



Editorial

[Translated article] Hospital pharmacy in the post-COVID era: A pending transformation



La Farmacia Hospitalaria en la era post-COVID: una transformación pendiente

If we look back and recall the state of Hospital Pharmacy “*before COVID*”, it is clear that, overall, our profession faced two major challenges. Firstly, there is the challenge of maintaining the needed balance between ensuring patient access to therapeutic innovations and, at the same time, guaranteeing the sustainability of the healthcare system. Meeting this challenge contributes to managing the enormous uncertainty involved in making decisions on the approval and funding of drugs and their therapeutic positioning.¹ Secondly, there is the challenge of responding to the ever-growing demand for care, especially in areas such as outpatient and external care, while developing a model of specialized pharmaceutical care that can provide value within a comprehensive interdisciplinary care model and is focused on the patients' needs.²

The COVID pandemic burst into our lives, bringing us face to face with real uncertainty. Regulatory agencies adapted and made their procedures more flexible in order to rapidly analyze the scientific evidence and to be able to offer therapeutic alternatives for a previously unknown disease. In hospitals, we quickly reorganized, redesigned, and simplified circuits, and adapted to sharing space and resources. Hospital pharmacists responded to the new needs with new activities, such as home dispensing or telepharmacy, thus overcoming the organizational, legal, and cultural barriers that typically slow us down. We achieved much-desired visibility, positioning ourselves as key professionals in the analysis of scientific evidence and in therapeutic decision-making, particularly at times of extreme uncertainty. We all share leadership and responsibility with other clinical services and we all align ourselves with the same purpose: to save lives.³

In the post-COVID era, we have seen that the health, social, and economic crisis caused by the pandemic has left deep marks, not only on the healthcare system but on society as a whole. The crisis has left our profession facing a different scenario that challenges certain principles that we believed to be unchangeable.

As hospital pharmacists, we thought that we were used to making decisions in settings of high uncertainty. In fact, one of the greatest lessons provided by the pandemic has been the opportunity to “resize uncertainty”. Nevertheless, we should not lose sight of the fact that the drug regulatory procedures within the Spanish healthcare system—even assuming that it is not always possible to wait for absolute certainty in order to make decisions—guarantee with reasonable certainty

the quality, efficacy, and safety of the drugs that enter the market based on the available scientific evidence. Despite this situation, we persist in using a model of successive evaluations and re-evaluations, at different levels but based on the same scientific evidence, that definitely leads to a false sense of control, but does not address in depth the complexity involved in such decision-making.

As a profession and as a society, we have to assume that decision making in the management of therapeutic innovation is based on a “balance of probabilities”, involving not only the classic factors—scientific evidence and budgets—but also many others that act as “catalysts”, such as the rate of innovation, competition, social pressure, or social values and preferences. In this setting, managing innovation requires the recognition of the different factors involved and the relevance of each of them. Thus, we have to look beyond the evaluation of scientific evidence to address, in particular, the explicit definition of the deliberative process that leads to decision-making, particularly in regard to funding drugs and their therapeutic positioning.

Moreover, in a model in which the regulator is different from the payer and, in turn, different from the healthcare professionals and the patients, it is ever more pressing to capture the knowledge acquired by the professionals in the management of drugs in clinical practice as well as the patients' experience, in order to integrate both in a more dynamic, participatory, and transparent process that can respond to the enormous complexity involved in the management of therapeutic innovation.

In addition, there is widespread recognition of the need to renew the Spanish National Health System in order to move toward 5P Medicine, and the need to transform healthcare processes to provide not only products but also services,⁴ placing the emphasis, perhaps to excess, on digitalization as a lever to transform the system.⁵ This change of focus means that we, as a professional collective, have to rethink some questions.

More than ever, the “core” of our profession, drug dispensing, is being completely redefined. Nevertheless, do we consider that the clinical activity implicit in dispensing is sufficiently recognized? Do we want to be drug providers or pharmaceutical care providers? Are we willing to review, even from a regulatory point of view, the concept of dispensing, and should we differentiate it from the “informed dispensing” of drugs?

Assuming that the boundaries of our services can no longer be the hospital walls, and that it is appropriate to bring these services closer to patients, should we do so at any cost? And does this approach

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respond to the needs (real, objective) of patients, or rather to expectations (desires, subjective) sometimes generated by the care setting or even social context? Above all, are we willing to delegate our own responsibilities and competencies to other professionals, both inside and outside the hospital pharmacy service?

Recognizing the opportunity that telepharmacy represents, do we see it as a solution to improve health outcomes or the experience of certain patients, or do we see it as a way to “desaturate” the Outpatient Departments of our pharmacy services that have been absorbing the continuing increase in the number of patients for years without having managed to adapt the resources needed to offer quality pharmaceutical care?

The new challenges facing our profession can only be successfully addressed by relying on the main factor: people. The pandemic made us realize the power of sharing in the sense of sharing a purpose rather than just a goal. However, it is undeniable that the pandemic not only had an immediate effect on all of us, both professionally and personally, but has also affected our perceptions of these aspects over the medium and long term.⁶ A new “work ecosystem” is emerging in response to these effects, social changes, and the changes in learning, relationship, and communication models that have been taking shape in recent years and at an ever-increasing rate.

This new “work ecosystem” suggests that the established leadership model, which focused on enhancing the specific capabilities of each professional as well as team motivation, must evolve toward a mentoring model in which people are inspired and guided to develop professionally and personally through questions rather than answers.⁷ Caring for people, and not just the team, must become a priority in our pharmacy services in order to try to align their individual needs and expectations with our goals of achieving excellence in patient care.

Finally, it is worth considering that the transformation of care processes is occurring at such a rate that we run the risk of not being able to assess and anticipate its consequences. However, the COVID pandemic, which undoubtedly drove many of these changes, and particularly the adoption of digital health as a new paradigm for the care model, has offered us the privilege of being able to “see the future”. Thus, we have had the opportunity to assess how these changes may affect our profession and have become aware of the need to establish

a new strategic framework that will allow us to address the present and future of Hospital Pharmacy.

It is in our hands to take advantage of this opportunity to encourage shared reflections that will prepare us to address this future and make us protagonists, and not just spectators, of the transformation of our profession, in order to “emerge stronger” and continue to provide patients with value.

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