Utilizing Virtual Digital Technology to Advance Pharmacy and Healthcare

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Description

Pharmaceutical care and pharmacy education digital technologies have significantly increased and will be incorporated into patient care and the teaching–learning process, respectively. Thus, in this new of pharmacy practice and education, curricula should promote the development of specific competencies for the cognitive, conscious, and effective use of digital tools. This requires the training of educators, who are capable of using methods adapted to the digital environment and educational processes suitable for stimulating the use of effective disruptive technologies. This commentary argues that the pharmacy profession can no longer wait for the slow integration of digital technologies into pharmacy practice and education.

According to this document, the must be caregivers, decision-makers, communicators, leaders, managers, lifelong learners, and teachers. These are not the current pharmacists and are facing one of the greatest challenges in the history of the profession: the use of digital technologies in pharmacy practice and the outbreak of coronavirus. During the COVID-19 pandemic, community pharmacies have become an increasingly important first point of contact with the healthcare system for individuals with health concerns or who require reliable information and advice. Despite continued activities in community pharmacies during the pandemic, the need for social isolation has accelerated disruptive changes in patient care practices. Thus, the Internet and other communication media, such as phones and computers have been more frequently used to provide care to patients who are physically distant. The use of teleconsultations in pharmaceutical care has been discussed for many years. Currently, considering the restrictions imposed to combat the pandemic and the need for broad social isolation, pharmaceutical care teleconsultations has significantly increased worldwide. There are reports on the use of digital technologies to provide clinical pharmacy services, such as health education, chronic disease management, and medication. There is no doubt that after the pandemic, these practices will be incorporated into the patient care process in many countries. However, it is important to consider that there are different levels of access to these technologies in different countries and populations: patient factors such as economic status and digital skills may impact individuals' ability to use technology.

At present, access to electricity and the Internet represent barriers to the use of digital technologies in some countries. Consequently, people who are economically and socially vulnerable, especially in poorer countries, may be excluded from health services provided through digital technologies during the COVID-19 pandemic. In addition, there are other barriers, such as the absence of a suitable private space for teleconsultation at home and lack of awareness of this service. Such issues faced by these populations are examples of digital inequality, which may arise from poor literacy, difficulty in accessing digital

technologies, or a lack of active participation in the digital society. Thus, the use of technologies in pharmacy practice will occur at different globally, as well as in different population groups. To minimize these inequalities, pharmacists must be empathetic, seek effective ways to meet the individual needs of patients, interact with physicians, and make use of technologies in transition, such as phone calls and smartphones. Conversely, there are benefits to teleconsultations such as reduced travel time or effort to go to the consultation, family members being able to attend the appointment, patients may be more relaxed from home, and patients' independence to the use of teleconsultations, there is a growing integration of other digital technologies in pharmacy practice, such as robotic and barcode drug dispensing, patients' electronic health records, computer-based support systems for decision-making, and the use of artificial intelligence and big data. With regard to this theme, a matter of fundamental importance and necessity is designing robust studies that seek to adopt evidence-based approaches in implementing and evaluating digital interventions from multiple perspectives, thus establishing high-quality evidence that may benefit diverse stakeholders Therefore, implementation science, behavioural theory, and multiple stakeholder perspectives are being used in pharmacy practice to support evidence-based approaches in implementing and evaluating pharmaceutical interventions.

The use of digital technologies in pharmacy education increased after the beginning of the COVID-19 pandemic. Despite this, some barriers to the use of digital technologies in pharmacy, such as access, infrastructure, inadequate ability to use technology, and resistance to change were also evident. In addition, there are barriers related to the assessment process, such as changing assessment weighting and assessment methods distractions during the assessment process in the home environment, educators' insecurity to provide a fair assessment among students, and limited communication and from educators with students, respectively, in planning assessments and on their performance due to work overload. After the pandemic, the new normal of pharmacy courses will be characterized by the continuous improvement of technology through new of teaching, monitoring, and evaluating learning. The hybrid environment combines the benefits of and remote environments. It is also relevant to highlight that new or renewed educators are not solely responsible for training future professionals. Moreover, it is necessary to have tutors linked to the practice of monitoring trainees in clinical care, highlighting all the possibilities for using to optimize health outcomes. In addition, it is essential to provide internships for native to promote the proactivity, empathy, and co-responsibility required to meet new social needs and generate models of patient care [1-5].

Acknowledgement

Conflict of Interest

The Author declares there is no conflict of interest associated with this manuscript.

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How to cite this article: Rey, Julias. "Utilizing Virtual Digital Technology to Advance Pharmacy and Healthcare." J Telecommun Syst Manage 11 (2022): 342.