

# conSIGUE: Generalization within the implementation phase.

Preliminary results in the first semester.

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## INTRODUCTION

*conSIGUE: Generalization within the Implementation phase* is the last phase of the research programme *conSIGUE* (Figure 1), promoted by the General Pharmaceutical Council of Spain, together with the University of Granada and the University of Technology Sydney in cooperation with Cinfa laboratories. Transferring the knowledge gained during the research phase into practice is a complex process that requires implementation models and, in many cases, on-site training.

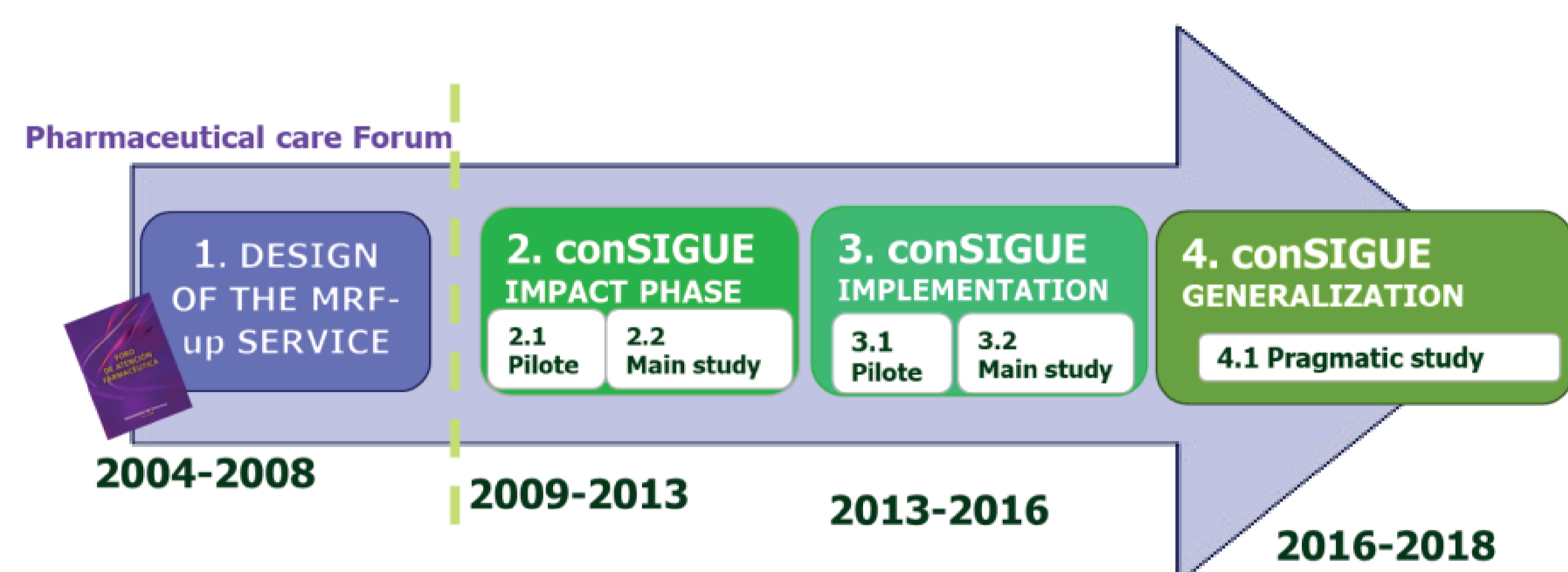


FIGURE 1: Phases of the research programme *conSIGUE*

## OBJETIVES

To describe, after six months of fieldwork, the Reach as a first implementation outcome and the Implementation stages as well as Medication Review with Follow up service (MRF) health outcomes for elderly, chronic and polymedicated patients at Community Pharmacy (Figure 2).

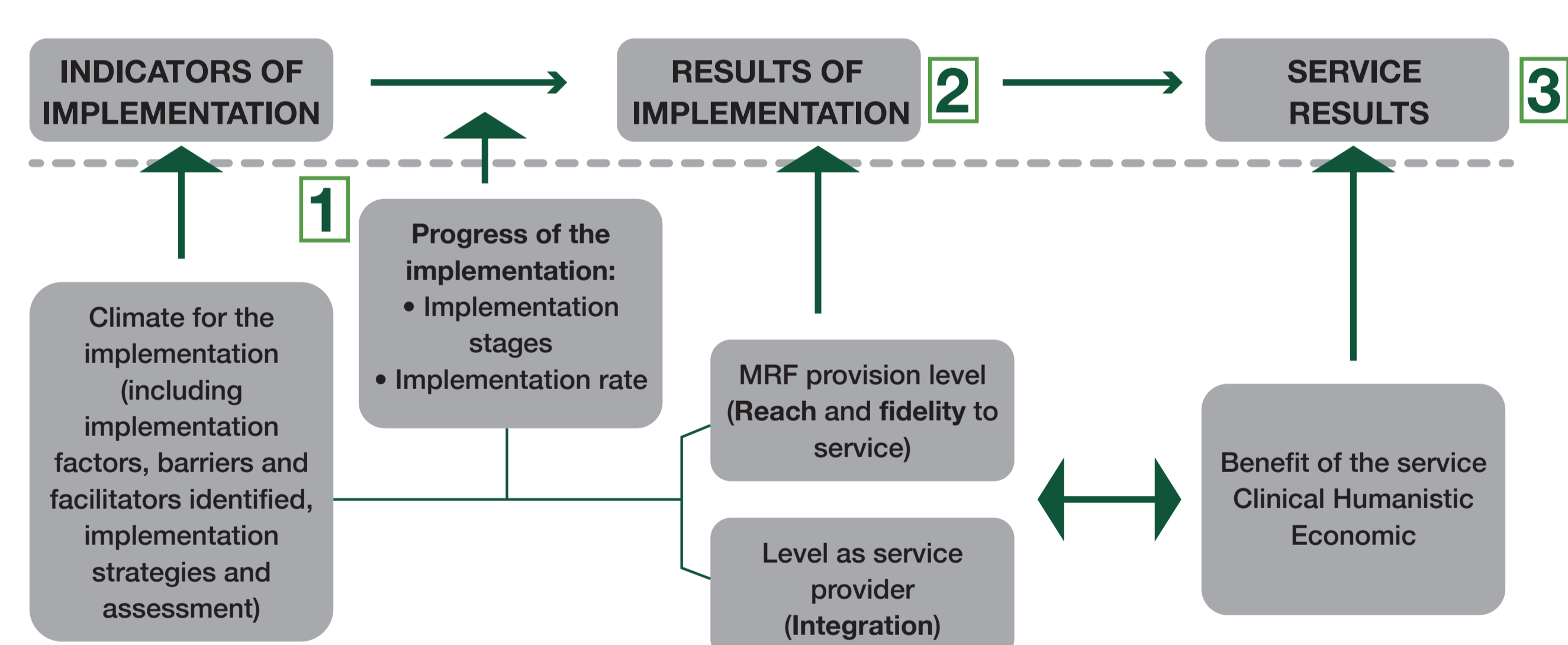


FIGURE 2: Outcomes and indicators search

## METHODS

Hybrid design of effectiveness-implementation in which the theoretical framework FISpH<sup>1</sup> (Framework for the Implementation of Services in Pharmacy- Figure 3) is used for the Implementation of Professional Services in Pharmacy together with the participation of Practice Facilitators<sup>2</sup> (FoCo) provided by the participating Provincial Pharmacist Chambers. A nodopharma hosted electronic recording system (eCRD- SFT) has been designed (Figure 4).

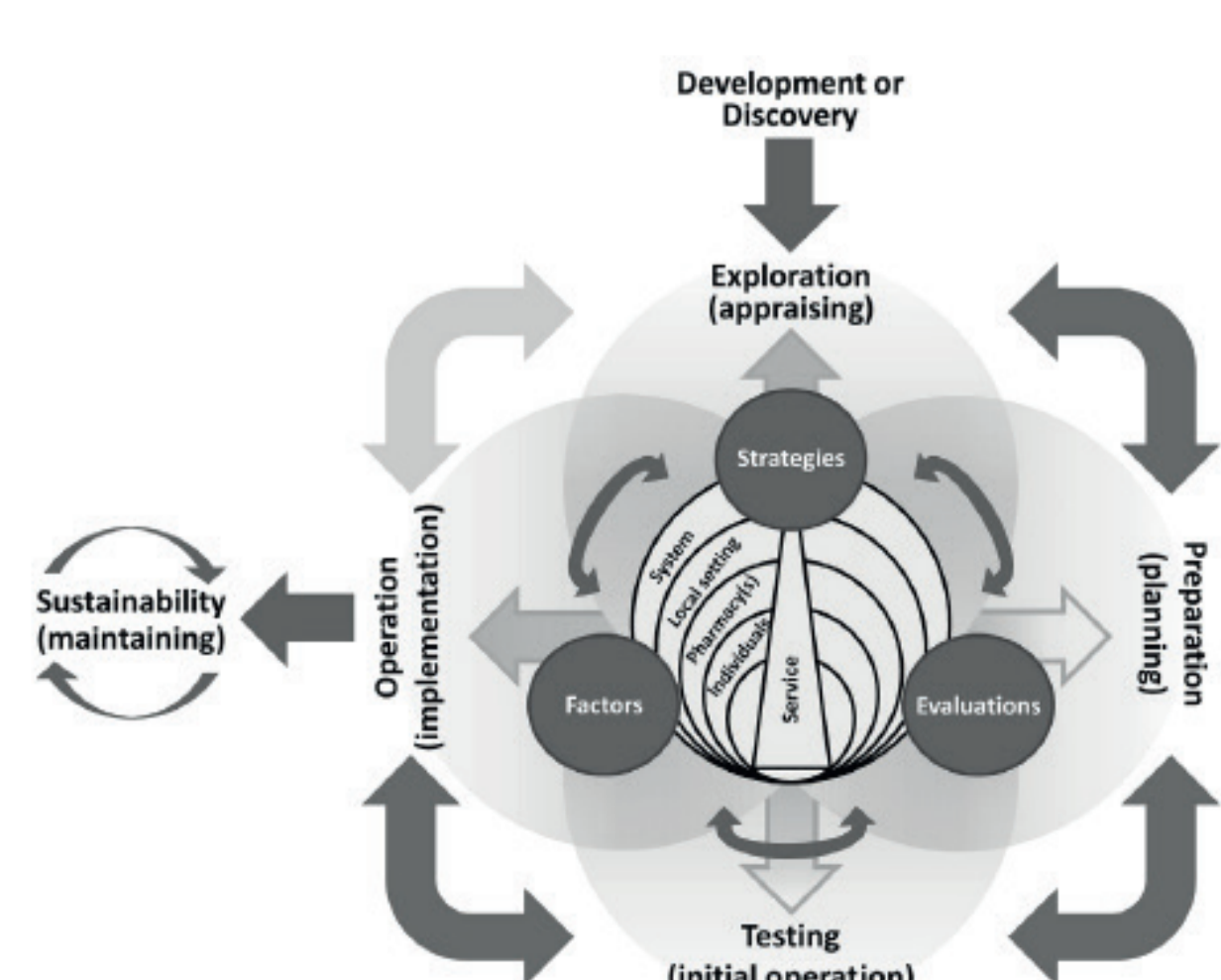


FIGURE 3: FISpH model

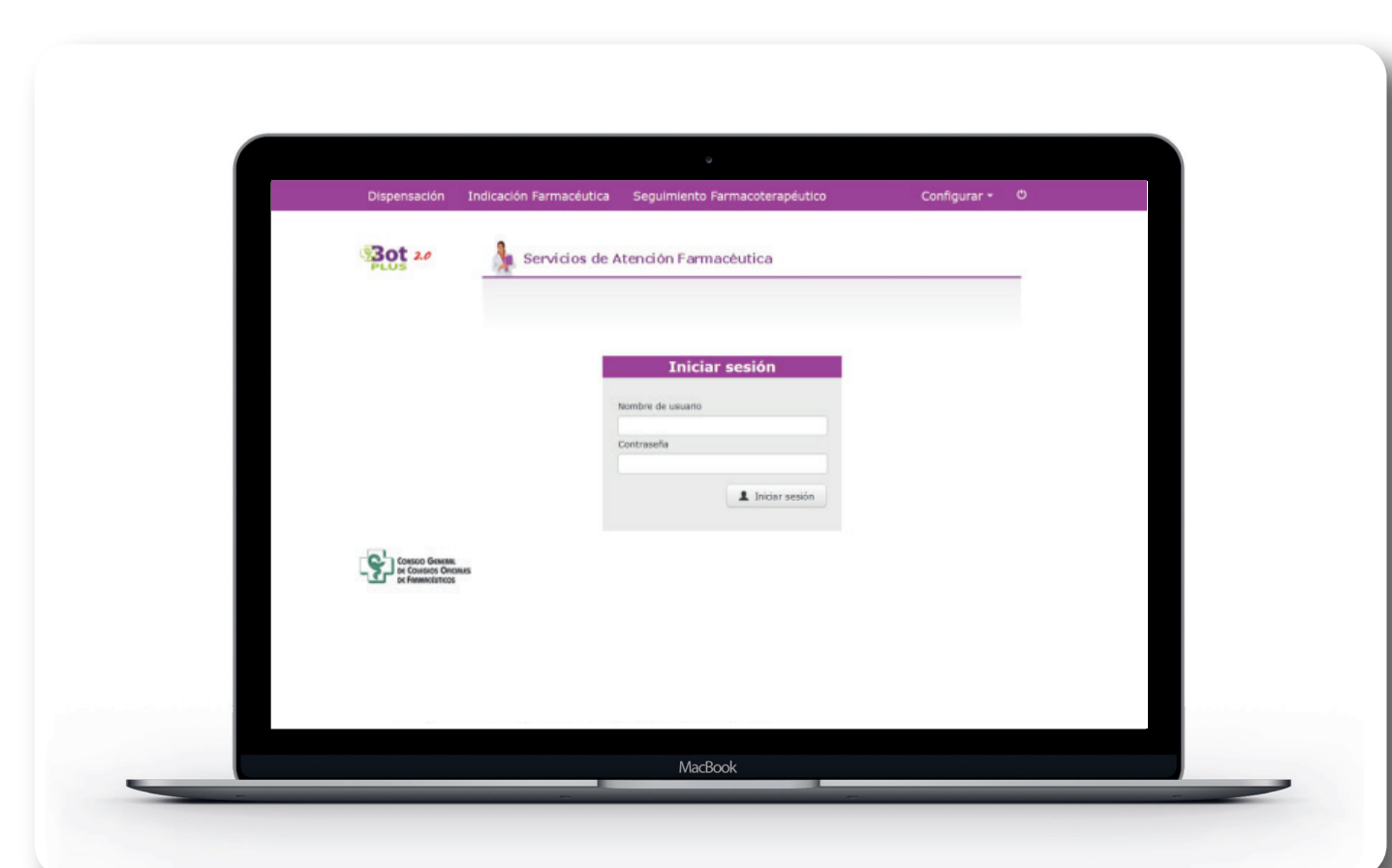


FIGURE 4: e- CRD-MRF in Nodopharma

## RESULTS

There are 113 pharmacists from 83 pharmacies belonging to 6 Provincial Pharmacist Chambers (Cáceres, Cantabria, León, Murcia, Toledo and Zaragoza) (Figure 5). Starting with the 62 patients participating in the first month (47 males, 15 females), it rose up to 368 patients in the 6th month (124 males, 244 females).



FIGURE 5: Provincial Pharmacist Chambers participants

At the beginning, the total amount of medicines was 458 (7.39 medicines/person) which rose up to 3,141 in the sixth month (8.40 m/p).

At baseline, a total amount of 502 health conditions (HC) were identified where 267 were not controlled (53,2%) and at the end of the sixth month, there were 2,774 HC identified, where 987 HC were not controlled (35.6%). (Table 1)

	HC	Non controlled HC	%
Baseline	502	267	53.2
6th month	2,774	987	35.6

TABLE 1: Health problems at the end of the sixth month

According to EuroQol-5D, patient perceived health-related quality of life, increased from 0.610 points to 0.700.

Implementation stages (Figure 6): at the beginning, 83 pharmacies were in the preparation phase, after six months, 8 pharmacies (9.64%) were still at that preparation phase, 68 pharmacies (81.93%) were in (testing phase) and 7 (8.43%) reached implementation.

## CONCLUSIONS

The preliminary implementation indicators show that the Community Pharmacist can implement the Medication Review with Follow-up service.

## REFERENCES

- Moullin JC et al. Model for the evaluation of implementation programs and professional pharmacy services. *Res Social Adm Pharm.* 2016 May-Jun;12(3):515-22
- Parchman ML, Noel PH, Culler SD, Lanham HJ, Leykum LK, Romero RL, et al. A randomized trial of practice facilitation to improve the delivery of chronic illness care in primary care: initial and sustained effects. *Implement Sci.* 2013;8:93.