

"Connecting the Educational and Clinical Essentials"

Dear Worldwide Colleagues,

Healthcare Worldwide Central e-magazine is an international e-magazine dedicated to publishing high quality articles, review articles, case studies, surveys, commentaries, news, interviews, reports, ethics, pharmaceuticals, and bio-ethics in Healthcare.

This magazine welcomes worldwide contributions. The intention is to distinguish forthcoming vision in the worldwide community. This is an Educational and Clinical Essentials Community Service Magazine with a Worldwide cooperative reach.

The e-magazine is published on a quarterly basis. There are four categories for clear, concise, educational and clinical essentials:

Announcements

Featured Articles

Insight Perspective

Clinical Corner

Please enjoy this issues Featured Article from Dr. Rob Janknegt, Director Scientific Affairs at Digitalis and Director Hospital Pharmacy,

Clinical Pharmacology and Toxicology at Orbis Medical Centre (OMC), Netherlands, brought to you by Healthcare Worldwide Central e-magazine.

Dr. Efrat Ron offers her perspective in the Clinical Corner. Dr. Ron is a graduate of Umass Amherst and Northeastern University. Specialties include medication knowledge of FDA approvals and off-label uses, HCPCS and ICD-9 codes, data-mining, counseling, intervention therapies and compliance.

Healthcare Worldwide Central provides quarterly educational and clinical essentials.

Best wishes,
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Mission...



Best wishes,

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Dear Worldwide Colleagues,

I hope these words find you well.

The mission of Healthcare Worldwide Central e-Magazine is to unite the community for professional collaboration and subject-matter expertise.

Healthcare Worldwide Central e-Magazine goal is to create a Community. This e-Magazine's purpose is to inform, educate, provide perspectives, publish peer reviewed papers, reviews, and articles related to Healthcare.

The e-Magazine is published with the assistance of a Lifescience Global. They are committed to publishing and providing a platform for worldwide dissemination using the 'Open Access' publishing model.

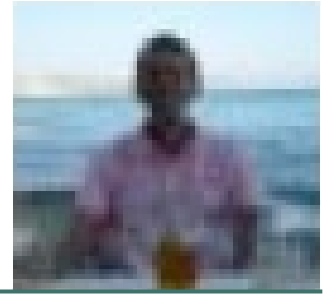
We would like to invite you to submit a manuscript for publication. The e-Magazine accepts original articles, research papers, reviews, essays, expositions, and commentaries.

Our objective is to draw an editorial vision; therefore, we accept viewpoints on multiple topics of interest.

Please send your contribution to my attention at
drangaves@clinicalconsultantservices.info

Thank you for introducing and offering a unique opportunity for us to be of service.

Matrix models as a tool to improve rational and cost-effective drug selection



Dr. Robert Janknegt, Director of Pharmacy, Orbis Medical Center, Sittard-Geleen, the Netherlands
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Dr. Janknegt is an international specialist on rational drug selection, by means of interactive tools (SOJA and InforMatrix), which can be used to optimise pharmacotherapy and formulary decision making. See websites for further information. Spectacular results during an on-going project (STEPSelect) in Northern Ireland, leading to improved quality of prescribing, combined with a major cost reduction.

Prof. Michael Scott, Director of Pharmacy,
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FEATURE ARTICLES

ABSTRACT: The drug selection process regarding formulary management is complex and the decisions made by prescribers or policy makers may have consequences for others (patients) who will have to accept the choices that have been made. Therefore it is essential that the selection process is fully transparent and that all key stakeholders are involved in the selection process. This makes it imperative that the selection process is reproducible, with guaranteed quality.

Although everyone would agree that drug selection should be a rational process ("Evidence based medicine"), based on criteria such as clinical efficacy, documented effects on clinically relevant endpoints, safety, tolerability, experience, drug interactions, dosage frequency and cost, many other factors may play a major role in drug selection.

INSIGHT PERSPECTIVE ~ Truth or Untruth?

Is the organizations principle operational difficulty that they are unable to recruit good people OR is it that their system in unable to develop and retain the people they have and who come through their doors every day?

I venture to say that it is the latter. Organizations must invest new energy in cultivating and supporting the talent they engage. Employees wish to grow their careers with long term possibilities.

It is essential that a company provide growth be it, lateral, diagonal, or upward, collaboratively shaping an employee's goals and interests. This commitment to talent will inherently create a built-in system process on a deeper level.

In particular, knowledge of what people love to do, interests, and talents rather than trying to fit them into a predetermined box. Organizations that fail

to play to peoples' strengths consistently stifle passions and creativity.

Many organizations suffer from retention and engagement issues. Evidenced-based research indicates that people remain at an organization because of:

***Passion**

***Attitude**

***Career Fit**

***Skill Set**

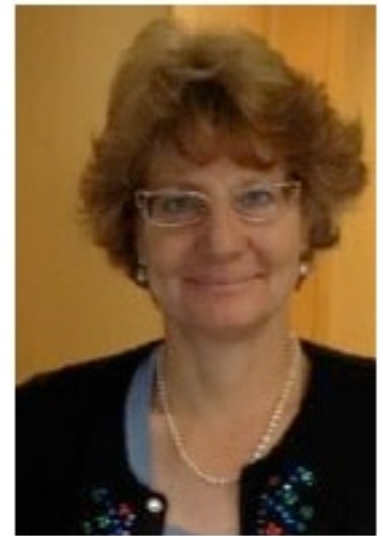
Most organizations focus on skill, experience and education, a person who fits their profile. In fact, it is contextual.

Today's great thinkers and doers are squeaky wheels. They work in Excellence. They desire to be challenged.

Any company will grow and keep the most valuable asset, employees, intact if they care about them.

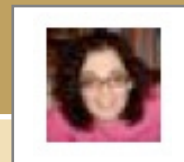
This is a true labor shift. The paradigm is people respected for their knowledge, depth and ability. This involvement with the entire care team will have a profound impact on healthcare and the resulting patient outcomes.

When one does what is right, with forethought and follow-through, one's position is secure. Optimizing performance is an excellent opportunity to promote change in the right direction. It Is the process that thwarts transformation.



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Is This the End of Generics?



Dr. Efrat Ron, PharmD, PAHM, is a graduate of UMass Amherst and Northeastern University. She graduated with her PharmD in 2002, and has been practicing as a pharmacist in the following settings: Hospital, Retail, Pharmacy Auditing, Outpatient, and MTM Clinical Services. Efrat has certification in both PAHM (managed care) and Immunizations. Specialties include medication knowledge of FDA approvals and off-label uses, HCPCS and ICD-9 codes, data-mining, counseling, intervention therapies and compliance.

Atorvastatin (Lipitor) a cholesterol medication is going off the patent for Pfizer. This usually means that patients are switched to generic versions of a medication that is more cost effective. This cost savings is not only for the patient, but also for Healthcare Management Organizations (HMO) that assists in the payment of the medication.

The case of atorvastatin is different. Pfizer proactively reached out to major HMO's in the field and struck a deal with them. In essence, lower your co-payments to your patients and we'll lower our prices for your HMO to purchase the drug. Pfizer will continue to distribute atorvastatin (Lipitor®) to those companies, at a new lower rate, stay in formulary, and have the co-payment the same as for a generic.

What happened to those generics millions of people are supposed to get?

Generic companies receive a 180 day exclusive right when a medication comes off patent. That means 180 days of no competition from other generic companies. This translates to only one generic medication and one brand name medication competing for millions of dollars from patients and HMOs. After 180 days, a free market prevails, and any generic company can make a medication and compete at fair market value.

What happened?

Healthcare reform got rid of the cap that a company can spend on a patient. This means that an HMO can spend on unlimited amount of money on any

person, so long as it preserves and assists in continuing health. With this in mind, Pfizer went to the HMOs and struck a deal to have them continue to be the sole distributor of atorvastatin (Lipitor®) and at the same price as any market produced generic or even less.

What does this mean to a patient?

This means that a patient can continue to receive Lipitor® at the same price as they would pay for the generic and just get the brand name. Who would not want that? To be able to continue to get the same brand name medication and not have to worry about if the tablet changed color but is still the same.

Just think about it. A patient could get brand name medications for the cost of a generic medication or less. There would be no incentive to purchase the generics anymore, as it does not incur a cost-savings to a patient or even to the HMO. Does this mean that medications will better serve the patient's wallet rather than the other way around?

What does this mean for the Health Care Market?

Pfizer essentially stripped away any fair market that generics would be able to receive by distributing the generic at a lower price. This could mean that other companies are going to do the same and offer their brand name medications at the same price as generics when they are removed from patent. Or this could mean the end for most of the Generic Companies. Because without the introduction of new generics into the market place, there is no point for them to bid on medications that are off their patent or even produce those medications that only come in generics.

The big question that remains is what does the US government think about this? Does this violate the Sherman Act? Will CMS allow for the brand name Lipitor® to be given at a generic cost? Or will there be a big uproar that the US Healthcare market has finally become similar to the markets available everywhere else and there is no such thing as fair market value? Does this spell the end of the generic market?