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# Trends, challenges and opportunities for CPs

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# Outlines

Trends

Challenges

Opportunities

Managing ADRs

Management style

Managing pharmacy performance



# General changes by 2020

- Average people age: 700-850 K hrs
- The vast majority of people are getting older during their last year of life
- PC, smart phone, tablets will be used for work fun and hobby
- Robots will have feeling



Low skilled labour will be done by machine, and or moved to emerging countries

Creative work will be the core of the job market, possibly the most secure and rewarded

Study, game and work will be merged together and motivation will be the most important driver



# Change in the pharmaceutical market by 2020



## Market trends:

- Patients will be better informed
- Patients will have to contribute to the cost of health services and drugs
- The request for personalised treatment will increase
- Patients will want the **cure** and not the treatment



- PRP: performance related pay is increasing
- Public and private structures will find difficulties to cope with the increasing cost of health services
- Big Pharma will be paid by **outcomes** and not by products



When a complete industrial  
architecture has changed not only  
it will change

*Who does what*



but also

*Who gets what*





# 1<sup>st</sup> Summary

Pharmaceutical world will have to shift from an “**only package**” to a “**package / service**” model.

..And it could get even more extreme:  
to a “**service / package**”

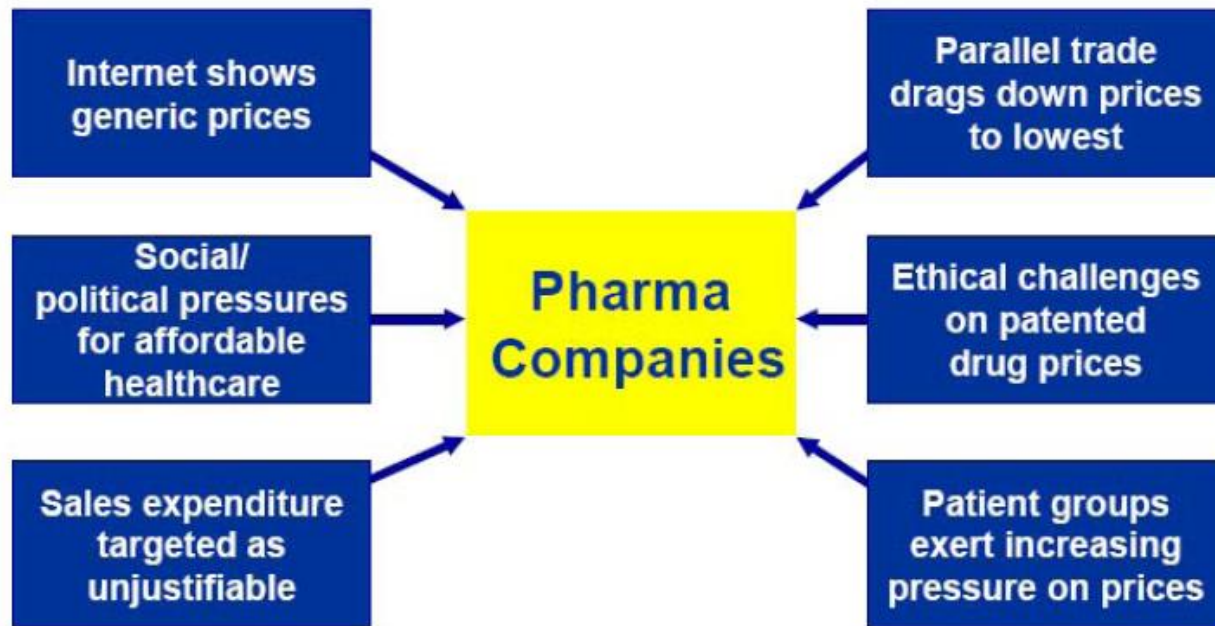
But the most important thing is that Big Pharma will have to demonstrate “**value for money**”



# Drugs prices are spiralling down

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## Pressures cut drug prices by 50% in 10 years ...



... R&D costs increasing - Profits squeezed!



# A competitive market

Web pharmacies

Fake drugs

Mail order pharmacy

DTP (Direct To Patient)

Branded are going down

Generic are going up

Drug price generally is going down

Economic pressure

Political pressure

Social pressure



# The challenges



More work less money

Government wants “good value for money”

Government will not accept to pay high price without any added value

Pharmacists have to demonstrate they provide “value for money”

Drug “dispensing” is not the “Holy Grail” any more

GPs are under huge pressure

Different ratio: Pharmacy/inhabitants according to different countries

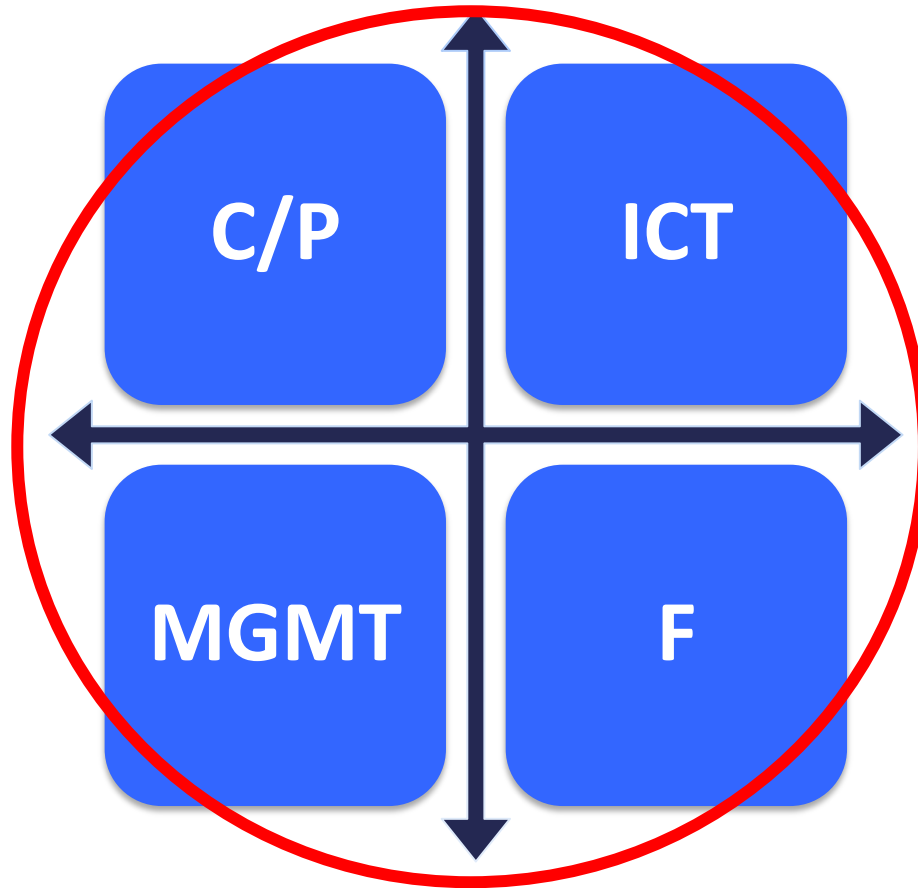
Different entry rules

Pharmacy opening long hours

Pharmacy open 24/7

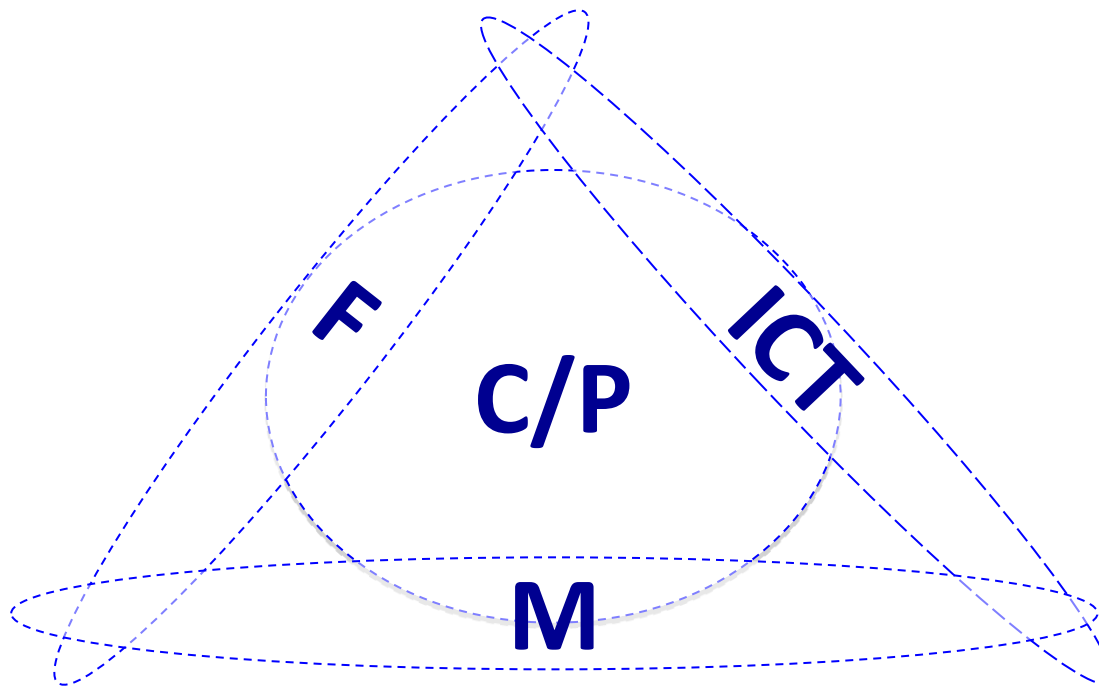


# The 4 domains





# 4 domains are interdependent





**C/P: BP-Glucose monitoring, INR,.....**

**ICT: e-RX, e-PMR, e-data sharing,**

**Stock - MGMT,**

**F: Finance = Economic solidity**

**M: Management**

**..... Cash flow and liquidity is going to become a  
major issue !**



# ADR

Any response to a drug which is noxious and unintended and which occurs at doses used for prophylaxis, diagnosis or therapy of disease, or for modification of physiological function.”

WHO



# A real case

- ❖ FB: Female
- ❖ DOB 22-05-62, 47yrs
- ❖ Caucasian
- ❖ Back pain since 1980
- ❖ 15 operations
- ❖ Still in pain
- ❖ Went to theatre for the last time!





# FB's PMR

- ❖ MST 60mg tabs, bd
- ❖ Oxycodon ret 20mg tabs, bd
- ❖ Oxycodon 10mg/ml drops, 0.5ml, 4-6 hourly
- ❖ Ibuprofen 800mg tds, prn
- ❖ Macrogol sach. 1-2 daily prn
- ❖ Sertralin 50mg one daily, bed time
- ❖ Iron III (Ferrum), 5-10 ml daily



# The problem

- ❖ FB is getting better after the last operation, **but**
- ❖ Now she suffers from neuropathic and functional pain, and the situation is getting worse.
- ❖ The doctor (Consultant) decided to put her on Pregabalyn 75mg, bd.
- ❖ .....and after a short period of time she felt very strange!



# What happened?

- ❖ FB, did not go back to the GP, or the Consultant, but came to the Pharmacy
- ❖ Having assessed the situation, the pharmacist decided immediately to do a quick book search, and then a web search as well.
- ❖ Remember: “time is a **must** in community”



# The action

- ❖ The leaflet stated the problem, but we didn't know the % of incidence.
- ❖ It was decided to ring the company: medicine information department, and they agreed to send and EIM/ADR card or Yellow Card

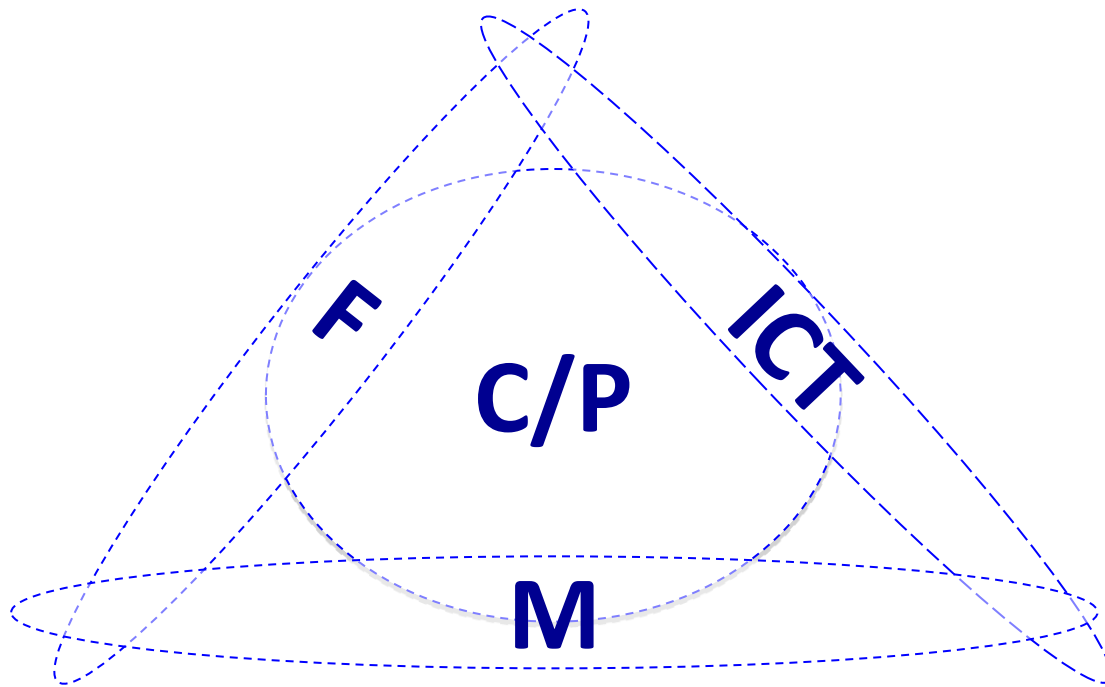


# Case Conclusion

- ❖ The pharmacist played a pivotal role in an integrated Health Care system: gate keeper
- ❖ Patients perceive pharmacists as the experts for drug related problem
- ❖ The shift is from a drug approach to a more patient oriented approach (holistic approach)

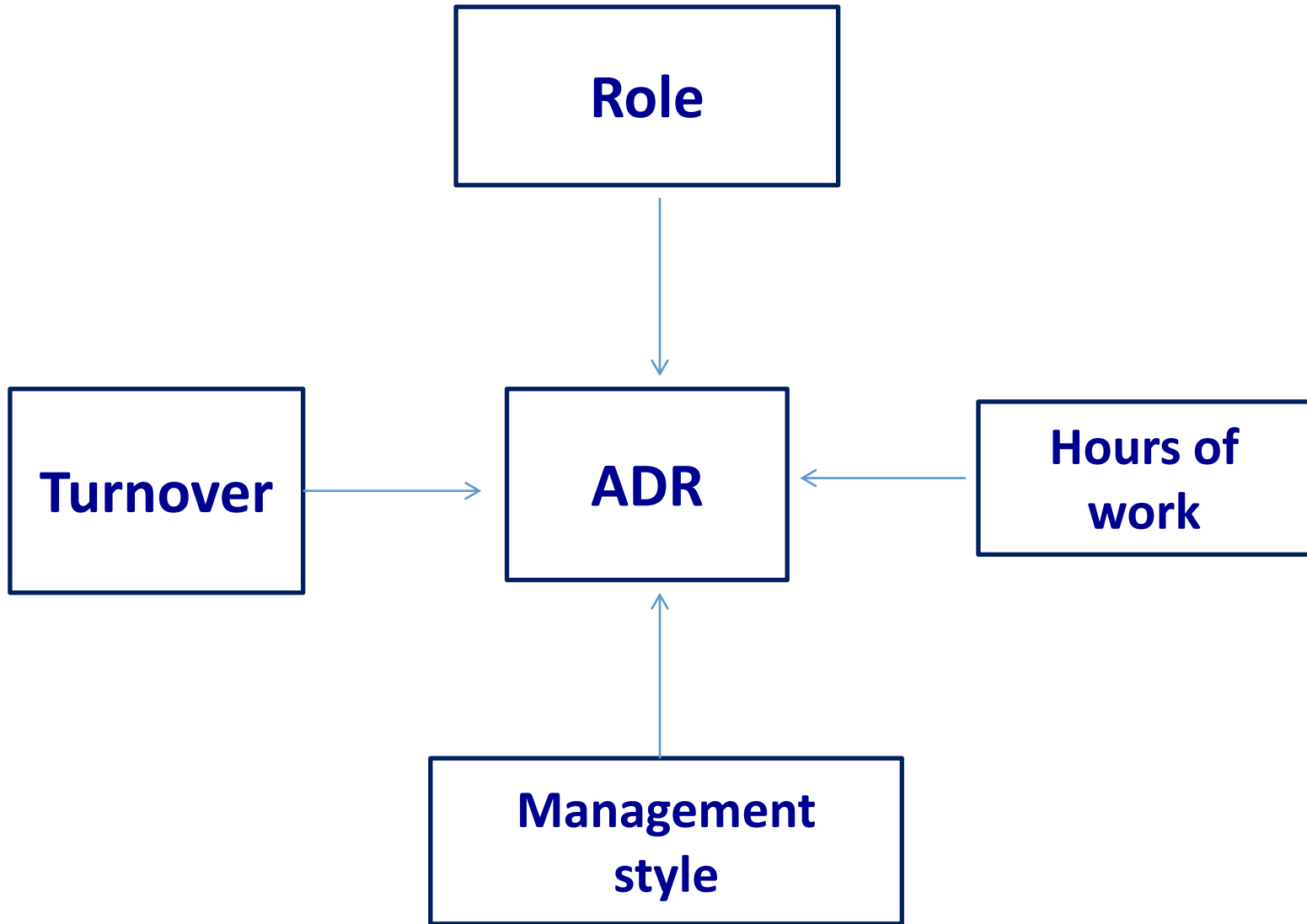


# 4 domains are interdependent



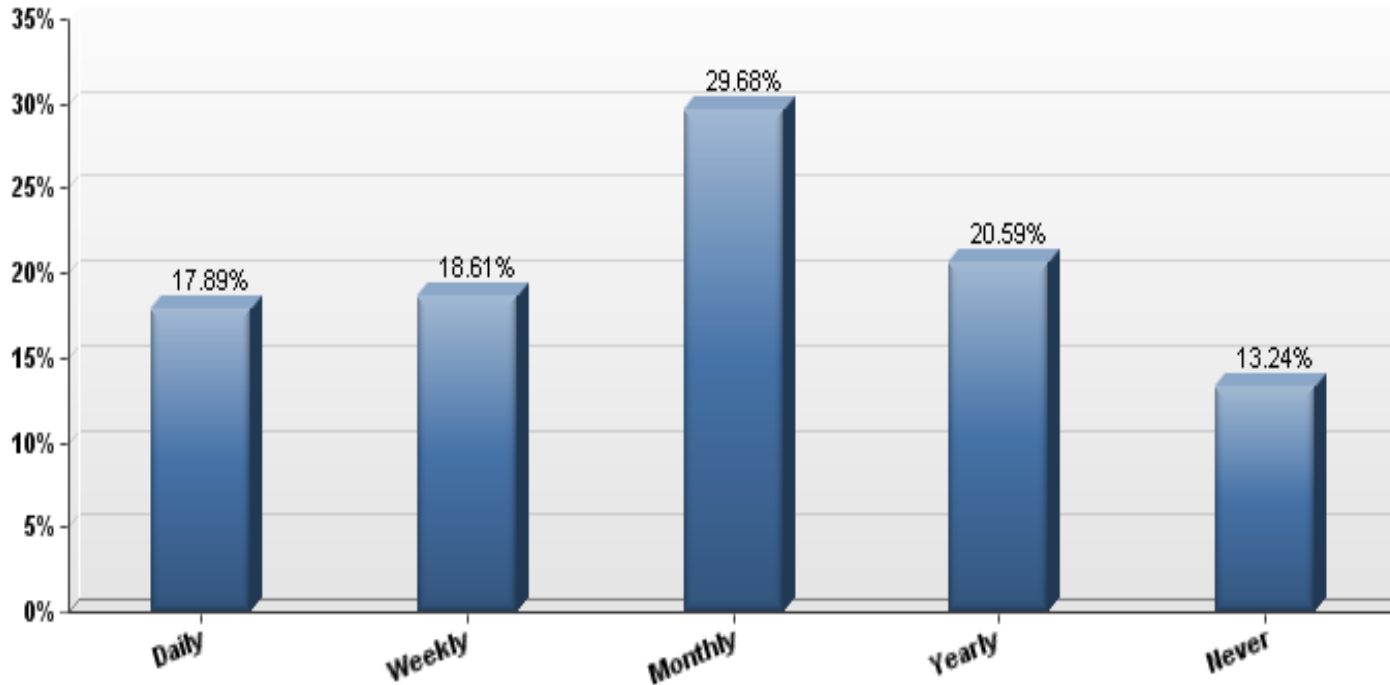


# Conceptual Framework





# How often do you detect ADRs in your workplace (pharmacy) by yourself or by the patient? (3115 pharmacists replied)







# Profit reduced by

Compliance/Adherence

High fixed costs

Cognitive service not always paid

Price reduction

Claw back

Generally Over stocked

Competitive OTC MKT

OTC/Rx margin reduction

Expired drugs/Expiry date

Generic/Branded Mix

Bullwhip effect

Heavy overheads



**1) Increase by 10% the selling price**

**or**

**2) Increase by 10% the turnover**



# Conclusions

- ❖ Trends
- ❖ Challenges and Opportunities
- ❖ 4 Domains
- ❖ Link: C/P & MGMT
- ❖ Link: MGMT & F
- ❖ Link: F & Performance



**We need to embed in our teaching, hard science, plus....  
Clinical practice, ICT, MGMT, Finance, and possibly a lot more**

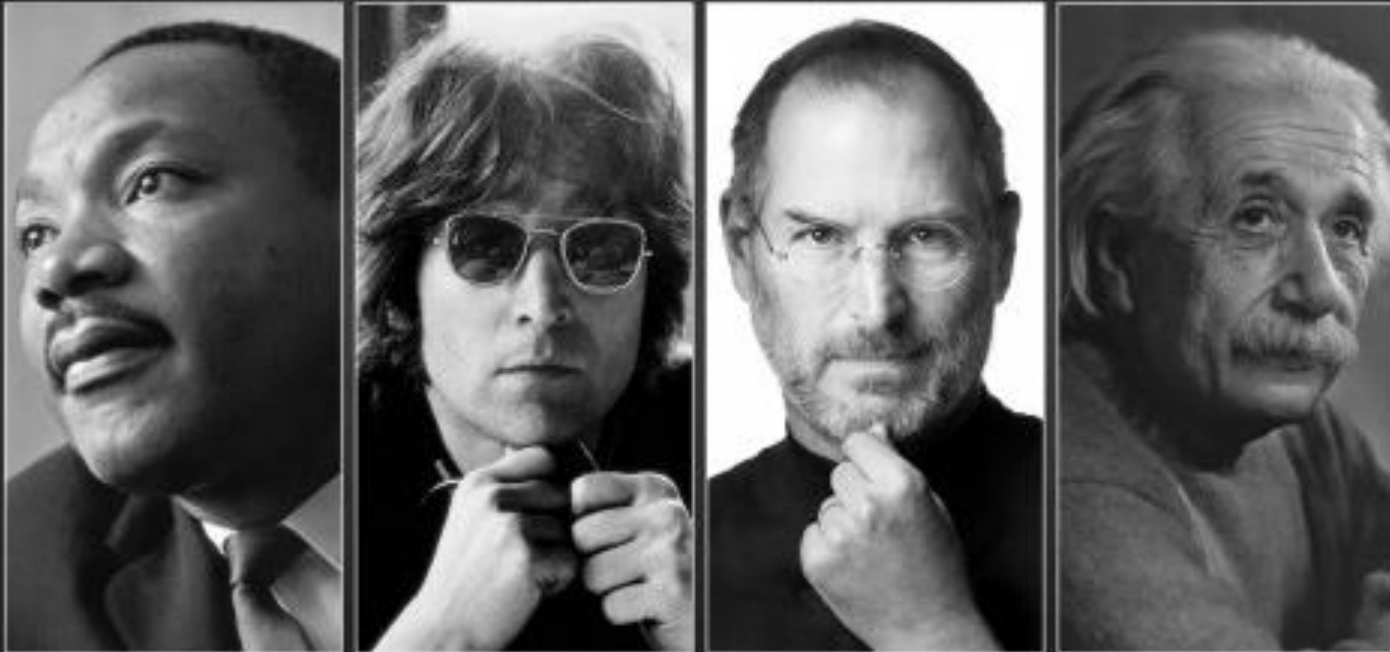
**Most important we need to teach and show that there are  
relationships among the 4 domains**

**We need to teach a 360 degree curriculum in order to allow the  
future pharmacists to cope with the fast changing environment**





# How to think



Think Different