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The Telepharmacy patient prioritisation model of the Spanish Society of Hospital Pharmacy

Modelo de priorización de pacientes en Telefarmacia de la Sociedad Española de Farmacia Hospitalaria

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Abstract

The Spanish Society of Hospital Pharmacy Position Paper on Telepharmacy states that the inclusion of patients should take into account ethical considerations and, therefore, be based on the concept of equity. Thus, it establishes that Telepharmacy should not be limited to specific pathologies or medicines, but should be based on the individual needs of each patient: it also highlights the need to rely on selection or prioritisation models to help identify patients who can benefit from Telepharmacy. The aim of this article is to present the Spanish Society of Hospital Pharmacy Telepharmacy Patient Prioritisation Model, which establishes key recommendations and a reference prioritisation model to guide hospital pharmacists in the identification and prioritisation of patients who are candidates for inclusion in Telepharmacy programmes. This model was developed based on the experience of a group of experts in their clinical practice as well as on a review of the main reference documents available in this field. It comprises 25 criteria, grouped into 8 minimum inclusion criteria, 5 continuity criteria, and 12 recommended criteria. The latter criteria are divided into high, medium, and low priority criteria. Patients are prioritised according to their scores on meeting the recommended criteria, such that

Resumen

La Sociedad Española de Farmacia Hospitalaria, en su Documento de Posicionamiento sobre Telefarmacia, establece que la inclusión de pacientes debe tener en cuenta consideraciones éticas y, por tanto, estar basada en el concepto de equidad. Por ello, establece que la Telefarmacia no debe restringirse por patologías ni medicamentos, sino en función de las necesidades individuales de cada paciente, y destaca la necesidad de apoyarse en modelos de selección o priorización que ayuden en la identificación de los pacientes que puedan beneficiarse de la Telefarmacia. El objetivo de este artículo es presentar el "Modelo de priorización de pacientes en Telefarmacia de la Sociedad Española de Farmacia Hospitalaria", que pretende establecer recomendaciones clave y un modelo de priorización de referencia que sirva de orientación a los farmacéuticos especialistas en farmacia hospitalaria para la identificación y priorización de pacientes candidatos a ser incluidos en programas de Telefarmacia. El modelo ha sido desarrollado en base a la experiencia de un grupo de expertos en su práctica clínica y a la revisión de los principales documentos de referencia disponibles en este ámbito y está conformado por un total de 25 criterios, agrupados en 8 criterios mínimos de inclusión, 5 criterios de continuidad

KEYWORDS
Telepharmacy; Telemedicine; Patient; Pharmacy Services; Hospital; Pharmacist; Remote consultation.

PALABRAS CLAVE
Telefarmacia; Telemedicina; Paciente; Servicio de Farmacia; Hospital; Farmacéutico; Consulta remota.

those with the highest scores are given the highest priority. As stated in the Spanish Society of Hospital Pharmacy Position Paper on Telepharmacy, pharmacotherapeutic monitoring can be conducted via remote consultation without sending medication, but not vice versa; thus, the 25 criteria defined apply to Telepharmacy programmes in the area of the remote dispensing and informed delivery of medicines, but only 19 of them apply to pharmacotherapeutic monitoring programmes. The model presented is intended to be a reference guide and should be adapted to the particular characteristics and circumstances of each pharmacy service, depending on demand and available resources.

y 12 criterios recomendables. Estos últimos se dividen en criterios de alta, media y baja prioridad. En función de las puntuaciones obtenidas del cumplimiento de los criterios recomendables, se establece el orden de prioridad de pacientes, de modo que aquellos que mayor puntuación obtengan serán los más prioritarios. Tal como recoge el "Documento de Posicionamiento sobre Telefarmacia de la Sociedad Española de Farmacia Hospitalaria", puede haber seguimiento farmacoterapéutico por teleconsulta sin envío de medicación, pero no al contrario, por lo que los 25 criterios definidos aplican a programas de Telefarmacia en el ámbito de la dispensación y entrega informada de medicamentos a distancia, pero solamente 19 de ellos aplican para los programas de seguimiento farmacoterapéutico. El modelo que se presenta ha sido concebido como un marco de referencia y deberá adaptarse a las características y circunstancias particulares de cada servicio de farmacia, en función de la demanda y de los recursos disponibles.

Introduction

The Spanish Society of Hospital Pharmacy (SEFH) Position Paper on Telepharmacy defines Telepharmacy as "remote pharmacy practice through the use of information and communication technologies". It identifies four main areas of application: pharmacotherapeutic monitoring, patient training and information, coordination with the healthcare team, and the remote dispensing and informed delivery of medicines. It also establishes that the inclusion of patients who are candidate for a Telepharmacy programme must take into account ethical considerations and, therefore, be based on the concept of equity. Thus, it states that Telepharmacy should not be restricted by pathologies or medicines, but should be based on the individual needs of each patient according to clinical, pharmacotherapeutic, and personal and social aspects[1,2].

In Spain, prior to the COVID-19 pandemic, there were few examples of Telepharmacy programmes in hospital pharmacy services (HPS). However, during the COVID-19 state-of-emergency, most HPSs promoted them in order to respond to patients' needs, although, in most cases, no protocols or models for patient selection or prioritisation were established[3-6]. Following these experiences, some HPSs developed their own patient selection models based on the fulfilment of selection criteria (inclusion/non-inclusion), but without prioritising patients. These selection models do not differentiate between pathologies or treatments, and are typically not protocolised to establish an order of priority. Currently, increasing numbers of HPSs are promoting and demanding the use of protocolised models for the selection and prioritisation of patients for their inclusion in Telepharmacy programmes.

Aware of the need for the appropriate implementation of Telepharmacy in Spanish hospitals, SEFH launched the Strategy for the Development and Expansion of Telepharmacy in Spain, which has four fundamental objectives: to cover the methodological requirements for the implementation of Telepharmacy initiatives; to create an institutional support structure for their development; to encourage the achievement of outcomes and continuous improvement in their use; and to identify needs and provide appropriate technological resources. To this end, a series of lines of action have been proposed, the first being the developement of a set of methodological support documents, including the Telepharmacy Patient Prioritisation Model[7].

In fact, one of the key points in the development of Telepharmacy is to determine which patients should be targeted for interventions. The SEFH Position Paper on Telepharmacy establishes that its use should not be limited to specific pathologies, but that Telepharmacy interventions should be assessed and targeted according to the individual needs of each patient from the clinical and pharmacotherapeutic point of view and their personal and social situation (autonomy, technological capacity, risk of social exclusion, technological gap, socioeconomic gap, family or professional dependence, and patient preferences). The need for selection or prioritisation models that help identify patients who can benefit from Telepharmacy has been highlighted in relation to facilitating this activity[2,8-11].

In this setting, the purpose is to establish key recommendations and a reference prioritisation model to help hospital pharmacists identify and prioritise patients candidates for inclusion in Telepharmacy programmes.

The objective of this article is to present the SEFH Telepharmacy Patient Prioritisation Model, so that it can be used as a reference guide for its development in HPSs.

Methodology for the development of the prioritisation model

The model was developed by a working group comprising hospital pharmacists with experience in the development of Telepharmacy initiatives in several Spanish hospitals. This group participated in the review and analysis of the literature, semi-structured interviews and workshops, and in the final validation of the article. The methodology for the development of the model also included a prioritisation exercise with a sample of patients from several hospitals in Spain in order to assess the accuracy of the criteria. The development and validation of the document was conducted between May and November 2021.

The prioritisation model was developed by taking as a reference some key aspects that were established based on the experience of the experts in their clinical practice and the review of the main reference documents in this field[1,2,8-13]. Thus, the model had to incorporate the following characteristics:

- Be practical to be used during pharmaceutical care consultations.
- Be dynamic and adaptable to use in any HPS.
- Be applicable in pharmacotherapeutic monitoring programmes and remote dispensing and informed delivery of medicines.
- Be adaptable to different telematic communication tools.
- Should not discriminate according to specific pathologies or treatments.
- Should distinguish between the following criteria:
  o Minimum inclusion criteria; to select patients.
  o Continuity criteria; mandatory to assess the continuity of patients in the Telepharmacy programme.
  o Recommended criteria; to prioritise patients.
- Should make it possible to establish an order of priority for the inclusion of patients in a Telepharmacy programme, without replacing the individual assessment of patients by hospital pharmacists.

Structure of the Telepharmacy patient prioritisation model

The model comprises 25 criteria, grouped into 8 minimum inclusion criteria, 5 continuity criteria, and 12 recommended criteria.

- The minimum inclusion criteria are mandatory criteria for the inclusion of patients in a Telepharmacy programme. Failure to meet them would justify the patients' non-inclusion in a Telepharmacy programme.
- The continuity criteria are mandatory criteria for the continuity of patients in a Telepharmacy programme. If patients meet all these criteria, they continue in the programme. If patients do not meet these criteria, they do not continue in the programme.
- Recommended criteria are criteria to prioritise patients in a Telepharmacy programme.

The recommended criteria are classified into 3 groups according to the level of priority: thus, 3 criteria were included in Group A (highest priority, assigned a score of 5 points), 6 criteria in Group B (intermediate priority, assigned a score of 3 points), and 3 criteria in Group C (lowest priority, assigned a score of 1 point).

The order of patients priority is established according to the sum of the scores on meeting the recommended criteria, such that those with the highest scores are given the highest priority.

The classification of the recommended criteria and the scores assigned for their weighting were established as indicative references based on previous experience in the framework of the Mapex project[11-14] and on the judgement of the working group. These aspects can be modified by each HPS to adapt them to their particular situation.

It should be borne in mind that, as stated in the SEFH Position Paper on Telepharmacy, pharmacotherapeutic monitoring can be conducted via teleconsultation without sending medication, but not vice versa. This is because it is mandatory that, together with sending medications, hospital pharmacists conduct a teleconsultation according to the objectives established for the individual pharmacotherapeutic monitoring of each patient. This teleconsultation has to be recorded in the patient clinical history[2]. This is the reason why the 25 criteria defined apply to Telepharmacy programmes in the area of the remote dispensing and informed delivery of medicines, but only 19 of them apply to pharmacotherapeutic monitoring programmes.

Based on the working group judgement, no specific criteria were defined for the scope of application of training and information for patients because it was considered that such training can be achieved through Telepharmacy programmes for most patients or carers/families, and no restrictions are needed. Similarly, no criteria were defined regarding coordination with the care team, as it was considered that this aspect does not apply directly to patients.

Criteria of the Telepharmacy Patient Prioritisation Model

Table 1 summarizes the panel of criteria of the SEFH Telepharmacy Patient Prioritisation Model. These criteria are grouped into minimum

Table 1. Summary of the prioritisation model criteria

	DD	PTM	PG
MINIMUM INCLUSION CRITERIA			
1. Autonomy and/or social and family support	Yes	Yes	–
2. Communicative competence (linguistic, sensory limitations, language)	Yes	Yes	–
3. Technological competence (access to technology and skills)	Yes	Yes	–
4. Patient preferences and consent	Yes	Yes	–
5. Face-to-face consultation at start or change of treatment	Yes	Yes	–
6. Patient in stable clinical condition	Yes	No	–
7. Fixed home and official address in the Autonomous Community	Yes	No	–
8. Medication suitable for remote delivery	Yes	No	–
CONTINUITY CRITERIA			
9. Adherent with face-to-face appointments with physicians and/or hospital pharmacy	Yes	Yes	–
10. Adherence with scheduled teleconsultations	Yes	Yes	–
11. Adherence with scheduled medication delivery and/or collection appointments	Yes	No	–
12. Achievement of pharmacotherapeutic goals and/or absence of significant change in clinical status	Yes	Yes	–
13. Continuation of usual treatment regimen	Yes	Yes	–
RECOMMENDED CRITERIA			
14. Limited physical mobility or dependency	Yes	Yes	A
15. Inclusion in a Telemedicine Programme	Yes	Yes	A
16. Age ≥ 80 years	Yes	Yes	A
17. Age ≥ 70 and < 80 years	Yes	Yes	B
18. Inadequate adherence to treatment or non-adherence to face-to-face appointments due to difficulty in accessing hospital	Yes	Yes	B
19. Difficult access to hospital due to distance or geographical location of home and/or workplace	Yes	Yes	B
20. No possibility of reconciliation with working life and/or studies	Yes	Yes	B
21. No possibility of access using own vehicle or public transport	Yes	Yes	B
22. Difficulties in access due to social and/or economic reasons	Yes	Yes	B
23. Adherence with appointments and/or face-to-face consultations	Yes	Yes	C
24. Good treatment adherence	Yes	Yes	C
25. Good hospital attendance	Yes	Yes	C

DD: remote dispensing and informed delivery of medicines; PG: prioritisation group; PTM: pharmacotherapeutic monitoring.

inclusion criteria, continuity criteria, and recommended criteria. The table indicates their scope of application in Telepharmacy (remote dispensing and informed delivery of medicines and/or pharmacotherapeutic monitoring), and priority group (A, B, or C) in the case of recommended criteria.

Tables 2, 3, and 4 provide further details of the criteria, including an explanation of each one, specific recommendations for their assessment, and a standard question to facilitate their evaluation in clinical practice.

Recommendations for the use of the Telepharmacy Patient Prioritisation Model

Next, we present general recommendations for the implementation of the prioritisation model, as well as specific guidelines for the inclusion, prioritisation, and follow-up of patients in a Telepharmacy programme, based on the inclusion, continuity, and recommended criteria included in the proposed prioritisation model.

Table 2. Minimum inclusion criteria

No.	Criteria	Definition and recommendations
1	**Autonomy and/or social and family support** *Is the patient autonomous and/or does he/she have social and family support? [Yes/No]*	The patient must be autonomous or have the social and/or family support needed to take responsibility for inclusion in the Telepharmacy programme.
2	**Communicative competence (linguistic, sensory limitations, language)** *Does the patient have the necessary sensory and linguistic comprehension skills? [Yes/No]*	The patient must have the sensory and linguistic comprehension skills needed to engage in telematic communication. It is recommended that the ability to communicate is assessed on the basis of speaking and listening skills as well as language skills. If the responsibility for telematic communication is delegated to another person (relative or caregiver), the communication skills of the responsible person will be assessed.
3	**Technological competence (access to technology and skills)** *Does the patient have the necessary technological competence? [Yes/No]*	The patient must demonstrate the minimum technological competence (technological infrastructure, digital competence) necessary for telematic communication in accordance with the specific requirements of a Telepharmacy programme (e.g. availability and appropriate use of telephones and/or availability of internet connection and appropriate use of the video-consultation platform). If the responsibility for telematic communication is delegated to another person (relative or carer), the technological competence of the responsible person will be assessed.
4	**Patient preferences and consent** *Has the patient given his/her consent? [Yes/No]*	The patient or the responsible person (family, caregiver, nurse), if delegated, having received all the information on the Telepharmacy programme, must state that he/she understands the commitments to be assumed, expresses his/her motivation for being included in the programme, and conveys his/her agreement to it verbally or by means of written informed consent, which will be recorded in the clinical record.
5	**Face-to-face consultation at the start or change of treatment** *Has the patient had a face-to-face consultation at the start or change of treatment? [Yes/No]*	The patient must have had a minimum number of face-to-face consultations, at the pharmacist's discretion, after the start or relevant change of treatment before being considered for inclusion in the Telepharmacy programme. At least one face-to-face consultation should be conducted after the start or a relevant change in treatment. It is recommended that the patient's knowledge and experience in disease and medication management should be taken into account in determining the number of prior face-to-face consultations required for inclusion in a Telepharmacy programme.
6	**Patient in a stable clinical situation** *Is the patient in a stable clinical condition? [Yes/No]*	The patient must be in a stable clinical condition, according to clinical, medical, and pharmaceutical criteria, not limiting inclusion in a Telepharmacy programme by specific pathology or treatment.
7	**Fixed home and official address in the Autonomous Community** *Does the patient have a fixed home and official address in the Autonomous Community? [Yes/No]*	The patient must have a fixed home and official address in the Autonomous Community of the hospital in order to safely receive remotely dispensed medicines. In situations where a patient makes visits outside the Autonomous Community, it should be confirmed that he/she has the social and/or family support needed to assume responsibility for receiving the medication. If the patient moves permanently to another Autonomous Community or country, he/she will not be included in the Telepharmacy programme.
8	**Medication suitable for remote dispensing** *Is the medication suitable for remote dispensing? [Yes/No]*	The patient's medication, at the pharmacist's discretion, must be suitable for remote delivery. To assess the suitability of the medication for remote delivery, it is recommended to consider the characteristics and properties of the drug, aspects related to transport, medication's storage conditions, legal requirements, and any other aspect that may compromise secure shipment and delivery.

Table 3. Continuity criteria

No.	Criteria	Definition and recommendations
9	**Adherence with face-to-face appointments with physicians and/or hospital pharmacy** *Does the patient keep scheduled face-to-face appointments? [Yes/No]*	The patient must keep appointments or face-to-face consultations with physicians and/or hospital pharmacy related to the assessment of his/her process and hospital dispensing treatment. In the event of non-adherence with the scheduled face-to-face consultations without justification, at the pharmacist's discretion, the patient's non-continuation in the Telepharmacy programme will be assessed.
10	**Adherence with scheduled teleconsultations** *Does the patient adhere with scheduled teleconsultations? [Yes/No]*	The patient must adhere with the appointments or non-face-to-face consultations scheduled via teleconsultation, thus making it possible to conduct the pharmacotherapeutic follow-up and/or the remote and informed delivery of medicines. In the event of non-adherence with scheduled teleconsultations without justification, at the pharmacist's discretion, the patient will not be considered for continuation in the Telepharmacy programme.
11	**Adherence with scheduled medication delivery and/or collection appointments** *Does the patient keep scheduled appointments for the delivery and/or collection of medication? [Yes/No]*	Patient must keep scheduled medication delivery and/or collection appointments. In the event of non-adherence with the scheduled medication delivery or collection appointments without justification, at the pharmacist's discretion, the patient will not be considered for continuation in the Telepharmacy programme.
12	**Achievement of the pharmacotherapeutic objectives and/or absence of significant change in the clinical situation** *Is the patient achieving the therapeutic objectives or has there been a significant change in his/her clinical condition? [Yes/No]*	Patients included in the Telepharmacy programme must achieve the established pharmacotherapeutic objectives and/or not have significant changes in his/her clinical condition that require a face-to-face medical or pharmaceutical assessment. According to the SEFH Strategic Framework for Telepharmacy, pharmacotherapeutic objectives should at least include the detection of drug interactions, the detection of adverse effects, therapeutic adherence, a review of pharmacotherapy, and assessment of health outcomes. In the event of incidents related to some of these objectives, or a significant change in the patients' clinical situation, at the pharmacist's discretion, the following aspects should be considered: referral to the responsible physician, and/or scheduling the next appointment or face-to-face consultation at the pharmacy service, and/or assessing the patients' continuity in the Telepharmacy programme.
13	**Continuation with the usual treatment regimen** *Is the patient continuing with his/her usual treatment regimen? [Yes/No]*	The patient should maintain his/her usual treatment regimen. In case of significant changes in the treatment regimen, at the pharmacist's discretion, the patient's non-continuation in the Telepharmacy programme will be assessed.

SEFH: Spanish Society of Hospital Pharmacy.

Table 4. Recommended criteria

No.	Criteria	Definition and recommendations
14	**Limitations in physical mobility or dependency** *Does the patient have difficulty in accessing the hospital due to limitations in physical mobility or dependency? [Yes/No]*	The patient or responsible person (family, caregiver, etc) has difficulty in moving or accessing the hospital due to limitations in physical mobility or dependency situation.
15	**Inclusion in a Telemedicine programme** *Has the patient been included in a Telemedicine programme? [Yes/No]*	The patient is included in the hospital's Telemedicine follow-up programme according to the pathology for which the patient has received hospital-prescribed treatment. Regarding the recognition of quality Telemedicine programmes, it is recommended to take into account Telemedicine programmes or criteria that have been defined by hospitals, regional health services, or by recognised accreditation systems.
16	**Patient is 80 years of age or older** *Is the patient in the indicated age range? [Yes/No]*	Patient is 80 years of age or older.
17	**Patient is at least 70 years of age but no more than 79 years of age** *Is the patient in the indicated age range? [Yes/No]*	Patient is between 70 and 79 years of age.

Tabla 4 *(cont.).* Criterios recomendables

No.	Criteria	Definition and recommendations
18	**Inadequate adherence to treatment or non-adherence with face-to-face appointments due to difficulty in accessing the hospital** *Does the patient demonstrate inadequate adherence or non-adherence with face-to-face appointments due to difficulties in accessing the hospital? [Yes/No]*	Patient who, at the pharmacist's discretion, demonstrates inadequate adherence to treatment or is unable to keep appointments due to difficulties in accessing the hospital.
19	**Difficult access to hospital due to distance or geographical location of home and/or workplace** *Does the patient have difficulty in accessing the hospital due to distance or geographical location of home and/or workplace? [Yes/No*	The patient has difficulty in travelling or accessing the hospital due to the distance or geographical location of his/her home and/or workplace. It is recommended that each HPS, depending on the geographical location of the hospital, defines a minimum distance or travel-time limit to assess adherence with this criterion.
20	**No possibility of reconciliation with work and/or studies** *Does the patient have difficulty in accessing the hospital due to difficulties in reconciling work and/or studies? [Yes/No]*	The patient or person designated as responsible (family, carer, etc) has difficulty in travelling or accessing the hospital due to difficulties in reconciling work and/or studies.
21	**No possibility of access using own vehicle or public transport** *Does the patient have difficulty accessing the hospital within a reasonable time due to not having own vehicle or public transport? [Yes/No]*	The patient or person designated as responsible (family, carer, etc) has difficulty in travelling or accessing the hospital within a reasonable time because he/she does not have his/her own vehicle or public transport.
22	**Difficulty of access due to social and/or economic reasons** *Does the patient have difficulty in accessing the hospital due to social and/or economic reasons? [Yes/No]*	The patient or person designated as responsible (family, carer, etc) has difficulty in travelling or accessing the hospital due to social and/or economic reasons (e.g. difficulty in meeting travel costs, institutionalised patient).
23	**Adherence with appointments and/or face-to-face consultations** *Does the patient demonstrate adequate adherence with appointments and/or face-to-face consultations? [Yes/No]*	The patient shows good adherence with the scheduled appointments or face-to-face consultations physicians and hospital pharmacy related to the assessment of his/her hospital dispensing process and treatment. It is recommended, at the pharmacist's discretion, to define a minimum number of consultations beyond which adherence with this criterion will not be considered. When the patient has difficulties in accessing the hospital, at the pharmacist's discretion, non-adherence with face-to-face consultations may be taken into account for the patient's inclusion in the Telepharmacy programme.
24	**Adequate treatment adherence** *Does the patient demonstrate adequate adherence to treatment? [Yes/No]*	The patient, at the pharmacist's discretion, demonstrates adequate treatment adherence.
25	**Adequate hospital frequenting** *Does the patient have adequate hospital attendance? [Yes/No]*	Patient has adequate hospital frequenting (e.g. face-to-face medical or hospital pharmacy appointments or consultations spaced every 3 months or more). It is recommended, at the pharmacist's discretion, to consider the maximum amount of medication allowed to be dispensed from the HPS in order to define the minimum frequency of hospital visits that is considered to be high frequenting (e.g. in a hospital where the maximum amount of medication that can be dispensed is 3 months, a patient will be considered to have high frequenting when he/she visits the hospital at least once every 3 months). It is recommended, at the pharmacist's discretion, to take into account the patient's clinical condition (acute processes), therapeutic complexity, comorbidities, etc, when assessing the patient's frequency of hospital visits. It is recommended that the patient's face-to-face visits to the hospital pharmacy are scheduled with other hospital visits.

These recommendations and guidelines are applicable to Telepharmacy programmes that only include pharmacotherapeutic monitoring and to those that also include the remote dispensing and informed delivery of medicines. These programmes were defined according to the experience of the hospital pharmacists who participated in the working group that developed the prioritisation model and conducted a literature review of the main reference documents[1,11-14].

1. General recommendations:
   – Hospital pharmacists should inform patients that Telepharmacy is a complementary modality rather than a substitute of face-to-face care, and that it enables, among other things, remote pharmaceutical care to be conducted with the aim of continuous and close monitoring, and to bring medication closer to the patients.
   – All patients treated at an HPS may be candidate for inclusion in Telepharmacy programmes—subject to approval by hospital pharmacists—while taking into account the criteria of the prioritisation model defined, the individual situation of each patient, and the available resources.
   – The HPS is responsible of defining the criteria of the prioritisation model applicable in its area to select patients for inclusion in a Telepharmacy programme, so that they can be applied as consistently and equitably as possible. In order to reach a consensus on the definition of the criteria, the collaboration of other care units, management, or hospital advisory committees (e.g. health care ethics committees or patient advisory committees) is recommended.
   – It is also recommended that HPSs include the criteria defined in its prioritisation model and the indications for its use in clinical practice in the Standard Operating Procedures for pharmacotherapeutic monitoring and remote dispensing and informed delivery of medicines.
   – Hospital pharmacists are the health care professionals responsible for identifying and selecting patients who are candidate for Telepharmacy services and for offering these services to such patients on an individual basis.
   – In order to guarantee the long-term and continuous character of the pharmacist-patient relationship, it is recommended that the hospital pharmacists who offer and conduct Telepharmacy interventions should also be the ones who perform face-to-face care.
   – Hospital pharmacists are responsible for making the health care professionals involved aware of the prioritisation model.
   – It is recommended that hospital pharmacists act in coordination with other hospital services to facilitate decision-making in relation to the patients' health care and thus optimally assess the inclusion of patients in a Telepharmacy programme.
   – Hospital pharmacists must inform patients about the prioritisation model criteria and the commitments that they must agree to, in order to participate in a Telepharmacy programme.
   – Hospital pharmacists must inform patients, in a clear and concise manner, that their inclusion in a Telepharmacy programme is subject to the discretion of the responsible hospital pharmacist, and, if deemed necessary, includes the possibility of a temporary or permanent changeover to the face-to-face care modality.
   – The HPS can use the proposed criteria and structure of the Telepharmacy prioritisation model presented as a reference, although it may be adapted to the characteristics of each HPS and health care organisation.
   – Whenever needed, it is recommended to have available support tools in health care practice (e.g. Standard Operating Procedure, criteria checklist, guidelines, application) to facilitate decision-making by hospital pharmacists in the selection and prioritisation of patients for a Telepharmacy programme.

2. Inclusion and prioritisation of patients:
   – It is recommended that at least the first patients assessment for inclusion in a Telepharmacy programme should be conducted in a face-to-face consultation, in which hospital pharmacists will assess whether patients meet the criteria of the prioritisation model and inform them of the conditions for their participation.

   – In order to include patients in a Telepharmacy programme, hospital pharmacists must first assess whether the patients meet the minimum inclusion criteria.
     • If they do not meet the minimum inclusion criteria, a priori they will not be candidate for inclusion in a Telepharmacy programme. However, when deemed necessary, hospital pharmacists can always individually assess the patients' circumstances and the available resources.
     • If patients meet the minimum inclusion criteria, they will be candidate for inclusion in a Telepharmacy programme, and, therefore, they will be assessed to determine whether they meet the recommended criteria to establish their order of priority for inclusion.
   – Patients are prioritised based on the sum of the scores on their meeting the recommended criteria. Patients with the highest priority are those with the highest scores.
   – The order of priority enables each HPS to determine which patients have the highest priority to receive Telepharmacy interventions.
   – It is recommended that each HPS establishes priority rankings based on the number of candidate patients, the capacity of the HPS, and the available resources. It is recommended that these rankings established are periodically reviewed to adapt to changes in demand and capacity of the HPS.
   – The prioritisation models are indicative, and final decisions will be taken by hospital pharmacists based on the patients' situation and available resources.
   – The patients (or, if applicable, their legal guardian and/or carers) must understand the commitments and the scope of their inclusion in a Telepharmacy programme and give their agreement verbally or by means of informed consent which, in any case, will be recorded in their clinical history.
   – It is recommended to spend the necessary time and resources to inform patients about the pharmaceutical care model that will be used (i.e. pharmacotherapeutic monitoring or remote dispensing and informed delivery of medicines). It is also recommended that appropriate information support material is made available.

3. Patient follow-up and continuity:
   – It is recommended to monitor patients included in Telepharmacy programmes in order to to ensure that they are adhering to the conditions of the programme and to identify any changes that may affect their position in the prioritisation model.
   – In order to conduct the monitoring process, whether periodical or at the pharmacists' discretion, it is recommended to assess the fulfilment of the continuity criteria and to reassess the minimum inclusion and recommended criteria.
     • If patients do not meet the minimum inclusion and continuity criteria, they will no longer be candidate to continue in a Telepharmacy programme.
     • If patients meet all the minimum inclusion and continuity criteria, they will be candidate to continue in a Telepharmacy programme; thus, their fulfilment of the recommended criteria can be assessed to establish their order of priority to receive these interventions.
   – It is recommended that all changes in the patients' situation regarding fulfilment with the prioritisation model criteria are recorded in the clinical history to facilitate monitoring the patients' progress and to update their level of priority.
   – All patients can choose not to participate in a Telepharmacy programme or to leave it at any time in favour of face-to-face model without this decision affecting the quality of the pharmaceutical care received.

Figure 1 shows the algorithm for assessing the inclusion and continuity of patients in the prioritisation model.

In summary, the model presented is intended to be a practical reference framework for pharmacists in pharmaceutical care consultations to prioritise patients for their inclusion in Telepharmacy programmes. Prioritisation is based on the concept of equity and should be adapted to the particular characteristics and circumstances of each HPS, specially regarding the demand of this type of service and the available resources. Furthermore, it is important to bear in mind that the model forms part of a set of documents

Figure 1. *Algorithm for assessing the inclusion, continuity, and prioritisation of patients in Telepharmacy programmes.*

HPh: hospital pharmacist.
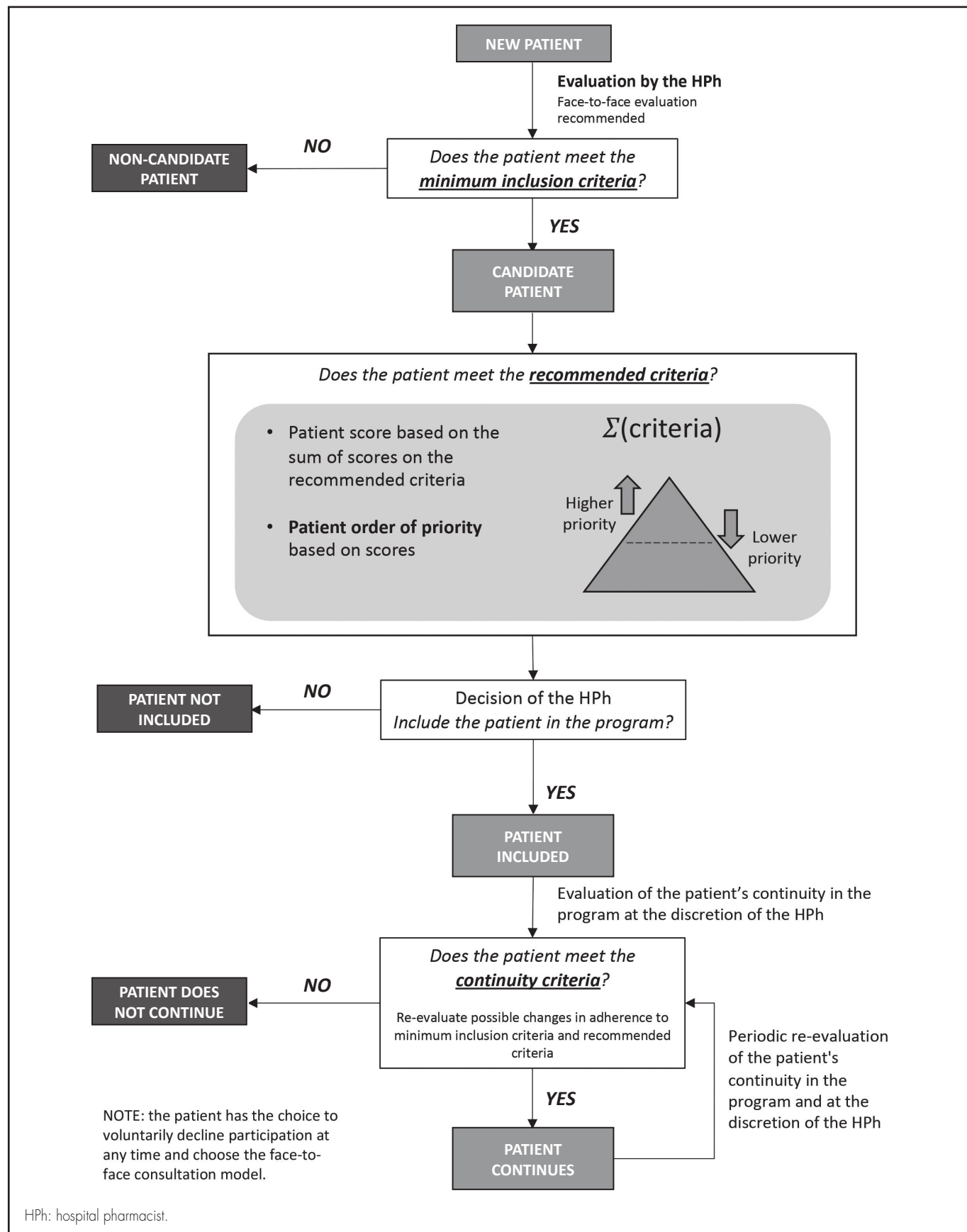
created within the SEFH's Strategy for the Development and Expansion of Telepharmacy in Spain, such that its implementation in practice must consider the other published documents[15] in order to guarantee the optimal implementation of Telepharmacy initiatives in the HPSs of Spanish hospitals.

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Conflict of interests

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