

Ensuring Integration of Pharmacy to Patient Care

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PHARMACY

SHAPING THE FUTURE



The Picture – Pharmacy 2030

- Highly functioning, person centred, fully integrated healthcare system
- Easy access
- Collaborative approach (healthcare team and social partners)
- High quality and cost effective
- Optimal utilisation of pharmacy workforce
- Responsive practice setting, clinical services, and models of care to meet changing health needs
- Improved patient mortality and morbidity

GOVERNMENT NOTICES

DEPARTMENT OF HEALTH

NO. 1230

11 DECEMBER 2015

NATIONAL HEALTH ACT, 2003

WHITE PAPER ON NATIONAL HEALTH INSURANCE

I, Dr Aaron Motsoaledi, Minister of Health, intend in terms of section 85 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996) and section 3 of the National Health Act, 2003, (Act No. 61 of 2003) after consultation with the National Health Council, to determine the policy in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed policy to the Director-General: Health, Private Bag X828, Pretoria 0001, and Email: nhi@health.gov.za, within a period of three months from the date of publication of this notice.



DR A MOTSOALEDI, MP
MINISTER OF HEALTH
Date: 10/12/2015

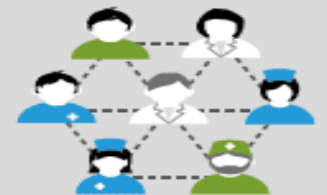
Within the framework of Universal Health Coverage (UHC) through NHI





INCREASING THE AVAILABILITY OF PHARMACEUTICAL CARE AND SERVICES

DEVELOPMENT OF PHARMACY WORKFORCE



INTEGRATING THE PHARMACIST WITHIN MULTIDISCIPLINARY TEAMS

ENHANCING PERSON CENTRED CARE



DEVELOPING THE PHARMACY PROFESSION



RAISING AWARENESS OF PHARMACY ROLES AND SERVICES

PROVIDING ACCESS TO INFORMATION FOR THE PHARMACY TEAM



SERVICES TO MEET POPULATION NEEDS



OPTIMISING THE ROLE OF TECHNOLOGIES FOR IMPROVED SERVICE DELIVERY

What is Pharmaceutical Care and Services?

- ***“Direct, responsible provision of medication-related care for the purpose of achieving definite outcomes that improve a patient’s quality of life...”***

(ASHP Am J Hosp Pharm. 1993; 50:1720–3)

- Face to face interaction between pharmacist and patient
- Holistic delivery: explain, counsel, clarify, care and support, risk management
- Direct impact on patient wellbeing
- High correlation between quality of care and patient health outcomes





Increase availability of Pharmaceutical Care and Services

- Expand reach to areas of need
- Job creation/support local infrastructure
- Enhance skills development opportunities
- Stimulate local economic growth
- Become point of reference within the NHI iro PCS

Political will and Economic Investment

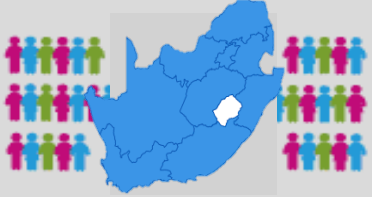
ENHANCING PERSON CENTRED CARE



Person Centred

- Individual is central to care
- Goal: informed and engaged
- A relationship is key to a person centered approach
- Tracking and follow up to monitor for effectiveness of therapy
- Facilitating adherence – most expensive medicines are the ones not taken
- Minor ailments and self care – reduced cost to healthcare

SERVICES TO MEET POPULATION NEEDS



Using PCS to meet population needs

- Decentralise – use pharmacies as points of care: PPPs
 - Manage chronic and acute medicines in same system
 - Give equal focus to management of both infectious diseases and NCDs
 - Educate and intervene for prevention- HIV/TB (India), diabetes, hypertension
 - Focus on wellness management: Immunization, contraception, weight management
 - Ensure quality measures
 - Medication Safety
 - Adverse events
 - Drug Interactions
 - Adherence
 - Reporting

DEVELOPMENT OF PHARMACY WORKFORCE



Skilled Workforce

Category of Registered Persons	2013	2014	2015
Pharmacist's assistants learner basic	4 285	3684	3343
Pharmacist's assistants basic	1242	1939	4402
Pharmacist's assistants learner post-basic	1898	1961	2468
Pharmacist's assistants post-basic	5534	6576	7571
Students (mostly 2 nd year)	2545	3235	4232
Pharmacist interns	715	804	869
Community service pharmacists	424	547	619
Pharmacists	13 321	13 391	13 529
Specialist pharmacists	12	12	12
Total	29 976	32 149	37 045



Skilled Workforce

- Throughout the Third World – severe shortages of pharmaceutical services and of pharmacists
- Many developing countries (incl. SA) depend on manpower substitution
 - non-pharmacist health personnel (medical, nursing, or community health workers)
 - Utilizing the full pharmaceutical workforce will alleviate the burden on other healthcare professionals



Training and Research

- Flexible Training to meet changing roles in a dynamic era
- Investment in research to develop and modify existing practice models to meet needs
- Investment in developing and recruiting expertise to staff training institutions



Multidisciplinary Team



- Expertise and skills of pharmacists:
 - Evidence of benefits from greater collaboration between doctors, healthcare teams and pharmacists *(Hatah et al 2013)*
- Critical role within MDT
 - designing appropriate treatment options
 - Assessing potential for drug interaction
 - Monitoring and advising on adverse drug events
 - Monitoring adherence
 - Adherence counselling
 - Patient follow up and tracking
 - On going follow up, care and support
 - Maintenance on chronic care

**PROVIDING ACCESS
TO INFORMATION FOR
THE PHARMACY TEAM**



Access to Patient Health Records

- Pharmacists need to be able to access:
 - Laboratory Results
 - Previous treatments
 - Current treatment
 - Patient history

<https://www.pharmacyregulation.org/news/gphc-welcomes-access-patient-records-pharmacies>

**PROVIDING ACCESS
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Access to Patient Health Records

- Impact on current practice in Public Hospitals
 - Reduced medication errors
 - Improved adherence
 - Informed clinical decisions
 - Improved patient outcome
 - Reduce costs

(<https://www.pharmacyregulation.org/news/gphc-welcomes-access-patient-records-pharmacies>)

Optimising Technology



- New technology saves lives
- Rapid diagnostics
- EHR and eScripting
- Apps – STG and EML, adherence monitors
- Wellness technology through smart phones
- Pharmacy robotics – ADU, reduced errors

DEVELOPING THE PHARMACY PROFESSION



Developing the Profession

- Strategic Partnerships
- Strengthen organised pharmacy
 - Value-based collective leadership strategy
 - Developing practice strategies and policy guidelines
 - Research task teams
 - Funding
 - Ensuring standards through the regulator (SAPC)



Pharmacy Influence

- Public profile of pharmacy as a profession
- Interaction with NDOH
- Influencing policy makers at district, municipal and national level.
- Patient advocacy- ensuring patient rights

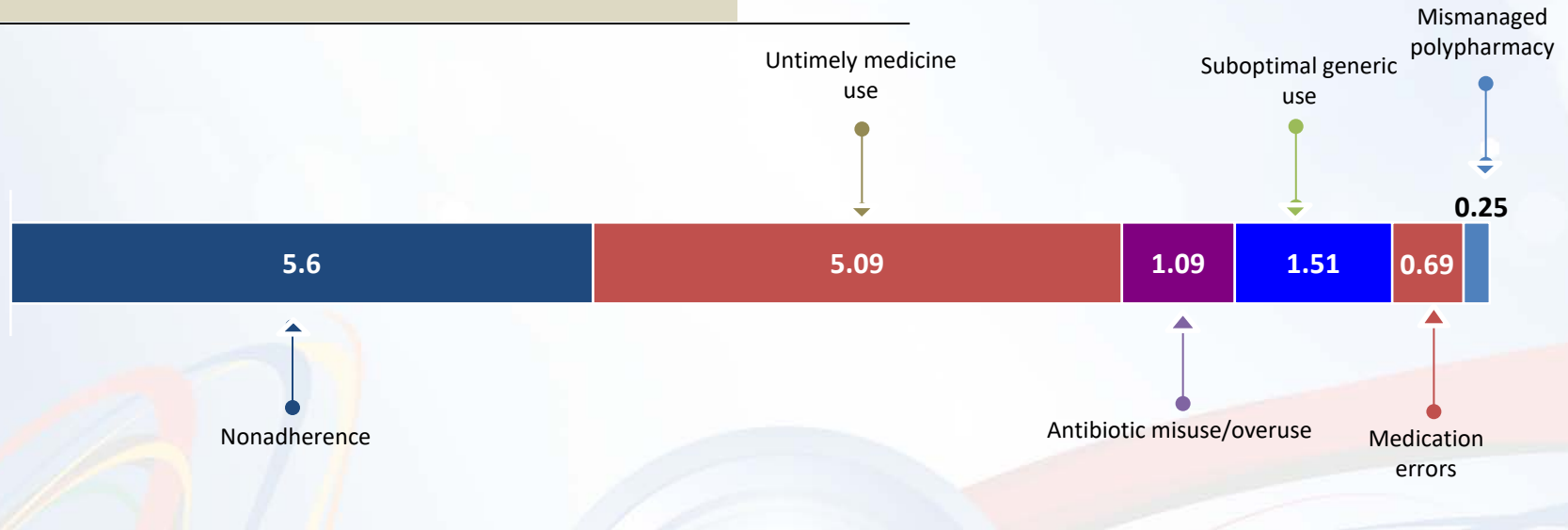


changing the way we do things

Developing and enhancing models of care to improve patient outcomes

There is a R12.5 Billion Rand avoidable cost opportunity

These are nonmedicine and medicine-related avoidable costs



This quantification effort is intended to trigger a meaningful discussion on how to assess the impact of responsible medicine use and not on the exact figures – IMS 2013

Medicine Optimization Models

- Medicine Therapy Management (MTM)/MUR
- New Medicine Service (NMS)
- Transition of Care (TOC)
- Medicine Error Reduction (MER)
- Chronic Disease Monitoring via Pharmacy Clinic
- Antimicrobial Stewardship



Conclusion

Commitment



Innovation



Teamwork



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