

Clinical Pharmaceutical Care in the Czech Republic

Description of current situation and formulation of future aims (2019)

Current State of Legislation

- Act No 372/2011 Coll., Healthcare Services Act: **anchors clinical pharmaceutical care in the legislation**
- Decree No 99/2012 Coll., Minimum staffing requirements for health services: **states requirement for availability of clinical pharmacist in inpatient healthcare facilities**
- Act No 48/1997 Coll., Public Health Insurance Act: **clinical pharmaceutical care is covered by public health care insurance**
- Act No 95/2004 Coll., on the conditions of obtaining and recognizing professional qualifications and specialized qualifications for the medical profession of doctor, dentist and pharmacist, updated by Act No 67/2017 Coll.: **independent realization of clinical pharmaceutical services can be performed only by pharmacist with specialization in the field of clinical pharmacy** (not “hospital pharmacist” which is distinct specialization in the Czech Republic)
- Decree No 421/2016 Coll., **defines list of clinical pharmaceutical procedures covered from healthcare insurance:**
 - risk stratification according to medical risk: 175,- CZK (6,82 EUR)
 - proposing a plan for medication adjustments: 233,- CZK (9,08 EUR)
 - reviewing the efficacy of proposed changes: 233,- CZK (9,08 EUR)
 - *to compare*: preoperative examination by GP: 183,- (7,13 EUR); colonoscopy: 988,- (38,52 EUR)

Clinical pharmaceutical procedures and competences of clinical pharmacist (CP)

Clinical pharmaceutical recommendation is proposal of patient’s medication change. It is provided to the attending physician. CP recommendation is made after detailed study of patient’s medication record and obtaining all necessary information from patient’s healthcare documentation.

Initial control of patient’s medication, admission of the patient to the clinical pharmacist’s care (should be done short after admission of the patient to the ward). Patient’s pharmacotherapy is graded as **low, medium or high risk** in the context of current health state of the patient and planned interventions. Identification of the drug related risk factors that are possible causes of current adverse effects or may be causes of future adverse effects during the in-hospital stay or after discharge. The aim is prevention or early identification of drug related problems. If patient is in high risk, recommendation with plan for pharmacotherapy adjustment is provided to the attending physician.

Repeated control of patient's medication to evaluate the CP intervention effectiveness. This procedure may also serve as the control of medication on the discharge. Repeated controls may also have only preventive purpose in case of long hospitalization. The frequency of repeated controls depends on initial risk stratification, on type of the ward (acute/after-care, ICU/standard) and medical field (e. g. internal medicine/surgery).

Consultation with the attending physician. The clinical pharmaceutical care is always provided in cooperation with the attending physician, with the knowledge of health state of the patient and planned medical interventions.

Patient education. Attending physician is always informed about patient education activities of CP.

Competences of clinical pharmacist

- direct patient care, incl. patient education
- independent formulation of pharmacotherapy recommendations
- pro-active screening and stratification of patients according to medication related risks
- verification of generic substitution
- admission controls – obtaining information about pharmacotherapy from the patient
- *complex evaluation of patient's medication:* control of adequate prescription (indications, doses, drug dosage forms, current state of eliminating organs, ...), identification of possible relationship of current health problems with medication, identification of drug interactions, redundant pharmacotherapy, duplicities etc.
- proposing a plan for medication adjustments to prevent or correct drug related problems
- continuous reviewing of the proposed medication adjustment efficacy and acceptance by the attending physician
- evaluation of the medication on the patient's discharge
- indication of laboratory examinations needed to evaluate the pharmacotherapy (e. g. renal functions, potassium blood level etc.)
- indication of examination by physician if it is needed for evaluation and adjustment of the pharmacotherapy

CP is part of various interdisciplinary teams: antibiotic stewardship, palliative care, acute pain service, positive drug list formulation etc. CP actively participates on education of other health care specialists and formulation of local pharmacotherapy guidelines. Clinical pharmaceutical services may be provided in inpatient, outpatient and home-care setting. Pharmacist with specialization in the field of clinical pharmacy is authorized to manage clinical pharmacy department.

Models of CP department inclusion in the organization structure of the healthcare facility

As clinical pharmaceutical care does not need to be provided in the pharmacy Czech Professional Society of Clinical Pharmacy recommends that CP departments are pharmacy-independent. CP departments should not be involved in economic issues of the pharmacy as this is possible conflict of interests. Some healthcare facilities in the Czech Republic do not have pharmacy and have CP departments.

Czech Professional Society of Clinical Pharmacy

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