Health Promotion in
Community Pharmacy

Country Report - Austria

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Part A: Health Promotion in Community Pharmacy in Austria – Preconditions and Models

In Austria, as set out in the Federal Constitution, the pharmacy system, forming part of the health system, comes within Federal Government’s area of responsibilities. The pharmacist’s profession is a health-oriented business, the public (community) pharmacy is a private, mercantile enterprise with public supply duties, whose major legal basis is the Pharmacies Act. As of 1999, there were 1065 community pharmacies and 18 branch pharmacies operating in Austria. Community pharmacy reaches a broad spectrum of the population, with a disproportionately high share of women and the elderly. The main responsibility of community pharmacy is to provide medicines to the general population, which includes the management of pharmacotherapy, health education and counselling.

Although health promotion is not explicitly mentioned in the list of professional duties, it is generally accepted/taken for granted that health promotion forms an implicit part of the professional role. Many ongoing and seasonal campaigns and activities are carried out, including counselling and screening activities to support patients’ self-management of diseases, distributing support material like folders and brochures, and using pharmacy window space to alert passers-by, covering for example, such topics as: travel health, screening (blood pressure, cholesterol), pharmacy at home, first-aid boxes to keep in the workplace, nutrition and diet, vaccinations, AIDS, safe handling of medicines and smoking cessation.

Community pharmacists believe that an increased focus on their clients has to be the way forward. The general public perceives community pharmacies in Austria as important sources of advice within the community, and community pharmacists as experts on medicines. As far as expectations are concerned, the ideal community pharmacy should be a health centre, with the core activity related to medications, offering various other health-related services and products. The ideal pharmacist has a high level of professional knowledge, a patient-oriented approach and co-operates closely with physicians for the benefit of the patient.

The education and training system for community pharmacists in Austria has responded to developments and challenges faced by community pharmacy. In the near future, the new University curriculum will include patient-oriented courses such as clinical pharmacy and pharmaceutical care. The mandatory one-year practical training in a community pharmacy has been restructured, now emphasising psychological and communication aspects. Continuing education covers a range of health-related topics.

In the area of health promotion, community pharmacists co-operate with various actors, the most important ones being Patient/ Consumer Organisations: e.g. “Aidshilfe” (support organisation in the area of HIV/ AIDS), “Alzheimer Angehörige Austria” (Alzheimer’s disease), pharmaceutical industry in the areas of smoking cessation, allergies, diabetes, the Department of Social Medicine, University of Vienna e.g. in smoking cessation, the EuroPharm Forum (participation in the following projects: Questions to ask about your medicines, Asthma, CINDI – Hypertension management, Smoking cessation) and PGEU (e.g. medicines and the internet). Other partners include schools (use of medicines), newspapers (articles covering health-related issues), the Fonds Gesundes Österreich – Healthy Austria Fund (smoking, cardiac health).
Ongoing and intermittent (seasonal) activities are promoted in the “Österreichische Apothekerzeitung”, the official journal/newsletter of the Austrian Chamber of Pharmacists. There are also specific information campaigns instructing community pharmacists about ongoing activities carried out by the Chamber and media campaigns (newspapers) to alert the general public. Regarding Pharmaceutical Care, training seminars are currently held to promote the concept in the profession.

Concluding, it can be said that community pharmacy in Austria has a role to play in related health promotion activities, especially when it comes to all aspects of management of pharmacotherapy. The role of community pharmacy in the area of health promotion will be further developed in the future. It is believed that health policy and other important actors will increasingly recognize this role.
Summary: Health Promotion in Community Pharmacy in Austria – Preconditions and Models

In Austria, the responsibility for safeguarding public health lies in the hands of various ministries at the federal, provincial and municipal level, as well as the social security institutions as self-administered public corporations. The health insurance system is funded by compulsory contributions (based on the solidarity principle) from all employed, self-employed, unemployed people and pensioners and family members, covering some 99% of the population. Additionally, some 38% of the population have supplementary private health insurance. The most important providers in the Austrian health care system at the level of primary care include doctors (general practitioners and specialists including dentists), pharmacists, primary health care nursing services, medical-technical services, auxiliary health services and midwives. As far as health promotion is concerned, an amendment to the Social Security Act in 1992 made it obligatory for sickness funds to undertake health promotion. However, there is no centralised decision-making or implementation of health promotion activities, mainly due to the federal structure of the country.

In Austria, as set out in the Federal Constitution, the pharmacy system, forming part of the health system, comes within Federal Government’s area of responsibilities. This also applies to the medicinal products system, as regards both legislation and execution through the administrative authorities. The supreme administrative authority for pharmacies and medicinal products is the Federal Ministry of Social Affairs and Generations.

The pharmacist’s profession is a health-oriented business, the public (community) pharmacy is a private, mercantile enterprise with public supply duties, the major legal basis of which is the Pharmacies Act. It regulates the personal and material preconditions for the operation of a community pharmacy or the start of a new community pharmacy, the admissibility of the venture in the legal form of a partnership under specific conditions, the management of a community pharmacy, operating hours and call duty, the employment of skilled staff, etc. It also contains rules on licensing of hospital pharmacies as well as on the institution of pharmacies for dispensing doctors and veterinary surgeons.

As of 1999, there were 1065 community pharmacies and 18 branch pharmacies operating in Austria, fulfilling an important function as local providers. Taking into account dispensing doctors, there were 3935 inhabitants per point of delivery of medicines. Opening a new community pharmacy is regulated by demographic and geographic criteria. Chain pharmacies are not allowed in Austria.

The staff of a typical Austrian community pharmacy comprises 1 self-employed community pharmacist, 2-3 employed pharmacists (average working hours per week: 27), 2-3 pharmaceutical-commercial assistants (average working hours per week: 34), and 2-3 other employees (average working hours per week: 27). During opening hours, a pharmacist has to be present in the community pharmacy.
Services provided by community pharmacists comprise the following tasks:
- distribution of drugs
- ex tempore preparations and production of drugs
- various checks (checking prescriptions, interactions, principle of double check)
- counselling patients on application of medical prescriptions
- counselling clients on choice and application of self-medication
- general health counselling, e.g. smoking, vaccinations, travel health, nutrition
- informing physicians on drugs
- screening activities (e.g. blood pressure measurement, weighing)
- round the clock stand-by duty (every day approximately 400 community pharmacies provide after-hours service)
- administrative services for health insurance agencies (e.g. collecting prescription charges
- large-scale logistics (e.g. data transfer to wholesalers).

Health promotion is not explicitly defined as part of the role of the community pharmacist. However, elements of health promotion (counselling patients/users of community pharmacy services) are included in tasks like general health counselling, counselling patients on medications and self-medication, and health education.

A detailed analysis of patients/clients receiving dispensed prescribed funded by health insurance reveals a disproportionate share of elderly people and a high share of women (66% of packages are distributed to women).

No systematic overview of health promotion (-related) activities in community pharmacy in Austria is available. In general, it can be said that there are ongoing and seasonal campaigns on various topics: e.g. travel health, screening (blood pressure, cholesterol), pharmacy at home, first-aid kits to keep in the workplace, nutrition and diet, vaccinations, AIDS, safe handling of medicines and smoking cessation. Activities that are carried out comprise counselling and screening activities (to support patient's self-management of diseases, e.g. by blood pressure measurement, weighing) and distributing support material like folders and brochures. In addition, pharmacy window space (posters) is used to alert customers and passers-by.

As far as Pharmaceutical Care activities are concerned, there has been one pilot project on asthma carried out in Vienna. Currently, activities (training seminars) are underway to instruct community pharmacists how to carry out Pharmaceutical Care projects related to asthma.

Community pharmacists believe that an increased focus on their clients has to be the way forward. This (would) means that the community pharmacy should be developed as a “health centre”, offering optimal service and counselling to their clients. Moreover, closer co-operation with physicians is an important aim.
Looking at a representative survey exploring the perceptions held of community pharmacists and community pharmacy in general, 65% of the people surveyed agreed that they have a regular pharmacy. Community pharmacies in Austria are perceived as important sources of advice within the community and community pharmacists are perceived as experts on medicines (preparation and counselling).

As far as expectations are concerned, the ideal community pharmacy should be a health centre, with the core activity related to medications, offering various other health-related services and products. The ideal pharmacist has a high level of professional knowledge, a patient-oriented approach and co-operates closely with physicians for the benefit of the patient.

For information on health-related topics, 74% of those interviewed named the physician as source of advice and 21% named the community pharmacist as a convenient source of advice. Regarding health promotion, 68% named the physician and 18% the community pharmacist. The other categories assessed (drugstores, health food stores, self-treatment) were mentioned by up to 8%.

Health promotion is not explicitly mentioned in the Pharmacies Act amongst the rights and duties of the profession, though counselling on health-related topics may be seen as one of the tasks of community pharmacists when interpreting the Act. However, counselling and advice on medicines is not standardised (and subject to sanctions in the case of non-fulfilment) insofar as it is believed that this aspect is covered by the duty of lawful provision of drugs. Violation of the duty of lawful provision of drugs is subject to disciplinary sanctions.

According to representatives of the Austrian Chamber of Pharmacists, health promotion forms an implicit part of the professional role and primary duty of community pharmacists in Austria, i.e. the provision of drugs. This position has also been reinforced by the judgement of the Austrian Constitutional Court in March 1998 (G 37/97-47). No financial incentives exist for health promotion activities, and there are no separate fees for counselling.

Up to the present, university training has not explicitly addressed health promotion: However, the university curriculum has been restructured, in response to recommendations made by the EC-committee on Pharmaceutical Education and Training (XVI/E/8341/6/93, guideline 85/432/EWG/art. 2 (5), Art. 1 (2), laws regulating university education in Austria, and the report of the WHO Consultative Group on the Role of the Pharmacist, Vancouver, Canada, 27-29 August 1997 (WHO/PHARM/97/599). In line with these documents, the new curriculum will include as one area of expertise the area “laws, societal aspects of pharmacy – philosophy, economy, management, history of pharmacy, public health”). In the (new) third part of the curriculum, patient-oriented pharmacy will be included (pharmaceutical care, clinical pharmacy).

After graduating from university, pharmacists are obliged to do one year of practical training in a community pharmacy, which also comprises courses for their professional license. In order to enable pharmacists to live up to the expectations of patients/users, who are nowadays more informed and demanding, the Austrian Chamber
of Pharmacists (who is in charge of this training) has restructured the courses, placing its main emphasis on psychological and communication aspects.

Regarding continuing education, every year more than 100 in-service training courses are run. Continuing education and training for pharmacists is not yet subject to professional regulations, however negotiations are under way to include a provision for mandatory continuing education in the Chamber of Pharmacists Act.

The most important actors co-operating with community pharmacy with regard to health promotion and topics covered are
- Patient/Consumer Organisations: e.g. “Aidshilfe” (support organisation in the area of HIV/ AIDS), “Alzheimer Angehörige Austria” (Alzheimer’s disease)
- Pharmaceutical industry in the areas of smoking cessation, allergies, diabetes
- Department of Social Medicine, University of Vienna e.g. in smoking cessation
- EuroPharm Forum: Questions to ask about your medicines, Asthma, CINDI – Hypertension management, Smoking cessation
- PGEU (medicines and the internet)
- others like schools (use of medicines), newspapers (articles covering health related issues), Fonds Gesundes Österreich – Healthy Austria Fund (smoking, heart health) travel agency (travel health)

Ongoing and intermittent (seasonal) activities are promoted in the “Österreichische Apothekerzeitung”, the official journal of the Austrian Chamber of Pharmacists. There are also specific information campaigns updating community pharmacists on ongoing activities carried out by the Chamber and media campaigns (newspapers) to alert the general public. Regarding Pharmaceutical Care, training seminars are currently held to promote the concept in the profession.
Arznei und Vernunft (Medicines and Reason)
www.pharmig.org.at

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Status of project:
running

Running Time:
since 1994
Short abstract of the project:

What are the goals, aims and targets?
Encouraging rational use of medicines and furthering access to high quality pharmacotherapy for the whole population in all areas of the health system
Ensuring high quality pharmacotherapy according to medical and economic criteria
The initiative is a unique partnership between the pharmaceutical industry represented by Pharmig and sickness funds, the Chamber of Commerce, the Ministry of Health, the Chamber of Physicians and the Chamber of Pharmacists

What are the main activities, strategies and measures applied?
Development of disease management guidelines by a group consisting of medical specialists, representatives of Pharmig, Austrian Chamber of Physicians, Austrian Chamber of Pharmacists on topics suggested by the sickness funds
Development of support material for physicians (e.g. checklists for patient medication record)
Development of patient information material (to be handed out in community pharmacies)
Training of physicians (GPs and specialists, depending on the topic of the guideline)
Public relations work to increase public awareness of guidelines and patient information material
Topics of guidelines produced so far: antibiotics, osteoporosis, lipid-lowering drugs, ulcer medication (a guideline is planned for asthma)

What is the scope of the project?
national

Which evaluation strategies are being applied/planned?
- The acceptance and publicity of the guideline on ulcer medication was assessed, showing positive results in both categories.
- A pre/post study is planned for the next guideline on asthma, analysing prescribing behaviour of physicians.
  The results should be available in summer 2001.

Results of evaluation:
Regarding the guideline on ulcer medication: There was positive feedback regarding acceptance and publicity of the guideline.
In general, guidelines and patient information material seem to be very well accepted judging from re-orderings of material by physicians and community pharmacists.
Which issue(s) does the project address?
- alcohol
- tobacco
- nutrition
- use of medication

Which target group does the project mainly address?
chronically ill

Which type of intervention is mainly used in the project?
- patient information (e.g. on handling of medical devices/ appliances in self-medication; self-monitoring)
- provision of support material (e.g. video, leaflets, handbooks, brochures)
- guidelines and support material for physicians

Which health professional is mainly involved in project activities?
- general practitioner
- community pharmacist
- in the development of guidelines, support material and patient information material: see goals, aims and targets

Which were the most important factors supporting development and implementation of the project?
training for physicians
guidelines

Which were the most important barriers concerning development and implementation of the project?
There are no significant barriers
Recommendations for expensive treatments might irritate sickness funds

Which specific aspect would you consider especially well developed or otherwise instructive and thus relevant for transfer?
The unique co-operation between different players in the health care system

Which further information on the project is available?
leaflets (german)
other material (german)
Pharmaceutical Care Asthma 2000

Contact person for this project:
Mag pharm Christian Wurstbauer
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A 1190 Vienna

Information on institution commissioning the project:
Austrian Chamber of Pharmacists
Spitalgasse 31
A-1091 Vienna
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fax: +43 1 408 84 40
email: info@apotheker.or.at

Information on institution co-ordinating the project:
PharmCare Network (private enterprise)

Status of project:
running

Running Time:
going

Please give a short abstract of the project applying the following scheme:

What are the goals, aims and targets?
Quality assurance/improvement of pharmacotherapy of asthma in Austrian community pharmacies by providing structured training for community pharmacists on how to carry out pharmaceutical care activities in community pharmacy, i.e. individual counselling sessions with patients.
The measures described in this model are part of a wider initiative comprising three steps:
Step 1: Ensuring drug safety
Step 2: Short counselling of patients when problems become apparent at step 1. The counselling is based on modules for specific problems to provide a structured, not too time-consuming, but nevertheless targeted approach to deal with these problems
Step 3: Individual counselling and management of drug therapy (going beyond counselling activities in step 2)
What are the main activities, strategies and measures applied?
- Training seminars are held for community pharmacists
- Support material is produced on how to carry out Pharmaceutical Care activities (manuals with guidelines, forms for record keeping, information of doctors and patients)

What is the scope of the project? (e.g. national, regional, local)
national

Which evaluation strategies are being applied/planned?
the framework of the initiative includes the possibility of carrying out a systematic documentation of activities and protocols to assess these activities

Results of evaluation:
There are no results available so far.
A previous pilot study on the same subject (Pharmaceutical Care for Asthma Patients – “TAP Studie 98/99”) has been evaluated and showed improvements in the study-group in the areas of coping with the disease, activities of daily living, knowledge on asthma, disease status, health behaviour, contacts with health care system and acceptance of intervention.

Which issue(s) does the project address?
- asthma
- use of medication

Which target group does the project mainly address?
chronically ill

Which type of intervention is mainly used in the project?
- patient information (e.g. on handling of medical devices/ appliances in self-medication; self-monitoring)
- individual health education and counselling: pharmaceutical care

Which health professional is mainly involved in project activities?
community pharmacist

13.2. Extended partners of the project?
other health professionals (GP, specialists)

Which were the most important factors supporting development and implementation of the project?
- workshops for pharmacists
- guidelines and protocols
Which were the most important barriers concerning development and implementation of the project?
- In the philosophy and organisation of pharmacy practice, there had to be a shift from product to patient orientation
- Regarding patient expectations: approx. 20-25% accept offer right away, approx. 60% are hesitant, approx. 15-20% refuse offer
- Regarding the relationship of community pharmacists with other professionals: GPs are sometimes opposed to Pharmaceutical Care activities
- Regarding remuneration: cognitive services like Pharmaceutical Care in community pharmacy in Austria do not receive extra remuneration from the social insurance system

Which specific aspect would you consider especially well developed or otherwise instructive and thus relevant for transfer?
- The user friendliness of material (manuals and documentation material) and support provided for community pharmacists (instructional workshops)
- The networking aspect: participating pharmacies have the possibility of joining a professional network,
- The investment in public relations: a “brand name” was created to increase visibility for participating community pharmacies
- The fruitful co-operation with pharmaceutical industry with respect to logistics, content

Which further information on the project is available?
- reports (german)
- leaflets (german)
- other material (german)
Immunisation against FSME - “Zecken” Impfaktion

Contact person for this project:
Arge Gesundheitsvorsorge
Goldeggasse 7
A - 1040 Vienna

Information on institution commissioning the project:
Arge Gesundheitsvorsorge

Information on institution co-ordinating the project:
Arge Gesundheitsvorsorge: co-ordination of production of brochures, TV spots, advertisements
Austrian Chamber of Pharmacists: co-ordination of distribution of vaccine, settlement with sickness funds

Status of project:
running

Running Time:
seasonal since 1981

Short abstract of the project:

What are the goals, aims and targets?
Lowering incidence rate of FSME cases in Austria by prevention of FSME infections

What are the main activities, strategies and measures applied?
- Austrian Chamber of Pharmacists:
  - Distribution of information folders
  - Counselling activities
  - Distribution of vaccine at a reduced price during campaign period (usually running until mid-July). The reduced price for vaccines is made possible through a co-operation of the pharmaceutical industry, the wholesalers and the Austrian Chamber of Pharmacists, each (granting) agreeing to reductions in profit margins
- GPs: charging reduced fee for immunisations during campaign period

What is the scope of the project?
national
Which evaluation strategies are being applied/planned?

incidence rate of FSME infections is recorded

Since 1981, a reduction in FSME incidence from 446 cases (1981) to 41 cases (1999) has been achieved. (A comparison with the Czech Republic shows reduced incidence rates in Austria) Austrian rates of infection compares favourably with the Czech Republic – a neighbouring country with similar conditions, which can be attributed to the higher rate of vaccinated people.

Although the project is not systematically evaluated, a central register is kept on side-effects of immunisations (including FSME).

Results of evaluation (e.g. acceptability, feasibility, effectiveness, sustainability, economic evaluation)

According to an assessment of representative of Austrian Chamber of Pharmacists, the initiative is a well established part of everyday professional practice. It is well accepted by the community pharmacists and the general population. Almost all community pharmacies participate in the initiative, which runs very smoothly and is more or less self-sustaining.

Which issue(s) does the project address?

immunisation

Which target group does the project mainly address?

- at risk population
- unselected population (e.g. patient list, clients served)

Which type of intervention is mainly used in the project?

- self-care/ self-management education
- sale of vaccine at a reduced price during campaign period, advertisements in newspapers, TV, on billboards, radio

Which health professional is mainly involved in project activities?

- general practitioner
- community pharmacist
- ARGE Gesundheitsvorsorge, Pharmaceutical wholesalers

Extended partners of the project?

health related companies
Which were the most important factors supporting development and implementation of the project?
- A folder with frequently asked questions concerning the risks and benefits of the immunisation was produced by the Austrian Chamber of Pharmacists and distributed to the community pharmacists. A brochure for the general public with general information on the vaccination was also produced.
- financial support (amount not specified) for the vaccination is regulated by law
- high acceptance in the general population
- coverage in media

Which were the most important barriers concerning development and implementation of the project?
There are no significant barriers. However, some people are opposed to vaccinations in general.

Which specific aspect would you consider especially well developed or otherwise instructive and thus relevant for transfer?
- The long-standing, well-developed co-operation between different actors, e.g. pharmaceutical industry, wholesalers, Austrian Chamber of Pharmacists, sickness funds
- The initiative has been a model of good practice for organising other immunisation campaigns according to the same scheme (e.g. influenza, hepatitis)

Which further information on the project is available?
- leaflets (german)
- other material (german)
“Sicherer Umgang mit Arzneimitteln” (Safe Handling of Medicines)

Contact person for this project:
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Information on institution commissioning the project:
University of Vienna, Department of Pharmacy

Information on institution co-ordinating the project:
Institute for Pharmacognosy, University of Vienna

Status of project:
finished

Running Time:
1 week in June

Please give a short abstract of the project applying the following scheme:

What are the goals, aims and targets?
- To inform school children (3rd-4th grade) about the safe handling of medicines, (use and abuse)
- To alert parents to the safe use of medicines via their children

What are the main activities, strategies and measures applied?
School classes are invited to the university, where short lectures are held about medicines covering the following questions: What are medicines?, When do I have to take them? Are medicines dangerous?, What are medicinal plants?
Additionally, workshops are carried out on the following issues: recognising tablets and medicinal plants, preparation of teas, tablets

What is the scope of the project?
local (Vienna)
Which evaluation strategies are being applied/planned?
no systematic evaluation

Results of evaluation:
no results available

If not indicated otherwise: please tick key-words which describe most appropriately your project.

Which issue(s) does the project address?
- drug abuse
- use of medication

Which target group does the project mainly address?
children and youth

Which type of intervention is mainly used in the project?
lectures and workshops for school age children

Which health professional is mainly involved in project activities?
- community pharmacist
- professors, students at University of Vienna

Extended partners of the project?
local/regional government

Which were the most important factors supporting development and implementation of the project?
initiative of the respective institutes at the University of Vienna, under the lead of Professor Kopp

Which were the most important barriers concerning development and implementation of the project?
- Time constraints (the project is carried out in June, a busy time at Austrian universities due to examinations)
- Fitting the project into workday university routines
- The attitude of university employees towards the project (however, the critical attitude changed after the project had taken place)
Which specific aspect would you consider especially well developed or otherwise instructive and thus relevant for transfer?
- The playful approach to the topic of safe handling of medications, making visible the importance of community pharmacies in this area outside premises. Children are made aware of the subject and also discuss it at home with their parents.
- The co-operation of the university - Austrian Chamber of Pharmacists

Which further information on the project is available?
reports (german)
"Reiseberatung" (travel health)

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Information on institution commissioning the project:
Austrian Chamber of Pharmacists, pharmaceutical industry, Institute for Tropical Medicine, University of Vienna

Information on institution co-ordinating the project:
Austrian Chamber of Pharmacists

Status of project:
running

Running Time:
Seasonal: during holiday periods:
- summer: main focus on sun protection
- winter: main focus on travelling abroad
Short abstract of the project:

What are the goals, aims and targets?
Provision of information on health-related issues covering vacations and general issues related to travelling abroad to prevent common illnesses like sun stroke and sun burn, infections, diarrhoea and malaria

What are the main activities, strategies and measures applied?
- Individual information and counselling activities:
  - Medications and travelling (“Reiseapotheke”)
  - Immunisations (specific computer-aided programme available in community pharmacies, sun protection
  - Malaria prevention
  - Counselling related to lifestyle issues (water, food, sexual health)
- Specific campaigns and advertisements in pharmacy windows
- Distribution of support material:
  - “Reise checkliste”: checklist for preparing holidays
  - Brochure with recommendations for medications to take along when travelling

What is the scope of the project?
national

Which evaluation strategies are being applied/planned?
no systematic evaluation

Results of evaluation:
Although no systematic evaluation is carried out, according to the assessment of representatives from the Austrian Chamber of Pharmacists, the initiative receives broad acceptance among the general population.

Which issue(s) does the project address?
travel health

Which target group does the project mainly address?
healthy persons
at risk population

Which type of intervention is mainly used in the project?
individual health education and counselling (including patient and general health education):
- self-care/ self-management education
- lifestyle (e.g. diet/ nutrition; smoking cessation)
Which health professional is mainly involved in project activities?
community pharmacist

Which were the most important factors supporting development and implementation of the project?
computer programme on recommended immunisations, provision of brochures

Which were the most important barriers concerning development and implementation of the project?
There are no significant barriers.

Which specific aspect would you consider especially well developed or otherwise instructive and thus relevant for transfer?
The initiative mainly relies on individualised advice and counselling, which is easily transferable to other European countries.

Which further information on the project is available?
- leaflets (german)
- other material (german)
Part B: Description of Relevant Preconditions for POHP in CP

General characteristics of the health care system and specific characteristics of Community Pharmacy relevant for POHP in Austria?

General overview of the Health Care System

In Austria, the responsibility for safeguarding public health lies in the hands of various ministries at the federal, provincial and municipal level as well as the social security institutions as self-administered public corporations. The federal government is responsible for legislation, formulating health policy and general directives, technical supervision of health services and training, and the supervision of the health insurance system. Provincial authorities are responsible for carrying out directives and implementing laws and policies. Health officers at the provincial and district level supervise implementation of federal and provincial measures in the districts and communes.

The health insurance system is funded by compulsory insurance (based on the solidarity principle) for all employed, self-employed, unemployed people and pensioners and family members, covering some 99% of the population. Contributions are calculated according to gross income. Additionally, some 38% of the population have supplementary private health insurance.

The most important providers in the Austrian health care system at the level of primary care include doctors (general practitioners and specialists including dentists), pharmacists, primary health care nursing services, medical-technical services, auxiliary health services and midwives.

As far as health promotion is concerned, an amendment to the Social Security Act in 1992 made it obligatory for sickness funds to undertake health promotion. However, there is no centralised decision-making or implementation of health promotion activities, mainly due to the federal structure of the country.

Specific Situation of Community Pharmacy in Austria

In Austria, (according to) as set out in the Federal Constitution, the pharmacy system, forming part of the health system, comes within Federal Government’s area of responsibilities. This also applies to the medicinal products system, as regards both legislation and execution through the administrative authorities. The supreme administrative authority for pharmacies and medicinal products is the Federal Ministry of Social Affairs and Generations.

The pharmacist’s profession is a health-oriented business, the public (community) pharmacy is a private, mercantile enterprise with public supply duties, the major legal basis of which is the Pharmacies Act. It regulates the personal and material preconditions for the operation of a community pharmacy or the start of a new
community pharmacy, the admissibility of the venture in the legal form of a partnership under specific conditions, the management of a community pharmacy, operating hours and call duty, the employment of skilled staff, etc. It also contains rules on licensing of hospital pharmacies as well as on the institution of pharmacies for dispensing doctors and veterinary surgeons.

As of 1999, there were 1065 community pharmacies and 18 branch pharmacies operating in Austria. More than half are situated in rural areas and small towns: 348 community pharmacies are situated in communities of up to 6000 inhabitants, 192 in communities with 6000 to 20000 inhabitants, 525 in communities of more than 20000 inhabitants (274 of them in Vienna), fulfilling an important function as local providers. On average, there are 1893 inhabitants per community pharmacist, ranging from 1137 in Vienna to 3034 in the Burgenland (1997) and 7668 inhabitants per community pharmacy (1996). Taking into account dispensing doctors, there were 3935 inhabitants per point of delivery of medicines. Opening a new community pharmacy is regulated by demographic and geographic criteria. A community pharmacy is either operated by the licensee in the form of a single proprietorship or as a partnership (with certain restrictions). Chain pharmacies are not allowed in Austria.

As of 1997, 10160 people were employed in pharmacies in Austria, 4045 of whom were pharmacists – 1141 self-employed pharmacists (45% female) and 2904 employed pharmacists (84% female). The staff of a typical Austrian community pharmacy comprises 1 self-employed community pharmacist, 2-3 employed pharmacists (average working hours per week: 27), 2-3 pharmaceutical-commercial assistants (average working hours per week: 34), and 2-3 other employees (average working hours per week: 27). On average, 9 persons are working in a typical community pharmacy, 8 out of 9 are female. During opening hours, a pharmacist has to be present in the community pharmacy.

**What are the main characteristics of the professional role of the community pharmacist with respect to the served population?**

Services provided by community pharmacists comprise the following tasks:
- ex tempore preparations and production of drugs
- distribution of drugs
- various checks (checking prescriptions, interactions, principle of double check)
- counselling patients on application of medical prescriptions
- counselling clients on choice and application of self-medication
- general health counselling, e.g. smoking, vaccinations, travel health, nutrition
- informing physicians on drugs
- screening activities (e.g. blood pressure measurement, weighing)
- 24 hour stand-by duty (every day, approximately 400 community pharmacies provide after-hours service)
- administrative services for health insurance agencies (e.g. collecting prescription charges
- large-scale logistics (e.g. data transfer to wholesalers).
Is health promotion a defined part of the professional role? How is HP being defined?

HP is not explicitly defined as part of the role of the community pharmacist. However, elements of health promotion (counselling patients/users of community pharmacy services) are included in tasks like general health counselling, counselling patients on medications and self-medication and health education (e.g. in the areas of smoking, medicinal plants, safe handling of medicines, “Hausapotheke” – drugs to have at home)

Is there any systematic overview available describing patient/user profile?

A detailed analysis of patients/clients who are prescribed drugs to the debit of health insurance reveals a disproportionate share of elderly people and a high share of women (66% of packages are distributed to women):

<table>
<thead>
<tr>
<th>age</th>
<th>percentage of population</th>
<th>percentage of packages distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>11.5</td>
<td>4.0</td>
</tr>
<tr>
<td>10-19</td>
<td>11.6</td>
<td>2.8</td>
</tr>
<tr>
<td>20-29</td>
<td>15.1</td>
<td>5.3</td>
</tr>
<tr>
<td>30-39</td>
<td>16.9</td>
<td>8.2</td>
</tr>
<tr>
<td>40-49</td>
<td>13.2</td>
<td>9.3</td>
</tr>
<tr>
<td>50-59</td>
<td>11.8</td>
<td>17.0</td>
</tr>
<tr>
<td>60-69</td>
<td>9.0</td>
<td>17.0</td>
</tr>
<tr>
<td>70-79</td>
<td>6.9</td>
<td>22.0</td>
</tr>
<tr>
<td>80-89</td>
<td>3.3</td>
<td>12.2</td>
</tr>
<tr>
<td>90+</td>
<td>0.4</td>
<td>2.2</td>
</tr>
</tbody>
</table>

No systematic analysis is available on the profile of users of community pharmacy services. It is believed, though, that it does not differ significantly from the profile provided above.

Current POHP practice in CP: Is there any recent scientific study/survey available exploring the extent and types of POHP activities in everyday CP practice in Austria?

No systematic overview of HP (related) activities in community pharmacy in Austria is available. In general, it can be said that there are ongoing and seasonal campaigns on various topics: e.g. travel health, screening (blood pressure, cholesterol), pharmacy at home, first-aid kits to keep in the workplace, nutrition and diet, vaccinations, AIDS, safe handling of medicines and smoking cessation. Activities that are carried out comprise counselling and screening activities (to support patient’s self-management of diseases, e.g. by blood pressure measurement, weighing) and distributing support material like folders and brochures. Also, pharmacy window space (posters) is used to alert customers and passers-by.
As far as Pharmaceutical Care activities are concerned, there has been one pilot project on asthma carried out in Vienna. Currently, activities (training seminars) are under way to instruct community pharmacists on how to carry out Pharmaceutical Care projects related to asthma.

Preferences and Expectations

Has there been any recent survey on CPs’ opinion of their role and extent of involvement in POHP activities? How would CPs assess their patients’/users’ preferences and acceptance regarding POHP offers?

In the light of the perceived challenges community pharmacy has to face in Austria (financial restrictions, illegal methods of drug distribution via the internet and mail order, drug stores which are allowed to sell a – very limited – number of drugs, self-dispensing doctors), community pharmacists believe that an increased focus on their clients has to be the way forward. This would mean that the community pharmacy should be developed as a “health centre”, offering optimal service and counselling to their clients. Moreover, closer cooperation with physicians is an important aim. There seem to be two directions for development, according to community pharmacists’ perceptions: Extending product range and extending range of cognitive services like counselling and advice-giving. Community pharmacists believe that to reach the goal of more service orientation, ongoing training in the areas of psychology, counselling skills, but also in the areas of screening and alternative medicine will be key.

No specific information/systematic overview is available assessing pharmacists’ perceptions on clients’ preferences.

Is there any recent scientific study/survey available exploring patients’/users’ preferences and acceptance of POHP activities in CP?

No study or survey is available addressing specifically patients’/users’ preferences and acceptance of HP activities in community pharmacies. However, there has been one representative survey exploring the perceptions held of community pharmacists and community pharmacy in general, the results of which are presented below.

In general, 65% of the people surveyed agreed that they have a regular pharmacy, (women 70%, men 58%, highest share among over 50 years olds, higher share of pensioners, housewives and farmers) and the regular pharmacy is believed to offer better services than others. People prefer to have their regular pharmacy located close to their home. Community pharmacies in Austria are perceived as important sources of advice within the community, and community pharmacists are perceived as experts on medicines (preparation and counselling).

However, there was also some criticism, addressing the reactive approach and a missing patient/client focus of some community pharmacists.
As far as expectations are concerned, the ideal community pharmacy should be a health centre, with the core activity related to medications, offering various other services and products (health-related, e.g. alternative medicines), oriented towards health protection, fitness, wellness, within an appealing physical setting and with separate areas for counselling. The ideal pharmacist has a high level of professional knowledge, a patient-oriented approach and co-operates closely with physicians for the benefit of the patient.

As far as topics for counselling are concerned, the community pharmacist is believed to be the expert on drug-related issues (87% agreement), other topics such as advice on immunisations, homeopathy, diet and screening rank far behind this issue (30-60% agreement). This is also reflected in the patterns of use: 73% of those interviewed enter a community pharmacy to buy OTC medicines.

For information on health-related topics, 74% of those interviewed named the physician as source of advice, and 21% named the community pharmacist as a convenient source of advice. Regarding health promotion, 68% named the physician, and 18% the community pharmacist. The other categories assessed (drugstores, health food stores, self-treatment) were mentioned by up to 8%.

**Structural preconditions for the development and current practice of POHP in CP**

**Laws, Rules and Regulations**

HP is not explicitly mentioned in the regulations pertaining to rights and duties of the profession. Counselling on health-related topics may be seen as one of the tasks of community pharmacists when interpreting the Pharmacies Act. However, counselling and advice on medicines is not standardised (and subject to sanctions in the case of non-fulfilment) insofar as it is believed that this aspect is covered by the duty of lawful provision of drugs. Violation of the duty of lawful provision of drugs is subject to disciplinary sanctions.

According to representatives of the Austrian Chamber of Pharmacists, health promotion forms an implicit part of the professional role and primary duty of community pharmacists in Austria, i.e. provision of drugs. This position has also been reinforced by the judgement of the Austrian Constitutional Court in March 1998 (G 37/97-47).

**Are there any rules and regulations within the profession or with other partners furthering or hindering POHP in CP?**

It is not mandatory that continuing education for community pharmacists in Austria also covers HP-related topics. No financial incentives exist for HP activities, nor are there separate fees for counselling.
Have there been any incentive schemes or specific remuneration/ economic rewards for POHP activities set up in CP?

No financial incentives exist for HP activities. There are no separate fees for counselling.

Education and Training

Up to the present, university training has not explicitly addressed HP. However, the university curriculum has been restructured (based on) in response to recommendations by the EC-committee on Pharmaceutical Education and Training (XV/E/8341/6/93, guideline 85/432/EWG/art. 2 (5), Art. 1 (2), laws regulating university education in Austria, and the report of the WHO Consultative Group on the Role of the Pharmacist, Vancouver, Canada. 27-29 August 1997 (WHO/PHARM/97/599). In line with these documents, the new curriculum will include as one area of expertise the area “laws, societal aspects of pharmacy – philosophy, economy, management, history of pharmacy, public health). In the (new) third part of the curriculum, patient-oriented pharmacy will be included (pharmaceutical care, clinical pharmacy).

After graduating from university, pharmacists are obliged to do one of practical training in a community pharmacy, which also comprises courses for their professional license. In order to enable pharmacists to live up to the expectations of patients/users, who are nowadays more informed and demanding, the Austrian Chamber of Pharmacists (who is in charge of this training) restructured the courses. The old concept, which was based on the transmission of mainly factual information, was replaced by a new one, with its main emphasis on psychological aspects. Pharmacists are trained how to talk with patients, how to identify their needs and how to provide them with information they understand and accept.

Regarding continuing education, every year more than 100 in-service training courses are conducted (including the annual national in-service courses in Vienna and Salzburg, the “Summer academy” in Carinthia and the “Wissenschaftliche Fortbildungstagung” in Salzburg), which are attended by more than 6000 pharmacists (total of pharmacists in Austria: approximately 4200). Central topics in the last years include e.g. drug safety, diseases of the locomotor system and their treatment, treatment of respiratory diseases, diseases of the digestive tract and their treatment.

Continuing education and training for pharmacists is not yet subject to professional regulations, however, negotiations are under way to include a provision for mandatory continuing education in the Chamber of Pharmacies Act. According to the collective agreement, employee pharmacists are allowed to attend six half-day continuing education, training and development courses (based on full-time employment) while receiving full compensation. Under certain circumstances, the Pharmaceutical Salary Fund grants remuneration for self-employed pharmacists participating in continuing education.
Specific Policies, Programmes and Projects for POHP in CP

HP is not explicitly mentioned in the written policies and programmes of the profession, since no such policy documents exist. However, as mentioned before, according to the common understanding in the Austrian Chamber of Pharmacists, HP forms an integral part of the professional duties.

Is POHP in CP explicitly mentioned in policies, programmes and projects of health policy actors?

HP in Community Pharmacy is not explicitly mentioned by these actors.

Which are the most important actors co-operating with CP with regard to POHP?


Patient/ Consumer Organisations:
- “Aidshilfe” (support organisation in the area of HIV/ AIDS) related to HIV/ AIDS

Pharmaceutical industry:
- related to smoking cessation: distribution of brochures, folders, information and counselling
- Pharmacia&Upjohn (related to allergies) (2000): distribution of folders regarding allergies, promoting the project “Allergy Check” (related to diagnosis of allergies) via posters, information and counselling
- Boehringer-Mannheim, Novo-Nordisk (1992, related to diabetes screening and world diabetes day): distribution of information material, publicising initiative via pharmacy window, distribution of testing strips, distribution of registration forms for diabetes organisations/self-help groups, counselling

Department of Social Medicine, University of Vienna:
- co-operation related to smoking cessation

EuroPharm Forum: The Austrian Chamber of Pharmacists is participating in the following projects:
- Ask about your medicine
- Asthma services
- CINDI - hypertension management
- Smoking cessation

PGEU: The Austrian Chamber of Pharmacists collaborates in the drafting of brochures (e.g. The Internet and Medicines: Enjoy the Internet, but don’t risk your health!) and position papers (e.g. Information about Medicines: the Intent establishes the difference).
other partners:
- Schools (related to use of medicines)
- Grippeforum I Österreich (related to influenza) (1999): distribution of brochures, information and counselling
- Institut für Hypertoniker (related to high blood pressure) (1999): distribution of brochures and “Blutdruckpass” (card for patients to register self-measured blood pressure), support patients with blood pressure measurement, counselling,
- co-operation with travel agency (KUONI Austria), Cosmafrance (related to cosmetics), newspaper (Kronenzeitung) in the area of travel health (1998): voucher for sun-protection at reduced price, counselling (sun protection, malaria prophylactics, medicines)
- Ministry for Environment, Youth and Family (1998): “Der Sonne entgegen…” (towards the sun), support of a project addressing sun-protection carried out by the ministry, counselling, distribution of brochures produced for this initiative
- newspaper (Kronenzeitung) (1998): articles covering health-related issues (sun protection, children and travelling, FSME, hiking, influenza, common colds) pointing at counselling provided by community pharmacists
- newspaper (Kurier) (1996): glucose testing (testing strips provided by newspaper), distribution of testing strips, counselling, distribution of brochures, marketing the initiative via pharmacy window space
- newspaper (Die Ganze Woche) (1992, 1993): distribution of test strips (also provided by newspaper): glucose, nitrite, proteins, haematurie, urobilinogen, counselling
- Fonds Gesundes Österreich (Healthy Austria Fund), Austrian Chamber of Physicians – World No Tobacco Day 1993 (related to smoking cessation): counselling
- Austrian Chamber of Physicians, then Ministry of Health (initiative to promote childhood immunisations, target groups mothers and grandparents of children aged 0-6 years): counselling, distribution of information folders produced for this initiative, distribution of folders on immunisations
- Fonds Gesundes Österreich (Healthy Austria Fund), Österreichischer Herzfonds: co-operation “Year of the Heart 1990”: distribution of information material, counselling on lifestyle topics (related to diet, cholesterol)

Which specific areas and topics of POHP in CP are targeted by the activities of these actors?

see above
Is POHP in CP supported by discussion in journals/ at conferences, newsletters, information campaigns, lobbying?

Ongoing and intermittent (seasonal) activities are promoted in the “Österreichische Apothekerzeitung”, the official journal of the Austrian Chamber of Pharmacists. There are also specific information campaigns keeping community pharmacists up to date about ongoing activities carried out by the Chamber, and media campaigns (newspapers) to alert the general public. Regarding Pharmaceutical Care, training seminars are currently held to promote the concept in the profession.

Other relevant preconditions for POHP in CP not explicitly addressed in this framework

It has to be mentioned that lifestyle counselling is a contested area between GPs and community pharmacists in Austria, thus somewhat inhibiting co-operation in this area. However, in the area of counselling on medicines, there is general consensus that co-operation is important.

List of references


