news about our section

International Pharmaceutical Federation

FIP/Hospital Pharmacy Section

newsletter 45

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The ASHP Donald E. Francke Medal – honoring Andy Gray

Andrew Lofts Gray, B.Pharm., M.Sc. (Pharm), FPS, FFIP, Senior Lecturer in the Division of Pharmacology, Discipline of Pharmaceutical Sciences at the School of Health Sciences, University of KwaZulu-Natal, Durban, South Africa, is the recipient of the American Society of Health-System Pharmacists' 2014 Donald E. Francke Medal. Mr. Gray received the award and presented a lecture on Wednesday, December 10, during a luncheon at the association's 49th Midyear Clinical Meeting in Anaheim, CA.

Mr. Gray's work has had a significant impact on the development and implementation of national medicine policies, rational medicine use, and the application of antiretroviral therapy in resource-constrained settings. He is actively involved in the development and assessment of medicines and other health-related law in South Africa. He has been a member of the Names and Scheduling Expert Committee of the South African Medicines Control Council since 2000 and was appointed to the National Essential Medicines List Committee in 2012. He is a Member of the World Health Organization's Expert Panel on Drug Policies and Management and has served as a member, rapporteur, and co-chairperson of the Expert Committee on the Selection and Use of Essential Medicines.

A past national president of the South African Association of Hospital and Institutional Pharmacists, Mr. Gray also has a long and distinguished record of service in the Hospital Pharmacy Section and the Board of Pharmaceutical Practice of the International Pharmaceutical Federation (FIP). He served as vice president (Africa) of the Hospital Pharmacy Section (2001-2006) and as president of the Hospital Pharmacy Section (2007-2010). Mr. Gray also served as a member of the FIP Executive Committee of the Board of Pharmaceutical Practice, chairman of the Board of Pharmaceutical Practice, and member of the Bureau and Council.

Widely published, he is associate editor of the *South African Pharmaceutical Journal*, section editor of the *Journal of Pharmaceutical Policy and Practice*, and serves on the international editorial advisory boards of the *International Journal of Clinical Pharmacy*, and the *GaBI Journal*.

"Mr. Gray's work is an inspiring example of the powerful ways that pharmacists can impact public policy on behalf of patients both domestically and abroad," said ASHP President Christene M. Jolowsky, M.S., RPh., FASHP.

The Francke Medal was established by the ASHP to honor individuals who have made significant contributions to international pharmacy practice. Francke, a key leader of ASHP in its formative years, was noted for his longtime service to American and international pharmacy. He served as editor of the *American Journal of Hospital Pharmacy* for 22 years and was the first American vice president of FIP's Section of Hospital Pharmacists.

Update from the Western Pacific Pharmaceutical Forum (WPPF)

The Western Pacific Region office of the WHO has commissioned a consultancy in relation to the regulation of the education and practice of health professionals throughout the region. John Jackson, President of the Western Pacific Pharmaceutical Forum, was requested to provide advice in relation to the regulation of pharmacists. As part of the process, John undertook a survey of the quality structures that exist in relation to pharmacists' education and practice, including accreditation of pharmacy undergraduate programs, the duration of any intern period prior to practice and the requirement for certification prior to being able practice, and the obligation to undertake continuing professional education as an aspect of re-registration. The results have been presented to an informal workshop undertaken in relation to the consultancy and the study will be further developed with further investigation of the accreditation of work places such as hospitals and community pharmacies.

The Western Pacific Pharmaceutical Forum in association with FIP Foundation will once again be offering a number of travel grants to support pharmacists from developing or less developed countries of the Region to attend the next FIP Congress, scheduled for Dusseldorf Germany from 29th September to 3rd October 2015. Applications will be judged by an independent selection panel and it is strongly recommended that pharmacists who are considering submitting an application, discuss their application with their local pharmacist association. The deadline for submitting applications will be **31st January 2015** and further information will be available on the WPPF website in the near future [http://www.wppf.org/].

The Society of Hospital Pharmacists of Australia (SHPA) Future Summit

This year SHPA introduced a new educational event, the SHPA Pharmacy Future Summit, which will benefit members, the profession and the patients we care for. The first of three annual events was held in August 2014 and brought together some of pharmacy's best thinkers from around Australia to work on three pharmacy challenges: **financial sustainability, evidence into practice** and **future models of clinical practice**, with a facilitator who helped participants map a way forward.

One product from the summit will be a discussion paper which will identify key challenges for the profession and strategies to address these challenges. This will enable SHPA, through engagement and collaboration with members, to inform, prioritise and support the development and evaluation of these strategies. SHPA President, Professor Michael Dooley, said "It was a fantastic experience to listen to the passion and vision of so many wonderful individuals from all sectors of practice and we all look forward to building on this momentum

and progressing these initiatives."

Outcomes from the summit were presented in September at the Medicines Management 2014, the 40th SHPA National Conference, and included initiatives such as a National Medication Management Dashboard and a National Research Collaborative. The next challenge will be to put these ideas into action.

Annual Conference of Taiwan Society of Health-System Pharmacists (TSHP)

Shao C. Chiang

On 2nd November 2014, around 700 pharmacists attended the Annual Conference of Taiwan Society of Health-System Pharmacists (TSHP). The theme of this year was 'Turning Threat into Opportunity for Pharmaceutical Care: the Trends, Transformation, and Sustainability.'

The keynote speaker was Dr. Henri R. Manasse, Jr. who was the Executive Vice President and Chief Executive Officer American Society of Health-System Pharmacists. His title of the speech was 'Interdisciplinary Teamwork'. In his speech, Dr. Manasee mentioned that the interdisciplinary teamwork is currently a very important trend, He shared the 12 principles of Hospital Care Collaborative, the impediments to teamwork, and the characteristics of a high-performance team.

The second guest to illustrate 'transformation' was ex-chief of Taiwan Food & Drug Administration (TFDA), Dr. Ming-Kong Yeh. He pointed out that TFDA is developing projects for expanding the career tracts for pharmacists.

The third speaker was Dr. Felin Lin, who was the Director of Pharmacy of National Taiwan University and her topic was 'Sustainability: innovation for the quality of pharmaceutical care.' She pointed out the development of career tracks for hospital pharmacist is necessary and the Society should plan the training in the coming 3 years.

Henri Manasse, Jr, giving the keynote presentation

Medication Therapy Adherence Clinic (MTAC) in Ministry of Health Hospitals and Clinics in Malaysia

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Adherence to medication, particularly in the treatment of chronic diseases, is a very important factor contributing to the success of pharmacotherapy. Pharmacists, with their specialized knowledge and skills in pharmacotherapy, play a key role to assist and monitor patient adherence to the prescribed medication regimens. In view of this, the Pharmaceutical Services Division (PSD) of the Ministry of Health Malaysia (MOH) initiated a service called Medication Therapy Adherence Clinic (MTAC). This service caters for patients at the ambulatory care setting in hospitals and health clinics under MOH.

MTAC in Malaysia was first introduced in 2004 for patients who had undergone renal transplant. It has now been developed for many other areas, namely diabetes, warfarin therapy, respiratory diseases (asthma and chronic obstructive pulmonary disease), retroviral disease, chronic kidney disease, dialysis patients, psychiatry, haemophilia, psoriasis, stroke, rheumatology and geriatrics. By the end of year 2013, there are 660 MOH hospitals and clinics throughout the country offering various types of MTAC services.

The main objective of MTAC is to maximise the benefits of medications and reduce adverse effects and complications resulting from multiple medication regimens in chronic disease patients. The service also aims to educate patients on their disease and complications, appropriate self-management and the use of medications and self-care devices (if any). It is conducted in co-operation with other healthcare providers who are directly involved in patient care.

MTAC is conducted through agreement with the prescribers. Patient recruitment is either through referral by prescribers or based on patient selection criteria as stipulated in the MTAC protocols. MTAC sessions are usually conducted close to the prescribers' room to gain access to patients' medical records, especially for facilities without electronic information system. This also enables faster and easier communication between the pharmacists and the prescribers.

On clinic days, the pharmacist will attend to patients before the patients meet the prescribers, in order to assess medication adherence and medication-related problems. This enables the pharmacist to make necessary recommendations to the prescribers regarding the patients' medication therapy. The pharmacist will meet the patients again for medication counselling and dispensing after the patients have been assessed by the prescribers. The assessment of medication-related problems, as well as monitoring of medication adherence and clinical outcomes, is performed continuously by the pharmacist during scheduled follow-up visits. These regular patient-pharmacist encounters in MTAC develop the rapport which is usually lacking in the ordinary medication counselling sessions.

Specific protocols for the different types of MTAC are developed at PSD MOH level to give guidance to the pharmacists at the ground level to establish and conduct MTAC services in a standardised manner. Audits are also performed to ensure all facilities meet the required standards in conducting MTACs in order to maintain the quality of the service.

Studies have shown that MTAC services improve patients' clinical outcomes. In a Malaysian study on patients with Type 2 diabetes, the mean HbA1c level showed a significant reduction of 1.7% from 10.6% to 8.9% in patients receiving MTAC Diabetes service.[1] Due to the significance of MTAC, one of the Key Performance Indicators currently set by MOH is to achieve 80% patient adherence to diabetes medications at the fourth visit at Diabetes MTAC. It is indeed satisfying to have the MTAC services being recognised and appreciated by other healthcare providers, the policy-makers, and the most important of all, the patients.

Pharmacist conducting a diabetes MTAC session.

Frequent pharmacist-patient encounters contribute to the success of pharmacotherapy.

Standard national protocols for the different types of MTAC.

Pharmacists being trained to conduct Warfarin MTAC by a qualified preceptor.

Reference:

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Pharmacy Value Added Services in Malaysia

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The public healthcare services provided by the Ministry of Health (MOH) Malaysia are almost fully subsidized by the government whereby all Malaysians have access to healthcare services from as low as MYR 1.00 (~USD 0.30). Due to this fact, MOH health facilities attracted a large number of patients every year. Statistics showed that the number of prescriptions received by the public health facilities has increased by almost 10% annually.

In 2013, MOH pharmacies received 48.6 million prescriptions as compared to 47.5 million prescriptions in 2012. From Malaysia's MOH data, approximately 40% of the total number of prescriptions received is repeat prescriptions for patients with chronic illnesses. In MOH healthcare settings, patients with chronic diseases are scheduled for appointments with their doctors at intervals of 3 – 6 months whereby they will be given prescriptions for their medicines for the same duration. However, due to the policy of supplying only a month supply of medicines, patients need to make regular visits to the pharmacy on monthly basis to get their prescriptions filled. This may cause inconvenience to them in terms of additional travelling costs incurred, time required to travel, parking woes and also the long waiting time due to congestion at the health facility.

These factors may invariably lead to non-compliance of these patients to their medicines regimen, thus resulting in sub-optimal management of their health conditions. Such situation can lead to poor overall health outcomes and escalating healthcare costs both to the individual as well as to the nation. Hence, it is important to ensure that this category of patients have equitable and easy access to their medicines.

The Pharmaceutical Services Division (PSD) under the Malaysia's MOH had introduced several initiatives that are collectively known as Pharmacy Value Added Services (VAS). Patients were given several options of VAS at all MOH hospitals for their convenience in getting their medications filled.

Malaysia's VAS initiatives are:

1. **Integrated Drug Dispensing System or *Sistem Pendispensan Ubat Bersepadu* (SPUB)**
   It is a standard referral system between MOH pharmacies. Through this system, patients staying far from their treatment facilities are able to collect their repeat medicines from a MOH health facility nearer to their homes.

2. **Appointment Service**
   Patients can make appointments with the pharmacies a few days earlier to collect their medication at a specified date. This service also uses different modes of communication such as mobile phone, telephone, fax and e-mail for patients to set their appointment date for medicines collection.

3. **Drive - Through Pharmacy**
   This service provides an alternative facility outside of the pharmacy area which is very convenient for patients as they do not have to park their vehicle. An appointment date are arranged with the pharmacy earlier to ensure their medicines are prepared beforehand, thus no waiting is required for medicines collection.

4. **Medicines by Post 1Malaysia or *Ubat Melalui Pos 1Malaysia* (UMP1M)**
   It is a service which delivers patient's medicines supply straight to their home/office with a minimal delivery fee. This service is carried out in partnership with the national courier company.

The main objectives of the Pharmacy Value Added Services (VAS) are:

- To ensure the continuity of patient's medicines supply
- To provide easy access to their medication supply
- To reduce patient's waiting time at the pharmacy
- To ensure patients compliance towards their medication therapy ;
- To reduce the burden of monthly cost and travel time for medications collection

Target group for the Pharmacy Value Added Services (VAS) are:

- Patients with chronic illnesses;
- Patients who are elderly;
- Patients who are living far from any health facilities;
- Working patients/ caregivers.

Benefits of Pharmacy Value Added Services

- Patient's waiting time to receive their medications are reduced
- Continuity of patient's medicines supply are guaranteed thus ensuring compliance towards their medicines therapy
- To reduce patient's monthly burden of cost and time of travelling to the health facility
- Helps to decongest the pharmacy waiting area

With the implementation of the Pharmacy Value Added Services in the MOH Malaysia facilities, we have proven our endeavour to continuously offer better healthcare that are easily accessible to the patients and thus achieving our aim in delighting our customers.

Antibiotic Awareness Week

Jonathan Penm, Vice President of the Hospital Pharmacy Section (Western Pacific), FIP

Antibiotics awareness week was held from November 17-23 in Australia as well as many other countries around the world. Globally, antibiotic resistance rates are increasing and the inappropriate use of antimicrobials in the hospital setting has been estimated to be at 50%. Actions is required today to ensure we preserve the miracle of antibiotics and still have a cure for tomorrow and into the future.

Numerous hospitals around Australia joined this initiative and many of them were lead by pharmacists. The Australian Commission on Safety and Quality in Health Care promoted 7 actions you can take today to improve antimicrobial use:

Action 1: Obtain cultures before starting therapy
Action 2: Use Therapeutic Guidelines: Antibiotic (Australian guidelines)
Action 3: Document indication and review date
Action 4: Review and reassess antibiotics at 48 hours
Action 5: Consider IV to oral switch
Action 6: Seek advice for complex cases
Action 7: Educate patients about antibiotic use

We encourage all pharmacists around the world to take up the call to fight antibiotic resistance. Take action today and become a 'resistance fighter'.

Over the page you can review a poster that received an honorable mention at the Bangkok conference.

The use of Renin–angiotensin system blockade in long-term haemodialysis patients in Taiwan

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OBJECTIVES

The worldwide incidence and prevalence of populations requiring dialysis is increasing. The incidence and prevalence of patients on dialysis in Taiwan increased rapidly after the launch of National Health Insurance (NHI) in 1995. Compared with patients with normal renal function, patients on long-term dialysis are at increased risk of cardiovascular events, which comprise a major cause of morbidity and mortality. In an attempt to reduce the cardiovascular death, ACEI or ARB therapies are widely prescribed. But the evidence in haemodialysis patients is less convincing. Until now, whether ACEI and ARB are useful in reducing cardiovascular events among patients at risk from variety clinical is more debatable. The benefits of RASB on the outcomes of these patients have yet to be determined. The aim of this study was to investigate the associations between ACEI and ARB use and the occurrence of all-cause mortality and cardiovascular events in long-term HD.

METHODS

This study conducted a nationwide observational study using data from the Taiwan National Health Insurance claims database , between 1998 and 2009.We enrolled patients with long term haemodialysis under treatment with medications. Long-term HD in this context means that each patient received continued HD sessions within 3 months after starting HD during 1999–2006. In Taiwan, patients who need long-term dialysis are recognized as having a catastrophic illness. and they are thus exempt from co-payments. Thus we use the data from the Registry for catastrophic illness patients to identify the dialysis patients. New users of a RAS blocker were selected to compare with non-RASB users. According to the medication possession ratio. We further more divided the treatment group into two groups of high adherence and low adherence groups .High adherences means patient's medication possession ration greater than 80%. Low adherences means less than 80%. in order to evaluate the association between the medication possession ratio and their outcomes. We used Cox proportional hazards regression to compare the risk of all-cause mortality and the incidences of cardiovascular events. Stratified analyses and RASB therapy duration as a time-dependent covariate were also performed. We also considered other covariates in this study, including cumulative days taking an RASB, age, gender, urbanization level, medications, and co-morbidities, within the 2 years before the first time received haemodialysis.

	Non-user (n=7613)	MPR<80% (n=7071)	Crude HR (95% CI)	P value	Adjusted HR (95% CI)	P value
Primary outcome :						
All cause death	2406	2406	0.83(0.79-0.88)	<0.001	0.81(0.76-0.86)	<0.001
Secondary outcome :						
Ischemic strike	302	587	1.90(1.66-2.19)	<0.001	1.62(1.40-1.88)	<0.001
Hemorrhagic stroke	176	243	1.48(1.22-1.79)	<0.001	1.28(1.04-1.56)	0.02
Myocardial infarction	391	1034	2.48(2.21-2.79)	<0.001	1.74(1.54-1.97)	<0.001
Hart Failure	226	887	3.71(3.20-4.29)	<0.001	4.63(3.66-5.87)	<0.001

	Non-user (n=7613)	MPR>80% (n=749)	Crude HR (95% CI)	P value	Adjusted HR (95% CI)	P value
Primary outcome						
All cause death	2406	231	0.79(0.69-0.91)	<0.001	0.98(0.86-1.13)	0.801
Secondary outcome						
Ischemic strike	302	54	1.75(1.31-2.34)	<0.001	1.76(1.31-2.38)	<0.001
Hemorrhagic stroke	176	68	2.71(1.97-3.73)	<0.001	2.60(1.86-3.63)	<0.001
Myocardial infarction	391	132	3.398(2.79-4.13)	<0.001	2.68(2.18-3.30)	<0.001
Hart Failure	226	117	5.15(4.12-6.44)	<0.001	4.63(3.66-5.87)	<0.001

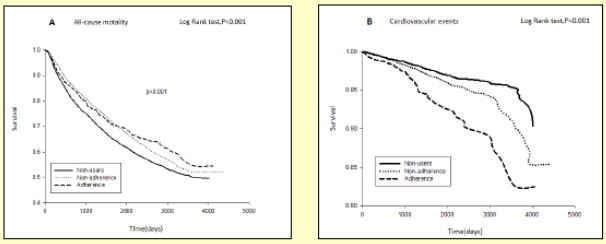

Figure 1 Kaplan-Meier estimates of (A) all-cause mortality and (B) cardiovascular events.

Table 1.Hazar ratios of all-cause mortality and cardiovascular events before and after adjustment.

RESULTS

During a follow up, 15434 patients were enrolled in the study. Of these, 7820 patients took an RASB and 7612 patients did not take any RASB. In the treatment group, 2535 patients use ACEI only,1324 patients use ARB only, and 3961 patients replaced the drug use (ACEI to ARB).At the time of enrolment, compared with the patients in the control group, patients in the treatment group more commonly used beta-blockers, calcium channel blockers, alpha-blockers,diuretics,statins,antiplatelet drugs,and diabetes drugs. The mean follow-up periods were 1759.78 and 1590.63 days in the treatment and control groups ($p< 0.001$) .The primary outcome was all-cause mortality. There were 30% deaths in the high adherence group and 34% deaths in the low adherence group,a lesser proportion than the 37% deaths in the control group during a follow-up. Log-rank tests showed a significantly lower mortality rate in the treatment group than in the control group(Fig.1). The secondary outcome was cardiovascular events. At the enrollment, there were 1100 cardiovascular events in the control group,a lesser proportion than the treatment group(Fig.1). Table.1 shows the hazard ratios of all-cause mortality and cardiovascular events before and after adjustment for demographic and clinically relevant variables. The treatment group had a 20% lower risk of all-cause death than the control group.

CONCLUSIONS

This study's findings expand on the prior knowledge to provide more evidence about the effects of RASB in patients on long-term HD. If patients on long-term HD , the use of an RASB should be recommended to prolong their survival. This study did not provide a beneficial effect of RASB for the cardiovascular events in long-tern haemodialysis patients.

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- The French Ordre des Pharmaciens
- The Japanese Society of Hospital Pharmacists

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