Adherence to National Guideline Recommendations for asthma care in community pharmacies: an observational study

Kuipers, Esther 1, Wensing, Michel 2, Wong-Go, Elaine 3, Daemen, Berry 4, De Smet, Peter AGM 5, Teichert, Martina 6.

1Radboud university medical centre, Radboud Institute for Health Sciences, Department of IQ healthcare, Nijmegen. 2 University Hospital Heidelberg, Department of General Practice and Health Services Research, Heidelberg, Germany. 3 Royal Dutch Association for the Advancement of Pharmacy, KNMP, Guideline development, The Hague, The Netherlands. 4 Royal Dutch Association for the Advancement of Pharmacy, KNMP, Guideline development, The Hague, The Netherlands. 5 Radboud university medical centre, Radboud Institute for Health Sciences, Department of clinical pharmacy, Nijmegen, The Netherlands. 6 Leiden University Medical Centre, Department of Clinical Pharmacy & Toxicology, Leiden, The Netherlands

Background Pharmaceutical guidelines aim to describe optimal pharmaceutical care, reduce unwanted pharmacy practice variation and improve the quality of healthcare, by recommendations reflecting prevailing knowledge. For impact on clinical practice, guidelines have to be successfully implemented into daily routines.

Purpose This study evaluated community pharmacists? adherence to recommendations for care of asthma patients with first dispensing and follow-up refill encounters. Additionally factors were assessed that might hinder implementation of the recommendations in daily practice.

Method This observational study was conducted in 21 community pharmacies in the Netherlands. Information was collected on pharmacists? self-assessment of their own guideline adherence and barriers for implementation with a questionnaire survey and from independent observations of dispensing encounters in daily practice. The questionnaire consisted of 23 questions about the adoption of guideline recommendations for medication encounters on a 4-point Likert scale. During the observations, the same recommendations were scored with ?yes? or ?no?. Descriptive statistics were used to describe the guideline adherence. Barriers were coded and categorized using the ?Tailored Implementation for Chronic Diseases? (TICD) framework.

Findings Pharmacists? (n=21) highest self-reported adherence scores were on giving inhalation instructions. The overall guideline adherence varied between pharmacists. The lowest scores were for recommendations to collect additional information as on the type of lung disease, patients? expectations, wishes and concerns. 68 dispensing encounters were observed. During the observations at first dispensing pharmacy staff in general provided sufficient relevant information: in 83% of the observations they provided an inhalation instruction and for more than 97% they used the national instruction protocols. However, these percentages were lower at refill dispensings: the inhalation technique was checked and repeated (if necessary) in 62% of the observations. Overall, pharmacy staff seldom explored patients? perceptions or informed on patients? expectations, wishes and concerns. Important barriers for guideline adherence were low self-efficacy, doubts on the validity of the recommendations and a lack of clear agreements with other healthcare professionals.

Conclusion More efforts for guideline implementation are needed, especially for follow-up dispensings and to gain relevant information from patients and other healthcare professionals. The lack of self-efficacy, knowledge and cooperation were essential barriers in daily practice.