

Evaluation of Patient Experience with a Model of Coordinated Telematic Pharmaceutical Care Between Hospital and Rural Pharmacies in Spain [Letter]

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Dear editor

We have read the paper by Ramón Morillo-Verdugo et al on Evaluation of Patient Experience With A Model of Coordinated Telematic Pharmaceutical Care Between Hospital and Rural Pharmacies in Spain.¹ This research introduces a new model in the world of telepharmaceuticals by developing a model called Capacity- Motivation- Opportunity (CMO) specifically designed to monitor patient treatment through telepharmacy.¹ Telepharmacy is a long-distance pharmaceutical care procedure that is used worldwide to control patient health.² Utilization of telepharmaceutical technology enables pharmacists to provide pharmaceutical services clinic to patients while maintaining distance and minimizing face-to-face meetings.³

The study conducted by Ramón Morillo-Verdugo et al aims to determine the benefits of the Capacity-Motivation-Opportunity (CMO) telepharmaceutical care model to improve the patient experience of hospital drug prescriptions. The author found the results that the CMO model was able to improve patient experience and satisfaction compared to the traditional model where implementation in use was easier to practice.¹ However, telepharmacy practice still has some limitations, namely consultation and counseling by pharmacists that are more focused on increasing patient compliance and clinical outcomes, there are not many telepharmacies that provide education and information about self-management and education related to patient illnesses directly. Another limitation is that telepharmacy is more vulnerable to privacy and security risks, telepharmacy providers must be responsible for ensuring regulatory compliance, patient confidentiality and system security at all times.⁴

The study conducted by Ramón Morillo-Verdugo et al used a prospective cohort study of outpatients receiving telepharmacy based on CMO-based pharmaceutical care where each patient was followed for 48 weeks on face-to-face and telematics visits, scheduled and unscheduled at the patient's request.¹ This method is already able to measure the effectiveness of the CMO model, however we recommend proceeding to the post-hoc analysis to find out to what extent higher levels of understanding of telepharmaceutical services are seen among patients with higher education levels compared to primary and secondary levels in service cases related to therapy side effects.⁵ In addition, the CMO model should pay attention to the critical needs that support pharmacists in maintaining their knowledge of modern telepharmaceutical procedures and their expertise in offering pharmaceutical services so that patients feel safe during consultations and can ultimately improve presence of pharmacists as qualified health workers.⁴

In conclusion, we agree that telepharmacy with the CMO-PC model has improved patient experience, patient satisfaction, and offers other advantages over traditional models, which are tailored to patient needs.¹ However, we recommend that in the future this telepharmacy can be developed by adding several steps to ensure that the use of

telepharmaceutical services continues to develop and improve. Pharmacist associations need to advocate for laws and regulations on telepharmacy that can guarantee the safety, privacy and legacy of telepharmacy education not only for pharmacists but also for patients. This is useful for facilitating communication between pharmacists and patients as well as being a strong, safe, and needs-based telepharmaceutical platform whose benefits can be felt directly by patients.⁴

Disclosure

All author reports no other conflict of interest in this communication.

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