

The ophthalmic pharmacist as part of a multidisciplinary team

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In this article, the author highlights the evolving role of the ophthalmic pharmacist in improving overall patient care

A multidisciplinary team historically refers to a clinical group whose members each practise with an awareness and recognition of other disciplines.

In ophthalmology, as in other specialties, an interdisciplinary team would be the ideal situation in which members of a clinical team actively co-ordinate care and services across disciplines.¹ The emphasis is on collaboration between the different members of the team, including the patient, resulting in a better quality of life for the patient.²

The value of multidisciplinary health care teams to the overall well-being of the patient is now well recognised, along with the developmental needs of clinical teams across the traditional professional and service

boundaries. In addition, multidisciplinary, team-based learning is highlighted increasingly with regard to continuing professional development.³ So, what are the roles of the pharmacist in the ophthalmic team?

— COMPLIANCE AND CONCORDANCE

The ophthalmic pharmacist's knowledge of medicines and their use can contribute significantly to the management of medicines and the promotion of patient compliance and concordance. However, it must be remembered that in patient-focused care, the whole patient has to be considered before dealing with the drug or the condition. This may also involve the patient's family as part of the team. The goal should be to meet the medical, emotional and other needs of each patient and family.

In the light of clinical governance, there will be pressure on ophthalmic departments

to review their working practices. One way forward is to adopt the multidisciplinary approach with the familiar roles of the respective members being expanded and their expertise utilised to better effect.

In most instances, the ophthalmic pharmacist is the last port of call for a patient before leaving the hospital. In this position, the ophthalmic pharmacist will monitor the prescribed drug therapy to identify, rectify and prevent medication problems. This involves checking prescriptions to make sure that the drug, dose and instructions are suitable for each individual patient.

The pharmacist can also offer advice and information not only on the prescribed medication but on a wide variety of health issues, such as complementary over-the-counter preparations, compliance aids and issues, as well as being able to refer the patient to organisations that can provide further help.

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For many patients, the community pharmacist is the first point of contact with the health care team, and there is no reason why this role cannot be extended into secondary care. The ophthalmic pharmacist has an important role to play in pre-assessment clinics, taking accurate drug histories, identifying associated problems, helping to develop drug therapy outcome objectives and treatment plans with the patient and with other members of the team. It should be emphasised that plans which include the treatment preferences of individual patients are more likely to result in satisfied and compliant patients.

The pharmacist prescriber, following strict guidelines and protocols, looks like becoming a reality in the not-too-distant future. This too represents a tremendous opportunity for the pharmacist to take a far more proactive stance in enhancing ophthalmic care delivery.

BENEFITS OF INTEGRATION

The Cochrane Collaboration reviewed studies on the integration of outpatient pharmacists into the health care team and noted a positive effect on prescribing behaviour, a reduction in the use of health services and improved patient outcomes as a result of such integration.⁴ In ophthalmology pharmacist team members may especially contribute to the care of chronic illnesses, such as glaucoma, the second leading cause of blindness worldwide, by optimising and simplifying drug regimens to reduce adverse effects and increase efficacy.^{5,6,7}

The ophthalmic pharmacist also has an educational role to play, both within and outside the team, as the medicines expert, covering topics such as side effects and order of administration for optimal effect, as well as clinical briefings on new medicines undergoing clinical trials. This can be done in either a formal or informal manner through lectures, tutorials, ward rounds or case conferences. In the future, this educational role will need to encompass colleagues in primary care. An extension of this role might involve establishing the ophthalmic pharmacist as a reference source for queries originating not only from members of the team but from general practitioners, district nurses and community pharmacists. Hospital pharmacists are in the ideal position to facilitate the flow of information to pharmacists in primary care and other disciplines. The ophthalmic pharmacist might also be more actively involved in patient group sessions, where patients are encouraged to ask about their medication and conditions and share experiences with other patients and health care professionals. Patient group sessions are one of the areas where the ophthalmic pharmacist should have a place. This is already the case in other specialties, such as cardiology.

CLINICAL INVESTIGATIONS

The ophthalmic pharmacist is an essential component of the team with regard to ongoing research and development projects, involving a combination of in-house, national and international clinical trial evaluations. At present, we are a very underused resource in this respect. For example, ophthalmic pharmacists can provide important guidance in the development of appropriate drug delivery systems, including bottle design, that are best suited to patients' needs.

Outpatient and discharge counselling are essential to ensure that the patient understands the importance of their medication, administration times and possible adverse effects. Compliance problems can also be identified and solutions found for them. Even simple factors such as the use of large

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print size, administration diaries and compliance aids can all improve the quality of care of the patient.

NEW ROLES

In summary, increasing demands, rising expectations, more expensive interventions and essentially fixed or decreasing resources are all leading to a re-examination of the way health care is currently provided. New processes of care delivery will involve significant changes in professional roles, practices and relationships and greater integration between and within primary and secondary care.⁸

Pharmacists are well positioned to facilitate and co-operate with these changes within the multidisciplinary team by not only expanding their current roles but embracing new ones, for example, the dependent prescriber suggested in the Crown review of prescribing and administration of medicines⁹ and exploring and meeting the educational needs of the primary and secondary health care teams with regard to the ophthalmic patient.

By improving the quality of multidisciplinary services and making optimal use of resources, further development of the phar-

macists' contribution will help create measurable benefits for patients, the NHS and society as a whole.¹⁰

This article won the 2000 Pharmacia travel award for ophthalmic pharmacists. To be eligible for this award, pharmacists must be members of the UK Ophthalmic Pharmacists Group. Details about the group can be obtained from the chairperson, Jill Bloom, at Moorfields eye hospital (tel 020 7566 2369 or e-mail jill.bloom@moorfields.nthames.nhs.uk).

Details regarding the 2001 Pharmacia award, which will provide the winning author with an opportunity to attend the American Academy of Ophthalmology annual meeting in New Orleans, Louisiana, US, in November, can be obtained from Jo Gualono at Pharmacia & Upjohn (tel 01908 603128 or e-mail joanna.gualono@eu.pnu.com).

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