

Strategies to Overcome Barriers in Pharmaceutical Care in Primary Health Care

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Abstract

Objective: This report aims to present strategies to overcome barriers to the implementation of PC in the in the Unified Health System (SUS). **Methods:** A workshop was conducted using a transversal approach, involving six pharmacists participating in a larger project, where participants discussed previously identified challenges. The overcoming strategies were collaboratively developed based on experience and group consensus. **Results:** The results indicated that administrative strategies include the reorganization of the workflow, awareness of managers, and adoption of electronic health records. On a technical level, the need for continuous training and active integration of pharmacists into multidisciplinary teams was highlighted. Attitudes such as assertive communication, use of scientific evidence, and personalized care were effective in overcoming resistance from patients and professionals. Politically, intersectoral articulation and the demonstration of economic and clinical benefits strengthened managerial support. **Conclusion:** The discussed strategies reinforce the importance of integrated and participatory actions to promote a sustainable implementation of PC in the SUS, positively impacting the effectiveness of health services.

Keywords: Evidence-Based Pharmaceutical Care; Barriers to Healthcare Access; Health Strategies; Clinical Pharmacists; Pharmaceutical Assistance.

Estratégias para Superar Barreiras no Cuidado Farmacêutico na Atenção Primária à Saúde

Resumo

Objetivo: Este relato de experiência tem como objetivo apresentar estratégias para superar barreiras à implementação da assistência farmacêutica (AP) na Atenção Primária à Saúde (APS) a partir das experiências de farmacêuticos do Sistema Único de Saúde (SUS). **Métodos:** Foi realizada uma pesquisa participativa no formato de oficina, como parte de um projeto maior denominado ImplanFarSUS. A oficina envolveu seis farmacêuticos participantes do ImplanFarSUS e foi liderada por quatro pesquisadores. Os participantes discutiram os desafios previamente identificados e, para cada dificuldade encontrada, os participantes discutiram estratégias que foram utilizadas para superá-las. As estratégias de superação foram desenvolvidas de forma colaborativa, com base nas experiências e no consenso do grupo. **Resultados:** Os resultados indicaram que as estratégias administrativas incluem a reorganização do fluxo de trabalho, conscientização dos gestores e adoção do prontuário eletrônico. No nível técnico, foi destacada a necessidade de capacitação contínua e integração ativa dos farmacêuticos às equipes multidisciplinares. Atitudes como comunicação assertiva, uso de evidências científicas e atendimento personalizado foram eficazes para superar a resistência de pacientes e profissionais. Politicamente, a articulação intersetorial e a demonstração de benefícios econômicos e clínicos fortaleceram o apoio gerencial. **Conclusão:** As estratégias discutidas reforçam a importância de ações integradas e participativas para promover uma implementação sustentável da AB no SUS, impactando positivamente a efetividade dos serviços de saúde.

Palavras-chave: Cuidado Farmacêutico Baseado em Evidência; Barreiras ao Acesso aos Cuidados de Saúde; Estratégias de Saúde; Farmacêuticos Clínicos; Assistência Farmacêutica.



Introduction

Pharmaceutical Care (PC), when integrated into Primary Health Care (PHC), has led to significant improvements in health indicators, particularly in pharmacotherapy management, chronic disease management, and the prevention of medication-related errors¹⁻⁴. The publication of the National Guidelines for Pharmaceutical Care (NGPC) within the Unified Health System (SUS) reinforces the importance of including pharmacists in patient-centered care and integrating these professionals into healthcare teams, making them jointly responsible for the therapeutic process⁵.

Despite the well-established clinical, humanistic, and economic outcomes of PC in PHC, as well as its technical and legal support within SUS, this practice model is not uniformly implemented across healthcare units⁶. Several factors have been identified as barriers to the implementation of pharmaceutical care⁷⁻⁹. Understanding these challenges and their relationship with the NGPC is essential to fostering a sustainable and appropriate implementation of Pharmaceutical Care.

In this context, this study aims to report the experience of identifying barriers and proposing strategies to facilitate the implementation of pharmaceutical care in PHC.

Methods

A participatory study was conducted in the form of a workshop, as part of a larger project called ImplanFarSUS. This project involved training pharmacists from the state of Minas Gerais, followed by support for the implementation of Pharmaceutical Care in Primary Health Care (PHC). The training focused on Diabetes Mellitus (DM) and associated comorbidities and consisted of eight synchronous classes and two bonus sessions. The active learning methodology Problem-Based Learning, proposed by Barrows and Tamblyn (1980), was employed, incorporating asynchronous discussions based on articles and clinical cases¹⁰. Topics covered included Type 1 DM, gestational DM, Type 2 DM, hypertension, heart failure, dyslipidemia, chronic kidney disease, diabetic foot care, and a multidisciplinary approach. The bonus sessions addressed the legal framework of Clinical Pharmacy and the stages of the pharmaceutical consultation, promoting an integrated perspective on healthcare¹¹.

The next phase, the implementation of pharmacotherapeutic follow-up through Pharmaceutical Consultations, included the identification and recruitment of DM patients in PHC. This was followed by eight consultations conducted by the trained pharmacists, who received ongoing monitoring and support, including in-person visits from ImplanFarSUS researchers throughout the process¹².

As the final stage of the project, all 20 participating pharmacists were invited to a workshop held in December 2024 in Divinópolis-MG, regardless of whether they had fully implemented the intervention.

During the two-hour workshop, a discussion group was conducted with the pharmacists, in which the challenges faced during the implementation of Pharmaceutical Care were presented. The starting point was the presentation of previously identified barriers using a validated questionnaire developed by da Silva et al.¹³, based on the domains defined by Onozato (2018): Attitudinal, Political, Technical, and Administrative (APOTECA)^{13,14}.

The discussion was led by four pharmacist researchers affiliated with ImplanFarSUS, who presented the identified challenges as key discussion points. The guiding question for the discussion was: "How did you overcome each of the identified challenges?" Each pharmacist had the opportunity to share their experiences and strategies for overcoming the difficulties encountered. Those who had faced a specific challenge shared their insights, and, collectively, the group developed a proposed strategy for each identified barrier.

Among the four pharmacist researchers leading the workshop, one was responsible for recording the responses on a projected board in the center of the room, which remained visible to all participants. The other three researchers facilitated the discussion by presenting the barriers, encouraging debate, and working towards a consensus on strategies to overcome the respective challenges. Whenever a new issue was raised, the group was asked (i) whether everyone agreed with the point and (ii) how the new issue could be integrated into the topics already discussed.

The projected board was divided into two columns: the first listed the previously identified challenges, while the second remained blank, being filled in as the discussion progressed. This visible record facilitated comprehension and allowed participants to track the conversation's progress. After each item was completed, the researcher responsible for note-taking read the recorded content aloud and asked whether everyone agreed with the final wording.

The study was approved by the Research Ethics Committee Involving Human Subjects (CEPES) of the Federal University of São João del-Rei (UFSJ), Centro-Oeste Dona Lindu campus, under opinion CAAE 45666921.0.0000.5545. All participants signed a Free and Informed Consent Form (TCLE).

Results

Six out of the 20 invited pharmacists from municipalities in Minas Gerais participated in the workshop. The primary reason cited for non-attendance was workload overload and/or the absence of a staff member to cover their daily responsibilities. All participants were permanent public employees, five of whom had completed the project and fully implemented Pharmaceutical Care (PC) in their respective units, from regulatory processes to outcome evaluation.

The participating professionals were involved in different levels of healthcare, including Primary Health Care (PHC) (as part of multiprofessional teams - E-Multi), Secondary Care, and the Specialized Component of Pharmaceutical Assistance. The group consisted of four women (66,7%) and two men (33,3%), with a mean age of 39.50 (± 5.82) years and an average of 14.33 (± 6.02) years since graduation. The Figure 1, 2, 3 and 4 presents administrative, technical, attitudinal and political challenges and proposed strategies for overcoming them, as outlined in the table developed during the workshop.

Figure 1. Administrative challenges and proposed strategies for overcoming them in the implementation process of Pharmaceutical Care in the Unified Health System (SUS), based on the expertise of pharmacists from the ImplanFarSUS Project, 2024.

Administrative Challenges / Strategies	
High workload focused on technical medication management.	<ul style="list-style-type: none"> - Reorganize the work process to optimize time for clinical activities. - Establish clinical goals to ensure pharmaceutical care is integrated into routine practice. - Delegate non-clinical tasks to staff members within their professional competencies, under the pharmacist's supervision.
Insufficient number of pharmacists to carry out both technical and clinical management.	<ul style="list-style-type: none"> - Raise awareness and maintain a presence with managers. - Clearly explain and demonstrate to managers the importance and impact of pharmacists' work. - Advocate for and request the hiring of qualified technical support and pharmacists. - Develop and implement Standard Operating Procedures (SOPs) for managerial tasks to be carried out by qualified technical support. - Avoid working outside regular working hours.
Insufficient information in medical records.	<ul style="list-style-type: none"> - Promote close coordination and dialogue through regular meetings with the multidisciplinary team. - Be a reference professional in proper medical record documentation, aiming to implement an institutional culture of complete and accurate record-keeping. - Make concrete efforts to implement electronic medical records.
Limited access to information technology and consultation sources.	<ul style="list-style-type: none"> - Advocate for continuous access by professional councils and government bodies to specific databases for pharmaceutical care. - Promote and implement a culture of using available databases. - Request the implementation of technological devices that can be used in remote locations with no internet access.

Figure 2. Technical challenges and proposed strategies for overcoming them in the implementation process of Pharmaceutical Care in the Unified Health System (SUS), based on the expertise of pharmacists from the ImplanFarSUS Project, 2024.

Technical Challenges / Strategies	
Lack of clinical-focused courses in undergraduate programs and limited knowledge of pharmacists regarding clinical responsibilities.	<ul style="list-style-type: none"> - Have access to Continuing Education in Health (EPS) actions in the field of Clinical Pharmacy. - Participate in unit team case discussions and matrixing activities.
Lack of relationship and communication difficulties with the multidisciplinary team.	<ul style="list-style-type: none"> - Introduce yourself to the team using appropriate communication techniques (both verbal and non-verbal). - Demonstrate the knowledge and role of the pharmacist in the care process, practically and with measurable results. - Present qualified and up-to-date technical information to support the team's decision-making. - Maintain continuous and sustained proactivity.
Lack of awareness and involvement of the population and healthcare team regarding the importance of Pharmaceutical Care.	<ul style="list-style-type: none"> - Conduct active searches for specific patient groups, especially those with comorbidities that have measurable objective parameters. - Promote the service to patients in the healthcare facility during health events. - Develop brochures and hold work meetings to present the service to other professionals. - Foster closer relationships with Community Health Agents (ACS), considering their strategic role in healthcare. - Recruit patients during medication dispensing. - Clearly and objectively explain the service before starting care.

Figure 3. Attitudinal challenges and proposed strategies for overcoming them in the implementation process of Pharmaceutical Care in the Unified Health System (SUS), based on the expertise of pharmacists from the ImplanFarSUS Project, 2024.

Attitudinal Challenges / Strategies	
Low trust in pharmacists by the multidisciplinary team and patients.	<ul style="list-style-type: none"> - Work with scientific evidence and reliable, updated, and robust references. - Communicate safely and use appropriate communication techniques.
Insufficient patient commitment to Pharmaceutical Care.	<ul style="list-style-type: none"> - Identify the psychosocial aspects of each patient to understand what personal motivations drive them to care for their own health. - Ensure that pharmacotherapeutic objectives and goals do not override the patient's goals. - Provide patient-centered care.
Resistance to change by the pharmacist.	<ul style="list-style-type: none"> - Start consultations gradually, initially with patients using medications or those with specific conditions. - Get trained to care for specific patient groups. - Demonstrate that the pharmacist's role goes beyond the sale or "dispensing" of medications. - Take action whenever there is an opportunity, such as when a person has questions regarding their pharmacotherapy. - Step out of your "comfort zone" to enhance patient care.

Figure 4. Political challenges and proposed strategies for overcoming them in the implementation process of Pharmaceutical Care in the Unified Health System (SUS), based on the expertise of pharmacists from the ImplanFarSUS Project, 2024.

1. Political Challenges / Strategies	
Lack of government support (federal, state, and/or municipal) for the implementation of Pharmaceutical Care.	<ul style="list-style-type: none"> - Analyze financial and accounting data regarding the use of municipal resources, particularly those allocated to healthcare. - Ensure public access to information regarding the application of financial resources, especially those allocated to Pharmaceutical Assistance. - Reinforce with managers the legal and technical necessity for applying resources according to the respective budget categories. - Occupy collective debate and social control spaces to promote awareness and transparency.
Lack of autonomy for pharmacists to perform their clinical responsibilities within healthcare institutions.	<ul style="list-style-type: none"> - Clarify, for managers and the team, the technical and legal foundation supporting the responsibilities of the clinical pharmacist. - Develop protocols and referral flows outlining specific tasks and responsibilities.
Lack of support from local managers (healthcare unit managers) in the implementation of Pharmaceutical Care.	<ul style="list-style-type: none"> - Demonstrate to health unit management that there will be no overlap of tasks, especially with nursing and medical professionals. - Provide examples from other settings, highlighting economic impacts such as reduced losses from expired medications, reduced hospitalizations, and cost savings from better referrals. - Demonstrate the pharmacist's role in improving the workflow of care, showing how it enhances team performance. - Identify and present to managers the major problems caused by improper medication use, categorizing them into economic, clinical, and humanistic impacts. - Promote effective written and verbal communication to raise awareness and engage key stakeholders.

Discussion

The implementation of Pharmaceutical Care (PC) in the Unified Health System (SUS) faces several challenges that hinder its effective incorporation and long-term sustainability. The key findings from this study suggest that, despite these obstacles, specific strategies can help overcome them. The results highlight that work process reorganization, delegation of non-clinical tasks, and managerial awareness-raising are essential measures to enable pharmacists' clinical practice. Additionally, continuous professional training and active participation in multidisciplinary teams strengthen the effectiveness of these services.

The recent publication of the National Guidelines for Pharmaceutical Care (NGPC) underscores the Federal Government's commitment to fostering pharmaceutical services⁵. Furthermore, there are supportive policies at both state and municipal levels¹⁵. However, in practice, significant efforts are still needed to institutionalize these services in a way that genuinely impacts patients' quality of life. The findings of this study illustrate that real-world experiences provide practical strategies and actions for overcoming existing challenges.

Raising awareness among healthcare managers has proven crucial for demonstrating the impact of pharmaceutical services and ensuring sufficient and qualified human resources¹⁶. Additionally, expanding efforts to effectively implement electronic medical records is recommended, in line with the NGPC, which advocates for the inclusion of pharmaceutical services in SUS information systems⁵. These measures address workload burden and lack of documentation in medical records, reinforcing the role of efficient management in service implementation.

In the technical domain, continuing education in health and active integration of pharmacists into multidisciplinary teams are key strategies to strengthen clinical practice¹⁷. Moreover,

promoting pharmacists' role in patient care, with measurable outcomes, is essential for service recognition. As also suggested by studies from Santos, Silva, and Tavares (2018), clinical pharmacists' integration into SUS contributes to the development of a professional identity beyond medication dispensing, emphasizing risk reduction, morbidity and mortality prevention, and rational drug use³.

Attitudinal strategies involve demonstrating the pharmacist's positive impact in practice and using reliable scientific evidence to support interventions. Additionally, understanding patients' individual motivations and aligning therapeutic goals with their priorities enhance adherence to care. For pharmacists, overcoming resistance to change requires training, a gradual introduction to patient consultations, and expanding their perspective on their role beyond dispensing medications. Thus, attitudinal strategies encompass technical competencies, communication skills, policy awareness, and fostering supportive environments for Pharmaceutical Care^{3,18}.

Political strategies involve engaging in collective discussions, strengthening intersectoral collaboration, and presenting indicators that demonstrate the economic and clinical benefits of pharmaceutical care. In this context, the NGPC explicitly supports the engagement of health managers, pharmacists, and other healthcare professionals in shared patient care responsibilities (BRASIL, 2024). Recognizing Pharmaceutical Care as an integral part of public health policies is a promising pathway for its expansion.

Despite identifying relevant strategies for overcoming barriers to PC implementation, this study has some limitations. Firstly, the small number of workshop participants may limit the generalizability of the findings. Additionally, as the research was conducted with professionals from Minas Gerais, the results may not fully represent the reality of other regions in Brazil. Lastly, the study did not assess which strategies were successfully implemented and which remain unaddressed, highlighting an area for future research.

Conclusion

This study presents strategies that, when applied collaboratively and sustainably, can drive a transformation in the implementation of Pharmaceutical Care (PC) in the Unified Health System (SUS). These strategies range from work process reorganization, continuous professional training, and strengthening communication within multidisciplinary teams to broader actions such as raising awareness among managers and advocating for the pharmacist's role in collective governance spaces.

Notably, implementing the described strategies—particularly work process reorganization and continuous professional training—can directly help overcome structural challenges that contributed to the low attendance of pharmacists at the workshop. The participatory approach used in this study reinforces the importance of engaging professionals in developing practical solutions, fostering a more effective and sustainable implementation of Pharmaceutical Care within SUS.

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Contributors

JAA, LGSR, MLP and AOB participated in the project design, data analysis and interpretation, as well as writing of the article. DAG and PRON participated in the critical review of the text. All authors approve the final version to be published and are responsible for the information in the article, ensuring the accuracy and integrity of any part of it.

Conflict of Interest

The authors declare no conflicts of interest regarding this article.

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