

Latvian view of 21st century community pharmacy

Pharmacist's Society of Latvia

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Lasma Medjanova

Preparing new professionals for changing environment



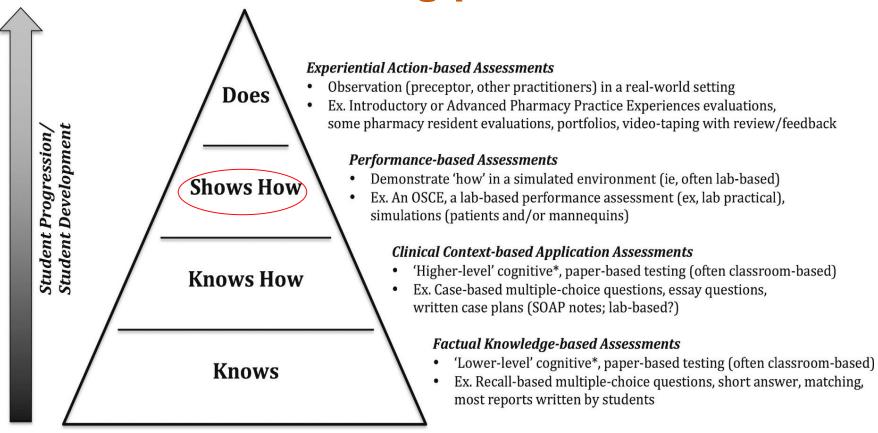
Current situation in Latvia

- Low professional fulfillment for pharmacy practitioners.
- Quality of pharmaceutical care highly variable mainly due to weak communication skills.
- Patients are more knowledgeable, requiring effective communication skills from professionals.
- To have an impact pharmacists need to reorient themselves from product to patient care.
- Patient centered care practice requires strong communication competences.

Education process

- Traditionally pharmacy education very much science-based, not addressing current needs in community pharmacy practice.
- Nowadays, competency-based educational models are required to prepare pharmacy professionals:
 - »it pays attention to both the science-based and patientoriented aspects of pharmacy.
- The education system needs to *change the focus* from product-centered *to patient oriented*.
- Education process must change to ensure the practice development.

Learning process



Adapted for Pharmacy Education from *Miller. Acad Med. 1990;65(9):S63*OSCE = objective structured clinical examination
SOAR = subjective /objective /oscossment /plane

SOAP = subjective/objective/assessment/plan;

* = from Bloom's revised taxonomy4



OSCE

Objective structured clinical examination

- The gold standard for the evaluation of clinical skills:
 - »communication;
 - »professional judgment;
 - »skills of resolution etc.

- The OSCE format is:
 - »standardized;
 - »reliable;
 - »valid.

Teaching communication skills

- Study course "Social Pharmacy and Pharmaceutical Care"
 professional competencies was a base for the course design.
- The main objective to teach students to apply the knowledge acquired in the previous studies in effective patient counseling.
- Very clear and detailed guidelines on the counselling process and assessment criteria.
- Learning process:
 - »practical classes over-the-counter drugs, prescription drugs, role-playing, invited patients-actors, audio recordings and video recordings of student counselling for self-assessment, peer assessment etc.

Teaching communication skills(2)

- Teaching staff:
 - » Community and clinical pharmacists;
 - » Communication specialist.
- Additional activities:
 - » Independent and group interviews;
 - » Trial exam.
- Ongoing assessment of the quality of the course:
 - » Classes are evaluated by pedagogical experts and young pharmacy specialists;
 - » Students provide feedback after every class.

OSCE

- 2 stations (7+7 min) with patient-actors:
 - » Counseling about prescription drug use;
 - » Counseling about OTC drug use.
- Students have access to *Dynamed* for drug related information.
- When preparing for the exam, student can use a detailed list of drug substances and methodical material.
- Each station is recorded and assessed by 2 evaluators.

Assessment criteria

Evaluation form.

Required Elements to obtain 55%:

- 1. Identify INN of a medication
- 2. Identify the medication`s use/indication
- Identify the appropriate dose & administrations schedule
- 4. Discuss the proper storage
- Explain what to do in the event of missed dose
- 6. Explain expected duration of therapy
- Review techniques for self-monitoring (efficacy &/or safety)
- 8. Identify common & severe adverse effects
- Discuss actions that may prevent or minimize adverse effects & what to do if they occur
- Identify common interactions (drug-drug; drug-food; drug-disease)
- 11. Dispense correct medicine and provide accurate/correct information

izpile	gātie kritēriji. Visus dot, students saņem 55%	Tika veikts (1p)	Netika veikts (Op)* trūka vismaz viens elements no apgalvojuma	Vērtētājam: pie katra kritērija norādiet, vai tas tika izpildīts konsultācijas laikā. Pamatojiet ar komentāru.
1.	Nosauc zāļu preparāta SNN	Konsutiācijā identificā izniedzamo zāļu SNN kādā no šādiem veidiem: 1) nosauc zāļu SNN pacientam 2) (30d pacientu nosaukt zāles, kuras tiek lietotas vai plānots iegādāties 3) ja bezrecepšu zāļu siruācijā pacientam piedāvā izvēlēties no vairākiem variantiem, tad visām piedāvīstajām zāļēm nosauc SNN.	Zāļu SNN netiek identificēts VAI tiek lietots nepareizs SNN vai tiek lietots tikai komercnosaukums.	
2.	Identificē precīzu zāļu lietošanas mērķi/ indikācijas	Lijautā par pacienta anammēti, iai pareizi identificētu zāļu terapijas probitmu (vai izidējut izā esamību). Bazrecapīu zāļu kontekstā pareizi nosaka diagnozi pamatojoties uz pacienta sniegto informāciju, informāciju ievāc tādā apjomā, iai izilēģtu citas iespējamās diagnozes. UN Atbilotoši zāļu receptei vai izvērtētajiem pacienta simptomiem identificē zāļu lietošanas indikāciju /mērki kādā no šādiem veidiem: 1) nosauc, kādam mērkim zāles ir paredētas (piem. sāļpu samazināšana), deguna aizilkuma mazināšana), profilaksei u.c.) 2) lūdo pacientam nosaukt indikāciju, kurai zāle tiek lietotas vai plānots iegādēties 3) ja nepieciešams, prectē vai koriģē pacienta nosaukto zālu lietošanas indikāciju.	Indikācija netiek nosaukta VAI tiek nosaukta nepareiti. VAI searecepā us tutšcijās students indikāciju formulē, netzaujājot pacientu par simptomiem, to līgumu, papildus lietotajām zālēm u.c. VAI searecepāu zāļu situācijās no pacienta netiek ievūkta pietiekama informācija, lai izslīgtu citas iespējamās diagnozes vai ārstēšanas risinājumus.	
3.	ldentificē atbilstošo devu un lietošanas režīmu	Izrunā zāļu devu un lietošanas režīmu atblistoš i identificētajai indikācijai kādā no šādiem veidiem: 1) nosauc, kādā devā un cik bieži zāles ir jālieto 2) lūdz pacientam pateikt kādā devā un cik bieži zāles lieto vai plāno lietor; 3) ja nepieciešans, precizē pacienta nosaukto zālu devu mietošanas režīmu.	Deva VAI lietošanas režīms netiek nosaukts VAI tiek nosaukti neatbilstoši indikācijai.	
4.	Izrunā pareizus zāļu uzglabāšanas nosacījumus	Izrunā pareizu zāļu uzglabāšanu kādā no šādiem veidiem: 1) pasaka 2) lūdz pacientam pateikt, kā zāles uzglabā vaiplāno uzglabāt: UN brīdina par riskiem, kas saistīti ar nepareizu zāļu uzglabāšanu, ja tādi pastāv	Uzglabāšana netiek izrunāta VAI tiek nepareizi identificēta VAI pacients netiek brīdināts par riskiem, ja tādi pastāv, kas saistīti ar nepareizu zāļu uzglabāšanu.	
5.	Izrunā, kā rīkoties, ja tiek izlaista zāļu deva	Izrum šk d'Roties, ja tek Italista deva kádá no šádiem veidiem: 1) paskaidro 2) lūdz pacientam identificēt, kš viņš vai viņa rīkojas vai plāno rīkoties, ja tiks izlaista deva: 3) ja nepieciešams, papildina vai labo pacienta sniegto informāciju. Un situkcijās, kad talista deva vai pārdozēšana var izraisīt nevēlamas sekas veselības stāvoklim, brīdina pacientu, skaidrojot iemeslus.	Nepārrunā kā rīkoties, ja tiek izlaista deva VAI tiek sniegta nepareiza informācija par rīcību VAI situācijās, kad izlaista deva vai pārdozēšana var izraisīt nevēlamas sekas veselības stāvoklim, pacients netiek brīdināts UN netiek skaidroti iemesli.	
6.	Izrunā terapijas ilgumu	Izrunā terapijas ilgumu kādā no šādiem veidiem: 1) paskaidro 2) Iūdz pacientam identificēt, cik ilgi plāno lietot zāles 3) ja nepieciešams, papildina vai labo pacienta sniegto informāciju.	Netiek izrunāts terapijas ilgums VAI tiek sniegta nepareiza informācija VAI pacients netiek brīdināts, ja terapijas	

Assessment criteria

Evaluation form.

Elements Required for Mastery of Counseling (45%):

- Control counseling process and maintain clear structure
- 2. Treat patient with respect
- 3. Use appropriate non-verbal communication
- Provide only the necessary information
- Verify understanding by effectively combining openended, close-ended and other types of questions
- Provide clear and effective communication using appropriate language in a speech
- 7. Use proper closure

Pa	Papildu kritēriji				
Novērtējiet, cik labi students veica katru no apgalvojumiem		Labi 1p	Nepieciešams uzlabojums Op	Punkti	
1.	Vada konsultāciju un izmanto skaidru struktūru	Nosauc savu vārdu un identificē sevi kā farmaceitu. Noskaidro pacienta apmeklējuma mērki. Noskaidro vai zāles/konsultācija paredzēta šīm cilvēkam. Nepārportami izrāda interesi sadarboties. Kontrolē sarunas gaitu, prasmīgi virza sarunu uz tēmu, pārjautā, rēflektē par pacienta stāstīto. Konsultācija ir strukturēta, piūstoša, netiek "kēkts" no tēmas uz tēmu, Ja nepieciešams laiks, lai atrastu papildus informāciju, par to brīdina pacientu. Students brīvi un pārijecinoši pārvalda konsultācijas prasmes.	Nosauc savu vārdu un identificē sevi kā farmaceitu. Noskaidro pacienta apmeklējuma mērļi. Noskaidro vai zāles/konsultācija paredētā šim cilvēkam. Vairāk vai mazāk izrāda interesi sadarboties. Cenāsa kontrolēt sarunas galtu un virist zarunu uz tēmu, tabu vēl nedaudz pietrūkst iemaņu. Var novērot mēģinājumu izurtēt konsultāts struktūru, taču tas pilnībā neizdodas. Ja nepieciešams laiks, lai atrastu papildus informāciju, par to brīdina pacientu. Students gandrīz brīvi un pārliecinoši pārvaldā konsultācijas prasmes.	Students neiepažistina ar sevi VAI neinformā pacientu par notiekošo VAI konsulkācijas struktūra ir haotiska, grūti izsekojama. VAI students ivasika no atbildības par sarunas virzīšanu. VAI konsultācija evidojas "stūra" um mālstīga – students repārvalda komunikācijas prasmes.	
2.	Izturas ar cieņu pret pacientu	Komunikācija ir savstarpīga jeb abpusēji aktīva, pacients tiek iesaistīts lēmumu pieņemānal. Salaidro konsultācijas mērķi, lūdz atļauju iztaujāt pacientu un sniegt papildus informāciju. Attieksmē izvairās no stereotipiem. Demonstrē empātisku, iecietīgu attieksmi. Iedrošina pacientu, ja tas nepieciešams.	Konsultācijas gaitā cenās veidot savstarpīgu jeb abpucija ktīru komunikāciju, kā arī iesaistīt pacientu iēmumu pieņemāsnā, saču vēl nedaudz pietrūkst iemanu un konsekvences. Skaidro konsultācijas mērķi, lūdz atlauju istaujāt pacientu un sniegt papildus informāciju. Attieksmē izvairās no stereotipiem. Lielākoties demonstrē empātisku, iecietīgu attieksmi. Jedrožina pacientu, ja tas nepieciešams.	Autoritatīva , aitspriedumaina vai negatīva attiekume. Trūkst empātija vai lecietības Val bieži lieto pamazinājuma formas (tabletīte, receptīte u.c.) Val komunikācijā nespēj īvairīties no stereotipiem par pacientu, piemēram, demonstrē sava pārākuma apziņu vai diskriminēšanas iezīmes VAl pacients netiek iezaistīts iēmumu pieņemānā. Val konsultācija veidojas kā studenta monologs.	
3.	Demonstré situácijai piemērotu neverbálo komunikāciju	Visu konsultācijas laiku konsekventi tur taisnu pozu, veido acu kontaktu un «dzīvu» seju. Regulāri izmanto aktīvis klausīšanās elementus. Neveido «sikgtās» kermeņa pozīcijas un pārsvarā neveic liekas kustības	Konsultācijas laikā cenšas lietot piemērotu neverbālo komunikāciju - turot taisnu pozu, veidojot acu kontaktu un «dzīvu» seļu, taču iztrūkst konsekvence. Var novērot aktivās klausīšanās elementus. Varbūt nedaudz lieku kustību vai nepiemērotu žestu, vai dažos brīžos "slēgtas" kermena pozīcijas.	Neviedo acu kontaktu vai acu kontakts ir tik intensīvs, ka rada neveiklības sajūtu pacientam VAI daudz lieku kustību, kustību kenzēlises "kadāsnās, matu un sejas aizskaršana, pildspalvas klikšķinsāna uz. VAI pārsvarā atrodas slēgār savi nepiemērotās kermeņa pozīcijās (sakrustotas vai sazīņaugtas rokas, t.kk, paslēptas aiz muguras vai zem galda, ķermenis vai	

STUDENT FEEDBACK

Positive:

- «Thanks to the course, I am able to communicate with patients more clearly and effectively.»
- «I have learned to ask the right questions in the right way.»

Negative:

«The hardest thing for me is to get used to a simulated learning environment for learning patient counseling.»



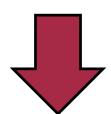
Pharmaceutical field in Latvia in figures

Pharmacist's Society of Latvia Mg.Pharm. Anna Lapidevska





	Data on March, 2018
Licensed pharmacies	807
Pharmacies with suspended licence	25



Number of opened type pharmacies	751
Number of closed type pharmacies	31

Practising pharmacists in Latvia and Demographics



Data on March,	2018
Population	1 926 600
Pharmacists working in pharmacies	1 850
Pharmacist assistants working in pharmacies	1 353
Density of pharmaceutical personnel (total number per 1000 population)	0.96

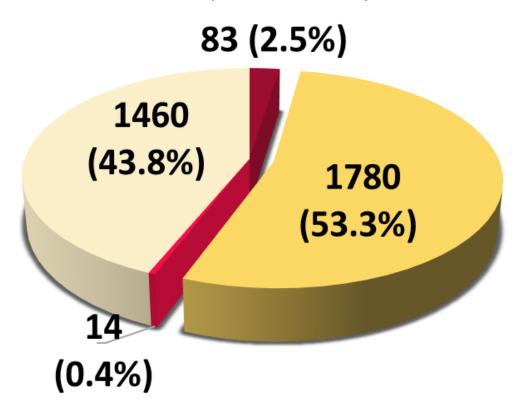
Demographics



Pharmacists and pharmacist assistants by gender

■ Men (Pharmacists)

- Women (Pharmacists)
- Men (Pharmacist Assistants)
- Women (Pharmacist Assistants)







General type	Pharmacists	1751
pharmacies	Pharmacist assistants	1292
Closed type	Pharmacists	83
pharmacies	Pharmacist assistants	34
Subsidiary	Pharmacists	16
pharmacies	Pharmacist assistants	27
Average number of pharmacists per pharmacy	2.5	



	Data on March, 2018	Students
Universities	University of Latvia	145
(Pharmacists)	Riga Stradiņš University	209
Colleges	Riga 1st Medical College of University of Latvia	97
(Pharmacist assistants)	The Red Cross Medical College of Riga Stradiņš University	64



E-PRESCRIPTION AND PHARMACEUTICAL CARE IN LATVIA

Pharmacist`s Society of Latvia



E-PRESCRIPTION

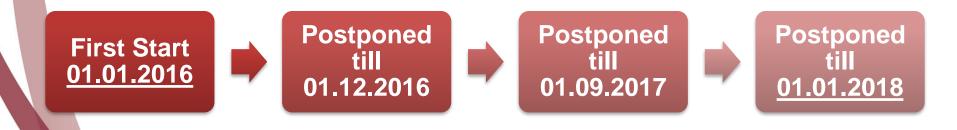


E-PRESCRIPTION IN LATVIA



Regulation of the Cabinet of Ministers No 134 (11.03.2014):

Regulations about unified electronical health information system



THE END OF PRESCRIPTIONS AS WE KNOW THEM



From January the 1st of 2018 in Latvia the E-health system is obligatory for all the health care institutions and pharmacies - meaning that all sick- leave certificates and all state compensated medications have to be issued electronically.



E-PRESCRIPTIONS PROCESS

BARMACITU BIEDRIBA

The doctor gives the patient an e-prescription on E-health site

The patient goes to the pharmacy to buy the medicine

At the pharmacy, the patient presents a passport or indentity card (eID)

The pharmacist hands out the medicine and records it

THE MAIN BENEFITS





Enhanced Patient Safety

Warnings and alert systems are typically integrated in the software, allowing users to identify drug interactions and allergies before finalizing a prescription.



Faster Access to Patient Information

With just a few clicks, prescribers can access a patient's insurance formularies, eligibility information and current/past medication(s) lists.



Improved Accuracy

National Center for Biotechnology Information research shows e-prescribing reduces the rate of prescribing errors.



Increased Patient Convenience

Instead of dropping off a prescription and waiting for it to be filled, patients can make one trip to the pharmacy to pick up medication orders sent digitally.



Guaranteed Legibility

Pharmacists don't have to decipher a prescriber's handwriting when they use an electronic device, making dosage and drug information clearly legible from the start.

THE MAIN PROBLEMS

Overload of system:

- E-health platform has not been working many times
- Couldn't provide
 pharmaceutical care
 of the patients

Complexity of the system:

- In the pharmacies it is complicated to see the medications that are prescribed
- Impossible to supervise the usage of medications
- Hard to provide a qualified
 pharmaceutical care

Lack of embedded bans:

Pharmacists
 struggle with
 incorrect or
 invalid e prescriptions in
 pharmacies



Insufficient information for public:

 Pharmacists are forced to fill the gap.

AN ISSUED E-PRESCRIPTION FOR STATE **COMPENSATED MEDICATION**

Profila dati

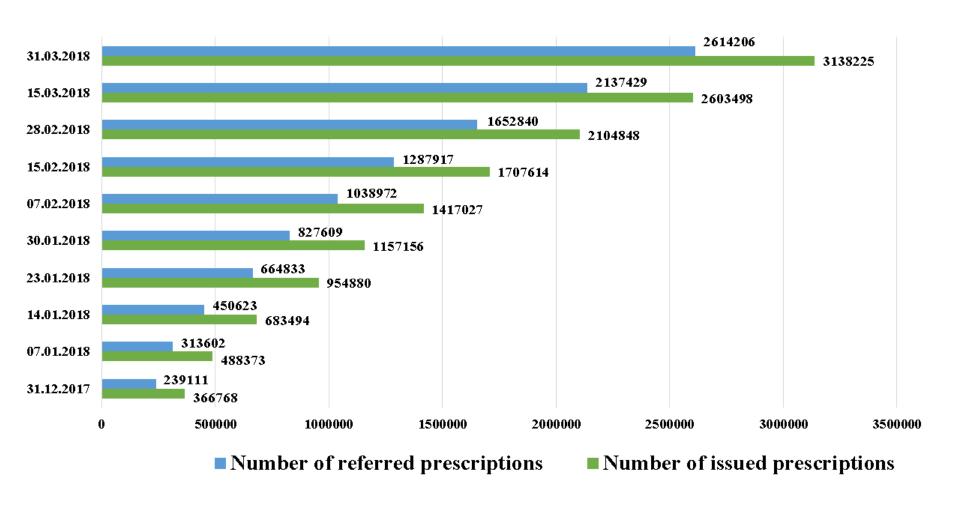
Elektronizët recepti



- 1. Complexity of the system
- 2. After 13 clicks the E-prescription is issued

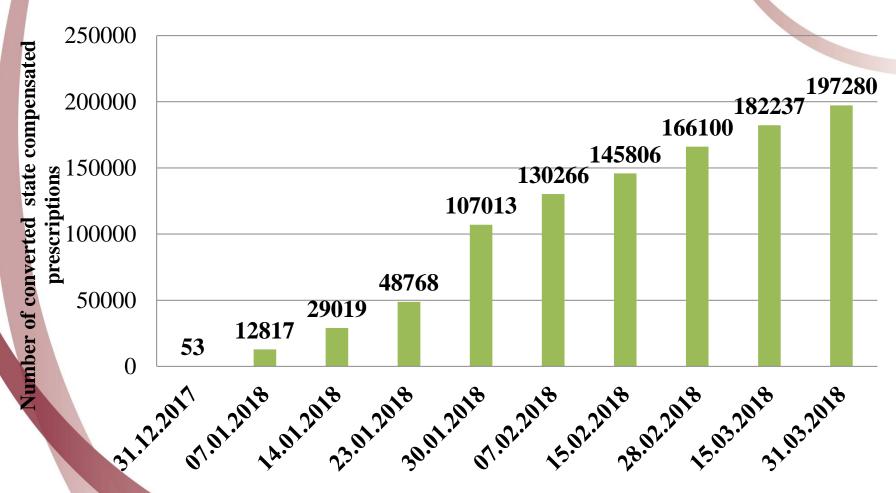


E-PRESCRIPTION IN STATISTICS



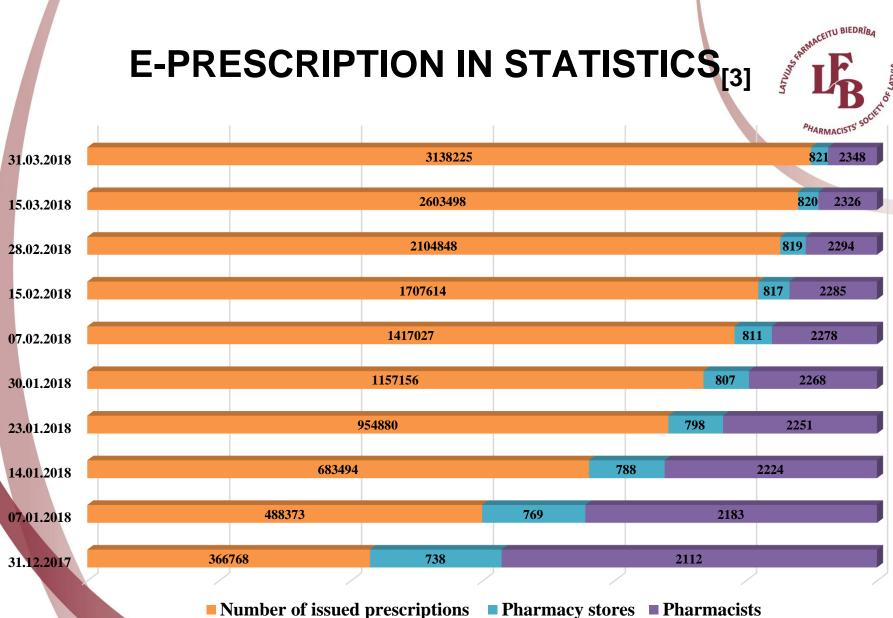
E-PRESCRIPTION IN STATISTICS [2] System Line | Statistics | Statistics





Time period

E-PRESCRIPTION IN STATISTICS[3]



THE IMPROVEMENTS OF E-PRESCRIPTION



The system is getting better and upgrated everyday

National
Health
Service
ensures that
system is
fully
operational
each day

Pharmacy chains have to develop their IT systems aswell

Collaboration with doctors

Technical corrections and improvements are promised only from Autumn

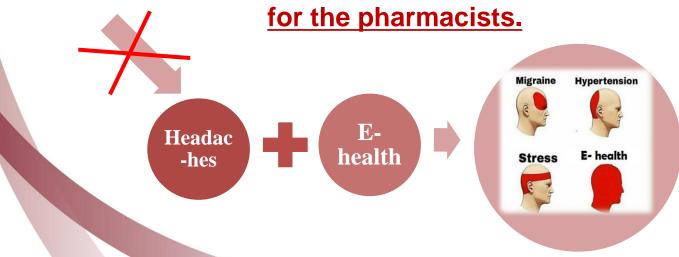
CHALLENGE

It is envisaged in the Cabinet regulations, that the Health Information system provides data with limited availability about the patients who:



- Have been diagnosed according to ICD-10 in the last 12 months, prescribed and issued medications (name, strenght, dosage and the use frequency);
- Use medications regulary (name, strenght, dosage and the use frequency);

Our goal – to obtain this information and to make it available for the pharmacists.





THE PHARMACEUTICAL CARE



CABINET REGULATIONS [Nr. 288, PARAGRAPH 8]



In terms of pharmaceutical care of visitors who undergo selfhealth monitoring in the pharmacy, that involves contact with blood, pharmacy shall have a separate reception room where the health self-monitoring is performed without affecting its quality, as well as the safety of staff and the visitors.

If there is **no envisaged contact with blood** performing the health self-monitoring, the **pharmacy shall have a separate room or a separate place in a visitors**' service hall, where it is possible to perform it without hindrance.



Pharmacies that have a separate reception room < 100







THE SIGNIFICANCE OF THE PHARMACEUTICAL CARE



System

What is best for society?

Health care policy, regulation, legislation

Institution

What is best for an organization, institution, or disease state?

Formulary, protocol, disease state management

Patient

What is best for a patient?

Pharmaceutical care

Promote patients' compliance (ownership, self-monitoring):

To educate patients about the right medication usage

To promote healthy lifestyle and other

To make regular screening for the CV risk factor and/or regulary check the dinamics

THE SERVICES OF PHARMACEUTICAL CARE IN LATVIA



-1	Pharmacists can supply additional services, that could provide with more information about the results of the treatments	
Н	Evaluating the weight and BMI	
-	Measuring the blood pressure and the heart rate monitoring;	
	Blood glucose monitoring	
	Pharmaceutical consultations in a pharmacy	

✓ For these services the Pharmacists' Society of Latvia has developed standarts and the pharmacist is able to provide them, if he has undergone the appropriate training

THE VISION OF PERFECT PHARMACEUTICAL CARE AND E-HEALTH E





Patient sees doctor

Consultation

Diagnosis/review

Explains (pros and cons of) medicines options

Patient education on medicines and disease management

Shared decision making on choice of medicine

Pharmacy

Follow up

Medicine dispensed

Pharmacist checks dosage and accuracy of prescription

Checks for drug interactions

Explains and educates patient on medicines management

Medicines management in daily life

PATIENT

Learns about required medicine (Uses, interactions, side effects, refills, dosage, storage)

Builds medicine taking into new routine (Plan schedule, get reminders, change behaviour, (maybe) inform family)

PROVIDER

devices

Monitors patients (Send reminders, data collection)

Personalisation

Remote consultations Computerised History taking Computerised decision support Information sharing through

technologies

ePrescription Online refill request & home delivery

Advice seeking via phone Decision support through electronic

Information acquisition through technologies

eHealth

Monitoring

Remote monitoring through electronic devices

Adherence to medicines

Personalisation of medicines management and monitoring leads to better adherence and improved health status

WHATS NEXT...



Improvements of the E-health

New and optimized Pharmaceutical care plans- patient centered

New technologies, new tools, monitoring systems

Getting better at solving medicational issues

Seeking for high professional standards



THANK YOU FOR YOUR ATTENTION!

"People don't care how much you know, until they know how much you care."- John C. Maxwell