Advancing Community Well-being through innovative Pharmacies: A European Perspective

R. Oehlmann (Ralf Oehlmann), A. Czirfusz (Attila Czirfusz)

St. Elisabeth University of Health and Social Work in Bratislava, Bratislava, Slovakia

E-mail address: ralf.oehlmann@web.de

Reprint address:
Ralf Oehlmann
Namestie 1. maja 1
P.O. Box 104
810 00 Bratislava
Slovakia

Source: Clinical Social Work and Health Intervention
Volume: 15 Issue: 3 Pages: 48 – 54
Cited references: 20

Reviewers:
Steve Szydlowski
University of Scranton school of education, USA
Michael Costello
University of Scranton school of education, USA

Keywords:

Publisher:
International Society of Applied Preventive Medicine i-gap

Abstract:
The project’s goal is to gain knowledge of how European pharmacies integrate technology and personalized healthcare in order provide better health care services to the community. To identify patterns and trends, descriptive statistics were utilized to make assumptions about the data from various trees. The principal finding is that important takeaways underscore the importance of tailored services and technology deployment in current medical practice, indicating that both of them have the greatest influence on improving patient outcomes and community health. The report’s suggestions emphasize techniques for promoting pharmacy practice innovation. The measures also include the promotion of worker training and collaborative efforts to address sector-specific issues.
Introduction
Pharmacies are progressively integrating into healthcare systems, so their function now not only includes delivering prescriptions, but also providing information and recommendations on lifestyle changes (Zdenek & Walsh, 2020). Patents, paradigm shifts, new technologies, and societal conventions have altered drug stores from being simple drug dispensaries to facilities that offer a variety of other services (Payán et al., 2022). Consumers are increasingly aware that pharmacies play the most significant role in community health promotion and do far more than simply providing non-prescription medications (Atkinson et al., 2020). It is difficult to see how technology and personalized health services would not be used enough in pharmacy practice to compensate for the information gap between patients and pharmacists. Patient data can be better maintained, and face-to-face consultations can be facilitated by implementing technology in healthcare institutions. Furthermore, technology can help to streamline medication management operations. Finally, individualized health services achieve this by meeting individual needs, resulting in an increase in enjoyment and improved health outcomes.

The current healthcare system is shifting more towards patient-centered care, moving its focus from reactive treatments to holistic, preventative, and individualized interventions (VanderWeele, 2019). Thus, this research aims to explore how this impacts the current pillars of the European pharmacy sector. Specifically, the study wants to highlight the evolving metamorphosis of the pharmacy to building smart client-tailored technology and personalized health solutions based on their localities. Overall, the study aims to ascertain the rising importance of integration to community well-being and the hurdles and horizons of this (see Figure 1). The study is thus looking to chart pharmacy practice trends and study how these can best be harnessed and strategized by using data chiseled out from a variety of sources, such as literature reviews and case studies. Increasing the importance of integration into community health and the emergence of such integration, along with the challenges and opportunities associated with it, are the study goals of this paper.

Literature Review
Evolution of pharmacies in Europe
In Europe, pharmacies have transitioned from modest drugstores managed by unsophisticated apothecaries to family-friendly healthcare havens over the course of several centuries (Homan, 2021). The pharmacy has origins traceable to medicine selling apothecaries, which over time evolved into health care providers (Taylor & Ochocka, 2020). During the benign neglect of the Renaissance and Middle Ages, pharmacies were the crucible of medicinal knowledge. It was a rich time in the art of compound curing using valued substances, and professional ideas came about over the years based on people’s experience (Kulinski et al., 2020). The burgeoning of pharmaceutical research and the establishment of the area of medicine making in the 19th century affected the transmogrification of the quaint pharmacy into its modern equivalent (Burke et al., 2022). As centuries went by, schools of medicine distanced themselves from the pharmacy profession. Until the turn of the last century, pharmaceutical laws were enacted as pharmacies broadened operations to encompass patient counseling, the management of therapeutic treatments, and preventive care.

In the last few decades, European pharmacies themselves have given way to programs more personal and preventative in nature than those just providing treatment (Spitzer & Fraser, 2020). Among the institutions that adhere to the national paradigm, pharmacies today offer wound care; pain management; help with cardiovascular disease, respiratory care, smoking cessation, diabetes, hypertension, and cholesterol monitoring; pharmacist-driven vaccination programs; as well as prescription management by pharmacists (Reid et al., 2019). Furthermore, pharmacists’ duties have changed from being auxiliary to including collaboration with physicians and other healthcare providers to obtain better outcomes.

Trends in technology integration in pharmacy practice
The use of computerization and other related technologies have improved the efficiency, precision, and dependability of pharmacies, resulting in amazing development in this industry (Merri-
am & Kee, 2022). Although electronic medical records (EMR) and pharmacy management are becoming more popular for documenting drug interactions, prescription histories, and patient data, they also correlate with an increase in system and medical errors (Cox et al., 2020). Hospitals can use electronic health records (EHRs) to enhance communication between pharmacists, who are typically the primary medical personnel, and other experts. This entails interdisciplinary collaboration and continuity of care. The telephone, synchronized timepieces, and the structure of production processes are all notable advancements that enable increased global collaboration (Sonn et al., 2022). Thanks to these technologies, doctors don’t have to waste their time on unnecessary but crucial clinical activities, such as managing pharmacological therapy and counseling patients. Patients who are in the proximity of an urgent care facility or in a remote place can now call directly to a pharmacy for services made available to them through the adoption of telemedicine and telepharmacy platforms.

**The importance and impact of personalized health services**

Individual patients and their diverse needs, preferences, and characteristics serve as the foundation for a wide range of actions that comprise personalized health services. Pharmacists provide genetic testing as well as a variety of drugs (Disney et al., 2023). They also provide medication tolerance management (MTM), sickness management, and lifestyle coaching. Individual patients could benefit greatly from a pharmacogenomics approach to managing their medications. The primary purpose of pharmacogenomics is to determine how people respond to medications based on their genetics. Genetic sequencing allows pharmacists to give advice on the best sort of medicine and dosage for someone (Michalski et al., 2023). Examining genetic variation can assist in forecasting the patient’s reaction while also reducing adverse effects. This sort of targeted approach could eke out more gains without unwanted side effects.

According to Ramanadashan et al. (2023), MTM programs aim to monitor the effectiveness of treatment and make it easier for patients to deal with their medication. Important attributes of this include how often medication is being taken, patient education, and improving compliance. Pharmacists work with medical professionals and patients to conduct medication assessments that identify potential problems with prescription medications including adverse effects, patient non-compliance, and drug interactions. They then work with other medical professionals involved in a patient’s care to overcome these issues.

Data from medication adherence trials, hospitalization rates, and patient confidence all point to drug therapy guidance as a possible remedy.

The fundamental elements of disease state management include education, lifestyle changes, and medication optimization, which can be used to moderate chronic diseases such as asthma, diabetes, and hypertension. Additionally, it allows people with these diseases to take charge of their own care. The most important jobs for pharmacists in this research are tailored counseling, disease progression monitoring, and precision therapy modifications. Illness management programs not only improve patient outcomes and minimize health care costs, they also encourage treatment regimen adherence and illness self-management (Dong, 2020). First, lifestyle change counseling attempts to build and sustain healthy routines that focus on prevention, and it includes modifying habits in a variety of ways. Pharmacists give patients personalized advice based on what is important to them (such as stress management, smoking cessation, good eating, and physical activity). Pharmacists are the primary consultants in these subjects, assisting patients with changeable risk factors and creating a healthy mindset. This further promotes a better and more enjoyable life for patients.

**Methods**

In summary, the case studies used are designed to provide a diverse range of contexts for drugs, places, and cutting-edge methodologies. Aside from that, numerous European countries have attempted to incorporate studies from various countries to illustrate disparities in the pharmacy practice related to resource availability. This study involved conducting a statistical data assertion analysis on figures obtained from questionnaires, documents, and other sector sources. Descriptive statistics were used to understand
the distribution of values, patterns, and trends, as they summarize and portray data in a formal and standardized manner. The first step was to produce numerical data on the metrics that influence the integration of technology with personal health services in pharmacies across Europe, including EHR use, robot dispensing technologies, pharmacogenomics testing, drug therapy management programming, lifestyle coaching, and other information.

The statistical data was then presented in the form of figures, which comprised central tendency measures as well as the number of frequencies, percentages, and means. To examine the implementation of digital technology by location, average adoption rates were derived. The effects of personalized patient services on patient outcomes and the current period were summarized using proportions and frequencies. Furthermore, correlation analysis and cross tabulation were used to determine the possible interactions between the variables. In pharmacy practice, technology and personalized health care were employed to determine what was relevant and to establish a clear link between the two.

**Results**

Descriptive statistics are effective in analyzing two characteristics of health care that are important in all European pharmacies: the level of technological integration and individualization in health care. New drug use, the frequency of service provision, and the level of patient involvement are all indicators of how primary care practices in various models are trusted and implemented. Electronic health record systems are used in the large majority of pharmacies in Europe. The extent may vary by country, but the use of these systems is widespread. In Northern Europe, blogs and vlogs are more common than in Southern and Eastern Europe. The trend for aerial delivery services (ADSs) reveals that pharmacies in major metropolitan areas have a greater adoption rate (about 70%) than pharmacies in other locations. However, when it comes to implementing aerial delivery services, this might be impacted exponentially by rural pharmacies’ limited budgets and inadequate infrastructure.

According to data, forty percent of pharmacies now offer telepharmacy and telemedicine services, allowing consumers to remotely seek advice or even consultations from pharmacists who are located outside of the pharmacy. Residents of remote urban regions and rural settlements who lack access to medical facilities where these services are commonly provided are particularly vulnerable. Only 25 pharmacies are certified to perform pharmacogenomic testing, and it’s distressing to acknowledge such squandered potential. Barriers may include financial insecurity, limited insurance coverage by relevant insurers, and privacy and data interpretation concerns.

Among other things, pharmacies that offer MTM services aim to relieve patients of the stress of making their own decisions by educating them, monitoring their adherence, and conducting drug reviews. One can easily discover a pharmacy clinic or a specialized pharmacy in their city that provides home pharmacy services to individuals who need them while coping with medical issues. More than 80% of pharmacies now provide these kinds of services together with other health programs such as lifestyle consulting services to provide patients with full pharmaceutical care. These types of services are most likely focused on weight management, smoking cessation programs, nutrition education, and so on. The study has been warmly welcomed by those who seek holistic health and the means to achieve it.

**Technology Integration in European Pharmacies**

According to the data shown in the table, the adoption rates of various technologies in European pharmacies are as follows: 85% for EHRs, 70% for ADS, and 40% for telepharmacy and telemedicine. It also illustrates significant regional variations in the rate of technological adoption, with Northern European countries frequently posting higher rates than Southern and Eastern European states.

**Personalized Health Services Offered by European Pharmacies**

European pharmacies provide a wide range of personalized health services, with drug therapy management (at 60%), lifestyle advice (at 80%), and pharmacogenomic testing being the most common, as shown in the table below.
More research shows that rural clinics face bigger barriers than metropolitan pharmacies due to financial constraints and fewer resources.

**Provision Rates of Personalized Health Services**

Table 3 depicts the general spectrum of pharmacies that provide individualized health care across Europe. The first efficient aspect mentioned in the report is a 60% coverage rate. As a result, Europe is linked to thousands of pharmacies. The majority of pharmacists who conduct lifestyle counseling are also patients, which helps to explain why such counseling is recommended for nearly 80% of patients.

### Table 1 Technology Integration in European Pharmacies

<table>
<thead>
<tr>
<th>Technology</th>
<th>Adoption Rate (%)</th>
<th>Variation by Region</th>
<th>Challenges in Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Health Records</td>
<td>85</td>
<td>Higher in Northern Europe</td>
<td>Disparities in access, infrastructure, and regulatory compliance</td>
</tr>
<tr>
<td>Automated Dispensing Systems</td>
<td>70</td>
<td>Higher in urban pharmacies</td>
<td>Cost constraints, infrastructure limitations in rural areas</td>
</tr>
<tr>
<td>Telepharmacy and Telemedicine</td>
<td>40</td>
<td>More prevalent in underserved areas</td>
<td>Initial investment costs, staff training, regulatory compliance</td>
</tr>
</tbody>
</table>

Source: (Fabio Liebenspacher & Siegfried, 2022)

### Table 2 Personalized Health Services Offered by European Pharmacies

<table>
<thead>
<tr>
<th>Service</th>
<th>Provision Rate (%)</th>
<th>Prevalence by Pharmacy Type</th>
<th>Challenges and Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacogenomic Testing</td>
<td>25</td>
<td>Lower in rural pharmacies</td>
<td>Cost barriers, limited insurance coverage, data privacy concerns</td>
</tr>
<tr>
<td>Medication Therapy Management</td>
<td>60</td>
<td>Higher in urban pharmacies</td>
<td>Training requirements, reimbursement issues, interdisciplinary collaboration</td>
</tr>
<tr>
<td>Lifestyle Counseling</td>
<td>80</td>
<td>Widely offered</td>
<td>Patient education, behavior change support, integration with community resources</td>
</tr>
</tbody>
</table>

Source: (Marios Spanakis et al., 2019)

### Table 3 Provision Rates of Personalized Health Services.

<table>
<thead>
<tr>
<th>Service</th>
<th>Provision Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacogenomic Testing</td>
<td>25</td>
</tr>
<tr>
<td>Medication Therapy Management</td>
<td>60</td>
</tr>
<tr>
<td>Lifestyle Counseling</td>
<td>80</td>
</tr>
</tbody>
</table>

Source: (ana, 2024)

**Discussion**

This analysis is consistent with previous studies on the changing function of pharmacies, the new technology sprint, and focused medicine integration in Europe. In line with previous research that critically assesses the role of digitization in pharmacy practice, e-health records and automated dispensing systems have emerged and have high approval rates. Local pharmacists are now providing patient care rather than just delivering medicine, as seen by the increased use of pharmaceutical therapy management and lifestyle counseling. Analyzing the statistics reveals various patterns and trends in European pharmacies. They are differentiated throughout Europe by area in terms of...
technological accessibility and infrastructure, demonstrating the links between advances and the regional level. When comparing urban pharmaceutical businesses to those in rural areas, the former tends to prioritize technology and deliver personalized health services. This means that broad-based projects must be created with the primary goal of connecting the digital space with pharmaceutical services to guarantee that all members of the community have equal access to these services.

Conclusion

The challenges of incorporating pharmacogenomics testing and the lack of pharmacies in rural areas remain significant. Innovation and increased access to pharmacy services in all European nations require a focus on healthcare infrastructure deficiencies, which are exacerbated by local legislative issues related to healthy lifestyle choices. The study’s findings provide significant benefits to policymakers, stakeholders, and pharmacists. Pharmacists may employ technology and specialized health services to improve patient care, increase medication safety, and promote health via prevention. Policymakers should encourage innovation in pharmacy practice by implementing favorable regulations, supporting infrastructure, and developing human capability. It is not easy to overcome implementation barriers and promote an innovative culture in pharmacy practice. However, it can be accomplished through collaboration among healthcare providers, insurance companies, and technology providers themselves.

Recommendations

The regulatory landscape and innovation policies are heavily influenced by how policymakers interpret and set the norms and advantages of pharmacy practice. It goes without saying that European policymakers should develop new regulatory frameworks and policies to encourage the use of technology and individualized health care in community pharmacies. The guidelines’ goal is to help medical institutions overcome hurdles to sharing their patients’ clinical information and promote the widespread adoption of digital health technology. There should be ways to motivate pharmacies to invest in innovative approaches, such as disincentives for genetic pharmacogenomic testing or financial incentives for pharmacy staff members who provide pharmaceutical therapy management services. Government efforts to remove barriers to innovation will benefit both pharmacists and patients.

The demand for personalized medicine and technology advancements necessitates that all people working in the health care system, including pharmacists and other providers, commit to continuous professional growth and the acquisition of new knowledge throughout their careers. Providing continuous education and training programs can help pharmacists become as digitally literate as possible and give them the tools they need to effectively capitalize on emerging technology. Pharmacists and others in the health care profession must collaborate to provide combined treatment, which is exactly what patients require. Health care providers must interact and work together at all levels of the care flow to enhance health outcomes and streamline the work of health care workers.

References

5. DISNEY L, AHMED R, CARNES S (2023) Advancing community-based participatory research during the COVID-19 pandemic: A methods commentary on the lessons learned from working with community data collectors on a refugee health disparities


