Implementation of the Protocol on Pharmaceutical Care in Diabetes in Portugal

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Services

OBRA-90
Pharmaceutical Care
Medicines management
Medication therapy Management
Medication Review
Drug use review
Clinical Pharmacy
Num of articles in Medline
("clinical pharmacy"[tiab] OR "clinical pharmacists"[tiab])
"Pharmaceutical care"[tiab]
OBRA-90

Num of articles in Medline

0
50
100
150
200
250
300
350
400
450
500

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
("medication review"[tiab] OR "drug use review"[tiab])
AND (pharmacy[tiab] OR pharmacist*[tiab])
"medication therapy management"
Community pharmacists in Australia: barriers to information provision on complementary and alternative medicines

Susan J. Semple · Elizabeth Hotham · Deepa Rao · Karen Martin · Caroline A. Smith · Geraldine F. Bloustein

European barriers to the implementation of pharmaceutical care

J. W. F. VAN MIL, W. O. DE BOER and TH. F. J. TROMP

Objective — To establish the perceived barriers to the implementation of pharmaceutical care into community pharmacy practice in different European countries and to identify solutions of the barriers.
Barriers for the Implementation of Cognitive Services in Spanish Community Pharmacies

Miguel Ángel Gastelurrutia, Fernando Fernández-Llimos, Shalom I. Benrimoj, Carla Cristina Castrillon, and Maria José Faus

Revisión / Review
Barriers and facilitators to the dissemination and implementation of cognitive services in Spanish community pharmacies

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Facilitators for practice change in Spanish community pharmacy

Miguel A. Gastelurrutia · S. I. Charlie Benrimoj · Carla C. Castrillon · María J. Casado de Amezua · Fernando Fernandez-Llimos · María J. Faus
Barriers

- Lack of time
- Lack of reimbursement
- Lack of clinical training
- Lack of institutional support
- Lack of Health Administration support
Objective

To assess the implementation of the Level II (advanced) in the Collaborative Protocol on Pharmaceutical Care in diabetes in Portugal from 2004 to 2008.
PROTOCOLO DE COLABORAÇÃO
entre
Ministério da Saúde
Ordem dos Farmacêuticos
Associação Nacional de Farmácias
Associação de Farmácias de Portugal

b) Nível II ou serviço diferenciado, que corresponde à prestação de cuidados farmacêuticos com respeito pelas normas técnicas emitidas pela Direcção-Geral da Saúde no âmbito do Programa Nacional de Prevenção e Controlo da Diabetes e abrange os cuidados de Nível I e os cuidados referidos no n.º 2 da Cláusula II do presente Protocolo. O Nível II visa, também, promover a adesão e optimização da terapêutica farmacológica, abrangendo o seguimento, pelo farmacêutico, de pessoas com diabetes, no intervalo entre consultas médicas, em estreita articulação com o médico, para identificação de problemas relacionados com medicamentos e com reporte ao médico sempre que necessário.

a) A ANF e a AFP e as farmácias não associadas que voluntariamente queiram aderir às regras do presente Protocolo fornecem mensalmente ao Ministério da Saúde através do INFARMED – Autoridade Nacional do Medicamento e Produtos de Saúde IP e à Ordem dos Farmacêuticos a listagem actualizada das farmácias com farmacêuticos certificados pela Ordem dos Farmacêuticos, para a prestação de cuidados farmacêuticos às pessoas com diabetes.

1. A intervenção farmacêutica na área da diabetes, de Nível II, prestada através de cuidados farmacêuticos no âmbito do presente Protocolo, tem uma remuneração de 15,00 € mensais, isenta de IVA, por cada pessoa com diabetes beneficiária do Serviço Nacional de Saúde que aceite integrar o Nível II.

1. O número máximo anual de beneficiários do Serviço Nacional de Saúde a integrar na intervenção farmacêutica de Nível II, ao abrigo do presente Protocolo, é de cinco mil.
Number of patients and pharmacies

Num. pharmacies trained

<table>
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</tr>
<tr>
<td>2005</td>
<td>350</td>
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<td>2006</td>
<td>400</td>
</tr>
<tr>
<td>2007</td>
<td>400</td>
</tr>
<tr>
<td>2008</td>
<td>400</td>
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Number of patients and pharmacies

Num. patients followed

<table>
<thead>
<tr>
<th>Year</th>
<th>Num. patients followed</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>2005</td>
<td>1300</td>
</tr>
<tr>
<td>2006</td>
<td>1100</td>
</tr>
<tr>
<td>2007</td>
<td>1200</td>
</tr>
<tr>
<td>2008</td>
<td>1300</td>
</tr>
</tbody>
</table>
Patients per municipality

% diabetic patients followed by municipality

Mean = 0.12
Std. Dev. = 0.265
N = 278
Number of patients per pharmacy

Patients 2004

Patients 2005

Patients 2006

Patients 2007

Patients 2008
Number of patients per pharmacy
Barriers

- Lack of time
- Lack of reimbursement
- Lack of clinical training
- Lack of institutional support
- Lack of Health Administration support
Other studies
Methods of the studies

Method — Structured interviews with representatives from national pharmacists’ organisations or pharmaceutical care researchers from 11 European countries known to be actively attempting to implement pharmaceutical care. Respondents were asked to consider a list of 25 potential barriers to pharmaceutical care and to score the relative importance of each for their own country. Data were analysed to produce a European overview of barriers as well as inter-country comparisons.

ting Spanish community pharmacies. Method Qualitative study. Thirty-three semi-structured interviews were conducted with community pharmacists (n = 15) and pharmacy strategists (n = 18), and the results were examined using the content analysis method. In addition, two nominal groups (seven community pharmacists and seven strategists) were formed to identify and prioritise facilitators. Results of both techniques were then triangu-
Conclusion

Despite several of the commonly mentioned facilitators for service implementation were included in the development of the Collaborative Protocol on Pharmaceutical Care in diabetes in Portugal, this service cannot be considered as implemented.