

Sharing Economy and Healthcare Today: ICT, Knowledge, Skills, Projects, Practical Experience in Improving Clinical and Economic Outcomes

Luisetto M*

Pharm D, Pharmacologist, European Specialist in Laboratory Medicine, Hospital Pharmacist's Manager, Italy

Abstract

The aim of this work was to analyze the relationship between professional social media use and the healthcare in sharing economy time when used in healthcare field and specifically in pharmaceutical settings. The innovation introduced with biomedical databases has improved research works with rapid steps in all kind of scientific researches areas tools as Internet, search engines and professional social media in sharing economy time have brought a great development in the way of rapidly connecting with the professionals. The researchers and professionals all over the world in last two decades has been great possibility to sharing their experience more than past with improving in their results. So it is very interesting to see how they are playing a crucial role today healthcare through this rapid development. For example, LinkedIn, Slide share, Research gate, PubMed, YouTube, NCBI, Facebook, Skype etc. This has really brought a revolutionary change in the field. The possibility to bridge researchers and professionals; for example, with similar interests, discipline with more rapid development, never seen in last two decades. We think that using sharing economy instruments we can reduce healthcare costs about 30-40%.

Keywords: Sharing economy; Healthcare; Knowledge; Economic outcome; Social media

Introduction

Even if while some elements of health-care delivery cannot be shared due to safety (dose of a drug and other data), many opportunities for sharing exist in this settings. Technology has the ability to heavy transform the way we works with more efficiency and effectiveness, reducing time and improving also clinical outcomes [1-5]. The results we can have are interesting at different levels such as government, institutions, Insurance, patients and professional [6-9].

Communications between professionals in different hospitals, sharing practical experience and clinical cases, way to improve clinical outcomes or to reduce healthcare costs represent real facts in sharing economy time [10-16]. At the same time patients are extremely interested to be under the hands of Clinical really updates with the best practice or to be treated with the best technologies (the same insurance corporations) [17,18].

Patients like to have the right information in order to choose the best clinical options using also sure web healthcare information database (and in example second opinion in example sharing imaging data or other) [19-21]. An example can be considered the benchmarking management systems never before health care has been as open-minded to new technology as today [22-26].

In example in hospital pharmacy field:

“The development of clinical pharmacy in 1960-70s and pharmaceutical care in 1990 has represented an interesting innovation in pharmacy field [27-31]. However clinical pharmacy and Pharmaceutical care showed some practice critical limits: (a) clinical pharmacy approach is more oriented to clinical population needs or pathology but is not strictly request to manage at the level of every single clinical case. (b) In hospital setting Pharmaceutical care can not to be applied to the entire patient for economic reason (limited number of pharmacist applied). In order to give more rationale priority of actions and to select the patient to be seen in priority way we think a good solution to apply the principle of pharmaceutical care with the

instrument of clinical pharmacy into a new management systems” [32,33].

Materials and Methods

We observed relevant literature in PubMed and other database involved in

- Professional social media
- Sharing economy
- Management
- Pharmaceutical care and clinical pharmacy
- Healthcare Costs management
- ICT in healthcare

Results

We have find in literature analyzed a general improvement in some clinical outcomes when clinical pharmacist are stabile part of medical team using the instruments today available (ICT, MANAGEMENT, PROFESSIONAL SOCIAL MEDIA, SHARING ECONOMY) improving in clinical outcomes but also reducing therapy errors or reducing recovery days improving patient quality of life [34-36].

In example in healthcare field using ph. Care and clinical pharmacy added in medical team in stabile way added to modern communication

*Corresponding author: Mauro Luisetto, Pharm D, Pharmacologist, European Specialist in Laboratory Medicine, Hospital Pharmacist's Manager, Italy, Tel: +393402479620; E-mail: maurolu65@gmail.com

Received June 21, 2016; Accepted August 08, 2016; Published August 18, 2016

Citation: Luisetto M (2016) Sharing Economy and Healthcare Today: ICT, Knowledge, Skills, Projects, Practical Experience in Improving Clinical and Economic Outcomes. J Bus Fin Aff 5: 207. doi: [10.4172/2167-0234.1000207](https://doi.org/10.4172/2167-0234.1000207)

Copyright: © 2016 Luisetto M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

instruments as professional social media and sharing economy tools we have observed more than 30% reduction in drugs or medical devices use in hospital setting and we think 10% due to reduction in recovery days or due by therapy errors [37].

Discussion

The results obtained, even if in qualitative ways indicate a general improves in some clinical outcomes or economic that implies a more rapid application of this systems to share information. The reduction of 30-40% in healthcare cost we can obtain using sharing economy instruments is a great economic outcome to obtain in actual economic cycle.

Conclusion

In literature analyzed in this work, there is the need to improve the healthcare systems introducing management and ICT instruments starting from clinical pharmacist university course. All these management instruments must be added to EBM criteria in clinical pharmacy and pharmaceutical care working activities (OSAMA ET AL) [13].

Few ICT instruments can give relevant contribute in management systems and in the same way Professional social media can be considered today as a useful tool to meet between researcher and healthcare professional and a base for a new kind of biomedical database. In professional social media we can find researcher curriculum, professional interest and other relevant information and efficient systems to meet themselves (Luisetto et al. 2016 clinicians teamwork bulletin) Psychological behavior skills for team working [38].

Theory and practical applications to be added to the classic clinical pharmacy programs we submit to the scientific community. We request to introduce this management instruments in the current clinical pharmacist postgraduate course, at the same time we ask public institution to strongly apply this new approach. Management and ICT instruments must be more used in today's healthcare working setting. This will give improvement in health care level.

For example, also use single hospital setting to link all the professionals involved in a single patient or in patient that has been transferred into different hospitals (Acute but also chronic) [37,38].

Undoubtedly, social media will play a crucial role in healthcare. Social media as ICT has brought a great spectrum of efficacy in healthcare as in other working field. It is very simple to say but is interesting at the same time and interesting the economics results we can obtain in more rapid way.

There is a need to have new tools and instruments as scientific social network that add the different characteristics of the social media, biomedical database and other technologies existing today in to have a more useful instrument. In example we think that a new scientific social media that could make easy to find researchers, and professionals and their research activity (related to patients and the society needs) excluding the non-relevant literature.

We submit to the business world "Clinical Pharmaceutical Care" as a new healthcare management discipline. Discipline intended to improve economic and clinical endpoint in pharmacological therapy reducing therapy errors. A more rational application of ECONOMICA resource in medical EQUIPE (clinical pharmacist).

This new approach takes advantages using the Management and ICT principles as well as sharing economy principles.

We also ask International and Business administration schools and organization involved in hospitals accreditation and University to recognize the advantages we can have by using this kind of new health care professional activity. We think that core training must include Management, ICT, Professional social media, sharing economy principles, psychological behavior skills for team working, philosophy, theory and practical applications.

References

1. Tunnecliff J, Ilic D, Morgan P, Keating J, Gaida JE, et al. (2015) The acceptability among health researchers and clinicians of social media to translate research evidence to clinical practice: Mixed-methods survey and interview study. *J Med Internet Res* 17: e119.
2. Mekaru SR, Brownstein JS (2014) One Health in social networks and social media. *Rev Sci Tech* 33: 629-637.
3. Thompson MA, Majhail NS, Wood WA, Perales MA (2015) Social Media and the Practicing Hematologist: Twitter 101 for the Busy Healthcare Provider. *Curr Hematol Malig Rep* 10: 405-412.
4. Kind T, Evans Y (2015) Social media for lifelong learning. *Int Rev Psychiatry* 27: 124-132.
5. Rodríguez SME, Gómez-RJ, Álvarez MM, Tortolero L, Ribal MJ, et al. (2016) Spanish adaptation of the recommendations for the appropriate use of social networks in urology of the European Association of Urology. *Actas Urol Esp*.
6. Panahi S, Watson J, Partridge H (2016) Fostering interpersonal trust on social media: physicians' perspectives and experiences. *Postgrad Med J* 92: 70-73.
7. Jackson J, Kennedy M (2015) Developing a social media platform for nurses. *Nurs Stand* 30: 45-52.
8. Ranschaert ER, van Ooijen PM, Lee S, Ratib O, Parizel PM (2015) Social media for radiologists: An introduction. *Insights Imaging* 6: 741-752.
9. Denecke K, Bamidis P, Bond C, Gabarron E, Househ M, et al. (2015) Ethical Issues of Social Media Usage in Healthcare. *Yearb Med Inform* 10: 137-147.
10. Chan C (2015) A Scoping Review of Social Media Use in Social Work Practice. *J Evid Inf Soc Work* 15: 1-14.
11. Steele SR, Arshad S, Bush R, Dasani S, Cologne K, et al. (2015) Social media is a necessary component of surgery practice. *Surgery* 158: 857-862.
12. Steele SR, Arshad S, Bush R, Dasani S, Cologne K, et al. (1938) Society of University Surgeons' Social and Legislative Committee.
13. Kitching F, Winbolt M, MacPhail A, Ibrahim JE (2015) Web-based social media for professional medical education: Perspectives of senior stakeholders in the nursing home sector. *Nurse Educ Today* 35: 1192-1198.
14. Bond CA, Raehl CL (2007) Clinical pharmacy service, pharmacy staffing and hospital mortality rates. *Pharmacotherapy* 27: 481-493.
15. Chisholm BMA, Kim Lee J, Spivey CA, Slack M, Herrier RN, et al. (2010) US pharmacist's effect as team members on patient care: systematic review and meta-analyses. *Med Care* 48: 923-933.
16. Luisetto M, Francesca C, Giovanni B, Behzad NA (2015) Pharmacist Cognitive Service and Pharmaceutical Care Today and Tomorrow Outlook. *UKSPB* 3: 67-72.
17. Stanley MS (1994) Diagnostic Imaging and Pharmaceutical Care. *American Journal of Pharmaceutical Education* 58: 2.
18. Howard P (1984) An introduction to the Clinical Laboratory for Pharmacists. *Hosp Pharm* 19: 425-431.
19. Luisetto M, Sahu RK (2016) Clinical Pharmaceutical Care: A New Management Health Care Discipline in 2016. *UKJPB*.
20. Luisetto M, Cabianna L (2016) Psychological and Behavior Skills for Ph.Care Practice in Medical Team 2016. *IJPPR* 5: 1-4.
21. Luisetto M, Mobin IM, Luca C (2016) Professional Social Media: Instrument to Meet Researcher and Healthcare Instruments with a Model for a New Scientific Social Network. *International Journal of Economics and Management Science* 5: 1-2.
22. Luisetto M (2016) Clinical Pharmaceutical Care, Medical Laboratory Imaging,

-
- Nuclear Medicine: A Synergy to Improve Clinical Outcomes and Reducing Costs. *J App Pharm* 8: e112.
23. Osama MA, Amer MA (2014) Evidence-based pharmaceutical care: The next chapter in pharmacy practice. *Saudi Pharmaceutical Journal* 20: 140-141.
24. Ahmed SI (2008) The definition of clinical pharmacy. *Pharmacotherapy* 28: 816-817.
25. Ahmed SI, Hasan SS (2010) Clinical Pharmacy and Pharmaceutical Care: A Need to Homogenize the Concepts. *Am J Pharm Educ* 74: 193.
26. Hepler CD (2004) Clinical pharmacy, pharmaceutical care, and the quality of drug therapy. *Pharmacotherapy* 24: 1491-1498.
27. Keller DR, O'Dell DV, Skochelak SE, Cochran GL, Shull SJ, et al. (2004) Teaching the basics of clinical pharmaceutical care: innovative pharmacy workshops at the University of Wisconsin and the University of Nebraska. *Fam Med* 36: 89-92.
28. Luisetto M (2016) Open letter to all clinical pharmacists' pharmaceutical care medical laboratory, nuclear medicine and imaging. *Clinicians' teamwork* 1: 1-3.
29. Luisetto M, Nili-Ahmadabadi B, Cabianca L, Mokbul IM (2016) Steps and Impacts of Pharmaceutical Care and Clinical Pharmacy Development on Clinical Outcomes 2016: A Historical Analysis Compared with Results. *Clinicians Teamwork* 1: 4-8.
30. Nazir T, Muzzammil S, Zaidi M (2011) Review of the basic components of clinical pharmaceutical care in Pakistan. *Teacher Research Journal* 1: 1-5.
31. Luisetto M, Sahu RK (2016) Clinical Pharmaceutical Care: A New Management Health Care Discipline in 2016. *Journal of Pharmaceutical and Biosciences* 4: 63-64.
32. Nedelko Z, Potocan V, Dabić M (2015) Current and Future use of Management Tools. *Ekonomika a management* 18: 28-45.
33. Slipicevic O, Masic I (2012) Management Knowledge and Skills Required in the Health Care System of the Federation Bosnia and Herzegovina. *Mater Sociomed* 24: 106-111.
34. Garman AN, McAlearney AS, Harrison MI, Song PH, McHugh M (2011) High-performance work systems in health care management, part 1: development of an evidence-informed model. *Health Care Manage Rev* 36: 201-213.
35. Al-Shaqha WM, Zairi M (2001) Pharmaceutical care management: a modern approach to providing seamless and integrated health care. *Leadersh Health Serv* 14: 282-301.
36. Bao L, Wang Y, Shang T, Ren X, Ma R (2013) A novel clinical pharmacy management system in improving the rational drug use in department of general surgery. *Indian J Pharm Sci* 75: 11-15.
37. Jarab AS, Alqudah SG, Mukattash TL, Shattat G, Al-Qirim T (2012) Randomized controlled trial of clinical pharmacy management of patients with type 2 diabetes in an outpatient diabetes clinic in Jordan. *J Manag Care Pharm* 18: 516-526.
38. Kicklighter CE, Nelson KM, Humphries TL, Delate T (2006) An evaluation of a clinical pharmacy-directed intervention on blood pressure control. *Pharm Pract (Granada)* 4: 110-116.