

Clinical Pharmaceutical Care, Medical Laboratory Imaging, Nuclear Medicine: A Synergy to Improve Clinical Outcomes and Reducing Costs

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Abstract

The purpose of this paper is to analyse the advantages and roles played by clinical ward pharmacists as members of a medical team with physicians.

Using the data obtained by medicine laboratory and imaging, as instruments to monitor the therapy to improve patients clinical outcomes, and to a better costs containment quality of life and safety.

Keywords: Clinical pharmaceutical care; Clinical pharmacist; Imaging, Medical laboratory; Hospital settings; Medication cost; Clinical outcomes; Innovative therapy; Management

Introduction

Clinical pharmacy, clinical pharmaceutical care, MTM, ward pharmacy, and consultant service can be helpful instruments in today cognitive services filed involved in the therapy decision making systems. The pharmacist presence in multidisciplinary medical equipe improves some clinical and economic outcomes as demonistered by many scientific works.

This gives an opportunity for medical authorities' patients and insurance to efficiently contain costs (drugs, medical devices, costs involved in therapy errors) with the increase of new drugs, medical and new diagnostic procedures added to more complex pharmacological therapies and poly-therapy there is a real need of clinical pharmacist service.

Reduction of medication therapy errors is needed and demanded by patients and health authorities, government, insurances. Multiprofessional healthcare EQUIPE is the right way of work in today health care systems. A WARD clinical pharmacist today contributes in many fields: haematology oncology, toxicology, nuclear medicine, infectious diseases, emergency medicine, nephrology, nutrition service, pain management and others.

In order to create an efficient team, the pharmacists must update their knowledge and skills, so they will be prepared to use the data provided by imaging, medical laboratory, biochemistry, toxicology, molecular biology, genetic assay, and immunohistochemistry departments.

The presence of ward clinical pharmacists in medical teams give a great difference in the management of innovative pharmacological therapeutics, especially when there is a great necessity of cost containment. This is not limited to hospitals settings; the clinical pharmacy can help patients and physicians or nurse, as a consultant pharmacist in a homecare, out of the hospital. (Patients great opportunity when hospitalization is not necessary.)

A consultant pharmacist for patient in the complex world of drugs therapies can be a crucial point in the different medical specialty and in the complex health care world. Combining the clinical pharmacy expertise in medicinal chemistry and pharmacology to his/her clinical work, we have an improving the patients' clinical outcomes, health and quality of healing. The hospital, the government or insurance receive a great benefit from this kind of system. In fact, a through economic monitoring shows relevant reduction in therapy costs.

Materials and Methods

We observe and analyse some relevant biomedical articles in function of clinical pharmacist

Membership in the medical team and the obtained results as follows:

1. Bond CA et al., in 2007 clinical pharmacy service, pharmacy staffing, and hospital mortality rates. "In seven hospitals, clinical pharmacy service reduces mortality rates in a significant way [1].
2. Chisholm et al., 2010 in "Pharmacist's effect as team members on patient care: systematic review and meta-analyses": pharmacists provided direct patient care has favourable effects across various patient outcomes, health care settings, and disease states. (Significant p 0.005). [2]
3. 2015 Pharmacist cognitive service and pharmaceutical care: today and tomorrow outlook UKJPB M Luisetto et al., UK J Pharm & Biosci 3: 71.

The goal of this article is to improve the pharmaceutical care application in countries with an advanced healthcare system in order to provide more rational drug therapy to patients. When this is not possible, it would be a good idea using pharmaceutical care, in particular populations such as: severe disease, critically ill, patients with multiple illnesses, transplants, immunosuppression, oncology or other serious conditions, at least when the treatments cost a lot. And In these studies, we observe a general positive influence of pharmacist's presence in the medical team also in different clinical outcomes [3].

Results

We observed in these studies an overall general positive effect of the presence of pharmacist in medical teams with significant enhancement in different clinical or economic outcomes.

Discussions

The observed results that we have find in this studies we think were due to medicine laboratory and imaging knowledge and skills of the clinical pharmacist, as part of the team in a hospital setting [4-8].

A rapid and efficient introduction of clinical pharmacist in medical equipe can be obtained using specific psychological and behaviour skills [9] and using Professional social media to make link between researcher and healthcare professional.

We have noticed that an imaging and medicine laboratory skill of the clinical pharmacist has resulted in a significant impact on pharmacological therapy and its monitoring.

Conclusion

For patients' safety and cost reduction it is the hospitals must engage and ask an active role from ward clinical pharmacists, not limited to but also in fields such as medical laboratory and imaging and other sciences involved in therapy management isn't time for government health authorities, university, including hospitals, to more use the expertise of ward clinical pharmacists to reduce the patients' life risks, improving clinical outcomes with cost savings, when there is an high

rise of the innovative treatments costs?. We think that management systems involved in clinical pharmacists active participation in therapy decision making process and monitoring will be the right keywords in future healthcare.

References

1. Bond CA, Raehl CL (2007) Clinical pharmacy service, pharmacy staffing and hospital mortality rates. *Pharmacotherapy* 27: 481-493.
2. Chisholm BMA, Kim Lee J, Spivey CA, Slack M, Herrier RN, et al. (2010) US pharmacist's effect as team members on patient care: systematic review and meta-analyses. *Med Care* 48: 923-933.
3. Luisetto M, Francesca C, Giovanni B, Behzad NA (2015) Pharmacist Cognitive Service and Pharmaceutical Care Today and Tomorrow Outlook. *UKSPB* 3: 67-72.
4. Stanley MS (1994) Diagnostic Imaging and Pharmaceutical Care, *American Journal of Pharmaceutical Education* 58: 2.
5. Howard P (1984) An introduction to the Clinical Laboratory for Pharmacists. *Hosp Pharm* 19: 425-431.
6. Luisetto M, Sahu RK (2016) Clinical Pharmaceutical Care: A New Management Health Care Discipline in 2016. *UKJPB*.
7. Luisetto M, Cabianna L (2016) Psychological and Behavior Skills for Ph. Care Practice in Medical Team 2016. *IJPPR* 5.
8. Steps and Impacts of Pharmaceutical Care and Clinical Pharmacy Development on Clinical Outcomes 2016: A Historical Analysis Compared with Results.
9. Luisetto M, Mobin IM, Luca C (2016) Professional Social Media: Instrument to Meet Researcher and HealthcareInstruments with a Model for a New Scientific Social Network. *International Journal of Economics and Management Science* 5-3.