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Developing a national medicines information strategy in Finland—A stakeholders' perspective on the strengths, challenges and opportunities in medicines information

Katri Hämeen-Anttila[a,*], Suvi Luhtanen[b], Marja Airaksinen[b], Marika Pohjanoksa-Mäntylä[b]

[a] Finnish Medicines Agency, P.O. Box 55, 00301 Helsinki, Finland
[b] Division of Social Pharmacy, Faculty of Pharmacy, University of Helsinki, Finland

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ABSTRACT

Purpose and setting: The Finnish Medicines Agency was mandated to develop a national medicines information strategy. The objectives of this study were to assess stakeholders' views on strengths, challenges and opportunities in medicines information for the basis of the strategy.
Methods: Interviews among stakeholder representatives ($n = 28$) from patient organizations, universities, pharmacies, and professional associations in medicine, pharmacy and nursing were conducted in 2011. Interview memos were thematically content-analysed. The draft strategy was finalized through two public hearings and a public consultation.
Results: Stakeholders highlighted the need to increase cooperation and coordination in medicines information. The existence of numerous quality- and evidence-based medicines information sources was identified as a strength; although the stakeholders were concerned about the fragmented and unequal access to them. The strengthening of the role of health care professionals in communicating about medicines was seen as an opportunity, but its realization requires improvements in basic and continuing education. Furthermore, the stakeholders emphasized the importance of uniform medicines information regardless of source.
Conclusions: Stakeholders identified multiple strengths, challenges and opportunities in medicines information that were fundamental to developing the national medicines information strategy. An inventory of stakeholder perspectives can be recommended as a tool to support decision-making in pharmaceutical policy.

1. Introduction

The need to improve accessibility and quality of medicines information has been widely recognized, also within the European Union. The European Union has taken a variety of initiatives since the need was recognized by the High Level Group of Innovation and the Provision of Medicines (G10) in 2002 [1] (Appendix 1). The G10 Group emphasized the need to implement a workable distinction between advertising and balanced medicines information. The recommendations also called for cooperation and joint projects between public and private stakeholders (e.g. public–private partnership, PPP) to ensure that consumers will have improved access to quality information on their medicines.

To initiate the implementation of the recommendations by the G10, the European Commission established the High Level Pharmaceutical Forum in 2005, with one of the three

* Corresponding author. Tel.: +358 50 577 3075.
E-mail addresses: katri.hameen-anttila@fimea.fi (K. Hämeen-Anttila), suvi.nummi@helsinki.fi (S. Luhtanen), marja.airaksinen@helsinki.fi (M. Airaksinen), marika.pohjanoksa@helsinki.fi (M. Pohjanoksa-Mäntylä).

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working groups focusing on Information to Patients. The final conclusions and recommendations, published in 2008, highlighted that, in addition to investing in quality and accessible medicines information to consumers, the European Union member states have a fundamental role and responsibility in developing formal strategies for improving this information at both national and European level [2–4].

Some EU countries either have or are currently developing national strategies for medicines information, although the scopes of these strategies vary [5,6]. In Finland, medicines information to consumers has been a public health issue since the 1970s, leading to the first legislative changes in 1983 and the development of the first electronic medicines information databases in the mid-1980s [7,8]. The first guidelines for health care professionals on coordinated consumer medicines information were set in 1986. Finland joined the European Union in 1994, which led to the implementation of summaries of product characteristics and package leaflets as statutory medicines information. The strategic development of medicines information practices has been research-driven, with special emphasis on patients' and medicine users' needs for reliable information to assure safe and rational medicine use [9–13].

Although there have been improvements in availability and access to medicines information sources and services in Finland, medicines information was prioritized as a key strategic development area by the Ministry of Social Affairs and Health in 2011 when establishing the Medicines Policy 2020 [14]. The argument for this was the fact that consumer needs for reliable and objective medicines information are not always met. There is also a need for better promotion of professional medicines information sources and services and application of new information technology, as well as clarification of the roles of different stakeholders through improved cooperation and coordination. To meet the strategic goals set, the Ministry of Social Affairs and Health mandated the Finnish Medicines Agency (Fimea) to establish a long-term medicines information strategy that took into account the existing information providers and evidence on current medicines information practices [15]. Fimea operates under the ministry and is responsible for compiling, evaluating and disseminating information on medicines to the public and social and health care professionals [16]. It is also responsible for long-term planning and coordination of medicines information activities in Finland. The objective of this study was to assess stakeholders' perspectives on strengths, challenges and opportunities in medicines information in Finland to provide information on the development of the strategy.

2. Materials and methods

This study was conducted to develop the first medicines information strategy in Finland. Although the process was practically driven, scientific methods were applied. Qualitative methods were used to grasp multiple perspectives and views of stakeholders. Focused individual interviews ($n = 9$) and group discussions (FGD) ($n = 19$) among key stakeholders were conducted in 2011 (Fig. 1). The following categories of stakeholders were covered:

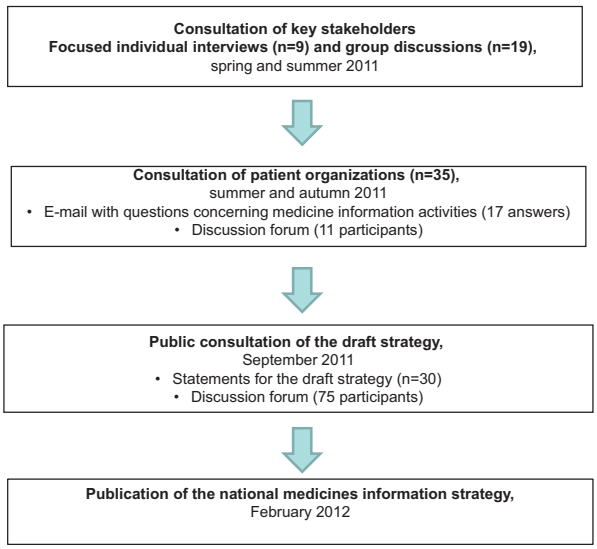

Fig. 1. Process of compiling the medicines information strategy for Finland.

public administrations (number of organizations = 2), professional organizations and scientific societies ($n = 7$), organizations representing the pharmaceutical industry ($n = 3$), university pharmacies ($n = 2$), universities, polytechnics, vocational institutions and continuing education units ($n = 10$), and hospital pharmacies and dispensaries ($n = 4$). Patient associations and organizations were approached differently (described below). Each stakeholder was allowed to decide the number of informants from its organization that would attend the interviews, leading to an individual or a group discussion.

The stakeholders for the interviews were primarily chosen by Fimea, but it also asked the invited stakeholders which other stakeholders should be involved in the interviews. The selection criterion was that the stakeholder should have an explicit role in medicines information in Finland (e.g. as a producer or distributor of medicines information). For some stakeholders, a representative of the entire sector needed to be chosen for, e.g. hospital pharmacies and community pharmacies. In these cases, representatives from different types of units were invited to the interviews (e.g. from large hospital pharmacies in the biggest hospitals in Finland, from a small dispensary in a local hospital and from units active in developing their medicines information practices). This yielded a convenient but inclusive sample of stakeholders.

The interviews and FGDs included four themes: (1) work done in the organization for medicines information, (2) good practices in medicines information as known by the organization (including own organization's as well as other organizations' good practices), (3) challenges and shortages in producing and distributing medicines information, and (4) expectations for the medicines information strategy. These themes were based on the Government proposal on Fimea's tasks and role [15]. All interviews and discussions were facilitated by the same moderator (KH-A). The number of participants in the interviews and FGDs varied from 1 to 10, with a total of 9 in the individual interviews and 89