



# IIINCPC 2019

New Chapter in Patient Care: Medication Use  
Review in the Era of Digital Care

## PHARMACY SERVICES IN THE NEW ERA

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## Sofia

- Social sciences – PhD in Social Medicine – Associate professor Social and Clinical Pharmacy
- Research interests include professional ethics in health care, medicine communication, medicine use, pharmacy practice, the pharmacy professions, pharmaceutical policy/regulations.

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- Pharmacist – Community pharmacist for 6 years - PhD in Social Pharmacy (implementation of cognitive services)  
– Associate professor Social and Clinical Pharmacy
- Research interests include: patients' perspectives on medicines, communication between health care professionals and patients and differences in perspectives on medicines, regulation science – how science can contribute to better regulation of pharmaceuticals

# Agenda – Pharmacy services in the new era?

- The historical development of pharmacies until today
- What is the new era?
- What consequences does the new era have for pharmacy practice?
- How can pharmacy accommodate the new era?

# The historical development of pharmacy

*What is a pharmacy?*



# From individualized manufacturing...



## ...to health care profession

- Industry manufactured medicines
  - Safety, benefit/risk
  - Now: patient involvement in medicine development
- Information and advice giving
  - Now: Treatment instructions, leaflets
  - m one-way communication to dialogue
- Patient centered pharmaceutical care

# What is the new era?

## New technologies

- 3D printed medicines
- Pharmacogenetic tests
- RCT/ clinical practice – direct data from patient to sponsor/physician
- Online pharmacy

# What is the new era?

## New technologies

- Social media groups
- Apps: diagnostics by phone (ex. skin diseases)
- Apps: self-tracking
- Online platforms where patients can access all health data



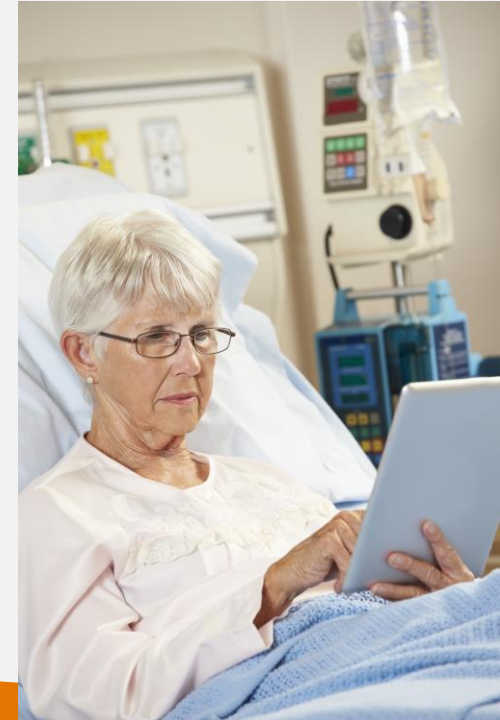
# What is the new era?

## Nothing about me without me

- Moving from patients as subjects in research and medical treatment
- More autonomy and shared decision making
- More involvement in medical treatment and clinical development and regulatory decisions

### EMA: 3 goals with engaging patients:

- What matters to patients?
- What risks are acceptable to patients as compared to effects?
- How much uncertainty will patients accept?



# What is the new era?

## Example - Automated insulin dosage systems

- Insulin pumps + GCM: Continuous glucose monitoring + cellphone: algorithms → automization and personalization of insulin dosages
- Glucose in blood: Time in range: 90%<
- Initiated by patient themselves – problems detecting hypoglycemia at night/ controlling child blood-sugar
- Manual - how to manipulate system open to all but training to ensure do correctly
- Not approved by authorities – some countries even illegal



# Consequences of the new era

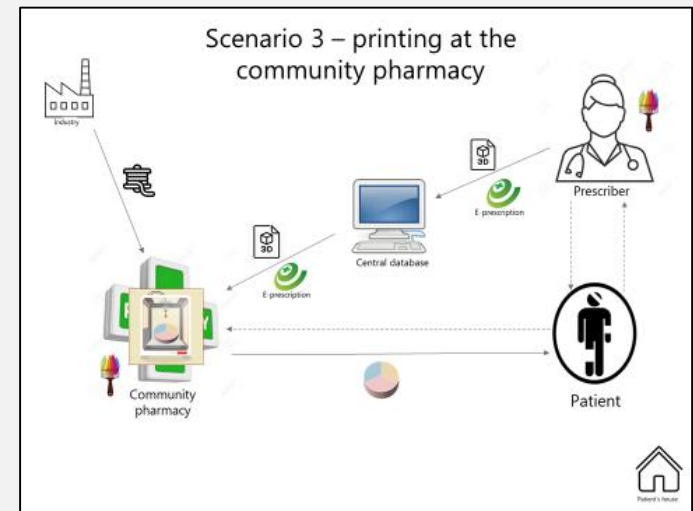
- Other ways of communicating
- Relation patient – health care professionals
- Role of pharmacy/pharmacist
  
- Pharmacy services



# Consequences of the new era

- Premises
- Logistics
- Ethics/surveillance
- Economy/prioritization

Are pharmacists ready?



# Going forward – what can we do to accommodate

Pharmacists:

Where and how to meet patients

- Perception of own role and responsibilities
- Ethics and patient centeredness
- Communication skills – ‘the media is the message’
- Individualized medicines and advice
- Changes in education curricula

# Going forward – what can we do to accommodate

- Regulations
  - What is the role of pharmacies
- Be clear on business vs health care
- Advice giving environment
- Researchers – think about the future



# How to accommodate the new era?

## Where are we right now?

Pilot study - pharmacy communication – videos followed by interviews:

- Staff eager to establish good contact and talk about medicines and to make them selves understood by patients

### HOWEVER

- Staff determined to have own questions answered
- Staff often overhears/ oversees clues from patients (narrow frame for answers – not too personal)
- Staff looks much less on the patient than what they think they do and the patient looks more on them (knows its important)
- Staff are sometimes inhibited by own emotions – sensitive to perceived mood of patient

# Patient centeredness other studies



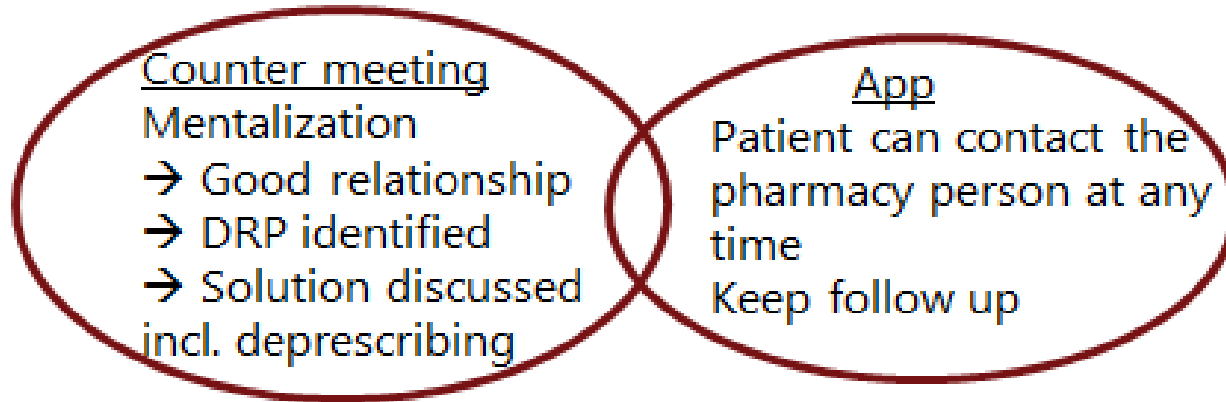
- DK (Kaae et al. 2019): Some patients happy about checklist approach – others do not feel seen/ heard
- Scotland (Garner et al. 2007): If patients answer thoroughly to questions - no follow-up
- The Netherlands (van Dijk 2016): Little medication-related information especially for repeat prescriptions, did not encourage active patient participation
- UK (Da Costa et al. 2019): Many existing tools (Calgary-Cambridge, Medicine-related Consultation Framework, MUR) do not support all relevant elements of patient-centeredness – for example support by surroundings – and some do not tell how to be patient-centered)

# How to move forward – the example of mentalization



- Mentalization: The ability to have mind in mind:
- ***The ability to be aware of the needs and experiences the other part expresses directly and indirectly***
- Present to staff how the ability is developed and how the ability affects relationships
- Circumstances under which mentalization is challenged and circumstances under which it is promoted
- Essential dimensions: mentalization directed at emotions and thoughts of other persons (other-mentalization) and of the mentalizing person him- or herself (self-mentalisation)

# One example of how to develop at the counter communication



- Training a few pharmacies online: Mentalization (incl. quality assurance)
  - Develop app
  - Follow-up in pharmacy
  - Follow-up in patients (video-assisted-interviews)
  - Evaluation → adjustments
- ➔
- Train more pharmacies online: Mentalization
  - Follow-up in pharmacy
  - Follow-up in patients (questionnaires and registers)
  - Evaluation → adjustments
- ➔
- Big scale training
  - Follow-up in patients

# What will you do to prepare for the new era?



Thank you for listening!

Questions?

