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Introduction

A community trial was undertaken in 2014 (SOS Pharma Idoso project - SOSPIp), where community pharmacies (CP) were invited to test the implementation of an advanced pharmaceutical service (APS), consisting of medication review (MR) and weekly preparation of multicompartiment aids (MCA) for elderly polypharmacy patients^[1,2]. The selected process indicators suggest that implementation may be hindered by barriers.

Aims

This study aimed to assess pharmacists' perception about barriers for the implementation of APS, while describing their experience with SOSPIp, and to collect information about facilitators that could be incorporated in future studies.

Methods

An exploratory study was used where 44 community pharmacists were invited to participate in an interview. (38 from SOSPIp in 2014; 6 joined in 2015)

A semi-structured interview guide was designed, comprising 8 open questions, focused on:

- reasons for deciding to engage (or not) in the study;
- their experience while engaging;
- sustainability of the service.

14 community pharmacists accepted to participate

2 Face to face

5 by telephone

7 by e-mail



Verbatim Transcription

Content analysis was used to generate codes.

Discussion and Conclusions

The study suggests that although academia is seen as a driver of practice change, effective implementation requires additional efforts from other organizations. In the future, articulation of efforts between involved stakeholders should precede field testing for increased success.

References

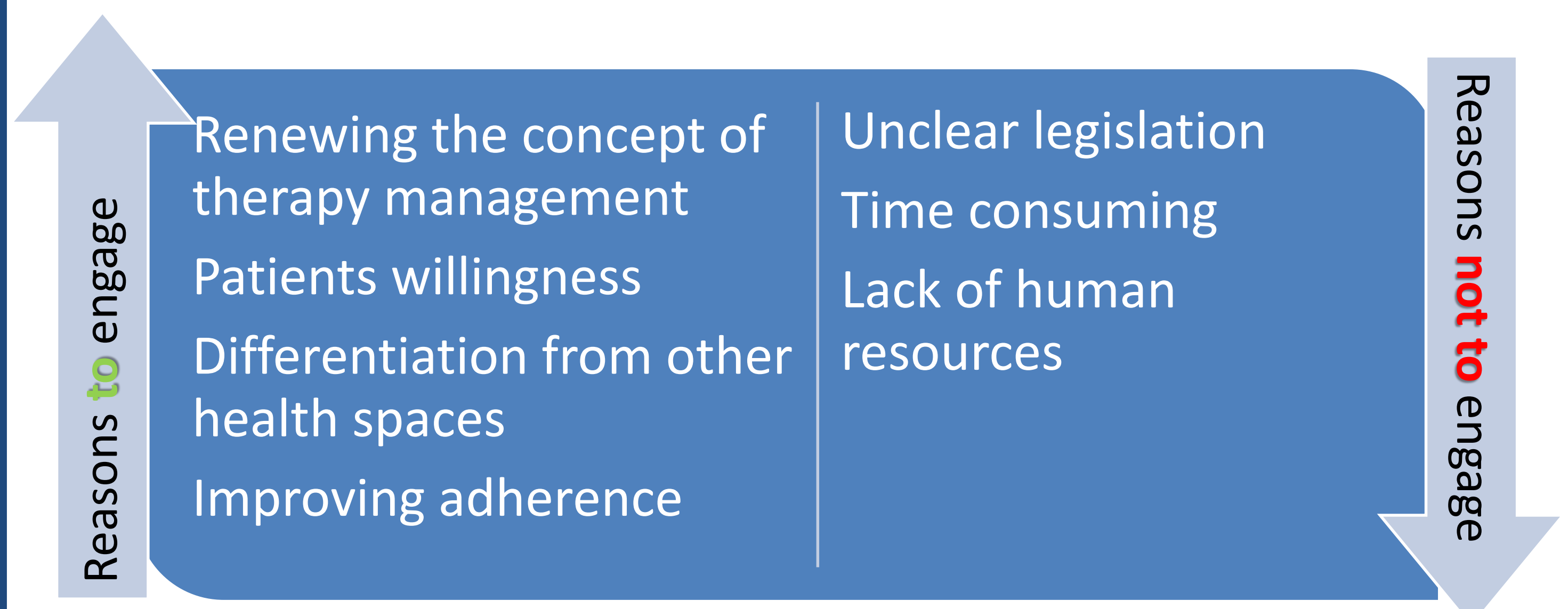
[1]. Costa et al. Home medicines review in the elderly. Int J Clin Pharm 2014; 36(4): 848. [2]. Costa et al. Dose Administration Aid system in the elderly: testing student active participation in the implementation of a new service for community pharmacy. Int J Clin Pharm 2015; 37:414. [3] Roberts et al. Practice change in community pharmacy: quantification of facilitators. Ann Pharmacother 2008; 42(6), 861–868. [4] Gastelurrutia et al. Barriers for the implementation of cognitive services in Spanish community pharmacies. Aten Primaria .2007; 39(9), 465–470.

Results

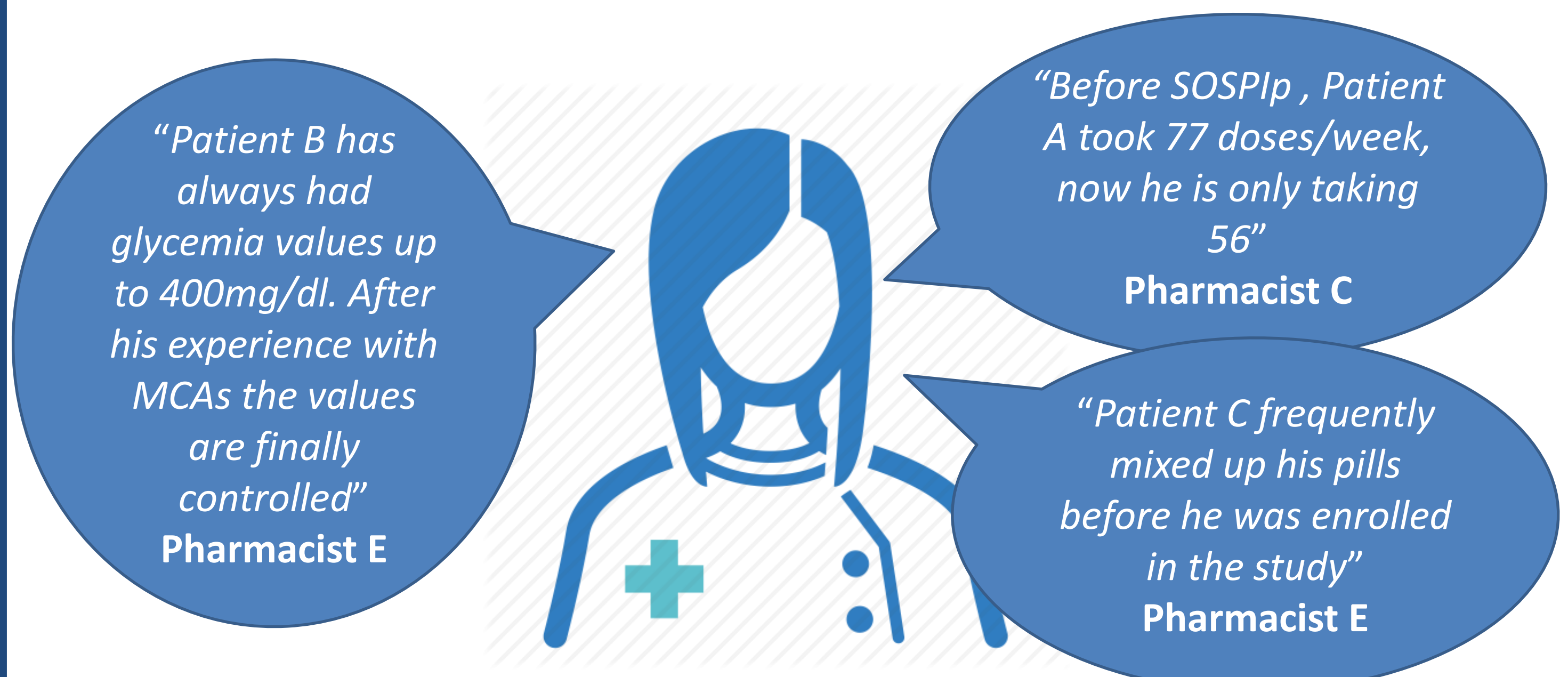
Sociodemographic results

Interviews from 14 pharmacists were analysed. The vast majority were young female (mean age= 39,5; 85,71% women). Of the 14 participating CP (10 urban;4 rural), 8 had recruited patients for the MR+MCA service (5 maintain patients; 3 dropped-out) and 6 hadn't (4 of them had never experienced APS). All pharmacies decreased the number of patients enrolled in the year after the project (2015).

Reasons for deciding to engage (or not) in the study

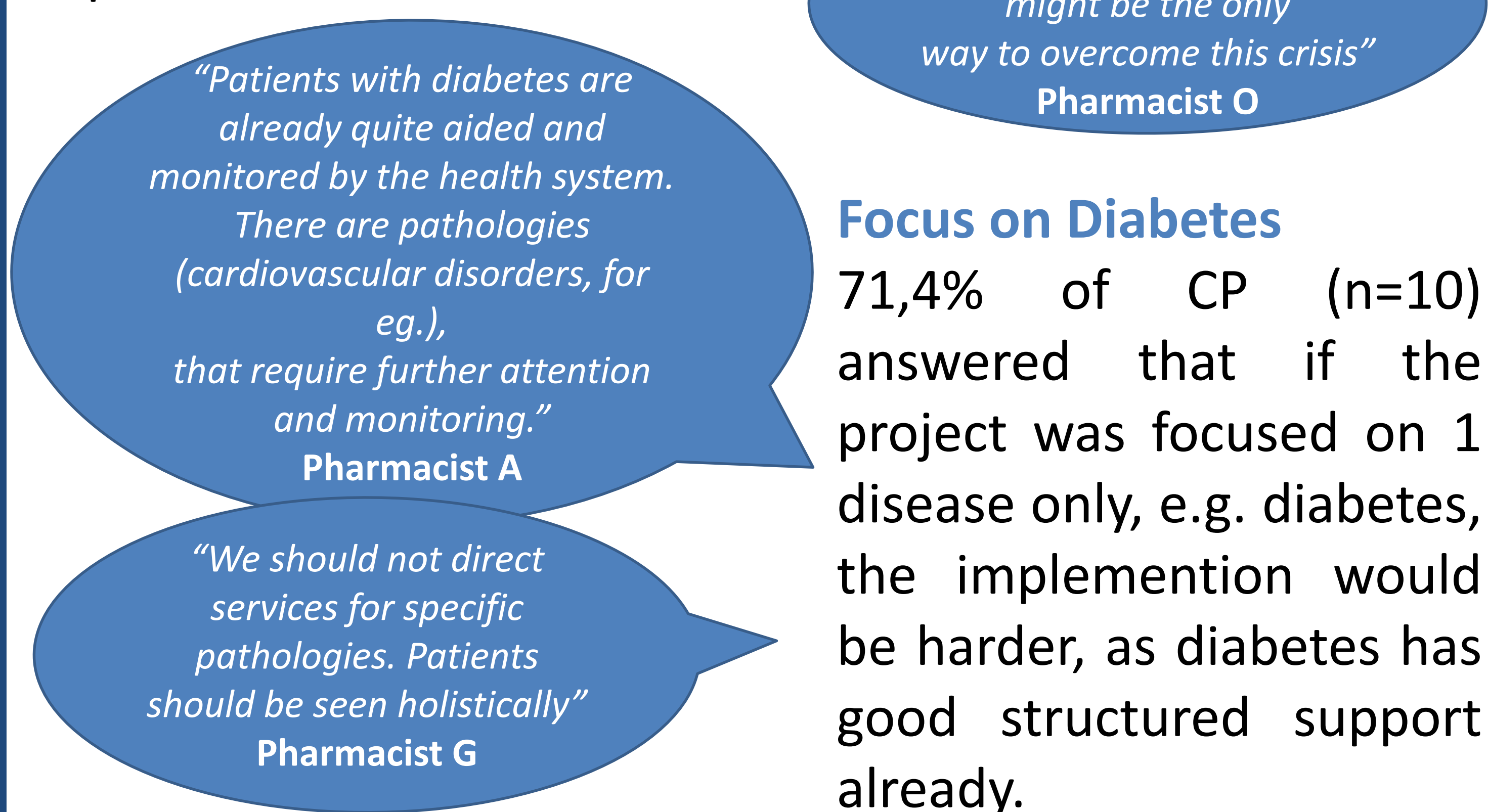


Their experience while engaging



Sustainability of the service

CP have used SOSPIp for studying the viability of the service. Just a few have proceeded with the implementation.



Focus on Diabetes

71,4% of CP (n=10) answered that if the project was focused on 1 disease only, e.g. diabetes, the implementation would be harder, as diabetes has good structured support already.

Barriers and facilitators identified for the interviewed pharmacists

The main barriers identified by participating pharmacists have been previously described^[3,4], including lack of remuneration, lack of time, lack of support from the main stakeholders, lack of formation on APS, lack of motivation among the pharmacy team and lack of cooperation between pharmacists and GPs. Interviewed pharmacists think the service could be implemented nationally if barriers were transformed in facilitators.