



Original Research

Evaluating the implementation fidelity of New Medicines Service for asthma patients in community pharmacies in Belgium

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Abstract

Background: In October 2013, a New Medicines Service (NMS) was introduced in community pharmacies in Belgium to support asthma patients who are novice users of inhaler devices with corticosteroids. The protocol-based intervention used the Asthma Control Test (ACT) and the Medication Adherence Report Scale (MARS) to assess asthma control and medication adherence. The NMS is the first initiative that puts advanced pharmaceutical care into practice in Belgium. The present study evaluated the degree to which the NMS program is delivered as intended, drawing on the concept of implementation fidelity (IF).

Methods: The main dimensions of IF and potential moderating and facilitating factors for the implementation of NMS in community pharmacies were evaluated using telephone interviews with pharmacists ($n = 497$), semi-structured interviews with patients eligible for NMS ($n = 30$), focus groups

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among general practitioners ($n = 72$) and lung specialists ($n = 5$), and a work system analysis in community pharmacies ($n = 19$).

Results: The uptake of NMS in Belgian community pharmacies remains low. In addition to practical barriers, pharmacists found it difficult to identify new asthmatic patients when they were not informed about the diagnosis. A lack of commitment from physicians, patients and pharmacists was noted in the early start-up phase of the program. Many pharmacists did not see how NMS differed from existing pharmaceutical care. Physicians considered this service as part of their own tasks and discouraged ACT for asthma follow-up in the community pharmacy.

Conclusions: The introduction of the NMS program was not sufficiently embedded in the Belgian health care organization, causing low uptake and resistance to its implementation by pharmacists, patients, and other health care professionals. To increase the uptake of this type of service and its possible extension to other patient groups, more collaboration among the different health care professionals during design and implementation is necessary, as well as systematic data collection to monitor the quality of the service, better training of pharmacists, and more information for patients and physicians.

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Introduction

Asthma is a chronic airway condition that affects approximately 300 million people worldwide. It causes a substantial health burden, ranking as the 15th leading cause of disability according to the Global Burden of Disease 2013 study.¹ Inadequate control of asthma symptoms is a serious problem,² despite the availability of effective medication and dissemination of global asthma management guidelines.³ Correct inhaler technique and proper medication adherence are critical determinants of the success of asthma management.⁴ However, several studies have shown that inhalation technique errors are common and that adherence to chronic asthma medication is generally poor.^{5,6} Community pharmacists can play an important role in improving asthma management, by providing education on appropriate use of asthma medication. There is evidence that community pharmacy based interventions can substantially improve inhalation technique, medication adherence and asthma control.^{7–10}

In October 2013, a new community pharmacy asthma service was introduced in Belgium. The service is a form of New Medicines Service (NMS), which was recently introduced in the UK, with the aim to improve adherence to newly prescribed medication.^{11,12} The Belgian NMS is a protocol-based intervention for asthma patients who are novice users of inhaled corticosteroids (ICS), meaning first use in the past 12 months. The number of eligible patients is estimated at 145,000. The aim of this NMS is to optimize the inhalation

technique and to improve therapeutic adherence. The protocol for this NMS contains the Asthma Control Test (ACT) and the Medication Adherence Report Scale (MARS) as tools to assess asthma control and medication adherence.^{13,14} After informed consent from the patient, two counseling moments are planned per individual patient. Pharmacists receive a fixed fee of 20 euros for every NMS session (maximum two per patient per year, i.e., one assessment and one follow-up). The protocol states that the pharmacist should select the eligible patients first, in case of: newly prescribed ICS, patient with asthma, and use of emergency medication. The first counseling moment (assessment) should take place at a moment separate from dispensing the medication (one to seven days the first dispensing) and the second counseling moment (follow-up) two to six weeks after the assessment (Fig. 1). The implementation of NMS was facilitated by providing a protocol and an online software tool to guide the pharmacists through that protocol. This is the first time Belgian community pharmacists received a fee for a pharmaceutical care service that is provided separately from medication dispensing.

The NMS is an example of cognitive pharmaceutical services (CPS). CPS can be defined as “*professional services provided by pharmacists, who use their skills and knowledge to take an active role in contributing to patient health, through effective interaction with both patients and other health professionals.*”¹⁵ In the UK, NMS is classified as an Advanced Service in community pharmacy: “*The underlying purpose of a New Medicine Service is*

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