Customize, Individualize, and Make It All Mine!

If genomics is going to individualize drugs for patients and pharmaceutical care is directed toward individualizing drug therapy, then how should the pharmaceutical delivery process be designed? The answer for most industries, both manufacturing and service, is to have customers ask for what they want instead of the industry telling them what they should have.¹

Historically, customers have preferred to pay less to get most of what they wanted, while some were willing to pay more and wait long times to get exactly what they wanted.

This equation has changed. Now digital technology in its many forms allows customers to get what they want, when they want it, and at a competitive price. Digital technology in the form of hardware, software, and machines to fine-tune the production and delivery processes is the handmaiden of customizing on a mass scale. "Mass customization" combines the benefits of automated assembly with the power to include an array of personal choices. The lessons learned by other industries illustrate approaches that managed care pharmacy can take to deliver cost-efficient customization of care.²

In service industries, information has been identified as the tool for delivering individualized services. But information without a goal and an implementation plan is just noise. What is the plan for health care, and most specifically, for pharmacy?

Plan Components

First, mass customization requires customers to spend time to give personal information up front. They complete questionnaires to provide specific information on their needs, preferences, and priorities. This is not unlike the medication profile, except it includes the patient's preferences. This is a major shift from the past.

Second, companies modularize their products and services so that they can mix and match those that are of interest to their customers. The production process is designed in a modular fashion like Legos

and then the modules are integrated and "robotized." The entire system is geared toward speed and information.

Third, service industries divide their world into "front stage" activities that directly impact the client, and "backstage" activities that support the delivery of the service. Many services of managed care pharmacy are backstage functions (for example, formulary development, prior-authorization processes, network development, and retrospective drug-utilization review). The backstage functions support the front stage functions to deliver desired care.

These backstage functions need to be digitized for rapid information retrieval, and modularized for efficient execution. To satisfy the client the backstage functions are shifted to front stage by allowing the client to monitor the progress of their medication therapy, waiting times, the progress of prescription filling, and oversight programs for safety and risk management, or allowing them to order what they want online and have it arrive when they need it. When clients feel that they have some knowledge of the process, such as a system for tracking the progress of prescription filling, then they feel that they have some modicum of control over the outcome. This approach is akin to making an appointment and being seen on time as opposed to waiting in line and requiring entertainment to pass the time.

Fourth, service companies may choose to modularize the entire service and incorporate it into their delivery sites as a "turnkey," or they may mix and match various components to customize the service. An example is companies that have changed their commodity products to self-contained services by packaging the service with the product. Physicians who diagnose, treat, and dispense, and pharmacies that dispense medications and also monitor care for specific diseases have taken incremental steps in this direction.

A major downside to modularizing services is that too many choices and too much flexibility may create problems.

How can these problems be handled? Computer Discount Warehouse (CDW), Dell Computers, and FedEx offer packages with options for customizing specific components. They continue to be the experts in their fields while using standardized tools; however, they refocus their efforts to mix and match their toolbox according to the specific customer desires. This process also allows them to incorporate quality imperatives (e.g., the Six Sigma program at GE to improve manufacturing quality to six standard deviations from the spec limit, an error rate of 3.4 per million).³

With the national emphasis on medication errors, similar commitments by the health care community are very compelling. Other industries have demonstrated that the results are well worth the effort, although implementing such programs is labor intensive and costly. This is especially true in health care, where most services are still delivered individually rather than by automated means.

In conclusion, the primary message of mass customization is that it is a customer service expectation in many industries. Therefore, patients are going to ask why it can't be delivered in health care. The tools already exist, the experts are trained, and the patients know what they want. Message: ready, aim, focus, refocus—and keep innovating to determine the correct mix of tools and methods to deliver quality care, customized to the patient in a cost-efficient manner. ■

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