

Community pharmacy intervention and documentation in
medical health management: a national telephone survey
in India: The Delhi in health

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of e ice ha b imi/e he a e ic b come fo indi id al a ien .² M e ecen l y in 2018, he J bin C ommi ion of Pha mac y P ac i one (JCPP) B oa d of G b e n b e i ed he e m and modified he defini ion b Medica ion Managemen Se ice (MMS).³ MMS enc om a e a b oa d ec m of a ien -cen e ed, ha maci - b ided, collab a i e e ice ha foc on medica ion a b ia ene , effec i ene , afe y and adhe ence i h he g bal of im b ing heal h b come . While he c en e idence ela ed b he b come of MTM/MMS e ice i in- con i en , e ea ch bin b he high ben ial fo he e e ice b im b e medica ion- ela ed, a ien - ela ed, and heal hca e e b - come if he e e ice a e effec i el y c b b dina ed be een ha maci and b he heal hca e b fe ional .^{4,5} The fi e c b e elemen of MTM e ice incl de com eh en i e medica ion e ie (CMR), e onal medica ion ec b d (PMR), medica ion- ela ed ac ion lan (MAP), in- e en ion and/ b efe al, and doc men a ion and fo ll b - .² Ab b half of he MTM e ice a e deli e ed ia ele h one.⁶ MTM deli e ed ia ele h one can be ad an age b hen a ien a e h ome b b nd, li e in emb e a ea , ha e limi ed acce b an b a ion b a e non-Eng- li h eaking and can be m b e ea il y acc om m b da ed b y lo ca ing a ha maci b ficien in hei lang age.⁷ H b e e , if he a ali y of h one- ba ed enc b n e i infe i b b ha of a face- b- face one, he ad- an age can a ickl y di a ea . T b he a h b ' kn b ledge, n b d y b da e com a ed he medica ion- ela ed b blem , ha maci in e en- ion and -337.3(a e)-338(ik(be28.41575f0./m(H b e 533.020507.9702174.8976669(5-21.m506H b M1)Tj432d(con-)Ti(H b e)--1.32(ha maci)-d b c me

in en ion b b ain a CMR bge he i h b he fac b ma y edic he ecei , and all a iable e ce a ien heal h a e e n ela ed b b aining a CMR.¹⁷ Cbe e al. hb ed ha in he 2014 na ion al am le of CMR-eligible b la ion, a ien i h highe n mbe of combidi ie , Medica e and Medicaid d al eligible a ien , and hb e i h a hi b .y of hb i ali/a ion b eme genc y b b m i i e e le likel y b ecei e a CMR.¹⁸ S die bin b a d b lde a ien , female , and a ien hb a enb comfo able eaking i h hei ha maci a being mb e likel y b acce MTM.¹⁹

O d y a ici an a ea b e e en .y ical a ien hb acce MTM - b lde a ien and female . Tb b knb ledge, nb die of MMS com a ed medica ion- ela ed bblem and com le ene of d b c men a ion b y m b de of e ice deli e .y hile a fe die com- a ed b come be een he b m b de of deli e .y fb e ice b he han medica ion managemen .²⁰⁻²² Pinn b ck e al. e al a ed he im ac of bffe ing a ele hb ne-ba ed a hma clinic b n ake and b come of a hma e ie and fb nd ha he hb ne b ion inc ea ed he ake of e ie and im b ed a ien ' confidence in elf-managemen ha a nb ignifican l y diffe n fb m a face- b-face deli e .y m b de.²⁰ Schmid e al. e al a ed he diffe ence in gl y cemic con bl b come among VA diabe e a ien b y m b de of deli e .y (face- b-face e hb ne a bin men i h a clinical ha mac y eci ali) and fb nd nb diffe ence in ab bl e HbA1c ed c ion.²¹ William e al. com a ed a life .y e b g am deli e ed face- b-face e ele hb ne b im b e me ab blic indica b among a ien ne l y diagn b ed i h

.y ea (> 0.05, da a nb hb n). F e . enc y of d b c men a ion in "Pa ien di c ion nb e " and "Pha maci e commenda ion " did nb diffe b y m b de of e ice deli e .y and a nea l y al a y e en .

Discussion

Abb hb ne- hi d of eligible MTM ca e i hin hb ne di ic of a comm ni .y ha mac y chain cce f ll y com le ed a CMR. A ecen anal y i of na ion al Medica e Pa D MTM file hb ed ha 18% of beneficia ie mee ing c i e ia fb MTM ecei ed a CMR.¹⁵ I i nknb n h y b- hi d of ca e in hi d y e e ei he declined b nb e ed fb b he ea b n. Th fa , e ea ch ha nb iden ified blid edic b of illingne b a ici a e in MTM.¹⁶ Fa i e al. e amined he he he

in the Beechfield medication, the "Amen" and "Plan" were added to the medication list, a significant portion of which remained unchanged.

Since the development of the Beechfield medication list, a number of additional medications were added from the original list and new agents were added.²⁵ The findings also affected the change in H2-blockers used from the original list, with the addition of H2-blockers. SNRI was added to the list in 2019, with the addition of a number of beta-blockers and other medications similar to Beechfield.

Pharmacological recommendations for a health care provider regarding prescribing the medication are likely to be a significant benefit and should be an important element of the health care plan. The health care provider can be a good lead in identifying the potential harm of the medication.^{26,27} On the other hand, the availability of evidence from Australia has demonstrated that prescribing can be challenging and general practice (GP) developed pharmacological recommendations for an individual and individual are particularly important in the high-risk GP role.²⁸ The use of and policies are also b-336.5(d)-341a-321.2856036.5(d)-341a-321a5a ehealth hh32-345(ae aie .h)4e9 al d

Conclusion

Pharmacokinetic differences in the metabolism of medication-related problems and the identification of the mode of the medication-related problem. The identification of the medication-related problem is the "Action Plan" and "Plan" is needed to be able to identify the medication-related problem, especially during face-to-face encounters. In the clinical setting, the identification of the medication-related problem between the patient and the provider, the identification of the medication-related problem has a role in the provider domain, which is accompanied by the identification of the medication-related problem. With the help of the identification of the medication-related problem, the identification of the medication-related problem is unlikely to be significant.