Since its introduction more than a decade ago, pharmaceutical care has gained acceptance as an important component of pharmacy practice throughout the world. The growing implementation of medication therapy management services reflects the profession’s response to broad concerns about the need to improve the safety and efficacy of medication use and minimize medication errors. In this session, four distinguished innovators of pharmaceutical care models shared their opinions and insights on the current state of pharmaceutical care and strategies to meet the challenges ahead.

Reflections on the Road to Pharmaceutical Care

Charles (Doug) Hepler, PhD, who developed the conceptual framework for pharmaceutical care with Linda M. Strand, PharmD, PhD, opened the session with a series of philosophical reflections. He observed that “pharmacy is neither science nor art but a practical discipline of healing.” Pharmaceutical care is a collaborative process requiring pharmacists’ cooperation with other health care professionals, patients, and care givers.

However, the full potential of pharmaceutical care has not yet been realized and preventable drug-related morbidity remains a major health issue. Citing recent research, Dr. Hepler noted that the rate of preventable hospital admissions due to drug therapy problems was about 5 per 1,000 in the United States, ranking just behind admissions for cancer and ahead of those for heart disease and diabetes mellitus. “As pharmacists, we are part of a broken system and we have a duty to help fix it,” he told attendees. “We need fundamental changes in the system of delivering medicine to patients.”

Dr. Hepler called upon pharmacists to build both the supply and demand for pharmaceutical care. Marketing pharmaceutical care is not the responsibility of only a few innovative practitioners; rather, all pharmacists must take part. The common excuse of “not enough time” to provide pharmaceutical care is not a business problem, he maintained. “It is a moral problem, and it is our moral problem.”

“Don’t wait for the perfect multicenter controlled trial of pharmaceutical care,” he urged. “The weight of studies justifies action now.” He also encouraged practitioners to “learn pharmaceutical care by doing it”—and to take joy in the process. “Even though the journey has been long, thousands of people have been helped and lives saved by our incomplete efforts to establish pharmaceutical care.”

Confronting Challenges and Moving Forward

Drawing on more than 20 years of experience, including ongoing research at the Peters Institute of Pharmaceutical Care at the University of Minnesota, Dr. Strand offered a critical but constructive examination of the current state of pharmaceutical care. “It’s time to face some realities in our profession—to face them and move on,” she said. She offered frank observations saying that pharmaceutical care:
often generates more talk than action. “We have talked about this concept almost to death,” she said. However, this talk has not translated into action at a pace quick enough to achieve some crucial goals, such as third-party reimbursement.

Lacks a universal definition. Pharmacists would never tolerate multiple definitions of such basic scientific terms as “half-life,” she observed. “But many of us have different definitions of pharmaceutical care. We need to apply the same structured definitions to our practice vocabulary as we do to our clinical vocabulary.”

Focuses too often on the pharmacist. “Pharmaceutical care is not about the pharmacist, but about the patient,” she emphasized. “It is about the provision of safe and effective drug therapy, no matter who provides it.”

Is often dismissed as an optional duty. The profession tends to approach pharmaceutical care as an optional set of responsibilities (e.g., if the pharmacist has time or if he or she is interested). “Until pharmaceutical care becomes mandatory for all of us, we’ll never do it,” she said. “We don’t have the right to claim responsibility [for pharmaceutical care] and then not exercise it.”

Dr. Strand emphasized that safe and effective drug therapy is the right of every patient. One out of every two patients in the community pharmacy has a drug therapy problem that will have negative consequences if not resolved. Pharmacists must take responsibility for preventing and managing these problems.

Dr. Strand articulated the need for a new type of practitioner who will assume pharmaceutical care as a primary responsibility. “Preparing practitioners is the key to improving safe and effective use of medications,” she said. Such programs will likely develop outside existing colleges of pharmacy and will use pharmaceutical care practice as the framework for their curricula.

Dr. Strand expressed optimism that pharmacy could meet the challenges ahead. The profession has many key resources in place, including a well-defined practice model, a system to classify drug therapy problems, and data on the provision of pharmaceutical care to more than 20,000 patients. “Pharmacy is better positioned today than it has ever been,” she concluded. “But we need the leaders who can make the difficult decisions to make it happen.”

Pharmaceutical Care in Europe

Sumon Sakolchai, PhD, discussed efforts to implement pharmaceutical care in Thailand. In 1990, the Ministry of Health formed a collaborative project with four regional universities in Thailand to develop patient-oriented pharmaceutical care services in hospitals. Currently, about half of large hospitals offer adverse drug reaction monitoring, medication use evaluation, and medication counseling, while about 30% of smaller hospitals offer these services, Dr. Sakolchai said.

In 1994, the national Pharmacy Council was established, which declared “pharmaceutical care as the ultimate goal of professional achievement.” The council oversees the profession by granting licenses, requiring continuing education, and offering training leading to specialty status, including board certification in pharmaceutical care.

Educational reforms also are underway to improve practitioners’ knowledge, skills, and confidence. Clinical pharmacy and pharmaceutical care are among the most popular subjects in pharmacy schools and, in 1997, the first 6-year degree program leading to the Doctor of Pharmacy was created. For established practitioners, more than 80 continuing education workshops have been held nationwide to teach clinical knowledge and skills. From 1993 to 2000, more than 6,500 pharmacists in Thailand (out of 8,000 total) participated in these 5-day workshops.

Pharmaceutical Care in Europe

Dick Tromp, PharmD, PhD, provided an overview of the status of pharmaceutical care in Europe, focusing on the European Union (EU) nations. He noted the 15 EU countries vary substantially in population size relative to the number of pharmacies, ranging from 1,143 people per pharmacy in Greece to 18,000 people per pharmacy in Denmark. Per capita medication consumption and pharmacy costs also differ among EU nations, and these variables translate into significant international differences in pharmaceutical care practices.

In the Netherlands, where Prof. Dr. Tromp oversees a highly innovative pharmacy, “pharmaceutical care is becoming a duty for all pharmacists,” he said. To reduce errors and improve medication management, the patient in the pharmacy moves through a well-organized sequence of encounters at four stations, where staff ensure that he or she receives the correct medication as well as instructions for proper use and pharmaceutical care.

Although definitions of pharmaceutical care vary among nations, an international understanding is emerging. “Pharmaceutical care is care for the individual patient in the pharmacy,” Prof. Dr. Tromp observed. “We belong to one family of pharmacists— in Europe, in the United States, and all over the world.”

Summary

In the past decade, growing numbers of practitioners worldwide have adopted pharmaceutical care as an integral component of pharmacy practice.

Established models of pharmaceutical care can reduce the burden of preventable drug therapy problems, but this promise has not yet been realized.

Although many challenges remain, the profession has key resources to expand and improve the delivery of pharmaceutical care.

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