Health Promotion in Community Pharmacy: Experiences and Perspectives in Germany

Country Report – Germany

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Summary

Starting from the definition for health promotion in the Ottawa Charter 1986 (“Health promotion is the process of enabling people to increase control over, and to improve, their health”), we decided that the concepts and experiences to be described should comprise a broader scope of projects.

We identified three main targets for health promotion projects in community pharmacy (CP):
- the population
- defined patient groups
- individual patients

Different strategies were employed to discover health promotion activities in community pharmacy:
- Available literature (including national and international journals, databases and the Internet among others) was scanned regarding health promotion projects and guidelines.
- Professional organisations (17 Chambers of Pharmacists and 17 Pharmacist’s Associations) in every German federal state were asked to provide information on projects and guidelines.
- Some 100+ pharmaceutical companies were approached to provide information on projects which were conducted in co-operation with community pharmacies.

We decided to include 8 projects in the final country report to illustrate the different concepts used in pharmacy practice to promote health:

Target group: Population
- Intervention: Screening and referral to physician
- **Project 1**: Screening and case finding: metabolic syndrome (syndrome ‘X’)
- Objectives: Increase awareness in the population, identify patients with possible metabolic syndrome, diabetes or other risk factors, refer to physician, stimulate communication/co-operation between patients, physicians and pharmacists.

Target group: Defined patient group
- Intervention: Quit smoking campaigns
- **Project 2**: Quit Smoking: Initiated by the WHO, implemented in community pharmacy
- **Project 3**: Quit Smoking: Co-operation between community pharmacy and pharmaceutical manufacturer
- Objectives: Increase awareness in the population, support patients who wish to cease smoking.

Target group: Individual patients
- Intervention: Guiding patients’ self-medication
- **Project 4**: Counselling patients with dyspepsia
- Objectives: Increase safety and efficacy of treatment; improve quality of life.
- Intervention: Pharmaceutical care
- **Project 5**: Pharmaceutical care for asthma patients (‘TOM-Asthma’)
- **Project 6**: Pharmaceutical care for patients with diabetes
- **Project 7**: Pharmaceutical care for patients with hypertension
- **Project 8**: Pharmaceutical care for elderly patients
- **Objectives**: Pharmaceutical care is a concept, the focus of which is to optimise drug therapy, minimise drug-related problems and to improve self-management and the quality of life of patients.

**Conclusions**

The scope and the content of the projects to promote health in patients demonstrate that different strategies with different focuses are applicable in pharmacy practice. Community pharmacists can serve as an appropriate basis for health promotion in the community.
Part A I: National Initiatives/Models of Good (Best) Practice

Screening/Pharmaceutical Care: Metabolic Syndrome

Date: 14.11.2000

Title of project:
Pharmaceutical Care for Patients with Metabolic Syndrome (Syndrome ‘X’)
In German: Pharmazeutische Betreuung von Patienten mit metabolischem Syndrom

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Information on institution commissioning the project:
Chamber of Pharmacists Saarland, Germany

If additional resources are used for the project, where do they come from?
Bayer Vital GmbH, Germany

Information on institution co-ordinating the project:
Chamber of Pharmacists Saarland, Germany

Status of project:
finished

Running Time:
Short abstract of the project:

What are the goals, aims and targets?
The aim of the study was to identify patients with diabetes and/or metabolic syndrome (syndrome X). Pharmacists therefore screened patients with risk factors for diabetes, e.g. high blood pressure, obesity, and dyslipidaemia. The parameters evaluated were: HbA$_1c$, blood pressure, cholesterol, triglycerides, blood glucose and body-mass index. Patients at risk were referred to their general practitioner for diagnosis and, if necessary, therapy. Further main goals of the study were to improve the health status by counselling patients towards their diet and life style, and to detect and solve drug-related problems.

What are the main activities, strategies and measures applied?
Pharmacists participating in the study followed an educational programme that also included training on the analysis of biochemical parameters (e.g. HbA$_1c$). Furthermore, the pharmacists received written information on the project. The evaluated biochemical parameters, consultations on diet and life-style as well as interventions were documented by the pharmacists and sent to the chamber of pharmacists for evaluation.

What is the scope of the project?
The study was conducted on a regional level (Federal State of Saarland). Based on the experiences and results of this pilot study, the Chamber of Pharmacists Rhineland-Palatinate conducted a comparable study.

Which evaluation strategies are being applied/planned?
- Simple statistical analysis was performed by the Chamber of Pharmacists Saarland
- Intervention study: 58 community pharmacies in Saarland participated in the study. Due to lack of time, not all pharmacies returned the documentation forms on the screening results. In total, 982 documentation forms were evaluated.

Results of evaluation:
The pharmacies were able to identify patients at risk: 40 pharmacies submitted 982 * assessable documentation forms. Out of these 982 cases, 15.6 % had elevated HbA$_1c$ levels (> 6 %). Furthermore, blood pressure was found to be higher than 160/90 mmHg in 24.4 %, cholesterol was above 220 mg/dL in 21.1 %, triglycerides were raised in 4.3 % and blood glucose was above 140 mg/dL postprandiale in 16.5 % of the patients included in the study. 255 patients (26.0 %) were counselled on their diet and life style (e.g. smoking), 195 patients (19.9 %) were advised to see their doctor.

Which issue(s) does the project address?
diabetes
Which target group does the project mainly address?
- adult population (16-65)
- at risk population

Which type of intervention is mainly used in the project?
screening and case-finding

Which health professional is mainly involved in project activities?
community pharmacist

Extended partners of the project?
other health professionals

Which were the most important factors supporting development and implementation of the project?
Training of the participating pharmacists at the beginning of the study on metabolic syndrome, pharmaceutical care and the analysis of blood parameters (e.g. HbA\textsubscript{1c} by DCA-2000-Analyser)
Written information was provided to the pharmacists.

Which were the most important barriers concerning development and implementation of the project?
The major problem encountered in this study was the insufficient transfer of data: out of 58 pharmacies that started participating in this study, only 40 continued and submitted documentation forms. The main reason given by the pharmacists was lack of time to fill in the forms.

Limited feedback was reported from the physicians to whom patients at risk were transferred. Therefore, no data is available on the diagnosis of these patients.

Further, it has to be noted that - apart from HbA\textsubscript{1c} - not all parameters could be screened in all patients. This was due to the limited technical equipment of some pharmacies and lack of time of the patients.

On the basis of the experiences of this pilot study, another study was started in 1999 in Rhineland-Palatinate to gain further information about this patient population. In this following intervention study, all relevant parameters were documented for each patient. An external institution is currently evaluating the data.

Which further information on the project is available?
journals (german language)
Smoking Cessation: Quit and Win 2000

Date: 01.12.2000

Title of project:
Quit and Win 2000 (Smoking Cessation)
German: Rauchfrei bis Mai 2000

Contact person for this project:
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Information on institution commissioning the project:
German Cancer Research Center (Deutsches Krebsforschungszentrum), Heidelberg, national co-ordinator on behalf of the German Coalition against Tobacco
ABDA - Federal Union of German Associations of Pharmacists

If additional resources are used for the project, where do they come from?
The campaign was carried out with financial support from the (government’s ) Health Education Authority (Bundeszentrale für gesundheitliche Aufklärung, BZgA) on behalf of the Federal Ministry of Health (Bundesministerium für Gesundheit, BMG)

Information on institution co-ordinating the project:
German Cancer Research Center (Deutsches Krebsforschungszentrum) Heidelberg

Status of project:
finished

Running Time:
March 2000 - May 2000
Short abstract of the project:

What are the goals, aims and targets?
The Quit and Win Campaign is an international campaign that was carried out in Germany for the first time. The campaign aimed at motivating smokers to quit smoking for at least one month until Mai 2000. Another major goal was to promote a positive attitude towards non-smoking. Furthermore, smokers who were not willing to quit at that point in time were motivated to reflect on smoking.

What are the main activities, strategies and measures applied?
35,000 packages with information and presentation material were distributed in March and April 2000 to German pharmacies, doctors’ practices, hospitals, health centres, companies and many other organisations. Information on the campaign was spread further by also involving interested public institutions e.g. schools and churches. Smokers were motivated to participate and win national and international prices. The communication concept included press conferences, press releases, broadcast interviews (TV channels and radio stations), reports in print media, an Internet forum and discussions per email.

What is the scope of the project?
The Quit and Win Campaign is the largest international non-smoking initiative that was carried out in 82 countries. More than 400,000 smokers participated.

Which evaluation strategies are being applied/planned?
- Documentation on the participating health professionals and organisations as well as media events was gathered.
- Survey on 1,000 former smokers who participated in the Quit and Win – 2000 campaign 12 months later to evaluate whether they have succeeded in quitting.

Results of evaluation:
Almost 30,000 health institutions and organisations communicated the Quit and Win-message to smokers: German pharmacies (21,000+), doctors, hospitals, health centres, and more than 200 companies. Other institutions that also got involved in conveying the message were e.g. schools, churches, health insurance companies and research organisations.

The campaign was brought to the media’s attention by organizing four press conferences in Frankfurt, Hamburg, Bonn, and Berlin, 13 press releases and more than 70 broadcast interviews on German TV channels and radio stations. 150 print media reported the nationwide campaign. In co-operation with “Stern”, a weekly magazine, more than 5 million readers were reached by a cover story about the campaign.

Together with the German Cancer Research Center, Stern-magazine launched an Internet forum which operated for more than six months, communicating with interested smokers to quit. More than 40,000 daily visits and 60,000 discussions per email were recorded.
Which issue(s) does the project address?
- tobacco
- cancer
- asthma
- blood pressure
- cardiovascular disease
- dental health
- general health

Which target group does the project mainly address?
- adult population (16-65)
- smokers and their social network

Which type of intervention is mainly used in the project?
- patient information (e.g. on handling of medical devices/ appliances in self-medication; self-monitoring)
- individual health education and counselling: lifestyle (e.g. diet/ nutrition; smoking cessation)

Which health professional is mainly involved in project activities?
general practitioner
- community pharmacist
- primary care team at premises (e.g. practice nurse, receptionist, pharmacy assistant)
- other

Extended partners of the project?
schools
local/regional government
health related companies
citizen groups
non-health related companies
hospitals/ other health services
other health professionals
health promotion agencies schools
media
universities
other public agencies

Which were the most important factors supporting development and implementation of the project?
- Recommendations, published in a leaflet
- Different networks of health professionals were established/set up
Which were the most important barriers concerning development and implementation of the project? Short-term funding, planning and implementation of the campaign, that was realized in 3 months, although 6 to 9 months would have been needed. Limitations of the telephone connections (“Quitline”) that were frequently occupied.

Which specific aspect would you consider especially well developed or otherwise instructive and thus relevant for transfer? Following the example of other countries worldwide, the Quit and Win campaign should be conducted every other year to increase the awareness of smokers.

Which further information on the project is available?
- reports (german)
- leaflets (german)
Smoking cessation: Safety and effectiveness evaluation of a nicotine patch in self-medication

Date: 12.12.2000

Title of project:
Study to evaluate the effectiveness and safety of Nicotinell® /24h-patch in self-medication.
In German: Anwenderstudie zur Nutzen-Risiko-Abschätzung von Nicotinell® /24-Stunden-Pflaster im Rahmen der Selbstmedikation.

2. Contact person for this project:
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Information on institution commissioning the project:
Novartis

Information on institution co-ordinating the project:
Novartis Consumer Health

Status of project:
finished

Running Time:
January 1998 - July 1999
Short abstract of the project:

What are the goals, aims and targets?
To evaluate the application of Nicotinell® patch for nicotine substitution in self medication. To gain further information on effectiveness and safety of the product.

What are the main activities, strategies and measures applied?
Effectiveness and safety of the product were evaluated. For the evaluation patients were given questionnaires over a period of 24 weeks at 0, 2, 4, 8, 12, and 24 weeks.

Effectiveness was evaluated by measuring the nicotine addiction (FTND score) at baseline and at the end of study and by classifying patients as complete, partial and non-responders. Partial responders were further differentiated as 30 %, 50 % and 70 % partial responders, depending on the relative reduction in cigarette consumption in comparison to baseline.

For evaluating the safety of Nicotinell® indications, contraindications, correct dosing, time and mode of application as well as side effects were documented.

What is the scope of the project?
The study was conducted in Germany.

Which evaluation strategies are being applied/planned?
- Outcome measurement (effectiveness and safety)
- Open multicenter study: Patient population consisted of users of Nicotinell® patches. No further in- or exclusion criteria were defined. Individual patients were followed for 24 weeks.

Results of evaluation:
633 patients participated in the study (no drop-outs). Nicotine addiction (FTND score) was significantly lower at the end of the study in comparison to baseline in the patient group with low (< 0.5 mg/day) and intermediate (0.5 - 1.0 mg/day) nicotine consumption (p = 0.001, Bowker’s test).

Response was evaluated in 352 patients: complete response (no smoking) and partial response was reported in 50.3 and 24.4 %, respectively. No response was observed in 25.0 % of the population.

The majority of patients applied the plaster correctly. 14.4 % of the patients did not follow the recommendation to apply Nicotinell® for no longer than 3 months. 45.5 % continued to smoke in addition to the medication.

Contraindications: 4 patients (0.6 %) younger than 18 years applied the patch.
9.9% of the patients discontinued therapy by week 24 due to minor side effects: most frequently reported side-effect was a local reaction at the site of application (7.3%). Furthermore, patients observed itching, sleeping disturbances, headache and cardiac disturbances. This is in accordance with the known side-effects of Nicotinell®. No severe side effects were reported.

In conclusion, the study demonstrated that Nicotinell®/24 h patch is effective and safe in self-medication.

Which issue(s) does the project address?
tobacco

Which target group does the project mainly address?
- adult population (16-65)
- at risk population

Which type of intervention is mainly used in the project?
individual health education and counselling: lifestyle (e.g., diet/nutrition; smoking cessation)

Which health professional is mainly involved in project activities?
community pharmacist

Which were the most important factors supporting development and implementation of the project?
leaflets with information and commendations on the study

Which further information on the project is available?
other material (german)
Counselling patients with dyspepsia

Date: 08.11.2000.

Title of project:
Study on advice-giving of community pharmacists in self-medication: dyspeptic problems.
In German: Pharmazeutische Beratung von Patienten mit dyspeptischen Beschwerden.

Contact person for this project:
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Information on institution commissioning the project:
Working Group Pharmacoepidemiology/Social Pharmacy, Humboldt-University, Berlin (Prof. M. Schaefer) and Chamber of Pharmacists, Hessen, Germany

Information on institution co-ordinating the project:
Working Group Pharmacoepidemiology/Social Pharmacy, Humboldt-University, Berlin (Prof. M. Schaefer) and Chamber of Pharmacists, Hessen, Germany

Status of project:
finished

Running Time:
06/1997-01/1998
Short abstract of the project:

What are the goals, aims and targets?
The objective of this study was to make an assessment of the outcomes of advice for self-medication and primary health care given by community pharmacists.

The study investigated in a patient-based assessment the outcomes of self-medication in patients suffering from dyspepsia. The changes in the Health Related Quality of Life (HRQoL) of these patients were examined.

Another study objective was the quantitative and qualitative analysis of the pharmacist’s advice-giving to patients with dyspepsia. The impact of the counselling by the pharmacist on the patient’s health outcomes was surveyed. Moreover, the study analysed the influence of advanced training on the services provided by the pharmacies in self-medication.

What are the main activities, strategies and measures applied?
The pharmacies were randomly assigned to either a study group or a control group. The study group underwent a training session before the start of the study, in which the participants were presented guidelines for counselling of patients with dyspeptic disorders. The use of practical examples, such as case studies and role-plays during the training, was designed to enable the study pharmacists to translate the acquired knowledge into practice. The pharmacies of the control group did not receive any training. During June 1997 and January 1998, study pharmacies and control pharmacies distributed specially designed questionnaires to patients with dyspepsia who met the inclusion criteria defined in the investigational plan of the study. The patients were surveyed by means of the questionnaire on the day they visited the pharmacy, which represents the baseline, and for a second time after one week in order to monitor changes in function and quality of life. The questionnaire applied in the study is mainly based on the accepted Gastrointestinal Quality-of-Life Index, which is a disease-specific instrument for measuring health-related quality of life in patients with gastrointestinal ailments. The Gastrointestinal Quality-of-Life Index has been validated and tested for reproducibility and responsiveness. The instrument was slightly modified and supplemented with several other study-specific items and questions dealing with counselling of the pharmacy, patient satisfaction, demographic and other patient characteristics (e.g. underlying diseases, smoking, alcohol intake, weight and manner of nutrition). The questionnaire was used as a self-administered.

What is the scope of the project? (e.g. national, regional, local)
36 community pharmacies located in urban and rural sites in the Rhine-Main area, Hessen, Germany, were enrolled for the study.
Which evaluation strategies are being applied/planned?
- Process and outcome parameters were used to demonstrate the impact of Pharmaceutical Care on health-related quality of life, patient’s satisfaction and advice-giving
- Controlled Intervention Study

Results of evaluation:
A total of 205 patients completed the surveys. 7 questionnaires were excluded from the analysis due to poor data quality. 198 questionnaires were finally used as data sets for analysis (114 from study pharmacies and 84 from control pharmacies). The Gastrointestinal Quality-of-Life Index revealed a significant improvement in HRQoL in the patients comparing the score of day 1 with that of day 7 ($p<0.001$). The patients recruited by the study pharmacies displayed a significantly better improvement in HRQoL compared to the patients of the control pharmacies ($p=0.001$). A detailed analysis of the 4 dimensions of the GLQI showed notable differences between the changes of the HRQoL in the patients of the study and the control group. Furthermore, quantity and quality of advice giving by the study pharmacies were superior to the control pharmacies ($p=0.01$). The study provides evidence that the patient satisfaction with the pharmacist’s services in self-medication correlates with the amount of information given by the pharmacist ($r=0.66$).

Conclusions: A beneficial effect of self-medication on a weekly basis on the HRQoL of patients with dyspepsia has been detected in the study. There is evidence that advice-giving and counselling by the pharmacists in self-medication have a measurable impact on self-medication outcomes. Moreover, the study reveals that patients value the information provided by the pharmacist. Pharmacists gathered the relevant and comprehensive information from the patients who have dyspeptic symptoms and provided advice concerning OTC-drugs. Moreover, pharmacists frequently discussed the relevance of factors which aggravate dyspeptic disorders such as life-style, drinking, smoking and nature of nutrition with the patient. Training programmes and treatment guidelines for the pharmacist seem to obtain at least a transient positive effect on his/her performance. The findings of the study substantiate the value of a pharmacist-controlled self-medication. The study results suggest that the quality of primary health care in self-medication would improve if pharmacists’ involvement were to be intensified.

Which issue(s) does the project address?
Patients with dyspepsia

Which target group does the project mainly address?
adult population (16-65)

Which type of intervention is mainly used in the project?
- patient information (e.g. on handling of medical devices/ appliances in self-medication; self-monitoring)
- individual health education and counselling: pharmaceutical care
Which health professional is mainly involved in project activities?
community pharmacist

Extended partners of the project?
universities

Which were the most important factors supporting development and implementation of the project?
- Comprehensive training for pharmacists was provided.
- Study protocol such as advice-giving for patients with dyspepsia.

Which further information on the project is available?
- journals (english, german)
- other material (german)
Pharmaceutical Care Asthma

Date: 07.11.2000

Title of project:
Therapeutic Outcomes Monitoring – Asthma. Pharmaceutical Care Services for Asthma Patients: A Controlled Intervention Study.
In German: Pharmazeutische Betreuung von Asthma-Patienten: Eine kontrollierte Interventionsstudie

Contact person for this project:
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Information on institution commissioning the project:
ABDA - Federal Union of German Associations of Pharmacists and Chamber of Pharmacists, Hamburg, Germany

Information on institution co-ordinating the project:
Center for Drug Information and Pharmacy Practice – ABDA

Status of project:
finished

Running Time:
Short abstract of the project:

What are the goals, aims and targets?
To evaluate the effectiveness of community pharmacy based interventions on lung function, health-related quality of life and self-management in asthma patients. The following outcome measures were defined: Lung function, inhalation technique, quality of life (generic: SF-36, asthma specific: Living With Asthma Questionnaire), self-efficacy, knowledge about asthma and drug therapy. The study aimed to gather experience and knowledge of the implementation process of pharmaceutical care in community pharmacy (practice). Serving as a role model, the experiences had aimed to facilitate the development of a practical approach to pharmaceutical care. Additionally, the development of quality standards for pharmaceutical care for asthma patients was intended.

What are the main activities, strategies and measures applied?
Pharmacists did not follow a pre-defined educational programme, but aimed to detect and solve individual drug- and health-related problems. They delivered pharmaceutical care in one-to-one meetings in counselling rooms in their community pharmacy. Patient education on disease, pharmacotherapy, and self-management (e.g. use of a peak-flow-meter and keeping an asthma diary), assessment and correction of inhalation technique were addressed. Additionally, pharmacists detected and solved drug- or health-related problems in co-operation with the patient and the physician. To improve self-management, study patients were instructed to use a peak-flow-meter provided for the study and an asthma diary on a regular basis. The meetings between pharmacists and patients in the intervention group were scheduled at 6 weeks intervals ( 9 meetings overall within 12 months). The control group received traditional care. At baseline, and after 6 and 12 months, quality of life questionnaires, a self-efficacy questionnaire and an asthma knowledge questionnaire were administered to all patients. Lung function, asthma severity, and dyspnea severity were determined by the physician in attendance.

What is the scope of the project?
The study was conducted on a local level (City of Hamburg), but the results and experiences are going to be used to broaden the scope of other projects. The next level is going to take place on a regional level involving several federal states. Finally, a nation-wide implementation is planned. A train-the-trainer seminar was prepared and an asthma manual developed to facilitate the implementation process.

Which evaluation strategies are being applied/planned?
Outcome measures were statistically analysed by ZRF; University of Bremen, Germany (director: Prof. Franz Petermann, Ph.D.)
Controlled intervention study: Asthma patients (age 18-65) with mild to severe asthma were invited to participate. Community pharmacies opted whether to take part as intervention or control pharmacies. According to this, patients attending the pharmacies were allocated to intervention or control group, respectively. 26 intervention pharmacies recruited 161 patients, while the 22 control pharmacies recruited 81 patients.
Results of evaluation:
Compared to the control group, pharmaceutical care led to improved inhalation technique (p=0.001). Asthma specific quality of life (physical symptoms (p=0.04), psychological distress (p=0.001), functional status (p=0.011)) and the mental health summary score of the SF-36 (p=0.003) improved significantly in the intervention group. At 12 months, the intervention group showed significant improvements with regard to self-efficacy (p=0.001) and knowledge (p=0.001). Furthermore, the self-perceived asthma severity in the patients in the intervention group decreased (p<0.01) and the evening peak-flow improved (p<0.05). Additionally, it could be demonstrated that the patients appreciated the “new” pharmacy service.

Which issue(s) does the project address?
- asthma
- use of medication

Which target group does the project mainly address?
- adult population (16-65)
- chronically ill

Which type of intervention is mainly used in the project?
- patient information (e.g. on handling of medical devices/ appliances in self-medication; self-monitoring)
- individual health education and counselling: pharmaceutical care

Which health professional is mainly involved in project activities?
community pharmacist

Extended partners of the project?
- universities
- Prof. Bergmann, MD (chest physician)

Which were the most important factors supporting development and implementation of the project?
At the beginning of the study, the intervention pharmacists were trained to provide pharmaceutical care. Training of the intervention pharmacist comprised medical, pharmaceutical and pharmacological knowledge (5h), communication skills (6h) and the use of the study protocol and documentation forms (2h). The control pharmacies received an introduction to the study protocol only.

A study protocol helped to structure the provision of pharmaceutical care.

Prior to the study, the design was extensively discussed with local physicians and the chamber of physicians in the City of Hamburg. Physicians and pharmacists were informed on the project by means of circular letters and articles.
A study monitor (pharmacist) was employed to motivate pharmacists and to facilitate data collection.

Which were the most important barriers concerning development and implementation of the project?
To establish a co-operation with physicians, extensive and time-consuming discussion was necessary. In particular, to overcome the reluctance to accept the pharmacist as a part of the health care team proved to be difficult. Additionally, patients were not familiar with cognitive services provided by community pharmacies. So, increased information in the beginning was necessary.

Which specific aspect would you consider especially well developed or otherwise instructive and thus relevant for transfer?
Regarding data transfer and data return, it turned out that the monitor had a key function. Current motivation and information was necessary to keep pharmacies in the study. A sound scientific and methodological study design was essential. Furthermore, the interdisciplinary co-operation between chest physicians, psychologist and pharmacists (project team) was very fruitful.

Which further information on the project is available?
- journals (english, german)
- books (german)
- reports (english, german)
Pharmaceutical Care Diabetes

Date: 08.11.2000.

Title of project:
Pharmaceutical Care for patients with non-insulin dependent diabetes mellitus.
In German: Pharmazeutische Betreuung von Diabetes Typ-2 Patienten

Contact person for this project:
Ulrike Kahmen
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Information on institution commissioning the project:
Working Group Pharmacoepidemiology/Social Pharmacy, Humboldt-University Berlin (Prof. M. Schaefer), and Chamber of Pharmacists Baden-Württemberg, Germany

Information on institution co-ordinating the project:
Working Group Pharmacoepidemiology/Social Pharmacy, Humboldt-University Berlin (Prof. M. Schaefer), and Chamber of Pharmacists Baden-Württemberg, Germany

Status of project:
finished

Running Time:
7/97- 8/98
Short abstract of the project:

What are the goals, aims and targets?
The objectives of the study were essentially three-fold: firstly, to demonstrate patient needs and the benefits of pharmacy consultation, with special focus on compliance and, therefore, enhanced treatment outcomes. Secondly, to test the suitability of a novel software package for routine practice of pharmaceutical care. Thirdly, to identify ways of implementing pharmaceutical care for diabetic patients in the community pharmacy setting.

What are the main activities, strategies and measures applied?
As a pharmaceutical care study, focus lay on individual drug– and health-related problems. Pharmacists and patients discussed individual situations to ensure safe and effective use of drug and adequate life-style measures. Additionally, the study aimed to increase the knowledge regarding diabetes and drugs in the patients by means of face-to-face counselling sessions.

What is the scope of the project?
Regional = Federal State of Baden Württemberg, Germany

Which evaluation strategies are being applied/planned?
Comprehensive data analysis is currently being carried out. Outcomes measures comprise various parameters, e.g. body mass index, compliance, and self-management.

Controlled intervention study. The study started as a controlled intervention study. As only few control patients could be enrolled, it is questionable whether it is useful to analyse control patient data in comparison to that of study patients.

Results of evaluation:
Thirty pharmacies and 149 patients (age between 55 and 75 years, manifest type-II-diabetes, long-term use of oral hypoglycaemic agents without, or in combination with, insulin therapy) were enrolled in a pharmaceutical care programme over 12 months (07/97-07/98). The study population displayed the following features: 88 female and 61 male patients; average age 63 years; carrying diagnosis of diabetes for nine years (mean) and a Body Mass Index of 28 (mean). All measurements performed in the pharmacy during the study and the current drug therapy were recorded in case record forms (CRFs). Half of the pharmacies used a special pharmaceutical care package, supplied by a German software company.
By discussing the medication with the patients, drug related-problems could be detected and solved in most cases. 255 drug- or health related problems were recorded. Most of the patients remained until the end of the study, reported a personal benefit: more information about diabetes and the drugs; more instruction into self-management; approx. 30% of the patients felt encouraged to lose weight (2-20 kg). Furthermore, 33 patients could be encouraged to change their therapy to insulin (in co-operation with the GP). In addition, the programme provided new perspectives for most of the pharmacists.
Which issue(s) does the project address?
- diabetes
- dental health

Which target group does the project mainly address?
- adult population (16-65)
- chronically ill

Which type of intervention is mainly used in the project?
- patient information (e.g., on handling of medical devices/ appliances in self-medication; self-monitoring)
- individual health education and counselling: pharmaceutical care

Which health professional is mainly involved in project activities?
- general practitioner
- community pharmacist

Extended partners of the project?
universities

Which were the most important factors supporting development and implementation of the project?
- Training for pharmacists was provided.
- software package to record pharmaceutical care for patients with diabetes.

Which further information on the project is available?
reports (german)
Pharmaceutical Care Hypertension

Date: 08.11.2000

Title of project:
Pharmaceutical Care for patients with elevated blood pressure (hypertension).
In German: Pharmazeutische Betreuung von Patienten mit Hypertonie

Contact person for this project:
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Information on institution commissioning the project:
Working Group Pharmacoepidemiology/Social Pharmacy, Humboldt-University Berlin (Prof. M. Schaefer);
Chamber of Pharmacists, Thuringia, and Chamber of Pharmacists Brandenburg, Germany

Information on institution co-ordinating the project:
Working Group Pharmacoepidemiology/Social Pharmacy, Humboldt-University Berlin (Prof. M. Schaefer);
Chamber of Pharmacists, Thuringia, and Chamber of Pharmacists Brandenburg, Germany

Status of project:
finished

Running Time:
Short abstract of the project:

What are the goals, aims and targets?
The objectives of the study were testing instruments and methods of pharmaceutical care for patients with high blood pressure (drug-use-profiles, blood pressure monitoring) and demonstrating the need for, and benefit of, pharmaceutical consultations in addition to GP (documentation of drug and therapy related problems and their solutions).

What are the main activities, strategies and measures applied?
Pharmacists and patients discussed drug- and health related problems. Focus was on: Problems using self-monitoring devices (blood pressure measurements instruments), compliance, and individual drug-related problems. Additionally, the pharmacists reviewed drug-use-profiles to detect and solve drug-related problems. Patients recorded their medications and blood pressure on a regular basis.

Furthermore, the project served as a pilot project to test the feasibility of the implementation of Pharmaceutical Care into daily practice.

What is the scope of the project?
This project was carried out in two German federal states: Thuringia and Brandenburg. In Thuringia 10 pharmacies and 54 patients were recruited. In Brandenburg 28 pharmacies with 156 patients were involved in Phase I and II.

Which evaluation strategies are being applied/planned?
The data are currently being analysed. Outcome and process measures were recorded (e.g. blood pressure, drug related problems)

Results of evaluation:
Preliminary results in Brandenburg indicate that pharmaceutical care services are well-received by the patients. 95 % of the patients stated that due to Pharmaceutical Care their drug handling improved and that they are satisfied with these services. In 65 of the patients, drug-related problems (e.g. interactions, adverse drug reactions) could be determined. Final results will be published in 2001.

Preliminary results in Thuringia: Blood pressure (BP) measurements were carried out in the intervention group. The measures of the systolic blood pressure decreased by 21 mm Hg and the measures of the diastolic decreased by 12 mm Hg (Baseline: systolic 162,5 ± 4,5; diastolic 100,3 ± 2,5 mm Hg within the first month. The improvements in blood pressure were stable at 6 months: Systolic BP 141,2±3,2 mm Hg, diastolic BP 88,2±2,4 mm Hg). Patients could be motivated to increase their self-management by means of regularly measuring their blood pressure. Drug-related and compliance problems could be adequately addressed. Due to information exchanged between pharmacists and physicians, inter-professional communication could be
improved and drug therapy optimised. As several pharmacies adapted the study design as a practice model and implemented it in their daily activities, it can be concluded that Pharmaceutical Care for patients with elevated blood pressure is feasible and that the patients benefit from these services.

Which issue(s) does the project address?
- blood pressure
- use of medication

Which target group does the project mainly address?
- adult population (30-85)
- chronically ill

Which type of intervention is mainly used in the project?
- patient information (e.g. on handling of medical devices/ appliances in self-medication; self-monitoring)
- use of specific instruction backup: provision of support material (e.g. video, leaflets, handbooks, brochures)
- individual health education and counselling: pharmaceutical care

Which health professional is mainly involved in project activities?
- general practitioner
- community pharmacist

Extended partners of the project?
- universities

Which were the most important factors supporting development and implementation of the project?
- Training seminar for pharmacists.
- Training for pharmacists was provided: study protocol and instructions to use.

Which were the most important barriers concerning development and implementation of the project?
- At the beginning, the GPs questioned the reliability of the blood pressure measurement and the usefulness of the patient’s instructions.

Which further information on the project is available?
- report (german)
Pharmaceutical Care Elderly

Date: 08.11.2000

Title of project:
Pharmaceutical Care for Elderly Patients (OMA - Ouderen Medicatie Analyze).
In German: Pharmazeutische Betreuung von älteren multimorbiden Patienten (Biomed-Projekt BMH4-CT95-0055)

Contact person for this project:
Dr. Almut Winterstein
Email: almut@cop3.health.ufl.edu

Information on institution commissioning the project:
Working Group Pharmacoepidemiology/Social Pharmacy (Prof. M. Schaefer),
Chamber of Pharmacists Westphalia-Lippe, Germany

If additional resources are used for the project, where do they come from?
(additional) public funding

Information on institution co-ordinating the project:
Working Group Pharmacoepidemiology/Social Pharmacy,
Queen’s University Belfast (Prof. James McElnay)
Chamber of Pharmacists Westphalia-Lippe, Germany

Status of project:
finished

Running Time:
01/1997-02/1999
Short abstract of the project:

What are the goals, aims and targets?
The study focus lay on improving health care for elderly patients. To achieve this, a care model was developed to detect and solve drug related problems to optimise drug therapy and to minimize drug-related problems. By means of patient education on drug use, information regarding drug therapy and health behaviour, it was intended to improve self-monitoring and compliance. Due to the provision of pharmaceutical care, health-related quality of life in elderly patients should improve.

What are the main activities, strategies and measures applied?
To detect and solve drug related problems, a computer-based drug review programme was developed. Individual drug histories were recorded and discussed with the patients. At 4-week intervals, patients and pharmacists discussed health- or drug-related problems and, if necessary, developed problem-solving strategies. Each intervention by the pharmacists was recorded and problems which had already been detected were discussed in the next counselling session.

What is the scope of the project?
Regional = Federal State of Westphalia-Lippe

Which evaluation strategies are being applied/planned?
Comprehensive data analysis has been carried out regarding drug related problems, health related quality of life, compliance, patient’s satisfaction and perceived benefit.

Controlled intervention study. Prior to beginning the study, a pilot study with 14 pharmacies in Berlin was conducted to investigate feasibility and methodological issues.

Results of evaluation:
At the beginning of the study, 196 patients were recruited in 36 intervention pharmacies. The 13 control pharmacies recruited 105 patients. For 101 patients of the intervention group, 762 intervention protocols were available. 7.6 interventions per patient were documented (for those patients with drug related problems). Drug-related problems varied widely. The main problems were: adverse drug reactions (23 %), sub-optimal choice of drug (20 %), contraindications/interactions (11 %) and insufficient effect of drugs (11.7 %) were recorded. The results show that at the beginning of the study in particular, (0 to 6 months) the highest number of drug-related problems could be detected. This might indicate that pharmacists not only contribute to solving but also to preventing drug related problems. Problem-solving strategies included: patient education (57.7 %), communication with physician (25.5 %), referral to physician (17.3 %) and patient motivation (10.1 %). Quality of life improved in the intervention group regarding the physical health summary scale of the SF-36 (p=0.017). The pharmaceutical care services were well-received and led to increased patient satisfaction. Due to the comprehensive study protocol and documentation, it was possible to implement a pharmaceutical care project for elderly patients. A patient database could be established and drug-use review conducted on a regular basis.
Individual therapeutic goals could be formulated for the patients, e.g. life-style measures, smoking cessation, peak flow, and blood pressure-control.

Which issue(s) does the project address?
- use of medication

Which target group does the project mainly address?
- elderly
- chronically ill

Which type of intervention is mainly used in the project?
- patient information (e.g. on handling of medical devices/ appliances in self-medication; self-monitoring)
- individual health education and counselling; pharmaceutical care

Which health professional is mainly involved in project activities?
- general practitioner
- community pharmacist

Extended partners of the project?
- universities

Which were the most important factors supporting development and implementation of the project?
- Pharmacists were trained regarding communication skills, provision of pharmaceutical care for elderly, and drug therapy in elderly patients.
- A software programme was developed to record patient’s drug use profile, interventions and health related problems.

Which were the most important barriers concerning development and implementation of the project?
- Like in all implementation programmes of Pharmaceutical Care, time needed for patient interviews and documentation, and general acceptance by patients and physicians were mentioned most frequently.

Which specific aspect would you consider especially well developed or otherwise instructive and thus relevant for transfer?
- The study approach included a pilot study. This proved very useful in terms of investigating methodological and implementation problems. Based on these experiences and knowledge, adequate documentation and pharmacist’s training could be developed.

Which further information on the project is available?
- reports (german)
- other material (german, english)
Part A-II : List of National Guidelines for Patient/User Oriented Health Promotion (POHP) in Community Pharmacy (CP)

National Guidelines/ Guidance Documents

Manual on Pharmaceutical Care – Volume 2: Asthma

Date: 07.11.2000

Date of publication:
(Year, month)
1999

Actors mainly involved in its development:
Katrin Mühlbauer, Dr. Martin Schulz, Dr. Frank Verheyen
Center for Drug Information and Pharmacy Practice, ABDA – Federal Union of German Associations of Pharmacists, Eschborn, Germany

Who commissioned its development?
Federal Chamber of Pharmacists/Center for Drug Information and Pharmacy Practice, ABDA, Eschborn

Knowledge about utilisation of the guidelines:
Manual is used as teaching/background material in certified seminars on "Pharmaceutical Care for Asthma Patients".
**Manual on Pharmaceutical Care – Volume I: Basic Principles**

Date: 07.11.2000

Date of publication:
2000

Actors mainly involved in its development:
Dr. Martin Schulz*, Prof. Dr. Marion Schaefer°
*Center for Drug Information and Pharmacy Practice, ABDA – Federal Union of German Associations of Pharmacists, Eschborn, Germany
° Working Group Pharmacoepidemiology/Social Pharmacy, Humboldt-University, Berlin, Germany

Who commissioned its development?
Federal Chamber of Pharmacists/Center for Drug Information and Pharmacy Practice, ABDA, Eschborn

Knowledge about utilisation of the guidelines
Not known yet.

**Guideline on Quality Assurance: Patient counselling – Self medication**

Date: 07.11.2000

Date of publication:
July 2000

Actors mainly involved in its development:
Federal Chamber of Pharmacists (BAK), Eschborn, Germany

Who commissioned its development?
Federal Chamber of Pharmacists

Knowledge about utilisation of the guidelines:
National basis for certification programme (total quality management, TQM) for community pharmacies.
Guideline of Quality Assurance: Patient counselling – Initial Prescription

Date: 07.11.2000

Date of publication:
August 2000

Actors mainly involved in its development:
Federal Chamber of Pharmacists (BAK), Eschborn, Germany

Who commissioned its development?
Federal Chamber of Pharmacists

Knowledge about utilisation of the guidelines:
National basis for certification programme (total quality management, TQM) for community pharmacies.

Guideline of Quality Assurance: Patient counselling – Refill-Prescription

Date: 07.11.2000

Date of publication:
August 2000

Actors mainly involved in its development:
Federal Chamber of Pharmacists (BAK), Eschborn, Germany

Who commissioned its development?
Federal Chamber of Pharmacists

Knowledge about utilisation of the guidelines:
National basis for certification programme (total quality management, TQM) for community pharmacies.
Guideline of Quality Assurance: Patient counselling – Initial Prescription in Pharmaceutical Care

Date: 07.11.2000

Date of publication:
August 2000

Actors mainly involved in its development:
Federal Chamber of Pharmacists (BAK), Eschborn, Germany

Who commissioned its development?
Federal Chamber of Pharmacists

Knowledge about utilisation of the guidelines:
National basis for certification programme (total quality management, TQM) for community pharmacies.
Guideline of Quality Assurance: Patient counselling – Refill-Prescription in Pharmaceutical Care

Date: 07.11.2000

Date of publication:
August 2000

Actors mainly involved in its development:
Federal Chamber of Pharmacists (BAK), Eschborn, Germany

Who commissioned its development?
Federal Chamber of Pharmacists

Knowledge about utilisation of the guidelines:
National basis for certification programme (total quality management, TQM) for community pharmacies.

Self-medication – Counselling in Community Pharmacy

Date: 07.11.2000

Date of publication:
1994, yearly supplements (1st-5th) 1996-2001 (kept up-to-date every year)

Actors mainly involved in its development:
Prof. Dr. Rainer Braun, Dr. Martin Schulz, Federal Chamber of Pharmacists/Center for Drug Information and Pharmacy Practice, ABDA, Eschborn, Germany

Who commissioned its development?
Federal Chamber of Pharmacists/Center for Drug Information and Pharmacy Practice, ABDA, Eschborn, Germany

Knowledge about utilisation of the guidelines:
Reference/basis for quality standards in counselling at the community pharmacy in case of self-medication.
Diabetes - Pharmaceutical Care for Patients and Counselling of Persons at Risk by Pharmacists: Opportunities and Limitations

Date: 07.11.2000

Date of publication:
February 2000

Actors mainly involved in its development:
Federal Chamber of Pharmacists, Eschborn (BAK), German Diabetes Society (DDG), German Pharmaceutical Society (DPhG), German Diabetes Union (DDU)

Who commissioned its development?
Federal Chamber of Pharmacists (BAK), German Diabetes Society (DDG), German Pharmaceutical Society (DPhG), German Diabetes Union (DDU)

Knowledge about utilisation of the guidelines:
Basis for nationwide certification programme (including curriculum and standards for continuing education programme) for community pharmacists; very well accepted.

Physician/Pharmacist-Cooperation in Pharmacotherapy

Date: 07.11.2000

Date of publication:
February 1998 (in German); 2000 (in English and Spanish)

Actors mainly involved in its development:
Federal Union of German Associations of Pharmacists – ABDA, Eschborn, and Association of General Practitioners in Germany (BDA), Cologne, Germany

Who commissioned its development?
Federal Union of German Associations of Pharmacists – ABDA, Eschborn, and Association of General Practitioners in Germany (BDA)

Knowledge about utilisation of the guidelines:
FIP, EuroPharm Forum/WHO, national professional associations, physician/pharmacist-cooperation (e.g., primary care groups).
Part B: Preconditions Relevant for Patient/User Oriented Health Promotion (POHP) in Community Pharmacy (CP)

General Characteristics of the Health Care System and Specific Characteristics of Community Pharmacy Relevant for POHP in Germany

General Overview of the Health Care System

In 2000, Germany had some 82 million inhabitants.

Germany’s health system and health policy aims to reduce deaths, extend people’s active and healthy lives, and to ensure the best possible quality of life for all.

The foundations for the basic structure of the German public health care system were laid more than 100 years ago – in 1883 – by the Chancellor Otto von Bismarck through the “Law concerning health insurance for workers”. With this law and the “Reich Insurance Code” enacted by Emperor Wilhelm II in the year 1911, a “statutory health insurance” scheme was founded. It provides comprehensive protection against the financial consequences of illness for approximately 90 % of the population. The “Reich Insurance Code” was regularly updated, but only superseded in 1989 by the so-called Fifth Code of Social Law (Sozialgesetzbuch V, SGB V), governing the statutory health insurance scheme.

This statutory health insurance scheme in Germany is made up of approximately 600 individual health insurance funds. Up to a certain level of income, membership of the statutory health insurance scheme is obligatory. Once this income level is exceeded, however, employees may insure themselves privately against the risk of illness.

The statutory health insurance funds require contributions from their members. This contribution amounts to a certain percentage of the member’s income, currently on average 13 % of one’s gross income, and is made by the employee and the employer, each of whom pay half. Family members without an income of their own are also protected while being exempt from having to pay a contribution.

All out- and in-patient medical and dental care, as well as all drugs (with some exceptions, like “negative-list” drugs, patient minimum prescription fees, so-called life-style drugs such as, for example, nicotine replacement therapy, or anti-obesity drugs, among others) and other medicines and medical devices required in the event of illness are paid for by the health insurance funds. So, primary prevention is only partly paid for by the insurance funds. Some health insurance funds have also limited health promotion activities (TV Spots, brochures, courses with regard to exercising, healthy diet, smoking cessation, how to use drugs, lower back pain, headaches, screening for diabetes, etcetera.) on their agenda.
Specific Situation of Community Pharmacy in Germany

In Germany, there are about 53,000 pharmacists, including 46,064 community pharmacists (all data as of end of 1999) in 21,590 community pharmacies serving an average of 3,800 people each. In total, nearly 135,000 people work in community pharmacies. The number of pharmacy students is 13,000.

All of the community pharmacies in Germany are privately owned. Each pharmacy has to be operated by a pharmacist, and each pharmacist is only permitted to run one pharmacy.

The umbrella organisation of all pharmacists in Germany is the ABDA – Federal Union of German Associations of Pharmacists, with its headquarters located in Eschborn, near Frankfurt/Main. The ABDA comprises 34 member organisations in 16 Federal States. There are 17 chambers of pharmacists and they are responsible for the professional interests. Membership is a mandatory requirement for each pharmacist. There are also 17 pharmacists’ associations, with voluntary membership, exclusively for pharmacy owners. More than 90 % of all German pharmacy owners are members of these associations, which represent their economic interests.

The ABDA has defined a structural concept focusing on vital tasks and the essential role the pharmacist has to play as an indispensable member of the health care team:
- Contribution to the promotion of healthy living, and in case of illness, to the promotion of rational prescribing and the appropriate use of medicines.
- Responsibility for the supply of medicines and other health care products, as well as for appropriate information, advice for the patient and monitoring the use of medication.
- The optimisation of drug therapy, and the detection and prevention of drug-related problems (DRPs), requires close co-operation and a good working relationship with other health care professionals, mainly physicians.
- Safety of drug therapy will be guaranteed by dispensing drugs exclusively via the pharmacies.
- Pharmaceutical care, the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient’s health-related quality of life, will be the pharmacists’ most important duty.

The classification of drugs and other goods sold in community pharmacies:
Basically, a distinction is drawn between drugs that are only available in pharmacies (prescription-only and pharmacy-only drugs) and freely available medicines (free-trade Over The Counter - OTC drugs, General Sales List - GSL).

Prescription-only drugs (which are, therefore, available only in pharmacies,) and pharmacy-only drugs, e.g. for self-medication purposes, are exclusively available in pharmacies.

§ 25 of the Ordinance on Pharmacies (Apothekenbetriebsordnung - comparable to a Code of Ethics) governs which goods may be sold in pharmacies in addition to drugs. Among other items, these includes bandages,
infant care goods, medical, dental, and veterinary instruments, means and items of hygiene and body care, health/illness-related books and brochures.

This supplementary range of goods customarily sold in pharmacies contributes 3 % of the pharmacy’s turnover, whereas another 3.5 % is attributable to nursing care items and other goods.

Free-trade OTC drugs (GSL) sold in pharmacies amounted to 1.5 % (0.70 billion DM) of the turnover in 1999. The turnover of free-trade OTC drugs sold outside pharmacies amounted to DM 1.30 billion.

This means that 93.5 % of the turnover of pharmacies is achieved through drug sales (all data as of end of 1999). So, there is a wide-ranging monopoly on medicines for pharmacies (§ 1 Apothekengesetz).

Although there is free pricing for drugs on the manufacturing level, a uniform selling price for every pharmacy-only drug (prescription and non-prescription) is regulated by law.

A community pharmacy in Germany is a service enterprise, in which customer’s needs have the highest priority. In addition to dispensing drugs, by prescription or in cases of self-medication, community pharmacies provide information about the effects, dosing, possible side effects and interactions of drugs. This is complemented by advice giving on life-style, healthy living, for children, pregnant women, the nursing mother, the handicapped etc.

Health promotion and monitoring are essential elements in community pharmacy. Community pharmacies organise campaigns and programmes with regard to smoking cessation, screening for diabetes, osteoporosis, hypertension, CHD, dyslipidaemia, syndrome X, obesity, weight reduction, and allergy prevention, to name a few. So, health promotion services complement the basic role of community pharmacy as suppliers of drugs and providers of information on drugs.

In addition, interpretation of health, medical, and drug information provided nowadays by almost everybody, e.g. through the Internet, is and will become an extremely important part of every community pharmacy’s services.

Community pharmacies are subject to a full-service obligation. This means that they must have a wide range on drugs available, e.g. to fill a prescription as soon as possible.

In the case of self-medication, pharmacies are, above all, responsible for ensuring that customers are familiar with the correct and safe use of non-prescription drugs. As in many industrialised countries, many prescription-only drugs have been “switched” to pharmacy-only status, recently, e.g., cetirizine, clotrimazol, ranitidine, famotidine, ibuprofen, nicotine, beclomethasone, and nedocromil.

Health promotion activities are, of course, integrated in advice giving and provision of information related to self-care.
Preferences and Expectations

Community Pharmacists’ Opinion of their Role and Extent of Involvement in POHP Activities

Health promotion is the process of enabling people to increase control over, and to improve their health.

In a recent survey (April/May 1998), 63,738 questionnaires were sent to pharmacists; 51,183 were employed. 24% of these answered. 84% of those who responded worked in a community pharmacy.

With regard to the self-perceived professional role, the pharmacist rated health promotion (‘Gesundheitsberatung’), on a 1 to 5 scale (most important to not important), in reality as 2.6 and ideal as 1.6. For comparison, advice giving in self-medication (‘Beratung bei Selbstmedikation’) and pharmaceutical care (‘Pharmazeutische Betreuung’) were rated 1.7 and 3.7 in reality and ideal to 1.1 and 1.5, respectively.

So, community pharmacists in Germany do see their important role and have a realistic opinion of their involvement in current patient-oriented health promotion activities. Community pharmacists are keen to extend their role and level of activity, as needed.

Both patients and users accept health promotion offered by community pharmacies.

Structural Preconditions for the Development and Current Practice of POHP in CP

Health promotion is best carried out when pharmacies and other health care providers, mainly physicians, exchange experiences and information in the best interest of their customers and patients.

However, the current structure and the reimbursement system, which is only regulated for selling drugs, does not permit a community pharmacy which is owned and operated by a private pharmacist to implement an innovative and effective health promotion strategy as one of their primary businesses.

On the other hand and on a daily basis, physicians are reminded to reduce their prescriptions (“to save money”).

Both factors do not allow a better and more fruitful co-operation of health care professionals in health promotion activities (primary prevention).

Of course, health promotion services in relation to secondary prevention are an integral part of pharmaceutical care activities in Germany.
Laws, Rules, and Regulations

A number of laws, acts, decrees, and regulations (Apothekengesetz, Arzneimittelgesetz, Arzneimittelrichtlinien, Apothekenbetriebsordnung, Festbeträge, Arzneimittelpreisverordnung, Negativliste, Leitlinien zur Qualitätssicherung, Heilmittelwerbegesetz, Berufsordnungen etc.) governing community pharmacy services in Germany aim to ensure not only the safe (and effective) use of drugs, but also that drugs, medical devices, and pharmacy services are accessible and affordable to everyone.

Education and Training

Presently, health promotion is only a limited part of the pharmaceutical curriculum. Mainly during the 5th year of their education, graduate students take part in health promotion activities during their practical training.

All 17 chambers of pharmacists are offering a specialisation in ‘Gesundheitsberatung’ i.e. health counselling, in addition to the specialisation in community pharmacy. These continuing education courses (40 hours) are well accepted by the pharmacists. By the 1st of July 2000, there are 702 certified ‘Apotheker für Gesundheitsberatung’ in Germany.

The pharmacy’s health promotion work is constantly supported by seminars and training courses which are offered by the ABDA (e.g., Pharmacy Days, Pharmaceutical Care Symposia), the Federal Chamber of Pharmacists (Bundesapothekerkammer: PHARMACON conferences in Davos, Meran, and Westerland/Mallorca), the Chambers of Pharmacists (Landesapothekerkammern) on the state, regional, and local level, as well as the Associations of Pharmacists (Apothekerverbände und –vereine) on a national (Deutscher Apothekerverband) and state level.

In addition, close co-operation with patient/self-help groups is established, including asthma and allergy, osteoporosis, CHD and multiple sclerosis, among others.

Customer magazines like ‘Neue Apotheken Illustrierte (NAI)’, which is edited by the ABDA, includes many articles about health promotion. Community pharmacies offer at least one of these magazines biweekly and free of charge to their customers.
Specific Policies, Programmes, and Projects for POHP in CP

For many years, the ABDA – Federal Union of German Associations of Pharmacists have spent some millions of German Marks annually to promote the added value of the pharmacist. This programme is offered to all community pharmacies.

Essential elements of these campaigns are screening and health promotion activities throughout the country, e.g. programmes for early detection of diabetes or renal dysfunction, osteoporosis prevention, chronic pain, food care etc., jointly conducted with TV-stations, other media, health insurance funds, physician's associations, medical/scientific societies, pharmaceutical companies and self-help groups, among others.

These activities and programmes are very well accepted by all involved - the patients, customers, the pharmacies and the media1.

With regard to the rapid development of the Internet, and acceptance by both consumers and patients, the ABDA will launch a new Health Portal for the public, and, of course, a password protected area for pharmacists, in the very near future (spring/summer 2001). The content for the public comprises information on drug therapy as well as on health promotion issues. In addition, a potential Internet user will be directed to his/her nearest community pharmacy of choice, e.g. to place an order. The patient may then pick up his/her items at the pharmacy. By using this innovative approach, both the convenience and the direct pharmacist/client-interaction will benefit.

As listed in the guidelines section, a total quality management (TQM) programme is offered by the chambers of pharmacists to ensure the quality of structure, process, and outcomes. Several guidelines of quality assurance have been developed, and the most important ones were chosen as examples (see chapter/part A-II).
Appendix

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