodox Healing Systems

An orthodox healing system is defined as a healthcare related service that is scientifically and socially well accepted around the world (e.g. allopathic medicines and health-related services)

An unorthodox healing system is defined as a healthcare related service that is traditionally accepted but not socially (e.g. hydrotherapy, wave and radiation therapy, etc.).

Lists of normally employed unorthodox healing systems:

1. Physical therapy
2. Hydro therapy
3. Nutrition therapy
4. Plant-based therapy
5. Wave and radiation therapy
6. Mind and spirit healing
7. Self-exercise
8. Comprehensive system

1. **Physical therapy:** It can be further classified into the following categories:

a. Massage
b. Rolfing
c. Sensory awareness
d. Acupuncture
e. Reflexology

f. Moxibustion
g. Chiropractice

2. **Hydrotherapy:** It can be further classified into the following categories:

a. External hydrotherapy (e.g. baths and douches)
b. Internal hydrotherapy (e.g. colonic irrigation, enemas, inhalations)

3. **Nutrition:** It can be further classified into the following categories:

a. **Food supplement therapy**

Examples of food supplement therapies:

1. Apple cider vinegar
2. Molasses
3. Ginseng
4. Honey
5. Brewer's yeast

b. **Macrobiotics:** It is popularized in Japan. Foods are divided into yin or yang. By balancing yin and yang foods, one has an opportunity to achieve a balanced diet. Examples of such foods are:

	Yin food	**Yang food**
1.	Fruits and leaves	Dry food
2.	Hot aromatic food	Food growing below ground
3.	Food containing water	Salty or sour food
4.	Food grown in hot climates	Food grown in cold climates

4. **Plant-based therapies**: It can be further classified into the following categories:

a. Tincture
b. Aroma therapy
c. Herbal products

5. **Wave and radiation based therapies**: It can be further classified into the following categories:

a. Orgone therapy
b. Pyramid therapy

6. **Mind and spirit healing therapies:** It can be further classified into the following categories:

a. Biofeedback
b. Hypnosis
c. Spiritual healing
d. Meditation
e. Psychodrama

f. Primal therapies
g. Encounter groups
h. Sensitivity training
i. Translational analysis

7. <u>Self-exercise:</u>

a. Yoga
b. Sports
c. Dance
d. T'ai chi

8. <u>Comprehensive system:</u>

a. Ayurveda
b. Oriental medicine
c. Homeopathy

4. Prescribing Behavior of Healthcare Providers

It is very important to find out the prescribing behavior of practitioners since there is substantial evidence that prescription drugs are often used inappropriately. Prescribing errors are classified into two major categories:

1. Error of Commission: It includes those errors which are incorrectly written.

2. Error of Omission: It includes those errors in which the prescriber fails to specify a required element in the prescription (e.g. missing strength or dosage form). These errors can cause many problem for patients, ranging from decreased quality of life to unnecessary healthcare costs burden. Therefore, it is important to find out why practitioners prescribe in a certain fashion and how prescribing errors occur. To better understand prescribing errors and prescribing habits of practitioners, we can study a few models. These models will give us a better and clearer picture.

There are three different types of models that may help in studying the prescribing pattern of physicians:

1. Demographic and practice variables associated with prescribing
2. Psychosocial dynamics related to prescribing
3. Cognitive model of prescribing

1. Demographic and practice variables associated with prescribing:

Factors that affect prescribing decisions under demographic and practice variables model:

1. Physician's education
2. Physician's age
3. Physician's speciality
4. Physician's relationship with colleagues
5. Patient's gender
6. Patient's age
7. Patient's ethnicity

For example, the heart specialist-physician may have good knowledge about cardiac-related drugs, but less knowledge about psychiatric drugs when prescribing to a depressed patient.

2. Psychosocial dynamics related to prescribing model:

Psychosocial factors that affect physician's prescribing:

1. Prescription is a symbol of power and authority, and only practitioners have such power and authority to provide drugs.

2. Prescription is the way for physicians to express concern for patients.

3. Prescription is a powerful tool to end lengthy discussions and the patient's visit.

4. Prescription affirms that the patient is really ill.

3. Cognitive model of prescribing:

In this model, the prescribing decision of the prescriber merely depends on two major criteria:

1. The outcome of a prescribed drug.
2. The risk associated with a prescribed drug.

For example, if a patient is suffering from a mild illness, and a prescribed drug may cause serious and fatal reactions, it is unlikely that the prescriber will prescribe the drug to the patient. In contrast, if the patient is suffering from cancer or any other serious illness, it will force the prescriber to take the risk associated with the prescribed drug due to the seriousness of a disease.

In this model, the prescriber's concerns about drug attributes such as dosage, strength, duration and length of action of the prescribed drug, and correlates these attributes with drug's outcomes such as side or toxic effects of the drug, or cure rates of the drug. Thus, cognitive models of prescribing focus on which prescribing outcomes and drug attributes are really important when physicians make prescribing decisions.

The drug-choice model is a cognitive prescribing model related to Vroom's expectancy theory. Factors that affect the drug-choice model (selecting drugs for optimum benefit) are:

1. Control of disease by the prescribed drug
2. Patient's compliance with the prescribed drug
3. Side effects of the prescribed drug
4. Cost of the prescribed drug
5. Is the prescribed drug satisfying a patient's demand?
6. Criticism for colleagues

Sources of drug information that help physicians compare attributes and outcomes of drugs, and thus help in prescribing decisions.

1. Core education
2. Continuing education programs
3. Professional colleagues
4. Pharmaceutical advertising and pharmaceutical sales representatives
5. Patients may provide information about drugs through their previous clinical experience with drug therapy, or may request a specific drug be prescribed. Researchers believe that a patient's psychology is a major factor that affects the physician's prescribing decisions.

5. Theories of Human Inference

Theories of human inference can be used to evaluate and design educational methods that affect a physician's prescribing. The inference puts more emphasis on adverse or toxic reactions and effectiveness of drug therapy, since these two criteria are important factors that affect the physician's prescribing decisions. When prescribers make inference, they use one or more types of judgmental heuristics.

What is judgmental heuristics? **Heuristic** is defined as a rule of thumb, simplification, or educated guess that reduces or limits the search for solutions in domains that are difficult and poorly understood. Judgmental heuristics is defined as an educated guess which helps to classify and interpret new information, and drive us to make a final decision. We use these heuristics in our normal life constantly without realizing it. Most of the time they are accurate; however sometimes they may lead to judgmental errors. There are four types of judgmental heuristics that affect the prescriber's judgment. They are:

1. Representativeness heuristics
2. Availability heuristics
3. Framing heuristics
4. Anchoring heuristics

1. **Representativeness**: This type of heuristic involves a similarity between events or objects. For example, if a patient feels better after a drug is given, the prescriber may use judgment that the patient is cured, but the improvement could be a result of a number of other factors such as improved diet, normal fluctuation in the illness, decreased stress or using OTC therapies. Representativeness heuristic occurs when a physician does not consider these other factors in the outcome of therapy. This would not stop here; by using this judgment that the patient has been cured, the physician will prescribe the same drug in the future (from his previous experience) to other patients if he encounters similarity of symptoms of disease in patients.

2. **Availability heuristics**: This type of heuristic helps us judge frequency, probability and causality. According to this type of heuristic, new information is accessed according to information that is more readily available from memory. For example, a physician sees the same sort of symptom patterns frequently in a series of patients and makes an inference that a new patient with similar symptoms has the same illness. If proper clinical and laboratory tests are not used to verify the diagnosis, this could result in diagnosis error and inappropriate prescribing.

Availability heuristic is affected by vividness. Vivid pictures, stories and actual patient cases may be available more readily in memories and therefore affect the physician's judgment. It is easier to recall these images than statistics, graphs or figures when making a diagnosis. Prescribing can be affected by these images through vividness.

3. **Framing heuristics:** This type of judgmental heuristic occurs when physicians use another alternative to avoid an undesirable outcome. For example, a particular drug may cause cancer when used for a prolonged time for 1 in 1000,000 patients. A prescribing physician may put more emphasis on undesirable outcomes when making a prescribing decision, even though the drug has the best clinical effects for the given diagnosis. The best example of framing is saccharine (sweetener) which was taken off the market due to association with cancer in rats when given in large doses.

4. **Anchoring heuristics**: Another type of heuristic is anchoring. Most of us make initial assessments and decisions until we find correct answers. However, sometimes our adjustments are not adequate to support our initial assessment since we are under high influence of the initial assessment. This resistance to change from initial decision is called anchoring. For example, a practitioner makes an initial assessment (from experience and sets of symptoms) and prescribes a drug to a patient until he receives results from laboratory or diagnostic tests. The anchoring occurs when the prescriber fails to discontinue the drug even after laboratory or diagnostic tests indicate that it is not needed.

PREPARATION

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www.pharmacyexam.com

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