

# Copernicus Agenda



For all health care practitioners, whatever their profession, the patient is the focus of attention. The causes that induce a need for therapy have to be diagnosed individually and treated in line with generally recognized methods.

International studies and national surveys alike have pointed out that between 6 and 13% of hospital admissions relate to conditions whose causes can be attributed to the inappropriate prescription or administration of medication.

Deeply aware of the important contribution which pharmacy services as a whole can make to the process of value creation in the hospital environment, an initiative is being launched to promote an understanding of this contribution among all decision-makers with clinical responsibility and to facilitate the efficient use of pharmacy services in general.

The scope for pharmacy services to generate such benefits is not simply confined to the logistic processes of drug procurement, stock management and distribution and the manufacture of pharmaceutical products. Even if the supervision of these continues to rest with the pharmacist, the pharmaceutical component in the value chain consists of a rational, patient-attuned use of drugs throughout the treatment process and the major role this plays in quality assurance for hospital services.

From the patient's admission to hospital throughout treatment for the diagnosed complaint to the moment of discharge, the entire therapeutic process calls for specialist pharmaceutical knowledge.

Under the general heading of consultancy, pharmacy services include the following benefits:

1. In-house hospital standards under both aut idem and aut simile rules facilitate a smooth transition from the patient's own home medication and place it on a sound economic basis.
2. The standardization of therapies, including the standard operating procedures (SOP) currently envisaged, will lead to a greater concentration around a clearly defined range of stock, paving the way for economically advantageous procurement practices and the pharmacologically economic administration of drugs to patients.
3. Optimum adaptation of pharmacotherapy to the individual patient ensures therapeutic quality while facilitating an early response to any interactions or side effects, thereby enhancing standards of consumer protection.
4. Prior to discharge, supplying patients with appropriate drugs and above all identifying cases requiring statutory advice helps to preclude forensic problems and to reduce the revolving door syndrome.
5. In-house pharmacy services for hospitals can be effectively accommodated in a network strategy within a DMP or managed care framework.

In a hospital context such activities indisputably exert a particular influence on:

- 1 case-related cost management by curtailing unnecessary expenditure on drugs;
- 2 information management by facilitating cost allocation by patient and data transfers for discharge letters;
- 3 the optimum deployment of human resources amidst growing shortfalls of medical and nursing staff.

If the measures described are to take effect, by improving quality and also containing costs, it is essential to position pharmacy services appropriately within the overall treatment process.

Due to the advent of clinical pharmacy and the close management of costs in hospitals a more cost effective drug service can be given together with a lower price of every dose of a drug in the hospital as compared to a public pharmacy. This fact confirms the influence clinical pharmacy exerts on cost containment in the manner outline above.

A joint initiative by hospital pharmacists and managers should help to generate a broader and clearer understanding of these findings and to position pharmacy services strategically within the clinical value chain, not least in the interests of health funding institutions.

Joint events and seminars combined with practical illustrations are intended to serve this purpose and to build the capability required to tackle future challenges successfully.

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