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Editorial

Should Clinical Services Provided by Pharmacists be Compensated?

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"... the great need is to look at pharmacy
from the point of view of the patient-that is,
unless we come up with something which deals with people,
not pharmacists, not research laboratories, not
physicians, not nurses, not drug store proprietors,
not the system, et cetera, we really have not added much..."
Millis, summarizing the first day of the Millis Commission's
deliberations in September, 1973.

As this quotation shows, the problems currently confronting the pharmacy profession are not new. The profession, despite a dramatic realization, pharmacy needs to redefine itself as a patient-oriented profession. Pharmacy's longstanding focus on product has continued throughout the last quarter of the 20th century.This is more apparent in countries like Iran where, pharmacy education is mostly basic science oriented.

In 2005, American College of Clinical Pharmacy (ACCP) defined clinical pharmacy as the "area of pharmacy concerned with the science and practice of rational medication use." Within this definition, it is stated that the discipline of clinical pharmacy relies on caring, standards, specialized knowledge, skill, and clinical decision making. Clinical pharmacists are practicing within this discipline and generate, disseminate, and apply new knowledge that contributes to improved health and quality of life.

Pharmacists are gradually changing professional services. At the present time, pharmacists are in an excellent position to expand their professional role by providing cost-effective clinical services. Several factors may act as a barrier to the acceptance of new roles, including lack of consensus regarding the professional goals; opposition to expand the pharmacist's responsibilities beyond dispensing functions, lack of professional skill and/or confidence; work environments; lack of compensation for pharmacists' clinical services and underdevelopment of practitioners' interpersonal skills.

The benefit of pharmacist involvement in outpatien and inpatien clinical activities has been well documented in the literature.

Involvement of a clinical pharmacist in inpatient care has been shown to reduce morbidity, mortality and healthcare costs. Never the less, clinical services provided by pharmacists are not compensated by third-party agencies (insurance companies). The current low dispensing fees and the provision of extra patient centered services without compensation are economically untenable for most pharmacists. This may add to the present pharmaceutical care misconduct.

A perfect reimbursement mechanism is still not defined, particularly in the inpatient setting. The profession of pharmacy could develop a ctedential model similar to that used by the medical profession. Documentation of the interventions and services are approaches that can be used to justify compensation by pharmacists.

Other measures which can be used to facilitate reimbursement of the clinical services offered by pharmacists are identification of patient needs that require clinical pharmacy expertise, especially

those that can reduce costs while maintaining efficacy; development of a patient safety program that will decrease hospitalization by preventing drug related morbidity and medication error. On the other hand, presentation of a written proposal to the hospital administration rate; presentation of the proposal to third-party agencies, preparation of reports on the progress of the program and finally generating reimbursement claims by defining billing codes for these services are provided by pharmacits as the other required steps that needs to be taken.

The financial side of healthcare will surely have an enormous effect on the future of many professions including clinical pharmacy. The importance will go on to be grounded in providing high-quality care at a sensible cost to both the patient and the healthcare system.

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