

Providing Patient Care in Community Pharmacies: Practice and Research in Finland

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Finland is a Northern European country of 5.2 million people bordered by Sweden, Norway, Russia, and the Baltic Sea. Finland joined the European Union (EU) in 1995, and in January 1999 became the only Nordic state to join the Euro monetary system. Healthcare expenditure in 2003 was €11.24 billion, or 7.4% of gross domestic product (GDP), with the government responsible for 76.5% of all healthcare expenditure.¹ The life expectancy at birth in 2004 was 75.3 years for men and 82.3 years for women.² Almost 40% of excess mortality among working-age people is due to circulatory disorders, and 43% of people on disability pensions were awarded their pension due to a mental health disorder.

Finnish health policy is guided by 2 main objectives: securing the best health for the population and minimizing the disparities in health between different population groups.² Since 1980, subsequent versions of the Health for All Policy have sought to develop and promote a comprehensive approach to health care that encompasses all public policy decision-making. Pharmacies and pharmaceutical products are regulated by the National Agency for Medicines (NAM). The NAM is responsible for monitoring the safety of medicinal products, medical devices, and blood products, tasks that it performs in collaboration with other EU member states and the European Medicines Agency. NAM works under the Min-

OBJECTIVE: To describe the provision of patient care in community pharmacies in Finland.

FINDINGS: The network of 799 community pharmacies across Finland dispensed 42.1 million prescriptions in 2005. Medication counseling has been mandated by law since 1983 and only pharmacists are permitted to provide therapeutic advice in pharmacies. Measurable improvements in the rates of pharmacists' medication counseling have been observed since 2000. Long-term national pharmacy practice initiatives commenced with the World Health Organization EuroPharm Forum's Questions to Ask About Your Medicines campaign from 1993 to 1996. This was followed by the larger Customized Information for the Benefit of Community Pharmacy Patients project. Since the late 1990s, Finnish pharmacies have actively participated in ongoing national public health programs, initially in the areas of asthma and diabetes, and more recently in the treatment and prevention of heart disease. Automated dose dispensing and electronic prescribing are in the process of wider uptake and implementation. A nationwide multidisciplinary project to improve the use of drugs in older people has recently been announced and research in this area is underway.

DISCUSSION: Research has focused on improving the quality of patient care as a strategic priority in community pharmacies. The development of community pharmacy services in Finland has been characterized by strong collaboration among the professional associations, university departments of social pharmacy, continuing education centers, and practicing pharmacists.

CONCLUSIONS: Implementation of new patient care services has required long-term, systematic, and well coordinated actions at the local and national levels. Future services will seek to promote the quality use of medications and to ensure that rising costs do not limit uniform access to drugs by all Finnish residents.

KEY WORDS: community pharmacy services, Finland, pharmaceutical care.

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istry of Social Affairs and Health. The Ministry directs and guides policies of social protection, social welfare, and health care. In 2003, the Ministry outlined key pharmaceutical policy objectives for the first time (Table 1). One of the outcomes was to create The Centre for Pharmacotherapy Development, primarily to collect and deliver information to promote evidence-based prescribing by family physicians.

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Finland has a network of 799 community pharmacy outlets, consisting of 604 pharmacies, designated as main pharmacies, and 177 subsidiary outlets. The pharmacies are distributed across the country, with 99% of Finns having access to a community pharmacy in their municipality.³ In addition to the privately owned pharmacies, the University of Helsinki has the statutory authority to operate one main pharmacy in Helsinki (with 16 subsidiary pharmacies) and the University of Kuopio has the authority to operate one main pharmacy in Kuopio. Pharmacy ownership is restricted to pharmacists; however, pharmacies are not bought or sold. Ownership of a pharmacy is granted via a license from the NAM to the applicant considered best qualified to operate a particular pharmacy.⁴ This license is automatically terminated once the pharmacy owner reaches 68 years of age. Applicants for pharmacy ownership are assessed on the basis of the competence that they have demonstrated in their previous work within the pharmacy profession. A pharmacist can own only one main pharmacy with up to 3 subsidiary pharmacies.

The average population served by one community pharmacy is 6500.³ Finnish community pharmacies have a monopoly on the sale of prescription and nonprescription medications, with the recent exception of nicotine replacement therapy. The distribution of pharmacy sales in 2005 was 82% prescription drugs, 13% nonprescription drugs, and 5% other products (including dressings, basic creams, washing and cleansing products, cosmetics, nutritional products, and herbal remedies).³ The average turnover of a community pharmacy in 2005 was €3.0 million, with community pharmacies dispensing an average of 61 686 prescriptions annually (~8 prescriptions per capita). All Finnish pharmacies are required to maintain an extemporaneous compounding laboratory, and 0.5% of medications dispensed are compounded.

Finnish community pharmacies pay a tax (referred to as the pharmacy fee), which is calculated as a proportion of the turnover. The pharmacy fee is used to balance financial profitability between pharmacies of different sizes and in

different geographical locations. On average, the pharmacy fee is 7% of turnover (range 0–11%). The pharmacy fee is used to ensure the availability and viability of pharmacy services in rural and remote areas. The total pharmacy fee collected by the Finnish government in 2005 was approximately €123 million.³

The Finnish reimbursement system for medications was introduced in 1963. All Finnish citizens are insured by the government through the Social Insurance Institution of Finland (KELA). Since January 2006, patients have been required to pay 58% of the total cost of a medication in the basic reimbursement category, 28% in the lower special reimbursement category, and €3 per drug in the upper special reimbursement category.⁵ The reimbursement category is determined according to the particular medication and the patient's diagnosis. The retail price of medications is the same in all community pharmacies across the country. Pharmacists are also paid a fee for each prescription dispensed (€0.42 including value-added tax). The annual limit or ceiling for a patient's copayments on reimbursable medications was set at €610 in 2006. With the exception of automated dose dispensing, specific pharmaceutical care services are not reimbursed. However, a Finnish model of medication review is under development and it is expected that this will become a reimbursed service in the near future.

Pharmaceutical companies that are seeking reimbursed status for a drug are required to apply to the Pharmaceuticals Pricing Board for a reasonable wholesale price and reimbursement. There are no controls over the wholesale price of nonreimbursed nonprescription medications. In 2006, the government decided that annual total reimbursement expenditure growth will be capped at 5% between 2008 and 2011. One of the tools identified to achieve this cap is reference pricing. As a result, the Ministry of Social Affairs and Health created a working group in June 2006 to propose a model of reference pricing suitable for Finland. New regulations regarding generic substitution were introduced in April 2003; since then, pharmacists have been required by law to dispense the lowest priced substitutable medications (providing the patient and physician do not object to the switch). Generic substitution resulted in savings of €88.3 million in the first year.⁶ The main reasons cited by patients for objecting to a generic medication were positive experiences with their current medication and the need to discuss generic substitution with their physicians.⁷

Pharmacy Education in Finland

The 2 main pharmacy degree qualifications in Finland are the Bachelor of Science in Pharmacy and the Master of Science in Pharmacy. The Bachelor of Science in Pharmacy involves a minimum of 3 years of study, including 6 months' practical training in a community or hospital phar-

Table 1. Key Goals of Finnish Pharmaceutical Policy^a

Safety of medications is maintained at a high level Prescribing is rational Good access to medications throughout the country Use of medications is appropriate Cost of medications is reasonable for both individuals and society Administration is transparent Demands of veterinary therapy have been taken into account in pharmaceutical services Finland is active in the European initiatives to monitor the safety of medicinal products Pharmaceutical research is supported
^a 2003–2010.

macy, and is designed to foster professional competencies required for employment in community pharmacies. The curriculum is based on the biomedical and social sciences, in addition to chemistry, pharmaceuticals, and pharmacognosy. Bachelor's graduates in Finland are termed *farmaseutit*, and 90% of those who do not continue studying for their Master's degrees commence working in a community pharmacy upon graduation.⁸ Graduates of the Bachelor's degree program are occasionally referred to internationally as prescriptionists, but they commonly undertake roles in Finland performed by pharmacists in other countries. This can include taking responsibility for the operation of a main or subsidiary pharmacy when the owner is not present.

The Master of Science in Pharmacy degree requires an additional 2–3 years of study and involves completing a research project in a discipline of the student's choice (pharmaceutical technology, pharmaceutical chemistry, pharmacology and toxicology, social pharmacy, biopharmaceutics and pharmacokinetics, pharmaceutical biology). Pharmacists must be educated to at least the Master's level before they can apply to own a community pharmacy. Sixty percent of Master's degree graduates work in community pharmacies as employed pharmacists or owners.

There are 2 faculties of pharmacy in Finland that offer both the Bachelor's and Master's degree programs: the University of Helsinki and the University of Kuopio. Additionally, the Åbo Akademi University offers the Bachelor's degree program in Swedish. Since 2004, pharmacy education in Finland has been undergoing reforms to make it consistent with the principles outlined in the Bologna Declaration, an agreement signed by 29 European countries in 1999 to create a common framework for higher education across Europe.⁹ Finnish pharmacy students actively participate in the European Pharmaceutical Students' Association and the International Pharmaceutical Students' Federation.

The Doctor of Philosophy in Pharmacy (PhD) is the main postgraduate degree. It is also possible to study for a Licentiate degree, a research-based degree positioned between the Master of Science in Pharmacy and the PhD. Pharmacists who graduate with a PhD or Licentiate primarily work in community pharmacies, the pharmaceutical industry, or academia. Universities also offer the opportunity to specialize in community pharmacy, hospital pharmacy, and industrial pharmacy. Postgraduate research in pharmacy practice is funded by organizations including the Helsinki University Pharmacy, Kuopio University Pharmacy, the Association of Finnish Pharmacies (AFP), the Finnish Cultural Foundation, and some government agencies.

Continuing professional development (CPD) in Finland is planned and coordinated at both a local and national level to address the community pharmacy strategy and key healthcare priorities. In-house training, as well as long-

term and short-term continuing education, has a long tradition in Finnish community pharmacies, dating back to the early 1980s. Updating professional knowledge has become a norm among Finnish community pharmacists, despite not being mandated by law before 2006. Seventy-six percent of pharmacists with a Bachelor's degree and 85% of those with a Master's degree actively participated in CPD activities in 2001.¹⁰ CPD activities are primarily organized by several nonprofit associations that work closely with the pharmacy schools. The oldest of these is the Pharmaceutical Learning Centre, which was founded in 1980. The Palmenia Centre for Continuing Education, an independent institute of the University of Helsinki, and the University of Kuopio's Centre for Training and Development offer both short and extended courses in a range of pharmacy-related topics. Continuing education is also organized by the AFP, The Finnish Pharmacists' Association, and the Finnish Pharmacists' Society.

Community Pharmacy Services

The development of community pharmacy services in Finland has involved close collaboration among the professional associations, university departments of social pharmacy, continuing education centers, and practicing pharmacists. The evolution of community pharmacy services has been based on evidence of consumer expectations, common drug-related problems in the community, and the role of pharmacists in health care. Services provided by pharmacists have been integrated with other health and social care services and designed to most effectively utilize the skills of all community pharmacy staff.

Medication counseling by community pharmacists was mandated by law in 1983. In order to fulfill these requirements, only pharmacists are allowed to provide therapeutic advice in pharmacies. As such, 61% of all people working in Finnish community pharmacies have a pharmacy degree (Table 2). The development of community pharmacy services has become more proactive, systematic, and coordinated since the AFP launched a professional strategy for community pharmacy in 1997. Implementation of the strategy, which has been widely accepted by the pharmacy profession and healthcare authorities, has been influenced

Table 2. Staff Working in Finnish Community Pharmacies in 2006

Personnel	Total	Per Pharmacy
Pharmacists (MSc Pharm) ^a	1399	1.75
Pharmacists (BSc Pharm)	3654	4.57
Others (technical assistants, cleaners)	3288	4.12

^aIncludes pharmacy owners.

by a series of key campaigns and regulatory changes (Table 3).¹¹ These campaigns have included the Questions to Ask About Your Medicines campaign and the Customized Information for the Benefit of Community Pharmacy Patients (TIPPA) project. The core elements of the strategy are to improve medication counseling, commit pharmacists to addressing health policy goals, and ensure evidence-based provision of prescription and nonprescription medications.

Questions to Ask About Your Medicines Campaign

The long-term national cooperative effort to improve medication counseling in pharmacies commenced with the World Health Organization EuroPharm Forum's Questions to Ask About Your Medicines campaign.¹² Initiation of the campaign in 1993 occurred in response to patients' desire to receive more drug information from community pharmacies.¹³ The 3 stages of the campaign were to encourage consumers to ask questions about medications, activate pharmacists to provide medication counseling, and evaluate the campaign. After a pilot phase, the campaign was expanded to all private pharmacies in Finland in February 1994 (N = 580). The campaign was supported by more than 200 newspaper and magazine articles and 30 national

television advertisements. Pharmacies were provided with posters, medication cards, and special folders for prescriptions, although pharmacists were not remunerated financially for their participation. At 3 and 12 months after initiation of the campaign, 12% and 23% of pharmacy customers, respectively, were aware of the key questions related to medications.

Evaluation of the campaign was performed by conducting an observational study, which revealed that medication counseling varied considerably among therapeutic classes.¹⁴ Verbal counseling was provided for 80% of antibiotic prescriptions but for just 18% and 21% of gynecological and psychotropic prescriptions. The observational study was repeated in 2005, with the results expected to be published in the near future.

The TIPPA Project

In 2000, another joint initiative was begun to promote the rational use of medications, decrease the impact of inappropriate medication use, and optimize spending on pharmaceuticals via enhanced medication counseling in community pharmacies. The TIPPA project was run by the Ministry of Social Affairs and Health, the NAM, KELA, the AFP, the Finnish Pharmacists' Association, the University of Helsinki, the University of Kuopio, the Pharmaceu-

Table 3. Development of Community Pharmacy Services in Finland¹¹

1983	pharmacy law mandates the provision of medication counseling by all community pharmacists
1986	national guidelines on the provision of consumer drug information by healthcare professionals first electronic drug information database to print information leaflets
1988	national survey of consumer expectations conducted by National Agency of Medicines amendment to Act on Medicines to ensure greater consumer privacy in pharmacies
1990	installation of more advanced drug information databases into community initiation of an annual 1 week campaign organized by the Association of Finnish Pharmacies to promote the role of the pharmacist in health care
1992	Association of Finnish Pharmacies Pharmacy 2002 professional declaration
1993	initiation of the WHO/EuroPharm Forum Questions to Ask About Your Medicines campaign launch of therapeutic outcomes monitoring pilot project for asthma
1994	European Union mandates provision of patient information leaflets
1995	Association of Finnish Pharmacies introduces national quality guidelines for community pharmacies
1997	Association of Finnish Pharmacies releases new strategy for professional pharmacy practice Pharmacy Asthma Program launched
1998	Association of Finnish Pharmacies and Finnish Pharmacists' Association launches code of ethics for community pharmacies
2000	Pharmacy Diabetes Program launched initiation of the TIPPA project (2000–2003)
2003	introduction of generic substitution by pharmacists establishment of new plan for TIPPA project 2004–2007
2005	Pharmacy Heart Program launched trial of electronic prescribing implementation of automated dose dispensing
2006	national multidisciplinary initiative announced to improve the use of medications among older people new government review into the pharmacy system announced

TIPPA = Customized Information for the Benefit of Community Pharmacy Patients.

tical Learning Centre, and the Kuopio University Centre for Training and Development.^{15,16} The project aimed to achieve a permanent change in the communication behavior of community pharmacists. The development process consisted of 4 phases: introducing practitioners to new counseling behaviors, facilitating self-assessment, promoting the use of medication counseling resources, and evaluating and reporting (Table 4).¹⁷ The United States Pharmacopeia Medication Counseling Behavior Guidelines were used as a tool to introduce the principles of 2-way communication,¹⁸ and a quality assurance instrument was developed and disseminated to all private pharmacies to facilitate self-evaluation.¹⁷ A series of pseudo-customer studies conducted between 2000 and 2003 revealed improvements in counseling performance over the course of the project.¹⁹

Two representative and comparable mail surveys were conducted in 2002 and 2005 to assess actions taken in community pharmacies to implement new counseling practices.^{20,21} Of the 18 actions assessed, use of drug information sources, taking steps to ensure the privacy of pharmacy customers, and provision of in-pharmacy training were the most widely implemented. The least implemented actions related to long-term development strategies. Evaluation of the TIPPA project revealed a positive impact on pharmacists' attitudes toward concordance, with 96% of pharmacists agreeing or strongly agreeing that establishing a therapeutic alliance with the patient is a high priority.²² In 2003 a new program was established for the period 2004–2007, with a special focus on implementing new multidisciplinary services such as comprehensive medication reviews.

Pharmacy Disease Management Programs

Professional services have also been implemented through disease-specific programs that integrate community phar-

macists as key members of national disease management strategies. The Pharmacy Asthma Program commenced in 1997, the Pharmacy Diabetes Program began in 2000, and the Pharmacy Heart Program started in 2005. These programs provide a framework for pharmacists to collaborate with physicians, nurses, and other healthcare professionals at the local level.

As part of the Pharmacy Asthma Program, every pharmacy was asked to nominate one pharmacist to act as an asthma contact person. Evidence for the benefits of community pharmacists' involvement in asthma care was demonstrated with therapeutic outcomes monitoring in 4 community pharmacies. Evaluation revealed that 79% of patients had a net improvement in one or more asthma symptom scores at the 12 month follow-up.²³ Of 417 of the 589 pharmacies that responded to a survey in 2000, 90% reported that they employed a contact pharmacist who had participated in training organized by the AFP, and 65% had conducted meetings with local healthcare centers to coordinate education of asthma patients.²⁴ Use of in-pharmacy training modules as part of the program resulted in improvements in pharmacists' perceived asthma counseling skills.²⁵ Asthma counseling includes informing patients about the adverse effects of asthma medication and instructing patients on the correct use of inhalers. Results of a survey conducted in 2004 indicated that 98% of patients with newly diagnosed asthma were provided with instruction on inhaler technique and that 98% of pharmacies provided oral or written information when dispensing asthma medications.²⁶ In 2006, the Pharmacy Asthma Program was being implemented in 94% of Finnish pharmacies.

The Pharmacy Diabetes Program was initiated as a supplementary initiative under the Development Program for the Prevention and Care of Diabetes. At the end of 2005 there were 668 diabetes contact pharmacists appointed in 599 pharmacies (75% of Finnish pharmacies).³ The con-

Table 4. Outline of the TIPPA Project¹⁷

<p>TIPPA (2000–2003)</p> <p>TIPPA was a 4 year national joint project to promote implementation of a professional strategy for enhancing patient counseling in Finnish community pharmacies.</p> <p>Operational goals</p> <p>Phase 1 (2000–2001)</p> <p>introducing practitioners to new counseling behaviors (raising awareness) and developing patient-counseling-specific resources and tools (eg, easy-to-use electronic prescription medication databases, handbooks on self-care, manuals of good patient counseling, handbooks on patient counseling and communication)</p> <p>Phase 2 (2001–2002)</p> <p>facilitating self-assessment of counseling practices and processing long-term development plans</p> <p>Phase 3 (2002–2003)</p> <p>promoting the use of patient counseling resources, implementing development plans, and assessing the implementation of TIPPA resources and tools</p> <p>Phase 4 (2003)</p> <p>evaluating, reporting, and processing a new national action plan</p> <p>TIPPA = Customized Information for the Benefit of Community Pharmacy Patients.</p>

tact pharmacists are responsible for in-pharmacy training and liaison with other local healthcare providers. Training offered to contact pharmacists has included instruction in the treatment of diabetic foot problems and in the administration of insulin. Short films to support enhanced service delivery to diabetic patients have also been developed.²⁷ Preliminary evaluation of the pharmacists' diabetes care services in one community revealed improvements in patients' hemoglobin A_{1c}.²⁸

The Pharmacy Heart Program involves multidisciplinary collaboration to treat and prevent cardiovascular disease according to locally agreed strategies and targets. Training for contact pharmacists has been provided across the country in conjunction with the Finnish Heart Association. At the end of 2005, 535 contact pharmacists had been appointed in 483 pharmacies (60% of Finnish pharmacies).³ More recently, collaboration has also begun with the Finnish Stroke and Dysphasia Federation, with formal evaluation of the program due to be conducted in the near future.

Automated Dose Dispensing

Automated dose dispensing provides patients with their medications in daily prepackaged doses every 2 weeks. An integral part of this service is a medication review performed by the pharmacist before enrolling each patient. By the end of 2005, 77 pharmacies (10% of Finnish pharmacies) were equipped to offer automated dose dispensing to 1900 patients, and 6.2 million tablets and capsules were dispensed this way in 2005.³ In 2006, at the end of the 3 year pilot project, the fee for pharmacies to provide this service was incorporated into the national medication reimbursement system. At present, the service is primarily provided to residents of aged care facilities and to the community dwelling elderly. Evaluation of the outcomes of this service is underway by the National Public Health Institute.

Future Directions

The Ministry of Social Affairs and Health announced a new multidisciplinary project to improve the use of medications in older people in 2006. Components of this project will include the establishment of clinical pharmacology units at all university central hospitals, the development of geriatric psychiatry as a medical specialty, greater training in geriatric pharmacotherapy for nurses and family physicians, and the creation of extended-care roles for pharmacists. The use of psychotropic medications and the pharmacotherapy of depression will be specifically addressed as part of this project. It is envisaged that pharmacist-conducted medication reviews will be part of this project, and research is under way in this area. An education program run by the University of Kuopio's Centre for Training and

Development began in 2005 with the purpose of preparing pharmacists to perform medication reviews in cooperation with other healthcare professionals. The program, which is coordinated as part of the TIPPA project, lasts for 18 months, and new courses are planned to begin yearly.

Electronic prescribing was introduced in 2005 using a program that was integrated into the pharmacy dispensing software. The implementation of electronic prescribing was not entirely successful, with only 400 e-prescriptions dispensed in 2005, although wider uptake is expected to occur in the near future. To date, 521 pharmacies (65% of Finnish pharmacies) are part of the AFP data network, and it is anticipated that by 2010 half of all prescriptions will be electronic. As part of this initiative, KELA is continuing to work on creating a secure online national prescription database that can be accessed by physicians and pharmacists.

Creation of a working group to evaluate the pharmacy system in Finland was announced by the Ministry of Social Affairs and Health in September 2006. The group will focus on improving the availability of nonprescription drugs in rural areas and will reevaluate the need for the pharmacy fee. This will help ensure that rising costs do not threaten uniform accessibility of medications to all Finnish residents. Strategies to contain costs proposed by the AFP include reducing the large quantity of medication dispensed at each visit to the pharmacy, more comprehensive reviews of clients' drug regimens, and improving communication among healthcare professionals.³ Despite recent regulatory changes to permit the sale of nicotine replacement therapy outside of pharmacies, a survey of 500 Finns found that 56% of people would prefer to limit the sale of nonprescription medications to pharmacies.³ Provision of smoking cessation advice has traditionally been free of charge for patients in community pharmacies. However, since the introduction of regulatory changes to permit sale of products used for nicotine replacement therapy outside of pharmacies, a new smoking cessation service in which patients contribute toward the cost of service provision has been developed.

The provision of pharmaceuticals and pharmaceutical services will be impacted by expansion of the EU and regulatory policies within Europe. A recent survey revealed that 10% of 1000 Finns aged 15–79 years who were interviewed purchased medications in neighboring Estonia, where the prescription medications are one-fifth less expensive and nonprescription medications one-third less expensive than they are in Finland.²⁹ To remain at the helm of important European developments, the professional associations within Finland have sought to strengthen cooperation with European and international bodies. These bodies include the Pharmaceutical Group of the European Union, the Nordic Pharmacy Association, the EuroPharm Forum, and the International Pharmaceutical Federation.

Summary

Pharmaceutical care practice and research in Finland have been characterized by strong collaboration among the professional associations, university departments of social pharmacy, continuing education centers, and practicing pharmacists. Major initiatives have included the Questions to Ask About Your Medicines campaign and the TIPPA project. The majority of Finnish pharmacies participate in the Pharmacy Asthma Program, Pharmacy Diabetes Program, and the Pharmacy Heart Program. A new model of multidisciplinary medication review is being developed to improve the use of medications among older people.

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RÉSUMÉ

OBJECTIF: Le but de cet article est de décrire les services pharmaceutiques offerts par les pharmaciens finlandais exerçant en milieu communautaire.

RÉSUMÉ: Les quelques 800 pharmacies communautaires de la Finlande ont distribué plus de 42.1 millions de prescriptions en 2005. Les conseils aux patients sont légalement permis depuis l'entrée en vigueur de la Loi sur la Pharmacie en 1983. Seuls les pharmaciens sont d'ailleurs autorisés à fournir des conseils pharmacothérapeutiques. Des

améliorations notables dans le taux et le niveau d'implication des pharmaciens finlandais dans la prise en charge médicamenteuse ont été observées depuis 2000. Des initiatives pour stimuler le niveau de pratique de la pharmacie ont débutées avec la campagne EuroPharm de l'Organisation mondiale de la santé durant les années 1993–1996. Puis, un autre forum national sur l'information aux patients a vu le jour. Depuis la fin des années 1990, les pharmacies finlandaises ont activement participé aux programmes nationaux de santé publique dans les domaines de l'asthme et du diabète et plus récemment, dans les programmes de prévention et de traitement des maladies cardiovasculaires. Les prescriptions électroniques et les conditions automatisées de distribution des médicaments connaissent une plus grande popularité. Un projet multidisciplinaire d'envergure nationale visant à améliorer l'utilisation des médicaments chez les personnes âgées a récemment fait l'objet d'une annonce et certaines recherches dans ce domaine sont en cours.

DISCUSSION: Plusieurs programmes de recherche en santé publique ont mis une emphase particulière quant au rôle stratégique des pharmacies communautaires finlandaises dans la prestation des soins de santé à la population finlandaise. Le développement des services pharmaceutiques en milieu communautaire a été caractérisé par une solide collaboration entre les associations professionnelles, les facultés de pharmacies, les praticiens pharmaciens et les centres d'éducation pharmaceutique continue.

CONCLUSIONS: L'implantation de nouveaux services de soins pharmaceutiques est un projet nécessitant des actions ciblées et coordonnées entre plusieurs instances et groupes locaux et nationaux. Ces nouveaux services viseront notamment à optimiser l'utilisation médicamenteuse et conséquemment, à tenter de contenir l'importante croissance des coûts associés aux médicaments.

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