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Research Article

SYSTEM MODELING OF PHARMACEUTICAL CARE IN OPHTHALMOLOGICAL PRACTICE AND ORGANIZATIONAL AND ECONOMIC JUSTIFICATION OF THE MAIN DIRECTIONS OF ITS IMPLEMENTATION

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ABSTRACT

In order to introduce pharmaceutical care (PC) to ophthalmic patients, we studied the statistics of diseases, conducted an assortment analysis of drugs used in ophthalmic diseases. The analysis of the purchase of drugs was carried out, the index of renewal and consumption of medicines used in ophthalmic practice was considered. Based on the analysis, a AF model has been developed that will improve the effectiveness and safety of drug therapy, as well as improve the quality of life of the patient by integrating the efforts of medical, pharmaceutical specialists and patients.

KEYWORDS

Pharmaceutical care, ophthalmology, medicines, eye diseases

INTRODUCTION

Today, the task of optimizing the work of the pharmaceutical industry can be solved by improving the provision of the population, which can be implemented taking into account a large number of

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factors, and by developing the field of pharmaceutical services, which depends on the qualifications of employees and the capabilities of the organizations themselves [1]. Pharmaceutical care is a complex integrated process of cooperation, which is aimed at the timely detection, prevention and solution of problems associated with the use of medicines [2].
The main goal of pharmaceutical care is to optimize the health status and quality of life of patients, as well as to achieve further positive clinical results [2].
The purpose of the study . To develop a model for optimizing systemic pharmaceutical care in ophthalmic practice.

RESULTS OF THE STUDY

To solve the formulated problem and in accordance with the goals of optimizing pharmaceutical care , a model was developed.
The goal of management is to improve the AF of patients with ophthalmic diseases. The main result of the management of this model is to improve the quality of drug provision for ophthalmic patients. The developed model is characterized by the interconnectedness of management levels and functional management processes. The main part of the developed model includes the management of the pharmaceutical care system, implemented through the organizational and economic management mechanism, which is a complex of certain elements that provide the necessary final result.

The main goal of this model includes the management and optimization of pharmaceutical care and has 2 levels of its implementation: 1st level - these are medical organizations, starting with a visit to a doctor to the correct diagnosis of the disease and prescribing the necessary medicines, respectively, taking into account the patient's solvency. This stage also includes self-treatment of patients on the advice of friends, based on past experience, as well as the preferences of the patient himself. Stage 2 or level of pharmacy organizations that provide pharmaceutical assistance, the duty of this stage is to form a need, while studying consumer interaction, satisfaction, loyalty. To perform the above functions, both levels must study the treatment protocols, form a list of essential medicines. Both levels of organization include the professionalism of the staff, the patient's ability to pay, the effectiveness and availability of pharmacotherapy. Each level of management is interconnected. Outcome of the Pharmaceutical Care Enhancement and Improvement Model (Figure 5.1) .
For the purpose of the effective functioning of the proposed model, an organizational and economic justification of the main directions for the implementation of the model, which consists of 5 stages, has been developed.

Stage 1 Analysis of the state of pharmaceutical care for patients with problems of the eyes and adnexa. Below are the main components of this stage:

- Analysis of the pharmaco-epidemiology of ophthalmic diseases to determine accurate statistics and prognosis.
- Analysis of the range of drugs used in ophthalmic diseases.
- Analysis of the volume of the pharmaceutical market of medicines used in ophthalmic diseases.
- Study of demand and actual consumption of medicines used in ophthalmic diseases.

During the first stage, we collect basic data for analysis. 2nd stage. Organizational and economic approaches to the study of consumers, which consist of:

1. Processing of statistical data of ophthalmic diseases for predicting morbidity.

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2. Marketing analysis of the assortment, as well as graphical analysis of the results.
3. Analysis of the volume of the pharmaceutical market and interpretation of the results.
4. Assessment of the economic availability of medicines.
5. Assessment of the need for medicines.
6. Assessment of drug consumption.

The economic results of this stage consist of:

1. The actual spread of the disease.
2. The total number of the range of medicines.
3. The actual volume of import of medicines.
4. Actual demand and consumption of medicines.
5. Accuracy and reliability of forecasting.

3-stage. Stage comparison:

1. Compare the actual consumption of drugs with the actual size of the pharmaceutical market.
2. Compare prescribed medicines with standards of care by reviewing patient history.

The results of the 3rd stage contribute to the definition of need and the rational use of medicines.

4-stage. Pharmaco -economic evaluation of therapy used in ophthalmic practice consists of:

1. Conduct a systematic review of the scientific literature based on evidence-based medicine on clinical effectiveness
2. Systematic review of scientific literature on cost-effectiveness
3. Analysis of the cost-effectiveness of treatment

The results of the 4th stage contribute to the formation of a list of essential medicines, the improvement of treatment standards, as well as clinical recommendations, and the rational use of the state budget . Figure 5.2 shows a diagram of the organizational and economic justification model for the main directions of implementation.

5-stage. The development of optimal pharmaceutical care for diseases of the eye and adnexa consists of:

1. Based on the statistical processing of diseases, develop a program
2. Develop a disease forecasting program
3. Based on the forecast, determine the need for medicines used in ophthalmic practice

As a result of the developed model, it is possible to improve pharmaceutical care for patients with diseases of the eyes and adnexa.

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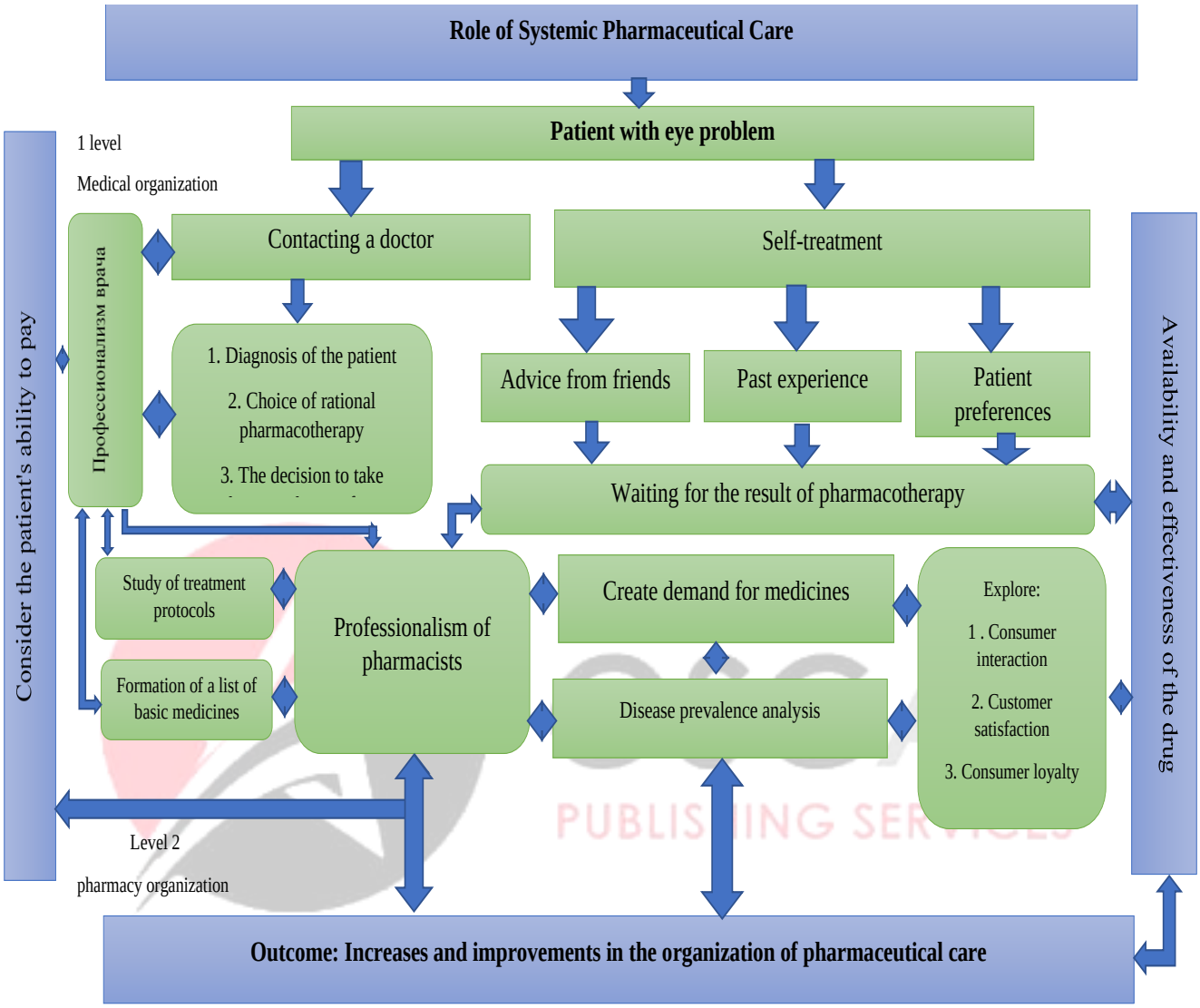

Rice. 1 Model for improving pharmaceutical care for ophthalmic patients

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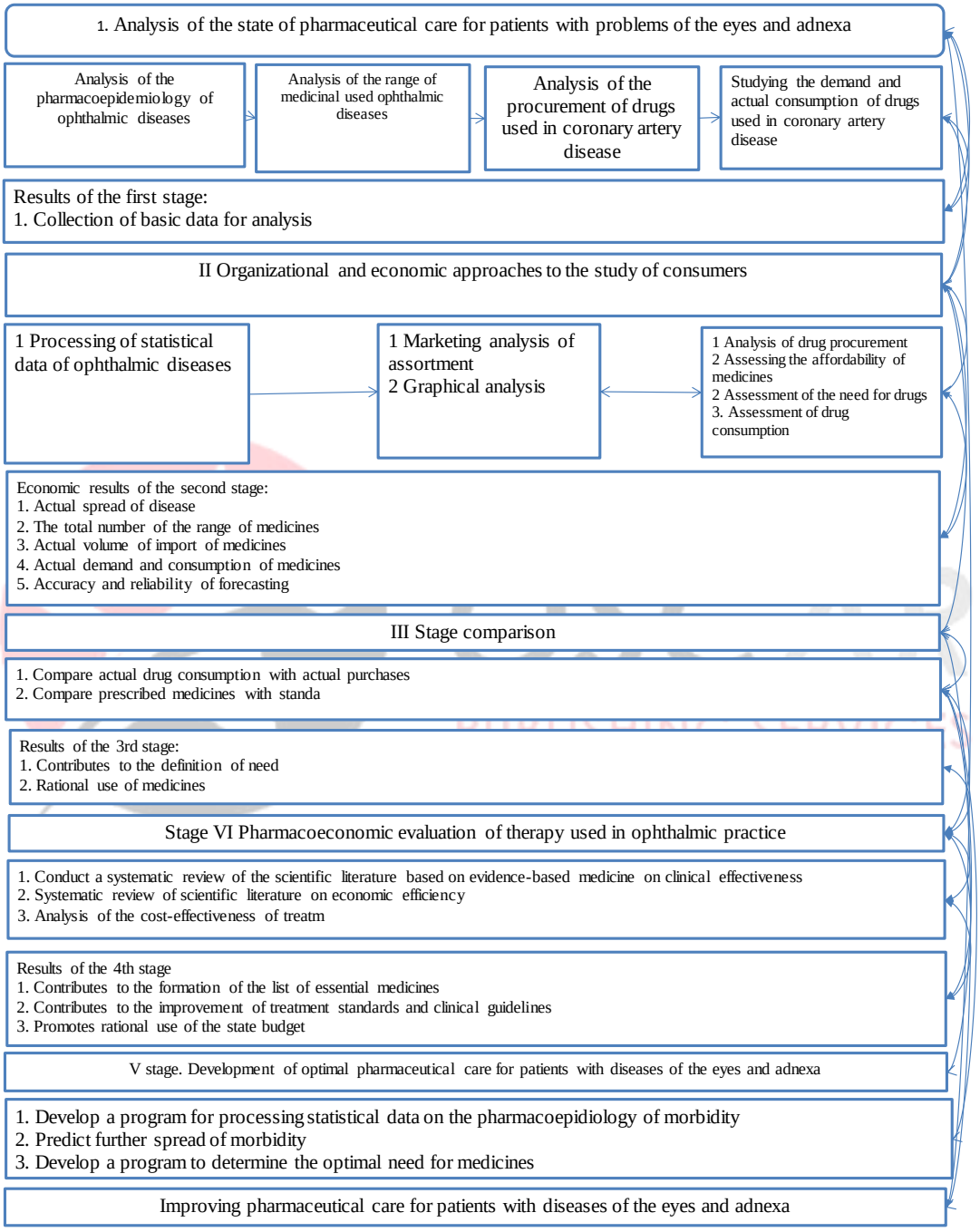
Organizational and economic substantiation of the main directions of the model implementation



Rice. 2. Organizational and economic justification of the main directions for the implementation of the model

Findings

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The analysis of the range, pharmacoepidiology of patients with ophthalmic diseases was carried out, the case histories were studied, the analysis of the purchase of medicines used in ophthalmological practice was carried out. Based on these data, a model has been developed to improve pharmaceutical care for ophthalmic patients. The model consists of 2 levels of organization. The first is the medical level of the organization, the second is the pharmaceutical level of the organization.

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