Amayeza Info Services celebrates 10 years of service!

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The beginning of 2011 signifies 10 years of service from Amayeza Info Services (011 678-2332) as an independent, privately-owned medicine information centre.

Background

Medicine has undergone immense changes over the years and from a knowledge and information point of view this may be very daunting for health professionals, and particularly pharmacists, who are in close contact with patients. How can they possibly keep abreast of all the important information from reliable sources?

Both the World Health Organization (WHO) and our National Drug Programme have recognised the important role that medicine information, and more specifically, an independent medicine information centre, plays in enabling pharmacists and other health professionals to act professionally for the benefit of the patient.

According to our Good Pharmacy Practice guidelines, pharmacy is a dynamic, information-driven, patient-orientated profession, which, through its infrastructure, competence and skills, is committed to fulfill the health care needs of South Africa and its people. It does this by being the custodian of medicine, an adviser on the safe, rational and appropriate use of medicine, and an accessible provider of health care information. To achieve this, the pharmacist needs independent, comprehensive, objective and current information about therapeutics and medicines in use.1

The WHO describes the rational use of medicines as: “Patients receiving medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community”. One of the core interventions to promote the rational use of medicines is independent information about them. Often, the only information about medicines that practitioners receive is provided by the pharmaceutical industry and may be biased. Provision of independent (unbiased) information is therefore essential. Medicine information centres (MICs) and drug bulletins are two useful ways to disseminate such information.2

The Consumer Protection Act, which is due to come into effect in March/April 2011, emphasises the major role that accurate independent information will play in protecting the providers of products and services.

Studies focusing on the use of drug information resources by medical practitioners have indicated that the ideal resource should possess certain characteristics. It should be accurate, up-to-date, unbiased, inexpensive, readily accessible, provide the answer rapidly and provide not only documents, but information.3

The establishment of the first formalised drug (medicine) information centre in the United States was in 1962. However, reports of a formal drug information centre in South Africa, the Regional Drug and Poison Information Centre at Addington Hospital in Durban,4,5 do not appear in literature until 1987. There are few published reports in medicine information centres in Africa, and even fewer in South Africa. Guidelines for establishing a medicine information service in developing countries have been published; however few centres in sub-Saharan Africa have managed to sustain themselves.6 In 1991, GA Bartlett did a master’s degree on medical practitioners’ need for drug information and the role that a drug information centre can play in meeting this need. This study demonstrated that medical practitioners in private practice in South Africa had a distinct and frequent need for drug information and that a drug information centre could play a meaningful part in fulfilling their needs.3

In the latter part of the 20th century, there were two robust drug information centres in South Africa – the TPS Drug Information Centre, under the auspices of TPS Mutual Trust, based in Johannesburg; and the Medicine Information Centre in the pharmacology department of UCT Medical School, based in Cape Town. By the late 1990s, the former ceased to exist.

Amayeza’s history

Based on the need for a medicine information centre as described above, Amayeza (the Xhosa word for medicines) was established under the auspices of IMS Health and Pharmnet in Gauteng in 1999, with the aim of providing reliable, accurate, objective, rapid and up-to-date information on medicine to pharmacists, other health care professionals and, in certain instances, to the general public in South Africa.
When IMS Health disinvested in Pharmnet at the end of 2000, a decision was made by the pharmacists involved with Amayeza to take it over and run it privately. One of only two currently operational medicine information centres in South Africa, Amayeza is the only independent and privately owned one. Although privately owned, the centre has a partnership with the University of the Witwatersrand and University of Limpopo, Medunsa Campus, providing lectures and on-site experiences to pharmacy students. Amayeza also liaises closely with various clusters in the Department of Health, including the MCC, on malaria and other vector-borne diseases, as well as the Expanded Programme on Immunisation (EPI). Amayeza focuses primarily on medicine information; emergency or poison enquires are forwarded to hospitals or regional poison centres. 

Amayeza is well-positioned to provide an independent, reliable and accurate medicine information service, both locally and internationally to health professionals and the consumer because of:

- **Resources** - Amayeza has up-to-date access to international medicine information resources such as Micromedex, Martindale, USPDI, Uptodate, Natural Medicine and Cochrane databases. In addition to these comprehensive databases, standard medicine information reference texts such as AHFS and WHO Travel are purchased annually to ensure that the information provided is always current.

- **Expertise** - Amayeza is staffed by pharmacists specifically trained according to international requirements for a medicine information service to provide a world-class service to its clients. Through its standard operating procedures, all work undertaken in the centre is peer reviewed.

- **Experience** - The medicine information pharmacists at Amayeza have extensive experience in medicine information and pharmacovigilance.

- **Accountability** - Amayeza has its own Amayeza Info Software department, designed to support the activities of the centre. Every query is logged onto a database capturing the name of the caller, query, answer, references used and pharmacist responsible, among other information. If required, a written response can be provided, together with the relevant supporting references.

As the medicine information service is free to all health professionals, it was necessary to find other services that would bring in sufficient revenue to run the centre. Some of these include specific information lines for conditions or new products, literature searches, patient information leaflets, publications and editing, training, managed health care, including formularies, compilation and maintenance thereof, treatment protocols, drug utilisation reviews and patient education, maintenance of a medical database and expert reports. Some pharmaceutical companies have also outsourced their medical information to Amayeza.

One of the information lines is a vaccine line, which has been running for the full 10 years, and which started with 20 queries a month and is now fielding an average of 660 queries a month. This line plays a major role in disseminating accurate advice during real or perceived outbreaks, as can be seen by the 1,103 calls received in October 2009 due to the measles outbreak. It also assists with national immunisation campaigns.

Amayeza started with two full-time pharmacists and a consultant, and now employs four full-time pharmacists, two mornings-only pharmacists, two regular locums and the consultant.

In just short of 10 years (data to October 2010) more than 100,000 queries have been managed. The majority (61%) originated from Gauteng. If only the queries on the Amayeza line are analysed, the majority of callers emanate from community pharmacists (about 80%), but overall, nurses, the public and pharmacists are responsible for about 30% each.
The range of enquiries is vast, but the categories of administration/dosages, availability, disease/condition, drug of choice and therapeutic use/indications are the most common. During the 2010 FIFA World Cup, as well as during normal times, Amayeza was able to assist foreign tourists to identify their medication, and if necessary, suggest an alternative.

In a survey carried out in the latter half of 2010, callers rated the overall service highly as can be seen from the graph below.

When asked whether the information provided influenced the outcome, 74% answered in the affirmative.

Future directions/challenges

The need for medicine information continues to grow as the number of new medications increases, and many of the developing countries cannot afford access to reliable resources of intelligence. Amayeza would like to expand the services to these countries.

In order to ensure that it remains a sustainable and independent service, Amayeza continually investigates alternative strategic avenues to provide all players in the health care industry with an affordable and reliable source for their specific medicine information needs.

For the A to Z on medicine info, consult Amayeza Info Centre!

Acknowledgments: JM Albrich is a former employee of Amayeza Info Centre. L Baker is currently the Managing Director of Amayeza Info Services.

References

3. Bartlett GA. The drug information needs of medical practitioners and the possible role of a drug information centre in meeting these needs. MPharm. Pretoria College of Pharmacy – Faculty of Medicine of the University of Pretoria. 1991.