



**GENERAL  
PHARMACEUTICAL  
COUNCIL OF SPAIN**

Report

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# Collaboration Between Healthcare Professionals, Key to the Healthcare of Tomorrow

## WORKSHOPS

1. *Collaborative practice between community pharmacists and primary healthcare doctors and nurses*  
23<sup>rd</sup> February 2015
2. *Collaboration among pharmacists providing healthcare services*  
24<sup>th</sup> February 2015

**May 2015**

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## 1. Introduction: context and objectives

Since 2012, the General Pharmaceutical Council has been pushing for the definitive development of Pharmacy Care Services in Spain. Over these three years, we have completed processes of great importance to Pharmacy, primarily:

- Workshop on “Pharmacy’s commitment to care. A professional and sustainable pharmacy” (January 2012)
- Future Plan Document (presented to the Pharmacy Chambers’ Presidents in September 2012)
- Community Pharmacy Convention (March - June 2014)
- Framework Agreement with the Ministry of Health, Social Services and Equality (MSSSI) (6<sup>th</sup> November 2013) and Technical Proposal for the Development of the Agreement (3<sup>rd</sup> July 2014)
- Cordoba Declaration (14<sup>th</sup> National Pharmaceutical Congress, 23<sup>rd</sup> October 2014)

Thus, we have been focusing the Mission and Vision of the Pharmacy Practice of the 21<sup>st</sup> century, which should be geared toward providing for patients’ needs and to comprehensive, integrated care. To this end, we need all healthcare professionals (doctors, nurses, pharmacists, etc.) to work together. This means involving the network of community pharmacies in improving the responsible use of medicines and of public health.

Along with these efforts is the boost resulting from the parliamentary initiatives in the Congress and Senate that strengthen the role of Pharmacy and community pharmacists in the National Healthcare System (SNS in Spanish) by asking for greater involvement in Public Health, Medicines Review with Follow-up Services and in the social-healthcare field. The Community Pharmacy’s role as a healthcare facility has also been reinforced, as has that of the pharmacist as a healthcare professional in the various documents of the Health Advisory Council (HR, Sustainability of the SNS, Healthcare Service and Coordination, e-Health, etc.).

This process of building the future of Community Pharmacy saw a significant milestone on 23<sup>rd</sup> October 2014 with the presentation of the Cordoba Declaration, which marked a turning point in the configuration of a Pharmacy that is

- renewed, service-based and professional
- evolving to strengthen its role as a healthcare structure,
- fundamental to patients and to the system.

In 2015, continuing with the work already done, the General Pharmaceutical Council has prepared a Working Plan with four areas to continue evolving the **CORDOBA DECLARATION**.

PROFESSIONAL  
COMPETENCY AND  
DEVELOPMENT

CLINICAL  
MANAGEMENT

SUSTAINABILITY OF  
PHARMACY

COLLABORATIVE  
PRACTICE

**PROFESSIONAL COMPETENCY AND DEVELOPMENT:** this area includes continuing education, specialized education in those areas required, diplomas and advanced certificates, Continuing Professional Development, a review of competencies, cooperation with universities to improve undergraduate/Master’s pharmacy degree programs, etc.

**CLINICAL MANAGEMENT:** in keeping with the Framework Agreement with the MSSSI and the technical development proposal, this area includes proposing the inclusion of pharmacists and Community Pharmacy in healthcare strategies and emphasizing care-based projects (ADHIÉRETE, conSIGUE, Hazfarma, etc.), promoting Good Pharmacy Practices in Community Pharmacy and Professional Pharmaceutical Services, promoting clinical research; etc.

**SUSTAINABILITY OF PHARMACY:** this area includes promoting the current pharmacy model – based on planning, property and ownership of the pharmacist and medicines in the pharmacy, as it is more effective for patients and for the SNS; promoting studies that show the efficiency of the community pharmacist’s involvement in dispensing medications and of a more suitable remuneration.

**COLLABORATIVE PRACTICE:** this area includes promoting collaborative practice with other healthcare professionals, starting with primary healthcare, and facilitating coordination between different types of pharmacists.

As part of the COLLABORATIVE PRACTICE work area<sup>1</sup>, and in an effort to identify opportunities and obstacles to establishing a collaborative practice between the various professionals involved in providing patient care and to propose actions for its effective implementation, two working sessions were held to explore the best path toward facilitating this collaboration:

- In primary healthcare: interdisciplinary collaboration (primary healthcare doctors and nurses and community pharmacists).
- In different practice settings: pharmaceutical collaboration (community pharmacists and primary/hospital pharmacists).

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<sup>1</sup> Included in Commitment 9 of the Cordoba Declaration. <http://www.portalfarma.com/jornadas-congresos/XIX-Congreso-Nacional-Farmaceutico/Documents/XIX-CNF-Declaracion-de-Cordoba.pdf>

## 2. Cooperation: conceptual foundations

There are many sectors in which cooperation is necessary to achieve the expected outcomes, and Healthcare is one such sector. Without cooperation, it would be hard to offer patients quality healthcare, and healthcare professionals must be made aware of this.

Future healthcare professionals – pharmacists, doctors, nurses and others – must work together to integrate and share the scientific knowledge available, something that the World Health Organization already noted in its 2008 World Health Report<sup>2</sup>. In addition:

- International organizations are ratifying this collaborative approach in recent policy documents, like the Consensus Framework for Ethical Collaboration between Patients, Organizations, Healthcare Professionals and the Pharmaceutical Industry (2014)<sup>3</sup>, signed by the World Medical Association, the International Council of Nurses, the International Pharmaceutical Federation (FIP), the International Alliance of Patients' Organizations and the International Federation of Pharmaceutical Manufacturers and Associations.
- The FIP expressed this concept of collaborative practice<sup>4</sup> in 2010 as “the clinical practice where pharmacists collaborate with other healthcare professionals in order to care for patients, caregivers and public.”

The patient profile has also changed. The number of patients who are elderly, chronic, polymedicated and living alone is on the rise. This trend requires that those professionals involved in their care collaborate in order to optimize the results of the pharmacotherapy and thus improve their patients' health. This paradigm shift in healthcare demands more personalized care and a comprehensive response to health problems through collaboration that ensures the patients' needs are constantly met.

In order to develop the communication and cooperation mechanisms needed to improve this process, two key aspects must be taken into account: **COMMUNICATION – COOPERATION**.

### COMMUNICATION

This concerns the timely exchange of information so that the employees of the different healthcare providers, both public and private, can make the decisions that directly impact the patient. This also refers to the electronic resources used to make this possible. Communication must emphasize the role of each professional and be characterized by its reciprocity, respect and relevance. Through proper communications we can head off problems and avoid them altogether, thus providing better services.

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<sup>2</sup> 2008 World Health Report, WHO8 (<http://www.who.int/whr/2008/es>)

<sup>3</sup> Consensus Framework for Ethical Collaboration between Patients, Organisations, Healthcare Professionals and the Pharmaceutical Industry  
[http://www.ifpma.org/fileadmin/content/Publication/2014/Consensus\\_Framework-vF.pdf](http://www.ifpma.org/fileadmin/content/Publication/2014/Consensus_Framework-vF.pdf)

<sup>4</sup> FIP Statement of Policy on Collaborative Pharmacy Practice (2010, Lisbon) ([http://www.fip.org/www/uploads/database\\_file.php?id=318&table\\_id=](http://www.fip.org/www/uploads/database_file.php?id=318&table_id=)

## COOPERATION

Cooperation means working with other professionals, sharing health objectives for a group of previously identified patients. It also means sharing basic principles and joint training to develop skills, apply joint management tools and achieve a true interdisciplinary working environment. Some of the obstacles that can be found in any sector when attempting to cooperate are:

- **Silo Effect.** Each party focuses only on its own activities and is neither aware of nor interested in what others do.
- **Stereotypes.** Unfamiliarity with the role of other professionals based on unfortunate prior experiences and on unfounded rumors means that opinions are generalized to cover an entire group.
- **Policies. Even within a single organization, we can find policies that hinder** cooperation with other agents, posing a serious impediment to improved results.
- **Rigid communications structure.** Highly hierarchical organizations do not allow for vertical or horizontal communications and miss out on opportunities to facilitate cooperation.
- **Confidentiality.** Using the confidentiality of data or of shared information as an excuse leads to missed opportunities to cooperate and obtain better results than would otherwise be possible.
- **Competitiveness.** The functions and duties attributed to each party are stoutly defended, posing resistance to change and improvement.
- **Accusations.** Create a negative atmosphere and often lead to defensive and unconstructive situations, which hinders cooperation.



### 3. Methodology and participants

Two working sessions were held on consecutive days (23<sup>rd</sup> and 24<sup>th</sup> February, 2015), with two different groups of healthcare professionals, both of whom were posed the same questions.

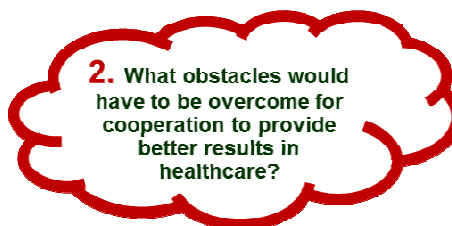
Each participant was asked to provide individual written answers to the following questions. They were also posed the same questions as a group.

**1<sup>st</sup> group:** 3 community pharmacists, 3 primary healthcare doctors and 3 primary healthcare nurses.

**2<sup>nd</sup> group:** 5 community pharmacists, 5 hospital pharmacists.

In choosing the participants, an effort was made to select professionals with extensive experience caring for patients, with a good, general view of healthcare and who were proactive in their professions.

- **Questions asked**



#### *Collaborative practice between community pharmacists and primary healthcare doctors and nurses*

23<sup>rd</sup> February 2015

- Carlos Calvo, Primary Healthcare Nurse in Guadalajara
- Mario Fernández, Community Pharmacist in Getafe (Madrid)
- Luis García, Community Pharmacist in Munera (Albacete)
- Miguel Ángel Gastelurrutia, Community Pharmacist in San Sebastián
- Noelia González, Primary Healthcare Nurse in León
- Rosa Hernández, Family Doctor. Sector III Clinic (Getafe)
- Miguel Ángel Núñez. Head of Nursing, Sant Joan d'Álacant University Hospital
- Rosa Pérez, Doctor. Head of the Primary Care Unit in San Ignacio (Bilbao)
- Oscar Solans, Doctor. Director of the shared medical history of CatSalut Government of Catalonia)



## Collaboration among pharmacists from different areas of practice

24<sup>th</sup> February 2015

- *Francisco Manuel Aceituno, Community Pharmacist in Villel de Mesa (Guadalajara)*
- *Guillermo Bagaria, Community Pharmacist in Hospitalet de Llobregat (Barcelona)*
- *Asunción Balado, Community Pharmacist in León*
- *Miguel Ángel Calleja. Head of the Pharmaceutical Service at the Virgen de las Nieves Hospital (Granada)*
- *Carles Codina. Head of the Pharmaceutical Service. Hospital Clínic. Barcelona*
- *Francisco Farfán. Head of the Pharmaceutical Service, Fuenlabrada University Hospital*
- *Adelia Jordá, Community Pharmacist in Ontinyent (Valencia)*
- *Pilar Méndez, Community Pharmacist in Madrid*
- *Juan Pablo Ordovás, Pharmacy Service, Section Chief, Dr. Peset University Hospital in Valencia*
- *Irene Zarra. Hospital Pharmacist. Pharmaceutical Service of the Santiago de Compostela University Hospital Complex*





## 4. Collaborative practice between community pharmacists and primary healthcare doctors and nurses

The first working group (consisting of three community pharmacists, three primary healthcare doctors and three primary healthcare nurses) considered three key aspects of collaborative practice: its usefulness (why it is necessary), its obstacles (what hampers its implementation) and specific ways forward (how best to steer the efforts to achieve it).

### 4.1. The usefulness of cooperation

The experts taking part in this session identified four areas in which cooperation among healthcare professionals is essential: patient, process, knowledge and communication.

#### IMPROVED PATIENT CARE

The complexity of managing patients' health problems requires a cooperative effort that encompasses all of the healthcare professionals involved in their care, each in his/her area of expertise, in order to achieve the best outcomes. Even if each profession has a different approach, the end goal is the same: the patients and improving their health, to which end everyone's cooperation is deemed as essential.

#### BETTER PROCESS EFFICIENCY

Another variable mentioned when analyzing the usefulness of working together was improving the process. Collaborative practice improves the operation of the Healthcare System in general, and care-oriented processes in particular. This improvement in the processes leads to greater efficiency and to an increase in the quality of the healthcare given to the patients.

#### PROMOTING KNOWLEDGE

The importance of collaborative work was also noted for facilitating knowledge among professionals, optimizing time and resources. It was deemed useful as it allows working with a specific methodology in an interdisciplinary manner. By working as part of a network, professionals provide knowledge that is shared, with improved health being the result. Every healthcare professional provides specific knowledge, avoiding an individualistic approach, which will always be more limited.

#### FACILITATING COMMUNICATION

Lastly, the participants also validated the role of communications from the standpoint that it provides the basis for how the healthcare system operates.

## 4.2. Obstacles to overcome

Another factor analyzed by the participants was the obstacles currently in place that limit cooperation between healthcare professionals. This interdisciplinary working group (doctors, nurses, pharmacists) identified as the key points the motivation exhibited by managers, the rigidity of the healthcare system, the isolation of the Community Pharmacy, a lack of knowledge among professionals, a fear of intrusion and the non-existence of joint training.

### LACK OF REAL MOTIVATION

Some of the obstacles detected included the lack of a firm commitment from healthcare administrators, how the portfolio is financed, and the implementation of information systems to facilitate cooperation among professionals.

### RIGIDITY OF THE HEALTHCARE SYSTEM

Another variable analyzed by the group was the rigidity of processes in the healthcare system, indicative of the model's verticality, the problems stemming from restricted, rigid access and referral, and isolated compartments.

In this regard cultural barriers (fear of change) were also identified, as well as a tendency for individual work and a lack of motivation and recognition by professionals. The participants viewed the acknowledgment of efforts and incentivization of results as basic principles.

### ISOLATION OF THE COMMUNITY PHARMACY

Another obstacle was the work environment and the isolation of the Community Pharmacy from the other structures involved in primary healthcare. The work environment of a Community Pharmacist is far away from that of healthcare centers.

### LACK OF KNOWLEDGE AMONG PROFESSIONALS

Another reason identified was a lack of knowledge of the competencies, functions and duties of the different healthcare professionals, which sometimes leads to mistrust. Preconceived notions and a lack of communication were also identified as obstacles during the session.

### FEAR OF INTRUSION

Professional jealousy, a fear of intrusion, professional interests, egos, etc., were repeatedly noted by the participants as obstacles.

### LACK OF JOINT TRAINING

The non-existence of joint training and the lack of skills and attitudes needed to work together was another of the variables analyzed.

### 4.3. Proposals for effective cooperation: 10 key factors to success

The last question analyzed by the group was how to proceed to establish models of cooperation. They identified **four key areas and ten factors to success** that would facilitate cooperation among healthcare professionals.

The session's participants highlighted the way forward in establishing cooperation models. They identified numerous proposals involving four main areas: generating trust among professionals, improving communications through shared tools, launching joint projects, and doing it all using the new information technologies.

#### GENERATING TRUST

One of the obstacles most noted during the session was a fear of intrusion and a mutual lack of awareness among professionals. As a result, the proposals for moving forward included a need to generate trust among professionals through actions such as implementing projects that allow for joint training for the three healthcare professions.

#### IMPROVED COMMUNICATIONS

Also highlighted was the importance of implementing smooth and fast lines of communication using channels and tools accessible to all professionals. Another proposal was the creation of tools for professionals to communicate with one another by making use of the potential offered by the e-prescription. Communications could also be enhanced through forums, meetings and the like.

#### PROMOTING PROJECTS

Among the participants' ideas, there were numerous mentions involving the launch of joint projects by the three Primary Healthcare professions (doctors, nurses and community pharmacists) that are focused on the patient. They also noted the need to set up interdisciplinary forums with a common, mutually agreed purpose. Also viewed as important, was the need to standardize cooperation and establish joint action protocols, as well as to generate and evaluate scientific evidence.

#### USING ICTs

In this area, three proposals were made: make the systems work together, allow all the healthcare professionals involved in caring for a patient to have access to his/her medical history – with all the requisite security and confidentiality measures and the patient's approval – and record all relevant observations in the prescription record.

In summary, the points above can be summarized in ten key factors for the success of collaborative practice:

## 10 KEY FACTORS TO SUCCESS

### GENERATE TRUST

1. Promote joint training.
2. Develop communications and teamwork skills.
3. Accept the care role and take responsibility.

### IMPROVE COMMUNICATIONS

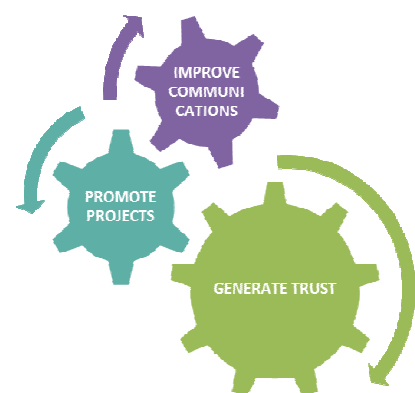
4. Establish structures that facilitate communications among professionals: interprofessional communications tools, meetings, forums, etc.

### PROMOTE PROJECTS

5. Standardize cooperation and promote joint action protocols.
6. Create interdisciplinary forums with a common, mutually agreed purpose and conduct expandable pilot tests focused on the patient.
7. Generate and evaluate clinical evidence.

### USE ICTs

8. Get systems to talk to each other.
9. Allow all the healthcare professionals involved in caring for a patient to have access to his/her clinical history.
10. Record all relevant observations in the records of all healthcare professionals.



### USING ICTs

## 5. Collaboration between pharmacists in different areas of practice

The second working group (consisting of five community pharmacists and five hospital pharmacists) considered the three questions posed involving collaborative practice: its usefulness (why it is necessary), its obstacles (what hampers its implementation) and specific ways forward (how best to steer the efforts to achieve it).

### 5.1. The usefulness of cooperation

The experts taking part in this session identified five areas in which cooperation among healthcare professionals is essential: patient, continuity, consistency, optimization and visibility.

#### IMPROVED PATIENT CARE

The diseases normally treated in a hospital become chronic and cooperation between the hospital and community pharmacists will benefit the patient. This was one of the most useful aspects detected by the group to improve the pharmaceutical care received by the patient.

#### CONTINUITY OF CARE

The continuity of care in the patient's pharmacotherapy, improved follow-up of treatments and the exchange of information between the two were also key topics in determining the usefulness of establishing cooperation between pharmacists.

#### CONSISTENCY IN THE MESSAGES TO THE PUBLIC

Among the reasons that necessitate cooperation, the group noted the purpose of conveying a uniform health message to the public, promoting healthcare education through joint actions and common responses to specific problems.

#### OPTIMIZED PHARMACOTHERAPY

Optimizing pharmacotherapy, improving the efficiency of the healthcare system and promoting adherence to medication with the same information were the factors noted involving the optimization that greater collaboration among pharmacists would generate.

#### INCREASED VISIBILITY OF THE PHARMACY PROFESSION

Making the professional activity of all pharmacists visible was another of the pros analyzed. It would also enhance the development of the pharmaceutical profession. Both groups are made more visible to the public and to patients. Also emphasized is the added value of technical and social actions focused on health, all of which results in greater development of the profession, offering a broader view of patients' problems and positioning pharmacy care as an agent to help society.

## 5.2. Obstacles to overcome

The second question considered by the group was the obstacles in place that limit cooperation between healthcare professionals. This group of community and hospital pharmacists identified the following key points: a generalized lack of real commitment, mutual awareness, the need to emphasize Community Pharmacy and the non-existence of share information systems.

### COMMITMENT BY THE ENTIRE PROFESSION

The difficulty of having all pharmacists promoting clinical practice, through a real commitment from all involved, was one of the obstacles detected. Also seen as an obstacle was the lack of synergies between organizations (professional, scientific, etc.) that work toward the same goals and that have to work together by combining their resources and getting more professionals involved.

### LACK OF AWARENESS AMONG PROFESSIONALS

A mutual lack of awareness between the two groups, identifying the needs of both, bureaucratic barriers and reticence over the loss of authority were other obstacles detected.

### ASSESSING COMMUNITY PHARMACY AS A HEALTHCARE AGENT

Having regional and national healthcare authorities emphasize the role of Community Pharmacy as a healthcare establishment and the community pharmacist as a healthcare professional.

### LACK OF SHARED INFORMATION SYSTEMS

The non-existence of shared information systems was also viewed by the group as an obstacle, noting the need for community pharmacists to be able to access the patient's medical history (with the patient's approval) – information on pharmacotherapy, biological parameters, etc. – in order to make decisions. A flow of information should be set up that adheres to predetermined guidelines.



### 5.3. Proposals for effective cooperation: 10 key factors to success

The last question analyzed by the group was how to proceed to establish models of cooperation. They identified **three key areas and ten factors to success** to facilitate cooperation among healthcare professionals.

The session's participants highlighted the way forward in establishing cooperation models. They identified numerous proposals involving four main areas: integration, standardization and launching joint projects.

As a starting point, they noted that there has to be a desire to establish cooperation models that gain wide acceptance. To this end, they proposed working on a national plan for cooperation between the two groups, following a pilot phase.

#### INTEGRATION

In order to position Community Pharmacy within the healthcare system while preserving, as in other areas, its private legal status, it must be present in the organizational healthcare system by taking part in health-oriented meetings and forums and by integrating its involvement in health plans and so on.

Actions were also proposed to have the patient be the key driver to request that the community pharmacist can have access to his/her medical history, with communications via the e-prescription being crucial. Another proposal was to get advantage of the communication through the e-prescription service.

#### STANDARDIZATION

The group proposed encouraging and improving joint training (through meetings, joint conferences, shared continuing education, etc.), sharing pharmacotherapy and clinical guidelines, creating shared working protocols and common procedures, and creating working groups of pharmacists who work in the same area of practice.

#### PROMOTE PROJECTS

The proposals for promoting projects included the importance of having Hospital and Community Pharmacy define a catalog of outpatient services, work on medication plans and on a reconciliation service. Also mentioned was the need to look for ways to cooperate (agreements, management contracts, etc.) that allow innovative drugs to be dispensed in community pharmacies in an effort to improve the follow-up of chronic patients.

Another model for collaboration proposed involved setting up joint healthcare education programs in universities and developing national and international care-based services. The group also noted the need for community pharmacists to make themselves available to the pharmaceutical service at the hospital in their area in order to work together, and they underscored the importance of allowing community pharmacists to have access to hospital records so that they can follow-up patients' treatments when they are home. To this end, the group proposed developing communications tools that enable these projects.

In summary, the points above can be summarized in ten factors for the success of collaborative practice:

## 10 KEY FACTORS TO SUCCESS

### INTEGRATION

1. Position Community Pharmacy within the Healthcare System while preserving its private legal status, as in other areas. To do this, it must be present in healthcare planning and in health plans.
2. Promote actions to have the patient be the key driver to request that the community pharmacist have access to his/her medical history, and facilitate communications via the e-prescription.

### STANDARDIZATION

3. Encourage and promote joint training.
4. Share pharmacotherapy and clinical guidelines.
5. Create shared working protocols and common procedures, and create working groups of pharmacists who work in the same area of healthcare.

### PROJECTS

6. Define a catalog of outpatient services and work on medication plans and on a reconciliation service.
7. Look for ways to cooperate (agreements, management contracts, etc.) involving chronic patients.
8. Set up joint healthcare education programs in universities and develop national and international care-based services.
9. Get out of the community pharmacy and offer to work with the hospital pharmacy, e.g. Medicines Review with Follow-up services for hospital medicines and hospital diagnosis medicines.
10. Develop communication tools.

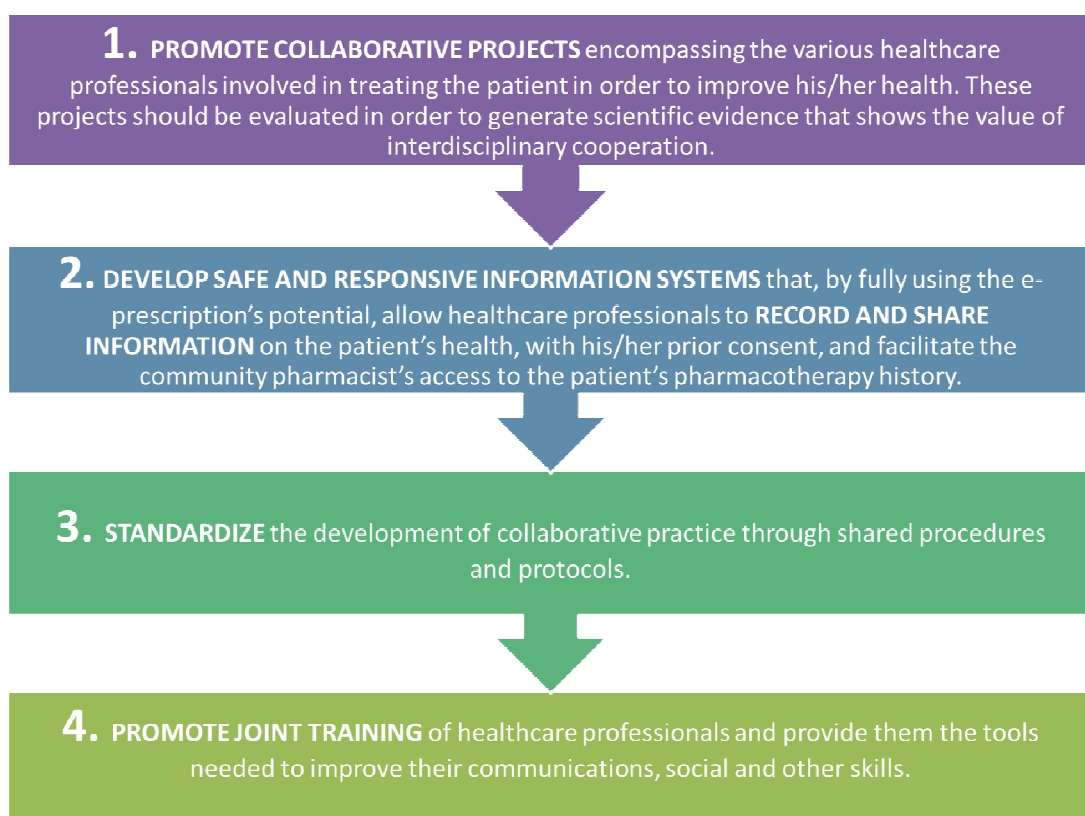
## 6. Conclusions

This document aims to provide a basis for commencing the task of developing collaborative practices among healthcare professionals in Spain.

Based on a review of the success factors detected by the working groups, we propose **four main work streams** to be promoted jointly by professional associations, healthcare authorities, universities, scientific organizations and patient associations.

### FOUR WORK STREAMS

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**TO IMPLEMENT COLLABORATIVE PRACTICE AMONG HEALTHCARE PROFESSIONALS**

