

Chapter 5

A Primer for Beginners in Pharmaceutical Care: A Call-to-Action to Pharmacists

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ABSTRACT

This article describes how pharmacists are highly accessible healthcare professionals, and their clinical services are among the most accessible healthcare assistance systems worldwide considering the availability, geographic distribution and location of compounding pharmacies, clinical laboratories and drugstores. Pharmacists need to move from the focus in administrative management to patient-oriented practice, such that the access and the quality of clinical services can be improved. Pharmaceutical Care can influence pharmaceutical services to become more accessible and with a broader coverage of patients. Here is presented an approach on the implementation of effective strategies to improve the quality of Pharmacists' performance as specialized healthcare providers.

INTRODUCTION

More than half of the world population cannot access the medication they demand. Prices are often too high for patients and health systems to afford, and therefore, such expenses represent a significant part of the total healthcare budget. And it is in this context that Pharmacy profession has evolved to include the provision of services beyond the traditional role of medication dispensing. Pharmacists are highly accessible healthcare professionals given the availability, geographic distribution and location of establishments such as drugstores and compounding pharmacies. The Pharmacist is usually the first professional addressed by a patient with minor or complex health issues, commonly due to the scarcity of physicians, or even due to financial barriers to private clinical services when public healthcare services cannot address the patient's needs (Hepler, 1996; 2004; Wiley et al., 2014; Kamei et al., 2015; Penm et al., 2015; Lopes et al., 2017; Mateti et al., 2017).

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Pharmaceutical services are among the most accessible healthcare assistance systems worldwide, being quite often provided without additional charges (beyond medication prices) by Pharmacists in enterprises like drugstores and compounding pharmacies; yet, some of these services are remunerated in some countries, including consultations, blood pressure measurements or preparation of healing bandages. The published experience on the traditional way that pharmaceutical services are established and offered has shown that they have historically been working relatively well for patients in conditions such as: a) common and controlled acute or chronic diseases, b) use of not many medications (like two or three formulations), c) simple therapeutic schemes, d) adequate education level to understand pharmaceutical advising on rational use of medications (Citrome, 2011; Fisher et al., 2014; Gabr & Shams, 2015; Molino et al., 2017).

In some countries, in addition to counseling patients on all technical aspects concerning appropriate medication usage, Pharmacists are allowed to prescribe some types of medications, a relevant support for patients to take decisions on self-treatment with medication. This may explain in parts why patients often seek advice in pharmacies, and frequently do not consider a physician consultation. Nevertheless, there are several challenges for providing these services for patients with limitations such as low education, difficulties on reaching the Pharmacist, the need for individualized monitoring (due to the complexity of therapy), and reports of low quality services are growing worldwide. These facts have been requiring Pharmacists to rethink the way in which pharmacy practice is performed (Lewin, 2013; Sakthong et al., 2013; Fishera et al., 2014; Malewski et al., 2014; Sakharkar et al., 2014; Abe et al., 2017; Babar et al., 2017).

Pharmaceutical services are generally designed in agreement to health policies in order to ensure access, affordability, and delivery of essential medicines to the population. Usually, they comprise medication dispensing, counseling on rational use, logistic organization of dispensing accordingly to local clinical and epidemiologic data. Strategies for the rational use of medications are than planned to promote safe and cost-effective treatments, considering regulatory and quality standards defined by local laws. Pharmacists should, therefore, develop mechanisms for regular review or new proposals of formularies, guidelines and policies regarding drug dispensing and prescribing; therefore, developing trained pharmaceutical human resources is of paramount importance, and efforts have been made worldwide to provide this improvement in different levels of pharmaceutical education, such as PharmBSc (Bachelor of Science in Pharmacy), PharmMSc (Master of Science in Pharmacy) and PharmD (Doctor of Pharmacy) (Vijayanarayana et al., 2014; Kamei et al., 2015; Nuffer et al., 2017).

Patients' needs regarding drug therapy are in continuous fluctuation (Malewski et al., 2014; Obreli-Neto et al., 2015). Thus, evidence-based pharmacy practices are the key to provide effective pharmaceutical services and improve the quality of healthcare as a whole. In this sense, Pharmacists must move from being medication dispensers with focus in administrative and logistics management, to patient-focused and clinically-oriented care providers, with more responsibility and commitment to improve their technical knowledge, but now with a humanistic view of practice (Sakharkar et al., 2014; Cho et al., 2015; Novais et al., 2017; Sakthong & Sangthonganotai, 2017).

Here, strategies to expand the access of patients to pharmaceutical services focusing in pharmaceutical care, and ways to improve the quality of such services. Data regarding patients' views and satisfaction with Pharmacists' performance as a specialized healthcare provider, and Pharmacists' perception of receptiveness and evolution of patients will be also discussed in light of evidence-based practice.

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