

The facts on drug plans

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We know that issues surrounding drug plan coverage take up your precious time. Arm yourself, and your patients, with the facts about how these plans work, so that you can bring the focus back to patient care.

You can find the facts online at Solutions in Drug Plan Management, part of www.pharmacyconnects.com (click the link in the left navigation bar). The resources include:

- **It's Your Drug Plan, Get the Facts!**, the consumer brochure. Download the high-resolution file to make your own copies, or contact Jan Scott (jan.scott@pharmacygroup.rogers.com) for hard copies.
- Monthly news updates from Canadian and U.S. healthcare and benefits journals. We do your homework so you can keep up with developments in drug plan management.
- Reports from the 2004 Solutions in Drug Plan Management Conference.
- Results from the Survey of Pharmacists on the Impact of Claims Processing.
- The continuing education lesson, "Third-party issues: Understanding drug benefits for better patient care."



SOLUTIONS
in drug plan
management
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Solutions in Drug Plan Management is dedicated to developing tools to help pharmacists address today's challenges in third-party claims adjudication. Solutions facilitates constructive communication between healthcare providers and stakeholders in the drug benefits field, stressing the value of collaboration in order to achieve adherence to drug therapy and long-term success in disease management.

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Charity Evans with members of the North Bradford Primary Care Development Team. From left: Liane Langdon, Evans, Dale Burton, Linda Hefferon, Janet Potts (missing: Emma Maclellan-Smith).

We can learn from UK primary care

Given responsibility, and held accountable, health providers shine BY CHARITY EVANS

Quite simply, primary health care (PHC) is the first contact patients have with the healthcare system and it can be as benign as a visit to the local pharmacy.

Yet while the basis of PHC may be simple, a truly ideal PHC system is diverse and complex. We all understand the substantial benefits of PHC to patients, communities and the health system, including better quality and coordination of care, and better use of resources. The importance of primary health care was realized decades ago. Why, then, are we stuck at the pilot stage?

In the United Kingdom, PHC has successfully gone far beyond the pilot stage. The National Primary Care Collaborative was launched in June 2000. Managed by the National Primary Care Development Team (NPDT), the program uses collaborative methodology to provide primary care and improve service delivery. Four years later, the U.K. is regarded as a world leader in health care.

I was fortunate to be able to spend this past May with members of the North Bradford NPDT. Throughout the month, I observed and interacted with different individuals and organizations to determine what had contributed to the successful and timely implementation of PHC. What I saw was truly remarkable. Here are some highlights:

ALL IN THE ATTITUDE

People involved in health care in the U.K. are excited about what they've accomplished. But more importantly, they are passionate about what they can still achieve, and improvement processes are continual.

Small, continual changes on every level are encouraged through the use of PDSA (Plan-Do-Study-Act) cycles that make it easy to follow through. Promoting small changes ensures that failures are never catastrophic, merely lessons learned. Yet these

same small changes can have significant positive results on a much larger scale.

Responsibility and authority is passed down to individuals. One primary care trust (similar to our health regions) went so far as to ban decision-making by committee. Rather than wait for consensus from a committee, individuals discuss ideas with those in parallel positions, then make the decisions. This empowerment not only ensures timely changes are implemented, and promotes creative thinking and problem solving, it increases job satisfaction among employees.

Many of the top executives I met were also practising healthcare professionals. This practical knowledge and experience gives them a distinct advantage both in decision-making and in gaining respect within their organization. Emphasis is not placed on titles or symbols of position. In fact, the executives of one primary care trust shared offices and desks, with the chief executive sitting alongside the support staff.

EVERYONE'S ACCOUNTABLE

Probably the most important thing I noticed during my visit was the level of accountability throughout the whole U.K. health system. From a family physician demonstrating evidence-based prescribing in post-MI patients, to a national organization charged with remaining within their budget, everyone is accountable.

While we can't duplicate the U.K.'s PHC system in Canada, we can use many of their concepts and theories as examples and draw on their successes and failures as a resource, as we move toward enhanced PHC in Canada. 🍁

Charity Evans is a primary-care pharmacist in Leader, Saskatchewan. She was sent to observe the U.K. PHC system in a trip co-sponsored by Saskatchewan's Health Quality Council and her employer, pharmacist Gordon Stueck.