Advanced Pharmacy Practice and pharmaceutical care
Drivers for the future of pharmacy in Europe?

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What does it mean?

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• Advanced practice?
• Pharmaceutical care?
• European pharmacy?
Content

- What is pharmacy and what is pharmacy practice
- How is pharmacy practice changing and why
- Pharmacy in Europe
- The future of pharmacy

What do we do and why are we doing it?

- Pharmacy is a profession: independent and regulating its own standards of practice within the profession (like doctors, lawyers)
- Every profession has:
  - An aim: the primary role in society
  - A mission: the unique reason and motive for its existence
- Mission and aim lead to the professional activities.
Pharmacy and pharmacists

- **Aim** of pharmacists: responsible provision of medicines to the people
- **Mission** of pharmacists: to provide medicines, other health products and services and help people in society to make an optimal use of them
- The practice of pharmacy is described in GPP (Good Pharmacy Practice) statements, an international document drawn up by the profession and WHO (WHO-FIP GPP document).

Pharmacist roles (FIP 1997)

- Pharmacists have a role in:
  - *Preparing medicines* (‘old’ role, not mentioned by FIP but still very important in many countries)
  - The supply of medicines, medical devices, patient self-care (now the primary activity in most countries);
  - The promotion of health (1980 – 90 Especially in Western Europe and US);
  - Improving prescribing and medicine use (1995 - now)

» FIP-WHO statement 1997
Responsibility?

For the product
OR
Also for the outcomes of pharmacotherapy

Paradigm shift for the profession

Product focus

Patient focus
Why this change in focus?

- Age-old role of pharmacists as compounders is disappearing; pharmacists looking for new roles
- Dispensing has become more simple: robots do it!
- Drug related problems become more manifest because of a malfunctioning medication use process. Causes:
  - Pharmacotherapy is an increasingly complex technology
  - Inappropriate prescribing/ dispensing/ administration or use of medicines.
  - Chronic shortage of other health care providers such as nurses and doctors in most countries

Hepler/Strand 1990

- ‘Pharmaceutical care is the responsible provision of drug therapy for the purpose of achieving definite outcomes which improve a patient’s Quality of Life’
European understanding

- Pharmaceutical care is: the continuous, systematic & professional care of the pharmacist for the individual patient in a pharmacy, in order to prevent or solve drug-related problems.
- By preventing or solving drug related problems, the outcomes of pharmacotherapy (including efficiency and the Quality of Life) will improve.

Herophilus, 300 BC

Medicines are nothing, if they are not used properly. But they are the true hands of god when applied with reason an care.
Some European data

• 4% of hospital admissions is result of an ADR (Review by Beyer et al. 2002), Some say 60% of those are preventable! A French study (Peyriere 2003) on an internal ward even found that 20% of the admissions were the result of an ADR!
• Paulino et al. 2004: Drug related problems were identified in 64% of the patients discharged from hospital in Europe
• NL: Prescription interventions in community pharmacy in 1 out of 7 prescriptions (Van Mil et al 2001). A prescription-change was necessary in 4.3% of all scripts (Buurma et al 2001)
• Also in Switzerland: Drug-related problems: evaluation of a classification system in the daily practice of a Swiss University Hospital. (Lampert et al. 2008).
Advanced practice? (1)

• What is common practice in some countries, has not yet even started in others!
• Advanced activities:
  – Advising doctors on prescribing (quality circles, FTO etc..)
  – Monitoring patients’ pharmacotherapy
  – Preventing and correcting drug-related problems

Advanced practice? (2)

– Individualised pharmaceutical care: Coaching individual patients with specific diseases (Asthma, Diabetes, HIV, ..... )
– Improving adherence by promoting concordance with therapy
– Steering repeat prescriptions; automatic repeats of telephone lines/Internet
– ‘Personalised’ medication
– Optimizing the financial aspects of therapy while maintaining the effectiveness
Challenges especially in Europe

• Varying health care systems
• Different roles of pharmacists
• Different terminologies & language: Varying definitions of what constitutes pharmaceutical care
• Information hard to find: Inaccessible languages & many not-indexed national and even local pharmacy practice publications
Examples:

• Varying sizes of pharmacies, serving 1500-20,000 clients
• Dispensing doctors in some countries (Switzerland, Netherlands, Sweden, Scotland)
• Different levels of computerisation and privacy laws
• Different remuneration systems (margin or fee) stimulate different activities
Academic/professional Cooperation

- International organisations (academic):
  - ISPE (Pharmacoepidemiology)
  - ISPW (International Social Pharmacy Workshop)
  - FIP (Academic section)
  - EAFP (European Association of Faculties of Pharmacy, curriculae, education)
- Professional: Often organised per region due to similar health care systems
  - ESCP /ACCP (clinical pharmacy)
  - PCNE (Pharmaceutical care and practice research)

Practice and interprofessional cooperation

- ISPOR (International Society for Pharmacoconomics and Outcomes Research)
- ISDB (international Society of Drug Bulletins)
- MSF/PSF (Pharmaciens sans frontières)
- E-drug (Email exchange, especially about pharmacy in developing countries)
International platforms
FIP

• International Pharmaceutical Federation (FIP)
• Association of national societies for pharmacists and pharmaceutical scientists
• FIP's mission: “to represent and serve pharmacy and pharmaceutical sciences worldwide”.
• Primary role: education and practice development
• Leading the profession through Statements
• Focus on Pharmaceutical Care en Good Pharmacy Practice (GPP)

International platforms
The Fora

• 7 Pharmacy-FIP-WHO fora such as
  – EuroPharm (Europe, 34 countries + 12 observers, started 1992)
  – EMROPharm (Eastern Mediterranean)
  – SEAPharm (SouthEast Asia) etc.
• Aims
  – Stimulate and support dialogue and cooperation between the national and regional professional organisations and WHO
  – Improving health by stimulating GPP
  – Improving the implementation of care and services
Threats to patients and pharmacists in Europe

• The Pharmaceutical Industry
  – Misinformation
  – Pushing DTCA (Direct to Consumer Advertising)

• The European Commission
  – More interested in commerce than healthcare
  – EMEA paid by the Industry fees
  – Consumer protection not very developed in the field of medicines

• National governments
  – Financial constraints; increasing burden of elderly and expensive new drugs

Conclusion

• It is important in Europe to speak the ‘same’ language and use the same terminology
• It is important in Europe for pharmacy to move towards a patient focus together
• It is important in Europe to publish in internationally accessible journals
• For the future of the profession it is much more essential to cooperate on an international level as on a national level
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