

Joint Meeting on
International Conference on
PHARMACOLOGY AND TOXICOLOGY
&
18th International Conference on
MEDICINAL AND PHARMACEUTICAL CHEMISTRY
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Pharmacology impact on value healthcare provision

High value healthcare provision is defined by a numerator of high quality and best outcome and cost as a denominator. Both public and private purchasers are in an important position to act as catalysts of change in managing specialty pharmacy and drug administration, “healthcare organizations, payers, and providers need to work together to develop value-based care delivery models with clear outcome metrics that can be used to develop a value-oriented market place for healthcare services, highlighted the need for new models of healthcare delivery to counter the increasing cumulative costs of healthcare that are threatening affordability without adding value to quality of care. Nobel focused value-based purchasing for specialty pharmacy should be encouraged to create an effectively managed specialty care. Safe, effective, timely efficient, patient centered healthcare provision model that embraces and respects individual patient needs and eliminates unwarranted variation should be emphasized. Integral to this approach is supporting the patient in all areas of public health. Well-integrated population health maintenance programs created by the ACO (accountable healthcare organization), their main focus is to invest in healthy human, maintaining population health and preventing the progression of chronic disease. The American College of Cardiology and the American Heart Association issued a statement in 2014 about including cost-effectiveness, value assessments, and recommendations in practice guidelines and performance measures “to facilitate the achievement of the best possible health within the constraints of available resources.” Its proposed framework follows a textbook definition of cost effectiveness, measuring the cost of therapies relative to the number of quality-adjusted life-years (QALYs) that they provide. The goal of the value framework developed by the Institute for Clinical and Economic is to improve the reliability and transparency of value determinations made by insurers. ICER’s approach does consider cost-effectiveness (cost per QALY) and does not exclude other benefits, disadvantages, and ethical and contextual factors associated with therapies. These include, for example, whether treatment outcomes reduce disparities across patient groups, whether treatments facilitate greater productivity through, for instance, more rapid return to work, improve quality of life, or whether there are any treatment alternatives.

Chronic disease management in an ACO & integrated clinical pharmacist:

Chronic diseases are the leading cause of death and disability worldwide, and their management accounts for more than two-thirds of global healthcare expenditure. As frontline healthcare professionals, community pharmacists are in contact with this patient cohort regularly, are specially trained to reduce disease severity, monitor medication therapy to achieve desired clinical effects, reduce adverse health events, and can make recommendations to patients or prescribers regarding pharmacotherapy where appropriate. Studies have shown that pharmacists in primary care have the skills to manage patients with long-term conditions, and this can result in both clinical and cost benefits for a variety of chronic illnesses, such as cardiovascular disease, chronic obstructive pulmonary disease, and diabetes. Community pharmacists are ideally placed to undertake health screenings for disease prevention and progression, and to aid in the diagnosis of new diseases.

Adherence: it could be avoided as Medication nonadherence is an economic burden worldwide, and it is estimated that the annual cost of nonadherence is \$100 billion in the US alone

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Role of a Hospital pharmacists in value healthcare provision: Hospital pharmacists represent a key component of the multidisciplinary team involved directly in patient-centered care. Reducing LOS is the key to cost savings. Therefore, by preventing ADEs and shortening LOS over a period of time, pharmacists can make substantial cost savings in healthcare budget.

Medicines reconciliation and transitions of care: Elderly patients appeared to benefit most from this service. It has been shown that pharmacists' involvement at admission and discharge has resulted in reduced medication errors and ADEs, as well as a substantial decrease in the rate of all-cause ED visits and hospital readmissions.

Pharmacology and personalized or precision medicine: Genomics has helped to initiate the era of precision medicine. Pharmacogenomics is a part of precision medicine. Pharmacogenomics is the study of how genes affect a person's response to particular drugs. This relatively new field combines pharmacology (the science of drugs) and genomics (the study of genes and their functions) to develop effective, safe medications and doses that are tailored to variations in a person's genes.

Conclusion: Pharmacology science contribute to reductions in costs in a wide variety of healthcare settings, and we should focus on identifying standard practice, essential services and innovative interventions both valuable and effective in the greatest cost savings. With providing the High-quality healthcare that leads to prevent the disease or cure diseases, hence improving population health outcome, we should study socio-economic effect and search which valuable clinical pharmacy services should be implemented.

Biography

Ehab Khamis Elhefnawi had completed Physician Executive Master of Business Administration from Haslam College of Business, University of Tennessee, USA in 2015. He has obtained his Maintenance of Certification (MOC), American Board of Anesthesiology in 2014, Diplomat, American Board of Anesthesiology in 2004 and Master of Science in Anesthesiology, Faculty of Medicine, Alexandria University, Egypt in 1995. He has also completed MBChB degree from Faculty of Medicine, Alexandria University, Egypt in 1989. Presently he is working as a Senior Anesthesiologist and Quality Health Manager, Sheikh Khalifa Medical Center (SKMC), Abu Dhabi, UAE. He is a Member of American Society of Healthcare Executive and American Society of Anesthesiologists.

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