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Construction and Practice of Hospital Pharmacy Practice Teaching Mode under the Reform of DRG Payment Method

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Abstract: Objective: this research for DRGs payment reform, in order to build a new teaching mode of traditional pharmacy practice and DRGs payment reform background, the pharmaceutical interns add DRGs disease grouping and ICD disease coding teaching and DRGs disease grouping of pharmacoeconomics teaching, training more able to adapt to the medical reform of drug service personnel and hospital performance management and internal cost control training practical pharmaceutical service talents. **Methods:** Through the implementation of different internship programs, to make the effect evaluation. **Results:** Combining the traditional clinical pharmacy practice with the background of DRGs payment reform, the teaching of DRGs disease grouping, ICD disease coding teaching and pharmacoeconomics of DRGs disease grouping. **Conclusion:** In this study, the practice of Chinese pharmacy, prescription practice, clinical pharmacy and ward practice combined the teaching of DRGs disease grouping and ICD disease coding with the medical insurance department, which promoted the smooth implementation of DRGs and reflected the value of clinical pharmacists in ensuring effective, safe and economical drug use.

Keywords: DRGs; Pharmacoeconomics; Hospital pharmacy; Practice; Teaching mode

1. Background

Clinical pharmacy is a comprehensive technology application discipline with the purpose of improving the quality of clinical medication, taking the relationship between drugs, diseases and human body as the core, and researching and practicing the rational clinical use of drugs. It is also a bridge discipline to promote the common development of medicine and pharmacy. With the deepening of China's medical and health system reform and the strengthening of people's demand for rational clinical use of drugs, the society urgently needs to establish a standardized clinical pharmacist team, and the clinical pharmacy specialty arises under this background. Disease diagnosis related groups (DRGs) are based on the patient's age, disease diagnosis, comorbidities, complications, treatment methods, disease severity and outcome factors, and the payment mode is the fixed payment calculated in combination with the scientific model. The ultimate goal of DRGs is to effectively control and reduce costs, which requires medical institutions to increase the awareness of cost control and strengthen the fine management of hospital costs^[1]. The reasonable control of drug costs is an important part of the hospital cost control. In the context of DRGs, it is worth exploring whether the role of pharmacists as the main provider of hospital pharmacy services can be further reflected. Many units have reported the participation of clinical pharmacists in DRGs and paid work^[2], Obviously reduced the per capita drug cost of inpatients, shorten the time of medication. However, as the practice base of clinical pharmacy talent training, how to transfer the reform brought by DRGs payment reform to clinical pharmacy to the talent training still needs to be further discussed.

2. Research methods

2.1 Formulation of the internship plan

According to the requirements of the school, the internship time of pharmacy major was 20 weeks. According to the previous internship outline and the reform of DRGs, the internship plan was formulated. After adjustment, DRGs disease grouping and ICD disease coding teaching were added for 2 weeks, and DRGs pharmacoeconomics analysis practice for 2 weeks.

2.2 Formulating of internship goals

2.2.1 Pre-job training

In the pre-job training, the group leader of each department will train the students according to the specific work requirements and precautions of the department. At the same time, the teaching secretary will arrange the time for the teacher, theoretical training, intern report and assessment.

2.2.2 Pharmacy internship program

After entering the pharmacy practice, arrange students unified study "prescription management method" and other pharmaceutical related laws and regulations, in the deployment of drugs at the same time, to introduce students to the review of common top 20 drug list of drug indications, usage and knowledge, let the students view prescription review, medical review, improve the student participation.

2.2.3 "Review party" internship program

After students have the basic knowledge of medicine, First, by conducting a theoretical teaching session, On the basis of the disease, Focus on introducing the rational drug use of common diseases in our hospital, Highlight the principle of drug treatment and drug interaction and incompatibility; The second step is cited with typical cases, Explain the prescribing FAQs, For example, whether the drug prescription is standardized, appropriate and reasonable, How to modify the inappropriate, unreasonable prescription, etc. ; The third step is to require the students to complete the real prescription comments, After finding 50 prescriptions for simple ward prescriptions, outpatient prescriptions and intravenous infusion preparation center by the instructor, Students will complete the comments independently, Then by the teacher review, guidance; The fourth step is to arrange students to practice prescription audit positions in outpatient, inpatient pharmacy and intravenous drug dispensing center, And designate a teaching teacher. Students should participate in the hospital prescription review meeting to combine theory with practice. The practical teaching method adopts PBL teaching method. For the existing doubts, first teach students how to use the evidence-based medicine data to find answers, and organize small lectures during the morning meeting, and share knowledge and insights with other students and teachers.

2.2.4 Internship program combining clinical pharmacy and ward

After completing the approval training, students can enter the clinical practice stage. Interns follow the teaching clinical pharmacists to participate in their daily work, combined with pharmacy teaching ward rounds, expand students' clinical knowledge, and put theories into practice. Pharmacy interns, by increasing the internship time in the clinical pharmacy room, ensure that students contact all the basic work of clinical pharmacists.

2.2.5 DRGs disease grouping and ICD disease coding teaching program

Add the role of the medical insurance department teacher to explain the concept and use of DRGS; the problems in the middle gut on the homepage of the case; the standardization of the main diagnosis and the specification of the operation name; explain how clinical pharmacists participate in the control of drug cost under the DRGs payment mode through the case;

2.2.6 Pharmoeconomic analysis practice of DRGs

Through the DRGs disease grouping and ICD disease coding teaching after the completion of DRGs pharmoeconomics analysis practice week, extract the disease group of the number of cases, hospital days, hospitalization costs, drug costs, antibacterial drug cost data, calculate the proportion of disease diagnosis group cost interval and composition analysis, find high frequency, disease burden and drug cost CV value group.

The coefficient of variation reflects the fluctuation range of the total hospitalization cost and the total drug cost, and is used to compare the degree of dispersion between different samples. The higher the value, the greater the degree of dispersion.

2.2.7 Other teaching programs

In today's information explosion, network education is essential. First of all, we establish learning communication wechat group and communicate with students in time. Taking advantage of other mountains, I forwarded pharmacy related articles and online quality courses in some professional wechat public accounts to students after being purposefully selected. Pushing students to the front of the stage is a sublimation of knowledge.

3. Results of the study

In this study, the traditional pharmacy practice and DRGs pay reform background, the pharmacy interns add DRGs disease grouping and ICD disease code teaching and drug economics of DRGs disease grouping, the teaching mode of practice can be widely used in clinical pharmacy students practice, training more able to adapt to the medical reform and drug service personnel for hospital performance management and internal cost control training practical pharmaceutical service talents, with good economic benefits and social benefits.

4. Discuss

With the transformation of pharmaceutical care mode, the focus of pharmacists shifted from "drugs" to "patients", and the working mode shifted from "supply guarantee" to "technical service".

At present, the total prepayment system combined with DRGs has become the direction of medical reform, which is the management

mode and cost payment method to effectively control medical costs and standardize the quality of medical services. Under the payment method of DRGs, it is necessary to fully study the cost composition of the hospital, combine with the current operating conditions of the hospital, and adopt effective management technology to reduce the cost, so as to minimize the profit risk of the hospital. HUO^[5]And so on, drug cost is the largest contributor to medical costs. Overall drug costs in China are still on the rise. Under the background of the medical and health system reform of “zero drug addition” (referred to as medical reform), the total amount of medical insurance is under control and management. The more drugs used in public hospitals, the higher the cost, and the smaller the space for the remaining fund. ZENG class^[6]The research shows that whether the profit of DRGs paid pilot hospitals is negatively correlated with the drug expenditure, so the reasonable control of drug costs is an important content to curb the excessive growth of medical costs in China, and the effective control of drug cost has also become an important aspect under the refined management mode of DRGs. The reform policy of DRGs encourages hospitals to transform their operation mode from scale expansion to quality and efficiency, implement the systematic drug cost management mode, and combine the refined drug budget with the whole process management, which can achieve good results. As the hub of clinical and pharmacy, clinical pharmacists can sort out and feedback hospital policies and clinical problems in both directions, promote the communication between functional departments and clinical departments, and ensure the implementation of DRGs more effective and smooth^[7].

5. Conclusion

In this study, the paper explores the reform of combining the traditional pharmacy practice with DRGs payment reform background, teaching the DRGs disease group and ICD disease coding teaching of DRGs disease group, to train medicine service talents more able to adapt to the medical reform and cultivate practical pharmaceutical service talents for hospital performance management and internal cost control.

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