

## Predictive Systematic Risk Assessment of the Use of Digital Technology in Pharmaceutical Care

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### INTRODUCTION

Pharmaceutical care is characterized as a practice of professional patient care that is experienced, recorded, assessed, and reimbursed as a medication monitoring service when given as an organized service [1]. A pharmacist's contribution to a patient's care in order to maximize medication use and enhance health outcomes is also known as pharmaceutical care. Optimizing the patient's health-related aspects of life and achieving favorable clinical outcomes are the main objectives of pharmaceutical care, all while keeping expenses reasonable.

The practice was created to adhere with the ethical standards of veterinary medicine, dentistry, nursing, and medicine while also meeting their requirements.

Pharmaceutical care is a professional activity that solves particular problems in accordance with a philosophy, purpose, and values [2]. This indicates a certain ethical component and calls for an intense desire to use the knowledge of the profession for the benefit and well-being of others.

The presence of pharmaceuticals healthcare providers are professionals because they have a strong academic background that prepared them for their position, they pursue continuous education to keep their skills up to date, and they pledge to act morally to uphold the rights of individuals while also taking society's needs into assessment [3].

Pharmaceutical care depends on the previously developed responsibilities knowledge, duties, and abilities of a pharmacist as well as their perspectives, actions, commitments, concerns, and ethics [4]. The primary objective of providing people- or patient-focused medication therapy is to promote the best possible outcomes for patient's well-being.

It's important to know what individuals value most in order to comprehend what motivates them. Clinical intervention encompasses more than just the skillful use of pharmaceutical expertise to address health issues [5]. It additionally represents the context, rich in values, in which the service provider works

with the techniques of judgment, decision-making, and choice-justification.

The pharmaceutical care procedure can occur in an outpatient homecare context, in an aged ward during the transition from hospital to home care, or in a hospital setting with hospital pharmacists [6]. The patient treatment procedure guarantees staff assistance, management of documents, a chain of custody, good distribution, and manufacturing processes and is similar to the practice management tasks carried out by pharmacists.

Pharmacists with an emphasis on pharmaceutical care can be located at clinics and hospitals, community pharmacies, the pharmaceutical business, and pharmaceutical wholesale companies, albeit not all of them are equally accountable for patient-oriented initiatives [7]. In addition, they might be employed by governmental organizations, health insurance providers, research labs, policy-making groups, and universities or post-academic institutions for teaching and research.

### Automated pharmaceutical assistance

The entirety of a patient's drug therapy-related life events might be considered the patient's pharmaceutical experience. Together, these experiences show how the individual prioritizes his well-being, how he chooses his own drugs, and his attitudes and routines toward following recommended medical procedures.

Parts of such experiences are being created by and preserved in digital ecosystems more and more. Pharmaceutical care professionals need to be aware of the technologies that, when paired with social media data and information about a patient's location, demographics, and culture, among other factors, create a drug footprint for that patient [8]. The healthcare provider must be a part of the electronic ecosystem in order to collect all the data needed to customize care paths.

Pharmaceutical care was traditionally mostly given in-person, but over time, it has gradually changed to include digital environments [9]. Depending on the circumstance, pharmaceutical care can and will be provided remotely; it should

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also take into account a variety of digital health data sources and be more heavily augmented by analytics than in the past.

Thus, appropriate digital pharmaceutical care provided with the goal of attaining specific results that enhance a patient's quality of life is what is meant to be understood as Digital Pharmaceutical Care (DPC). Wherever medication can be provided exclusively electronically or whether human interaction is needed is often left to the expert [10]. For the vast majority of patients, a blended care strategy-digital when practical, human when necessary to ensure patients is a workable choice.

## CONCLUSION

Although the patient's desire is the primary factor in the professional's decision, other factors that include the complicated nature of dosing schedules, prescription adherence history, and native versus refill drug may also be taken into contemplation. As we explore in further detail across this book, pharmaceutical medical professionals have an obligation to encourage appropriate expertise on the use of electronic devices and drugs. Pharmaceutical care, no matter how it is delivered, needs to include certain steps that guarantee a methodical and sound approach, as discussed in the section that continues.

## REFERENCES

1. Ganda Mall JP, Casado-Bedmar M, Winberg ME, Brummer RJ, Schoultz I, Keita ÁV. A  $\beta$ -glucan-based dietary fiber reduces mast cell-induced hyperpermeability in ileum from patients with crohn's disease and control subjects. *Inflamm Bowel Dis*. 2017;24(1):166-178.
2. Kimura Y, Chihara K, Honjoh C, Takeuchi K, Yamauchi S, Yoshiki H, et al. Dectin-1-mediated signaling leads to characteristic gene expressions and cytokine secretion via spleen tyrosine kinase (Syk) in rat mast cells. *J Biol Chem*. 2014;289(45):31565-31575.
3. Pinke KH, Lima HG, Cunha FQ, Lara VS. Mast cells phagocyte *Candida albicans* and produce nitric oxide by mechanisms involving TLR2 and Dectin-1. *Immunobiology*. 2016;221(2):220-227.
4. Sohet F, Daneman R. Genetic mouse models to study blood-brain barrier development and function. *Fluids Barriers CNS*. 2013;10(1):3.
5. Shah VB, Huang Y, Keshwara R, Ozment-Skelton T, Williams DL, Keshwara L. Beta-glucan activates microglia without inducing cytokine production in Dectin-1-dependent manner. *J Immunol*. 2008;180(5):2777-2785.
6. Panthong S, Boonsathorn N, Chuchawankul S. Antioxidant activity, anti-proliferative activity, and amino acid profiles of ethanolic extracts of edible mushrooms. *Genet Mol Res*. 2016;15(4).
7. Rethinking E, Shirokov A, Bucharskaya A, Navolokin N, Prilepskii A, Burov A, et al. Antitumor activity of extracts from medicinal basidiomycetes mushrooms. *Int J Med Mushrooms*. 2016;18(11):955-964.
8. Lu CC, Hsu YJ, Chang CJ, Lin CS, Martel J, Ojcius DM, et al. Immunomodulatory properties of medicinal mushrooms: Differential effects of water and ethanol extracts on NK cell-mediated cytotoxicity. *Innate Immun*. 2016;22(7):522-533.
9. Jiang J, Sliva D. Novel medicinal mushroom blend suppresses growth and invasiveness of human breast cancer cells. *Int J Oncol*. 2010;37(6):1529-1536.
10. Illana-Esteban C. The fungus maitake (*Grifola frondosa*) and its therapeutic potential. *Rev Iberoam Micol*. 2008;25(3):141-144.