

## Chapter 3

# Strategies for Expanding Access and Improving the Quality of Pharmaceutical Services

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### ABSTRACT

*Pharmaceutical services are among the most accessible healthcare assistance systems worldwide, being provided generally in enterprises like Drugstores and Compounding Pharmacies. Pharmacists are highly accessible healthcare professionals considering also the availability, geographic distribution and location of pharmaceutical enterprises. However, there are several challenges for providing these services for patients with limitations such as low education, difficulties on reaching the Pharmacist, and the need for individualized monitoring (due to the complexity of therapy). Reports of low quality services are growing worldwide, and in order to expand access and improve the quality of pharmaceutical services, Pharmacists must move from being medication dispensers with focus in administrative management to a clinically-oriented practice with a humanistic view. The aim of this chapter is to make an approach on the implementation of effective strategies and ways to improve the quality of Pharmacists' work as specialized healthcare providers.*

### INTRODUCTION

*If Pharmacists do not take their place in science and in professional practice, our future is condemned to be like inflammation and apoptosis. (Personal communication with Professor Flávio Figueiredo, Pharm.D, MSc).*

Perception and satisfaction of patients with healthcare services are increasingly being considered important parameters to assess the quality and competence of care providers and the outcomes and impacts of their services in patients' health and in society. The World Health Organization (WHO) defines quality of care as the coverage to which the care provision achieves the most favorable outcomes when balancing risks

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and benefits in a given financial setting, and because of the worldwide rise in medication use in recent years, this subject has gained more attention among Pharmacists and pharmacy practice research (Schulz et al., 2001; Kheir et al., 2004; Patwardhan et al., 2014; Sakharkar et al., 2015; Shemeikka et al., 2015).

Pharmacy profession has improved to include the provision of services beyond the traditional role of medication dispensing. Pharmacists are highly accessible healthcare professionals considering also the availability, geographic distribution and location of pharmaceutical enterprises like drugstores and compounding pharmacies. Historically, the main role of pharmacy is to dispense medications and provide patients enough instructions regarding their correct use. The Pharmacist is usually the first professional addressed by a patient with minor or complex health issues, commonly due to the scarcity of physicians, or even due to financial barriers to private clinical services when public healthcare services cannot address patients' needs. Conversely, in spite of this context, differently from other health professionals, providing patient care is not an imperative activity for Pharmacists, as several technical fields of the profession (comprising both privative and non-privative activities) do not necessarily involve direct contact with patients (Hepler, 1996; Schulz et al., 2001; Kheir et al., 2004; Wiley et al., 2014; Penm et al., 2015).

The World Health Organization has pointed that more than half of the world population cannot access the medication they demand. Prices are often too high for people or health systems to afford, and therefore, spends on medicines are a major part of the total healthcare budget. Governments must control the cost of drugs through specific policies and make sure that essential medicines are not overpriced. Also, policies for pharmaceutical services must be included, given that the Pharmacists are the most appropriate professionals to provide the correct and safe use of medications, and to analyze, consider and include pharmacoeconomic and pharmacoepidemiological factors in the organization of drug dispensing (Malone et al., 2001; Murray et al., 2009; Penm et al., 2015).

In some countries, in addition to counseling patients on appropriate drug administration, dosage, side effects, storage and interactions, Pharmacists are allowed to prescribe over-the-counter and other types of medications in several countries, such as phytotherapies and homeopathic products, what can help patients to take decisions on self-treatment with medications. This helps to explain in parts why patients often seek advice in pharmacies, and frequently do not consider a physician consultation, which are also, sometimes, not accessible for patients, generally due to the scarcity of professionals. Nevertheless, there are several challenges for providing these services for patients with limitations such as low education, difficulties on reaching the Pharmacist, the need for individualized monitoring (due to the complexity of therapy), and reports of low quality services are growing worldwide. These facts have been requiring Pharmacists to rethink the way in which pharmacy practice is performed (Lewin, 2013; Sakthong et al., 2013; Sakharkar et al., 2015; Fisher et al., 2015; Malewski et al., 2015).

Pharmacy is a very dynamic profession, given that patients' and society needs regarding drug therapy are changing continually. Evidence-based pharmacy practices are the key to provide effective pharmaceutical services and to improve the quality of healthcare as a whole. In this sense, Pharmacists must move from being medication dispensers with focus in administrative and logistics management, to be patient-focused and clinically-oriented care providers, with more responsibility and commitment to improve their technical knowledge, but with a humanistic view of practice. Thus, the aim of this chapter is to discuss the implementation of effective strategies to expand the access of patients to pharmaceutical services focusing in PC, and ways to improve the quality of such services. Data regarding patients' views and satisfaction with Pharmacists' performance as a specialized healthcare provider, and Pharmacists' perception of receptiveness and evolution of patients will be also discussed in light of evidence-based practice (Straus, 2007; Sakharkar et al., 2015; Cho et al., 2015; Malewski et al., 2015).

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