



## LETTERS TO THE EDITOR

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### Collaborative dispensing between community pharmacy and hospital pharmacy

### Dispensación colaborativa entre farmacia comunitaria y farmacia hospitalaria

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#### Dear Editor-in-Chief,

We have read with interest the article by Caballero-Romero *et al.*<sup>1</sup> which analyzes three outpatient-targeted drug delivery programs, one of them implemented through community pharmacies. The results obtained by the authors indicate that community pharmacy deliveries are the ones associated to the highest health value as they result in the lowest error rates.

The COVID-19 pandemic has played a decisive role in prompting both hospital and community pharmacies to investigate alternative ways of dispensing drugs to the patients they serve. In this respect, on occasion of the 7th Spanish Congress of Community Pharmacists the Spanish Society of Clinical, Family and Community Pharmacy (SEFAC) submitted a pharmaceutical care proposal<sup>2</sup> aimed at ensuring the continuity of pharmaceutical care for certain patients and improving their health status. Taking into consideration that the current situation has increased the risk of impaired treatment persistence, it is now of the essence for hospital and community pharmacies to join forces to prevent discontinuation.

The failure mode and effects analysis carried out in Caballero-Romero *et al.* revealed that the most aspects that patients valued the most about community pharmacies were the first, fifth and sixth critical points of the service (request to pick up the medication, delivery of the medication and return of the medication, respectively). The fifth critical point was

particularly important given the continued presence of a pharmacist at the pharmacy who can confirm that the right drugs are delivered, provide relevant information, and perform a follow-up of the treatment. The sixth critical point was also important as pharmacists often knew the patients, were aware of any changes in dosing schedules, and were quick to react to any returns of the medication.

Furthermore, the health value parameter –defined as the patients' health outcomes achieved per unit of cost spent<sup>3</sup>– also indicated that community pharmacy was the program resulting in the lower cost.

In short, considering that new technologies are here to stay, it is essential to ensure that they are implemented with a view to improving patients' health outcomes. Their closeness to patients allows community pharmacists to provide patients with professional service in an effective and efficient way, taking into consideration fundamental criteria in primary care such as longitudinality and accessibility. Close and continuous collaboration between the community and the hospital pharmacist should be a priority area of work. Spanish Society of Hospital Pharmacy and SEFAC should as soon as possible design a joint action plan for delivering the professional service under analysis. Performance of a pilot study between both societies would be an effective way of empirically bringing out the advantages the new technologies can provide when both professions work in a synergistic way.

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## Reply to letter

Olga Delgado

Presidenta de la Sociedad Española de Farmacia Hospitalaria (SEFH).

### Dear Editor,

We have read the letter sent by E. Satué on the collaborative dispensing of medications between community pharmacy and hospital pharmacy in response to the article by Caballero-Romero *et al.* We would like to respond to the author's suggestion that community pharmacy-based drug delivery programs are associated with the highest health value for ambulatory patients.

The first point we would like to make is that Caballero-Romero *et al.* is only centered on the logistic aspects of drug delivery, without any consideration given to the off-site care offered to patients, the coordination of different healthcare teams and the results provided by treatment. Moreover, the economic study included assumes that the cost of community pharmacy interventions is 0, i.e., that community pharmacy services are based on an altruistic free-of-charge collaboration, which can only be conceived against the background of a severe health crisis like to COVID-19 pandemic.

Dispensation of medications to outpatients constitutes a basic pillar of hospital pharmacy. It allows the provision of comprehensive and coordinated healthcare to patients who, on account of their condition, require complex therapies that can only be provided in a hospital. The pandemic heralded a different way of providing specialized healthcare, particularly with the introduction of remote consultations, off-site care, and drug deliveries to the patients' home. These new initiatives were wholeheartedly embraced by hospital pharmacy as a welcome step forward<sup>1</sup>.

During the pandemic, home dispensation was the most common drug delivery option, used by 87% of hospitals. It was usually preceded by an online consultation with a view to ensuring the continuity of hospital treatment<sup>2</sup>. However, we consider that the different drug delivery options should be considered in parallel with the definition of patient selection criteria, ensuring remote follow-up, the measurement of outcome variables and an assignment of functions that appropriately define the role of the healthcare providers participating in the process.

In any event, regardless of the delivery method employed, the hospital's pharmacy is always responsible for the pharmacotherapeutic follow-up of the patients served<sup>3</sup>, and there is no doubt that pharmaceutical collaboration, both through the primary care system and through community pharmacies is paramount for ensuring the coordination and clinical continuity required for high-quality healthcare. These initiatives, nevertheless, require standardized processes and the homogenization of professional interventions and of referral and follow-up criteria to guarantee that the drugs used provide the expected results. At the same time, all interventions performed must be recorded in the patients' clinical record.

Against this background, on the basis of the effective pharmacotherapeutic follow-up provided by hospital pharmacy departments, SEFH must work hand in hand with all scientific societies to ensure that patients obtain the best health outcomes possible.

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