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### PHARMACIST APPROACH TOWARDS DISEASE MANAGEMENT

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#### ABSTRACT

The profession of pharmacy has undergone dramatic changes over past decade. One area in which pharmacists have seized the opportunity to become involved in patient care is disease management. Disease management is a new method of managing healthcare which has arisen in response to rising healthcare costs and integration of healthcare providers. A pharmacist is the legally qualified and professionally competent person to handle drugs and allied supplies required for the patients within and outside the hospital. The pharmacist can play an important role in disease management care by screening patients at high risk for disease, assessing patient health status and adherence to standards of care, educating patients to empower them to care for themselves, referring patients to other health care professionals as appropriate and monitoring outcomes.

**Key Words:-** Cost, Disease, Drugs, Education.

#### INTRODUCTION

The practice of pharmacy is continuing to undergo a paradigm shift from a dispensing-focused to a patient-care-focused profession. With the advances in technology and the increased supply of pharmacy technicians, pharmacists have more time to provide clinical services. One area in which pharmacists have seized the opportunity to become involved in patient care is disease management. The Disease Management Association of America (DMAA) defines Disease Management as “a system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant” (DMAA, 2002).

Disease Management programs involve an intervention or series of interventions aimed at improving the patient outcomes associated with specific diseases or conditions that have a high prevalence or high treatment costs e.g., diabetes (Holdford *et al.*, 1998). From a

pharmacists’ perspective, it is important to note that medication use (& costs) can increase as a part of a disease management program if the drug treatments are necessary to avert outpatient visits or hospitalizations (Gurnee and Da Silval, 1997). Although disease management is applicable to all conditions, programs have typically been focused on chronic illnesses, because they account for a disproportionately high percentage of all medical expenditures. In US, chronic illnesses affect over 100 million people and account for 75% of nation’s annual health care costs and are the major cause of death, disease and disability (Nash and Clark, 2002; Dezii, 2000).

The origin of Pharmacists’ involvement in disease management can be traced back to the hospital environment. In this setting, clinical pharmacy practice is believed to have begun during the 1960s (Hepler and Strand, 1990). In an effort to demonstrate their value, clinical pharmacists began recording and tracking pharmacist interventions. In the late 1960s and early 1970s, literature regarding clinical pharmacy practice began to discuss direct patient contact and clinical involvement of the pharmacist (Angaran *et al.*, 1988). During the early period, pharmacists’ interventions were

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reactive, as opposed to proactive; that is, the bulk of the interventions focused on correcting existing problems with drug therapy rather than preventing those (Pizzi *et al.*, 2001).

In practicing pharmaceutical care, a pharmacist is expected to assume greater responsibility for patient's medication-related outcomes. For example, pharmacists have taken on roles to help assess patient's therapeutic needs, prevent adverse drug reactions, individualize drug therapy, manage chronic disease, and monitor follow up care. However, note that all extent to which pharmacists may actually practice pharmaceutical care is highly variable. For example, a 1996 study of Virginia pharmacists found that community pharmacists who practiced in rurally located, independently owned pharmacies filled less than 150 prescriptions per day and had good rapport with patients, and local physicians were more likely to deliver pharmaceutical care (Sisson, 1996). Although these findings might be attributable to geographic and patient mix differences, results suggest that higher-volume retail chains were less likely to provide pharmaceutical care.

With expertise in pharmacotherapeutics and pharmaceutical care, pharmacists are uniquely qualified to participate in disease management programs currently existing. Some have contributed through their positions in non-clinical settings, such as Pharmaceutical benefit management (PBM), health plans, and pharmaceutical companies, whereas others have participated in clinical settings such as long-term care facilities, hospitals, home health care providers, integrated delivery systems, and community pharmacies (Gurnee and Da Silva, 1997).

The roles and responsibilities of a clinical pharmacist are: ((Hepler and Strand, 1990)

- Assuring safe, accurate, rational and cost-effective use of medications.
- Engage in collaborative practice with other healthcare practitioners for the purpose of improving care and conserving resources.
- Make patient-focused transitions into and out of acute care practice settings, ambulatory care or alternative site settings with the patient's best interest in mind.
- Possess in-depth knowledge of medications that is integrated with a foundational understanding of the biomedical, pharmaceutical, socio-behavioral, and clinical sciences.
- To achieve desired therapeutic goals, the clinical pharmacist applies evidence-based therapeutic guidelines, evolving sciences, emerging technologies, and relevant legal, ethical, social, cultural, economic and professional principles.

- Assume responsibility and accountability for managing medication therapy in direct patient care settings, whether practicing independently or in consultation/collaboration with other health care professionals.

- Routinely provide medication therapy evaluations and recommendations to patients and health care professionals.
- Clinical pharmacist researchers generate, disseminate, and apply new knowledge that contributes to improved health and quality of life.

Research suggests that the potential impact of a pharmacists' intervention in patient care is significant. In a well-publicized study, Johnson & Bootman calculated the annual cost of drug-related morbidity and mortality at \$76.6 billion (Johnson and Bootman, 1995). In a follow up project, they estimated that pharmacist intervention and pharmaceutical care could reduce the annual expense of drug-related problems by \$45.6 billion, a savings that would occur even if pharmacists were paid an additional \$10 for every patient encounter (Johnson and Bootman, 1997).

It is extremely important that pharmacists be provided with the knowledge and skills necessary to contribute to Disease Management. The profession of pharmacy has undergone dramatic changes over past decade. The Disease Management movement, along with technological improvement in patient care, Pharmacists in a variety of practice settings is participating in Disease Management and is being to demonstrate their value in management of several high cost diseases, including asthma, cardiovascular disease, and diabetes. For the movement of sustainable, pharmacists will have to demonstrate that the costs of developing and administering Disease Management services do not exceed the benefits of improved patient outcomes.

The American Pharmacists Association (APhA) states that "by expanding the use of pharmacists' expertise in the treatment of chronic diseases, monetary savings and patient care improvements can help solve many challenges facing the U.S. health care systems" (APhA, 2008). It is clear that the Pharmacists have definite beneficial roles regarding health matters. A Pharmacist is the legally qualified and professionally competent person to handle drugs and allied supplies required for the patients within and outside the hospital.

The U.S. Surgeon General signed a letter of support in December of 2011 to recognize pharmacists as health care providers in health care reform (Giberson *et al.*, 2011). Additionally, the Centers for Disease Control and Prevention recently recognized the vital role pharmacists play in the management of chronic diseases. Both acknowledge pharmacists for their participation in

the management and prevention of chronic health problems, and their ability to increase access to primary care services (Letter to editor, 2012).

It is a matter of regret that the government of our country is taking very little effort to employ highly skilled pharmacy personnel in different sectors of the health

services. But in the developed countries, Pharmacists are in unique position in this regard. So, the governmental health policy should be modified by incorporation Pharmacist in different sectors to improve and ensure the health service for the well being of people of our country.

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