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Implementation of the Protocol on Pharmaceutical Care in Diabetes in Portugal

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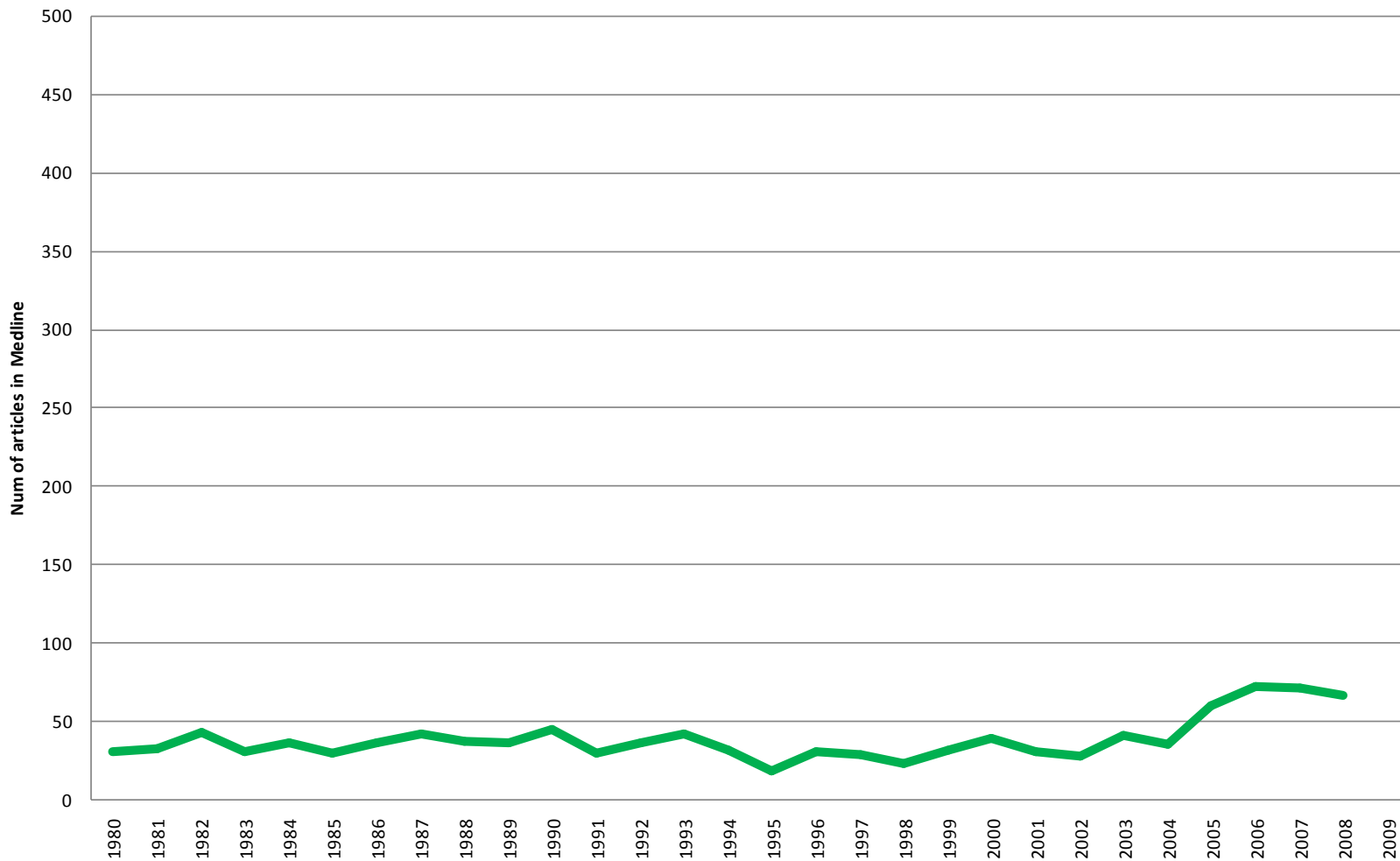
Services

OBRA-90
Pharmaceutical Care
Medicines management
Medication therapy Management
Drug use review
Clinical Pharmacy



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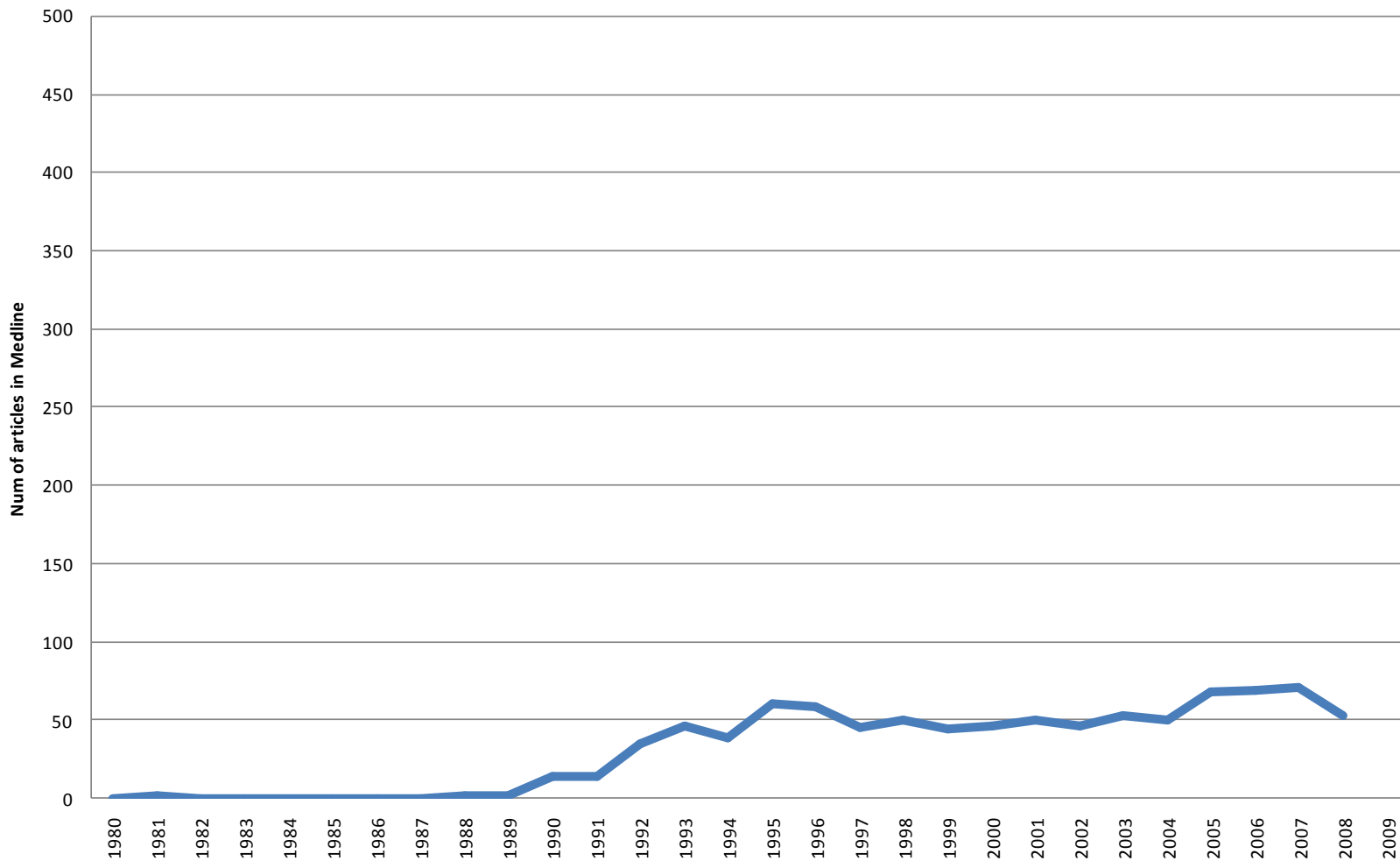
("clinical pharmacy"[tiab] OR "clinical pharmacists"[tiab])





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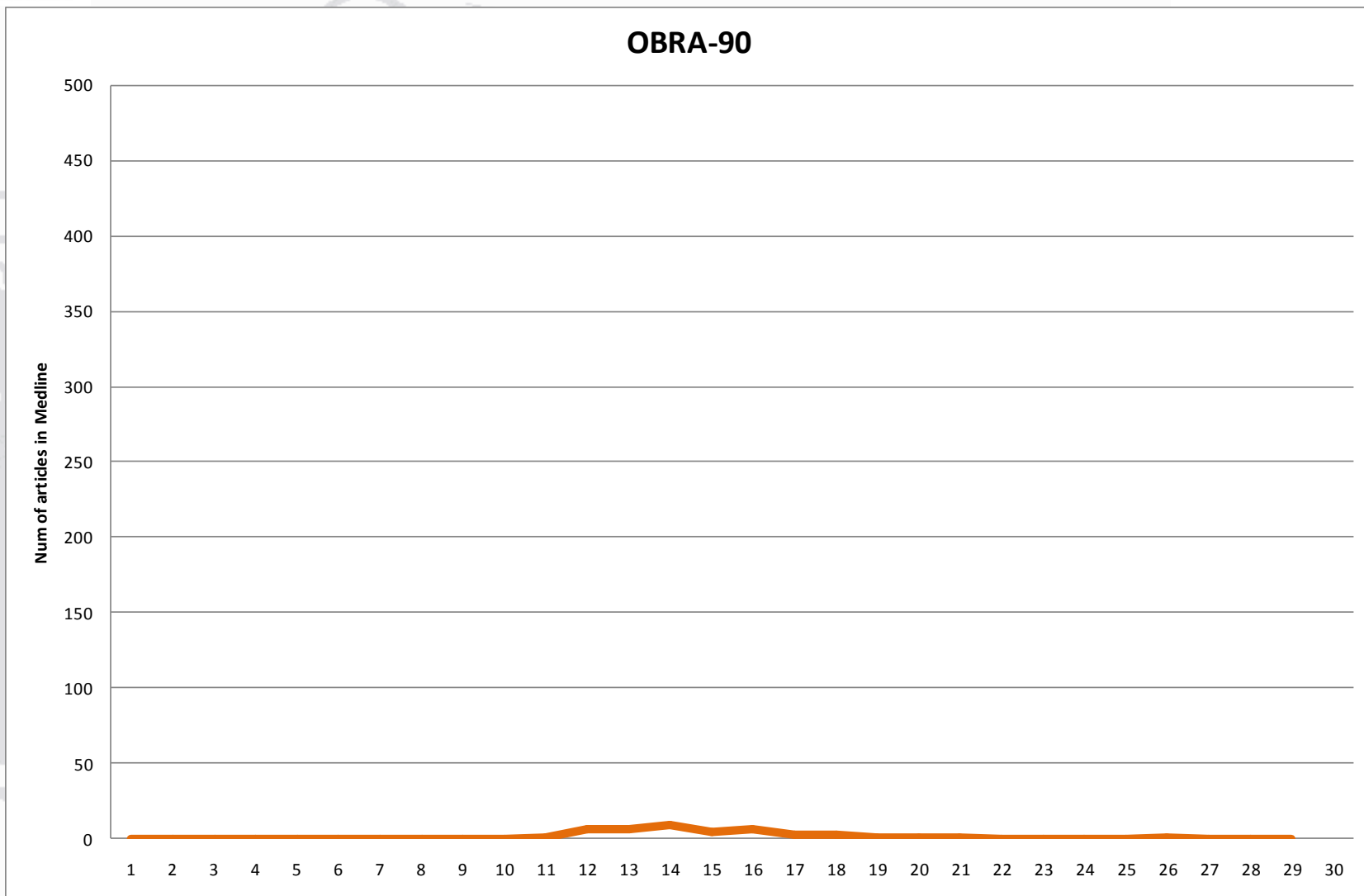
"Pharmaceutical care"[tiab]





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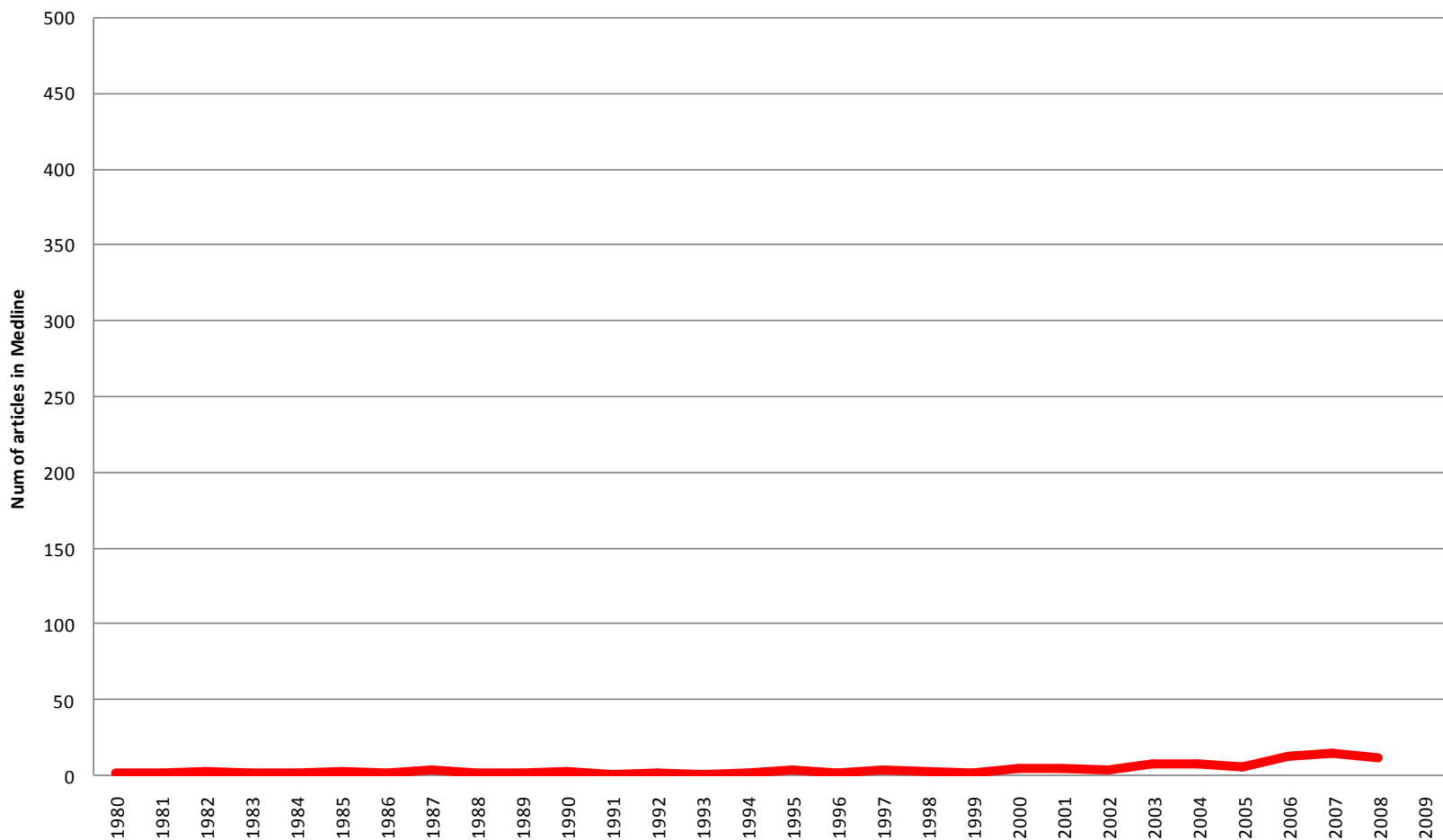
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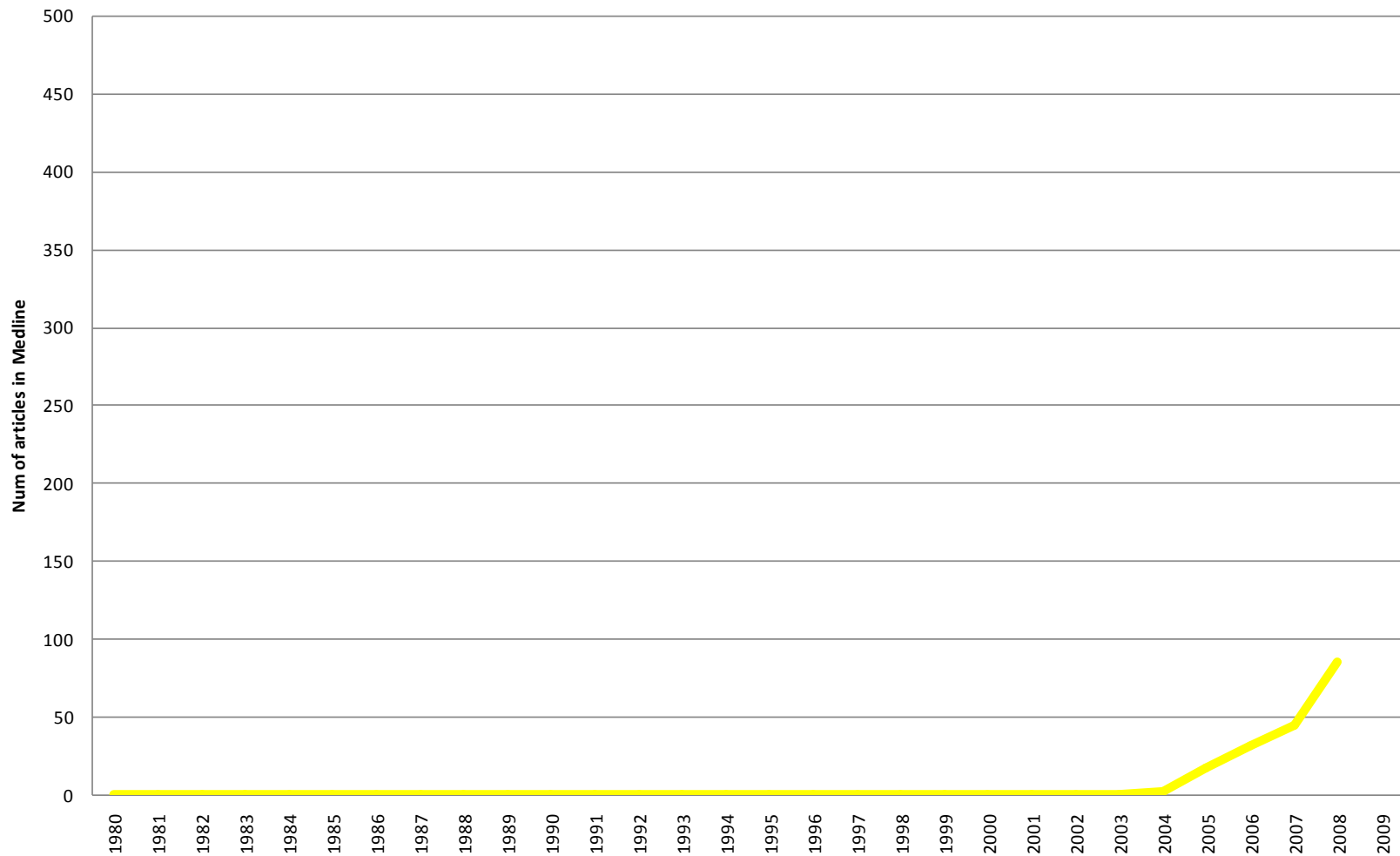
**("medication review"[tiab] OR "drug use review"[tiab])
AND (pharmacy[tiab] OR pharmacist*[tiab])**





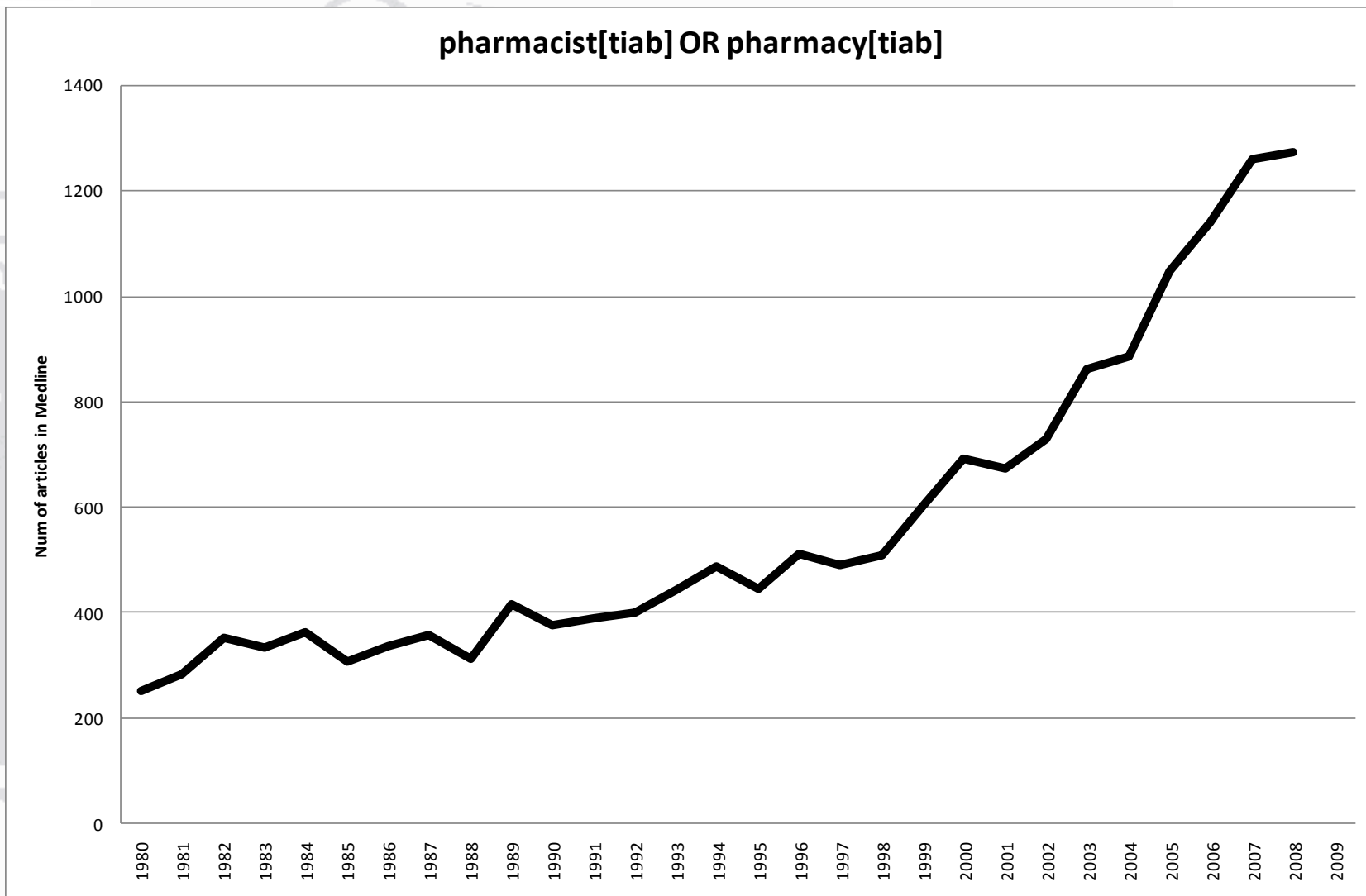
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"medication therapy management"



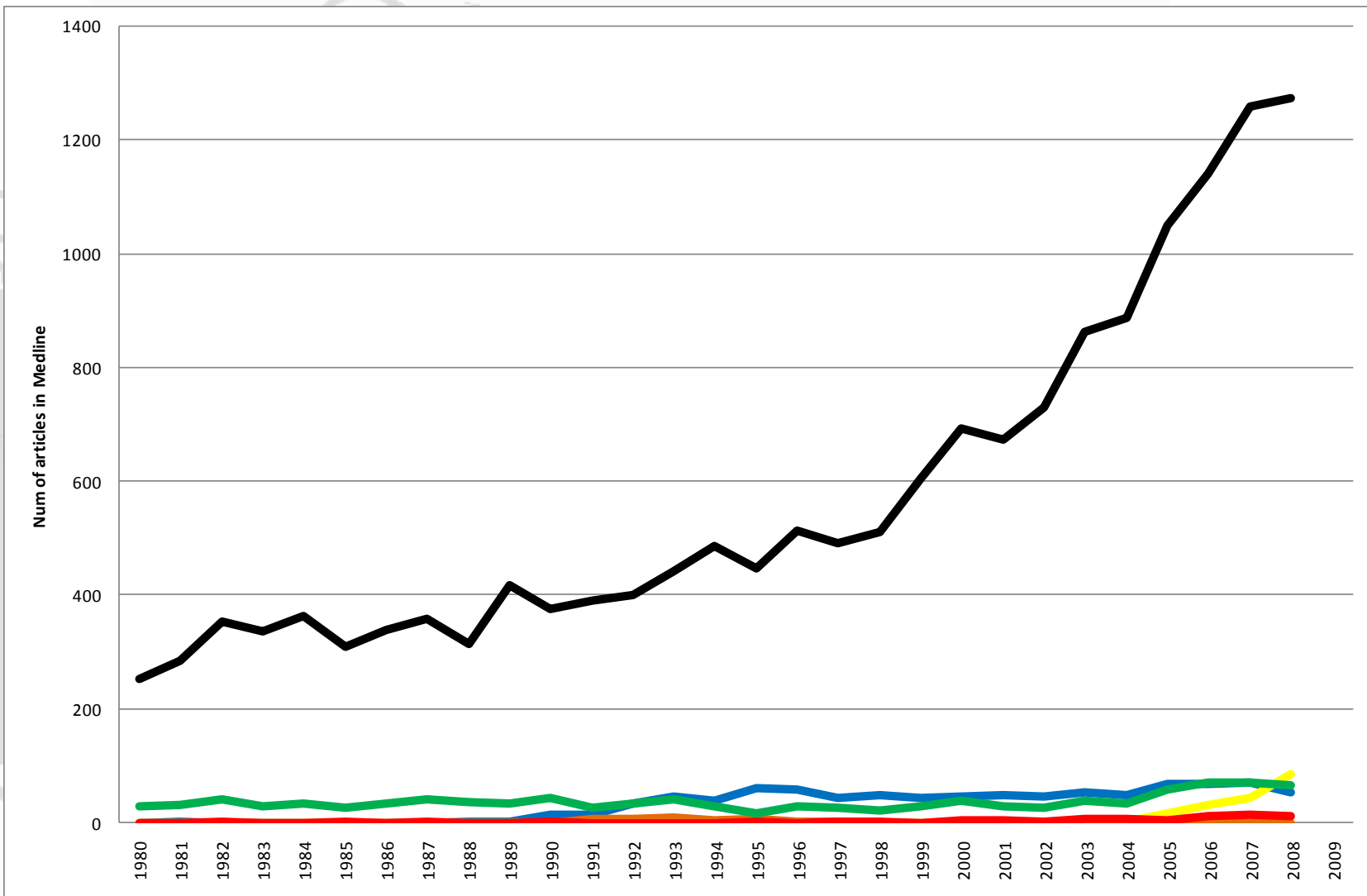


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Barriers between community pharmacists and GPs

It is encouraging to see more qualitative papers being published, especially those using interpretative phenomenological analysis (IPA). However, I found

tion.⁵ The sample would often involve interviews with 20–30 theoretically selected informants. There are different viewpoints, with some thinking that significant issues and data are readily apparent from the data,^{6,7} and others

Rethinking methods in psychology. London: Sage Publications Ltd., 1995.

5. Glaser BG, Strauss AL. *Discovery of grounded theory: strategies for qualitative research.* Chicago: Aldine de Gruyter, 1967.
6. Strauss AL. *Qualitative analysis for social scientists.* Cambridge: Cambridge University Press, 1987.

Barriers to Counseling Patients with Obesity: A Study of Texas Community Pharmacists

Dannelle C. O'Donnell, Carolyn M. Brown, and Homa B. Dastani

Pharm World Sci (2006) 28:366–373
DOI 10.1007/s11096-006-9058-y

NOTES

Issues and Barriers Related to the Provision of Pharmaceutical Care in Community Health Centers and Migrant Health Centers

Carolyn M. Brown, Jamie C. Barner, and Marvin D. Shepherd

RESEARCH ARTICLE

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. Bloustien

Pharm World Sci (2008) 30:536–543
DOI 10.1007/s11096-008-9203-x

RESEARCH ARTICLE

European barriers to the implementation of pharmaceutical

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

Community pharmacists' attitudes towards medicines use reviews and factors affecting the numbers performed

Asam Latif · Helen Boardman



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Barriers for the Implementation of Cognitive Services in Spanish Community Pharmacies

Miguel Ángel Gastelurrutia,^a Fernando Fernández-Llimos,^a Shalom I. Benrimoj,^b Carla Cristina Castrillon,^c and María José Faus^a

Revisión / Review

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

Pharm World Sci (2009) 31:32-39
DOI 10.1007/s11096-008-9261-0

RESEARCH ARTICLE

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



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Barriers

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



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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.

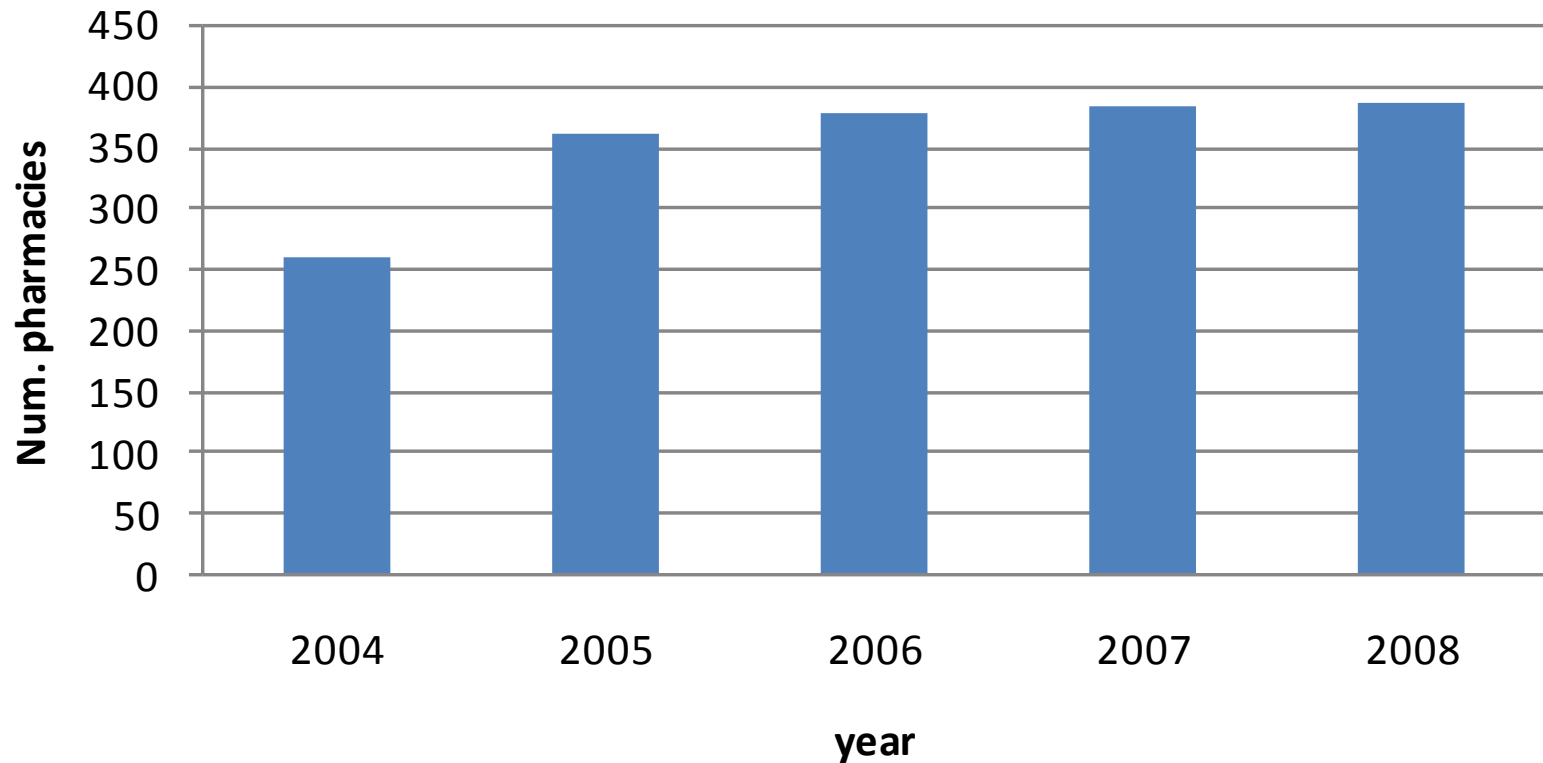
1. A intervenção farmacêutica na área da diabetes, de Nível II, prestada através de cuidados farmacêuticos no âmbito do presente Protocolo, tem uma remuneração de 15,00 € mensais, isenta de IVA, por cada pessoa com diabetes beneficiária do Serviço Nacional de Saúde que aceite integrar o Nível II.

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

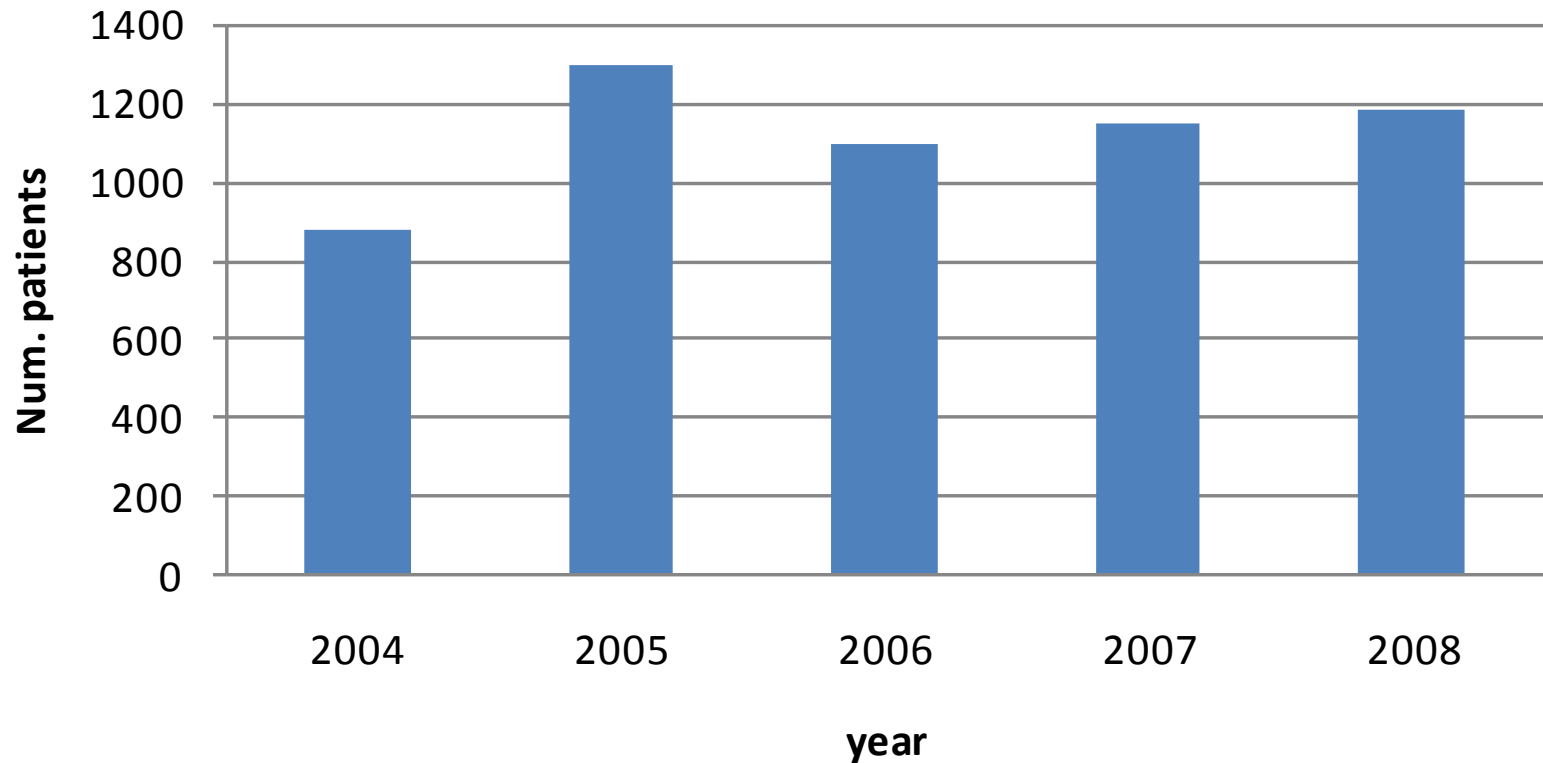




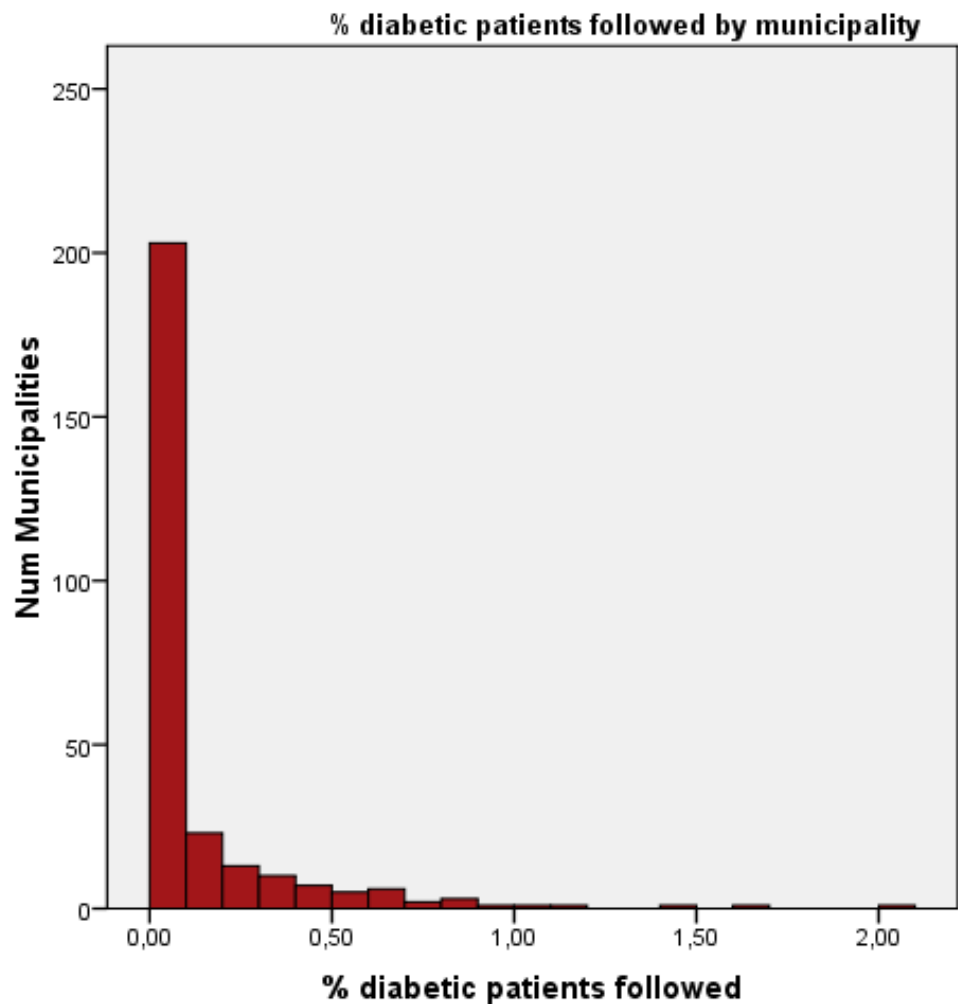
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Number of patients and pharmacies

Num. patients followed

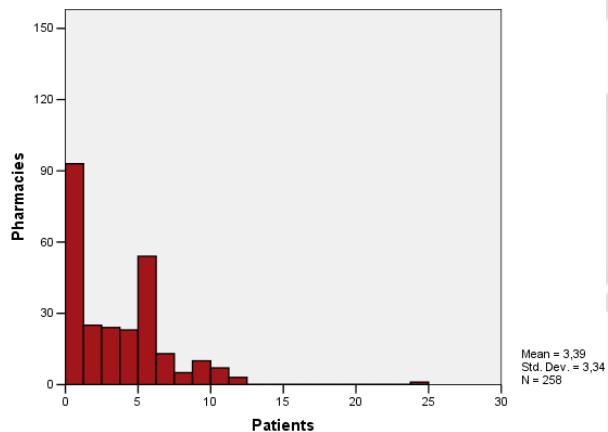


Patients per municipality

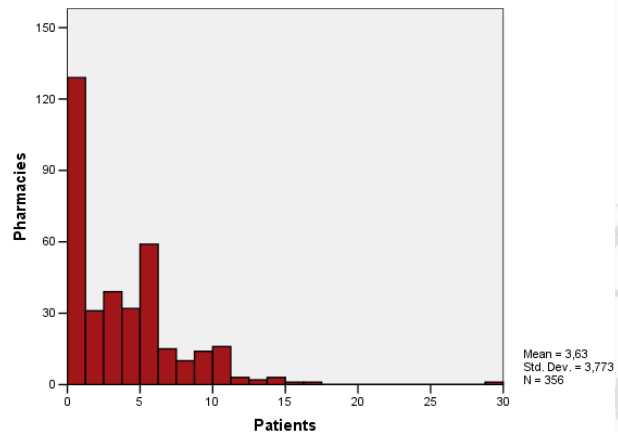


Number of patients per pharmacy

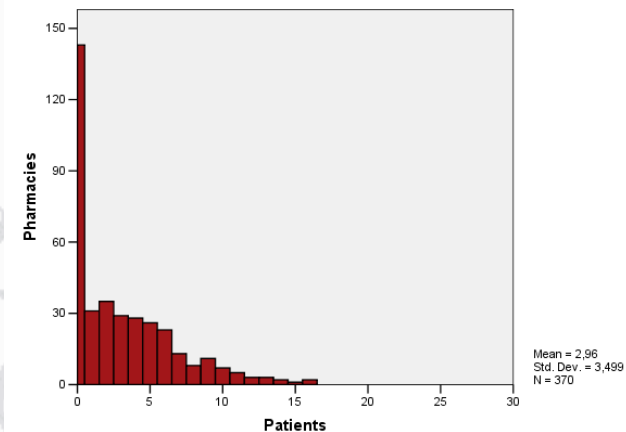
Patients 2004



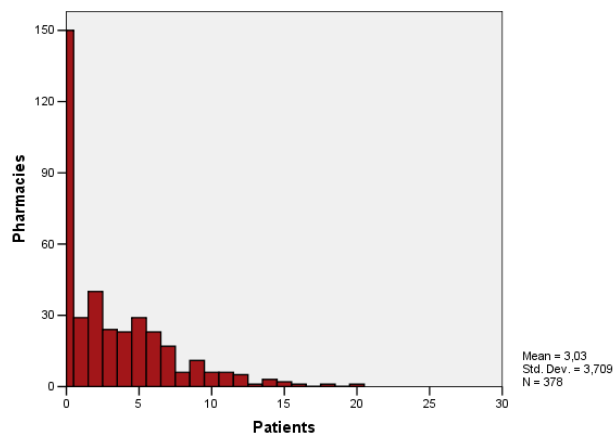
Patients 2005



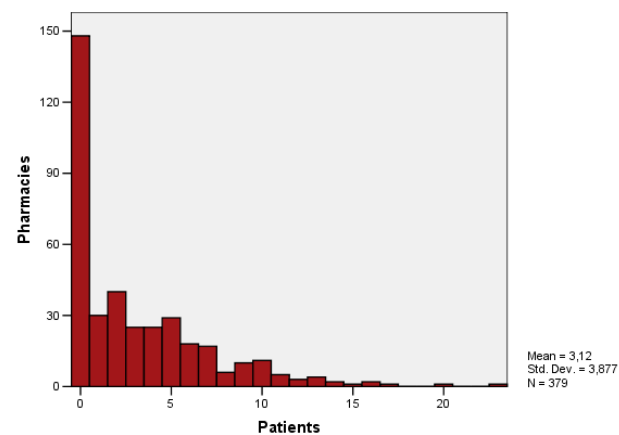
Patients 2006



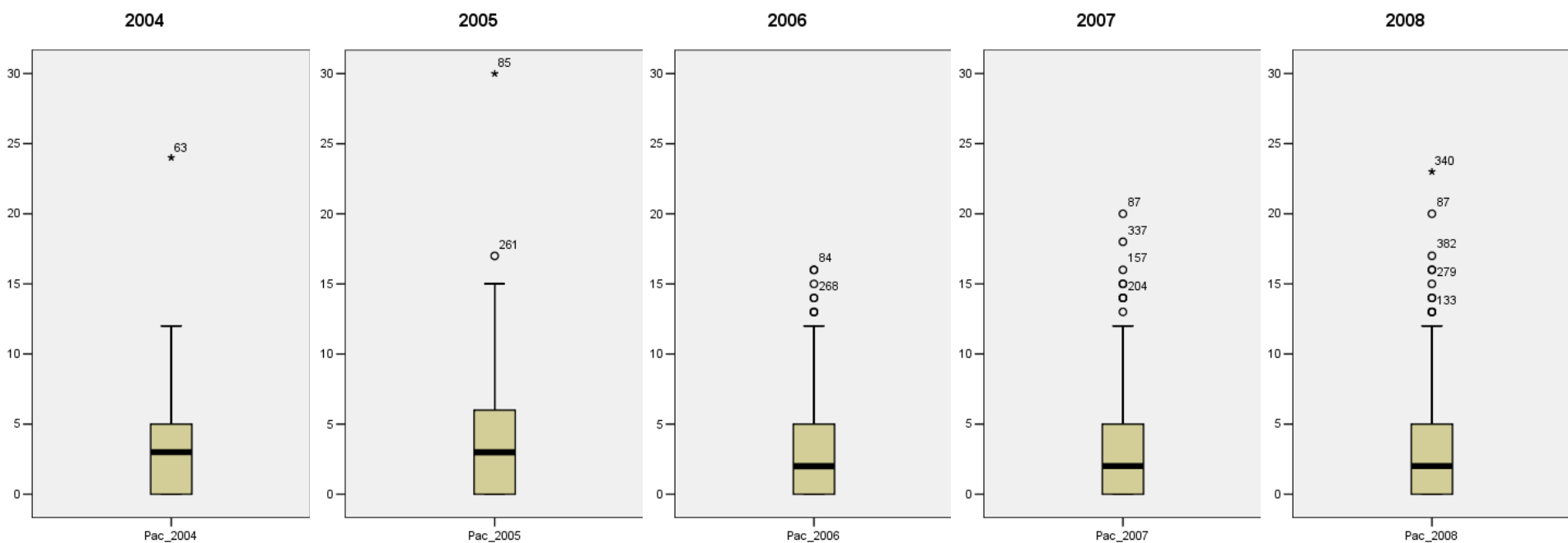
Patients 2007



Patients 2008



Number of patients per pharmacy





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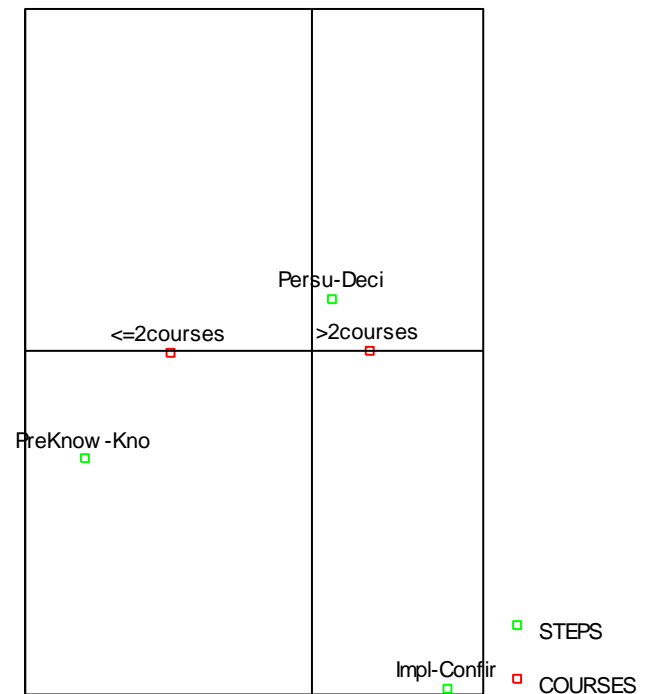
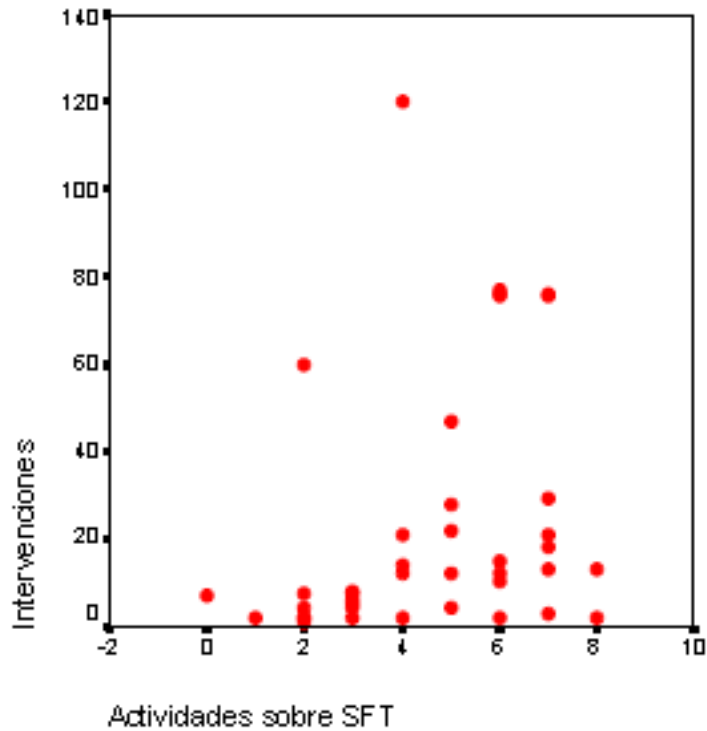
Barriers

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



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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.

ing 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-

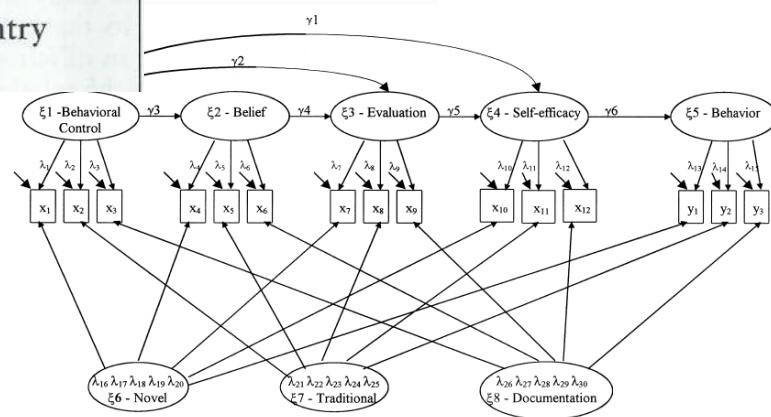


Fig. 2. Parameters of the causal model.

Factor	Facilitators	n	No. of items	Item loading range	Cronbach's α	% variance explained	Factor scale range	Factor scale midpoint	Median factor score
1	Relationship with doctors	1274	5	0.59-0.85	0.9	20.17	0.75-3.76	2.23	3.01
2	Remuneration	1261	6	0.52-0.74	0.82	8.46	0.64-3.22	1.93	2.47
3	Pharmacy layout	1260	5	0.52-0.79	0.81	6.16	0.64-3.19	1.92	2.45
4	Patient expectation	1280	4	0.52-0.85	0.82	4.38	0.71-3.53	2.12	2.25
5	Manpower/staff	1273	5	0.49-0.66	0.8	3.93	0.97-3.04	2.01	2.43
6	Communication/teamwork	1280	6	0.37-0.65	0.77	3.13	1.58-2.65	2.12	2.2
7	External support and assistance	1274	4	0.47-0.69	0.74	2.55	0.73-2.98	1.86	2.39
						Total Variance: 48.8%			



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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.