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## Editorial

# Pharmacotherapeutic Follow-up Using Telepharmacy: Experience in Argentina

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Telepharmacy is defined as the use of communication technology tools within the scope of pharmacy practice. Various scientific societies have provided definitions, proposed working models, or published consensus documents on the topic.[1-6] In Argentina, however, there are still no specific regulations governing pharmaceutical activity nor any consensus issued by scientific societies.[7] Pharmacotherapeutic follow-up of patients is defined as the practical application of Pharmaceutical Care through the systematic, scientific, and methodical performance of a set of activities that enable the patient to derive benefit from their therapeutic plan.[8] In the country, however, innovative experiences in patient care using telepharmacy practices are being observed, such as the initiative at the Príncipe de Asturias Municipal Hospital, which is described below. With the objective of establishing a care and education strategy for patients with chronic cardiovascular diseases within an interdisciplinary team (including pharmacists, physicians, social workers, and final-year pharmacy students), different stages were established:

a) Pre-implementation Stage

During this phase, the communication tool to be used was selected. Synchronous communication via telephone and chat was chosen to enable two-way communication with the patient.

Next, inclusion criteria for patients to be contacted were determined. By team consensus, the selected patients were those who, despite having scheduled appointments to collect their medication, did not pick them up.

A written informed consent form was developed to obtain patients' voluntary permission to carry out pharmacotherapeutic follow-up through the defined tools. This was approved by the hospital's and university's bioethics committees. Lastly, the content of the telephone interview and chat messages was established to avoid operator bias. The approximate duration of phone contact was defined, along with a checklist of key points: reason for non-adherence to treatment, date of last medical visit, hospitalizations at other centers, blood pressure measurements (if feasible for the patient), and any concerns about the treatment.

b) Implementation Stage

Upon enrollment in the program, each patient was informed about the scheduled three-monthly medication pickups and the importance of adhering to regular medical follow-up. At this time, written consent for telephonic pharmacotherapeutic follow-up was requested.

At the end of the scheduled medication pickup period, non-adherent patients were identified and contacted by phone. If they did not answer, they were contacted via chat.

Telephone communication was established as follows:

The pharmacist introduced themselves with their name and role (pharmacy service), identified the patient by verifying their identity as a patient at the health center and specifically under the cardiology service. If personal contact with the patient was not established, a second attempt was scheduled. The purpose of the communication was then explained.

While the established structure was respected, it was adapted when necessary to suit individual patient needs. The focus remained on the comprehensive treatment program (medication dispensing and continuity of medical care). Scheduled dispensing procedures were reinforced, and additional requested information was provided.

For patients who decided to continue their treatment at the health center, a pickup appointment was scheduled for the same week. If needed, patients were referred back to the cardiology service for treatment adjustment before resuming scheduled medication pickup.

After the interviews, a summary was shared with the team listing the patients contacted, updates, and commitments made for follow-up review.

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c) Evaluation Stage

The outcomes of the intervention were assessed through continued medication collection, frequent medical consultations, and hospitalization rates related to the disease.

The telephone interview was part of the pharmacotherapeutic follow-up for patients who were non-adherent to their treatment plan. It provided an opportunity to review therapeutic goals, identify adverse events, and address patient concerns and education related to their condition. This tool complemented the face-to-face encounters during medication dispensing.

Through this approach, access to healthcare professionals was improved when needs were identified, often resulting in administrative support to schedule necessary appointments or, in urgent cases, prompt medical consultations or calls.

From the interdisciplinary team's perspective, this approach enabled coordinated and synergistic actions based on identified needs (e.g., safe acenocoumarol use workshops), and optimized pharmacotherapy. This workflow allowed for better demand management, benefiting the patients served.

For the pharmacist, it added value to their professional role in monitoring adherence and provided opportunities to develop improvement plans in patient interactions.

The work team succeeded in promoting patient-centered healthcare by offering an integrated and continuous view of the patient's health.

**About the authors**

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