Opportunities and Responsibilities in Pharmaceutical Care

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Summary of past two days: Opportunities & Responsibilities

• Life expectancy and challenges of living longer (chronic diseases)

• 71% physicians visits today, 75% of death & disability by 2030, and 50% will have 1 by 2020

• Pharmacists: Accepted full responsibility and accountability for improving global health

• This has been stated by the FIP Vision 2020, the FIP Centennial Declaration of 2012 and through the FIP/WHO Good Pharmacy Practice Guidelines.
Our Weapons:

By definition: the profession responsible of improving disease management, use of rational drug therapy, health promotion, and disease prevention.

- **Prevent**: Infections, chronic diseases, falls, dementia, AF
- **Promote**: Wellness, avoid bad habits
- **Manage**: Therapy and medication use
- **Supervise**: Complicated therapies
- **Palliate**: Terminal illness
Pharmaceutical care services

Box 1: Hierarchical Model of Cognitive pharmaceutical services

1. Medicines Information
2. Compliance, Adherence and/or Concordance
3. Disease Screening
4. Disease Prevention
5. Clinical Intervention or identification and resolving Drug Related Problems
6. Medication Use Reviews
7. Medication management/medication therapy management
   a. Home Medication Reviews
   b. Residential Care Home Medication Reviews
   c. Medication reviews with continuance follow up
8. Disease State Management for Chronic Conditions
9. Participation in therapeutic decisions with Medical Practitioners
   a. In Clinical setting
   b. In the pharmacy
10. Prescribing
    a. Supplementary
    b. Dependent

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Pharmaceutical care services continue...

- Also can be independent prescribers
  
  - Pharmacist-led primary care units
  - Award in Primary Care Innovation
  
  - In this units pharmacists carry health checks and early screening for chronic conditions; diagnosis, treatment initiation, monitoring, follow ups and annual reviews.

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Solid Evidence..

• Early prevention: help to prevent deaths, disabilities and improve quality of life.
  • Studies showing efficacy in: DM, CVD, Osteoporosis, sleep disorders, Respiratory diseases, Cancer screening
  • Ayorinde, et al "Screening for major diseases in community pharmacies: a systematic review“(1)

• Most significant modifiable risk factors for morbidity and mortality.
  • pharmacy-based interventions are effective and cost-effective in helping adults to stop smoking and obesity management.

Evidence

• Cutting DRP and assuring rational drug use in hospitals
  • Significantly improve the outcomes of drug therapy at an equal or lower total cost of care
  • Each dollar spent to provide clinical pharmacy services returned $4.80
  • fewer hospital readmissions and hospital days and patient satisfaction
  • “Introducing clinical pharmacy services intro cardiovascular clinics at Northern Cyprus” international journal of clinical pharmacy, 2017.

• Pharmacists in GP: Improvements around chronic disease management
  • >69% of DM patients have a HbA1c
  • 70% diabetic patients had a BP 30%.
  • A 2008 systematic review evaluated 21 clinical trials reported HbA$_{1c}$ improved by 0.1–2.1 across all trials with greatest improvement with prescribing pharmacists.
A Significant contribution
Pharmacists dream.. Soul of Pharmacy

• The reason majority of us studied pharmacy

To be a fully clinical profession and professionals

• A noble dream: being more significant in health care and in people’s lives

Harvey A.K. Whitney Award Lectures: Charles D. Hepler 2010
Challenges for the dream to come true

• Financial barriers: be patient & wise
  • Documentation of services
  • Involvement in Pharmacy Practice Research (service)

• Competition: IT and other profession
  • No problem if we both run

• The pharmacist him self
  • Workforce development WFP
Developing Pharmacy WF

Education: the primary key
- FIP global vision
- Need for a local/regional conference & commitments
- Effectively leading Professional CPD .. Not like us plz !!!
- Recognizing the role of Good Practitioners in education.

Practice:
- defining and updating competences
- CPD personal & 4 licensing
- Supporting the leaders .. strong bodies

Associations: Also a shift to be more Patient centered ?!
- Facing the challenges, shaping the future
- Fighting for the patient
- Using our workforce potential, Rewarding Good practices
- Global involvement

Community pharmacy of the future
A dream deferred..

What happens to a dream deferred? 
Does it dry up
like a raisin in the sun?
Or fester like a sore—
And then run?
Does it stink like rotten meat?
Or crust and sugar over—
like a syrupy sweet?
Maybe it just sags
like a heavy load.
Or does it explode?

Harvey A.K. Whitney Award Lectures: Charles D. Hepler 2010
If I Was a Brazilian ..
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• Panel
Correction :D

Yes .. We Can

P H A R M A C Y E V O L U T I O N

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Thanks Much