Rising to the Challenge: Reducing the global burden of disease

Firstly allow me to express my gratitude towards Western Cape Government: Health for allowing me to attend this very important conference and towards SAAHIP who delegated and funded me.

Aim of the 76th FIP congress

During the 2016 FIP Congress in Buenos Aires, Argentina pharmacists and pharmaceutical scientists rose to the challenge to reduce the global disease burden.

The world today

Of the top 10 causes of death around the world, nine are diseases. Heart disease, stroke, HIV/AIDS, chronic obstructive pulmonary disease, lung cancer, diabetes and diarrheal diseases are among this list. But the burden of disease is not just about the years of life lost due to death; it is also about years lost due to living in less than full health. As a result, there has been an effort to change from a sickness care model to a health model. Our role in improving the outcomes of treatments is the essence of the pharmacy profession and of pharmaceutical scientists. Creating, preparing and providing medicines is based on this role. Moving from a sickness model to a health model means that pharmacy is also now about disease prevention and health promotion.

Pharmaceutical scientists, pharmacists and pharmacy educators are dedicated to integrating evidence-based practice to improve the use of medicines. Innovation that creates new treatment options with medicines, collaborative practices (not only within health professionals, but also individuals and communities themselves), practices that improve the use of medicines, prevention (of both diseases and complications from existing disease) and public health programmes all have the potential to reduce the global burden of disease. (From the FIP Congress 2016 programme)

Golden trends

Due to the structure of the congress with lectures and presentations, my choice of lectures attended was based on:

1. Public-service related subjects
2. Hospital related subjects
3. Staff training and management related subjects
4. Management of chronic diseases
5. Health education/health literacy

There were four golden threads that emanated from all lectures and presentations attended.

- Clinical interventions by pharmacists
- Multi-disciplinary team approach
- Patient education and patient literacy
- Optimal utilisation of pharmacy support staff

1. Clinical interventions by pharmacists

To manage and reduce the growing burden of disease, it is critical that pharmacists should be utilised according to their higher level of training. At all service levels, pharmacists should utilise their clinical skills by evaluating patient prescriptions and affecting the necessary interventions to ensure improved outcomes. These interventions should be done at Primary Care level, up to Tertiary Care level and by all pharmacists.

Pharmacists are too scarce and expensive a resource to be wasted on picking and packing medicine and to be used as stock-managers!

Antimicrobial stewardship should be a prime intervention by pharmacists at all levels. Rational medicines use and medicine use evaluations are key to cost saving and improving health outcomes, whilst critical prescription reviews of patient with a high medicine burden should be routine functions performed by pharmacists at all levels of care.
2. Multi-Disciplinary approach

None of the professions can continue to practice in a vacuum any longer. When a patient's health is on the line, all professions need to work as a multi-disciplinary team, utilising the full set of skills in the team to improve patient outcomes and improve efficiencies in the health system.

All professions need to be cognisant of this and all need to give their full cooperation. For this to materialise, it will require leadership from within all our structures, especially at ground level.

3. Patient education and health literacy

The cornerstone of improved health outcomes is patient health literacy. As literacy in a country improves, so does social circumstances and health outcomes. Yet, there is huge gap between literacy and health literacy.

As an example: I may be a health professional, but if I meet with my financial advisor, the graphs he presents and the financial jargon used is way above my head, even though I am seen as a highly literate person.

Health professionals need to keep in mind that not all literate persons are health literate!

Wonderful examples of health literacy interventions by pharmacists at school level were shown. This is within our reach and what better stage to intervene and improve health outcomes, than at school level.

Again, these interventions should be done as a multi-disciplinary team on a sustainable continuing basis.

Other examples of patient education for illiterate patients, using pictograms were shown. Excellent work in this regard is also done locally by Prof Ros Dowse and her team, amongst others.

4. Utilising pharmacy support staff optimally

With the development and training of pharmacy support staff over the last decade, pharmacists were freed up to do the higher functions that their training enables them to do, leaving the picking and packing of prescriptions and the ordering and stock control to the new cadre of staff under their supervision.

It is now imperative that pharmacists must leave the work that these support staff are trained for to them and focus on improving patients outcomes by adding value to the touchpoints with patients.

The fact that all pharmacy support staff need to work under the supervision of a pharmacist, does not mean that the pharmacist must check every single action they perform. They are qualified and registered staff who need to take responsibility for their own actions. The pharmacist must ensure the availability and active use of Standard Operating Procedures and adherence to them.

The pharmacist must interpret and evaluate every new prescription clinically, taking into account the patient's state of disease, comorbidities, allergies and all relevant factors, before allowing the support staff to dispense the prescription.

The pharmacist should also ensure that new patients are properly counselled on their medicine, side effects and the patient's personal responsibility for their health at the first interface, but for chronic prescriptions this may not always be required and the pharmacist should then focus on patients who defaulted from treatment or unstable patients who need intensive counselling and support.

Summary

I firmly believe that now is the most opportune time to rise to the challenge and affect the changes that are required to manage the rising burden of disease. It will require innovative changes to our current practise, taking pharmacist towards a much more clinical level of practice, for the sake of our patients.

FIP conference photographs

Thanks to the delegates for sharing their photographs.
Dinner time for Sham Moodley, Jan du Toit, Christine Venter, Shirley-Anne Boschmans, Sarel Malan, Nadine Butler and Ged Hirschman

Christine Venter visits Eva Perón’s crypt in the Recoleta Cemetery

Christine Venter, Mariet Eksteen and Sarel Malan relax after an exhausting day

Joggie Hattingh and Vassie Naidoo

Andy Gray takes centre stage