Collaborating: **Integrating** patient and physician **needs** in pharmaceutical **care**

By Dr. Mark Xuereb

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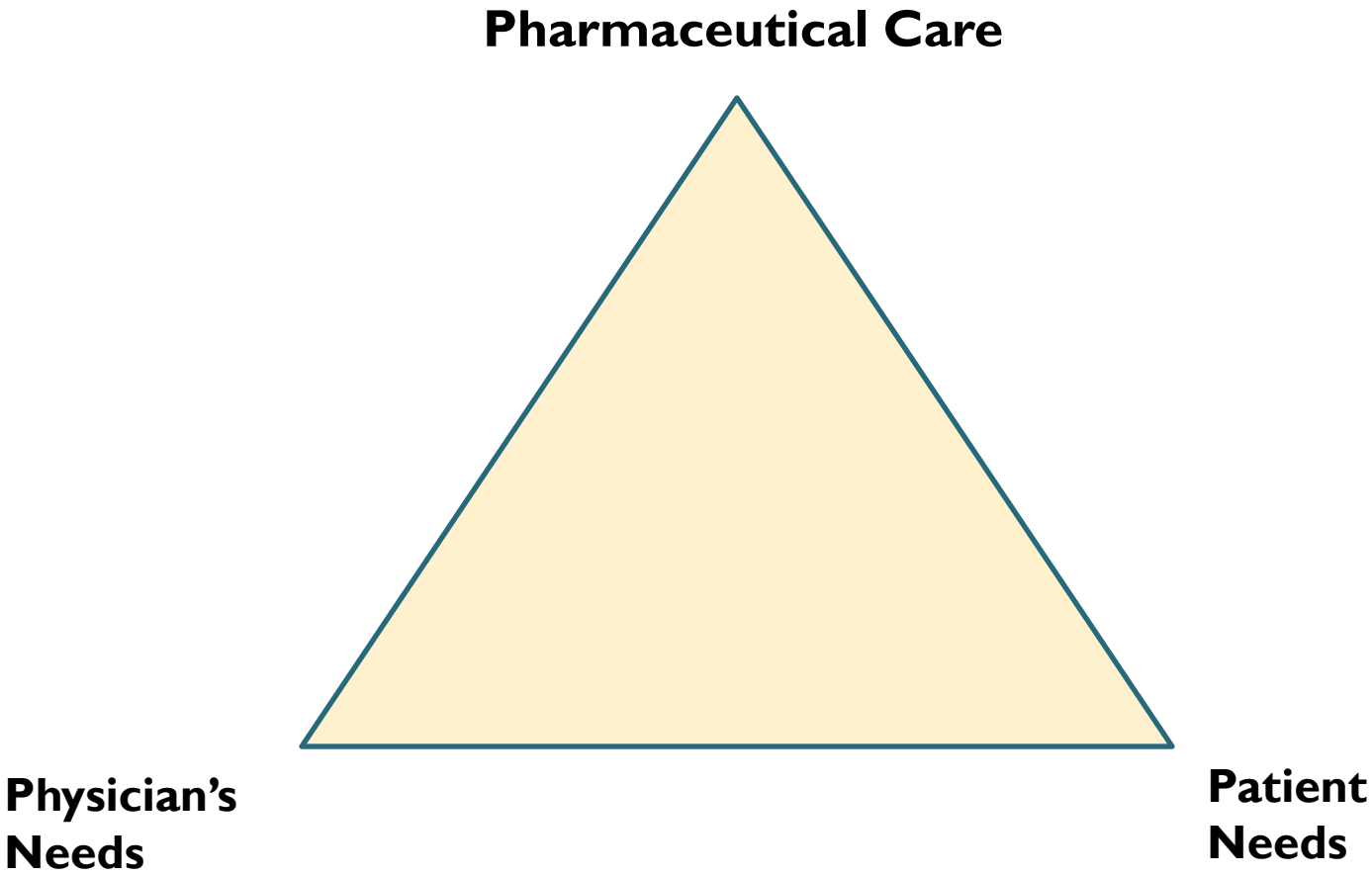

Collaborating: **Integrating** patient and physician **needs** in pharmaceutical **care**

	Predisposing	Precipitating	Perpetuating
Biological			
Psychological			
Social			
Spiritual			

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Collaborative Care:

- How you think about yourself, the world and other people.
- How what you do affects your thoughts and feelings.
- Changing the way you think and the way you behave.

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CBT can help you to make sense of overwhelming problems by breaking them down into smaller parts. This makes it easier to see how they are connected and how they affect you. These parts are:

- **A Situation** - a problem, event or difficult situation. From this can follow:
- **Thoughts**
- **Emotions**
- **Physical feelings**
- **Actions**

Each of these areas can affect the others. How you think about a problem can affect how you feel physically and emotionally.

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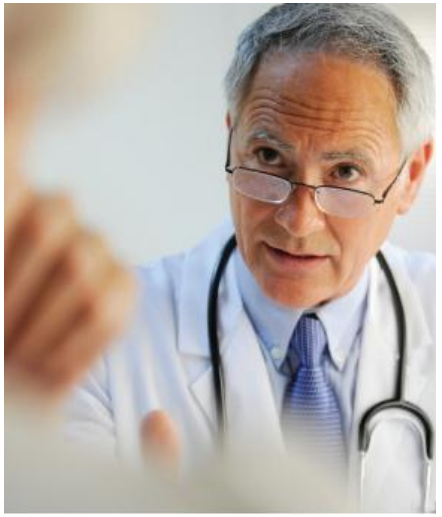
- Physicians and pharmacists have complementary and supportive responsibilities in achieving the goal of providing optimal medicinal therapy. This requires **communication, respect, trust and mutual recognition** of each other's professional competence.



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- When counselling patients, the physician may focus on the goal of therapy, the risks and benefits and side effects. The pharmacist on the other hand may focus on correct usage, treatment adherence, dosage, precautions and storage information.

Benefits of Improved Collaboration

Currently several trends in society and health care point to the need for increased collaboration among pharmacists and physicians:

- The presence of considerable drug-related morbidity and mortality
- Rapid advancements and innovations in medicine and pharmaceuticals
- The growth of managed care causing the movement of patients from inpatient to ambulatory settings
- The need for pharmaceutical care for an aging population

Benefits of Improved Collaboration

Effective collaboration can translate into improved patient outcomes.

- ✓ Drug therapy monitoring can be increased
- ✓ Patient-specific information can be exchanged in a more timely manner
- ✓ Drug therapy problems can be resolved more effectively and efficiently.

THE PHYSICIAN'S RESPONSIBILITIES

- Diagnosing diseases on the basis of the physician's education and specialized skills and competence.

- Assessing the need for pharmacological treatment and prescribing the corresponding medicines **in consultation with** patients, pharmacists and other health care professionals.

- Providing information to patients about

1. diagnosis, indications and treatment goals
2. action, benefits, risks and potential side effects of pharmacological treatment.
3. In the case of off-label prescriptions the patient must be informed about the character of the prescription.

THE PHYSICIAN'S RESPONSIBILITIES

- Reviewing prescription orders to identify interactions, allergic reactions, contra-indications and therapeutic duplications.
- Reporting adverse reactions to medicines to health authorities, in accordance with national legislation.
- Monitoring and limiting, where appropriate, prescriptions of medications that may have addictive properties.
- Documenting adverse reactions to medicines in the patient's medical records.

THE PHARMACIST'S RESPONSIBILITIES

- Providing information to patients, which may include the information leaflet, name of the medicine, its purpose, potential interactions and side effects, as well as correct usage and storage.
- Reviewing prescription orders to identify interactions, allergic reactions, contra-indications and therapeutic duplications. Concerns should be discussed with the prescribing physician but the pharmacist should not change the prescription without consulting the prescriber.
- Discussing medicine-related problems or concerns with regard to the prescribed medicines when appropriate and when requested by the patient.

THE PHARMACIST'S RESPONSIBILITIES

- Advising patients, when appropriate, on the selection and the use of non-prescription medicines and the patient's management of minor symptoms or ailments. Where self-medication is not appropriate, advising patients to consult their physician for diagnosis and treatment.
- Participating in multi-disciplinary teams concerning complex pharmacological treatment in collaboration with physicians and other health care providers, typically in a hospital setting.

THE PHARMACIST'S RESPONSIBILITIES

- Reporting adverse reactions to medicines to the prescribing physician and to health authorities in accordance with national legislation.
- Providing and sharing general as well as specific medicine-related information and advice with the public and health care practitioners.

Collaborative Working Relationship

by Randal P. McDonough, William R. Doucette (Journal of the American Pharmaceutical Association)

The progressive stages of the pharmacist physician Collaborative Working Relationship (CWR) model are:

- **Stage 0**: Professional awareness
- **Stage 1**: Professional recognition
- **Stage 2**: Exploration and trial
- **Stage 3**: Professional relationship expansion
- **Stage 4**: Commitment to the CWR

Stages in CWR

Commitment to the CWR

↕

Professional Relationship Expansion

↕

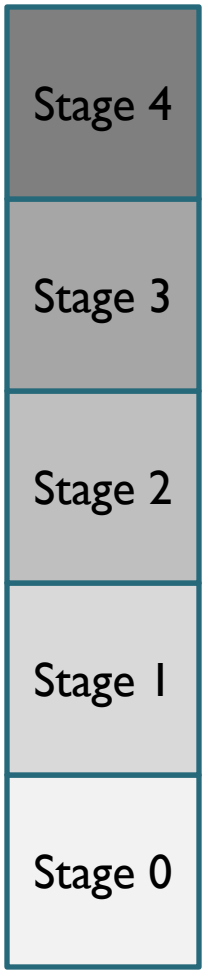
Exploration And Trial

↕

Professional Recognition

↑

Professional Awareness



Stages in CWR

- **Stage 0**: Interactions of short duration without much thought to developing a relationship or identifying new strategies to improve the patient care process.
- **Stage 1**:Pharmacists are able to describe how their services can add value to physicians' practices. Pharmacist provides helpful information e.g. patient medication histories, adherence information.

Stages in CWR

- **Stage 2**: Physicians place trust in the pharmacist's capabilities. When the pharmacist's care behaviour meets or exceeds the physicians' expectations, the relationship can expand.
- **Stage 3:** Pharmacists must be willing to accept both positive and negative evaluations from physicians. The amount of influence physicians believe pharmacists should possess during patient care may be redefined, thus establishing new norms.

Stages in CWR

- **Stage 4:** Scanzoni J. in *"Social Exchange in Developing Relationships"* stated that for commitment in a relationship to exist, all of the following must exist:
- **relatively high input levels by the parties**
- **relatively lengthy duration**
- **relatively great consistency.**

New York, NY: Academic Press 1979: 61-98

Stages in CWR

- Once commitment to a CWR is achieved, practitioners still need to attend to the relationship. Face to face meetings to discuss patients, practice issues, and other concerns should be regularly scheduled.

Stages in CWR

- Both pharmacists and physicians should identify strategies to improve the joint care process to ensure optimal patient outcomes.

What Does The Pharmacist Think?

J.B. (female) graduated in 2011 and has been working as a Pharmacist since then. She has 2 different roles in 2 different pharmacies: Locum Pharmacist and Managing Pharmacist.

- *" I try to be conscientious in my job and do not give prescription medicines as over-the-counter remedies. However, the practice is so common that even some doctors are not sure whether a prescription is required."*

What Does The Pharmacist Think?

- *"I suggest a computerised system with patient details and drug history available for doctors and pharmacists to share. Abuse, mistakes or over dispensing can be avoided."*
- *"Some doctors have an illegible handwriting. This makes my job more difficult and could result in a serious mistake."*

What Does The Pharmacist Think?

- **J.T. (female) has been a Pharmacist since 2000. She has occupied the roles of Locum Pharmacist, Managing Pharmacist, Hospital Pharmacist and Managing Pharmacist/owner.**

- *"Some doctors do not like mistakes in dosage being pointed out by a Pharmacist, whom they consider a subordinate."*

What Does The Pharmacist Think?

- *"It is insulting when doctors specify the brand of the medicine rather than the drug in their prescription. It is better to give the patient a choice of generic or brand medicine due to cost and other factors."*

What Does The Pharmacist Think?

- *"In some places where people always go to the same pharmacy, the Pharmacist gets to know the person and his circumstances and history better than a doctor they see at a local clinic or hospital where the doctor they see might be different at every visit."*

What Does The Pharmacist Think?

- *" It is often the case that once a Pharmacist has seen a prescription then there is no need to ask for the prescription at each refill, to avoid embarrassing the patient e.g. where viagra or contraception is concerned."*

What Does The Pharmacist Think?

- *"Three-way communication between Pharmacist, Physician and Medical Rep is important. Sometimes a physician will prescribe a new product that we do not yet have in stock but which he heard about from the Med Rep."*

What Does The Pharmacist Think?

- *"Here in my pharmacy, the doctors upstairs in the clinic and I use the telephone to check availability of a drug, dosage, price, interaction etc. In a large hospital a pager is often used but it is subject to delays in replying."*

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- **Review of NHS Pharmaceutical Care of patients in the community in Scotland, JULY 2012**
  Road Map proposals
  A submission by the Pharmacists' Defence Association

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- For many years, the widely held view about community pharmacists is that they are an extremely valuable but often underutilised resource. Although the vast majority of community pharmacists are working extremely hard and are increasingly delivering an ever wider range of valuable services to the public, often they are not able to direct the majority of their efforts to the things that would add greatest value to servicing the health needs of their patients.

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- The reasons for this are multifactorial, but are possibly best summed up by the following sentiment;

"In the UK, community pharmacists are seen as shop keepers and do not even have access to the diagnosis upon which the prescription has been based.

What a waste of professional expertise and what a reflection on our governmental systems that, purely for historical reasons, necessary change has not been driven forward."

Hugh McGavock Professor of prescribing science ex member of Committee on Safety of Medicines

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Pharmaceutical Care is defined as:

"A patient-centered practice in which the practitioner assumes responsibility for a patient's medicines related needs and is held accountable for this commitment." 1, (Paragraph 3.8)

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- There needs to be a fundamental enhancement in the current skill mix and workforce structure within community pharmacy resting on three categories of personnel, i.e. registered pharmacy technician, patient facing pharmacist and clinic pharmacist (working within a structured career/ quality framework). (3.12)

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The early introduction of Pharmaceutical Care Needs Plans (PCNPs)

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Clinic Pharmacists to build up a list of registered patients and develop CMS through Pharmaceutical Care by either GP referral or direct patient registration. (4.2, (4.12)

Reducing hospital admissions

Crisis Resolution Malta™

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- Reducing adverse drug reactions and wastage
- Information sharing
- Workforce, education, training
- Financing, budgeting, management.

THANK YOU