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COMMUNITY CONNECT – PHARMACEUTICAL CARE EVERYWHERE

In this commentary, I make an attempt to review background and issues of consequence to community pharmacy practice in Bharat. Bharat is vibrant socioeconomically as demonstrated during Covid 19. Bharat besides protecting its own citizens also made worldwide cost effective covid 19 vaccines. Pharmaceutical industry of Bharat is second to none in the world - exporting quality medicines worldwide. Bharat trained pharmacists are serving every nook and corner of the world contributing to all sectors of pharmacy profession such as - academic, industry, regulatory, clinical and community pharmacy. Although in Bharat itself the profession of pharmacy is fragmented into sectors of closed doors and there is very poor interaction or communication among various stakeholders. Scenario in country is nothing but mockery of modern medical practice.

In Bharat, while all laws and regulations related to health care are periodically updated, but their implementation has been a challenge. For example - Pharmacy Practice Regulations 2015 (PPR 2015) was enacted on January 2015 under the Pharmacy Act 1948 by a Gazette notification and the PPR 2015 was further amended in PPR 2021. This should have sparked changes in pharmacy practice among pharmacy professionals. Unfortunately, it remains neglected and therefore no impact on professional practice. Even today the patients and health consumers are clueless about whom to contact for guidance in matter of prescription medicine. The family - ownership model of medical shops in India are selling the prescription medicine to the patients and on most occasions anyone could get prescription medicine on demand. The independent retail pharmacy's operation is not controlled by registered pharmacist, but its family owners.

Patient in Bharat is loyal to their doctors. Doctors main focus during their interaction is on symptomatic relief. Stand-alone clinics, independent consultations are failed models for long term health care provision that are unable to meet the challenge of providing solutions that improves quality of life and minimization of drug related patient safety issues. Neither patients nor health care provider are seriously thinking about long term care for chronic illnesses. For example - in treatments of chronic diseases like diabetes, hypertension, asthma and obesity - follow up care to reach treatment goal is rarely followed with the result that patients experience long-term complications. Although we know that complications of diabetes are preventable, many patients suffer due to lack of health care provider's support and continuous monitoring needed for these health conditions. There is an utmost need to address this issue with institutional approach rather than existing stand-alone clinic model.

Holistic approach should involve a team of health professionals comprising of doctors of Allopathy, AYUSH (Ayurveda, Unani, Siddha, and Homeopathy), pharmacist, nurses, dietitians and physical therapist. We should be able to differentiate between disease and health and focus on improving health/ preventing disease rather than only treating diseases. There should be a legislation and institution to implement holistic system of health care.

Patients' education and awareness of health and

diseases is a must. Most of us in our daily life neglect healthy-life style, in the false belief that one is very healthy because of lack of disease symptoms. Result by the time we see healthcare professional – it is already late. For example if the patient comes for checkup in early stages of cancer, it is more likely that it could be cured, however, many patients report to health care facility after cancer has spread to other parts of the body, resulting in decreased possibility of cure as well as increased suffering for the patient and their families physically, emotionally and economically. One can expect to remain healthy with good quality of life if he or she adopts the principle of health in daily routine.

Many people believe that drugs are safe and do not cause any harm. This is the root cause of self-medication. They go to retail pharmacies and buy any medicines like antibiotics, pain killers or even psychotropic drugs. Although illegal, the nonprofessional retail pharmacies provide drug to patients who ask either by name or naming symptom(s). For every ill there is a pill is the myth of the health consumer who indulge in self-medication blindly.

For example - indiscriminate and inappropriate misuse of antibiotics is the cause for development of highly resistant bacteria. NSAIDS, are main culprits for chronic kidney diseases. In modern India, anxiety and stress has led to abuse of psychotropic drugs. In most developed countries there is a strict control over the misuse of prescription drugs.

In India retail pharmacies revenue is generated by trade margins provided by the manufacturer on the drugs sold. The lack of appreciation and rewards for pharmacy services provided by the retail pharmacy in the Indian context leads to simply dispensing of medicine in a non-professional way. Lack of of strict enforcement of the regulations currently on the books is the major reason retail pharmacies could indulge in unregulated selling of prescription medicines . In the chain of stake holders retail pharmacy, prescriber, manufacturers, and regulators all benefit monetarily, except the patient – who in the long-run has a poor healthcare outcome.

In developed countries, registered pharmacist has a well define role and responsibilities and pharmacy operations are strictly enforced. Continuing education requirements and professional development opportunities are defined and enforced.
However, in Bharat no such system prevails and once a person gets license as registered pharmacist, it is for ‘life’ and no skill update is required. There is no requirement for updating knowledge or continuing education for retail pharmacists. Ignorance and inertia is preventing patients and retail pharmacists to carry out pharmaceutical care.

In 2006, WHO-FIP jointly released the handbook - pharmacy profession is fragmented into different streams like - academic pharmacy, industrial Pharmacy, regulatory pharmacy and community pharmacy. There are professional organizations representing each stream. As a result, pharmacy doesn’t communicate with the public in a single voice. Unlike medical and nursing professions whose functions are well recognized in the society pharmacist role in healthcare in not recognized. The community pharmacy - which is the public face of the profession, is hardly professional by any standard. The community pharmacy are considered retail traders who are engaged in handing over the prescribed medicines to the patients and earns their livelihood by trade margins provided by the manufacturer. Pharmacist working in these settings are not qualified to provide any pharmaceutical services apart from handing out medicines and

charging for it. Hence Medical stores and person who runs medical stores goes unnoticed by patients and health consumers.

Because of this very simple transactional nature of the Indian pharmacy business, now competitors have started emerging to these family medical shops. These competitors are able to offer hugh discounts and drug prices and provide home deliveries as well as on-line ordering. This new model while providing short time savings is very much detrimental to patients and health consumers as they do not have any access to pharmaceutical care, which is fundamental to any therapeutics.

Even 8 years after the passage of the 2015 pharmacy practice regulations by The Government of Bharat, no change has occurred. The Pharmacy Council of Bharat is responsible for implementation of the PPR 2015, They have called recently all registered pharmacist to start providing Pharmacy Practice as per PPR 2015.

The current model of medicine usage is product-centric instead of patient-centric. The wide competition among pharmaceutical companies result in most investment spent on developing in brand image that serves the industry well but patient poorly. The heavy budgetary allocations for marketing is making product centric therapeutics. The product centric marketing is giving birth to unethical practices like irrational use medicines, influencing prescription habits of doctors, self-medication by patients.

The best way to ensure patient safety is to engage well trained registered pharmacist in the country to start providing pharmaceutical care in a wider scale. According to the WHO-FIP model - pharmacy faculties who have extensive knowledge and expertise in the matter of drug, disease, and life style should be involved and be the part of healthcare team. In this model a Pharmacist monitors the patient regularly and maintains patient records . This can be done at retail pharmacy, primary health care centers, nursing homes, diagnostic labs and hospitals. The pharmacy students of diploma, degree and Pharm D can be included in the program as Interns and motivate them to become practicing community pharmacist in the country.
Pharmacy practice module is given in fig 1.

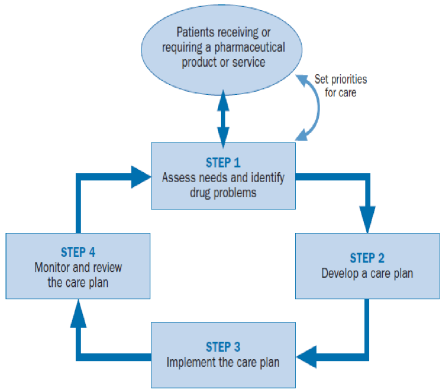

Fig 1 Step wise protocol for pharmacy practice in Community Pharmacy.

In this model patients visit community pharmacy and asks for prescription medicines presenting valid prescriptions . After going through the prescription, and discussing with the patient, pharmacist prepares a customized Pharamacuetical Care Plan . This plan would include identification of potential drug problems resulting from the prescription for that particular patient. He also asks open-ended question regarding patients life style, habits, diet and day today physical activities. In the mean while pharmacy assistant fills the prescription and prepares bill. Dispensing by pharmacist involves patient counselling – that includes, how to store the medication, take the medication and any adverse side effects patient may experience. The Patients are instructed to report to pharmacy for refilling the prescription and at that time pharmacist discuses with the

patient about issues faced since first visit - any problems faced by the patient due to disease, drugs etc. After taking a note of the discussion, pharmacist analyses the information provided by the patient. If the issue raised by the patient is regarding diagnosis or nursing care, he refers the patient to see doctor or nurse. If the issue is due to a drug than pharmacist resolves the issue by patient counselling. Usually for chronic conditions like type II diabetes, hypertension and asthma, patients are required to visit pharmacy six to eight times in a year. In three months a community pharmacist should be able to impart the skills to the patients to ensure self-management of the condition by patient themselves.

The biggest challenge in therapeutics is patient ignorance and inertia. The patients need support to get motivated and start complying with the treatment . The behavior of patients is mosly in flip flop mode. He /She agrees with health care team - when disease produces suffering to the patient, He/She becomes noncompliance as soon as they feel better as the result of treatment. This is universal phenomenon and health care team have problem educating patients. The noncompliance by patients is the root cause for anti-bacterial resistance and poor outcome to treatment. The consistent patient behavior is possible only by constant monitoring of the patients and counselling by health care professionals. Of all healthcare professionals, community pharmacist is best suited to tackle this challenge effectively. The community pharmacist are the most accessibly healthcare professionals requiring no prior appointment scheduling. A patient can check in pharmacy counter and ask for assistance by community pharmacist. This model of practice is prevalent in developed countries. The patient counselling services by pharmacist compensated by health care department, insurance companies and patients themselves.

When pharmacist income is not dependent on pharmacy manufacturer or marketing team, the pharmacist is free to work for patients interest.

Bharat government is making regulatory reforms for improving pharmacy practice in the country. The pharmacy practice guidelines enacted on 16 Jan 2015, empowers the registered pharmacist to engage in pharmaceutical care services. The PPR 2015 defines pharmacy practice as 'interpretation, evaluation and implementation of medical order, dispensing prescription and medical orders; participation in drug and devise selection drug administration, drug regimen review and drug related research'.


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Fig. 2 Pharmacy Practice Regulations 2015

PPR 2015 clearly talks about duties of Registered Pharmacists to their patients. The Registered Pharmacists are obliged to the sick to provide pharmaceutical care (in additions to the provisions of Drugs and Cosmetics Rules 1945 and Schedule N the said Rules) the fallowing provisions shall be included; No person other than a Registered Pharmacist shall compound, prepare, mix, dispense or supply of any medicine on the prescription of s Registered Medical Practitioner (Schedule H & X drugs); A Registered Pharmacist shall review

the patient record and each prescription presented for supply for the purpose of promoting therapeutics appropriateness by identifying :

i. Over utilization or under utilization
ii. Therapeutic duplication
iii. Drug Disease interactions
iv. Drug-drug interactions
v. Incorrect drug dosage or duration of drug treatment
vi. Drug -allergy interactions
vii. Correlation of availability of drugs (to avoid artificial shortage of drugs)
viii. Clinical abuse/misuse.

It should be noted here, upon recognition of any of the above, the Registered Pharmacist shall take appropriate steps to avoid or resolve the problem that shall, if necessary include consultation with the Registered Medical Practitioner.

Current challenges and initiatives to overcome issues in Community Pharmacy:

Community pharmacy in Bharat was neglected for several reasons. The pharmacists who are engaging in community pharmacy are mostly under- qualified and are having no motivation to take the professional practice seriously. The earnings in retail pharmacy is primarily from the trade margins which pharmaceutical industry fixes a as percentage of the price, which further depends on the company's whims and fancy. For a fast moving product the trade margins are set at a minimum, and they may increase in case product looses market share. There are no guidelines by the regulators. Medicine prices vary a lot. The product may be available at 10 INR from one manufacurer and the same product may be available as Branded medicine at 100 INR. Online pharmacies are advertising in public mass media to attract customers are garbing the business from retail pharmacies by offering higher discounts ranging from 30% to 50 %.

The retail pharmacies are unable to impress upon the patients and health consumers that they are better than online pharmacy as they do not offer any services besides selling product, which has now become available on-line with a higher discount. .
Unlike doctors and nurses, the public image of pharmacist is poor. They don't even wear white apron which is a symbol health care profession . Their main focus is on maximizing product turn over. From this current mindset we have to change over from product-centric to patient-centric. The Pharmacy council should impress upon the state and central government to invest money to initiate pharmacy practice in the country. They should come out with a model for fair compensation for this pharmacist services. While the PPR 2015 permits pharmacists to charge a professional fee for these services, there is a deadlock on how to begin this.

Ground reality will not change unless pharmacist step up to this challenge and demonstrate their professional expertise and its value to the patient.

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