Understanding the concept of multidisciplinary practices

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Disclaimer

• The following are the views and opinions of the speaker which have been gained through several years experience on primary pharmacy level.
• The speaker is not remunerated for this presentation and his presentation is to give informative inputs as experienced on pharmacy level.
• The speaker is currently involved in a multidisciplinary team with great success and is qualified as a pharmacist with additional M.Sc. Pharmacology, PCDT and GCP qualification.
Before we start

• DEFINITION:

• Multidisciplinary team:
  • GROUP of health care workers of DIFFERENT DISCIPLINES, EACH PROVIDING SPECIFIC SERVICES to the patient.
    • These activities of the team are brought together using a CARE PLAN

• Multidisciplinary care:
  • Occurs when professionals from a range of disciplines with DIFFERENT COMPLEMENTARY SKILLS work together to deliver COMPREHENSIVE HEALTHCARE aimed at providing the BEST POSSIBLE OUTCOME for the PHYSICAL and PSYCHOSOCIAL needs of a patient
  • This is done in COLLABORATION with the patient and the patient’s family
Before we start

• There is no “I” in team

THE PCDT FOR PRIMARY HEALTHCARE

• Patient – Patient first approach
• Care Plan – setting up and maintaining a Care Plan
• Delivery - Delivery of fast and effective primary healthcare
• Teamwork – continuous communication among primary Healthcare Team
Proper preparation is the key to our success. Our acts can be no wiser than our thoughts. Our thinking can be no wiser than our understanding.

~ George S. Clason
The multidisciplinary team

• Primary level team integration:
  • Several disciplines has been identified to act within the multidisciplinary team
    • Nurse,
    • Pharmacist,
    • Pharmacist assistant/Technician
    • PCDT pharmacist
    • Doctor

• Primary level team setup:
  • Setup of physical communication structure
  • Pharmacy setup for NHI
    • Pharmacy layout
    • Testing machines and apparatus
Current obstacles

• Problems with current setup
  • Closed Dr approached to law – not allowed to have a direct line to Dr through pharmacy
  • Lack of patient administration and record keeping on basic level
  • Lack of basic skills in primary healthcare service
    • Limited scope of normal pharmacist in terms of practice – pharmacist vs. PCDT pharmacist
    • Limited scope of nurses in practice – identifying the problem but are not allowed to treat without Dr’s intervention
  • Lack of qualified dispensing nurses, PCDT pharmacists and Dr’s
  • Costs involved in setting up a pharmacy for primary healthcare (PHC)
Two different approaches to PHC on primary level

• 1\textsuperscript{st} contact approach also known as bottom-up approach
  • Mostly used for new patients and acute conditions like flu, diarrhoea, UTI’s, immunization etc.
• 2\textsuperscript{nd} patient monitoring approach also know as up-bottom approach
  • Chronic patient care
Both primary and secondary healthcare can be done on one premises, saving time and money.

****note that the pharmacist plays 2 out of 3 contact points in primary healthcare making him crucial in the PHC process
Pro’s of 1\textsuperscript{st} contact module

- Fast
- Effective
- Primary and secondary contact on one premises
- Pharmacist as major role
- Better stock control done by pharmacist
- Better compliance as if to refer to different facility
- Patient care centralized
- Screening done on consultation
- Referral immediately after secondary review
- In house monitoring done on 2\textsuperscript{nd} stage monitoring initialised
- Multi disciplinary team working as one
- Knowledge sharing and expertize
- Key role of PCDT pharmacist emphasized
- Central patient data capturing
2nd patient monitoring approach

Secondary health care/ Doctor

PHC / Nurse  PHC / Pharmacist  PHC / PCDT Pharmacist

Patient

***Please note that only the PCDT pharmacist and doctor is allowed to give direct notice to the pharmacist if therapeutic aims have been achieved and it is save to proceed with current medication, the nurse screens and give feedback, if any problems arises, both the PCDT and nurse has to report to the doctor first.
Pro’s of 2\textsuperscript{nd} monitoring approach

- Patient is monitored immediately
- Monitoring is done by pharmacological knowledgeable PCDT pharmacist and nurses
- Nurse and PCDT pharmacist collaborates with doctor on dose Adjustments
- Doctor to refer immediately if needed
"Success is where preparation and opportunity meet."

Bobby Unser
Pharmacy setup

Pharmacy has to consist of
• Adequate clinics and clinic facilities
• Adequate primary testing equipment, including
  • Blood glucose, cholesterol, hba1c, testing equipment
  • This includes hardware like computers and fridges
• Registered pharmacist, PCDT pharmacist,
• Pharmacist assistants/technicians and nurses
• Separate facility for doctor (but under one roof)
• Adequate waiting room facilities both for pharmacy and doctor
• Effective stock control (consumables)
• Effective stock as set out in the Essential Medicines List (EML)
• Effective patient record keeping
• Effective communication system between pharmacist, nurse and doctor
• Emergency electricity backup
Advantages of multidisciplinary team

- Knowing your numbers
  - The team approach gives opportunity for better screening if necessary by collaboration with team
- Border scope for vaccinations
  - Team can be mobile to assist NDoH in patient care, vaccinations and child screenings
- Preventative care
  - Early detection of possible diseases through knowledge sharing
- Community involvement
  - Multidisciplinary team advertisement to enhance patient care
- Better compliance
  - Team collaboration done in collaboration with patient and their families
- Better pharmaceutical care
  - More disciplines involved to enhance knowledge sharing and care
Advantages of multidisciplinary team

• Better communication
  • Between team members to exchange knowledge on conditions
• Better service delivery
  • Towards community and patients
• Better chronic medicine usage compliance
  • This is done with follow up programs run through the team
Conclusion

• Failing to prepare for multidisciplinary approach to primary healthcare is preparing to fail NHI.
• Multidisciplinary approach to healthcare is the future of fast and effective primary healthcare to patients.
• Multidisciplinary approach to healthcare works.
• We as pharmacists play a pivotal role in primary healthcare.
• Our ability to adapt as pharmacists makes the changing face of pharmacy ideal for us to play a bigger role in primary healthcare.
• We will always be the primary entry point in primary healthcare – we can use this to enhance our patient’s lives and make a change.
Question time