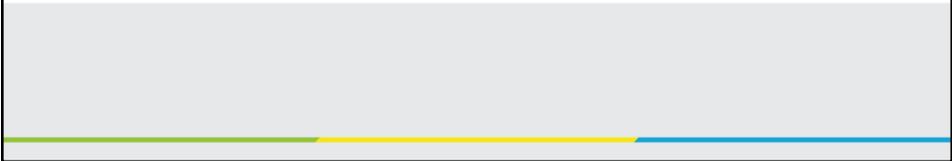




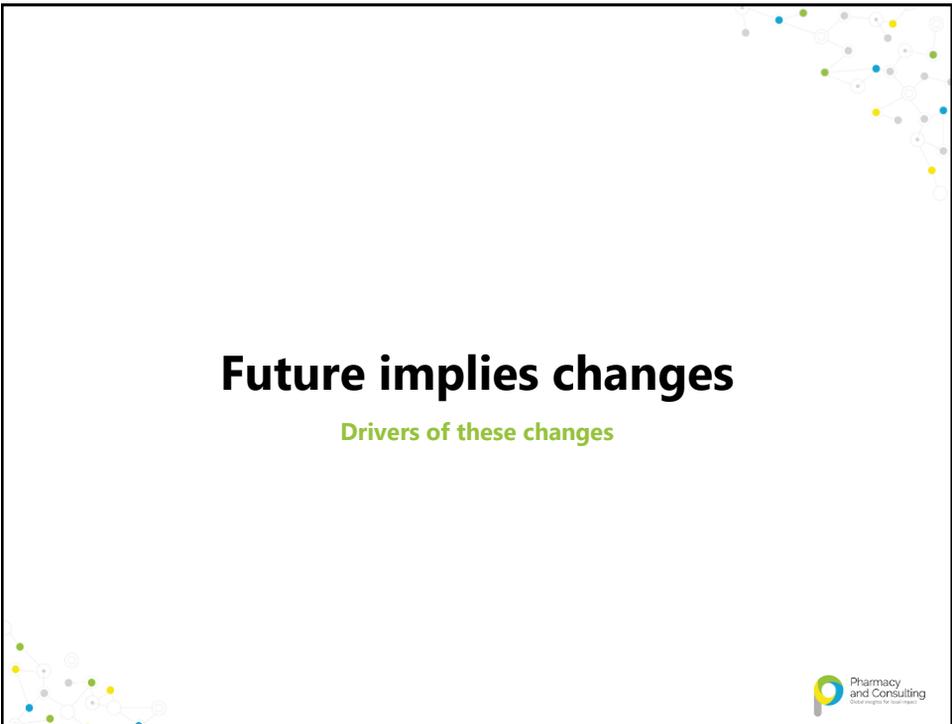
Preparing your journey to the future of community pharmacy

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Pharmacy and Consulting



Future implies changes

Drivers of these changes



Responding to current and future needs

Trends which will affect pharmacy practice in Europe

- Non communicable diseases:
 - Chronic diseases (cardiovascular diseases, asthma, diabetes), Cancer
 - Ageing population
- Communicable diseases:
 - AMR raising: *By 2050, more people will die from drug-resistant infections than from cancer (10 million per year)*
 - Risk of pandemics higher given globalisation
- Government budgetary constraints: *cost containment measures, transfer from secondary to primary care, HTA also applied to care*
- Shortage of healthcare professionals in most countries
- Increased focus on prevention of diseases and prevention of harm caused by care
- Increased expectations from patients and citizens
- Rise of new technologies

Pharmacy of the future



Community pharmacy in the future

- A local (community-based) health(care) and wellness hub
- A provider of tailored solutions, to:
 - Prevent and treat diseases
 - Empower patients and carers with dealing with diseases and symptoms
- Tools:
 - Primarily through medicines (which efficacy is assured through associated services)
 - Information and education as well



Tailored health solutions

For whom? Who pays?

Beneficiaries of solutions	Criteria guiding willingness to pay
Patients and/or their family	Convenience, confidence, lower direct cost (out-of-pocket)
Other healthcare professionals	Diminished workload, support for effective decision-making, reducing errors
Healthcare settings	Contained medicines budget, decreased workload of other staff members, reducing errors
Funders of healthcare systems	Decreased / predictable budget, decreased workload, cost-effective actions (short-term)
Public health authorities	Reliable data, cost-effective actions (long-term)
Pharmaceutical industry	Full value transferred to patients, efficacy supporting (high) medicine prices

Tailored health solutions

Can be gathered in the following categories



Examples of tailored health solutions



Common starting point: an assessment

Data collection

- Assessment based on two types of information:
 - Subjective information:
 - History of a patient, its journey in the healthcare system, appearance of symptoms, any health events, as well as the medicines currently taken by a patient, based on his/her memory.
 - Also the perceived needs and expectations of a patient.
 - Objective information, such as the health status:
 - Point of care testing (measuring weight, blood pressure, blood glucose, cholesterol, INR and other biological parameters) and ordered lab tests (incl. genetic tests); also looking at moles (NO), bone density (IT)...
 - Information recorded by medical devices and/or wearable sensors and health trackers (continuous monitoring, including from home of patients)
 - Dispensing data may be used to assess adherence (e.g. automatic scoring MedsIndex)
- When: On an ad-hoc basis or regularly (e.g. appointments)
- Where: At the pharmacy, at patient's home or in the ward.

Common starting point: an assessment

Analysis and professional judgement

- Relevance of such assessment:
 - Individual level: triage, initiate actions, refer, monitor impact of health measures,
 - Population level: stratification of patients receiving some pharmacy services, risk management...
- Outcomes of such assessment:
 - Immediate action at an individual level,
 - Planned actions for specific groups of patients and/or healthcare professionals
 - Or conclude that no further action is needed.
- Integration, documenting and sharing of data and conclusions with patient and/or relevant healthcare professionals (e.g. via a central electronic patient file)
- Professional assessment can also be a service (Medication Use Review, Home Medicines Review, *Bilan de médication*, *Entretien de polymédication...*) → service is paid for the professional judgement

1. Prevention and health promotion

Screening

- Comprehensive screening (primarily for risk factors):
 - Health checks (UK)
- Focused screening:
 - HIV rapid test at the pharmacy (Spain)
 - Diabetes screening (Italy)
 - Colon Cancer Screening: Ontario (Canada), Switzerland:
 - Screening for red flags and/or exclusion criteria
 - If none: provision of the stool test and informing about the results (with appropriate advise / referral) for Switzerland
 - Funded by health insurances.

ColonCancerCheck



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1. Prevention and health promotion

Vaccination

- Given pharmacy specificities, we can reach additional people → a complement to existing vaccination options (*immunization neighborhood*)
- More and more countries allow pharmacists to immunize: e.g. USA, Canada, UK, Ireland, New Zealand, Australia, South Africa, Argentina, Tunisia, France, Switzerland, Denmark, Philippines, Portugal...
- Increasing number of vaccines accessible to pharmacists: e.g. flu, HPV, tetanus, hepatitis A/B, zoster, pneumococcal, MMR, meningococcal ...



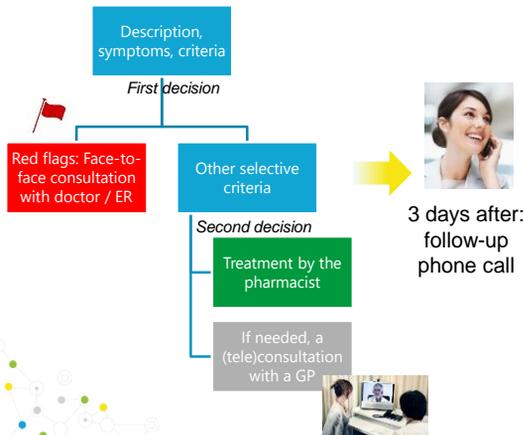
Walking the talk :-)

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2. Initiating and optimising a treatment to meet therapeutic objectives

Minor ailments programme - netCare (Switzerland)

Initial triage based on validated decision trees



- Three outcomes:
 - Solved by solutions provided by pharmacists (advice, OTC): 76%
 - Solved after a teleconsultation with a doctor (who may prescribe a medicine): 17%
 - Direct referral (face-to-face consultation / Emergency Room): 7%
- Most common conditions solved: Cystitis, Conjunctivitis
- Remuneration ≈12.70€
- Recommended path for some insurances

2. Initiating and optimising a treatment to meet therapeutic objectives

Prescription of desired therapeutic outcomes

- Canada: in some provinces, doctors prescribe “a *protocol of care*” which defines the desired therapeutic outcomes and medicines which can be used:
 - Based on this protocol of care and their assessment, pharmacists can:
 - Initiate or discontinue treatment
 - Adjust the dose
 - Regular reporting to the doctor
 - In case of therapeutic failures or red flags, they refer the patients back to their doctor

2. Initiating and optimising a treatment to meet therapeutic objectives

Other examples

- Optimising / personalising treatment based on:
 - Standard parameters: age, gender, weight, kidney / renal functions...
 - New parameters: pharmacogenetics (e.g. Netherlands)
- Sexual health services
 - Example: Chlamydia service in the UK: dispensing an antibiotic after a positive test (or an infected sexual partner)
- Contraceptive services
 - Emergency contraception
 - Regular contraception: Saskatchewan (Canada) pharmacists can prescribe contraceptive pills, moves in USA and NZ

3. Ensuring the safe and continuous supply of medicines

Appointment-based model (USA)

- Coordinated refill synchronization and appointment based pharmacy operating model, primarily for chronic patients
 - Setting a monthly date for the appointment with patient; all chronic refill prescriptions are synchronized to this appointment date
 - Pharmacy calls the patient 5 to 7 days prior to his appointment:
 - Capture new or changed therapies resulting from doctor's or hospital visit(s)
 - Discuss and investigate patient's needs (including new services)
 - Medicines ordered; prescription(s) prepared during off-peak hours
 - Patient visits pharmacy once a month for all his chronic medications
- Outcomes:
 - For the pharmacy: optimised processes (stock and workload)
 - For patients: capacity to define in advance subjects for discussion, less waiting time and higher satisfaction
 - For the healthcare system: increased patient's adherence

3. Ensuring the safe and continuous supply of medicines

Other services

- Different types of supply:
 - Home delivery
 - Unit dose dispensing / Pillbox (locally or centralised)
 - Treatment taken under supervision
 - Limited dispensing
 - In case of addictive medicines
 - To test a new medicine (for a week)
- Additional services:
 - Reconstitution of medicines
 - Compounding based on physical / genetic characteristics (personalised dose)
 - Extension of prescription validity
 - Generic substitution and coming up... biosimilars
 - Authentication of medicines dispensed (falsified medicines)

4. Empowering and securing patients with their medicines

New Medicines Services

- Example: Medisinstart (Norway)
 - For patients receiving for the first time a chronic treatment (anticoagulants, statins, ACE inhibitors / ATII antagonists, calcium channel blockers or betablockers)

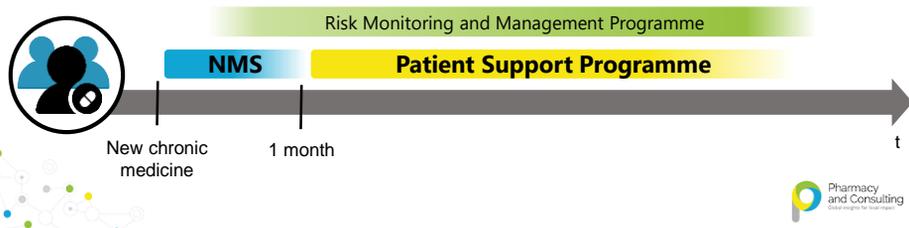


- Structured discussion around responsible use of the new medicine, forgotten tablets and prevention and relief of common side effects
- Answering questions of patients + deciding on measures
- Documentation allows follow-up of measures decided at earlier consultations
- Similar national programmes (for all chronic medicines or specific medicines) in other countries (e.g. UK, France, Denmark):
 - Inhaler technique demonstration
 - Administration of injectable medicine (to demonstrate how to do it)

4. Empowering and securing patients with their medicines

Patient Support Programme

- Originally disease management programmes → now looking at a more holistic approach for chronic patients.
 - Follow-up appointment frequency will decrease over time, as patients are more confident and all issues have been discussed and solved.
 - Transition from a focus on medicines to conditions
- Can be combined with risk monitoring (e.g. as part of risk-management plan)



5. Supporting quality care within the interprofessional team

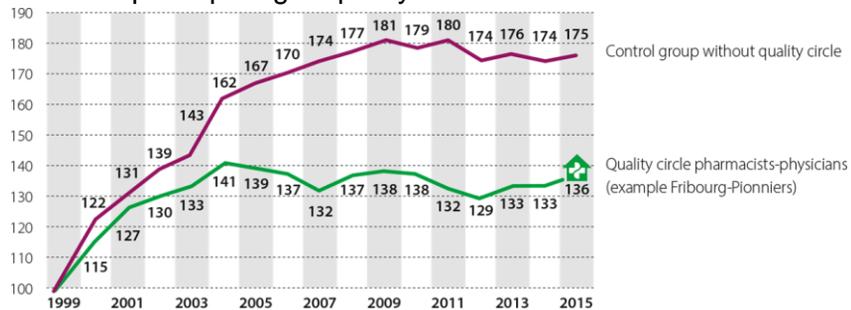
Improving prescribing - Swiss Quality Circles

- A structured discussion at local level between pharmacists and medical doctors, on a voluntary basis, organised every 3 months.
- The discussion is facilitated by pharmacists with a specific training (13 lectures over 2 years)
- Process:
 - Each meeting: a field chosen (diabetes, antibiotics...)
 - Starting point of the discussion: a report made by the community pharmacist, comparing prescription data of the different medical doctors (part of the Quality Circle) and the guidelines
 - Conclusion of the discussion: definition of a local consensus on prescription
- A interprofessional process of CPD + showing pharmacists' expertise

5. Supporting quality care within the interprofessional team

Improving prescribing - Swiss Quality Circles

- Spending on prescribed medicines is substantially less for doctors participating in quality circles:



- Similar national programmes exist in other countries, like the Netherlands

5. Supporting quality care within the interprofessional team

Other services

- Reconciliation / transition of care
 - Preparing a planned admission to the hospital: a comprehensive overview of all medicines used
 - Emergency admission
- Recommendations based on Medicines Use Review
 - Example: Quebec (Canada) with the "*Opinion pharmaceutique*"
- Services to nursing homes (e.g. Switzerland)
 - A service from community pharmacy to manage medicines for the nursing homes
 - ≈1€/patient/day
 - Covering consultation and advice to the care team and provision of medicines at cost price

And how do I prepare for the future?

Because now, I am unsure where to start...






What do all these items have in common?

 Luke Howard	 John Walker	 Joseph Swan	 John Pemberton	 Julius Neubronner	 Caleb Bradham
 Ignacy Łukasiewicz	 Agustin Trigo Mirallès	 Henri Nestlé	 Hon Lik	 Hippolyte Mège-Mouriès	

**All have been invented by pharmacists.
Innovation is in our genes! Let's express it!**





Your personal roadmap to embracing the future

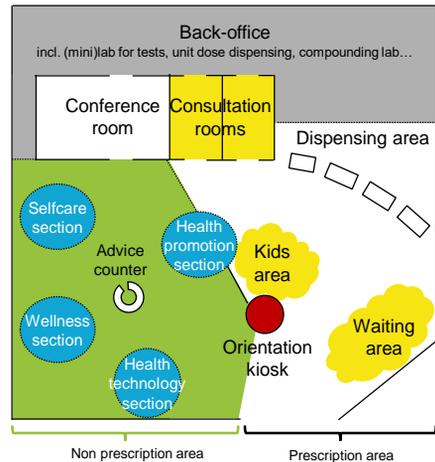
- Take time to define your plan for the future
- Listen, use your data to describe the current and future needs of the people your pharmacy serves:
 - Types of patients and their (unmet) health needs
 - Healthcare professionals in your vicinity and their challenges
 - (Local) health authorities priorities
- Analyse the economic opportunities:
 - Direct income from the services
 - Indirect income: gain new patients, retain current patients
- Develop (and regularly update) a vision, mission and strategy for your pharmacy
 - To ensure its sustainability
 - To meet the needs of the community

Your personal roadmap to embracing the future

- Develop, test and implement selected new services gradually:
 - Budget line for your pharmacy: R&D
 - Competences to deliver these services: a workforce development plan
 - Quality assurance to guarantee reproductivity of results (incl. standard operating procedures)
 - Promote these services to patients, carers and healthcare professionals
 - Collect and analyse evidence of these services:
 - To better communicate the value to patients and healthcare professionals
 - To improve quality
 - To refine economic value
 - Don't be afraid of failure.
- Involve the community pharmacy team and your partners (patients, doctors...)

Reflecting the future in your pharmacy presence

- Pharmacy also extending to the patient's home: omnichannel
 - In the pharmacy: your pharmacy floor should reflect the future:
 - At the entrance: a triage function
 - Consultation rooms (enabling services)
 - A corner for health promotion, incl. activities in the community
 - A health technology corner
 - Dispensing section
 - Conference room
 - Pharmacy reaching out to patients at the home: website, app, social media, phone call
 - Your windows reflect the soul of your pharmacy!



Reflecting the future in your pharmacy presence



Is it good for business?

- Evidence from Australia (through the Health Destination Pharmacy programme): increased professionalism leads to:
 - Better health outcomes and satisfaction from patients → increased loyalty
 - Higher job satisfaction for the staff
 - And better financial results for the pharmacy (+9%)

Conclusions

Conclusions

- Integration in healthcare system → network of care
- Consider improving pharmacy presence (and not only the premises) → omnichannel
- Differentiation of services offered based on local needs... but standardisation of operations (quality)
- Challenges for independent small pharmacies: some level of scale required (virtual chain, banner, chain...) or need for professional support
- Economic model of community pharmacies:
 - Sales oriented: pharmacy services (easy to deliver) will aim to attract shoppers; their costs can be partly subsidised by the sales of products other than medicines. More subject to competition with online pharmacies and/or Amazon.
 - Services oriented: extended range of services.

**Thank you for your
attention**

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