

Pharmacy Practice and Healthcare Systems

Course Name: Pharmacy Practice-2

Course Code: 0521515

Lecturer: Dr. Balakumar Chandrasekaran

Faculty of Pharmacy, Philadelphia University-Jordan

Learning Objectives

- ❑ To identify areas within healthcare systems where pharmacists should participate.
- ❑ To describe pharmacy processes with cost-effective and safe patient care systems.

Impact of pharmacy on patient care

1 Management of prescribed medicines:

- drug development
- dispensing of medicine
- counselling

2 Management of chronic conditions:

- repeat prescribing
- monitoring therapeutic outcomes
- improvement in quality of life

3 Management of common ailments:

- counselling
- recommendation of line of action

Impact of pharmacy on patient care

4 Promotion and support of healthy lifestyles:

- health education
- health screening

5 Advice and support for other healthcare professionals:

- provision of information on clinical and technical aspects of use of medicines.
- participation in research and development programmes to transfer science into practice.

Pharmacist interventions in the healthcare system

- Ensuring rational use of medicines: participation in the development of formularies, clinical guidelines and protocols, and analysis of prescribing information and drug use evaluation data.
- Disease management: contributing towards enhancement of compliance, adherence to evidence-based clinical guidelines and monitoring patient outcomes.
- Management of drug therapy: ensuring that safe and effective drug products are used and are accessible, collaboration with health professionals to ensure that prescribing is carried out for definite objectives, accessing patients' profiles and medical records, undertaking counselling about safe use of drugs, patient monitoring to identify problems and suggest actions to solve problems.⁵

Patient pharmaceutical needs assessment

- Patient pharmaceutical needs assessment may be developed to identify patients who require dedicated pharmacist services.

The needs assessment should take the following into consideration:-

- Access to pharmacy facilities: Do patients who are house-bound have access to a pharmacist domiciliary service?

Do patients visiting a pharmacy have access to the pharmacist? Do patients feel that they need more time with the pharmacist during outpatient visits at hospital clinics?

Patient pharmaceutical needs assessment

- Need for compliance aids: Do patients require memory aids or pill boxes to organise their medication?
- Social behaviour: Patients living on their own who may not have family or friends able to support them through their medication.

Identifying groups of patients with special needs

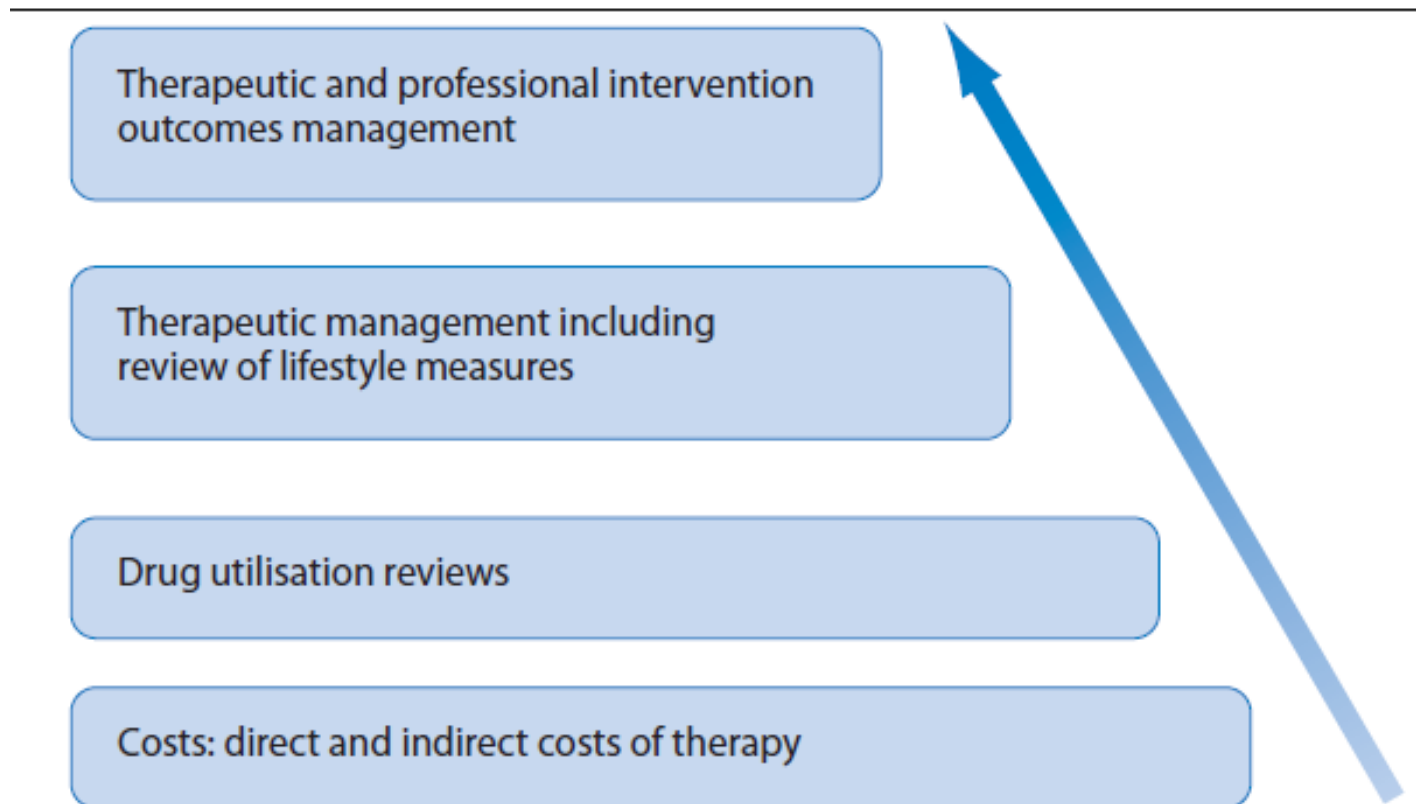
- Patients suffering from certain diseases, such as:
 - acute myocardial infarction
 - chronic pain
 - mental health problems
 - learning difficulties
- Age group Young or Old?

Identifying groups of patients with special needs

- Drug treatment:
 - narrow therapeutic index drugs
 - expensive drugs: consider use of generic formulations – what are the pharmaceutical implications of switching to a different pharmaceutical formulation?
- Taking medicines for chronic disease:
 - repeat prescriptions
 - medication review
- Patients in particular health settings:
 - hospital, residential home, nursing home
- Patients transferring from one health setting to another.

Achieving cost-effective patient care

Within a healthcare system, pharmacists can participate in the four domains necessary for cost-effective patient care



Achieving cost-effective patient care

- ❑ When advising on the use of a drug, it is no longer enough to be assured of its efficacy.
- ❑ Pharmacoeconomic aspects also have to be considered.
- ❑ Value for money and cost-effectiveness are important considerations in selecting rational therapy.
- ❑ This may involve substituting a generic drug for the originator.

Quality assurance

This establishes an acceptable level of performance and incorporates mechanisms to identify when that standard of performance is not met.

Quality improvement

This comprises information-driven processes that involve the implementation of monitoring procedures to ensure that adequate standards are obtained and maintained.

It has two main components:-

1. total quality management (TQM)
2. continuous quality improvement (CQI)

Total quality management (TQM)

- Defines measures of quality
- Measures the current performance
- Analyses process
- Identifies improvement actions

Measuring outcomes

- Use diagnostic results
- Use medical records
- Maintain databases that provide information to allow periodical reviews
- Assess patient satisfaction

Assessing outcomes

- Clinical: response to treatment
- Functional: improvement in physical function
- Financial: cost-effective therapy
- Perceptual: patient's satisfaction with outcomes, care received and providers.

Difficulties in implementation of outcomes management

- Compilation of data is time-consuming
- Resistance from health professionals.

Difference Between Quality Assurance and Quality Improvement

Quality Assurance	Quality Improvement
Retroactive process	Prospective process
Reactive	Proactive
Event-based	Process-based
Inspectorate approach	Process approach
Focus is to solve problems	Focus is to improve process

Case Study-quality assessment in a hospital

- Documentation and analysis of pharmacist intervention on the ward
- Cost-effectiveness study of medications used
- Patient satisfaction questionnaire –
developed to assess patient satisfaction with outcomes of therapy, care received, atmosphere on the ward, communication with health professionals.

Practice summary

- Within the healthcare system, pharmacy services can contribute towards management of prescribed medicines, management of chronic conditions, management of common ailments, health promotion and health education, rational safe and effective use of medicines, and maintaining cost-effectiveness of patient care.
- Pharmacists should be proactive in developing formularies, clinical guidelines and protocols, and take an active role in the maintenance and updating of these documents.

Practice summary

- Pharmacists should liaise with other health professionals and with policy makers to establish therapeutic practices that include therapeutic interchange and use of generic drugs to achieve patient accessibility to drugs.
- Pharmacists should participate in exercises to monitor cost-effectiveness of patient care and in processes to ascertain quality of the professional services provided.

Question:-

List three points that could lead to improvement in the cost-effectiveness of treatment.

Answer:-

- (a) Substituting a generic product for an originator product where appropriate.
- (b) Preparing a drug utilization review and taking action on results (e.g. policy to switch intravenous antibacterial agents to the oral route when indicated).
- (c) Including the indirect costs of therapy (e.g. monitoring time, nursing time to change dressings) when comparing the costs of two optional therapeutic paths.

Thank You!

