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Consensus document

Telematic interview in telepharmacy: consensus document for pharmacotherapeutic monitoring and informed drug delivery

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A B S T R A C T

Telepharmacy is defined as the practice of remote pharmaceutical care, using information and communication technologies. Given its growing importance in outpatient pharmaceutical care, the Spanish Society of Hospital Pharmacy developed a consensus document, "Guía de entrevista telemática en atención farmacéutica," as part of its strategy for the development and expansion of telepharmacy, with key recommendations for effective pharmacotherapeutic monitoring and informed dispensing and delivery of medications through telematic interviews.

The document was developed by a working group of hospital pharmacists with experience in the field. It highlights the benefits of telematic interviewing for patients, hospital pharmacy professionals, and the healthcare system as a whole, reviews the various tools for conducting telematic interviews, and provides recommendations for each phase of the interview. These recommendations cover aspects such as tool/platform selection, patient selection, obtaining authorization and consent, assessing technological skills, defining objectives and structure, scheduling appointments, reviewing medical records, and ensuring humane treatment.

Telematic interview is a valuable complement to face-to-face consultations but its novelty requires a strategic and formal framework that this consensus document aims to cover. The use of appropriate communication tools and compliance with recommended procedures ensure patient safety and satisfaction. By implementing telematic interviews, healthcare institutions can improve patient care, optimize the use of resources and promote continuity of care.

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Entrevista telemática en telefarmacia: documento de consenso para el seguimiento farmacoterapéutico y la entrega informada de medicamentos

R E S U M E N

La telefarmacia se define como la práctica de la atención farmacéutica a distancia, utilizando las tecnologías de la información y la comunicación. Dada su creciente importancia en la atención farmacéutica ambulatoria, la Sociedad Española de Farmacia Hospitalaria elaboró el documento de consenso "Guía de entrevista telemática en atención farmacéutica" como parte de su estrategia para el desarrollo y expansión de la telefarmacia, con recomendaciones clave para llevar a cabo un seguimiento farmacoterapéutico eficaz y una dispensación y entrega informada de medicamentos a través de entrevistas telemáticas.

Palabras clave:

Consulta Remota

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El documento fue elaborado por un grupo de trabajo de farmacéuticos de hospital con experiencia en el campo. Destaca los beneficios de la entrevista telemática para los pacientes, profesionales de la farmacia hospitalaria y el sistema sanitario en su conjunto, se revisan las diversas herramientas para realizar entrevistas telemáticas y ofrece recomendaciones para cada fase de la entrevista telemática. Estas recomendaciones cubren aspectos como la selección de la herramienta/plataforma, la selección del paciente, la obtención de la autorización y el consentimiento, la evaluación de las habilidades tecnológicas, la definición de los objetivos y la estructura, la programación de las citas, la revisión de la historia clínica y la garantía de un trato humano.

La entrevista telemática es un valioso complemento de las consultas presenciales pero su novedad requiere de un marco estratégico y formal que este documento de consenso pretende cubrir. El uso de herramientas de comunicación adecuadas y el cumplimiento de los procedimientos recomendados garantizan la seguridad y la satisfacción del paciente. Mediante la implementación de entrevistas telemáticas, las instituciones sanitarias pueden mejorar la atención al paciente, optimizar la utilización de recursos y promover una continuidad asistencial.

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Introduction

Telepharmacy, as defined by the Spanish Society of Hospital Pharmacy, refers to “remote pharmacy practice using information and communication technologies.” It encompasses 4 primary areas of application in outpatient pharmaceutical care: pharmacotherapeutic monitoring, patient information, coordination within multidisciplinary care teams, and informed drug delivery.¹

As part of the strategy for the development and expansion of telepharmacy in Spain, initiated by the Spanish Society of Hospital Pharmacy, a consensus document titled “Telematic interview guide in pharmaceutical care”² was developed. The purpose of this document is to provide guidance on key recommendations for adequate pharmacotherapeutic follow-up and informed drug delivery, with the support of telematic interviews.

The document was created by a working group of hospital pharmacists from various centers across the country, with expertise in the development and implementation of telepharmacy. This group participated in the validation of the document, utilizing a methodology based on the analysis and review of literature, semi-structured interviews, and workshops. The document was developed between May and October 2021.

The telematic interview in telepharmacy

Telematic interview utilizes Information and Communication Technologies (ICT) for non-face-to-face patient interviews, complementing traditional face-to-face interactions while ensuring the same quality of care.¹

In Spain, telematic interviewing has been promoted in recent years as a tool of the Hospital Pharmacy Service (HPS), although it was used in isolated cases or as part of pilot projects before the COVID-19 pandemic.¹

The COVID-19 pandemic led to a number of changes in the HPS. One of the most important, derived from the need to reduce face-to-face care in outpatient consultations, was the implementation of remote drug delivery programs. As a result, the incorporation of the telematic interview as a tool of the HPS is becoming a reality in pharmaceutical care.^{3–5}

In this context, the telematic interview, in line with the strategic positioning of the Spanish Society of Hospital Pharmacy in Telepharmacy, is framed as a key tool in 2 areas of application of telepharmacy, pharmacotherapeutic monitoring, and informed drug delivery,¹ its main objectives adequate revision of pharmacotherapeutic objectives and to provide logistical support for informed drug delivery.

Benefits of telematic interviewing

After reviewing the literature and based on the reflections and experiences of the experts, the main benefits that the telematic interview

model can bring to patients, hospital pharmacy professionals, and the healthcare system are the following^{1,6–10}:

Patients and/or family members:

- Reduced travel times, less time, and resources consumption.
- Easier access to healthcare professionals and improved communication.
- Improved clinical outcomes, especially in polymedicated patients.
- Reduced chronic patient's dependence on the healthcare center.
- Flexibility in the relationship with the healthcare center.
- Family and work reconciliation and increased patient satisfaction.

Hospital pharmacy professionals:

- Optimization of pharmacotherapeutic decision-making.
- Increase the added value offered by the hospital pharmacist, in aspects such as adherence monitoring, detection of side effects, or medication review.
- Increased visibility of hospital pharmacy activity.

Health System:

- Patient-centered care model.
- Internal optimization of resource management and workload.
- Increased flow of information and communication between health-system agents.
- Promotes continuity of care.

Tools for conducting the telematic interview

Different ICT-based tools can be used to carry out the telematic interview.¹¹

The most used communication tools for telematic interviewing are synchronous tools (e.g., telephone, video call, chat), as they allow 2-way and real-time communication between patient and healthcare professional.¹

Currently, the most used tool for telematic interviewing is the telephone. However, there is a growing interest in the use of video-call systems, which are used less frequently due to a lack of access to secure platforms and internet access, as well as the lack of technological skills for the use of these technologies by some patients or by some of the professionals themselves (digital gap).^{5–9}

The use of these synchronous tools can also be supported by asynchronous tools (e.g., e-mail, SMS, web consultation), which allow a form of communication deferred in time, useful for scheduling appointments, sending reminders, or solving doubts between consultations.^{1,11}

In addition to communication tools, other tools used are the Electronic Health Record in which communication tools are integrated,

and other support tools (e.g., appointment schedule) to facilitate the scheduling of pharmaceutical care.

The choice of tools for telematic consultation is the responsibility of each HPS, according to the resources available at the center and the patients' and professionals' skills.⁵

How to conduct a telematic interview?

The following recommendations are a guide to the conduct of an appropriate telematic interview in the context of telepharmacy.

These recommendations have been defined based on the experience of the working group of hospital pharmacists mentioned above, as well as a literature review of the main telemedicine reference documents and guidelines.^{1,5-10}

The recommendations are organized following the 3 phases of the interview: before, during, and after.

BEFORE the telematic interview

• **Select tool/platform**

- o Choose the platform/tool for conducting the telematic interview (e.g., telephone, video-call platform).
- o For this choice, it is recommended to consider the available resources in the HPS and the patients' skills.

• **Selecting patients for the telematic interview program**

- o The inclusion of patients in a telepharmacy program with telematic interviews should not be limited to a pathology or a specific treatment. This selection should be based on a set of inclusion criteria, continuation, and/or prioritization, and an individual assessment by the responsible hospital pharmacist. In this regard, the Spanish Society of Hospital Pharmacy has developed and published a telepharmacy patient prioritization model, which aims to establish key recommendations and a reference prioritization model that can serve as a guide for hospital pharmacists in the identification and prioritization of candidates for inclusion in telepharmacy programs.¹¹
- o Patients who are selected should be informed about what to expect from the telepharmacy program, the possibility of refusing this model of care and opting for a face-to-face consultation-only model, and that this decision will not affect their pharmaceutical care.

• **Obtain authorization, informed consent, and contact information**

- o Identify the people who will take part in the interview. On one side, the healthcare professional and on the other side, the patient or a designated responsible person (e.g. family member, carer, nurse, etc.).
- o Obtain the authorization, informed consent, and contact details of the patient and/or the person designated as responsible for conducting the non-face-to-face consultations. It is recommended that this authorization is obtained verbally or through informed consent during a face-to-face consultation in which the objective, procedure, and purpose of the telematic interview are explained.
- o It is strongly recommended to record in the patient's medical record the authorization or informed consent of the patient or the person designated as responsible for conducting the telematic interview.

• **Check patient/caregiver skills and access to technological tools**

- o Ensure that both the HPS and the patient and/or nominated person have the necessary tools and skills to use technology and ensure the smooth conduct of the telematic interview (e.g., technological tools and skills, signal, or connectivity).
- o It is recommended that the hospital pharmacist makes an individual assessment of the abilities of patients and/or responsible persons (e.g., in an initial face-to-face consultation) and records the result in the patient's medical record.

• **Define the objectives and structure of the interview**

- o Define the objectives and structure of the telematic interview and its approximate duration. It is recommended to use standard tools (e.g., a checklist document) to collect the key points to be addressed and the information to be requested from the patient during the interview.

• **Inform patients about the objectives and structure of the interview**

- o Inform the patient and/or the designated person about the objectives and structure of the telematic interview, providing any necessary preliminary information, such as the reason for the interview, the duration, and structure of the interview, whether information should be prepared to be shared with the hospital pharmacist (measurement results, remaining medication, doubts, etc.), or any other recommendations to ensure that the interview is conducted properly.
- o Ensure that the information given to the patient and/or designated person is clear and simple to understand.

• **Schedule an appointment**

- o The telematic interview should be carried out in a scheduled manner. The appointment should be arranged with an adequate time in advance, specifying the date, time frame, means of communication, and specific instructions to facilitate the use of the telematic interview tool/platform (signal, access link, invitation e-mail, etc.).
- o It is recommended that the pharmacist or health professional who conducts the telematic interview is the same person who conducts the face-to-face care.
- o Include the consultation in the HPS citation agenda. It is recommended to implement a telepharmacy-only citation agenda, or at least to differentiate between telematic and face-to-face consultations.
- o Where possible, the use of asynchronous communication tools/platforms that allow for appointment confirmation and reminders (e.g., by phone, SMS, e-mail, etc.) is also recommended.

• **Review medical history and other relevant information**

- o It is very important to review the patient's medical record, as well as other relevant information, to prepare, and conduct the telematic interview (interactions, adherence, tolerance, therapeutic objectives, etc.).

DURING the telematic interview

• **Identify the patient and/or responsible person and introduce yourself**

- o It is strongly recommended that the patient and/or designated responsible person be identified at the beginning of the interview. It is recommended to have a simple system/mechanism to verify the patient's identity, e.g., based on a check of ID, date of birth, or address.
- o It is recommended that the health professional conducting the interview be introduced. The name, identification, and place of work should be given.
- o It is not advisable to reveal the reason for the interview before the patient and/or the person designated as responsible have been correctly identified.
- o It is not advisable to transmit information through communication systems that do not allow the correct identification of the subject (e.g., answering machines, voice messages).

• **Confirm proper functioning and a suitable environment for telematic communication**

- o Confirm access to the minimum infrastructure necessary to conduct the telematic interview (telephone, signal, videoconferencing

- system, medical record, etc.), both on the part of the HPS and on the part of the patient and/or the designated person.
- o Confirm that there is an adequate connection and/or signal for telematic communication, both on the part of the HPS and on the part of the patient and/or the patient's companion.
 - o Ensure that both parties are in a suitable environment, free from interruptions, distractions, and noise.
 - o Ensure that both parties are in an environment that guarantees confidentiality (e.g., an environment that ensures that the interview cannot be overheard by others outside the place where it is being conducted).
- **Pharmaceutical care provision**
 - o Provide pharmaceutical care based on the previously defined points. Pharmaceutical care via telematic interview should address the same aspects as the face-to-face consultation (therapeutic objectives, medication validation, review of the remaining medication to assess adherence, medication administration, adverse effects, etc.), and be adapted to the individual needs of each patient.
 - o Where pharmaceutical care is provided as part of an informed remote dispensing and delivery program, the pharmacist shall inform the patient of the conditions and timing of the dispatch and collection of the medication, including at least the date and place of delivery of the medication.
 - **Ensure humane treatment**
 - o Ensure humane treatment throughout the telematic interview (e.g., use empathic communication, confidentiality, and privacy, and build trust with patients).
 - o If the telematic interview is carried out by means of a videoconference, it is also advisable to pay attention to non-verbal communication and to present yourself in an appropriate professional environment and dress according to your professional category.
 - **Speak clearly and use simple language**
 - o Provide information clearly and concisely to facilitate understanding, speak slowly, allow time for questions, adhere strictly to ethical standards, and use simple and assertive language (e.g., non-technical language, short sentences, speed of speech, etc.).
 - o If the telematic interview is carried out through a videoconsultation, it is also advisable that the interview takes place in a well-lit environment and that the position of the professional guarantees that the patient can see him/her correctly (correct distance, centered position, gaze focused on the screen...). In addition, if necessary and if the tool/platform allows it, the hospital pharmacist can share the screen with the patient to show him/her graphs or monitoring data, test results, information leaflets, etc.
 - **Ensure understanding of the information**
 - o Ensure the patient's understanding by prompting for answers, allowing sufficient time for questions, etc.
 - o Summarize the main aspects of the interview, highlighting the key points and providing a final conclusion to facilitate the patient's understanding.
 - o It is advisable to provide written material or assistance in taking notes of the information given.
 - **Inform about the availability of other communication channels**
 - o Inform the patient of the communication channels available with the HPS for attention and resolution of doubts between consultations (e.g., e-mail, telephone, website, or other links of interest).

AFTER the telematic interview

- **Register interview information**
 - o Collect all information from the telematic interview in the patient's electronic medical record. For security and privacy reasons, it is

recommended that all patient-related information is stored only in the electronic medical record and not on devices (e.g., telephone, computer).

- o In addition to the information derived from the pharmaceutical care, it is recommended to record other relevant information, such as, for example, the communication tools used in the pharmaceutical care (e.g., telephone interview or videoconference) and failed attempts to contact the patient (e.g., if the patient did not pick up the phone, etc).

- **Schedule the next appointment**

- o Schedule the next appointment, which may be telematic or face-to-face, depending on the patient's needs and/or the pharmacist's criteria.
- o Inform the patient and/or responsible person of the next scheduled appointment.

- **Scheduling medication delivery (remote dispensing programs)**

- o Schedule the delivery of medication and inform the patient about the conditions of the medication, if the telematic interview is conducted as part of a remote medication dispensing program.

- **Inform the responsible physician**

- o If necessary, inform the responsible doctor of the patient's progress (e.g., by interconsultation).

Summary

The telematic interview is a complementary model to the face-to-face consultation. It has 2 main areas of application: pharmacotherapeutic follow-up, with the aim of reviewing pharmacotherapeutic objectives, and informed drug delivery, with the aim of providing logistical support for informed drug delivery.

In this context, it is recommended that HPS organize telematic interviews using synchronous tools for bidirectional patient-pharmacist communication (telephone, video call, chat) and other support tools (e.g. e-mail, SMS, video, web consultation, agendas, etc.).

The choice of tools or platforms will depend on the resources and skills of both the hospital pharmacist and the patients participating in the program. It is recommended that the hospital pharmacist makes an individual assessment of each patient's ability to use these tools.

The telematic interview should guarantee patient confidentiality and privacy in accordance with current regulations. It is recommended that the hospital pharmacist use secure tools for communication and recording of health data in the patient's medical record, obtain the patient's explicit consent to telematic care and, if responsibility for the interview is delegated to a family member or carer, use a system for identifying the patient, and conduct the interview in an environment that guarantees confidentiality.

The patients who are candidates for the telematic interview model will be selected by the HPS according to clinical and pharmaceutical criteria.

The eligibility of patients to be included in the telematic interview model will be based on clinical and pharmaceutical criteria, and their inclusion will not be limited by pathology or specific treatment. HPS will be responsible for the selection, which should be based on a set of prioritization criteria and an individual assessment. For this matter, Spanish Society of Hospital Pharmacy, developed the "Telepharmacy patient prioritization model"¹¹ that takes into account clinico-therapeutic, pharmaco-therapeutic, demographic, geographic, social, digital, and lifestyle variables to grant different levels of priority for a patient to be included in the program and help the responsible pharmacist in the assessment.

In order to participate in a telepharmacy program, the patient must understand the commitment and scope of his or her inclusion in a telepharmacy program (legal guardian and/or carer, if applicable) and give his or her consent verbally or by means of an informed consent form, which in any case will be recorded in the patient's medical record. The patient will always have the option of refusing this model of care and opting for the face-to-face consultation model, without this decision affecting the quality of pharmaceutical care.

It is recommended that the necessary time and resources be devoted to informing patients about the telepharmacy model of care (objectives, structure, expectations, etc.). It is also recommended to have adequate information support material.

It is recommended to prepare the tele-consultation in advance, including a review of the available information, defining the structure of the interview, and the main points to be addressed during the interview. Measures should be taken to ensure humane treatment and patient understanding, taking into account the communication method used (e.g., empathic communication, use of simple language, slowing down of speech).

It is strongly recommended that, after the telematic interview, the information obtained is recorded in the patient's medical record and that follow-up actions are planned (e.g., next appointment, medication, communication with other relevant professionals).

In conclusion, the telematic interview is a very useful tool in the pharmacotherapeutic follow-up of many patients, but it must be carried out correctly in order to obtain the best results. The recommendations contained in this document may serve as a help and reference for those hospital pharmacists who wish to implement it in their professional practice.

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Contributions

The authors are part of the working group for the development and expansion of Telepharmacy in Spain, created by the SEFH. All have contributed equally to the development of the guide. In addition, the authors who have contributed to the writing of the article are:

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Conflict of Interest

None.

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