

MEDICATION REVIEW WITH FOLLOW UP SERVICE: FROM RESEARCH TO ACTUAL PRACTICE 2009-2018

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BACKGROUND

Knowledge translation from research to practice is challenging. Health authorities are increasingly favorably considering pragmatic studies in which daily interventions delivered in usual practice, with no control group, are studied. **conSIGUE Programme** (Figure1) is a holistic research project that has shown in the first phase the “efficacy” of the Medication Review with Follow-up (MRF) service in controlled conditions as a cluster RCT (**conSIGUE Impact**, 2009-2013).

In a second phase, **conSIGUE Implementation** (2014-2016) designed and evaluated an implementation programme which demonstrated that the service can be implemented and the outcomes are maintained (“effectiveness”), using a model for the implementation of services (FISpH: Framework for the Implementation of Services in Pharmacy) conjointly with a practice change facilitator called “Formador Colegial” (FoCo by its spanish initials) who work in situ in the pharmacies. In a third phase **conSIGUE Generalization of the implementation** (since 2017) using the learnings and improved implementation programme is scaling up to reach the whole profession. The conSIGUE Programme is led by the General Pharmaceutical Council of Spain (GPhCS), the Universities of Granada and Technology of Sydney, and funded by Cinfa Laboratories.

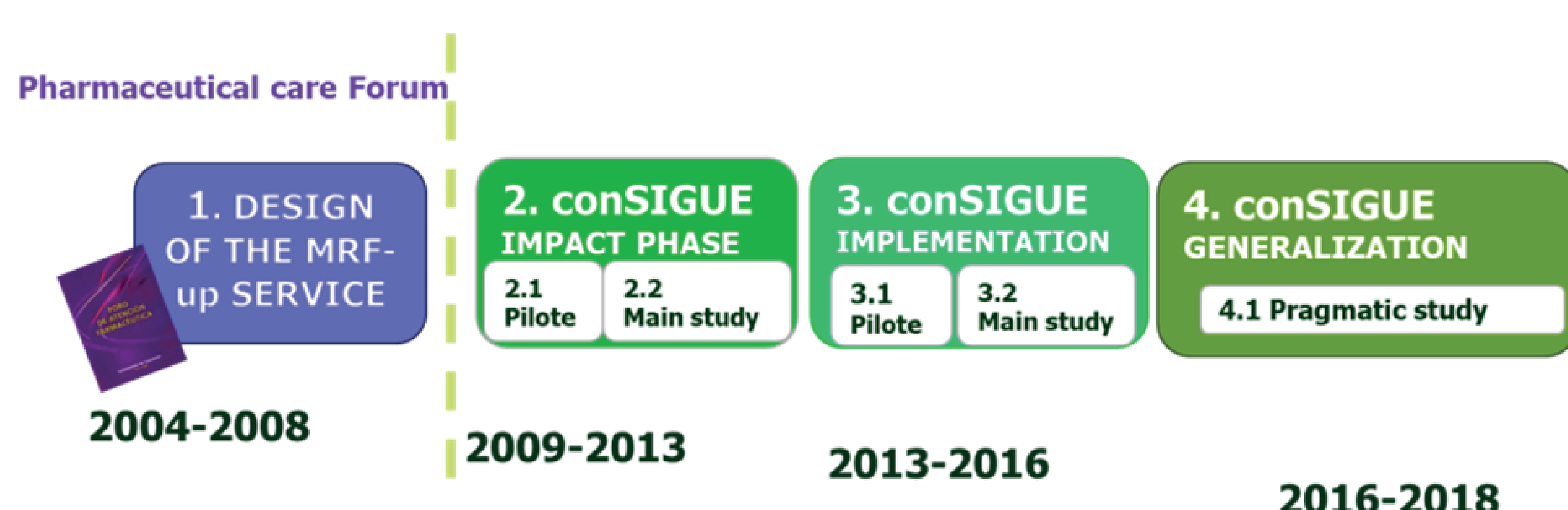


FIGURE 1: Phases of the research programme conSIGUE

OBJECTIVES

To demonstrate the clinical, economic and humanistic effect of MRF, to negotiate remuneration, to develop an implementation community pharmacies routine practice programme and to provide evidence of implementation and its effects in routine practice (Figure 2).

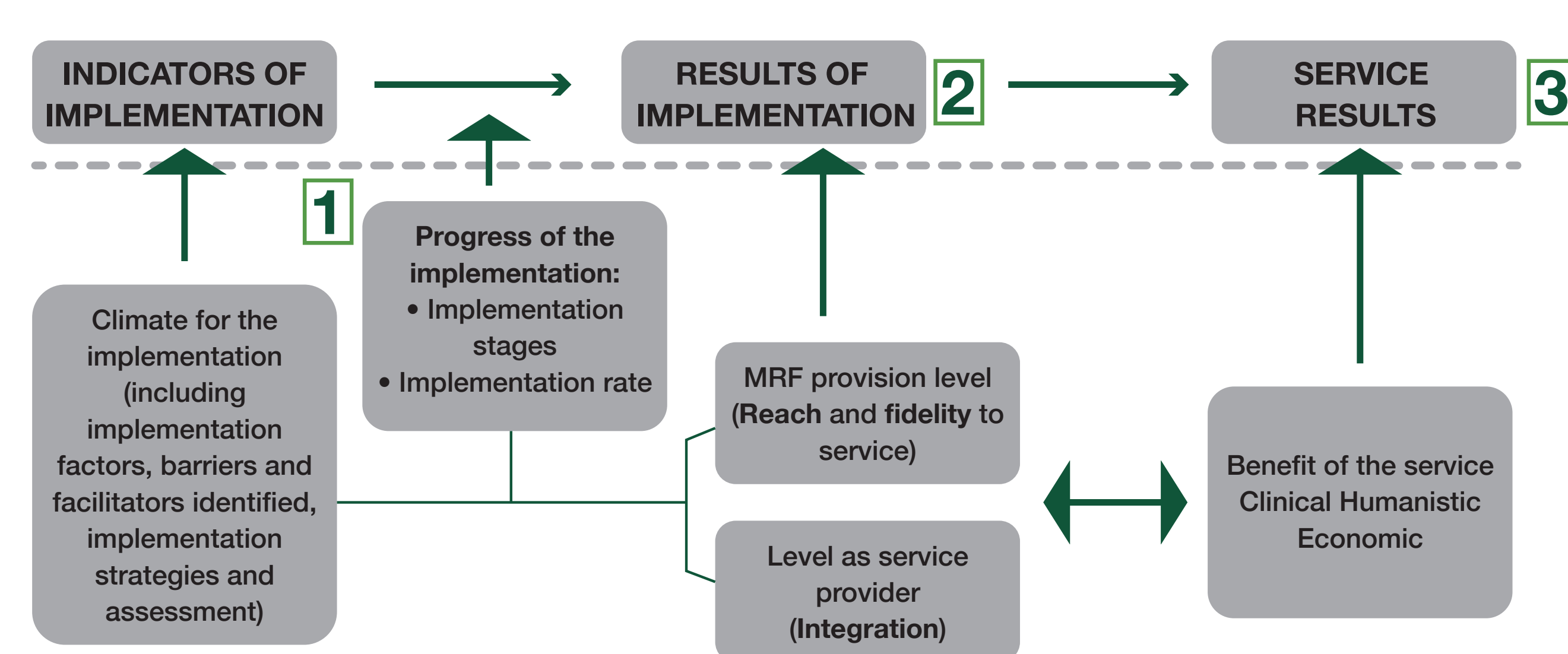


FIGURE 2: Outcomes and process indicators during implementation programme

METHODS

(1) The impact phase was a cluster RCT using ECHO methodology. (2) The implementation phase used the FISpH model (Figure 3) jointly with a FoCo. (3) For the last phase (Generalization) (electronic Data Collection Tools) (e-DCT) included in the GPhCS Nodopharma, and were utilized for monitoring usual practice in community pharmacies (Figure 4).

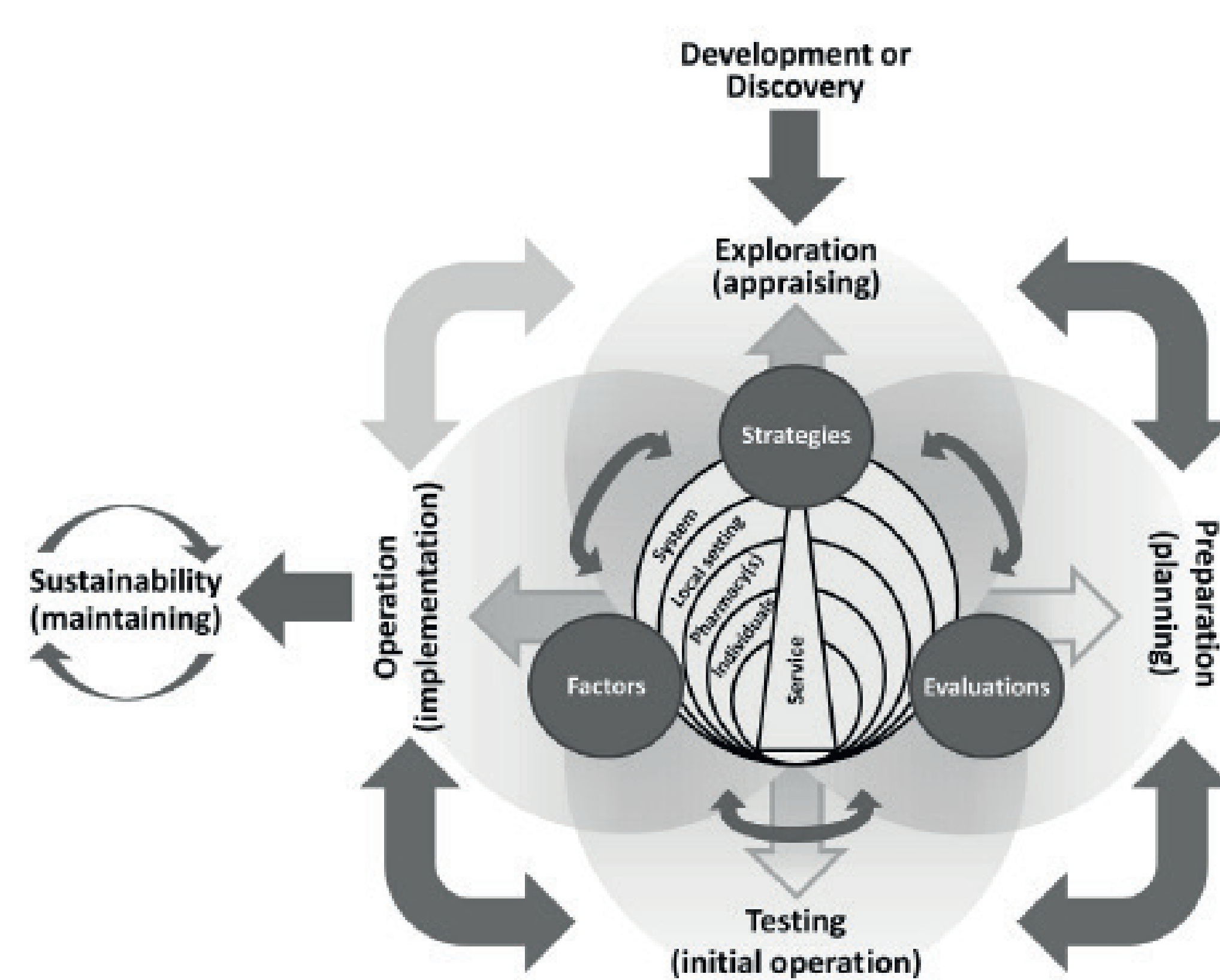


FIGURE 3: FISpH model (Moullin et al.)

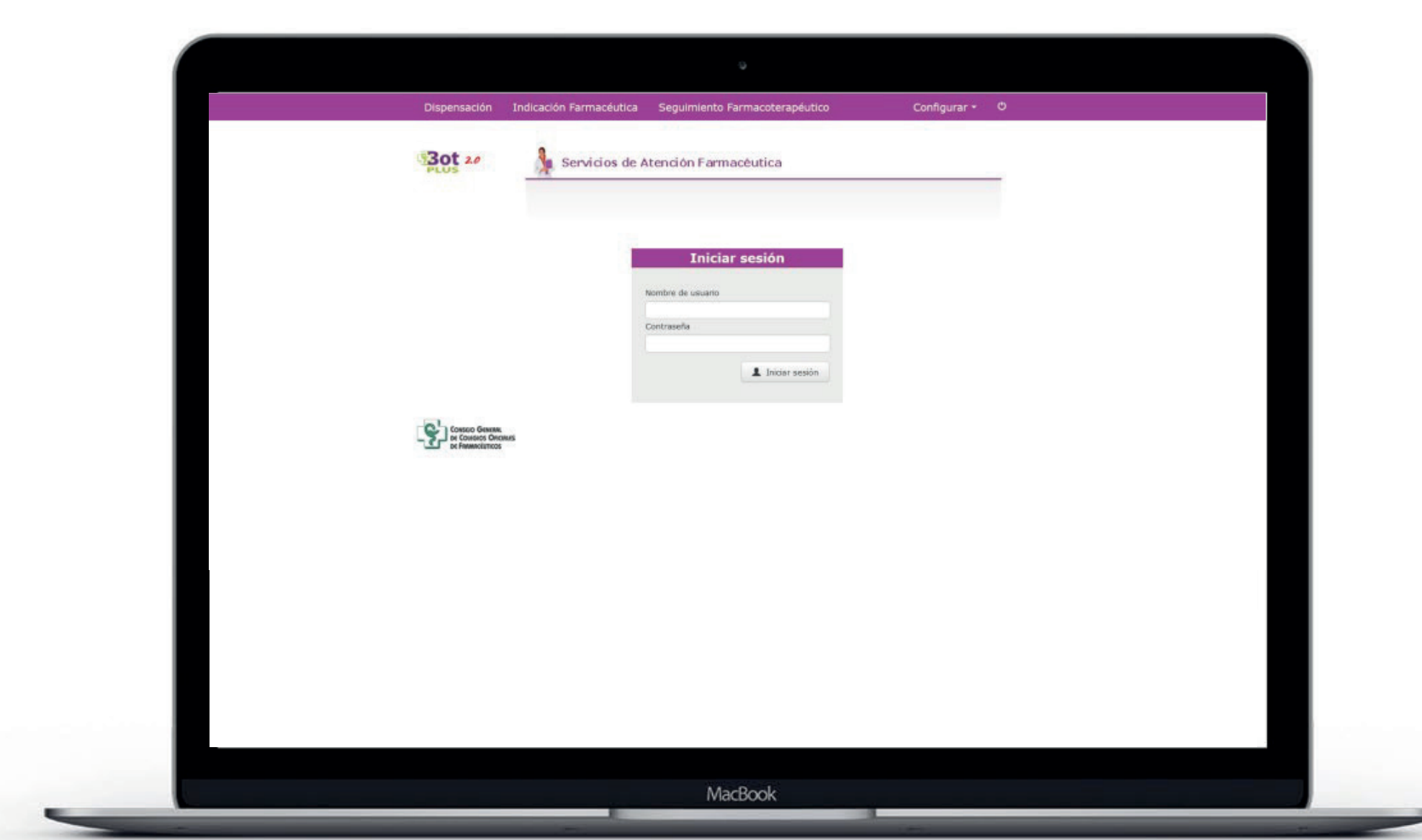


FIGURE 4: e-DCT - MRF in the GPhCS Nodopharma

RESULTS

conSIGUE demonstrated the efficacy and effectiveness of MRF by improving non-controlled conditions, decreasing hospitalizations, E&D visits and improving quality of life. Pharmacoeconomic data supported the negotiation of the payment of the service (ICER: dominant). Educational programmes for both practitioners and FoCo were designed to deliver the MRF. Electronic Data Collection Tools were developed also for both FoCo and practitioners. These IT systems allow the evaluation of the implementation process (Generalization), the implementation outcomes (reach, fidelity, integration) and the service (ECHO model).

CONCLUSIONS

The programme demonstrated a process from research to practice. Reports will monitor usual practice using process and outcome indicators and can be utilized by GPhCS, Provincial Pharmacy Colleges, community pharmacies (CP) and payers (Figure 5).

From RESEARCH to PRACTICE

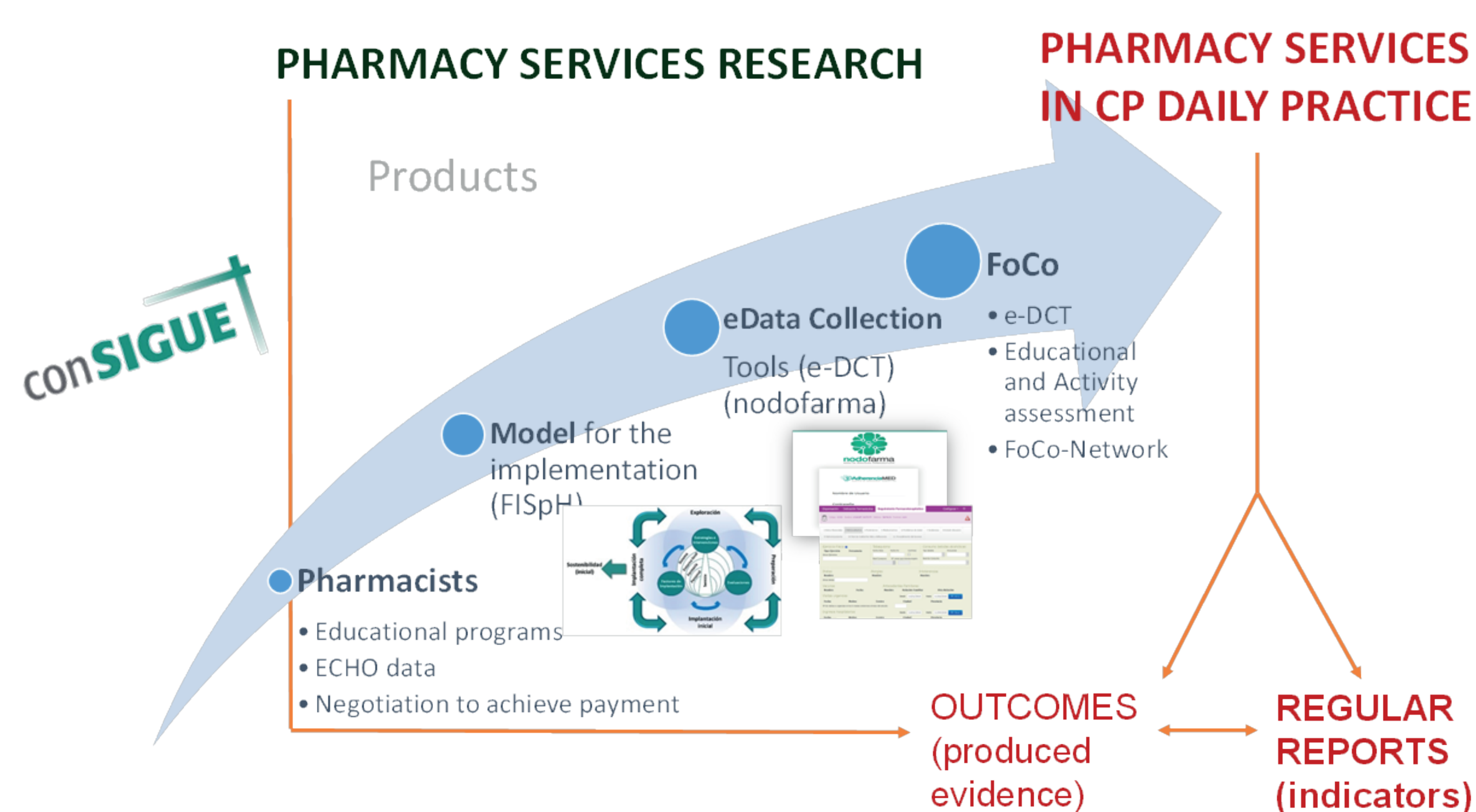


FIGURE 5: From research to practice