

## Review Article



## Need of the Hour- Clinical Pharmacist in Developing Pharmaceutical Care Plan for Better Patient Care

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### ABSTRACT

Pharmaceutical care is a generalized practice which has advanced from many years of research that can be applied in all settings: community, hospital, long-term care, and the clinic. It can be used to care for all types of patients with all types of diseases that require any type of drug therapy. Pharmaceutical Care practitioner is not meant to replace the physician, the dispensing pharmacist, nurse or any other health care practitioner. Rather, the pharmacy practitioner is a new patient care provider within the healthcare system. Although pharmaceutical care is considered as very important, only 5% of the pharmacists have adequate knowledge on pharmaceutical care. Number of pharmaceutical care programs have been developed in different countries to improve clinical outcomes and the health-related quality of life (HRQOL). These pharmaceutical care programs were implemented by pharmacists, with the collaboration of the physicians and other health care professionals. However, such programs are less common in the India. The pharmacist collaborate with physicians and other health care professionals to contribute the improvements of patients' quality of life by informing and educating patients, answering their questions and at the same time observing the treatment they receive and carrying out their own assessments of the patient's health. An important element of pharmaceutical care is that the pharmacist considers his/her responsibility for the patient's pharmaco-therapeutic outcomes. The goals of pharmaceutical care requires monitoring the regimen's effects, reviewing the regimen as the patient's condition alters, documentation of the results, and assuming the responsibility for the pharmaco-therapeutic effects. Pharmacists who have interest and enough knowledge on pharmaceutical care plan can make significant impact in this pandemic situation and have positive effect on the patient, the health care system.

**Keywords:** Pharmacist, Healthcare, Treatment, Clinical Pharmacist, Quality Healthcare, Pharmaceutical Care.

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### INTRODUCTION

Providing high-quality, safe medical care is the primary goal of health systems. Pharmacists are well positioned to assist the healthcare system in improving quality of care. The term pharmaceutical care was coined by the Heppler and Strand who defined the term Providing high-quality, safe medical care is the primary goal of health systems. Pharmacists are well positioned to assist the healthcare system in improving quality of care. The term pharmaceutical care was coined by the Heppler and Strand who defined the term Providing high-quality, safe medical care is the primary goal of health systems. Pharmacists are well positioned to assist the healthcare system in improving quality of care. The term pharmaceutical care was coined by the

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The pharmaceutical care practitioner verifies the individual patient's medications (prescription, non prescription, alternative, or traditional medicines) to identify whether it is appropriate, effective, safe or not and also to identify that the patient is adherent to his/her medications.<sup>3</sup>



Pharmaceutical care was first adapted by UK pharmacists and the Royal pharmaceutical society. The use of the more traditional term of clinical pharmacy was replaced rapidly by pharmaceutical care as a description of the work of a ward based hospital pharmacist, but the practice itself did not changed radically.<sup>4</sup>

Pharmaceutical care is a generalized practice, which has advanced from many years of research that can be applied in all settings: community, hospital, long-term care, and the clinic. It can be used to care for all types of patients with all types of diseases that requires any type of drug therapy. Pharmaceutical Care practitioner is not meant to replace the physician, the dispensing pharmacist, nurse or any other health care practitioner. Rather, the pharmacy practitioner is a new patient care provider within the healthcare system.<sup>5</sup>

American Society of Health-system Pharmacists (ASHP) figured out that a standardized method for the provision of pharmaceutical care, which include the following:

- Organizing and collecting patient-specific information
- Identifying the presence of medication errors
- Review patient's health care needs
- Describe pharmacotherapeutic goals
- Planning a pharmacotherapeutic regimen
- Providing a monitoring plan
- Establish a pharmacotherapeutic regimen and corresponding monitoring plan in collaboration with the patient and other health professionals
- Starting the pharmacotherapeutic regimen
- Observing the effects of pharmacotherapeutic regimen
- Regenerating the pharmacotherapeutic regimen and monitoring plan
- Answering the questions of physician in choosing the right drug.<sup>6</sup>

Although pharmaceutical care is considered as very important, only 5% of the pharmacists have adequate knowledge on pharmaceutical care.<sup>7</sup> Number of pharmaceutical care programs have been developed in different countries to improve clinical outcomes and the health-related quality of life (HRQOL). These pharmaceutical care programs were implemented by pharmacists, with the collaboration of the physicians and other health care professionals. However, such programs are less common in the India. The pharmacist collaborate with physicians and other health care professionals to contribute the improvements of patients' quality of life by informing and educating patients, answering their questions and at the same time observing the treatment they receive and carrying out their own assessments of the patient's health.<sup>8</sup>

An important element of pharmaceutical care is that the pharmacist considers his/her responsibility for the patient's pharmacotherapeutic outcomes. The goals of pharmaceutical care requires monitoring the regimen's effects, reviewing the regimen as the patient's condition alters, documentation of the results, and assuming the responsibility for the pharmacotherapeutic effects. Pharmacists who have interest and enough knowledge on pharmaceutical care plan can make significant impact in this pandemic situation and have positive effect on the patient, the health care system.<sup>9</sup>

## PHARMACEUTICAL CARE

Pharmaceutical care is defined as patient-centered that requires a pharmacist should work with patient and other health care workers to get oriented outcomes in patients . To promote health, monitor ,assess, initiate and adjust the use of medications to assure that the regimens used are effective and safe. The main goal of pharmaceutical care is to optimize the quality of life of the patients and attain the positive out comes and provides rational use of medications and optimize the Economic burden of a patient. To procure these goals the following should be accomplished:

To maintain and establish a professional relationship: Their should be a interaction between pharmacist and patient in way to attain trust, cooperation, caring and mutual decision making. In this situation pharmacist should maintain professional attitude of caring for the patient. In return the patient agrees to give their personal information and preferences, and should participate in the therapeutic plan. The pharmacist develops care plans to assure the patient has access to pharmaceutical care at all times.

To get patient specific medical information: pharmacist must collect information regarding the patients present medical illness history and their past medical and medication history rewardingly to their diet plans, exercise, social history and economic situation.<sup>10</sup>

### Brief History on Pharmaceutical Care

Pharmacy profession has evolved many developmental changes as in many factors in medication related practice. earlier 20<sup>th</sup> century the pharmacists were restricted to their limited practices but later on it started to extend their services and started to the practice of clinical pharmacy services in some American Hospital in 1960s which is led by a group of pharmacist who not only enlarge the scope and level of professional functions but also helped to globalized for practice based research work and led to the modern patient oriented profession .

The first approach for this concept of pharmaceutical care was undertaken in 1988 by Strand, Cipolle and Morley. At that time, they presented an instrument called Pharmacist's Workup of Drug Therapy (PWDT), designed with the aim of standardizing the documentation of a clinical pharmacist's database, patient-care activities, and



therapeutic plans. This proposed plan consisted of six steps which are interrelated:

To maintain patient-specific database.

To recognize the patient specific, drug-related problems

To attain the positive therapeutical outcomes

To have the alternative therapeutical strategies for getting positive results in patients

Choose the desired drug regimen that is most effective

Prepare a plan for therapeutical drug monitoring that distinguishes between desired and undesired outcomes.<sup>11</sup>

### STEPS OF PHARMACEUTICAL CARE

Pharmaceutical Care process is majorly divided into 3 steps

**Step 1:** Gathering relevant information on the patient:

A Clinical pharmacist conduct an initial interview. The patient's medication history, Medical records and results of investigations should be collected by the clinical pharmacist through patient/care giver or general practitioner, community pharmacist. Based on the information collected, clinical pharmacist will construct an abstracted chart with clinical and pharmaceutical data.

**Step 2:** This step is again sub-divided into two:

**2A:** Systematic analysis of medicines prescribed during Hospital Stay:

The main aim of this step is to identify drug related problems (DRP). This step consists the information about indications, dose. Choice of drug, duration, cost. Underuse, Patient counselling, Drug-drug interaction, Drug-disease interactions (allergy, contraindications), Drug-Food interactions, modalities of administration (correct and practical), adverse drug reactions in the patient's therapy.

**2B:** Intervention to optimize prescribing:

Clinical pharmacist intervention plays a major role in avoiding the medication errors and helps in rational drug use. Discuss drug related problems with prescriber, other health care professionals, patient, caregiver, and propose a solution for that problem. To find out a proper solution clinical pharmacist should refer high degree resources and should cross check with different reference sources to make sure that proposed solution is right. Then report that to the higher authorities and continue the follow-up.

**Step 3:** Information at discharge:

It is a duty of clinical pharmacist to counsel the patient about their disease and medication to assess the patient's knowledge about his/her condition. Advice about the life style modifications and dietary approaches. Geriatric patients should be counselled with special care and interest to avoid medication errors. Clinical pharmacist should answer every questions asked by patients/care givers.<sup>12</sup>

### BENEFITS OF PHARMACEUTICAL CARE PLAN

1. Pharmaceutical care is a quality philosophy and working method for health care professionals within pharmacotherapy process. It is established for helping and improve the good and safe use of medicines, thus providing the best possible outcome of medicines for the patient use.

2. Often, the benefits of medication/drugs cannot be realized in patients (e.g. due to treatment failures), and even worse, considerable mortality and morbidity are related to the inappropriate use of medicine use, for example:

1. Inappropriate prescription (prescribing errors)

2. Inappropriate delivery (dispensing errors/administration errors)

3. Inappropriate patient behavior (non-adherence with treatment regimen)

4. Inappropriate monitoring and reporting

5. Patient idiosyncrasy

6. Lack of (medication-related) health literacy in the public.

These errors can be minimized by pharmaceutical care plan.<sup>13</sup>

3. It helps to the optimization of outcomes from medicines and the prevention of harm and inappropriate use.<sup>14</sup>

4. This is achieved through the promoting of medication-related health literacy, the participation and involvement of patients in their medication, and the acceptance of responsibilities and assignment in an appropriate manner within the medication process. Both of these factors improve the quality of patient's life and their families, the utilization of resources and help reduce errors in healthcare.<sup>14</sup>

5. By providing the cost-efficiency of medicine use, pharmaceutical care will contribute to efficient and effective consumption of existing resources.<sup>14</sup>

6. Dispensing errors like "look-alike, sound-alike" medicines, low staffing and computer software. High workload, interruptions/distractions and inadequate lighting were objectively shown to increase the occurrence of dispensing errors. These can be prevented by clinical pharmacists through pharmaceutical care plan.<sup>14</sup>

7. Medication adherence can be improved by updating the knowledge of patients.<sup>14</sup>



## BARRIERS FOR THE IMPLEMENTATION OF PHARMACEUTICAL CARE

The barriers identified will fall into five categories. These are:

- Lack of time and updated knowledge.
- Personnel
- Scarcity of administration support
- Acceptance of pharmaceutical care services from other healthcare professionals.
- Lack of documentation.

The concept of pharmaceutical care consists strong emotional commitment to the welfare of patients as individuals who wants and deserve pharmacist's compassion, concern and trust. However, pharmacists often fail to perform their responsibility for that extent of care. As a result, they may fail to document, monitor and review the care given. Accepting those responsibilities is essential to the practice of pharmaceutical care.<sup>15</sup>

### CURRENT SITUATION OF PHARMACEUTICAL CARE PLAN

Pharmaceutical care is mainly responsible area of pharmacotherapy that is helpful for achieving positive and maintaining the quality of life of a patient. It is a collective working method in which there will be a solutions for health related problems and medicinal products.

The growth of this pharmaceutical care is slow but constant, as many studies are ongoing in the area of drug utilization, prescription prevalence, analyzing prescription habits, therapeutic profiles, prescription compliance, incidence reports and medication errors are shortly to be conduct. But most of the studies did not give the required outcome due to lack of strong evidence for the interventions weren't that powerful enough so it is undertaken.<sup>16</sup>

### Indian Scenario

India is a country where significant problems occur in medication use. These problems can be minimized when recent Indian pharmacists have proper education towards a patient-care role.<sup>10</sup> Clinical Pharmacy services were remained neglected within India and there has been less acceptance from medical professionals to about the fact that pharmacists too have a clinical role. There has also a fault with our pharmacist to update their knowledge towards their clinical role and responsibilities. However, this scenario has started undergoing hopeful changes in the recent times. Number of hospitals across India have already initiated clinical pharmacy and pharmaceutical care services and this has already started showing positive results.<sup>11</sup> The concept of pharmaceutical care is not much evolved in India as in developed countries like USA, UK and Canada. In India, pharmacy is limited to drug dispensing in hospitals and in community, it is mainly centered to medical stores having goals at selling of drugs to public and is mainly profit oriented. In 1999, WHO

suggested the Good Pharmacy Practice in community and hospital pharmacy and these guidelines emphasize the actual goals of pharmaceutical care by the pharmacists and also recommend the national standards that are to be set for the improvement of health, supply of medicines and medical devices, and medicines use by pharmacists.<sup>17</sup>

### BETTERMENT OF PCP BY CLINICAL PHARMACIST

#### 1. Collecting Data

The clinical pharmacist runs an initial interview with the patient for the purpose of establishing a professional working relationship and beginning the patient's pharmacy record. In some conditions (e.g. pediatrics, geriatrics, critical care, and language barriers), the opportunity to develop a professional relationship with the patient directly may not exist. Under these circumstances, the pharmacist should interview the patient's parent, guardian, and/or principal caregiver to collect relevant information. The interview should be organized in professional manner where it meets the patient's need for confidentiality and privacy. Adequate time should be given to assure that questions and answers could be fully developed without feeling uncomfortable or hurried. The interview should be conducted thoroughly, gather patient-specific subjective information and to begin a pharmacy record which includes information and data regarding the patient's activity status, general health, past medical history, medication history, family history, history of present illness, and social history (including economic situation). The record should also consists of information including the patient's thoughts or feelings and perceptions of his/her condition. The pharmacist establish a pharmacy record for the patient and accurately documents the information collected. The clinical pharmacist analyze that the patient's record is organized and follow-up. The confidentiality about the information in the record should be carefully guarded and secured.<sup>18</sup>

#### 2. Evaluation of the Information

The Clinical pharmacists assesses the subjective and objective evidences collected from the patient and other sources then construct conclusions regarding: (a) possibilities reduce current or potential future drug (drug-related problems) or health-related problems; (b) possibilities to improve and/or assure the safety, effectiveness, and/or economy of current or planned drug therapy; and (c) timing for clinical pharmacist consultation. The clinical pharmacist documents the conclusions of the evaluation in the medical and/or medication record. The pharmacist discusses the conclusions with the patient, and makes them to understand the nature of the condition or illness and what might be expected with respect to its management.<sup>18</sup>

#### 3. Proposing the Plan

The clinical pharmacist with other healthcare providers, identifies, evaluates and then selects the most appropriate





action(s) to: (1) improve and/or ensure the effectiveness, safety, and/or cost-effectiveness of current or planned drug therapy; and/or, (2) reduce current or potential future health-related problems.<sup>18</sup>

The pharmacist proposes plans to provide effective and desired outcome. The protocols may possibly consist, but are not restricted to work with the patient and also with other healthcare professionals to develop a patient-specific drug therapy protocol or to change or modify prescribed drug therapy, establish and/or implement drug therapy monitoring mechanisms, recommend nutritional or dietary modifications, add OTC medications or non-drug treatments, refer the patient to an appropriate drug therapy protocol. For each and every problem identified, the clinical pharmacist should actively considers the patient's needs and govern the desirable and mutually agreed upon outcome and includes these into the plan. The plan may also include specific disease condition and drug therapy endpoints and monitoring endpoints. At last the clinical pharmacist documents the plan and desirable outcomes in the patient's medical and/or pharmacy record.<sup>18</sup>

#### 4. Plan Implementation

The clinical pharmacist and the patient take the steps that are necessary to implement the plan. These steps may have include, but not limited to, communicating with other health care providers to modify or clarify prescriptions, starting drug therapy, educating and creating awareness among the patient and/or caregiver(s), coordinating the acquisition of medications and/or related supplies, which may include helping the patient to overcome lifestyle barriers or financial barriers that might interfere with the therapeutic management also to coordinate appointments with other healthcare professionals to whom the patient is referred. The clinical pharmacist works with the patient to improve patient understanding and involvement in the therapy plan, ensures the arrangements for drug therapy monitoring (e.g. laboratory investigation, blood pressure monitoring, blood glucose testing, etc.) are made and understood by the patient and that the patient receives and knows how to use all necessary medications and related equipment properly. Explanations are given to the patient's level of comprehension and teaching and adherence aids are employed as mentioned. The clinical pharmacist ensures that specific mechanisms are in order to make sure the right medications, equipment, and supplies are given to the patient. The clinical pharmacist documents in the medical and medication record about the steps taken to execute the plan which include the proper baseline monitoring parameters and also if any barriers which needed to be overcome. Information is provided by the clinical pharmacist with other healthcare practioner as the situation for care changes to help in patient care as the patient moves between the ambulatory, long-term care environment or inpatient.<sup>18</sup>

#### 5. Modifying and Monitoring the Plan/Assuring Positive Outcomes

The clinical pharmacist regularly reviews subjective and objective monitoring parameters in order to identify whether satisfactory progress is being made toward achieving desired outcomes as outlined in the drug therapy plans or not. The clinical pharmacist and patient check if the original plan should continued or if any modifications are needed. If changes are required, clinical pharmacist works with the patient and caregiver and also other healthcare providers to change and implement the revised plan as mentioned in "proposing the Plan" and "Plan Implementation" above.<sup>18</sup>

The clinical pharmacist should review the ongoing progress in achieving desired outcomes with the patient and provides a report to the patient's other healthcare professionals as appropriate. As progress towards outcomes is achieved, the pharmacist should provide positive reinforcement document.<sup>18</sup>

#### DOES PHARMACEUTICAL PLAN MAKE A CHANGE?

Some of the hospitals in India already implemented the pharmaceutical care plan and they have experienced significant changes in their health care systems that they are providing to society.

Pharmaceutical care plan benefits for both patient and health care professionals by reducing burden of disease which also include minimization of medication errors, and counseling the patients by that way it create awareness about medication adherence and also it plays important role in cost minimization by selecting specific and effective therapy. For example if a patient admits to hospital for diabetes can be helped by planning a pharmaceutical care plan by monitoring the patient's blood glucose levels daily and control the levels of glucose not only by pharmacotherapy but also by non pharmacological aspects like exercise, diet and self care. After monitoring the patients they prepare a plan for treatment and observe again for glucose levels and find the drug related problems or drug interaction present if any and convey to the physicians and modify the therapy

The crucial work carried in the past is to provide the best evidence based study and interventions made but sometimes we will not get the best positive results as expected. However these may be due to some aspects like the variables which we analyze in clinical, humanistic and economically are difficult to evaluate.<sup>19</sup>

The main role of pharmacy practice department is to design pharmaceutical care plan which involves working with other health care to provide direct benefit to the patient.



## ROLE OF CLINICAL PHARMACIST, COMMUNITY PHARMACIST, HOSPITAL PHARMACIST, HOW IS IT DIFFERENT?

The pharmacist role is a interlinking bond between physicians, nurses and other health care professionals. According to their domain of services these are differentiated:

### Role of clinical pharmacist and their services

Clinical pharmacist is an important member in a clinical team who needs to attend the inpatient in hospital in various departments like nephrology, medicine dermatology, cardiology, orthopedics etc they should visit the patients who are admitted in special ward and ICU. The main role of clinical pharmacist in ward is they should attend the ward rounds daily review the prescription written and calculate the dose for a particular patient then finds the drug-drug interactions/ drug food interactions. Then a qualified clinical pharmacist will monitor the patient for any drug allergy and soap analysis is examined.<sup>20</sup>

Then also can take the medication history of the patient who are newly admitted to the clinic and can suggest for discharge medication advice if possible. They can give the drug information to doctors and nurses for better patient care. Clinical pharmacist is responsible for updating the medical guidelines or protocols, and also hospital formulary. The information provided for the accuracy treatment will affect the treatment course and cost.<sup>20</sup>

### Role of hospital pharmacist and their services

Hospital pharmacy is having a distinct role in managing the quality of medicines advised by the therapeutic team members. The availability of the medicines should be well known to their brands medicines that are used in hospital. But the manufacturer can design the drugs according to the popular brands or generic names possibly then the hospital pharmacist should control the usage of inventory control of drug stocks in the hospital

They should have a observation of maintaining the drugs within the expiry dates. Maintaining of inventory control is the important role of a hospital pharmacist<sup>20</sup>

### Role of community pharmacist and their services

Community pharmacist is a place where patients gets the medication written by the physicians. Community pharmacy may be individual or linked pharmacy, they should check the prescription for dosing errors, drug-drug interactions, adverse drug effects before dispensing the drugs. They can collect the demographic details of the patients and regarding their disease and can save in electronic database and can update it accordingly they can also work based on home services like medication reviews.<sup>20</sup>

## DRAWBAKS OF HEALTHCARE SETTINGS

### Neglecting the services to rural areas

Many draw backs in healthcare settings in India, accordingly the services are available only in urban areas than in rural areas. The reason for that is most of the doctors are not willing to work in a rural care clinic and is not utilizing the services of other health care professionals who are interested to provide the service.<sup>21</sup>

### Lack of Focus on method of treatment

Most of the therapeutical models used in India depends on western systems and no role of any culture and tradition of Indian services.<sup>21</sup>

### Inequality in treating patients

Though there are many developmental changes in healthcare systems but only people in urban sectors can utilize them but there is a barrier for rural, remote areas and hilly areas in our country that needs clinical attention.<sup>21</sup>

### Cost of treatment

The cost of health care services are expensive among which allopathic services are quite expensive .so the common man cannot bare those expenses leading to effective planning and allocating more funds .<sup>21</sup>

## HOW PHARMACEUTICAL CARE PLAN IS DEVELOPED IN OTHER COUNTRIES AND HOW IT IS DONE?

Developing of pharmaceutical plan can be defined as the pharmaceutical intervention if it includes as a following:

- Improvement of plan
- Follow-up for the pharmacotherapy
- Visiting patient and resolving their drug related problems and focusing more on managing health.

The main purpose of the process is to identify and resolve the drug therapy problems and in order to achieve these goals. Pharmacist should conduct many interviews with patients and provide the necessary information about the disease and the given therapy.

The method of planning the therapy should be according to the estimated outcomes and should follow the standardized methods and it should be documented by following a process which is based on four main areas:<sup>22</sup>

- Demographic details
- List of medicines
- List of health related problems
- Plan

Services that are contributed:

Three suggestions to achieve the goals



As most of the patients are not using the pharmaceutical care services so make sure that all patients visiting the hospital can utilize the services

To make sure that medications that are used by the patient should help them for speedy recovery followed by no such adverse effects and drug interactions.

Patients should have sound knowledge at least regarding these

To help patients regarding the therapy used

Pharmacist and patient must get together and look for consent goals.

Pharmacist is not a substitute of physicians but the work collaboratively with same goals.<sup>22</sup>

### HOW PHARMACEUTICAL CARE PLAN IS IMPLEMENTED IN OTHER COUNTRIES AND HOW THEY PRACTICE IT?

#### In U.S.A

In 1997, A project named Ashville implemented in the city of Ashville in effort of faster increasing health cost on employee it is a 5 year study which is based on diabetes patients this is a very good example of how pharmaceutical care plan can help patients, patients attender and employers they also had a chance of meeting pharmacist without any charges and they can set and monitor the treatment goals and receive the patients blood glucose levels and can easily give the information and provide diabetes education. In the same way other patients like dyslipidemias, Asthma, COPD can be managed.<sup>18</sup>

As part of implementing the services based on individual patient care model, drug related problems it contains of:

**Document analysis:** In document analysis all the documents of pharmaceutical care plan is analyzed and reported to other professionals

**Participant observation:** after the data saturation it plays the more important role to obtain more related data and relevant aspects of observation and other records.

**Focus groups and interview individually:** they conduct an interview based on participants no. of appointments taken for pharmaceutical plan and are listed and focused to controlled groups of atleast 30 members. There will be a interview with those focal group and discussion about their drug regimen and care plan.<sup>24</sup>

**Identifying the components which can be implemented:** the focal groups are transcribed and analyzed to the pre analysis stages and categories to the analytical frame work of the assessment containing context, mechanism and results.<sup>24</sup>

#### In Europe

As a initiation from US this concept later introduced to a Europe country after a meeting held between WHO and European pharmacist there are mainly 3 objectives

1. To start the project

2. To raise funds for the projects

3. To assist those countries who practices pharmaceutical care plan

They introduced only 2 types of projects which are aimed mainly to evaluate the results of therapeutic out comes and outcome medication analyse after the successful attempt of this projects in Europe other European countries like France, Belgium, Portugal, UK showed its interest members in order to decrease the risk of drug related deaths and increase the quality of drug therapy.<sup>18</sup>

Not only that but in Scotland they introduced a guideline called “Clinical Pharmacy Practice in primary care “ which made a lot of difference in the outcomes in health care sector .

#### In New Zealand

Their main objectives is to implement the community pharmacists in the level of understanding about the process of practice and attitude towards the practice.<sup>18</sup>

This is started by many no. of national pharmacy organizations which also includes pharmaceutical society of New Zealand. Accordingly pharmaceutical care is to provide direct benefit to the patient and quality of the care given. It also illustrates the cost of the treatment which are associated with mortality and morbidity rate. The most correct environment for promoting the patient focused services is clinical pharmacists while community pharmacist are not the best promotion for those patient based education.<sup>23</sup>

### CONCLUSION

Pharmaceutical Care Plan can be an effective option of choice in delivering quality health care to all the patients. However implementation of clinical pharmacist and encouraging pharmacist in the development of Clinical pharmacy services in hospitals has begun in many parts of India. In various developed countries pharmacists are a crucial member in the healthcare setting for delivering a quality effective treatment. Pharmaceutical Care planning can be the next step in implementing a better treatment regimen in developing countries like India. Even in Pandemic situations where the society is majorly dependent on the healthcare professionals, Clinical pharmacists, by following the appropriate treatment guidelines through the execution of Pharmaceutical Care Plan help in optimizing all-round patient health.

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