



Ambulatory Care: A Review

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ABSTRACT

Ambulatory care or outpatient care is medically care given on an outpatient basis including all Care about, observations, patients details about disease, treatment with all new technology, taken action for the treatment of patient, diagnosis, and rehabilitation with patients care services. This care can include advanced medical technology and procedures even when provided outside of hospitals for the patient's treatment with sudden effective. Historical success begins of the ambulatory care with the pharmacy growth in 1960. Here 5 keys of the ambulatory care challenge show the problem of the Diagnostic errors are more common, Infection control is more difficult, nobody really knows how well ambulatory care performs for some procedures, Test results from earlier inpatient stays often go "astray, inpatient and ambulatory EHRs often don't talk to each other. Here lots of opportunities in ambulatory care in Health area of the prevent patient leakage with the improvement the health system and quality with the enhance effect with tele-health health systems expand their ambulatory care networks, many are using tele-health to better assist patients and boost revenue by maximizing the number of patients providers are able to see each day. Improve utilization of current assets with the scope of the ambulatory care in different health area with the pharmacy area greater collaboration between ambulatory care pharmacists in community settings and in clinic settings is an opportunity to improve access to clinical pharmacy experts. which may be especially in rural areas, especially needed area and for patients with otherwise unmet needs.

Keywords: Ambulatory care, tele- Health, rehabilitation, patient leakage.

INTRODUCTION

Ambulatory care services present the most significant contribution in increasing expenditures of the Health related field for performance of the health care system in developing countries.¹ Ambulatory care is medical care provided to an outpatient basis on including diagnosis, observation, consultation, treatment, intervention, and rehabilitation care service. This care can include advance technology related of the medical and procedures even when it provided outside of all hospitals. Ambulatory care services represent the most effective contributor to increase hospital expenditures and to performance of the Medical Health care system in most of the countries. Available literature on ambulatory care included pharmacy services has historically focused on disease-specific services on Health. Provision of pharmacy services through an employer-sponsored.²

A new program related the Health within a self-insured university or health system for beneficiaries with diabetes or hypertension has shown statistically significant improvements in hemoglobin A1C, blood pressure, and cholesterol. To date, no published information exists regarding the practice of ambulatory care pharmacy directly within an occupational health clinic.

Ambulatory care sensitive conditions (ACSC) are health conditions where appropriate ambulatory care prevents or reduces the need for hospital admission (or inpatient

care), such as diabetes or chronic obstructive pulmonary disease.

Many medical investigations and treatments for acute and chronic illnesses and preventive health care can be performed on an ambulatory basis, including minor surgical and medical procedures, most types of dental services, dermatology services, and many types of diagnostic procedures (e.g. blood tests, X-rays, endoscopy and biopsy procedures of superficial organs). Other types of ambulatory care services include emergency visits, rehabilitation visits, and in some cases telephone consultations.³

HISTORICAL SUCCESSES

The 1960s. Ambulatory care pharmacy practice sprang from humble beginnings. Transformative changes in the pharmacy profession in the 1960s resulted in increased documentation of the economic and human benefits derived from optimizing medication use in the U.S. health system. Ultimately, this refocused efforts toward reducing medication-related morbidity and mortality, and shifted energy away from the product and transaction-based business of pharmacy toward patient-centered care. One of the first documented examples of patient medication profile use within a community pharmacy practice setting was in 1960 in Berryville, Virginia. Eugene White was a pharmacist who transformed his drugstore into the first known office-based pharmacy practice.



In 1962, Albert Ripley, a pharmacist at the Indian Hospital in Crow Agency, Montana, started filling patients' prescriptions based on medical record information instead of paper prescriptions. This was eventually adopted as a best practice by the Indian Health Service (IHS), which subsequently incorporated private consultation offices in most IHS facilities where pharmacists could assess patients and provide medication counseling.⁴

The 1970s. The 1970s saw these individual efforts lead to national action. In 1971, the National Center for Health Services Research and Development charged an interdisciplinary task force with development of standards for pharmacists' clinical practice. This effort, led by Donald Brodie, provided a tangible standard for clinical roles for pharmacists regardless of health care setting.

In 1971, American Society of Health-System Pharmacists (ASHP) and the American Association of Colleges of Pharmacy (AACP) convened educators and practitioners from both institutional and community settings at an historic conference in Overland Park, Kansas, which discussed the "clinical aspects of pharmaceutical practice.

In 1973, at the University of Iowa, Helling and colleagues initiated the Iowa family

practice-based clinical pharmacy program, representing one of the first examples of ambulatory care clinical pharmacy practice in family medicine.^{5,6}

The 1990s, the Office of the Inspector General of the Department of Health and Human Services reviewed available clinical services in community pharmacy settings as part of a larger effort to reduce the incidence of adverse drug events (ADEs) among older adults. Sponsored by the Health Care Financing Administration (now known as the Centers for Medicare & Medicaid Services, or CMS), the report found that "clinical pharmacy services add value to care for both institutionalized and ambulatory patients," and that "such value includes not only improvements in clinical outcomes and enhanced patient compliance, but also reductions in healthcare utilization costs associated with adverse drug reactions.

In 1996, the Asheville Project was implemented in collaboration with the North Carolina Center for Pharmaceutical Care, the APhA Foundation, the North Carolina Pharmaceutical Association, and the city of Asheville, among others. Twelve community pharmacies contracted with the city of Asheville to provide diabetes management for city employees as part of a pilot project, with widely publicized success.⁷

In 2006, the BPS promulgated a vision for a new specialty certification in ambulatory care pharmacy practice and commissioned a practice analysis to determine applicable domains, tasks, and knowledge that characterize the ambulatory care pharmacy specialist. Two years later this petition was approved by BPS, with the inaugural ambulatory care certification examination debuting in 2001.

CHALLENGES/ PROBLEMS

5 KEY AMBULATORY CARE CHALLENGES

Ambulatory care can pose significant quality and safety challenges. Blouin outlined the top five quality and safety challenges facing ambulatory care:

1. Diagnostic errors are more common: Ambulatory patients typically are scheduled for very short appointments: about one patient every 10 to 15 minutes. As such, sometimes "you have to come to conclusions without all of the information," Blouin said. She added, "If the diagnosis isn't accurate then the treatment, of course, would be incorrect."

2. Infection control is more difficult: While hospitals generally know the importance of properly managing, cleaning, and sterilizing equipment, Blouin said the Joint Commission has found that it is an area in which ambulatory care clinics may struggle. Blouin also noted that ambulatory care clinics need to be prepared to respond to infectious diseases. For instance, she noted that a patient with a highly infectious disease, such as Zika or Ebola, could just as likely present for care at an ambulatory clinic as a hospital, depending on the trajectory of the disease.

3. Nobody really knows how well ambulatory care performs for some procedures: "Inpatient hospitals quality and safety are pretty well researched, but ambulatory care quality and safety is still a relatively young topic for research," Blouin said.

4. Test results from earlier inpatient stays often go "astray": Blouin explained that, when a physician orders a test during an inpatient stay, the results sometimes aren't acted upon during an ambulatory follow-up—whether because the patient fails to comply with follow-up instructions, the test results aren't communicated to the patient, or the result ends up in the inpatient record instead of the outpatient record.

5. Inpatient and ambulatory EHRs often don't talk to each other: Blouin noted that "in the ambulatory setting ... (providers) don't have easy access to the complete medical record." That's because the information often comes from different providers with disparate EHRs.⁸

Opportunities in ambulatory care

Although health systems are facing many challenges in executing their ambulatory care strategies, the executives at the Leadership Forum also identified many opportunities in the ambulatory care space.

1. Prevent Patient Leakage: Health systems can improve quality of care by expanding their ambulatory enterprise. Patients leak out of a health system when the system does not provide convenient access to services they need. This causes patients to receive uncoordinated, fragmented care, which can lead to unnecessary testing and conflicting treatments. During the forum, many executives said their

organizations are helping patients navigate their network to prevent patients from leaving for outside providers.

Some executives said their organizations have invested in patient-scheduling platforms to help prevent patient leakage. These platforms allow patients to make future appointments before they walk out the door. The vice president of medical affairs at an academic medical center in the Midwest said his organization has nurse navigators to help keep patients from seeking care elsewhere. The nurse navigators understand what patients need and help connect them with the appropriate providers, which has helped significantly improve the patient experience.

2. Enhance efficiency with Telehealth: As health systems expand their ambulatory networks, many are using telehealth to better assist patients and boost revenue by maximizing the number of patients providers are able to see each day. In fact, the vast majority of healthcare executives and providers — 81 percent — report interest in telehealth as a method to expand their digital health services, according to a Foley & Lardner survey.⁹ Many executives at the Leadership Forum expressed interest in launching telehealth services at their organizations or expanding programs already in place. The COO of an academic health system in the Midwest said his organization recently merged with a community health system with a large ambulatory care presence. Because the hospital maintained its own facilities, the health system could avoid constructing new outpatient care sites. However, the system has struggled to get physicians to some of the more remote outpatient clinics. He said the health system is considering entering the telehealth field to overcome this challenge. Other executives said their organizations have increased revenue by offering telehealth services at ambulatory care sites since providers in most states are reimbursed at the same rate for telehealth visits as they are for in-office visits.

3. Improve utilization of current assets: The shift from inpatient to outpatient care has left some provider organizations with facilities and beds that are no longer financially productive. However, many times these facilities can be transformed into an ambulatory center that is profitable. In addition to the financial benefits, converting a hospital into an ambulatory center can also expand access to in-demand outpatient services, which is a top priority for many healthcare leaders. According to 183 health system C-suite executives surveyed by the Advisory Board, expanding patient access to outpatient or ambulatory care settings is a top priority for 2017.¹⁰ During the Leadership Forum, several executives expressed interest in expanding their ambulatory networks. The CFO of a 14-hospital system in the Midwest described her system as "hospital-centric." However, she said the organization's strategy is changing. "We don't need more hospitals, we need more ambulatory centers. Our focus is on conversion of our existing assets and expansion in the ambulatory setting," she said.

Defining the scope of ambulatory care pharmacy practice:

Providing comprehensive medication management for patients is a primary responsibility of ambulatory care pharmacists. This responsibility becomes even more important when considering the medication related problems of the growing elderly population and the trend toward managing more acute conditions and acute exacerbations of chronic conditions in ambulatory care settings. Physicians are increasingly drawn into specialty and subspecialty practices rather than primary care.

There is already a dearth of primary care physicians, and the prospect of expanding the shortage troubles many healthcare leaders. Ambulatory care pharmacists have an opportunity to offset some of the anticipated deficit in the primary care work force. Parallel with the imperative for pharmacists to transition into a larger role in ambulatory care is the need for updated competency and practice standards tied to existing credentialing and certification pathways. As discussed in the next section of this article, the current system of postgraduate pharmacy education provides a good foundation for enhancing the preparation of ambulatory care pharmacists for both generalist and specialist practices. In the community pharmacy setting, ambulatory care clinical pharmacists can expand their practices to include a wide range of patient services, including immunizations and travel medicine, MTM, patient counseling and education, medication monitoring (e.g., medications that have a risk evaluation and mitigation strategy), and selective chronic disease management under CDTM (e.g., hypertension, diabetes, primary coronary heart disease, smoking cessation, asthma, high-risk medication monitoring, medication refill and adherence programs). In the clinic setting, ambulatory care clinical pharmacists can leverage CDTM protocols/clinical pathways to provide comprehensive medication management, transitions of care, direct clinical services, anticoagulation and anemia management, and management of other chronic diseases (e.g., secondary coronary heart disease, depression, diabetes, hypertension, asthma, chronic kidney disease, chronic obstructive pulmonary disease [COPD], human immunodeficiency virus [HIV], hepatitis C virus [HCV]). Additionally, they can assist in drug therapy management of complex acute conditions (e.g., complicated urinary tract infections, seizures, pain management) and acute exacerbations of chronic diseases (e.g., heart failure, asthma, COPD). Finally, greater collaboration between ambulatory care pharmacists in community settings and those in clinic settings is an opportunity to improve access to clinical pharmacy expertise. Preliminary research indicates that establishment of statewide practice networks for community based and clinic-based ambulatory care pharmacists allows for efficient leveraging of resources and expertise across practice settings, which may be especially important in rural areas and for patients with otherwise unmet needs.¹¹



CONCLUSION

It has been discussed here ambulatory care, it is a important for the medical ambulatory care with the all type of the facilities with the physician, pharmacist with new medical technology. The ambulatory care may can provided the better medical ambulatory facility in the Rural area as well as needed area to the needed patients. Ambulatory care can provided the lots of opportunity to the medical related field with new medical care strategy. so that ambulatory care provided a better condition in Health care field for the patients.

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