



Evaluating the new drug prescription policy in Lebanon: pharmacists views on usefulness, work flow and autonomy.

Presented by:

Aline Bou Maroun, PharmD, BCPS



Disclosure

- ***I, Aline Bou Maroun, declare to meeting attendees that there are no financial relationships with any for-profit companies that are directly or indirectly related to the subject of my presentation***



Introduction

- Historically, triplicate prescription used for monitoring [1, 2] :
 - Drugs with high abuse potential
 - Misuse
 - Prescribing habits
 - Obtaining feedback
 - Proceeding with actions



Introduction

- In Lebanon:
 - Ministerial decision in 2011
 - Delayed implementation until 2015
- Objective [3] :
 - Decrease cost of medication
 - Allow pharmacists to do substitutions
 - Provide greater access to patients
 - Relieve burden on public finances



Role of pharmacists

- Generic substitution: Core of Unified Prescription (UP)
- Pharmacists play key role:
 - Address patient inquiries regarding generics
 - Correct misconceptions [4]
 - Effectiveness
 - Value
 - Cost/quality ratio
 - Educate patients: cGMP
 - Dissipate mistrust



Role of pharmacists

- Implementation of UP to impact:
 - Physician-pharmacist-patient triad
 - Pharmacists at core of triad
 - Linkage role between prescriber, patient and medication
- Of Interest: Assess pharmacist viewpoint on UP
- Impact their working habits



Objective

- Evaluate how community pharmacists view UP:
 - Usefulness
 - Impact on autonomy
 - Workflow



Methods

- Design and sample:
 - Mixed method approach
 - National cross-sectional survey
 - Lebanese community pharmacists
 - Summer 2016
 - OPL directory
 - Governorates
 - Random proportional size selected from each



Sample

Initial size

- Targeted size was 300
- Based on 95% CI , 5-6% precision

exclusion

- 49 technicians
- No pharmacy degree

Final sample

- 251 pharmacists
- Final analysis



Questionnaire sections



Demographics

- Age
- Gender
- Experience
- Degree
- Ownership
- Marital status



Unified Prescription

- Usefulness
- Autonomy
- workflow



Practice

- No substitution rate
- Interventions
- Clarifications



In Depth Interview

- Further explore dependent variables
- Face-to-face
- 12 pharmacists
 - All governorates
 - Owners & employees
 - Males & females



Interview Questions

1

What is autonomy in your pharmacy practice?

2

How did UP impact your work?

3

How useful was it?



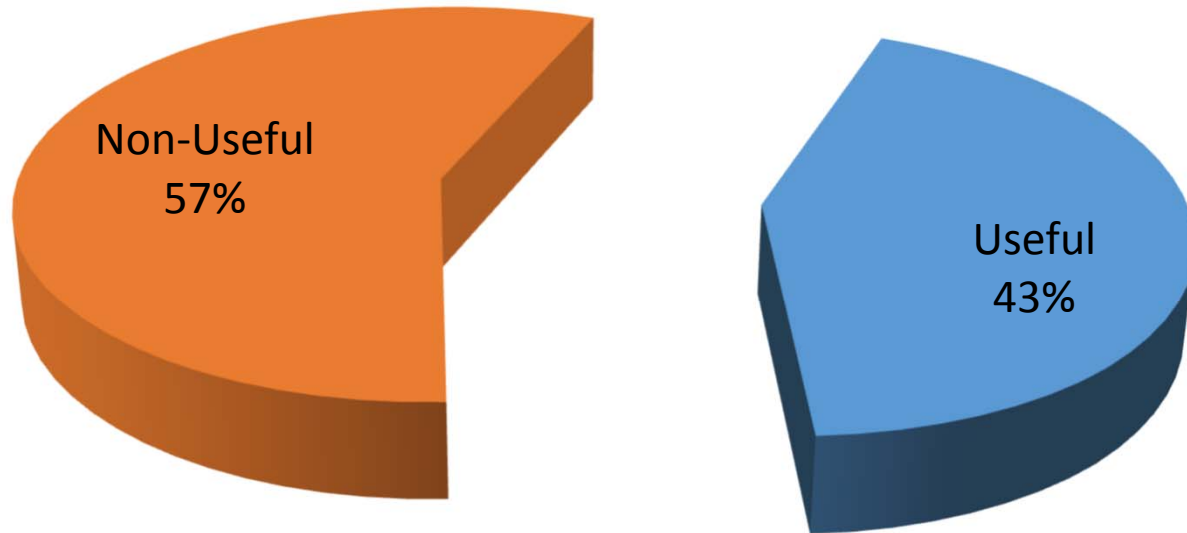
Results

	N	%
Governorate		
South	22	8.8%
Nabatieh	13	5.2%
Bekaa	35	13.9%
Beirut	26	10.4%
Mount Lebanon	122	48.6%
North	33	13.1%
Gender		
Male	130	51.8%
Female	121	48.2%
Age groups		
20-29	62	25.1%
30-39	87	35.2%
40-49	57	23.1%
50-77	41	16.6%
Degree		
BS	154	61.4%
Pharm.D	97	38.6%
Status		
Owner	201	80.1%
Employee	50	19.9%
Years of Experience		
Up to 5	63	25.2%
6-15	96	38.6%
16 and up	90	36.1%

Table 1: Sample general characteristics

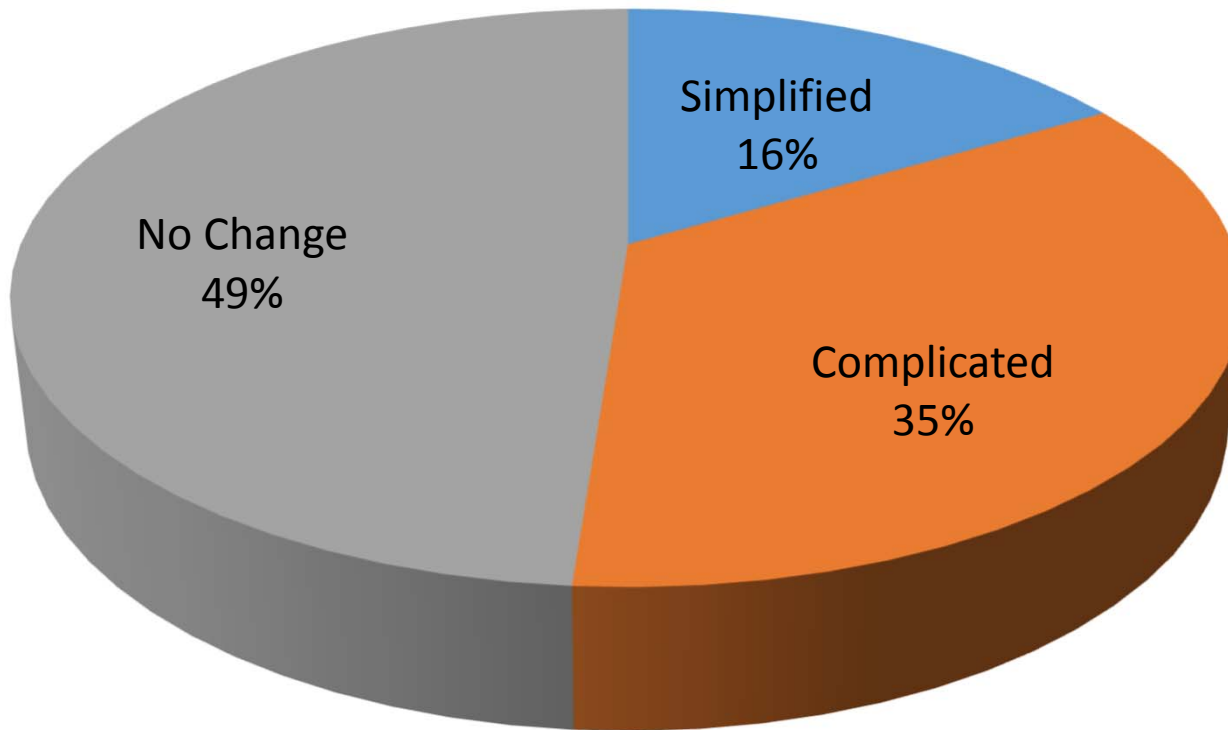


Usefulness: Was UP useful or no?





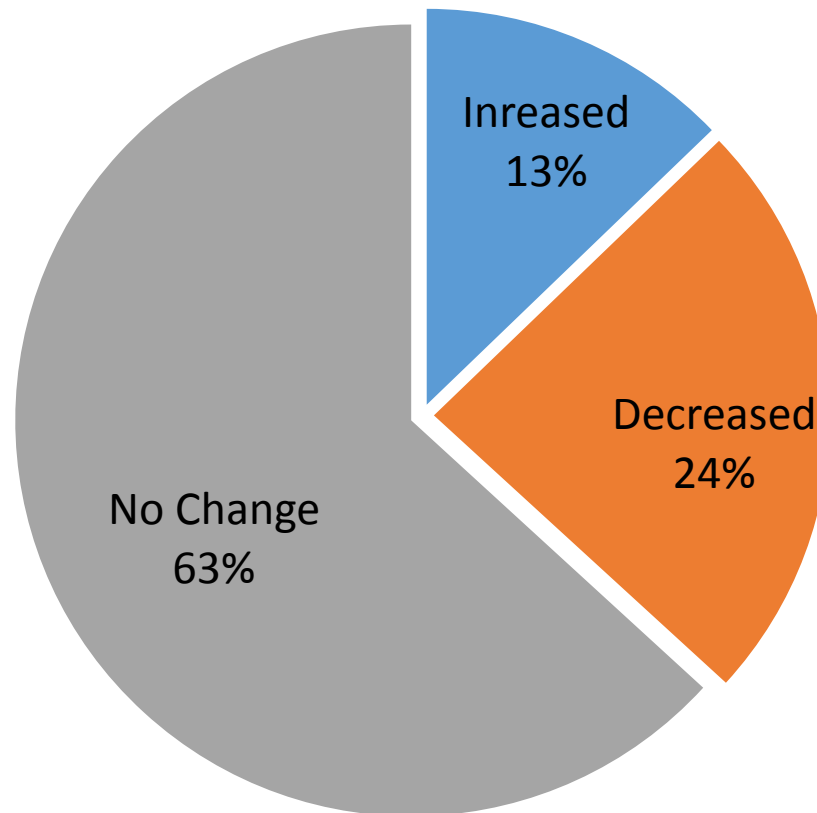
Work Complexity: How did UP simplify or complicate your work?





Autonomy:

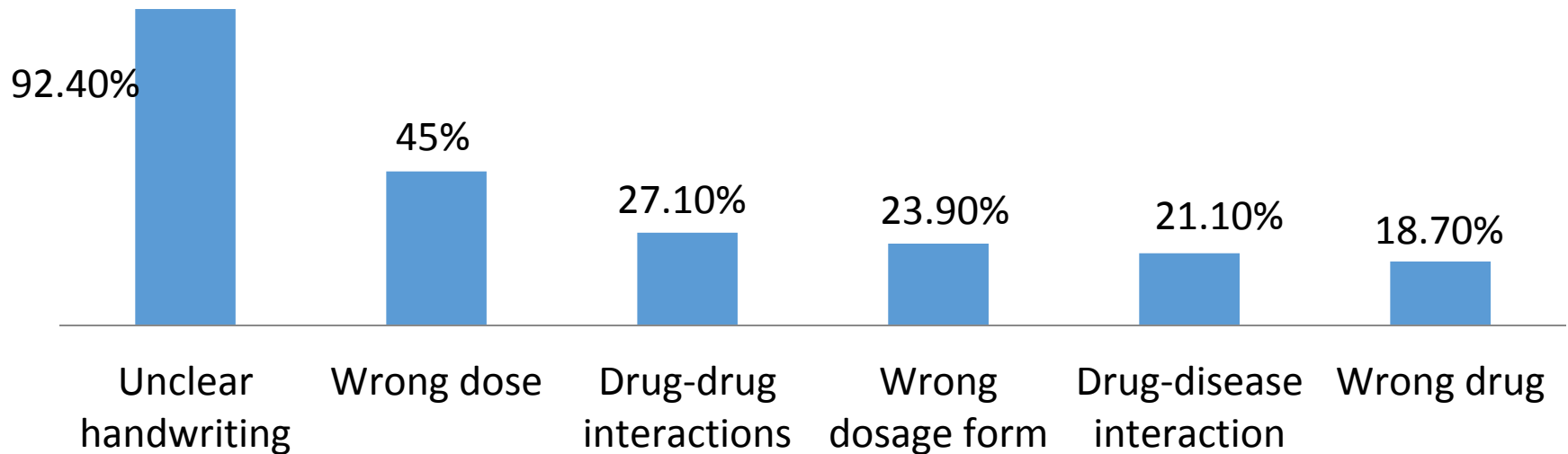
How did pharmacist perceive UP effect on their autonomy





Prescriptions with NS or Needing Verification

- Rate of NS: 60%
- Prescriptions needing verification: 23.7%



Reasons for clarification

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Significance

- Only 2 statistically significant associations between UP and explanatory values were detected:
 - Ownership status:
 - less change in work complexity reported compared to employees
 - Prescriptions needing clarification
 - Work autonomy felt to be decreased with more prescriptions requiring verification



Dependent Variables Interrelation

	UP perceived as				p-value
	Useful		Not useful		
	N	%	N	%	
Impact on Work					
Simplified	39	36.40%	2	1.40%	
Complicated	21	19.60%	65	45.80%	
No change	47	43.90%	75	52.80%	<0.001
Impact on Autonomy					
Less autonomy	27	25.20%	33	23.20%	
More autonomy	25	23.40%	7	4.90%	

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UP Impact on Work Complexity & Autonomy

	UP impact on work Autonomy						p-value
	Less		More		No Change		
UP impact on Work Complexity	N	%	N	%	N	%	
Simplified	6	10.0%	18	56.3%	16	10.2%	
Complicated	29	48.3%	3	9.4%	55	35.0%	
No change	25	41.7%	11	34.4%	86	54.8%	<.001



Qualitative Analysis

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Autonomy

- Ability to do job independently
- No referral to physician for substitution
- Decision implementation for patient benefit
- UP had no additive effect on autonomy



Autonomy

- *“UP restricted autonomy either because of NS use or because generics are more expensive than brands”*
- Lack of adequate pricing strategy
- *“Theoretically, UP was supposed to give more autonomy to pharmacists, however, it did not, since the list of substitutes is not clear nor readily accessible, and MDs are using NS excessively.”*
- Patients not easily convinced of switch without calling MD



Workflow Complexity

- Complicated daily chores
- Added to paperwork
- Increased storage space required
- Poor quality of pink copy
- **Positive note: Decreased number of forged prescriptions**



Workflow Complexity

- *“Pink copy is worthless after few months, ink disappears”*
- *“Prescriptions are taking significant storage place, and I am not sure for how long I should keep them”*
- *“Pink copies are almost never stamped, and this is problematic for controlled substances prescriptions”*



Usefulness

- No added value to the practice
- Old prescription forms still heavily used:
 - Non-Lebanese patients
 - No NSSF coverage
- *“we should dispense the drug despite the use of the old form, otherwise, we will lose customers.”*
- Significant number of prescriptions marked with NS



Usefulness

- *“UP could have been more useful if it involved a change in the healthcare strategy, introduction of patient profile system and electronic prescribing”*
- Reported barriers to implementation:
 - Poor patient awareness about generics
 - Refusal of substitution in absence of NS
- *“A whole population attitude needs to be changed through education, including education about the role of the pharmacist”*



Discussion

- Major difference from previous form: introduction of generic substitution
- Authority for NS kept to physician [5]
- Implementation far from expected
- Major issues reported:
 - Generic substitution
 - Unclear guidance
 - Lack of public education



Substitution

- Generics considered inferior to brands
- Myth: non-compliant with cGMP [6]
- Extensive use of NS [7,8] :
 - Poor trust
 - Promotional incentives from brand companies



Substitution

- Purpose: remains cost reduction
- Cost reduction policy: unique in Lebanon [9]
 - Significant drop in brands prices
 - Decreased financial benefit for substitution
 - Generics more expensive than brands in some instances



Poor guidance

- Lack of adequate infrastructure
- No clear directions on use of form
- Duration of record keeping
- Poor ink quality



Poor guidance

- Old form still in use:
 - Uninsured patients
 - Non Lebanese
- Change always subject to opposition
- 1 hour increase in workload per day
- Pharmacists & Physicians dissatisfied



UP more useful if....

- National drug policy enactment:
 - Patient profile implementation
 - Electronic pharmacy records
 - Electronic prescribing
 - Well developed OTC list- work in progress



Public education and awareness

- No motive for substitution:
 - Poor incentive
 - Lower profit
 - Patient's resistance to change
- Saleh et al: (International Journal of Clinical Pharmacy,2017)
 - >50% of Lebanese population can't define generic
 - >68% unsure of equivalency



Public education and awareness

- Poor acceptance of substitution
- Insistence on drug chosen by physician
- US: 86% of dispensed drugs are generics
- Raising awareness about generics:
 - Monetary concerns- financial value of generics
 - False beliefs- generics also meet quality standards



Public education and awareness

- Public poor trust in community pharmacists
- Pharmacists are the drug experts
- Frequent interventions to correct Rx errors
- Educating public
- Raising awareness about pharmacist role



Conclusion

- Pharmacist primary responsibility: patient safety
- Regardless of impact on UP,
- Pharmacists are last line of defense against medication errors
- Improvement of cooperation with prescribers
- Active revision of therapy
- Optimization of patient outcome



Authors

- Hani Dimassi
- Marguerita Saadeh
- Joanne Khabsa
- Jessica Lynn Abdou
- Shadi Saleh



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Questions??



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