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RESEARCH ARTICLE

ANALYSIS OF THE SITUATION OF PHARMACEUTICAL ASSISTANCE MANAGEMENT IN A CITY IN BAHIA

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ABSTRACT

Background: The Pharmaceutical Assistance is an aggregate of actions aimed at the promotion, prevention, and recovery of health, whose adequate performance, organization and management are essential to achieving their objectives. An aligned and well-informed health management team is primordial for the proper functioning. This research aimed to analyze the situation of the management capacity and planning of the Pharmaceutical Assistance management in the city of Tremedal, Bahia. **Methods:** A cross-cut, quantitative, descriptive and exploratory research was carried out, applying a questionnaire to nine managers in January 2019. **Results:** There is a pharmacist to support all demand of the city and carry out large-scale in the community. The dispensing in the units is performed by the nursing technician. All managers know the Municipal Drug List, and 60% of the unit managers do not recognize the existence of monitoring and evaluation of assistance actions. **Conclusion:** Despite the advances in Pharmaceutical Assistance throughout the country and the city of study, there are much more to be done, so that problems do not compromise the quality of the service. So, the representatives of government need to commit themselves to implement proposals in current policies and the reports of health conferences.

INTRODUCTION

Pharmaceutical Assistance (PA) is a strong determinant for health care and an essential indicator of the quality of health assistance (Marin *et al.*, 2003). It is defined as "a set of actions aimed at the promotion, protection, and recovery of health, both individual and collective, taking the drug as an essential input and aiming for its access and rational use"(Currently, the execution of PA is performed in an articulated way among the managers of the Unified Health System (UHS), with its financing taking place through the management spheres– Federal, State, and Municipal – and its execution has responsibilities agreed upon at the inter-agency levels seeking the organization of related activities and drug management, guaranteeing access to the population (Leite, 2015; Oliveira, 2018; Bittencourt *et al.*, 2017). Years after the creation of the UHS and the implementation of the National Medicines Policy and the National Policy on Pharmaceutical Assistance, the Ministry of Health created efforts to reorient the PA, aiming at improving management and quality of services. Despite the significant advances, the occurrence of problems in the management of

the municipalities reveal the persistence of great difficulties in the supply of quality pharmaceutical services by UHS (Bruno *et al.*, 2014; Gerlack *et al.*, 2017; Monteiro *et al.*, 2016). In 1998, the National Medicines Policy established the responsibilities of the three spheres of government within the UHS to guarantee the population's access to medicines. Managers, in partnership, should focus efforts towards promoting the proposed actions and guidelines: adoption and creation of a National List of Essential Medicines (NLEM); drug regulation; promotion of Rational Use of Medicines (RUM); promoting the production of medicines; guarantee of safety, effectiveness and quality; development and training of human resources (HR); and reorientation of PA, which is mainly based on the decentralization of management (Monteiro *et al.*, 2016; Brasil, 1998; Melo *et al.*, 2017). Although the PA is an essential part of health care, it has rarely been considered as such and appreciated with initiatives to strengthen its management. Even though UHS has prepared to prioritize health actions and select medicines used to provide care, considering the efficacy, safety, and cost-effectiveness of

these products, there is still much that needs to be advanced and structured in order to guarantee access to drugs and the effectiveness of health actions through PA (Vieira *et al.*, 2014). As mentioned above, PA represents one of the areas of high financial impact in the UHS, which is also the reality of the municipal health secretariats. The demand for medicines is crescent, and its availability requires high financial resources (Tanaka *et al.*, 2012). The absence of effective management can generate considerable loss; therefore, the proper management of PA is of paramount importance. In addition, the evaluation of prescribing indicators reflects prescribers' practice regarding aspects of the appropriate use of medicines at the municipal level, such as the average number of drugs per visit; the existence of the multidrug prescription; the percentage of prescriptions containing antibiotics, since the indiscriminate use of antimicrobials tends to increase bacterial resistance; among other problems (Barreto *et al.*, 2012; Freitas *et al.*, 2011). In the context of technical and scientific operations, the World Health Organization (WHO) recognizes the pharmacist as the best-qualified professional to carry out the proposed actions to improve access to the drug and promote its rational use, being substantial in the management of the necessary support services for the full development of PA (Santos *et al.*, 2017). Moreover, within PA, it has an important role in therapeutic education in order to make treatment more effective and, together with the required guidelines provided at the time of dispensation, to empower the user, contributing to treatment adherence and therapeutic success (Bittencourt *et al.*, 2017). In this way, this research aimed to analyze the situation of the managerial capacity and planning of the management of the PA, in addition to identifying the possible improvement points for advancement in the service.

MATERIALS AND METHODS

A descriptive, quantitative and exploratory cross-sectional survey carried out in the city of Tremedal (BA) and approved by the Ethics Committee on December 20, 2018 No. 3,097,527. The Municipal Health Department of Tremedal, a municipality of Bahia with approximately 18.4 million inhabitants, has a primary care network composed of five Family Health Units (FHU), three of them located in the countryside and two in the urban area; a unit of the Psychosocial Care Center (PCC); a Health Center of medical specialties and a Basic Pharmacy. Data collection was done through structured interviews in the form of a questionnaire, prepared according to the needs of the study by the authors of the research. The interviews were conducted in January 2019 with nine managers of the Primary Care of the municipality, being the Secretary of Health; the PCC Coordinator; the Coordinator of Basic Attention; the Coordinator of Pharmaceutical Assistance; and FHU managers. All of them signed the research consent form. The data acquired from this research were arranged and compiled in a database of its own using Microsoft Excel® software. Its interpretation was based on the analysis of the phenomenon during its development with the following calculation of frequencies of the detailed answers and arrangement of them in tables.

RESULTS

The nine managers of the Basic Care of the municipality of Tremedal according to the position and the professional

formation are shown in table 1. The team of PA only has one pharmacist, and this is the coordinator of PA. The dispensation of medicines occurs in all FHU and the Basic Pharmacy, and only in the Basic Pharmacy, the dispensation is supervised by the pharmacist, which supports the whole network of units and coordinates the functions and actions of the management of the PA. Regarding the human resources and infrastructure in the units, the pharmacist is not present in any FHU, being the dispensation carried out by the technician/nursing assistant. Every service done by the pharmacist coordinator of the PA happens in the Basic Pharmacy.

According to the coordinator of PA and the secretary of health, there are routine manuals for dispensing and clinical protocols in FHU. However, 55.6% of the managers affirm that there are no such manuals and 77.8% are aware of the availability and application of clinical protocols. All the managers said they knew about the Municipal List of Medicines (MLM). Regarding the existence of a monitoring and evaluation of the actions carried out by the PA, 66.7% of the managers are aware of the existence of this action, which is unknown to three FHU managers. According to managers' knowledge, 66.7% assured that FHU has sufficient size, adequate infrastructure and computer/internet resources available for pharmacy operation; 66.7% affirm that the acquisition process attends the FHU demand and 88.9% that the physical-financial programming is sufficient for the reality of the municipality. Table 2 shows if the knowledge of FHU managers about the actions and performance of the PA agrees with that affirmed by the coordination of the PA.

DISCUSSION

Due to Pharmaceutical Assistance be a set of procedures aimed at the promotion, prevention and recovery of health, its adequate performance, organization and management within a municipality is essential to achieve these objectives. Therefore, the presence of a coordinate and well-informed health management team is primordial for its proper functioning (Mendes *et al.*, 2013). According to WHO, patient-related pharmaceutical activities were evaluated as a significant component in professional practice for the practice of pharmaceutical care for patients (Marin *et al.*, 2003). These activities include health education, pharmaceutical orientation; promoting the rational use of medicines; pharmaceutical care; pharmacotherapeutic follow-up; dispensation; measurement and evaluation of results (Angonesi, 2008).

Pharmacies whose structure does not share spaces with other health services, whether they are in FHU or the Basic Pharmacy, have the physical infrastructure, human resources, and materials that allow the integration of services and the development of the actions of PA in a whole and efficient way. However, as seen, there is only one pharmacist present in the Basic Pharmacy, which is in coordinating activities and, in other units, usually in cases of technical visits. This reality is present in many Brazilian municipalities, and therefore, the absence of the pharmaceutical profession is a considerable challenge for management. The presence and performance of this professional guarantees the quality of dispensed and acquired medicines, humanized care, optimization of resources and the effective practice of actions capable of promoting the improvement of health care conditions (Rover *et al.*, 2016; Leite *et al.*, 2017).

Table 1. Distribution of the managers of the Basic Attention of the municipality of Tremedal according to the position and professional formation

Position held	Number of managers	Professional qualification
Secretary of Health	01	Social Worker
PCC Coordinator	01	Nursing
Coordinator of Basic Attention	01	Nursing
Coordinator of Pharmaceutical Assistance	01	Pharmacy
FHU managers	05	Nursing

PCC: Psychosocial Care Center; FHU: Family Health Units.

Table 2. Knowledge agreement between FHU managers and PA coordinator (n = 5).

Questions	Concordant (%)	Non-concordant (%)
Do actions/training to promote the adhesion of prescribers in the use of MLM?	80	20
Do you develop educational processes related to the irrational use of medicines?	60	40
Are there manuals with routine dispensing?	20	80
Are training and capacity training carried out for the personnel involved in PA?	80	20

MLM: Municipal List of Medicines. PA: Pharmaceutical Assistance.

Also, it is in the moment of dispensing that the pharmacist obtains the information necessary to analyze and make decisions regarding orientation to the proper use of the drug and the identification of possible problems that require routing to other services (Freitas *et al.*, 2011). In this municipality there is only one pharmacist, so the identification of these issues related to the patients is compromised. In Brazil, there is a significant lack of literature that indicates the number of pharmacies in FHU with the constant presence of the pharmacist. However, a study carried out in 2009 by the National Agency of Sanitary Vigilance Agency (Anvisa) to assess the reach of the pharmaceutical industry in UHS, identified that in seven out of ten UHS pharmacies there are no pharmacists. Although the clinical impact of the presence of the pharmacist has already been studied, there is a shortage of studies demonstrating improved access to medicines, prescription quality and the promotion of rational use of medicines after their insertion in primary health care teams, mainly when this professional also accumulates the administrative functions (Melo *et al.*, 2017). All managers of the municipality recognize the existence of MLM. This municipal list, based on NLEM, is imperative in reducing the possibilities of influences of the pharmaceutical industries in the prescriptions, and must be present in all units, being easily accessible for prescribers (doctors and nurses) and other health professionals, informing which drugs are part of the list of basic medicines needed by the city (Monteiro *et al.*, 2016; Melo *et al.*, 2017).

By this mean, MLM is a good indicator for the use and management of resources received because when there is no standardization in the list of medicines, random purchase ends up raising the costs of the pharmaceutical sector, which is already high due to the supply of necessary drugs distribution to the population. Thus, it is believed that, since all municipal managers know MLM, there is no expenditure of public money on the purchase of medicines that are not used in the city, besides there are regular training related to joining MLM and educational processes related to irrational use of drugs. Wannmacher (2010) states that rationally chosen medicines generate individual, institutional and national benefits. It should be noted that, for the user, the rational choice guarantees therapeutic benefits at a lower cost, while for the institutions, they conceive improvements in the standard of care, higher system resolution and reduction of expenses.

About the national scope, positive effects promote reductions in mortality and morbidity, and increase the quality of life of the population, improving the confidence in public attention to health. According to WHO (2010), the design of classification of essential medicines is a tool for guiding the clinical and administrative conduct of medicines in a given region. Also, its adoption broadens access and contributes to the promotion of the rational use of medicines, considering that the essential medicines are included according to the epidemiological profile of the local population, with requirements based on proven efficacy, safety, lower cost of treatment and presentation more suitable for the handle.

A significant step in the management of PA is the ongoing process of evaluating services. The conduct of this process requires a clear identification of the context in which it will be developed. There must be an identification, through data collection, of the economic, social and cultural characteristics of the region and the target population. Therefore, studies on the indicators of structure, process and outcome provide a mode to feedback the system in order to improve the quality of the service offered (Souza *et al.*, 2011). This evaluation is a reliable indicator of the actions that are performed by the PA and periodically are given accounts to the municipal manager (Secretary of Health). However, there are three units' managers who are unaware of the existence of this evaluation action. One possible explanation for this lack of knowledge is that some FHU is located in the country of the city, far from the PA head office, so the arrival of some information may have its clarity compromised. If this is the case, two probable solutions would be the PA frequent visitation to these units, regardless of technical visits, and a more extensive routine of meetings between managers (Carias *et al.*, 2011). PA policies and evaluations commonly performed focus on technical and logistic aspects, discrediting the political and social appearances that influence the implementation of public policies (Costa *et al.*, 2017; Bigdeli *et al.*, 2013). Advances in the concept of management and evaluation of PA have been present in the works of Barreto and Guimarães (Barreto *et al.* (2010), Manzini *et al.* (2016) and Mendes *et al.* (2016). These assessments of PA management adapted Matus's theoretical reference framework of governance capacity to the political context and peculiarities of the Brazilian health system in each of states studied (Matus, 1993). This understanding of management valorizes the process and not only the result, and privileges discussions about social aspects, power, and its

legality. Also, they considered that UHS principles should guide management and that evaluation, as a management tool, should also follow these precepts. According to the PA coordinator's response, there is in all FHU routine dispensing manuals in pharmacies; however, 80% of managers say that there was no such manual. It must occur due to the diverse activities that the managers in the units develop and, therefore, the presence of the manual may be unobserved, also demonstrating that there may not be a direct action of these professionals in the sector, which ends up being the responsibility of the technicians. This manual is extremely important because it is through it that the whole routine of the pharmacy sector in the FHU is defined. Thus it creates a habit and a pattern of dispensation with artifice to protect this action so that there is no duplicity in the dispensation and irrational use. In addition to this manual contains information to how to register the drug exits of the unit, since it is through this documentation/computerization of the dispensation that it becomes possible to evaluate the service and traceability of the patient/drug (Oliveira, 2018; Gerlack *et al.*, 2017; Carias *et al.*, 2011). Due to the majority of managers saying that there are training and skills, it is believed that those who did not affirm probably do not understand the meetings as a form of training.

That complicates the improvement of the health service of the city since it is in the training that there is a correlation between the theoretical content and the work environment (Melo *et al.*, 2014). Thus, it is through these training that the health professional is updated and improves his professional performance. So, the divergence of information between the coordination of PA and the managers of the FHU can generate several disorders for the services, such as the non-execution of the processes by the involved actors, which leads to a non-compliance with pre-established norms, compromising attention to the patient's health. Therefore, a more effective follow-up on the part of this management of the PA is necessary to avoid that these shortcomings compromise the quality of the offered services. Finally, it should be emphasized that PA needs to return to the agenda of Municipal, State, and Federal managers because of their ability to mobilize sub national funding and in the formulation of priority and guidelines. Besides, they must assume a commitment to implement the proposals explicit in current policies and the reports of health conferences and pharmaceutical assistance, as it is not possible to speak about health care effectiveness without the PA fulfilling its role with quality.

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Key points:

- The divergence of information between the coordination of the PA and the managers of FHU generates several disorders for the services;
- The needed for improvement in the communication of the management of the PA with the managers of the FHU;
- The evaluation of the management tools must always be in progress because it is through this that the management of the PA can be organized or reorganized in order to provide a better service to the users.

Abbreviation list

ANVISA-National Agency of Sanitary Vigilance Agency

FHU-Family Health Units

HR -Human Resources

MLM-Municipal List of Medicines

NLEM-National List of Essential Medicines

PA-Pharmaceutical Assistance

PAC-Psychosocial Attention Center

RUM-Rational Use of Medications

UHS-Unified Health System

WHO-World Health Organization

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