REBES

Revista Brasileira de Educação e Saúde
ISSN 2358-2391
Pombal, PB, Grupo Verde de Agroecologia e Abelhas
http://www.gvaa.com.br/revista/index.php/REBES

ARTIGO ORIGINAL

Perception of pharmaceutical professionals on implementation of pharmaceutical care in primary health care

Percepção dos profissionais farmacêuticos sobre implementação dos cuidados farmacêuticos na atenção primária à saúde

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Abstract: Introduction: Pharmaceutical Care in Primary and Specialized Health Care was standardized by Ordinance No. 1,918 / 2016 approved by the Municipal Health Secretariat of São Paulo. The role of the pharmacist is important for expanding health care and improving adherence to drug treatment for patients. Objective: The research evaluate the perception of pharmaceutical professionals regarding Pharmaceutical Care after the implementation of the Ordinance in the Primary Health Care and Specialty Network. Methods: An online questionnaire was applied before and after the regulation of the Ordinance. Thirty-two pharmacists answered the questionnaires. The opinions of the pharmaceutical professionals regarding the types of interventions used, their ability to intervene, generate good results and the patients' trust for the pharmacist were similar before or after the regulation of the Pharmaceutical Care Ordinance. However, after the standardization of the ordinance, there was an increased participation of pharmaceutical professionals in the meetings of the multidisciplinary team. During the meeting, there was an increase of the feedback concerning the improvement of pharmacotherapy. Pharmaceutical professionals reported that they felt more inserted in the multidisciplinary team (81.25%) and it is necessary an improvement their professional skills (87.50%), as well as an academic updating (96.88%). The implementation of Pharmaceutical Care, according to Ordinance No. 1,918 / 2016, brought pharmacists closer to patients using the Unified Health System (SUS) and to the multidisciplinary team of their Health Unit, enabling a better monitoring of the patient with polypharmacotherapy.

Keywords: Pharmaceutical Care. Pharmaceutical Attention. Pharmaceutical Consulting. Primary Health

Resumo: Os Cuidados Farmacêuticos na Atenção Primária à Saúde e especializada foi normatizada pela Portaria No. 1.918 / 2016 aprovada pela Secretaria Municipal de Saúde de São Paulo (SMS-SP). A atuação do farmacêutico se mostra importante para ampliação do cuidado em saúde e na melhora na adesão ao tratamento medicamentoso dos pacientes. O objetivo deste trabalho foi avaliar a percepção dos profissionais farmacêuticos quanto aos Cuidados Farmacêuticos após a implementação da Portaria na Rede de Atenção Primária à Saúde e de Especialidades. Foi utilizado um questionário *online* aplicado antes e depois da normatização da Portaria. Trinta e dois farmacêuticos responderam os questionários. As opiniões dos profissionais farmacêuticos quanto os tipos de intervenções utilizadas, a sua capacidade de intervir, gerar bons resultados e na confiança dos pacientes para o farmacêutico foram semelhantes antes ou após a normatização da Portaria de Cuidados Farmacêuticos. No entanto, após a normatização da portaria houve aumento da participação destes profissionais nas reuniões da equipe multidisciplinar, com aumento das devolutivas de melhora da farmacoterapia durante as reuniões. Os profissionais farmacêuticos relataram, ainda, que se sentem mais inseridos na equipe (81,25%), necessidade da mudança de postura profissional (87,50%), e atualização acadêmica (96,88%). A implementação dos Cuidados Farmacêuticos de acordo com a Portaria No. 1.918 / 2016 aproximou os farmacêuticos dos pacientes usuários do SUS e da equipe multidisciplinar da sua Unidade de Saúde, possibilitando um melhor acompanhamento do paciente com polifarmacoterapia.

Palavras-chave: Cuidados Farmacêuticos. Atenção Farmacêutica. Consulta Farmacêutica. Atenção Básica de Saúde.

Recebido em: 08/10/2020
Aprovado em: 16/11/2020

INTRODUÇÃO

The Brazilian Unified Health System (UHS), institutionalized with the publication of the Federal Constitution in 1988 and regulated by Law No. 8,080 / 90 (BRASIL, 1990), did promote the right to health for all Brazilian citizens. The SUS implementation process was guided by SUS Operational Norms instituted through ministerial decrees (BRASIL, 2015a; KALICHMAN; AYRES, 2016). The basic operational normative of SUS 01/96, encouraged the creation of several actions and programs, among of them the Pharmaceutical Assistance (PA). The National Pharmaceutical Assistance Policy (Resolution No. 338/2004) and the National Medicines Policy (Ordinance number 3,916/98), as part of the National Health Policy - Law 8,080/1990, establish instruments and actions for the organization to promote the improvement of health care conditions for the population (SOUZA; COSTA, 2010; ROSA, 2015).

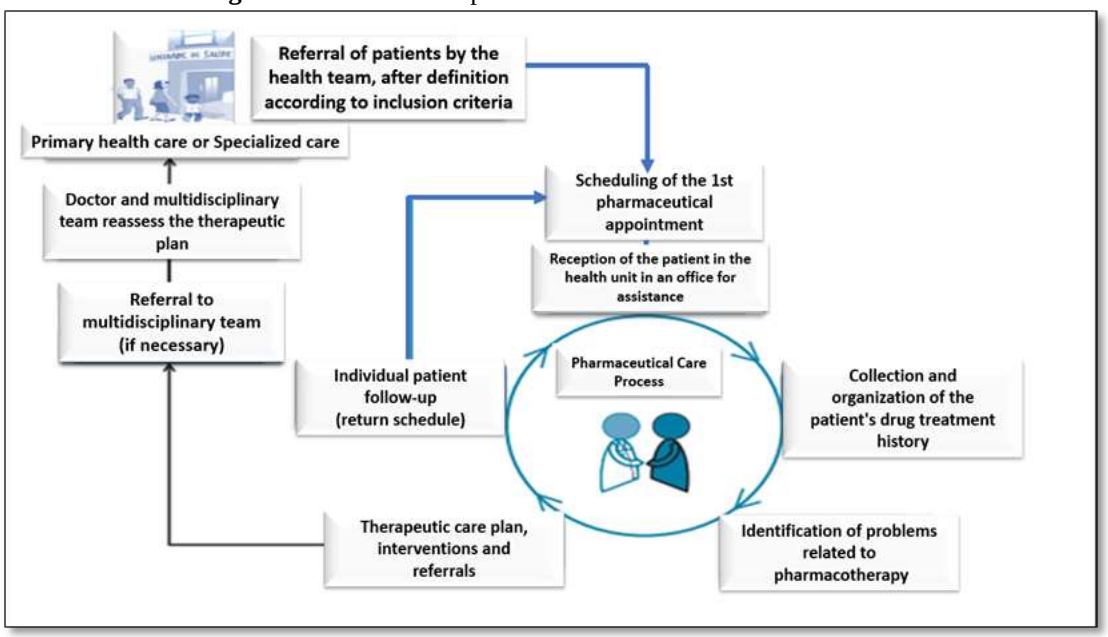
For the organization of health services in SUS there was the implementation of the Health Care Network by Ordinance 4.279, of December 30, 2010, as a way of organizing health services in SUS (SECRETARIA MUNICIPAL DA SAÚDE, 2017; 2018). The latter ordinance, establish PA's action in the medication logistical cycles, which are divided into selection, programming, acquisition, storage and distribution (BRASIL, 2015b).

Concerning PA's organizational processes, the São Paulo Municipal Health Secretariat instituted Pharmaceutical Care in the Primary Health Care and Specialty Network, through Ordinance 1918/2016, published in the Official Gazette of the City of São Paulo on October 27, 2016[9]. This latter ordinance integrates the clinical actions of the pharmaceutical professional within the multidisciplinary team to improve the individual and collective therapy by promoting the rational use of medicines by prescribers, health teams and the community, including health education and pharmacovigilance actions (SECRETARIA MUNICIPAL DE SAÚDE DE SÃO PAULO – SMSSP, 2016).

Pharmaceutical Consultation (PC) is one fundamental resource for the development of pharmaceutical care (SMSSP, 2016). Multidisciplinary health team detects patient with problem of adherent to medication therapy and referred them to PC. Figure 1 shows the chat of the pharmaceutical care SUS' Primary Health Care (BRASIL, 2014a).

Ordinance No. 1,918/2016 (SMSSP, 2016) highlights four stages in PC, the first being pharmaceutical anamnesis, investigation of the drugs used and analysis of the patient's clinical history. The second stage, the identification of problems related to pharmacotherapy. After identifying the problems related to pharmacotherapy, adverse reaction to medications and the reasons for the lack of adherence, the care plan, and pharmaceutical interventions are elaborated according to the patient's need and shared with the multidisciplinary team (SECRETARIA MUNICIPAL DE SAÚDE DE SÃO PAULO, 2016).

Figure 1 – Flowchart of patient inclusion in Pharmaceutical Care.



Source: Adapted from Notebooks 1: Pharmaceutical Services in Primary Health Care - Ministry of Health 2014 (BERMUDEZ et al., 2018).

Regarding the methodology of pharmacotherapeutic follow-up, the Ordinance (SMSSP, 2016) does not define a specific method, normally the methodology is selected according to academic background of the pharmacist and local specificities of the health units (SMSSP, 2016). Some methods used are the Minnesota's Method (STRAND;

CIPOLLE; MORLEY, 1988) and the Dader's Method (HERNÁNDES; DÁDER; CASTRO, 2009).

After the normatization of the Ordinance 1918/2016 (SMSSP, 2016), Pharmaceutical professionals can register each outcomes from the PC process in the Integrated Management System for Health Care (SIGA). The system to manage resources and services of São Paulo's UHS that possibility the pharmacist to follow the timeline of the patient. Concerning the patient, health professionals have to diagnosis of the territory and the community where they will act, in a way to enhance their capacity to guide patients with chronic non-communicable disease as well as in diseases of communicable diseases that are monitored by the Family Health Strategy.

In this sense, the objectives of this research were to evaluate the perception of pharmacists about Pharmaceutical Care after its implementation in accordance with Ordinance No. 1,918/2016 (SMSSP, 2016).

METHODOLOGY

Data collection: The present study is exploratory study approved by the Ethics and Research Committee (CEP), CAE 77408717.5.0000.0081 and receipt of the authorization letter from the institutions involved. The perception of pharmacists regarding Pharmaceutical Care was assessed using an electronic questionnaire with Google Forms platform. The questionnaire, with open and closed questions, was applied in two moments, one prior and the other one year after the implementation of Ordinance No. 1,918/2016 (SMSSP, 2016) on Pharmaceutical Care. Electronic address allowed pharmacists to fill it out and the answers were immediately available on the researcher's Google Forms page.

Local of data collection: Of the total of 38 Health Units included in the study, there were 36 Basic Health Units with the Family Health Strategy modality and 2 Specialties Ambulatory. Both are located in the regions of Capela do Socorro and Parelheiros, belonging to the Regional Health Coordination South, in the municipality of São Paulo and managed by the Family Social Health Association.

RESULTS

Pharmaceutical professionals, which voluntarily participated of the present study, have in average 32 years old (minimum 26 and maximum 44 years), 55.26% were female, with 2 to 10 years after academic training, the vast majority (94.74%) are graduated in Private Colleges and 45.16% have done a post-graduation in Clinical Pharmacy.

Pharmacists were asked about the most frequently used interventions before and after the implementation of pharmaceutical care. According to Ordinance No. 1,918/2016 (SMSSP, 2016), pharmaceutical interventions are classified as shown in Table 1. In general, pharmaceutical interventions was greater applied after the implementation of the Ordinance (Table 1). One of most used intervention was counseling to patients and caregivers concerning the general health conditions, the storage of medicines, specific drug treatment for their disease, treatments in general that relate the disease, non- pharmacological measures such as guidance on diet care and physical activities.

Table 1 – Pharmacists' perception of the main interventions used.

Interventions according to the Ordinance No. 1,918 / 2016 (SMSSP, 2016)	**Before**	**After**	**Diference**
General health conditions	38	72	34
Counseling the patient or caregiver of specific health condition	38	69	31
Specific treatment	63	88	25
General treatment	59	81	22
Non-pharmacological measures	56	75	19
Access to medicines	66	84	18
Storage of medicines	75	91	16
Self monitoring	47	63	16

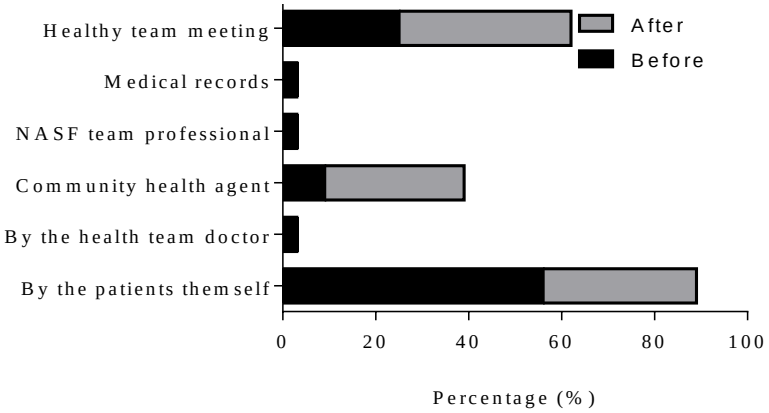
Percentage of pharmacist that informed the usage of each intervention before and after the implementation of the Ordinance No. 1,918 / 2016[9]. Difference of the percentage of after and before answers. Data are shown in percentage (%)

Pharmacists can obtain information on improvements related to interventions applied during PC from several sources, such as medical records and feedback, which includes opinions provided by the patient or health team. With the normalization of Ordinance No. 1,918 / 2016 (SMSSP, 2016), there was a change in the profile of feedbacks by increasing returns during the team meeting (from 25% to 37%) and by the Community Health Agent (from 9% to 30%). On the other hand, there was a reduction in the

return made by the patient himself (from 56% to 33%), by medical records, by Family Health Support Center team professionals and by doctors (3% to 0%).

The professionals were asked about their perception, before and after the standardization, regarding the orientation to patients, their reception and their participation in the health team. There was no change in the percentages of responses before or after the regulation of the Ordinance (Figure 2), where most pharmaceutical professionals realized that users do not understand the guidelines given (78%), but have confidence in the pharmaceutical guidelines (78%), they feel safe to discuss cases with the multidisciplinary team (68.8%). There was a small reduction in the perception of pharmacists after the regulation of the Ordinance concerning the ability to intervene (62.5% to 54.8%), to be responsible for obtaining good results (56.3% to 54.8%) in use of medicines by a user and perception of feeling as a team (53.1% to 46.9%).

Figure 2 – Profile of feedback regarding patients' improvement in adherence to drug treatment. Data shows the percentage of the answers gave by the pharmaceutical professional before and after the implementation of Ordinance No. 1,918 / 2016 (SMSSP, 2016).



Concerning the feeling of the pharmacist regards their participation in the health team and patients' orientation and reception there were no difference before or after the implantation of the ordinance (Table 2). They feel that patients understand (78%) and trust the guidance gave by themselves (78%), as well as their capacity to intervene (62%) in the lack of medication adherence by the patients. However, less pharmacist (56.3%) feel responsible for the outcome of patients' improvement to medication therapy.

Table 2 – Perception of pharmacists, before and after the regulation of Ordinance 1918/2016 (SMSSP, 2016) concerning of their felling to participate in the health team and patients' orientation and reception.

Questions addressed in the questionnaire	**Before**			**After**			**Total**
	Yes	**Almost**	**No**	**Yes**	**Almost**	**No**	**(%)**
Patients' understanding the guidance given	78,1	0	21,9	78	0	21,9	100
Trust of patient on the guidance	78,1	0	21,9	78	0	21,9	100
Capacity to intervene	62,5	6,3	31,3	55	6,5	38,7	100
Responsability for good outcome	56,3	3,1	40,6	55	6,5	38,7	100
Autoconfience to discuss with multidisciplinary team	68,8	3,1	28,1	69	9,1	21,9	100
Feeling as part of the multidisciplinary team	53,1	9,4	37,5	47	6,3	46,8	100

After standardizing the ordinance, pharmacists indicated (Table 3) that there is a good receptivity by the population regarding Pharmaceutical Care (96.88%). When asked how they feel about the multidisciplinary health team, only part of the professionals (53.1%) feel integrated with the other professionals (Table 2), despite claiming (81.25%) that there was a greater insertion in the team after the regulation of the Ordinance (Table 3).

Table 3 - Perception of the pharmacist after the regulation of Ordinance No. 1,918 / 2016 (SMSSP, 2016) concerning infrastructure, knowledge and reception by patient and health teams

Questions addressed in the questionnaire	Yes (%)	No (%)	Total (%)
Need for infrastructure and professionals	100	0	100
Need for specialization or updating	96,88	3,13	100
Good receptivity by the population	96,88	3,13	100
Changing in the postures of the pharmacist	87,5	12,5	100
Their insertion in the health teams	81,25	18,8	100

Part of the pharmaceutical professionals perceive a greater need for specialization and updating of knowledge in Pharmaceutical Care (96.88% - Table 3) and that there was a change in posture as a professional (87.50%). The behavioral changes of health professionals and users are made in the management of health conditions, through powerful processes of permanent education with health professionals.

Finally, all pharmaceutical professionals (100%) report the need for better infrastructure and an adequate number of human resources in the pharmacy (Table 3) for a good development of Pharmaceutical Care. There is a concern with the use of adequate spaces to carry out pharmaceutical consultations, as they guarantee greater quality in this process. Most consultations were carried out during home visits (97.2%), due to factors that still need to be improved in health units, such as the organization of a schedule of pharmaceutical consultations in medical offices that are only available when they are on a home visit. The health team and the NASF team are responsible for the monthly planning of the activities of the multidisciplinary team and the agendas of pharmaceutical consultations.

DISCUSSION

After the implementation of Ordinance No. 1,918/2016 (SMSSP, 2016) in the basic units, pharmacists started to carry out visits jointly with community health agents. It is noteworthy that, prior to the implementation of this Ordinance, pharmacists carry out home visits with consultations, but in a way unrelated to their participation in team meetings and without quantifying data on the production of activities with the SIGA system

The reduction of information given by patients and the increase in returns by the unit's health team may indicate that health units are gradually opening up to the pharmaceutical professional to participate in technical and team meetings, which were previously restricted to routines the pharmacy sector, managing the Pharmacy Technicians team and dispensing medicines. The process meets the theme of organizing the agenda and more effective participation of this health professional, described in the Ordinance. The results of the research are similar to the data on the implementation of the pharmaceutical care service in primary health care in the city of Curitiba, in which 55.6% of the comments on improvement and indication of patients for pharmacotherapeutic follow-up come from the multidisciplinary team (BRASIL, 2014c).

The Ordinance allows the pharmacist to choose the method of pharmacotherapeutic accompaniment to be used, which may be the Minnesota Method or the Dáder Method. There is a need to build a mixed method between Dáder and Minnesota, with the inclusion of specificities that suit the characteristics of Primary Health Care and Specialized Care or the creation of a new method covering the specificities of SUS. The standardization of a single method of pharmacotherapeutic monitoring would favor the correlation of data for the evaluation of Pharmaceutical Care, either at the regional level by the managers of the Health Organizations, or at the Municipal level by the SMSSP, in future research, qualitative and quantitative analyzes.

Regarding the perception of patients' lack of understanding of the guidelines given, we must correlate the result with communication problems between health professionals and patients. Thus, the time of academic training of these professionals (2 to 10 years) can have a direct relationship with the result. It is worth mentioning that a decade ago; the teaching methodologies in Brazil used to develop pharmaceutical communication were being developed and were not the focus of the pharmacist's performance in the Clinical Pharmacy. Good communication is essential in the pharmacist-patient interaction for the constant progress of the suggested interventions (SOUSA; BASTOS, 2016).

There are advantages and disadvantages to the consultation at the health unit. The advantages of consultations in the health unit are greater patient privacy to report problems, the possibility of collecting data on physiological parameters, such as measurement of blood pressure and blood glucose before PC by the nursing team, anthropometric measures (height, weight, BMI and waist circumference), using the equipment available at the service and the possibility of shared consultations with professionals from the NASF team who are working in the health unit.

The disadvantages of PC performed in the office are the lack of looking and perception about other factors that determine the continuity or discontinuity of treatment and that only consultation at home can offer, such as behavioral factors such as perception and ways of coping with adversity, as

external factors, life problems, family problems, place of residence and social coexistence.

It is worth mentioning that research on pharmaceutical perception shows results in which the concern with baseline axes such as infrastructure, Human Resources and the search for training on the subject of clinical pharmacy, it is understood that these points must be observed and tangible to it. The need for training in the practice of Pharmaceutical Care, lack of working conditions and can be seen in the speeches of professionals in other works (BRASIL, 2014ba; BRASIL, 2014c; SOUSA; BASTOS, 2016).

CONCLUSION

The perception of pharmacists regarding the new clinical practice, previously framed by an administrative profile, nowadays based on the improvement of the health conditions of SUS users. It was point out the need of technical support for the multidisciplinary team, needs continuous updating and learning to carry out with clinical practice. The results of the present research demonstrated the need the improvement in some specific points such as updating of the pharmacist's academic knowledge, adequate number of human resources and guarantee of participation in the spaces sharing of technical knowledge (technical meetings and team meetings) in health units.

In general, it was observed that pharmaceutical communication should be improved, because according to the perception of pharmacists, part of the users (25%) do not understand the guidelines given but have confidence in the guidelines given during PC. It is suggested that there is a need to conduct more in-depth and self-critical reflection to correlate this lack of understanding by users with the communication model used by these professionals during PC.

Finally, for an effective performance of the pharmacist in Primary Health Care and Specialized Care, he must develop and work his insertion in the health teams, as it already happens with the other professionals in the other areas, avoiding working in a fragmented and isolated.

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