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## Medication safety in children: Micro and macro perspectives

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**Statement of the Problem:** The creation of a template for a national network for pediatric pharmacotherapy management is outlined. Optimizing access, effectiveness, and safety requires the elevation of both systems-based and point-of-care expectations about how family-centered pharmaceutical care for children should be delivered. While noteworthy, efforts to improve aspects of current system operation have been centered mostly on process changes and, to some degree, product formulation for children. A network approach to the design of a therapeutic system for children and their parents must include structural and outcome components as well as process factors necessary to achieve quality improvements in a collaborative fashion. Gaps in the current provision of clinical pharmacist care for the drug therapy management for children include the lack of ambulatory care- or outpatient-based pediatric clinical pharmacists; collaborative care planning for patients with complex chronic pharmacotherapy needs such as anticoagulation and autism spectrum disorders, among others. In addition, medication management systems gaps include:

- Inclusion of patient and family care stories, lessons learned, and tacit knowledge gained about their care experience and needs assessment (for each one of the areas listed above);
- Child-specific and evidence-based non-sterile compounded product (pCNP) formulations;
- Ability to transmit complete prescription information across the continuum of care (eRx);
- Systematic collection of a pediatric minimum data set (pMDS) that captures therapeutic outcomes;
- Timely system feedback that would allow population-based analysis;
- Patient-centered applications.

Needed outcome components and linkages for this system for children would include:

- Uniform point-of-care computerized care plan documentation (MMS);
- Improvements in the provision of care for chronic diseases and complex needs patients;
- Full disclosure of labeling changes for active pharmaceutical ingredients (FDA- APIs);
- Employment opportunities for board certified pediatric clinical pharmacists (BCPPS);
- Payment mechanisms that reward effective and efficient care provision as an Accountable Care Organization (ACO).

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