

Should we leave patients to their own devices?

**Unexplored pharmacy opportunities:
use of technology to improve medicine safety**

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3rd NATIONAL PHARMACY CONFERENCE

3-5 OCTOBER 2019
SUN CITY, SOUTH AFRICA



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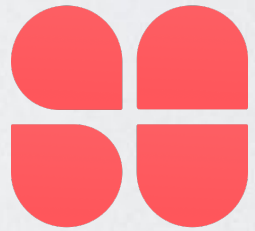


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A to Z of MEDICINES


Medicine informatics

Clinical Decision Support

30 mg
Cilbsta

A laptop screen is shown in a dark, dimly lit environment. The screen displays a line graph with a blue line and a pie chart with a green slice. The text 'Medicine safety is a basic human right' is overlaid in white. The laptop keyboard is visible at the bottom.

Medicine safety is a
basic human right

A close-up photograph of a yellow fire hydrant. A thick, white plume of steam or smoke is being emitted from the side outlet of the hydrant, expanding outwards. The background is solid black, creating a high-contrast scene. The hydrant is on the left side of the frame, and the steam plume dominates the right side.

Getting information off the
Internet is like taking a
drink from a fire hydrant.

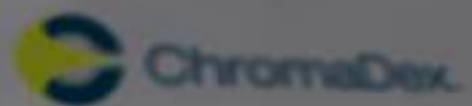
Mitchell Kapor



The ROI of a medicine information system



Sources provided on request



The Medicine Burden



The Medicine Burden

50%

Of chronic patients
(GLOBALLY) are non
adherent

5-30%

Of TOTAL hospital
admissions are as a result
of medicine
mismanagement and the
complications thereof

(estimated to cost
>\$30bn/yr in the US)

10%

Of total hospital
admissions in SOUTH
AFRICA are as a result
of medicine
mismanagement

Preventing 1 patient
from being admitted to
hospital saves an
average of \$40,000

A-Z Review 1: Analysis of 185,200 chronic scripts

The review examined medicine – medicine interactions only (August 2019)

7%

Of ALL multi-line claims
had at least one
Severity Level 1
combination

39%

Of ALL multi-line claims
had at least one
Severity Level 2
combination

Source: A to Z of Medicines Interaction Checker

A-Z Review 2: Analysis of 435,965 unique patients

(10-31 Aug 2019)

Patients receiving 1 (unique NAPPI) medicine	125,944
Patients receiving 38 (unique NAPPI) medicines	2
Patients receiving 6 or more (unique NAPPI) medicines	19,056
Unique NAPPI to NAPPI interactions (severity level 1 and 2 only)	31,217
Unique AMI to AMI interactions (severity level 1 and 2 only interactions)	3,552 (127,677 occurrences of these interactions)

The top 10 NAPPI's responsible for these interactions represent	17.5% of TOTAL NAPPI's
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The top 10 NAPPI's responsible for these interactions represent	12.3% of TOTAL cost
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Estimated cost (SEP) of medicines related to interactions	> \$400,000/month
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Further analysis should be done to determine: 1) "Other" risk, 2) Interactions leading to hospitalisation, 3) Nature of Chronic-Acute, Acute-Acute interactions

Human error and poor outcomes should not be happening in a world of big data and machine learning

The OLD World

Medicines are developed for patient populations (not individuals)

US and European studies estimate a **24%** human error rate in prescribing of medicines

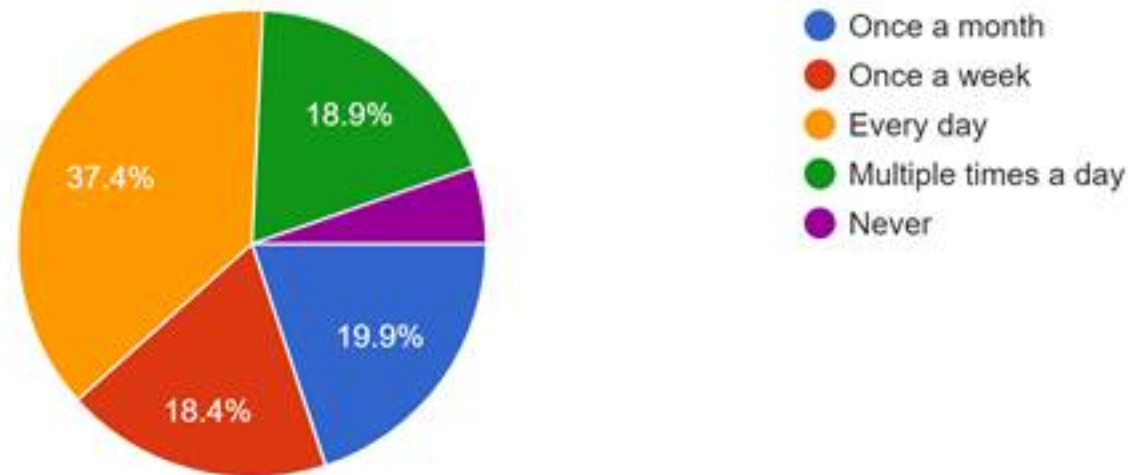
The **NEW** World

Medicines are personalised for the individual patient (+genetic) profile

An integrated medicine informatics solution that allows for medicine data set interrogation and patient personalisation reduces human error to **2%**

How often are HCP's searching for medicine information?

Source: A-Z study, 2018 (n=237)



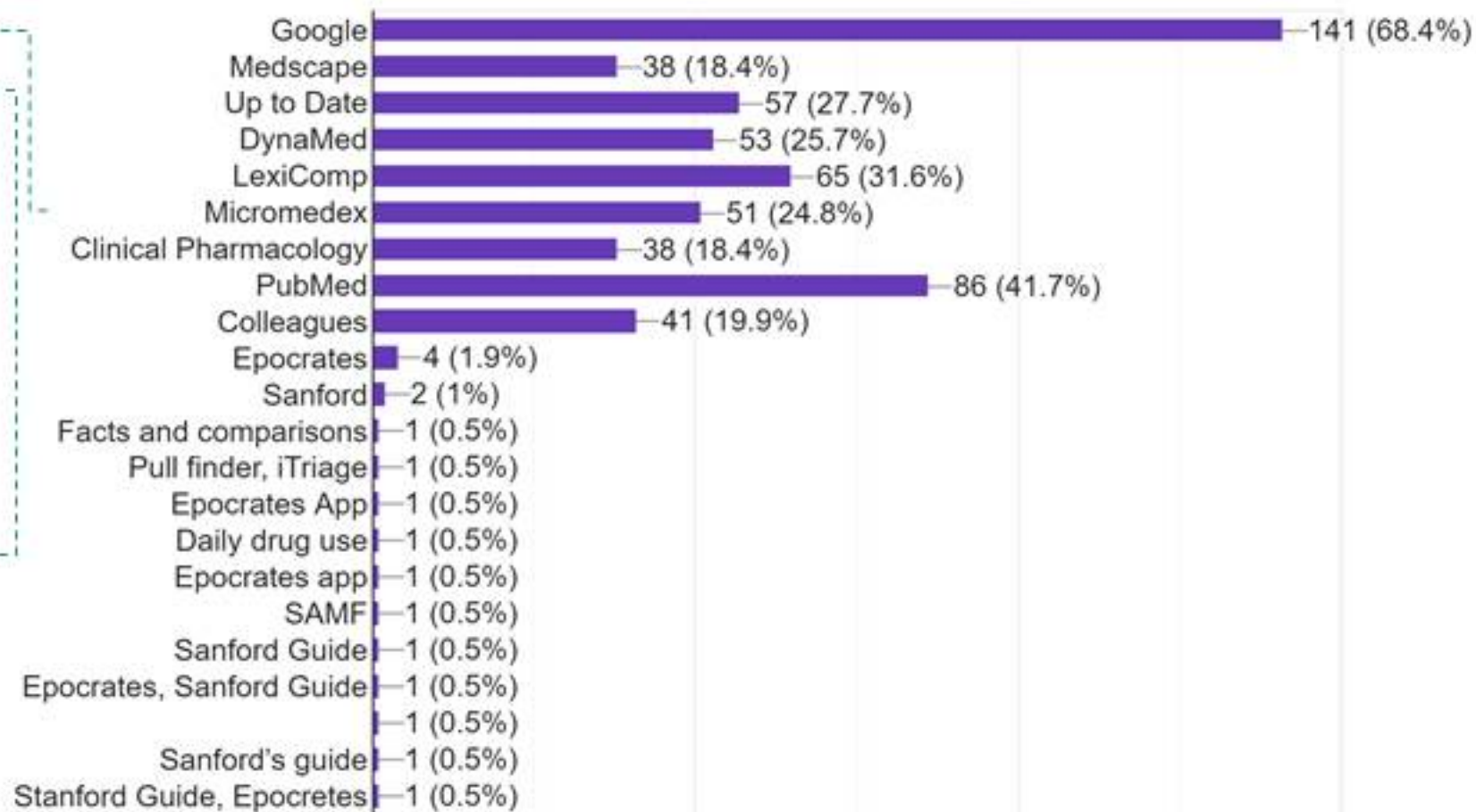
Where are HCP's searching?

Source: A-Z study, 2018 (n=237)

Google can't help with (any)
complex patient specific
interrogation

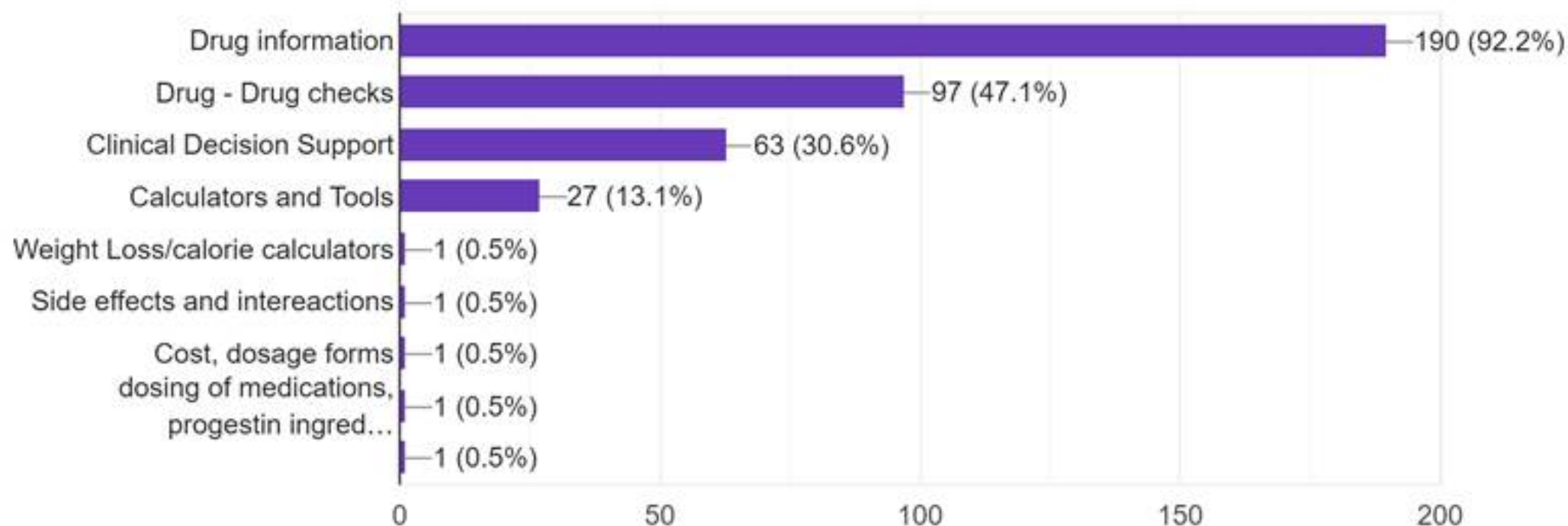
Expensive and/or Access restricted

US + European (not localised)



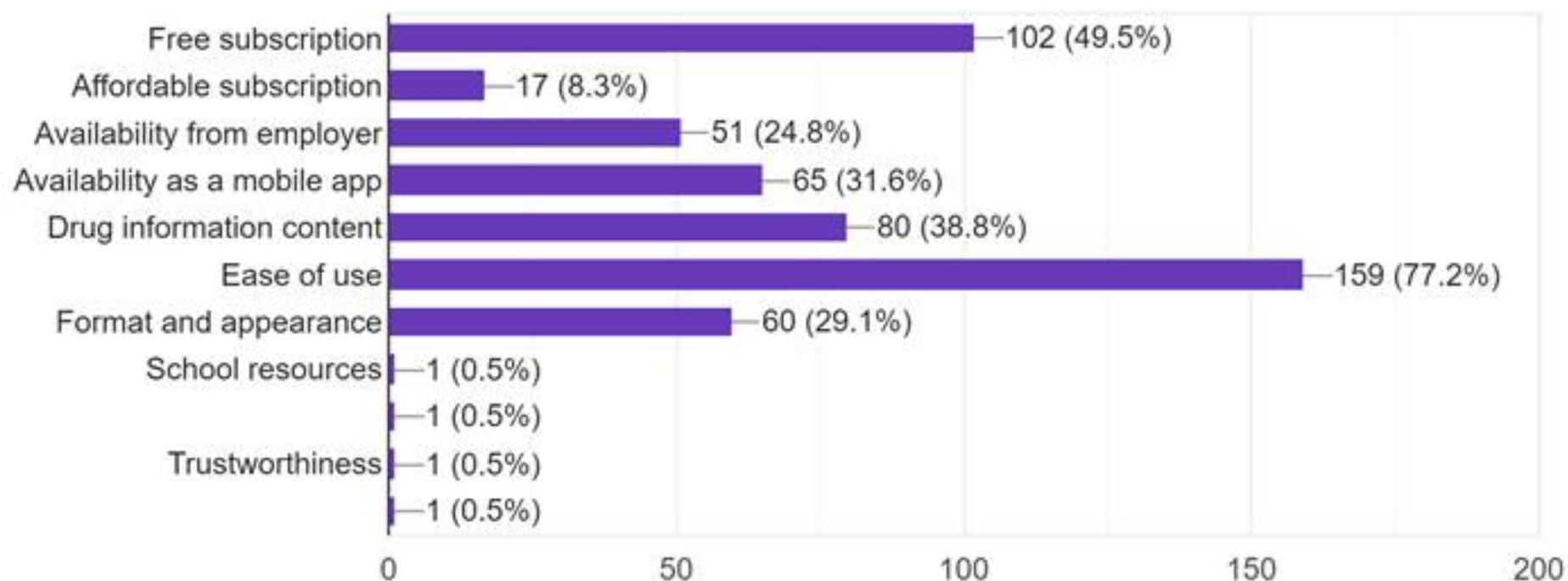
What do HCP's search for?

Source: A-Z study, 2018 (n=237)



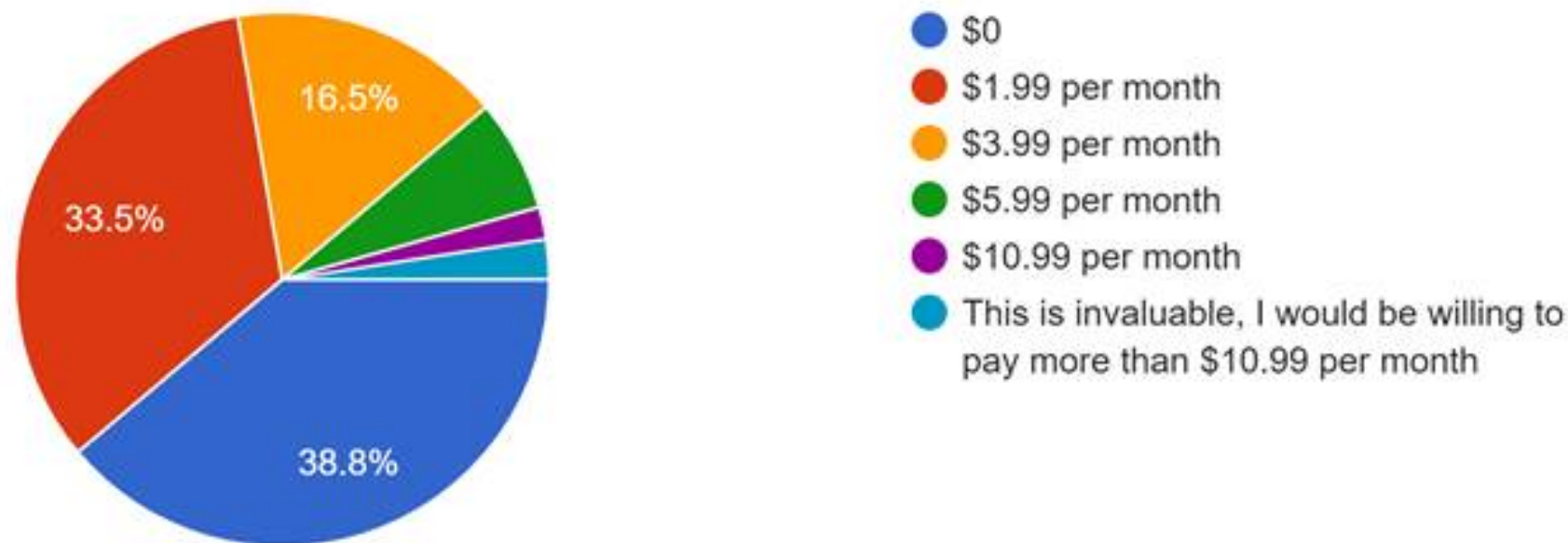
Why do HCP's use one source over another?

Source: A-Z study, 2018 (n=237)



What are HCP's willing to pay?

Source: A-Z study, 2018 (n=237)



A hard pill to swallow

Across Emerging Markets, **medicine information systems** are:

1. Prohibitively expensive and largely unavailable
2. Not localised for local medicine sets or genetic population groups
3. Not available in formats that allow for automation of database queries, interrogation or computational modeling

The A-Z Solution



A-Z. Medicine Information Specialists

- 1. A-Z has created a globally competitive medicine information system
- 1. The data coding is compliant to international WHO ATC, regional and national coding standards
- 1. A-Z references more than 6000 global sources for the data
- 1. The data architecture and intelligence allows for localisation and complex computational interrogation (in real time)
- 1. A-Z enables clinical decision support, automation of medicine management and big data queries, thereby reducing human error, risk to patients and cost to the healthcare system





Pharmacists are a rich reservoir of clinical knowledge and perspective that is complementary to physician services. Automation of dispensing, reimbursement for medication therapy management services and other specialized clinical services, and enhanced clinical patient information access are three potent current forces likely to expand pharmacy capacity to improve medication safety.

Elizabeth Chrischilles, Professor of Epidemiology, The University of Iowa

At the heart of our big data



We automate and allow for any medicine related query:

- Search single medicines
- Search medicine-medicine
- Customise for any formulary
- Choose how to display data



We make all this medicine information available through the latest technology and cloud based computing



Our data algorithms allow for complex clinical interrogation and computational modelling of risk and risk mitigation

A blurred background image of a laptop on a desk. The laptop screen displays a data dashboard with a line graph at the top showing trends over time, and a pie chart below it. The pie chart has two segments, one green and one blue, with percentages '23%' and '77%' visible. The laptop keyboard and a smartphone are also visible on the desk.

Thank you

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THANK YOU!



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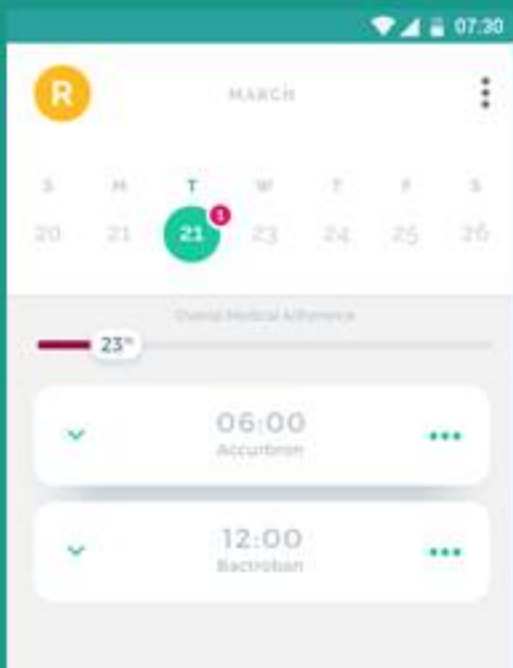
Health and Welfare Sector
Education and Training Authority



A-Z Products

Patient

reme
(medicine adherence)



Healthcare professional

Safe Patient
(Clinical decision support)






Payor, Provider

API's
(Access ALL A-Z data)



Who uses A-Z products?

	PATIENT	DOCTOR, NURSE	PHARMACIST	ADMINISTRATOR /SCHEME
reme (medicine adherence)		Download desktop app + integrate to practice software	Download desktop app + integrate to pharmacy software	Medicine management solutions and data analytics
Safe Patient (clinical decision support)				
API's (access ALL A-Z data)		e-Prescribing, medicine management	Integrate all data into pharmacy software	Automate medicine reviews, medicine management, cost reviews, PBM's, other

The Future

Big Data, Machine Learning and the SaaS nature of reseller agreements and integration into the Healthcare ecosystem allows the company to position itself for next generation technology advances:

- 01 | Understanding and changing Patient Behaviour
- 02 | Reducing Human Error of Prescribing/Dispensing
- 03 | Enabling results based financing
- 04 | e-Commerce



