

# The growing role of Hospital Pharmacists in the Outpatient setting

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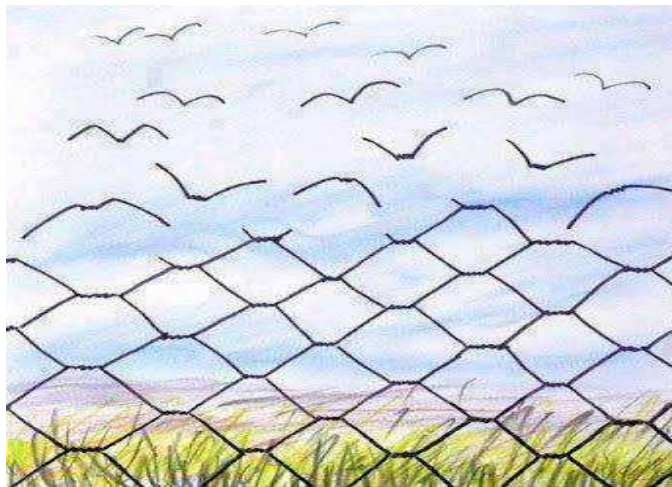
Pharmacy Department

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@manolosesmero #EAHP17 



## Nothing to disclose



# Learning objectives

1. Provide examples of **Clinical Services** that can be offered to outpatients in your own hospital.
2. Analyse if these services cover the **needs** of your own patients.
3. Analyse if they are obtaining the **outcomes** that are expected.
4. Identify **improvement** areas.



## Question 1

PRO is any report of the status of a patient's health condition that comes directly from the patient, without interpretation of the patient's response by a healthcare professional or anyone else:

1. True.
2. False.

## Question 2

**Health-related quality of life (HRQoL) is a multi-dimensional concept that includes domains related to physical, mental, emotional and social functioning:**

- 1. True.**
- 2. False.**

## Question 3

**Patient activation concept includes health-related characteristics (attitudes, motivators, outcomes, but not behaviors):**

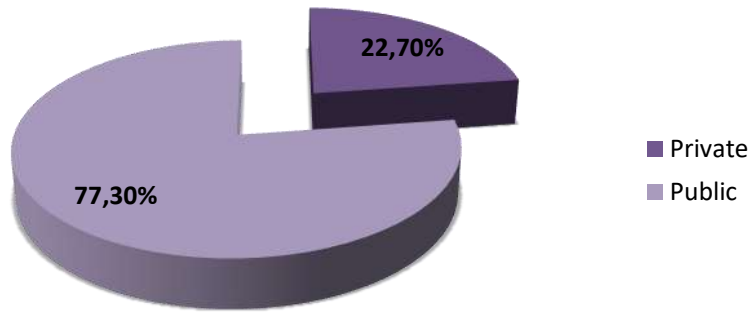
- 1. True.**
- 2. False.**



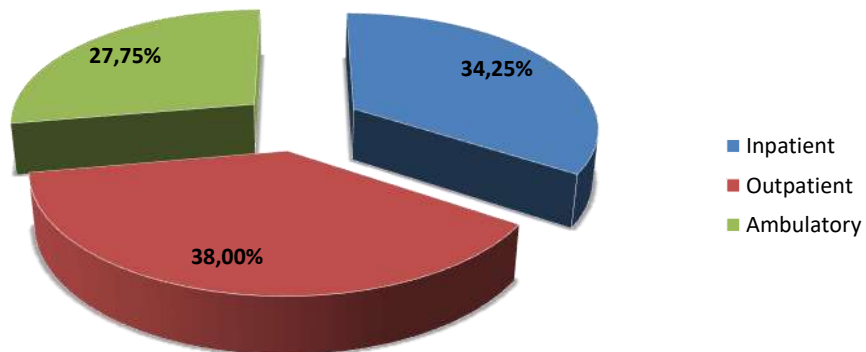
## Hospital Pharmacy “White Book” 2015



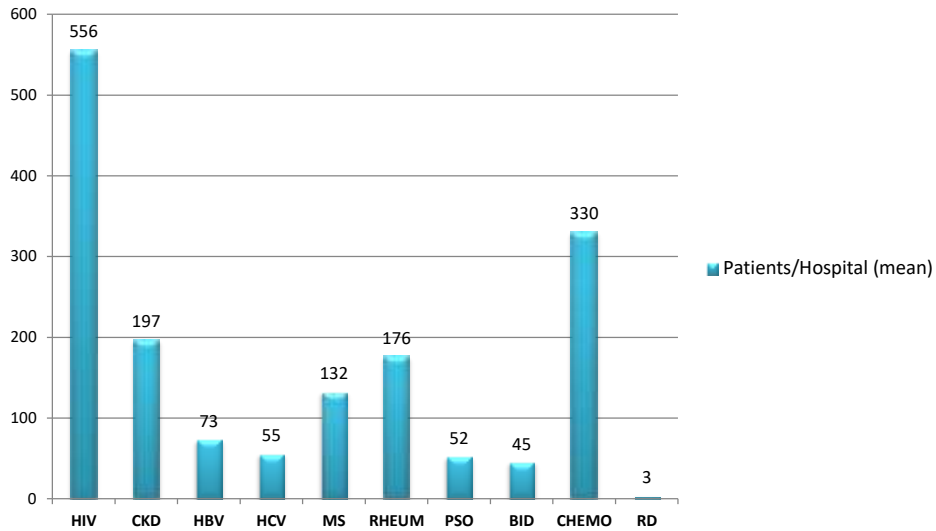
## Hospital Ownership 2014

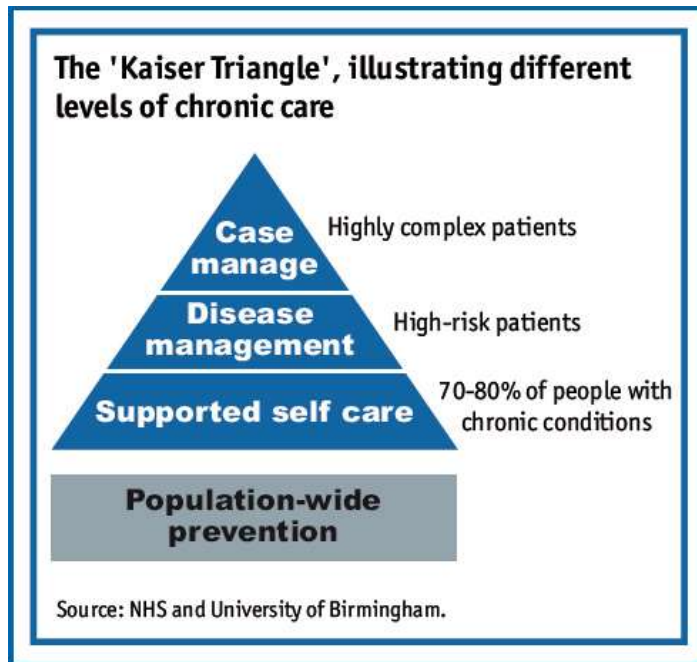


## Hospital Drug Expenditure 2014



# Outpatients attended 2014





The objective is to establish the framework and actions that allow Hospital Pharmacists to anticipate patient needs, in order to effectively contribute to improve health outcomes and to achieve health system sustainability.



# Patient Centered Care Model

## 1 Empowerment by patient education



Workshop I 7 july  
Working group



Workshop II 13 september  
Working group  
(opinionleaders)



### Parallel works

- ① Manage Content Updates (patient information leaflets)
- ② Quality analysis focusing on legibility
- ③ Proposal format for patient information leaflet



## Initial situation survey (MAPEX objectives):

# 2

1

All Hospital Pharmacy departments in the country.

2

Initiative follow-up and proposed improvements.

3

We have collected 168 surveys representing all county councils.

# 3

## Integration in healthcare teams



**Objectives**

1

To define the Role and Clinical Responsibilities of the Hospital Pharmacist

2

To identify coordination and information tools

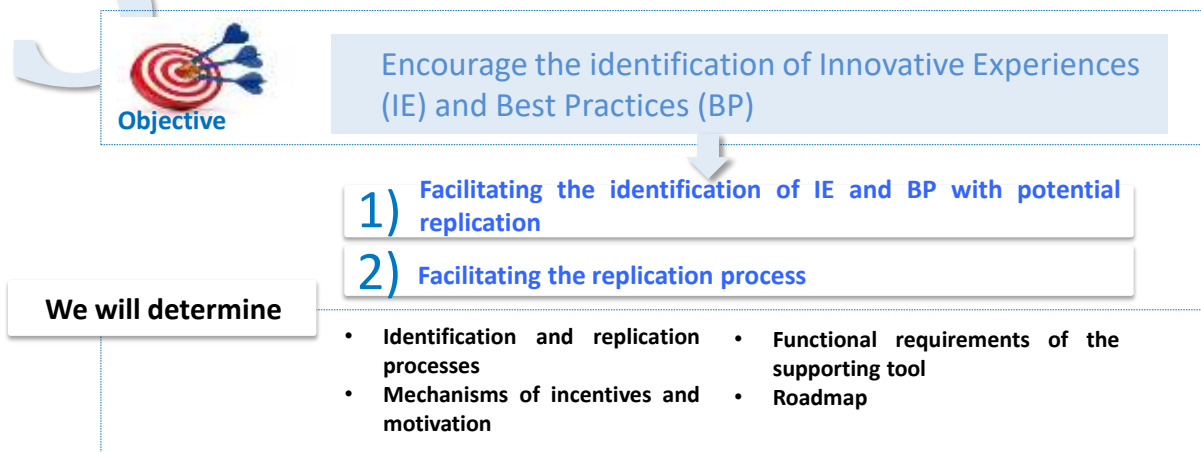
3

To disseminate the results to all levels of the National Health Care System

# 4 Stratification and pharmaceutical care models



# 5 Continuous improvement process in outpatient setting



# Accreditation procedures of Hospital Pharmacy Outpatient Units (HPOU)



Objective

To design and implement the Accreditation Procedures in order to promote and guarantee quality and improvement in HPOU



Define harmonization and standarization

Reference: Joint Accreditation Committee ISCT&EMBT (Europe) and FACT (USA)

El modelo  
**CMO**  
en consultas externas  
de Farmacia Hospitalaria

Coordinadores:  
Miguel Ángel Calleja Hernández · Ramón Morillo Verdugo

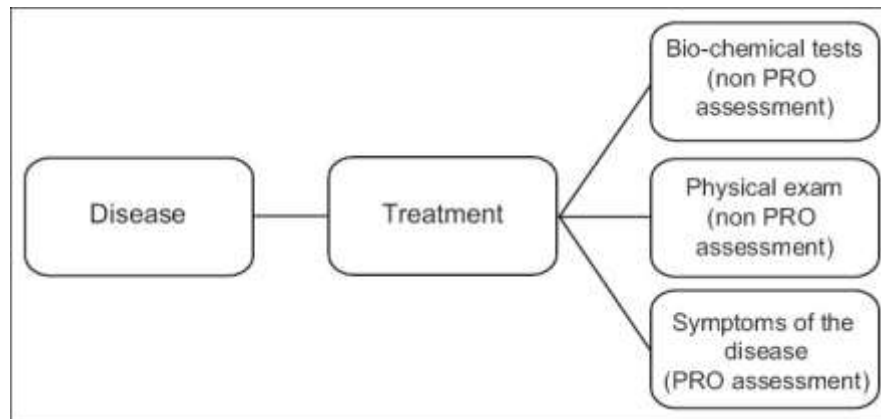


## Ability

## Motivation

## Opportunity

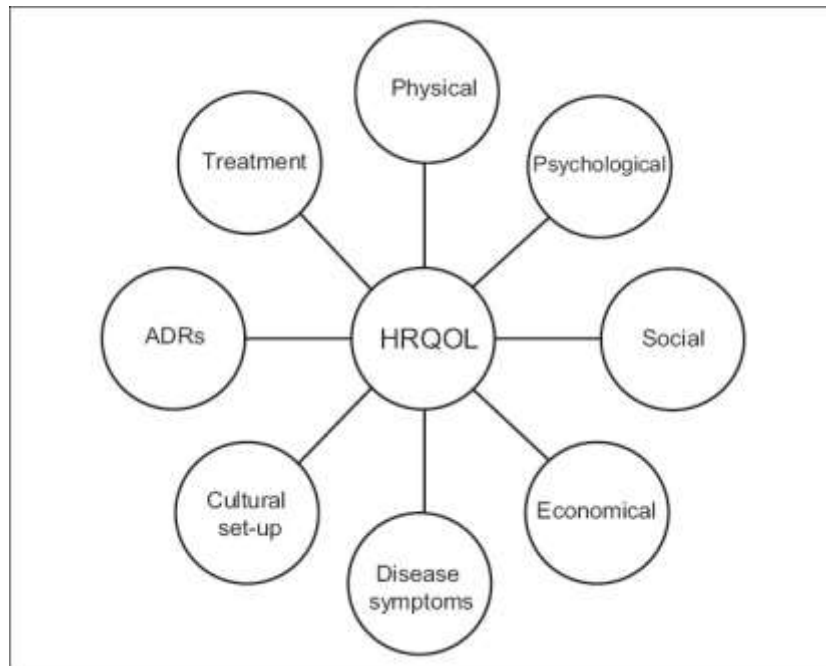
## Patient-Reported Outcomes (PRO)



## Patient-Reported Outcomes (PRO)

**Table 1: Data can only be obtained from the patient**

- Various symptoms
  - Symptoms not obvious to observers  
e.g. fatigue, headache
  - Psychological symptoms  
e.g. depression, anxiety
  - Symptoms in absence of observer  
e.g. sleep disturbances
- Frequency of symptoms  
e.g. Does the headache occur daily or weekly or monthly?
- Severity of symptoms  
e.g. Headache is severe or moderate or mild?
- Nature and severity of disability of the patient  
e.g. How severe is the breathlessness?
- The impact if disease or condition on daily life of the patient  
e.g. Does rheumatoid arthritis interferes with the activities of daily living of the patient? If yes, how much is the impact?
- Perception or feeling of the patient towards the disease or the treatment given  
e.g. Is the patient satisfied with the treatment given?



## What is patient activation?

Why are some people “active” at managing their health and others are quite “passive”?



“Has the knowledge, skills and confidence to take on the role of managing their health and health care”

## Activation Measure Items

1. When all is said and done, I am the person who is responsible for taking care of my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
2. Taking an active role in my own health care is the most important thing that affects my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
3. I know what each of my prescribed medications do	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
4. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
5. I am confident that I can tell a doctor concerns I have even when he or she does not ask.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
6. I am confident that I can follow through on medical treatments I may need to do at home	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
7. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
8. I know how to prevent problems with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
9. I am confident I can figure out solutions when new problems arise with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
10. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A

### Level 1

#### Disengaged and overwhelmed

Individuals are passive and lack confidence. Knowledge is low, goal-orientation is weak, and adherence is poor. Their perspective: "My doctor is in charge of my health."

### Level 2

#### Becoming aware, but still struggling

Individuals have some knowledge, but large gaps remain. They believe health is largely out of their control, but can set simple goals. Their perspective: "I could be doing more."

### Level 3

#### Taking action

Individuals have the key facts and are building self-management skills. They strive for best practice behaviors, and are goal-oriented. Their perspective: "I'm part of my health care team."

### Level 4

#### Maintaining behaviors and pushing further

Individuals have adopted new behaviors, but may struggle in times of stress or change. Maintaining a healthy lifestyle is a key focus. Their perspective: "I'm my own advocate."

Increasing Level of Activation

# Applications of patient activation

## Empowering people

- Use of tailored coaching approaches
- Raising levels of activation

## Evaluating interventions

- Making sure interventions work for everyone
- Evaluating effectiveness
- Demonstrating long-term outcomes

## Understanding populations

- Designing services according to different capabilities

# Tailoring support to activation

<b>Level 1</b>	<p>Focus on building self-awareness and understanding behaviour patterns Begin to build confidence through small steps</p> <p><i>"Let's not try to tackle everything right now. Let's just focus on one thing"</i></p>
<b>Level 2</b>	<p>Help patients to continue taking small steps Help them build up their basic knowledge</p> <p><i>"You're off to a good start. Let's build on your success by reducing your portion sizes at lunch time..."</i></p>
<b>Level 3</b>	<p>Work with patients to adopt new behaviours and develop condition specific knowledge and skills Support the initiation of "full behaviours" e.g. 30 mins exercise, 3x a week</p> <p><i>"You're making great strides. Do you think you're ready to take your efforts up a notch?"</i></p>
<b>Level 4</b>	<p>Focus on preventing relapse and handling new or challenging situations Problem solving and planning for difficult situations to maintain behaviours</p> <p><i>"Let's talk about how you can maintain that, even when life gets more stressful."</i></p>

## PAM in Multiple Sclerosis

### > Validated in patients with Multiple Sclerosis

#### **Stepleman *et al.* (2010)**

- > PAM scores associated with self-efficacy, depression, quality of life
- > Individuals with relapse-remitting MS, in current employment and with high levels of education more activated than other subgroups.

#### **Goodworth *et al.* (2014)**

- > Patient activation measure may be helpful in identifying targets for interventions to support self-management including health literacy, depression symptoms

# Health Policy Brief

FEBRUARY 14, 2013

**Patient Engagement.** People actively involved in their health and health care tend to have better outcomes—and, some evidence suggests, lower costs.



**EXHIBIT 2****Predicted Per Capita Costs of Patients by Patient Activation Level**

2010 patient activation level	Predicted per capita billed costs (\$)	Ratio of predicted costs relative to level 4 PAM
Level 1 (lowest)	966**	1.21**
Level 2	840	1.05
Level 3	783	0.97
Level 4 (highest)	799	1.00

**SOURCE** Judith H. Hibbard, Jessica Greene, and Valerie Overton, "Patients with Lower Activation Associated with Higher Costs; Delivery Systems Should Know Their Patients' Scores," *Health Affairs* 32, no. 2 (2013): 216-22. **NOTES** Authors' analysis of Fairview Health Services billing and electronic health record data, January-June 2011. Inpatient and pharmacy costs were not included. PAM is Patient Activation Measure. \*\* $p < 0.05$

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## Take home messages

- 1. Patient centered care model:**
  - a. Health outcomes.**
  - b. PRO and HRQoL.**
- 2. Multidisciplinary team.**
- 3. Stratification tools (priorization).**





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