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Teaming Up for Excellence in Patient Care
معاً للتميز في رعاية المريض

Patient-Centered Services: Pharmacists Advancing Healthcare



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Disclosure

Wafa Y. Dahdal 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 this presentation.





Background

- Patient care services provided by pharmacists in various practice settings are expanding and are increasingly recognized worldwide.
- The provision of patient-centered care is a primary focus for the design and delivery of healthcare services across all practice settings.
- Pharmacists, being one of the most accessible health care professionals, afford a unique advantage in enhancing access to needed health care services and improving patient outcomes.



Learning Objectives

- Define patient-centered care.
- Discuss the characteristics of people (patient)-centered health care.
- Define and highlight the core components of comprehensive medication management.
- Provide an example of patient care services provided by pharmacists in the community setting.
- Discuss lessons learnt from such pharmacist services.





Patient-Centered Care

National Academy of Medicine (NAM)

Patient-centered care is “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”

International Alliance of Patients’ Organizations (IAPO)

“The essence of” **patient-centered healthcare** is “that the healthcare system is designed and delivered to address the healthcare needs and preferences of patients so that healthcare is appropriate and cost-effective. By promoting greater patient responsibility and optimal usage, patient centered healthcare leads to improved health outcomes, quality of life and optimal value for healthcare investment.”

Institute of Medicine (2001). Crossing the Quality Chasm: A New Health System for the 21st Century; International Alliance of Patients’ Organizations (2006). Declaration on Patient-Centred Healthcare.



People- and Patient-Centered Health Care

- A people-centered approach involves a balanced consideration of the values, needs, expectations, preferences, capacities, and health and well-being of all the constituents and stakeholders of the health care system.

- Domains
 - Individuals, families and communities
 - Health practitioners
 - Health care organizations
 - Health systems

People at the centre of care. Manila: World Health Organization Western Pacific Regional Office; 2017.





Characteristics of People-Centered Health Care

For Individuals, Patients and Their Families

- Access to clear, concise and intelligible health information and education that increase health literacy
- Equitable access to health systems, effective treatments, and psycho-social support
- Personal skills which allow control over health and engagement with health care systems: communication, mutual collaboration and respect, goal setting, decision making, and problem solving, self-care
- Supported involvement in health care decision-making, including health policy

People at the centre of care. Manila: World Health Organization Western Pacific Regional Office; 2017.



Characteristics of People-Centered Health Care

For Health Practitioners

- Holistic approach to the delivery of health care
- Respect for patients and their decisions
- Recognition of the needs of people seeking health care
- Professional skills to meet these needs: competence, communication, mutual collaboration and respect, empathy, health promotion, disease prevention, responsiveness, and sensitivity
- Provision of individualized care
- Access to professional development and debriefing opportunities
- Adherence to evidence-based guidelines and protocols
- Commitment to quality, safety and ethical care
- Team work and collaboration across disciplines, providing coordinated care and ensuring continuity of care

People at the centre of care. Manila: World Health Organization Western Pacific Regional Office; 2017.





Characteristics of People-Centered Health Care

In Health Care Organizations

- Accessible to all people needing health care
- Commitment to quality, safe and ethical care
- Safe and welcoming physical environment supportive of lifestyle, family, privacy and dignity
- Access to psychological and spiritual support during the care experience
- Acknowledgement of the importance of all staff - managerial, medical, allied health, ancillary – in the delivery of health care
- Employment and remuneration conditions that support team work people-centered health care
- Organization of services that provide convenience and continuity of care to patients
- Service models that recognize psycho-social dimensions and support partnership between individuals, their families and health practitioners

People at the centre of care. Manila: World Health Organization Western Pacific Regional Office; 2017.



Characteristics of People-Centered Health Care

In Health Systems

- Primary care serves as the foundation
- Financing arrangements for health organizations that support partnership between health practitioners and people accessing health care
- Investment in health professional education that promotes multidisciplinary team work, good communication skills, an orientation towards prevention, and integrates evidence about psychosocial dimensions of health care
- Avenues for patient grievances and complaints to be addressed
- Collaboration with local communities
- Involvement of consumers in health policy
- Transparency

People at the centre of care. Manila: World Health Organization Western Pacific Regional Office; 2017.





Comprehensive Medication Management (CMM)

- The standard of care that ensures each patient’s medications (i.e., prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements) are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken, and able to be taken by the patient as intended.
- Includes an individualized care plan that achieves the intended goals of therapy with appropriate follow-up to determine actual patient outcomes.
- This all occurs because the patient understands, agrees with, and actively participates in the treatment regimen, thus optimizing each patient’s medication experience and clinical outcomes.

Patient-Centered Primary Care Collaborative (PCPCC). The patient-centered medical home: integrating comprehensive medication management to optimize patient outcomes resource guide, 2nd ed. Washington, DC: PCPCC, 2012.

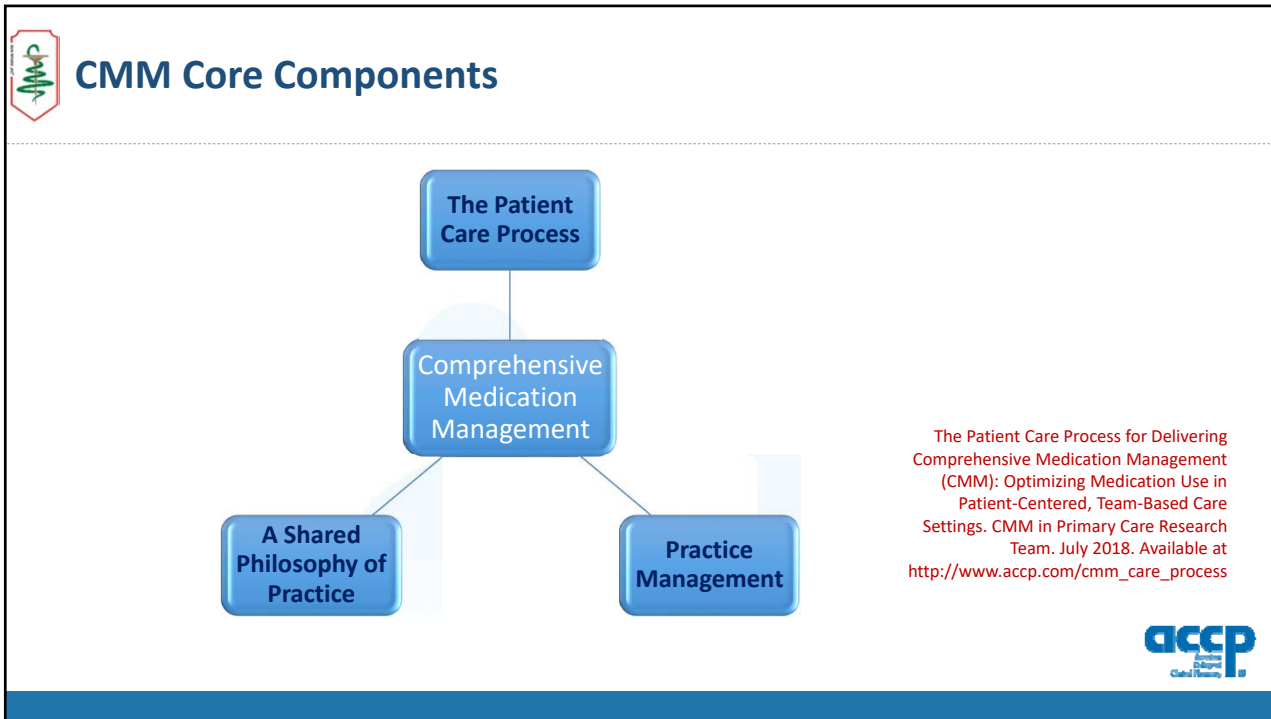


CMM Core Components

Which of the following is/are core components of comprehensive medication management:

- A. Patient care process
- B. Shared philosophy of practice
- C. Practice management
- D. A and C only





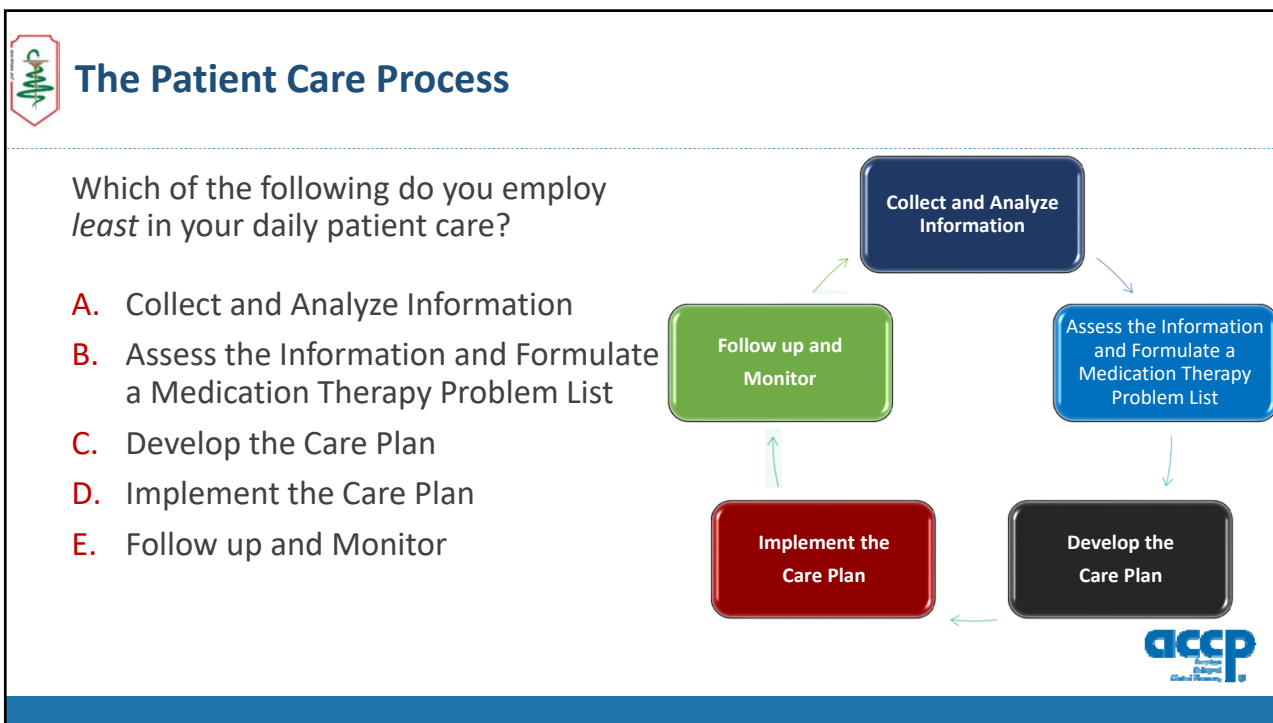
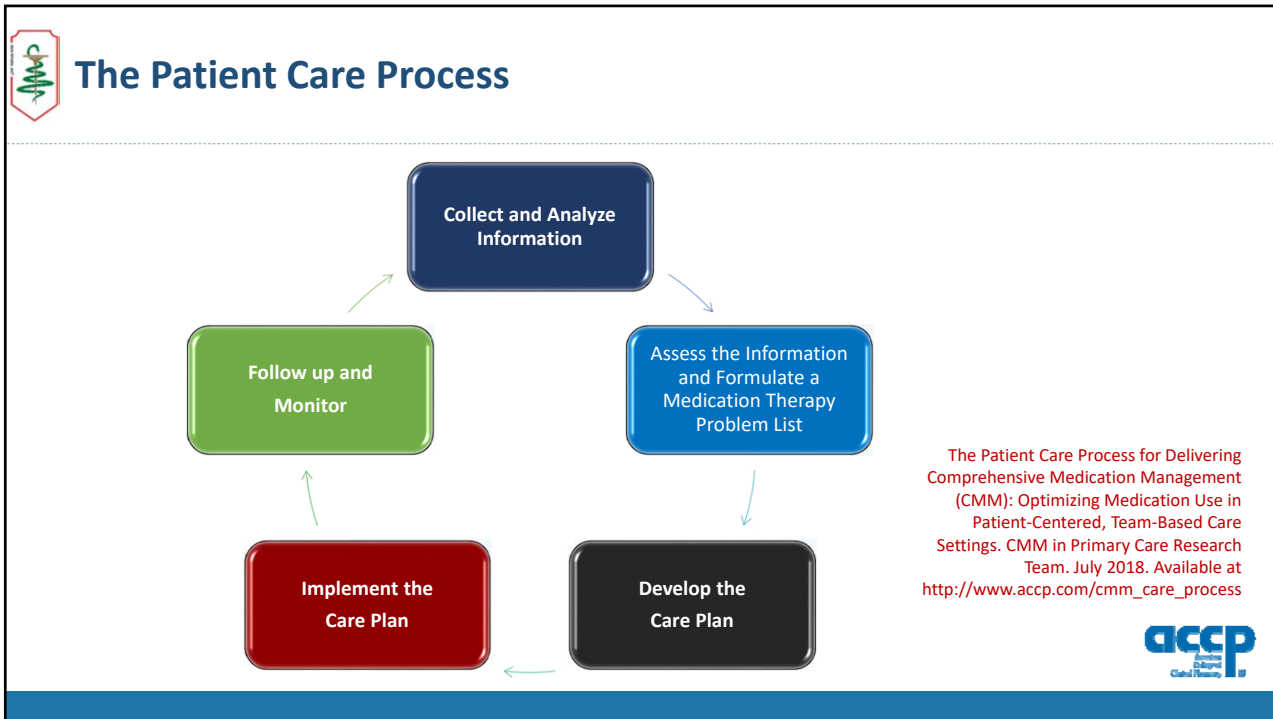
CMM Core Components

The Patient Care Process

The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient-Centered, Team-Based Care Settings. CMM in Primary Care Research Team. July 2018. Available at http://www.accp.com/cmm_care_process

The nature of work that occurs when a clinical pharmacist, working in collaboration with the patient and the healthcare team, provides care to an individual patient with the goal of optimizing medication use and improving the quality of their health care. Establishing a common language for this process is essential to ensure that the service is understood and valued as distinct from the care delivered by the patient’s primary care provider, yet is complementary. It also allows the interdisciplinary team of health care providers and staff to understand the ways in which various members of the team contribute to the patient care process for optimizing medication use.

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CMM Core Components

Practice Management

The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient-Centered, Team-Based Care Settings. CMM in Primary Care Research Team. July 2018. Available at http://www.accp.com/cmm_care_process

The structural and system level supports within a practice related to practice management and operations that enable the efficiency, effectiveness, and sustainability of CMM services. For a service to be delivered consistently and produce expected outcomes, essential components for managing the practice must be in place.



CMM Core Components

A Shared Philosophy of Practice

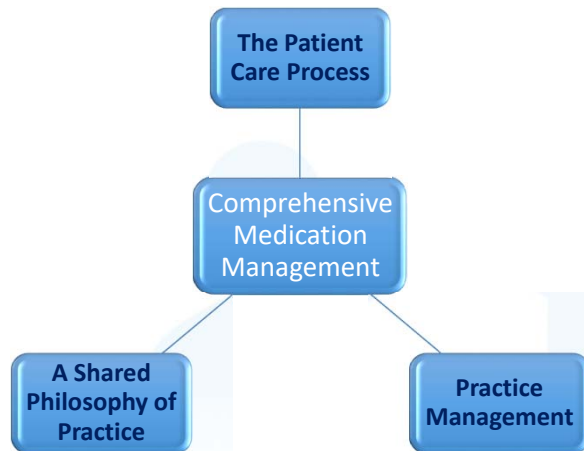
The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient-Centered, Team-Based Care Settings. CMM in Primary Care Research Team. July 2018. Available at http://www.accp.com/cmm_care_process

A set of professional values and beliefs held within a discipline that serve to guide an individual practitioner's actions and behaviors and serve to instill trust in the care delivered. Having a shared philosophy is foundational to any patient-centered care practice. For CMM, the philosophy of practice establishes the values and beliefs that guide the clinical pharmacist's action and behaviors as a member of an interdisciplinary, patient-centered care team and serves to foster a pharmacist-patient and pharmacist-physician relationship that is built on trust.





CMM Core Components



The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient-Centered, Team-Based Care Settings. CMM in Primary Care Research Team. July 2018. Available at http://www.accp.com/cmm_care_process



WHO Global Targets for the Prevention and Control of Noncommunicable Diseases

- A 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.
- At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context.
- A 10% relative reduction in prevalence of insufficient physical activity.
- A 30% relative reduction in mean population intake of salt/sodium.
- A 30% relative reduction in prevalence of current tobacco use.
- A 25% relative reduction in the prevalence of raised blood pressure or containing the prevalence of raised blood pressure, according to national circumstances.
- Halt the rise in diabetes and obesity.
- At least 50% of eligible people receive drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes.
- An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.

World Health Organization. Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.





WHO 'Best Buys': Cardiovascular Diseases and Diabetes

'Best Buys'

Effective interventions with cost effectiveness analysis (CEA) \leq I\$100 per disability-adjusted life year (DALY) averted in low and middle-income countries (LMICs).

Cardiovascular Diseases and Diabetes

- Drug therapy (including glycemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk (\geq 30%) of a fatal and non-fatal cardiovascular event in the next 10 years
- Drug therapy (including glycemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with moderate to high risk (\geq 20%) of a fatal and non-fatal cardiovascular event in the next 10 years

World Health Organization. (2017). Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases.



Pharmacists Advancing Care in the Outpatient Setting: HTN Management

- Updated and combined data from 2 previous systematic reviews of RCTs to assess the effect of pharmacist interventions on BP among outpatients with or without diabetes.
- 39 RCTs (14,224 patients) were included; search conducted in September 2013.
- Pharmacist interventions mainly included patient education, feedback to physician, and medication management.
- Compared with usual care, pharmacist interventions showed greater reduction in SBP (-7.6 mm Hg, 95% CI: -9.0 to -6.3; $I^2=67\%$) and DBP (-3.9 mm Hg, 95% CI: -5.1 to -2.8; $I^2=83\%$). The 95% PI ranged from -13.9 to -1.4 mm Hg for SBP and from -9.9 to +2.0 mm Hg for DBP. The effect tended to be larger if the intervention was led by the pharmacist and was done at least monthly.
- Pharmacist interventions – alone or in collaboration with other healthcare professionals – improved BP management. Nevertheless, pharmacist interventions had differential effects on BP, from very large to modest or no effect; determinants of heterogeneity could not be identified.
- Determining the most efficient, cost-effective, and least time-consuming intervention should be addressed with further research.

Santschi V. J Am Heart Assoc. 2014;3(2):e000718. doi: 10.1161/JAHA.113.000718.





Pharmacists Advancing Care in the Community Setting: HTN Management

- Systematic review and meta-analysis of randomized controlled trials on impact of community pharmacist-led interventions on BP control in patients with HTN, with or without associated cardiovascular co-morbidities.
- 16 RCTs (3032 patients) were included; search up to November 30, 2013.
- Pharmacist-led interventions were patient education on HTN, management of prescribing and safety problems associated with medication, and advice on lifestyle.
- These interventions were associated with significant reductions in SBP [11 studies (2240 patients); -6.1 mmHg (95% CI, -3.8 to -8.4 mmHg); P < 0.00001] and DBP [11 studies (2246 patients); -2.5 mmHg (95% CI, -1.5 to -3.4 mmHg); P < 0.00001].
- Community pharmacist-led interventions can significantly reduce SBP and DBP, which could be useful for the clinical management of HTN.

Cheema E. Br J Clin Pharmacol. 2014;78(6):1238-47.



Pharmacists Advancing Care in Barbershops: HTN Management

- 319 black male patrons with SBP \geq 140 mm Hg from 52 black-owned barbershops
- Cluster-randomized trial in which barbershops were assigned to a pharmacist-led intervention (barbers encouraged meetings in barbershops with specialty-trained pharmacists who prescribed drug therapy under a collaborative practice agreement with the participants' doctors) or to an active control approach (barbers encouraged lifestyle modification and doctor appointments).
- Primary outcome: reduction in SBP at 6 months
- BP < 130/80 mm Hg was achieved among 63.6% of the participants in the intervention group versus 11.7% of the participants in the control group (P<0.001). In the intervention group, the rate of cohort retention was 95%, and there were few adverse events (3 cases of acute kidney injury).
- Among black male barbershop patrons with uncontrolled HTN, health promotion by barbers resulted in larger BP reduction when coupled with medication management in barbershops by specialty-trained pharmacists.

	Intervention	Active Control
	Mean SBP	
Baseline	152.8 mm Hg	154.6 mm Hg
At 6 months	125.8 mm Hg	145.4 mm Hg
	-27.0 mm Hg	-9.3 mm Hg
Reduction	Mean reduction: 21.6 mm Hg (95% CI, 14.7-28.4; P<0.001)	

Victor RG. N Engl J Med 2018;378:1291-301.





Key Takeaways

- Pharmacists are well positioned to deliver patient-centered services and provide comprehensive medication management.
- The three core components of comprehensive medication management are the patient care process, practice management, shared philosophy of practice.
- Pharmacist patient care services in the community setting advance care and improve outcomes for patients with chronic conditions.



THANK YOU



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