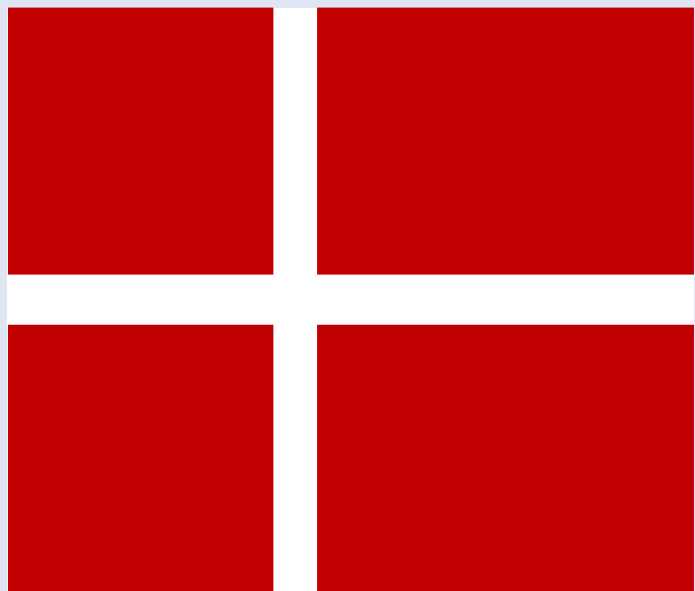


Healthcare Collaboration in Denmark: Pharmaconomists from Glostrup Community Pharmacy Supporting General Practice

Pharmaconomists in general practice?
This Danish model shows how structured data searches can identify patients needing follow-up and strengthen the role of pharmacy staff in interdisciplinary care.

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Introduction

Increasing demands on general practitioners (GPs) in Denmark have led to a need for innovative solutions to maintain high-quality patient care and compliance with national guidelines. One strategy to address these challenges is strengthening collaboration between pharmacies and GP practices. In response, Glostrup Community Pharmacy and a local GP practice established Denmark's first paid collaboration between a pharmacy and a GP, integrating a pharmaconomist into the clinic.

The pharmaconomist's role focuses on supporting patient follow-up by conducting structured data reviews and identifying patients requiring medical attention. The pharmaconomist utilizes targeted searches in the GP's electronic system to identify patients who have missed routine check-ups or require further evaluation. This approach optimizes chronic disease management and ensures adherence to clinical guidelines.

An earlier phase of this collaboration demonstrated high satisfaction among both the GP and the pharmaconomist, leading to improved follow-up adherence and a more structured approach to patient data analysis. Building on these findings, the present study explores the impact and outcomes of the pharmaconomist's role in enhancing patient follow-up processes.

Purpose

The study aims to document and share experiences from a pharmacy-GP collaboration, highlighting how pharmaconomists can support primary care through systematic data reviews and patient follow-up. Insights from this initiative may serve as inspiration for similar partnerships, demonstrating how pharmacy expertise can be effectively utilised within general practice.

Method

This study employs a descriptive approach, documenting qualitative insights and experiences. The study focuses on:

- Documentation of completed tasks performed by the pharmaconomist.
- Identification of patients requiring follow-up based on structured searches in the GP's electronic records.



Pharmaconomist Lieu at the GP's office.



At the GP's practice. From left: Pharmaconomist Lieu Pham, GP Molly Hall, Pharmacist Hanne Høje Jacobsen, Social and Health Care Assistant Gitte Guldager

Conclusion

This pharmacy-GP partnership highlights the potential of integrating pharmacy professionals into primary care. By leveraging pharmaconomists' expertise in structured data reviews and patient follow-up, the collaboration has strengthened interdisciplinary cooperation, improved workflow efficiency, and enhanced compliance with clinical guidelines. The findings demonstrate that this role requires not only technical familiarity with healthcare IT systems but also professional judgement to interpret and validate search results. The ability to identify patients proactively – despite system variability and data inconsistency – contributes significantly to improving care quality and ensuring timely follow-up.

As a planned next step, the pharmaconomist will undergo training within the GP setting to prepare for conducting selected follow-up consultations independently. This development represents a natural progression of the role and a further integration of pharmacy personnel into clinical care workflows.

This model provides valuable insights for other pharmacies and GP practices seeking to implement similar initiatives.

Results

The findings indicate that systematic searches conducted by the pharmaconomist in the GP's electronic system have successfully generated lists of patients requiring follow-up consultations – many of whom might otherwise have been overlooked. The applied search criteria include diagnosis, treatment indications, and medication records, enabling a targeted, and structured approach to identifying patients in need of review.

During April and May, the pharmaconomist focused on generating patient lists for specific treatment groups to support the GP in assessing which patients should be invited for clinical follow-up.

- These lists included:
- Patients receiving benzodiazepines
 - Patients treated for osteoporosis with bisphosphonates
 - Patients undergoing treatment with lithium carbonate

The process followed a structured five-step method, illustrated in Figure 1, beginning with log-in to the GP's statistics module, followed by defining search criteria (e.g. ATC code, drug name, diagnosis), filtering active treatment cases, validating patient data, and delivering a final list for the GP to assess.

Executing these searches is a complex task. Variations in how patients are registered in the GP's system – such as inconsistencies in diagnosis coding, medication status, or date entries – can affect the outcome of search queries. For instance, date-based filters may fail to capture relevant patients if data entry practices differ. In several cases, the search process had to be repeated with adjusted criteria to refine the results. As such, critical evaluation of the search output is essential to ensure quality and clinical relevance, requiring both system familiarity and professional judgement.

Proactively identifying these patients has contributed to improved adherence to national follow-up recommendations, particularly in chronic disease management. Furthermore, the structured approach has helped reduce administrative workload for the GP, enhance workflow efficiency, and support timely, and appropriate patient care.

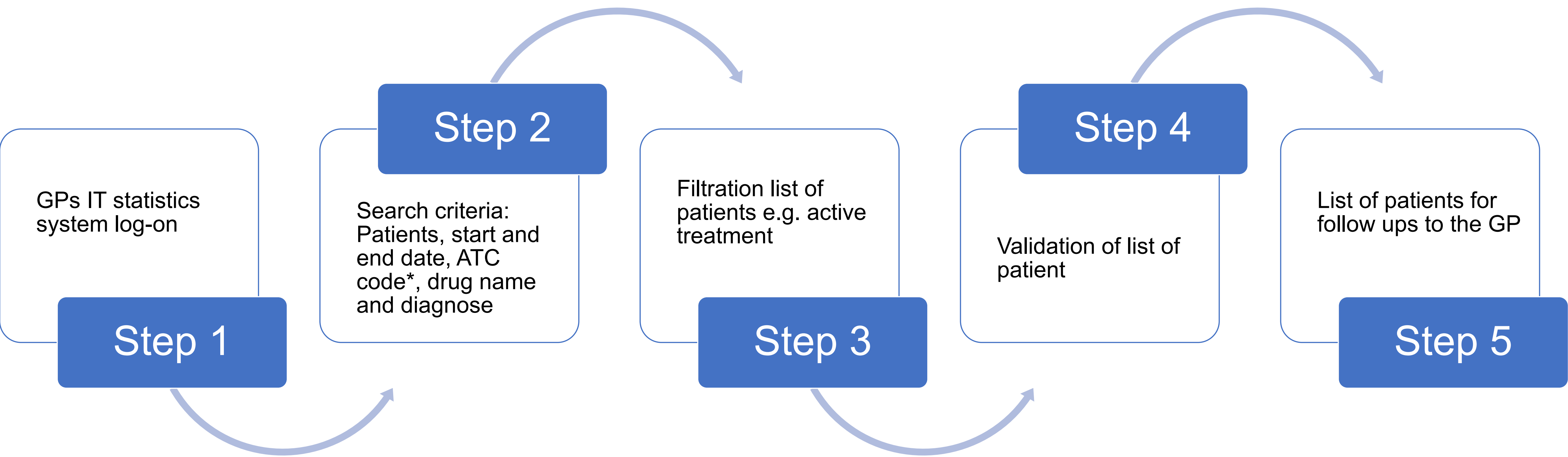


Figure 1: Five-step process used by the pharmaconomist to identify patients in need of follow-up, based on structured searches in the GP's statistics system.

*ATC: Anatomical Therapeutic Chemical Classification System

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