

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

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Dear editor

We thank to Kolombo et al for their interest and comment of our paper.

We completely agree with your assessment that telepharmacy is a crucial component of modern healthcare, and it has the potential to improve patient experience and satisfaction significantly. The Capacity-Motivation-Opportunity (CMO) model introduced in this paper is a valuable contribution to the field of pharmaceutical care, and the study shows that it has been effective in improving patient experience in line with other studies that have shown its usefulness and impact on improving patient health outcomes.^{1,2}

You rightly pointed out that would be some limitations to telepharmacy practice, such as the lack of direct patient education and counseling related to self-management and illness. It should not be forgotten that, according to the methodology we have developed, care is individualized for each patient (according to stratification models) and we work to achieve pharmacotherapeutic objectives individually and dynamically, which would largely solve this possible difficulty.

Privacy and security concerns also need to be addressed to ensure regulatory compliance and patient confidentiality. Indeed, this is a fundamental aspect that we have taken into account, both in the definition of telepharmacy itself and in its subsequent development within the conceptual framework. In addition, the tool developed complies with all the data protection regulations established in the Spanish regulatory framework.^{3,4}

We appreciate your suggestion that post-hoc analysis should be conducted to determine the extent to which higher levels of education translate to better understanding of pharmaceutical services among patients. It is also important to provide support and training to pharmacists so that they can maintain their knowledge of modern telepharmaceutical procedures and offer pharmaceutical services effectively. This is an aspect that we would like to further develop in the future, when the number of patients allows us to carry out this type of analysis. We appreciate the feedback and will consider these suggestions for refining our methods in future research.

Finally, we agree with your conclusion that pharmacist associations should advocate for laws and regulations on telepharmacy to ensure patient safety, privacy, and legacy of telepharmacy education. It is imperative to create a strong, safe, and needs-based telepharmaceutical platform that can benefit patients directly. In Spain, through the MAPEX-SEFH project, this aspect has been under development for 8 years, and a set of documents aimed at providing this support to patients and professionals has recently been created.⁵ All this development has gone into the creation, development and application of the TELEMACO tool.

Thank you again for your insightful comments on this topic.

Disclosure

The authors report no conflicts of interest in this communication.

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