

Clinical Pharmaceutical Care and New Technologies: A Synergy to High Reduce Healthcare Costs

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Pharmaceutical care is considered a cultural approach that create a real synergy with healthcare new technologies as dose drug unit systems, validation therapy program, chemo-therapeutic robot in oncology pharmacy, centralized logistic, HTA evaluation and other in order to Achieve high healthcare costs reduction (40% reduction) [1-11].

New healthcare technologies goals (involved in drug therapy management process) require pharmaceutical care and clinical pharmacy competence.

Management systems, ICT, psychological and behavior skills in team working, professional and scientific social media can be the edge in future clinical pharmaceutical care discipline.

“We submit to the scientific community Clinical Pharmaceutical Care as a new discipline intended to improve clinical and economic endpoint in pharmacological therapy reducing therapy errors and with a more rational application of resource in medical team (clinical pharmacist). This new approach take advantages using the Management and ICT principles. We ask also to international organization involved in hospitals accreditation and University to recognize this new health care professional activity. We think that core training must include principles of Management, ICT Professional social media, psychological behavior skills for team working added to be added to the classic clinical pharmacy programs. Theory and practical applications”.

A performance HEALTHCARE organization today in pharmaceutical field imply: innovations Correct Management of materials (drugs and medical devices, instruments and technologies, knowledge, strategic and change management approach, sharing economy philosophy).

In pharmaceutical field: Centralized Logistics, local ward logistics, (micro logistics near patients and Macro logistics HUB).

Dose unit systems, traceability systems, Data management systems (budget, use, monitoring costs, and errors) Innovative Human resource management: Healthcare professional and other professional involved in patient therapy (High performance skills in team working, rapid team integration by multidisciplinary professionals, sharing experience, skills, and knowledge).

The new technologies introduction, ICT, professional social media added to sharing economy principles are interesting instruments in today healthcare.

HTA evaluations (drugs, medical devices, and technology), Clinical pharmacy and clinical pharmaceutical care principle applications added to Deep Management approach with strategic and change management can give the difference in today economic cycle with more limited resource.

Central and peripheric drugs costs control.

Limitation prescription strategy (government, institution, hospital, insurance).

Upstream and Downstream control: Informatic prescription systems and sub ministration ward clinical pharmacist in medical term in stabile way. Informatic Medical records management, statistical and epidemiology data.

ICT systems can reduce errors and waste materials, rotation drugs and medical devices wards stokes and reducing costs: Dose unit systems can reduce costs about 10-15% and ward clinical pharmacist presence in stabile way in medical team can reduce cost about 30%.

Technology added to pharmaco-economic and clinical expertise of hospital ward pharmacist can

Rationalize healthcare costs involved in drug therapy.

Other instruments can be:

- If all ward stokes are more than central pharmacy stokes is needed a balances in automation of central hospital pharmacy but also in single wards settings,
- Emergency informatic drugs cabinets, emergency carts systems (to rationalize drug use and tool to reduce pharmacist on call h24 service,
- Drugs in hospital formulary check by informatics programs,
- More Protocol use and adherence informatically controlled,
- Interactions check verify (prescription applicative),
- Dilution, stability, compatibility verify (database control),
- Controlled drugs so ministrations (in example to reduce cost by medical error),
- Palmtop use in prescription and sub ministration and monitoring pharmacological therapy, over dosage, sub dosage, not stop therapy, missed doses and other,
- Medical devices surgery management by informatic cabinets, traceability,
- Appropriateness monitoring (deep monitoring is using technologies),
- Use drugs check.

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This ICT SYSTEMS also Reduce hospital pharmacist time in logistic activity towards more clinical works in medical team. Malpractice and medical errors give high costs, insurance costs (due by single or by structure). Management of Structure in its complex with innovation reduces total costs we think about 40%.

References

1. Luisetto M, Carini F, Bologna G, Nili-Ahmadabadi B (2016) Pharmacist Cognitive Service and Pharmaceutical Care: Today and Tomorrow Outlook. *UKJPB* 3: 67-72.
2. Luisetto M, Sahu RK (2016) Clinical Pharmaceutical Care: A New Management Health Care Discipline in 2016. *UKJPB* 4: 63-64.
3. Luisetto M, Mokbul MI, Cабianca L (2016) Professional Social Media: Instrument to Meet Researcher and Healthcare Instruments with a Model for a New Scientific Social Network. *International journal of economics and management sciences* 5:1-2.
4. Luisetto M, Cабianca L (2016) Psychological and Behavior Skills for Ph. Care Practice in Medical Team. *International journal of pharmacy and pharmaceutical research* 5:1-4.
5. Nedelko Z, Potocan V, Dabić M (2009) *Ekonomika a management current and future use of management tools* 6: 3-24
6. Tunnecliff J, Ilic D, Morgan P, Keating J, Gaida JE, et al. (2015) The acceptability among health researchers and clinicians of social media to translate research evidence to clinical practice: mixed-methods survey and interview study. *J Med Internet Res* 17: e119.
7. Bond CA, Raehl CL (2007) Clinical pharmacy service, pharmacy staffing and hospital mortality rates. *Pharmacotherapy* 27: 481-493.
8. Osama MA, Amer MA (2013) Evidence-based pharmaceutical care: The next chapter in pharmacy practice. *Saudi Pharmaceutical Journal* 21: 371-374.
9. Slipicevic O, Masic I (2012) Management Knowledge and Skills Required in the Health Care System of the Federation Bosnia and Herzegovina. *Mater Sociomed* 24: 106-111.
10. Smith HA, McKeen JD, Jenkin TA (2009) Exploring Strategies for Deploying Knowledge Management Tools and Technologies. *Journal of Information Science and Technology* 6: 3-24.
11. Chisholm BMA, Kim Lee J, Spivey CA, Slack M, Herrier RN, et al. (2010) US pharmacist's effect as team members on patient care: systematic review and meta-analyses. *Med Care* 48: 923-933.