

Orlando



POST MIDYEAR 2017

CREATING THE FUTURE

13 FEBRERO 2018

Ambulatory Care Practices

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[@manolosesmero](#)



Great minds discuss ideas.

Average minds discuss events.

Small minds discuss people.

Eleanor Roosevelt

PREGUNTA



PREGUNTA



**PURPOSEFUL STRATEGY TO
TRANSFORM PHARMACY
PRACTICE:**

HOW, WHO, WHEN?

PRÁCTICAS INNOVADORAS



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Pharmacy Practice Around the Globe 2017 Featuring the Donald E. Francke Medal Lecture

Ulfat M. Usta, Pharm.D., M.S., BCNS, BCPS, DPLA

Álvaro Giménez-Manzorro, Ph.D., Pharm.D.

Luisa C. Clemens, Pharm.D., B.A.

Anja St. Clair Jones, M.Sc. (Advanced Practice), MRPharmS, Dip.Pharm, FFRPS

Jenny Tsang, M.Sc.Pharm. (Clinical Pharmacy), B.Sc.Pharm., BCOP

Shelita Dattani, Pharm.D., BSc.Pharm.

Ahmed Aljedai, Pharm.D., M.B.A., BCPS, FCCP, FAST

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PRÁCTICAS INNOVADORAS



PRÁCTICAS INNOVADORAS



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Lean Thinking to Improve the Workflow in an Ambulatory Treatment Unit (ATU)

Ulfat Usta, Pharm.D., M.S., BCPS, BCNS, DPLA
Pharmacy Director
AUBMC
Beirut, Lebanon

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Key Takeaways

Key Takeaway #1

- ✓ LEAN is a powerful methodology to redesign processes and remove unnecessary steps

Key Takeaway #2

- ✓ Lean thinking can and should be applied in healthcare

Key Takeaway #3

- ✓ Employees should be encouraged to use their full capability to improve their own work environment

*A bad system will beat a good person every time.
~W. Edwards Deming*

PRÁCTICAS INNOVADORAS



LEAN
THINKING

PRÁCTICAS INNOVADORAS



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FarmAventura

Improving Drug Adherence, Outcomes & Satisfaction in
Pediatric Patients

Álvaro Giménez-Manzorro, Ph.D., Pharm.D.
Pharmacy Officer
Hospital General Universitario Gregorio Marañón
Madrid, Spain

www.madrid.org/hospitalgregoriomaranon/farmacia

 @farma_gregorio

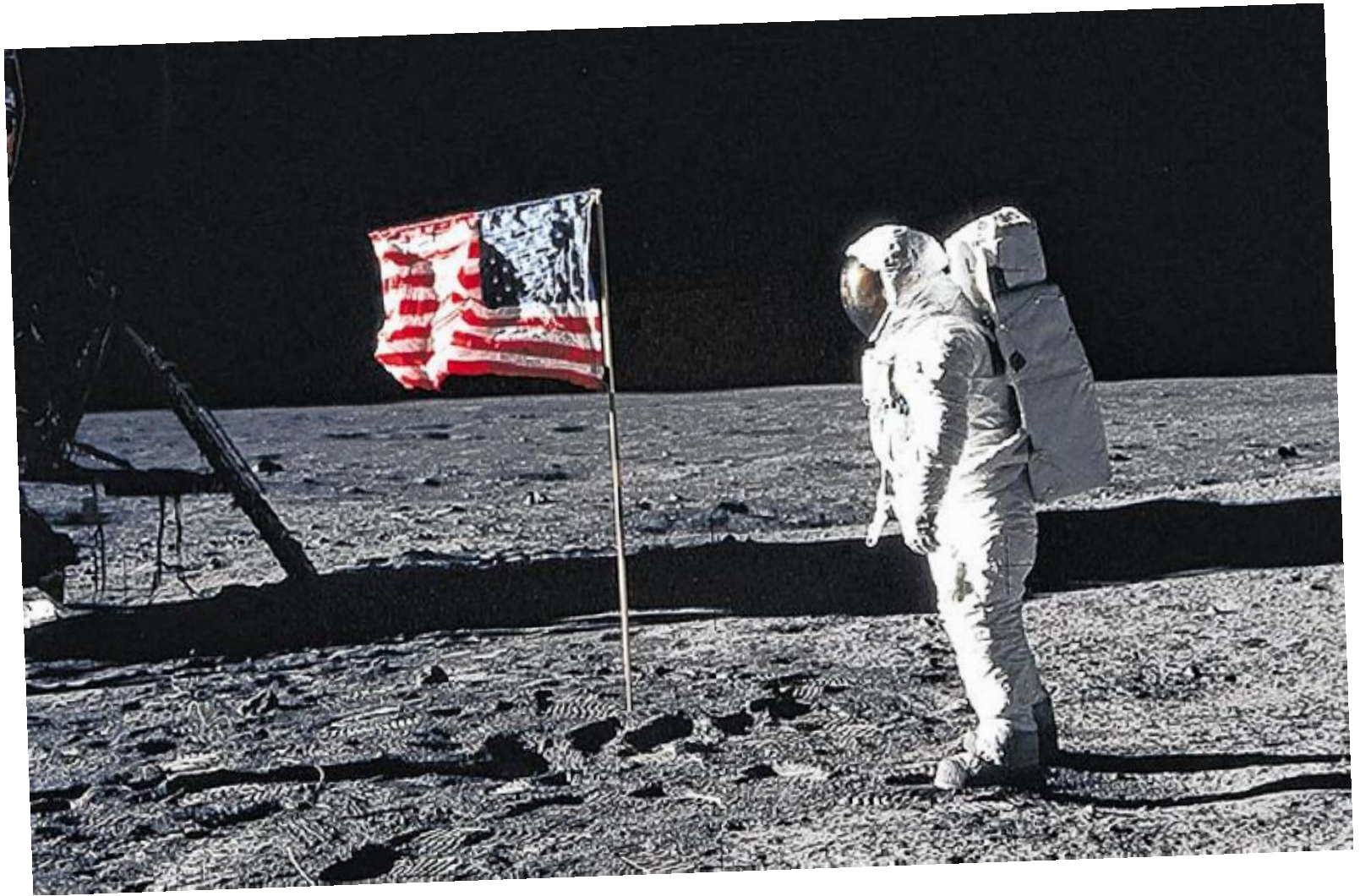
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Key Takeaways

- The implementation of **FarmAventura** for pediatric patients with chronic diseases improves the **quality of care** and **satisfaction** of the patients and their families.
- Key success factors to ensure health results are:
 - Taking the medication as a **game**
 - **Documentation of pharmacist visits** in the patient health record
 - The definition of **key performance indicators** that allows monitoring of the program effectiveness

PRÁCTICAS INNOVADORAS









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Pharmacy Practice In Canada – Evolving Towards An Outcome Focused Role for All Pharmacists

Shelita Dattani, Pharm.D., BSc.Pharm.
Director, Practice Development and Knowledge Translation
Canadian Pharmacists Association
Ottawa, Ontario
Canada



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA

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Where Pharmacists Work

42,584

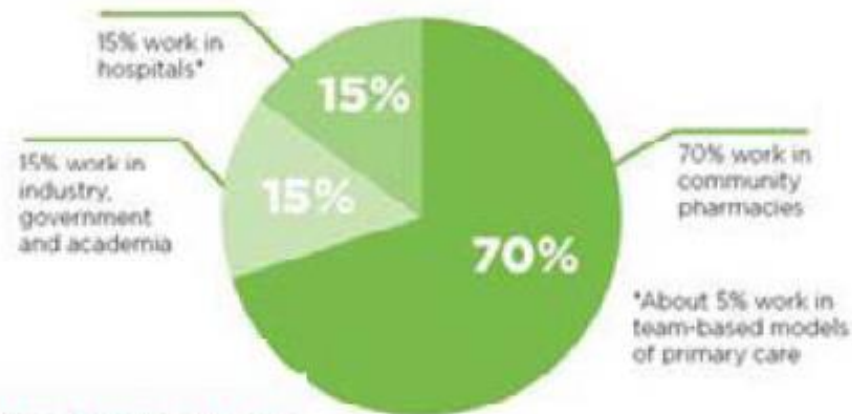
Pharmacists

7,339

Pharmacy technicians

10,572

Pharmacies



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Hospital Pharmacists

- Patient centered
- Interdisciplinary teams
- Collaboration in prescribing practice
- “Specialist” roles
- Pharmacy technicians lead drug distribution



Medication safety

Check TPN, patient rounds, screen orders, therapeutic substitutions, medical directives, check IV medications, tech check tech



Informatics

CPOE – physician order entry



Drug use evaluation

Medication management standards

Ward/specialization area, patient education classes



Medication reconciliation

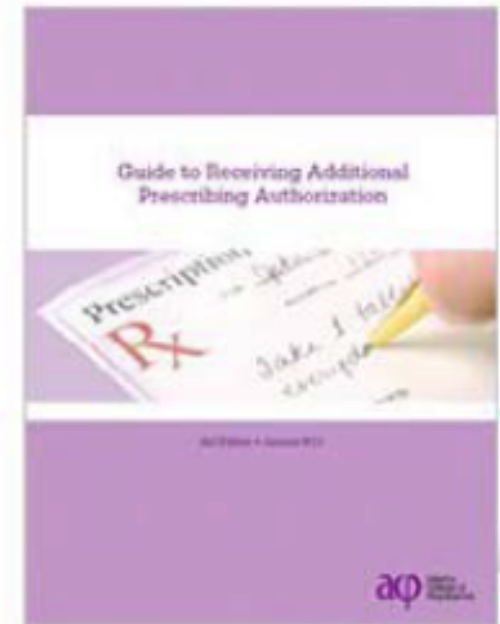


Antimicrobial stewardship

Patient Assessment and Prescribing

Alberta – Additional Prescribing Authorization

- Broadest prescribing model in Canada
- Independently at **initial access** or to manage ongoing therapy (not narcotics and controlled substances)
- Application process through regulator
- No additional training - 1 yr of direct patient care
- 1,235 APA pharmacists = ~20–25% total licensed (2016)



Patient Assessment and Prescribing: Outcomes

**RxAction –
Alberta Clinical Trial in Optimizing
Hypertension**

Clinically important reductions in BP with pharmacist enhanced prescribing vs usual care

**RxIng –
Pharmacist Intervention for
Glycemic Control**

Significant reduction in HbA1C and fasting BG with pharmacist assessment and prescribing of insulin

**RxAct –
Pharmacists Prescribing in
Dyslipidemia**

Greater reduction in LDL and proportion of patients achieving target LDL with pharmacist enhanced prescribing vs. usual care

*RxAction: Tsuyuki et al., Circulation (2015); Rxing Trial: Al Hamarneh et al., BMJ Open (2013);
RxACT Trial: Tsuyuki et al., Can Pharm J Sept/Oct 2016*

Challenges and Opportunities

- Collaboration within and between professions
 - More intraprofessional collaboration to enhance patient outcomes
- *Continued outcome evidence
- Stakeholder engagement
- *Development and expansion of reimbursement framework
- Integration of expanded scope into daily practice
 - Inconsistently applied in community practice
 - *Technology, access to pt. info, workflow, confidence
 - Human, financial, physical space
- ?Training, credentials, specialization



Key Takeaways

- Pharmacists remain an untapped resource for healthcare needs of Canadians
- Pharmacy practice across entire health care system has evolved significantly over past decade
- Further opportunities to optimize practice
 - Enhance supporting evidence
 - Create ideal workplace environments
 - Support evaluation of key standards/indicators
 - Expand reimbursement models
- Need to strive for more effective integration and collaboration across health care system in order for patients to benefit everywhere



UTOPIA 8.535 km

TELEMEDICINA



TELEMEDICINA



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Tomorrow and Beyond: Telemedicine Innovations Connecting Patients and Pharmacy

Karen C. Thomas, Pharm.D., Ph.D., DABAT
Brandy McGinnis, Pharm.D., BCPS
Allan Loeb, R.Ph., M.S.

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TELEMEDICINA



- Definición de TELEFARMACIA (utilización de las telecomunicaciones y otras tecnologías: pacientes).
- ASHP statements.
- Aplicaciones: DISPENSACIÓN, VERIFICACIÓN MIV, *COUNSELLING*, MONITORIZACIÓN, OTROS, etc.

TELEMEDICINA



- EXPERIENCIA UNIVERSIDAD UTAH
(Specialty Pharmacy Service):
 - Equipo de Telemedicina.
 - Se oferta a pacientes el servicio de “Farmacia Virtual” (piloto previo de llamada telefónica 2016).
 - Barreras: INTERNAS (RRHH), ENTRENAMIENTO, ACCESO A DISPOSITIVOS, FALTA DE TIEMPO, etc.
 - Beneficio esperado: mejorar y aumentar la calidad de la relación FARMACÉUTICO-PACIENTE.

TELEMEDICINA



- APLICACIONES MÓVILES Y “WEARABLES”:
 - Breve encuesta a los asistentes (personal/prescrito).
 - Valor y calidad de los datos (tabulación, accesibilidad, volumen, datos físicos vs no físicos, etc.).
 - Rol del FARMACÉUTICO (visitas más frecuentes, asesoría, educación, mejora de adherencia, etc.).
 - Incorporación de los datos a la HCE (incluido las intervenciones).

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Clinical Pearls 2017

Program Chair: Gretchen V. Lindsey, Pharm.D.

Moderator: Bruce R. Canaday, Pharm.D., FAPhA, FASHP

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Pharmacist-Run TelePrEP (HIV Pre-exposure Prophylaxis) Clinic

Dena Behm Dillon, Pharm.D., AAHIVP
Clinical Pharmacy Specialist, University of Iowa HealthCare
Consultant, Midwest AIDS Training and Education Center
Iowa City, Iowa

TELEMEDICINA



- “CLÍNICA TELE-PrEP” (IOWA TELE-PrEP ES MÁS QUE TELEMEDICINA...):
 - Barreras (estigma, acceso, coste, etc.).
 - Modelo colaborativo (IT, videochat, lab-test, envío de medicación a domicilio).
 - Mejora del ACCESO y la CONVENIENCIA.

Futuro

Presente

asado

INTEGRACIÓN EN EQUIPOS



INTEGRACIÓN EN EQUIPOS



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Embedding Pharmaceutical Care in the Multidisciplinary Team

Anja St. Clair Jones

M.Sc. (Advanced Practice), MRPharmS, Dip.Pharm, FFRPS

Consultant Pharmacist Gastroenterology

Brighton & Sussex University Hospitals NHS Trust, UK

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INTEGRACIÓN EN EQUIPOS



Background

- An MDT approach is essential for patients with chronic diseases
 - To ensure high quality and compassionate care
 - Provide an encompassing patient experience
- Hospital pharmacists traditionally do not get involved in the long term management of chronic diseases
- Therapies becoming increasingly complex and individualised
- High-cost drugs put pressure on finite resources

INTEGRACIÓN EN EQUIPOS



Innovative Pharmacy Service

- **Specialist pharmacist outpatient clinics**
 - To take over the immunosuppressant prescribing and monitoring
- **Pharmacist managed biologics infusion clinic**
 - Clinical and strategic
- **Introduction of TDM and individualising of therapies**
- **Assistance and cross-cover for specialist nurse**



Finalist of the RPS Pharmaceutical Care Award 2014



Benefit to Patients

- Enhanced patient safety through managed drug monitoring service
- **Patients feel secure due to quality structure and specialist care**
- Necessary drug therapies changes in outpatient and infusion clinics all can be made in a timely fashion in conjunction with the patient
- **Minor ailments addressed during their attendance**
- Cross-over cover with nurse guarantees helpline reliably and competently staffed

INTEGRACIÓN EN EQUIPOS



Benefit to MDT

- Novel ways of working explored
- **Increased focus on medicines optimisation by the specialist MDT**
- **Increased focus on high-quality and compassionate patient care by pharmacist.**
- Free up clinic slots with doctors and nurses
- Interprofessional relationships profit greatly when working closely and deputising for each other
- Early identification of savings and new ways of providing the service at a lower cost

Key Takeaways

- **Pharmacists can work as autonomous clinicians prescribing independently and safely, adding a unique skill to patient care**
- **Pharmacists involvement in all aspects of the long-term care**
 - Enhancing patient safety
 - Standardising treatment & monitoring protocols
 - **Individualising therapy particularly through TDM**
- **Embedding pharmaceutical skills into the multidisciplinary team**
 - Influences therapeutic decision making early (attend MDT meetings)
 - Ensuring that services incorporate good medicine management
 - Medicine optimisation principles are observed at conception

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**PURPOSEFUL STRATEGY TO
TRANSFORM PHARMACY
PRACTICE:**

HOW, WHO, WHEN, WHERE?

¿CÓMO?



If you really want to do something, you'll find a way.
If you don't, you'll find an excuse.



¿QUIÉN/ES?



¿CUÁNDO?

Next

Tomorrow

Later

NOW