

# Pharmacist consultation recognized as healthcare service in the Chilean health system

## Abstract

**Background:** The Chilean health system operates under a mixed model comprising a public insurer, FONASA (National Health Fund), and private insurers known as ISAPREs. FONASA offers universal, equitable, and comprehensive coverage through two modalities: Institutional Care (ICM) and Free Choice (FCM).

**Objective:** To describe the recent recognition of pharmacists as healthcare providers within the FONASA system and the implications of this inclusion.

**Description:** A review of the policy process leading to Exempt Resolution No. 270 (2024) was conducted, highlighting stakeholder involvement, technical criteria, and financial considerations. This national resolution incorporated new healthcare services into the ICM fee schedule, including a newly coded pharmaceutical consultation.

Fifteen new services were added, among them the pharmaceutical consultation (code 0102011), officially recognizing pharmacists as clinical healthcare providers. The resolution emphasized modernizing health benefits to align with current epidemiological and technological needs.

**Conclusions:** This milestone represents a significant advancement for pharmaceutical practice in Chile. However, it also introduces challenges such as developing standardized procedures, improving documentation, and measuring productivity. Future goals include extending this service to FCM users and integrating pharmaceutical consultations within community pharmacies in accordance with national health legislation.

**Keywords:** pharmacy services, consultation, national health fund, ministry of health, health system

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**Abbreviations:** FONASA, national health fund; FCM, free choice modality; ICM, institutional choice modality

## Background

The Chilean health system is structured as a mixed model that includes both a public insurance system, known as FONASA (National Health Fund), and a private system, ISAPRE (Institutions of Health Insurance).<sup>1</sup> FONASA offers a Unified Health Plan that provides a broad range of benefits and health support to public system users, with the mission of ensuring access, coverage, and health protection for the population.<sup>2</sup> It operates in two primary areas: financial coverage for medical care, and monetary benefits such as work disability subsidies (i.e., medical permissions). Health benefits under FONASA are designed to be universal, comprehensive, supportive, and equitable. This means that services are not differentiated based on sex, gender, age, income, ethnicity, or nationality, nor are there barriers related to pre-existing health conditions.

Access to FONASA services is available through two modalities: the Institutional Care Modality (ICM) and the Free Choice Modality (FCM). The ICM encompasses care provided in public healthcare facilities, including primary care centers, family health centers, diagnostic and treatment centers, as well as general and specialized hospitals. In contrast, the FCM applies to private healthcare providers contracted by FONASA, such as clinics, university hospitals, and laboratories.<sup>2</sup>

As part of its operational framework, FONASA assigns standardized codes to healthcare services it covers—ranging from

general medical consultations to comprehensive home-based physical therapy. This coding system also extends to other healthcare professionals, including dentists and nutritionists. However, despite the wide array of clinical services provided by pharmacists,<sup>3,4</sup> their professional activities had not previously been assigned a specific service code.

The objective was to describe the recent recognition of pharmacists as healthcare providers within the FONASA system and the implications of this inclusion.

## Case description

Following extensive negotiations between the College of Pharmaceutical Chemists and Biochemists of Chile and FONASA, on February 19, 2024, Exempt Resolution No. 270 concerning healthcare service tariffs was published.<sup>5</sup> This resolution incorporated fifteen new healthcare services into the ICM fee schedule. Notably, under the service category “pharmaceutical consultation,” a new code—0102011—was created, officially recognizing pharmacists as healthcare providers beyond their traditional role in medication dispensing.

The resolution underscores that FONASA’s decision was based on technical, clinical, and epidemiological criteria, as well as the financial constraints of the 2024 budget. It identified the necessity to expand the healthcare benefits package to accommodate evolving technological developments within the health sector, aiming to modernize and enhance the existing structure.<sup>5</sup>

All proposals submitted to FONASA underwent a comprehensive

review process, involving input from a wide range of stakeholders, including scientific societies, professional associations, and experts from both public and private sectors. The final prioritization of projects was based on established criteria, such as the scale of financial resources required, the extent of state contributions needed within existing budgetary limits, and the public health relevance of each proposal.

The process described above was concluded with a formal proposal submitted by FONASA to the Ministries of Health and Finance, which jointly issued the administrative resolution to define the tariff structure for service payments and co-payments applicable to registered providers and FONASA beneficiaries.

## Concluding reflections

The inclusion of a specific code for pharmaceutical consultations signifies a formal recognition of the clinical work that pharmacists in Chile have long been performing.<sup>6,7</sup> However, this advancement also introduces new challenges. Given that healthcare demands the highest standards of technical precision and human compassion, it is imperative to standardize the procedures involved in pharmaceutical consultations. This includes the urgent development of a Standard Operating Procedure (SOP), as well as the enhancement of daily record-keeping and the creation of productivity indicators. Such efforts will require coordinated action among professional associations, universities, and scientific societies to generate robust data demonstrating the positive impact of pharmacists on public health outcomes in Chile.

Once these benefits are demonstrated, the next objective will be to extend pharmaceutical consultations to users under the Free Choice Modality. In a not-too-distant future, we hope that this consultation will be coded as a professional service offered by community pharmacies, emphasizing its role as a “health center”, as stipulated in the Chilean Health Code.<sup>8</sup>

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## Conflicts of interest

The authors declare that they have no conflicts of interest.

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