

Ezfy[®]
Health made easy

The Patient Journey Can Be Overwhelming



“It’s not just the young who expect healthcare to modernize its seemingly stodgy, physician-centric design and big queue or waiting room ways — and to do so at lower and transparent cost.”

Having a Chronic
Disease can be
difficult and
complex.





We need solutions
that make our lives
easier.

An easier life
means a simplified
access to health
solutions.

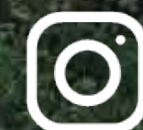


A photograph of several bright green limes arranged in a tray, with a light green overlay on the right side of the image.

Health, made Easy.

Our mission is to use innovation and technology to think, create and implement solutions that simplify and facilitate the health journey of the person with chronic illness.

www.ezfy.eu



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/c/ezfy-eu





QUEM SOMOS

O QUE FAZEMOS

PARCERIAS

CONTATOS

LOGIN



We help make your Diabetes simpler and easier.

[Know More >](#)



MacBook Air



QUEM SOMOS

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Ezfy your diabetes

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[more info >](#)

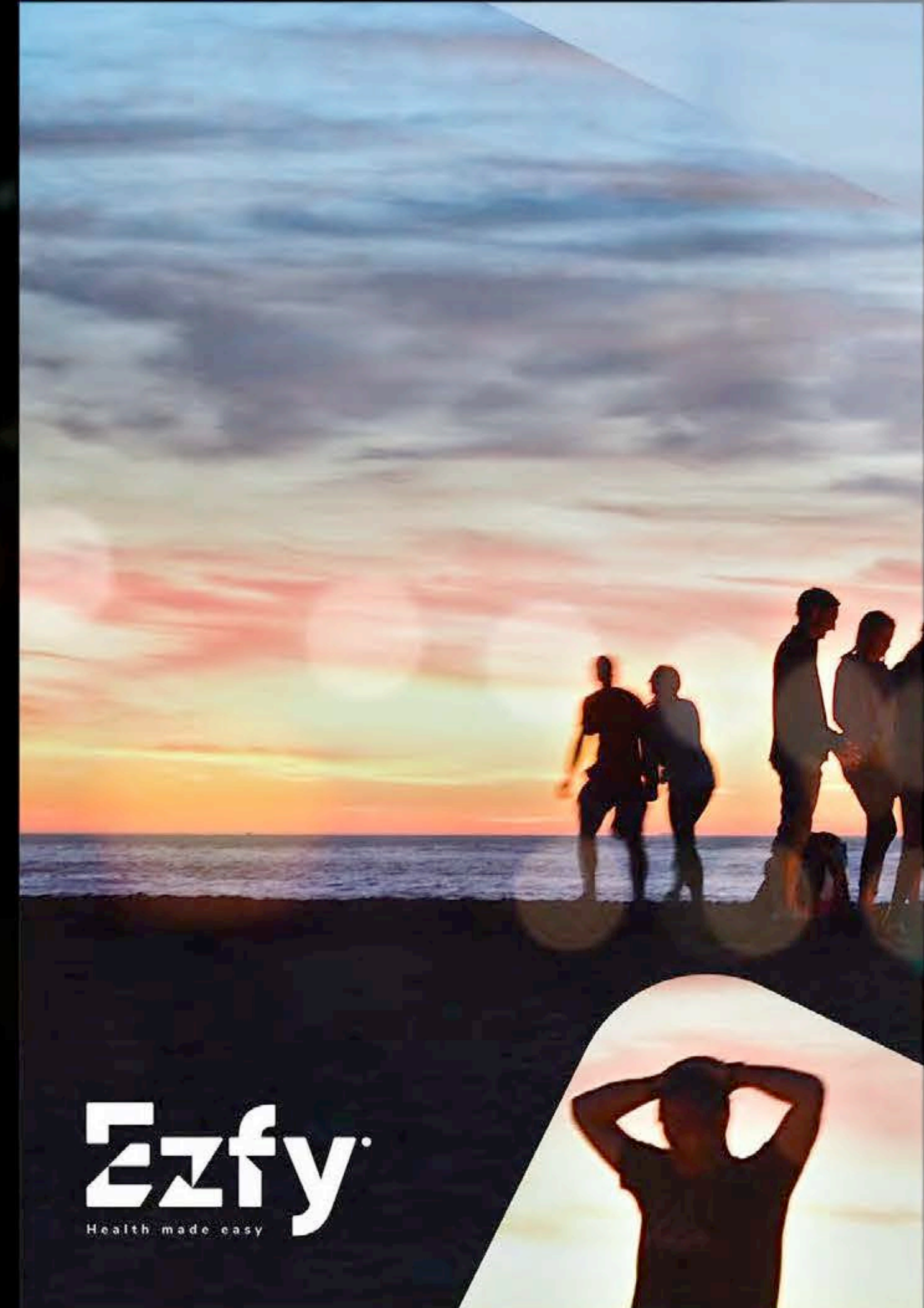


MacBook Air



Health
made
simple.

Ezfy
Health made easy



HOW WE SEE THE SITUATION NOW

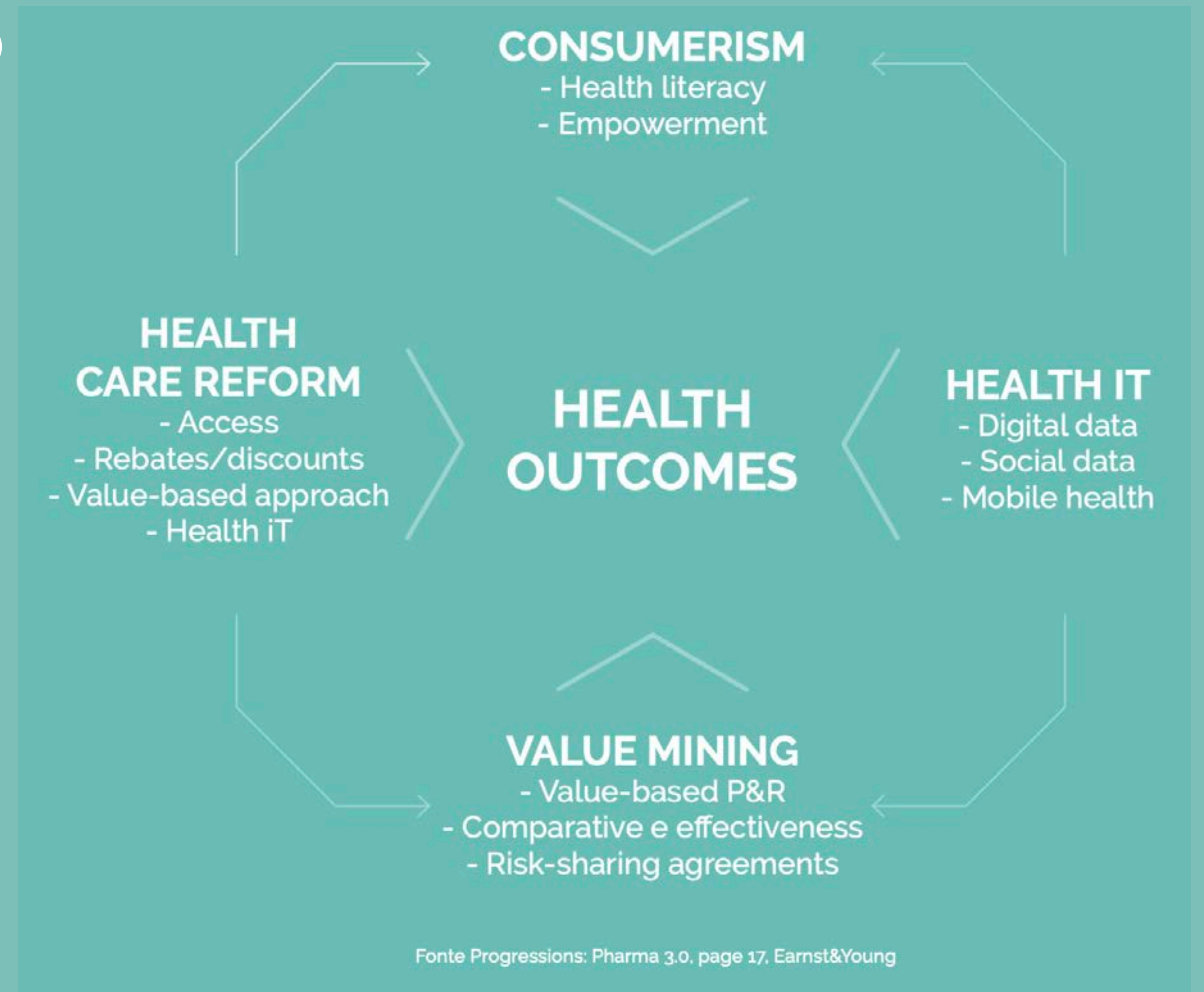
The Patient Health Journey is frequently complex, with multiple contact points which are not always interconnected or integrated.

CHANGING THIS PARADIGM IS BEING ACCELERATED BY:

- Greater patient involvement in health decisions,
- Increasing emphasis on health outcomes as part of access and reimbursement negotiations,
- The growth of specialty drugs that require additional patient support.

WHERE IS THE OPPORTUNITY?

- Real-World Effectiveness and Safety will be driving regulatory decisions.
- Risk-Sharing Agreements are being increasingly established.



HOW WE SEE THE SOLUTION

THE RIGHT PROGRAM WILL:

- shorten the time to get patients on medication,
 - drive adherence and positive health (clinical and quality of life) outcomes,
 - differentiate a brand by delivering an improved consumer experience.
-
- Different diseases need support at different stages of the disease progression – some earlier, some later, and some throughout the entire journey.

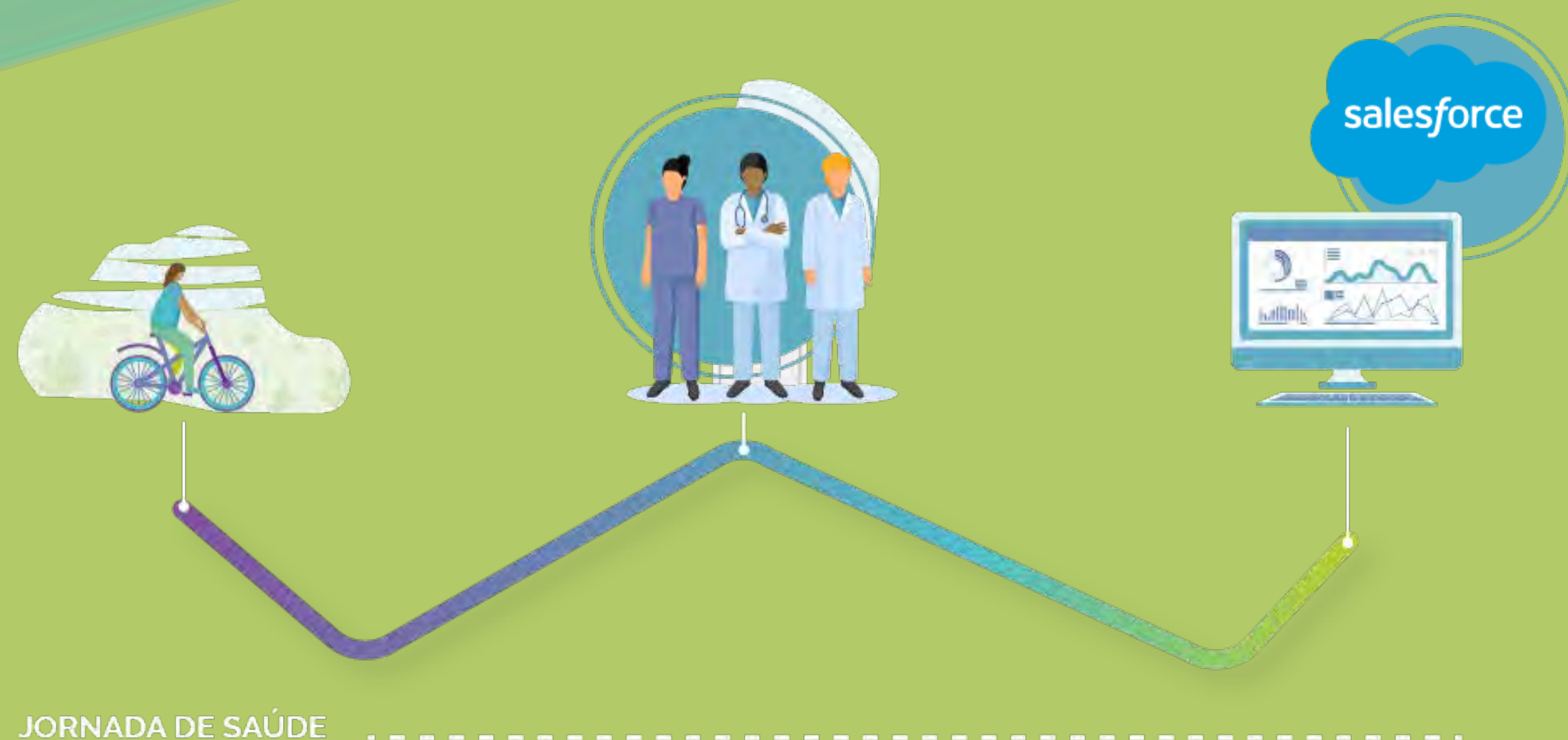
HOW ARE EZFY PATIENT SUPPORT PROGRAMS?

They apply strategies to support a **healthier lifestyle**, and monitor and improve **adherence** to medication.

They are **personalized, continuous, data-driven** and grounded in **behavioral science**.

They are **predictive**, adaptive to **patient expectations and preferences**, and **integrated** into care pathways.

For pharma, they represent a revolution in insights based on **real-world effectiveness and safety data**, providing the critical evidence base of improved outcomes payers and society will increasingly demand and expect.



HOW DO WE IMPLEMENT OUR PROGRAMS?



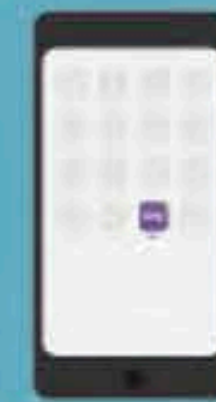
Engaging and recruiting trained healthcare professionals who are a perfect match for these programs, such as pharmacists, nurses, dieticians and psychologists.



Helping to design the necessary protocols and providing medical writing support (e.g. questionnaires, reports and educational leaflets).



Being accountable and liaising with partners for the regulatory and legal framework on the various project components.



Developing and implementing innovative solutions, such as smart applications, websites, connected tools, blogs and call centres.



Managing the day-to-day by appointing a dedicated project manager and providing the appropriate tools.



We use Salesforce HealthCloud® to design, register and generate project follow-up data.

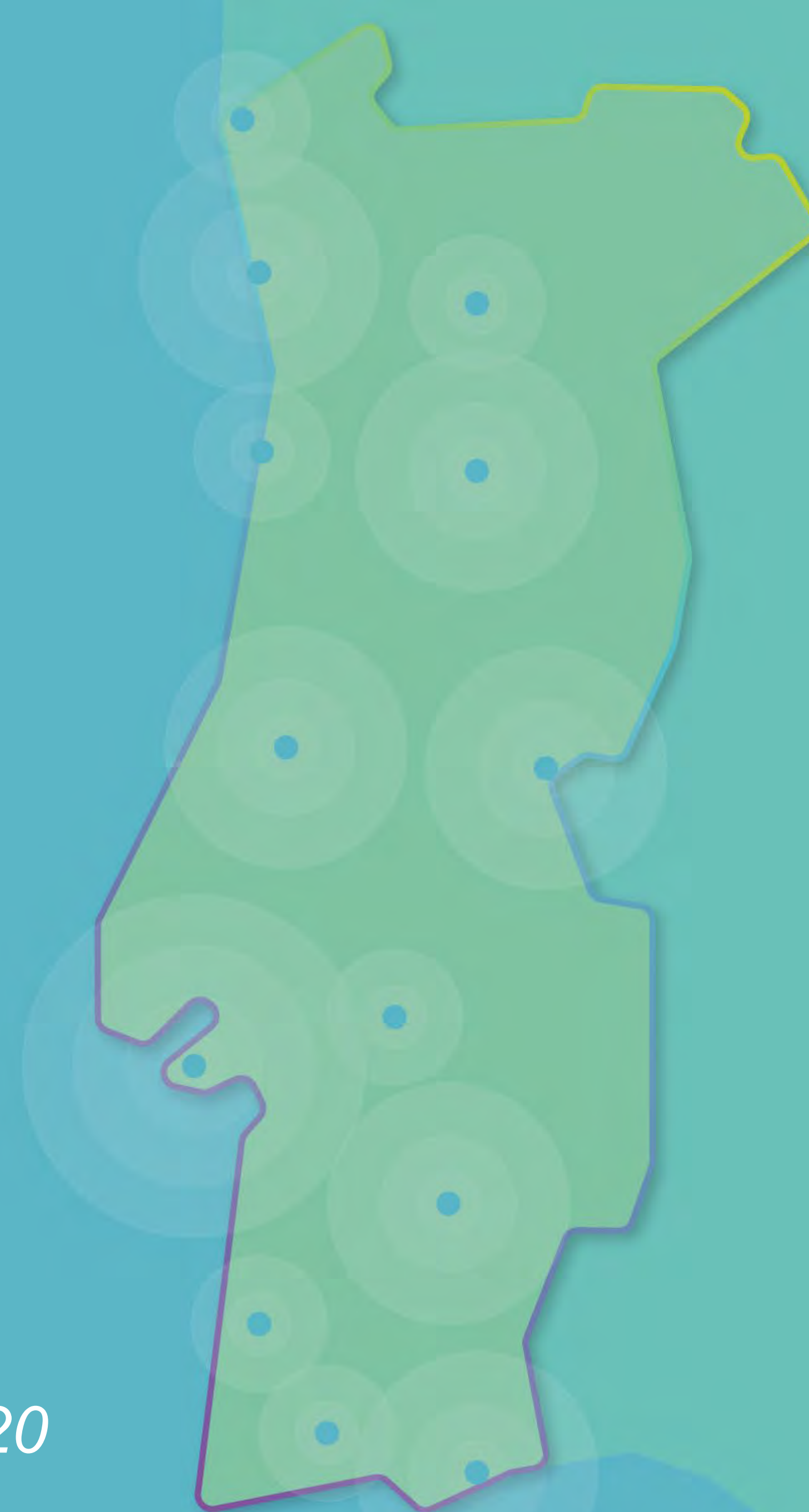
PHARMACIES AS “Ezfy POINTS”

**More than 130 Ezfy Points,
distributed throughout the
national territory!**

**+ than 800 engaged
health professionals**

+ de 21.000 participants

since march 2020



WHERE ARE THE EZFY PROJECTS?



What do I have? Do I really need to go to the doctor? What do I ask the doctor? Will this source be trustworthy? How can I live a healthier life?

Is this what I have? What does it mean? What should I do? Is this the best treatment? Wouldn't it be something something else? Do I want a second opinion?

Is there something cheaper? Will it have side effects? Will my stomach hurt? How should I take it? Will people notice (stigma)? Alternatives?

Have I recovered? What should I do now? Should I change my habits? Is it chronic? How can I live with it?

- Awareness and traffic**
- Health and nutrition tips
 - Information about common pains and seasonal illnesses
 - Nutrition and cosmetic services
 - Trusty sources..

- Create confidence**
- Advising and explanation of diagnostic and treatment
 - Supplementary documents and available alternative medicines
 - Indicators about the therapeutic regimen

- Generate loyalty**
- Tips for following treatment, side effects
 - Justified control quotes
 - Analysis history
 - Appointment reminders, send medications, dosage instructions

- Loyalty**
- Support the patient and family
 - Advice for treating and controlling side effects
 - Tips for regaining good health

[BEM-VINDO:
COMECE AQUI](#)[EZFY
HEALTHCLOUD](#)[PROFISSIONAIS DE
SAÚDE](#)[GRUPO EZFY YOUR
DAY](#)[A NOSSA
COMUNIDADE](#)

Programas Ezfy

Eventos Ezfy

FARMÁCIA

NOTÍCIAS

- Grupos de trabalho
- Videoconferência Via Teams
- Mensalmente
- 45 minutos

MOVE IT

Endometriose

"Palavras que abrem"

Tem uma doença crónica?
A sua vida está a 3 passos de melhorar.

E se a sua Saúde não tivesse que ser um problema crónico?

Doença Cardiovascular

"Palavras do coração"

GET STARTED

OUR SOCIAL MEDIA PRESENCE



Doenças Cérebro-Cardiovasculares

Doenças Endócrinas, Nutricionais e Metabólicas

Doenças da Pele

Doenças Respiratórias

Doenças do Sistema Nervoso

Doenças do Sistema Digestivo

Doenças do Sistema Músculo-Esquelético

Ezfy
892 followers
6d · 🌐

🇬🇧 The clinical manifestations of Multiple Sclerosis (MS) are very variable and dependent on the areas of the brain and spinal cord affected. The diagnosis ...see more

[See translation](#)

Multiple Sclerosis Journey

1 Signs and symptoms
Many and unpredictable. Sometimes they come and go; other times, they come and stay. Some are visible; others are invisible to those who look at you.
Clinical manifestations: changes in vision, fatigue, numbness and tingling, muscle weakness and stiffness, balance changes, muscle spasms, speech and swallowing problems, optic pain, bladder and bowel changes, sexual dysfunction, cognitive difficulty, depression.

2 Diagnosis
The path between the first signs and the diagnosis was very long and distressing.

3 Treatment
"Early treatment is important because damage to the central nervous system occurs since the onset of the disease."
pharmacological treatment currently used is classified according to its purpose in disease-modifying medicines, to treat relapses, and medicines to treat symptoms.

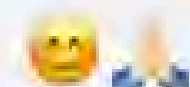
4 Multiple Sclerosis Management
We have to reformulate our dreams, adapt them to a new life.



Sociedade Portuguesa de Esclerose Múltipla 5d

A primeira grande barreira para o doente com Esclerose Múltipla é de facto o diagnóstico, devido à sua demora. Segue-se logo o ajuste de tratamento, que pode demorar imenso tempo, pois, todas as pessoas são diferentes e é difícil perceber à primeira o que pode resultar.

Obrigado pelos vossos serviços e por apresentarem soluções que, devido à redução de tempo de diagnóstico, ajudam a obter melhores e mais rápidos resultados às pessoas com EM.



[See translation](#)

Like · 🌐 1 | Reply



A Síndrome do Intestino Irritável (SII) é uma condição comum que afeta o sistema digestivo. Causa sintomas como a dor ou desconforto abdominal, associada a diarreia, obstipação ou ambas. Estes tendem a ir e vir e podem durar dias, semanas ou meses seguidos.

A Síndrome do Intestino Irritável

Doença do sistema digestivo



100 milhões de pessoas em Portugal

Tem Síndrome do Intestino Irritável (SII) não significa que o seu sistema digestivo esteja doente, no entanto, pode ser muito frustrante conviver com os sintomas. Ter um grande impacto na vida quotidiana, de passar com SII não controlada podem virar necessariamente de labor, as pessoas com esta condição a vivem muitas vezes, dificuldades de participar nas atividades diárias.

À sua digestão tem-se no facto de, nestas pessoas, a função muscular do intestino ser mais lenta e mais frequentemente a alteração habitual, tanto a alimentação e a rotina. Estas alterações têm origem no cérebro ou no intestino, no momento em que o cérebro e o intestino se comunicam através do sistema digestivo.

A SII existe em 3 tipos: "SII com prisão de ventre", "SII com diarreia" e "SII com alternância entre prisão de ventre e diarreia". O diagnóstico é feito através de exames de sangue, de fezes, de imagem e de história clínica.

Muitas vezes há uma alteração na forma de eliminar as fezes, através de uma alteração de frequência de evacuações, de consistência das fezes, de presença de sangue nas fezes, de presença de muco nas fezes, de presença de dor abdominal, de presença de sintomas de urgência, de presença de sintomas de urgência, de presença de sintomas de urgência.

QUANTAS PESSOAS TÊM SÍNDROME DO INTESTINO IRRITÁVEL?

Mais de 100 milhões de pessoas em Portugal têm Síndrome do Intestino Irritável (SII).



DOR ABDOMINAL OU COLICAS

Podem ocorrer após refeições ou quando precisas de ir à casa de banho. Já há com e sem a causa de origem.



DILATAÇÃO/INCHAÇO ABDOMINAL

Pode sentir o inchaço no estômago.



ALTERAÇÃO INTESTINAL

Constipação - dificuldade em evacuar ou evacuações de evacuações de forma incompleta ou dolorosa - fezes moles ou líquidas ou presença de sangue nas fezes. Também podem ocorrer alterações na frequência de evacuações.

A SÍNDROME DO INTESTINO IRRITÁVEL TAMBÉM PODE CAUSAR:

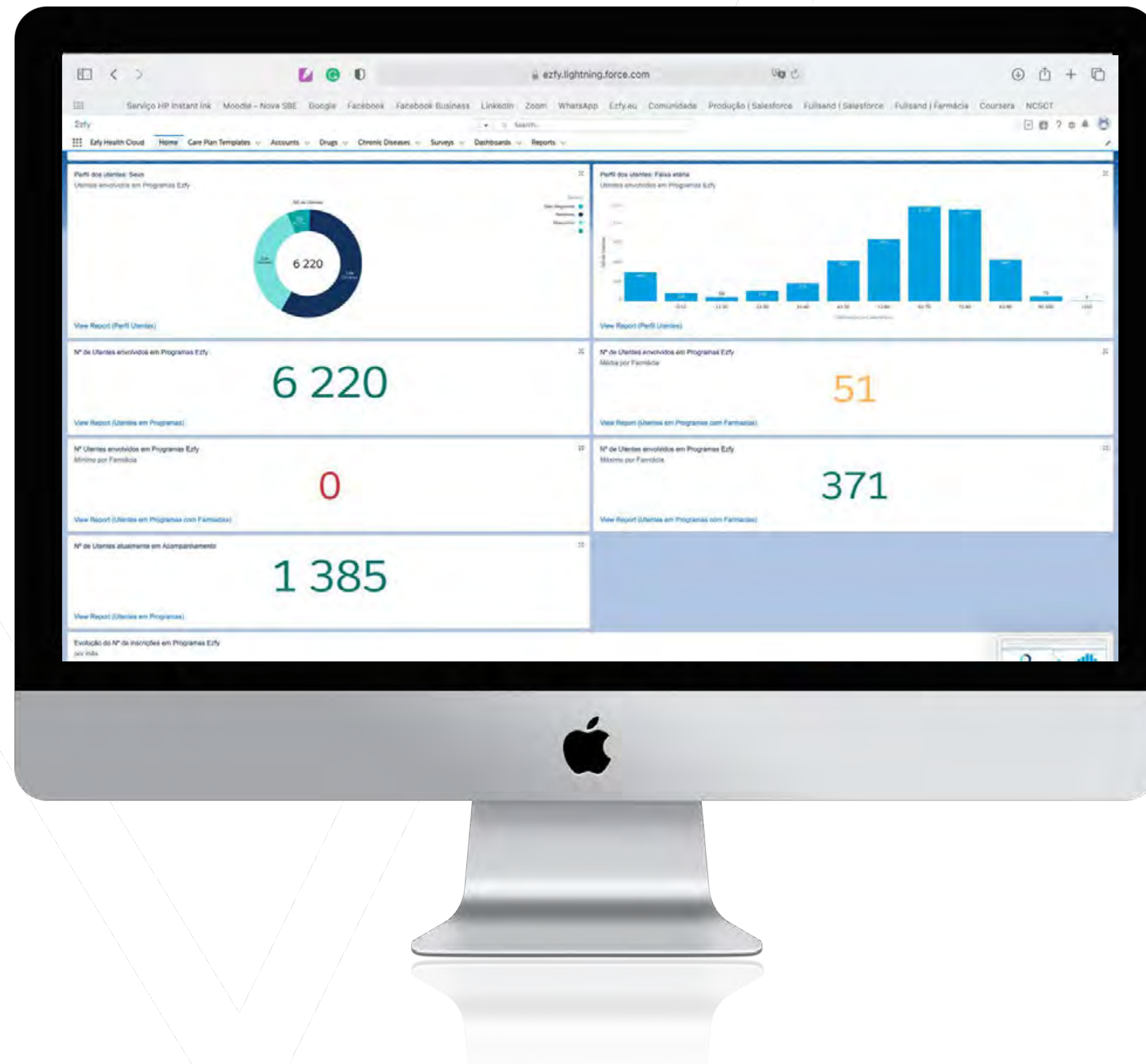
- Anorexia
- Dor de cabeça
- Ansiedade
- Depressão
- Alterações na qualidade de vida
- Alterações na qualidade de vida
- Alterações na qualidade de vida
- Alterações na qualidade de vida

Podem ocorrer devido a alterações na forma de evacuar, de consistência das fezes, de presença de sangue nas fezes, de presença de muco nas fezes, de presença de dor abdominal, de presença de sintomas de urgência, de presença de sintomas de urgência.

RECONHECE ESTES SINTOMAS? HÁ UMA SOLUÇÃO NA SUA COMUNIDADE.

Para mais informações, consulte o site da Associação Portuguesa de Síndrome do Intestino Irritável.

OUR TOOLS



Ezfy uses Salesforce Health Cloud® to design, standardize, record, generate project tracking data and report data in real-time and on-demand.

Ezfy has reached important results with the implementation of Health Cloud and Community Cloud, which allow a great amount of data to be traced and analyzed in a much shorter amount of time.

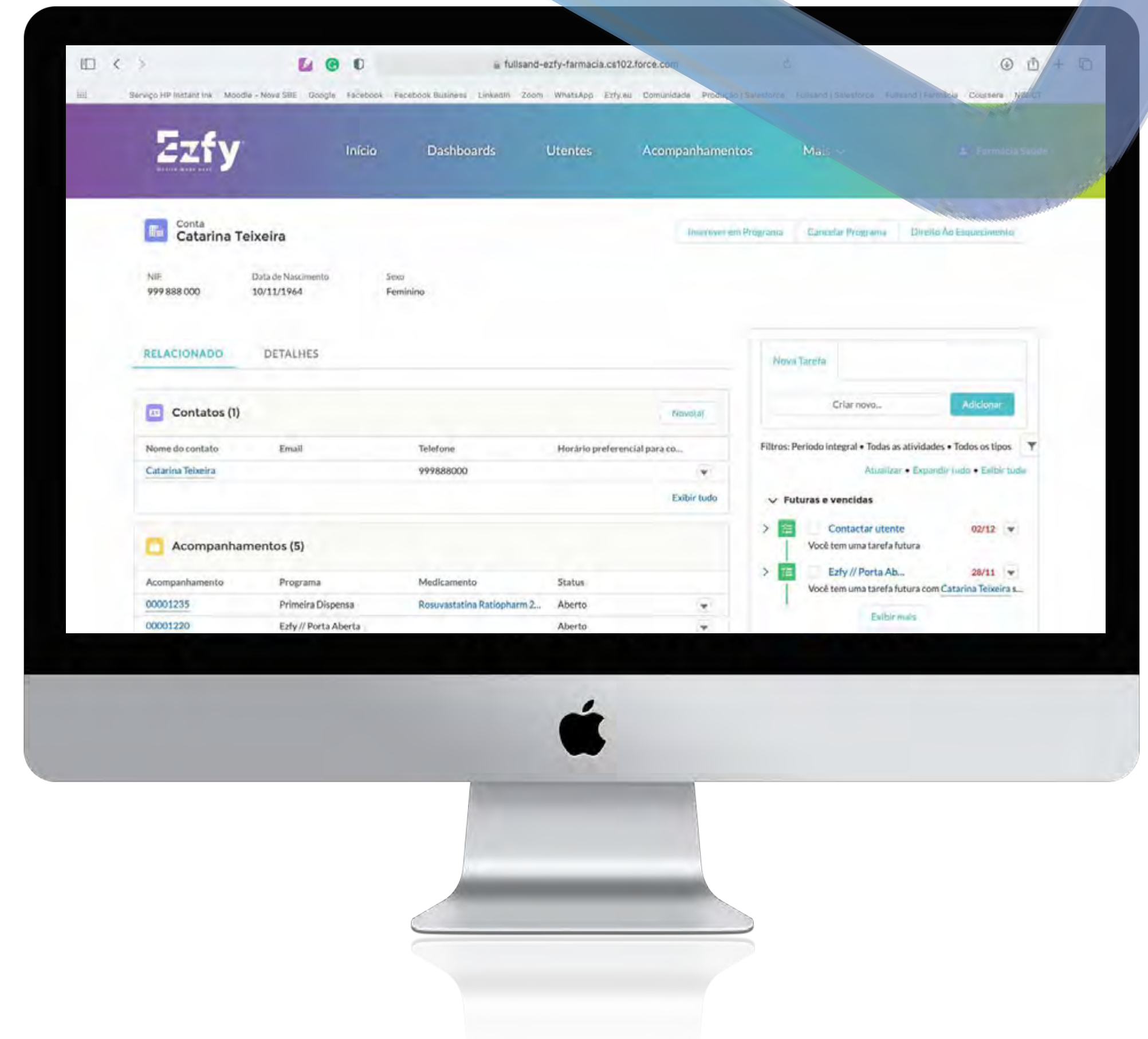
At the moment, Health and Community Cloud is used by 7 PSP General Managers that supervise and carry out patient care activities, including remote support activities and the collection and tracing of all data related to the circa 15,000 patients enrolled in support programs. The data includes information about the profile of participants, community pharmacy interactions, program status, steps completed, forms completion and much more.

OUR TOOLS

Community Cloud is the point-of-care program which is used by healthcare professionals, a team of more than 800 people including pharmacists, pharmacy technicians, nurses, and nutritionists. It can be set up to include other health professionals (physicians, hospital pharmacists, nutritionists, psychologists, physical therapists...).

Community Cloud also allows for the effective management of all pharmacovigilance procedures requested by pharmaceutical companies.

The platform allows professionals to access the timeline of visits/contacts to undertake, reports of what needs to be done for each patient, corresponding deadlines and to collect all useful data for care pathways in real-time.



OUR RESULTS

Ezfy developed a service to support patients taking a medicine to treat a long-term condition for the first time (New Medicine Service)

1. Objectives

People often have problems when they start a new medicine. The New Medicine Service supports the patient over 3 to 4 weeks to use the medicine safely and to best effect.

2. Methodology

Consists of two follow-up contacts approximately 1-2 weeks after the initiation of a new medicine for a chronic condition, followed by another 1-2 weeks thereafter to identify problems with treatment and provide support if needed.

3. Results



4. Real World Evidence generation - presentation at international and international conferences (in which we highlight our findings: 10% of patients are non-adherent to therapy after 1-2 weeks)

Objetivos
Descrever o (1) desenho e (2) implementação de uma aplicação informática de uso intuitivo para a gestão de serviços farmacêuticos em farmácias comunitárias, nomeadamente a adesão à terapêutica e a não adesão à terapêutica para uma doença crónica (Dispensa).

Métodos
Definir a intenção de acordo com a necessidade. Pesquisa bibliográfica e análise de casos passados afetos à adesão à terapêutica.

Resultados
O caso do Programa Primeira Dispensa

Introduction
Medication non-adherence for patients with chronic diseases is extremely common, affecting as many as 40% to 90% of patients. A significant proportion of patients newly started on a chronic medication quickly become non-adherent after initiation of therapy. In Portugal, a recent review concluded that adherence rates varied from 41.8% to 89%, depending on the disease, with no studies reporting an adherence in initiation of treatment. For adherence, compliance, the effectiveness of treatment, having the correct level of care from the perspective of quality of life and of health economics, finding consistently and significant cost-savings and increases in the effectiveness of health interventions that are attributable to health interventions that are attributable to health interventions for improving adherence.

Aims
To identify and assess the adherence, patient health related needs and pharmaceutical interventions patients in the context of newly prescribed medicines for the treatment of chronic conditions, in the community pharmacy setting.

Methods
Quasi-experimental, descriptive study, in 81 community pharmacies in Portugal. The pharmaceutical intervention was designed based on the "New Medicine Service" provided in the UK, which consists of follow-up contacts approximately 1 week after the initiation of a new medicine for a chronic condition, followed by another 1-2 weeks thereafter to identify problems with treatment and provide support if needed. Adherence software allowing for data in the previous 7 days, was assessed through patient self-report. A computer application, developed on the Salesforce Health Cloud® software, was customised to support the intervention, which in March 2020 and February 2021, teams were assigned to 120 pharmacies and training was provided to pharmacy teams for the implementation of the program, of which 105 pharmacies recruited patients. Data collected (after obtaining informed consent) from all completed interventions were aggregated and subsequently analysed using Microsoft Excel®.

Results
Between February 2020 and January 2021, 2208 interventions were initiated, which 5648 (27.4%) were completed with the 2 follow-up contacts. Participants were mainly female (57.2%, n=2221), mean age and the mean age was 63.2 (s.d. 13.4) years old. The most frequent indications for new medicines in participating patients were antidepressants - ATC N06A (16.3%, n=618); agents acting on the renin-angiotensin system - ATC C02 (12.0%, n=452); lipid modifying agents - ATC C10 (14.1%, n=544); and diabetes - ATC A10 (10.4%, n=383) (mean 12).

Conclusion
Keeping in touch with patients after dispensing a new medicine for a chronic disease allows pharmacists to identify and address issues related to patient adherence to treatment. Further research is needed to ascertain why in so many cases physicians decide to stop medication so early on an treatment, which impacts adherence rates, particularly at the second contact. Further investigations are needed to assess what "uhm" means when describing non-adherence, as to include them as options in the questionnaire, or clarifying the options already included. We intend to use this data to assist us in designing more effective interventions based on drug class and patient characteristics, in order to improve treatment outcomes.

Design and implementation of a computer application to support pharmaceutical interventions

Mariana Rosa, Ana Pinto, Érika Paulino, Maria Teiveira, Patrícia Soares

Preliminar results: New Medicine Service

First contact

Taking medicine as prescribed?

Response	Count
None	1210
Adherence to therapy (need for support)	182
Adverse Event	175
Negative feelings about the medicine	183
More information about the medicine	430

Unmet health needs

OUR RESULTS

Ezfy developed a project with Biocodex to fast-track the patient journey to Irritable Bowel Syndrome (IBS) diagnosis

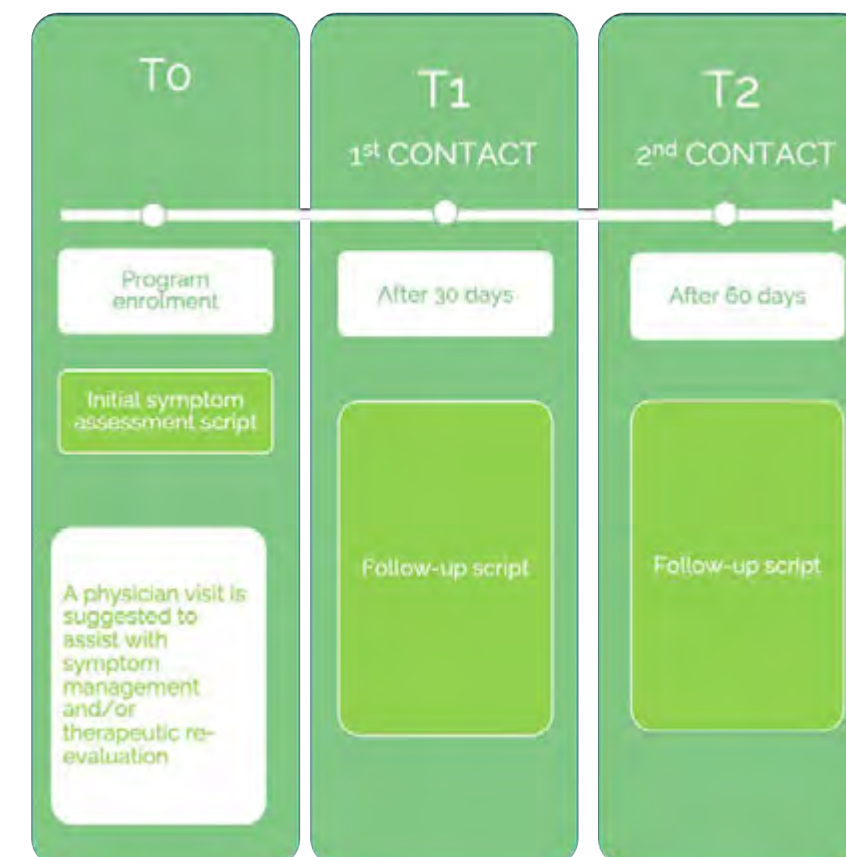
1. Objectives

To increase disease awareness and decrease time for IBS diagnosis through GP or Gasto referral of people presenting in community pharmacies with IBS symptoms.

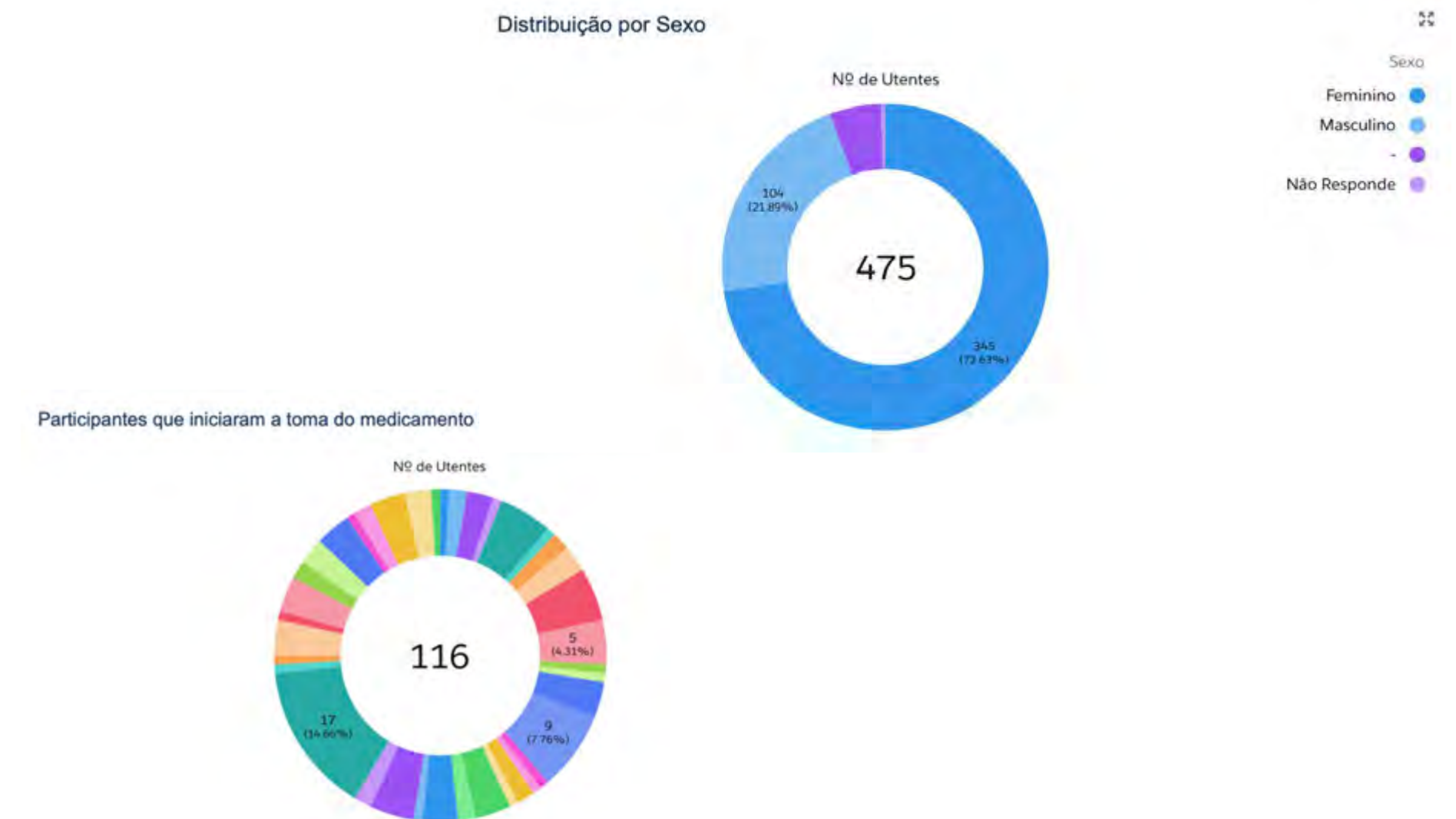
2. Methodology

A. Awareness movement creation and development

B. Fast-track intervention in community pharmacies



3. Results



- 475 patients were integrated in the program since August 2020. Treatment was initiated in 116 patients (24,4% of the total number of participants).

OUR RESULTS



Take a Breath: A community pharmacy service for Smoking Cessation

Emilia Paulino¹, Carolina Ferreira¹, Ana Pinto¹, Mariana Rosa¹, Maria Luísa Telxreira¹

¹Ezfy, Lda (ezfy@ezfy.eu | www.ezfy.eu)



Background

Smoking is an important risk factor for several chronic diseases, being one of the main preventable causes of chronic non-communicable diseases such as respiratory and cardiovascular diseases, type 2 diabetes and cancer¹. In 2019, more than 13,000 people died in Portugal from diseases attributable to tobacco, of which 1,771 from exposure to second-hand smoke². The latest estimates indicate that 11.7 percent of deaths that occurred that year in Portugal were due to tobacco³. Community pharmacists are well positioned to offer products and services to aid smoking cessation⁴. Through brief interventions, advice on the best treatment options, counselling on the correct use of smoking cessation products, and behavioural support, there is an opportunity to increase quit rates.

Aim

We aimed to assess the feasibility and effectiveness of a smoking cessation service delivered by community pharmacists, with concurrent use of nicotine replacement therapy.

Design

Observational, descriptive study, conducted in a group of community pharmacies in Portugal. A total of 110 pharmacies received training and educational resources to support the smoking cessation service, and formularies to collect data were designed to be used at each contact. A software system (Ezfy HealthCloud, Figure 1) was customized to be used by pharmacists conducting the service. Patients were enrolled in the programme following a successful initial brief intervention (opportunistic advice, discussion, negotiation and encouragement), to assess their motivation to quit smoking. Inclusion criteria included willingness to start the smoking cessation process using nicotine replacement therapy. After obtaining informed consent, patients had an initial consultation with the pharmacist to establish the smoking cessation plan, and were registered in the software system, which prospectively scheduled follow-up contacts on D-day (as agreed with the patient), one to two weeks after D-day, and one and two months following D-day (Figure 2).



Figure 1. Customized Salesforce Health Cloud®

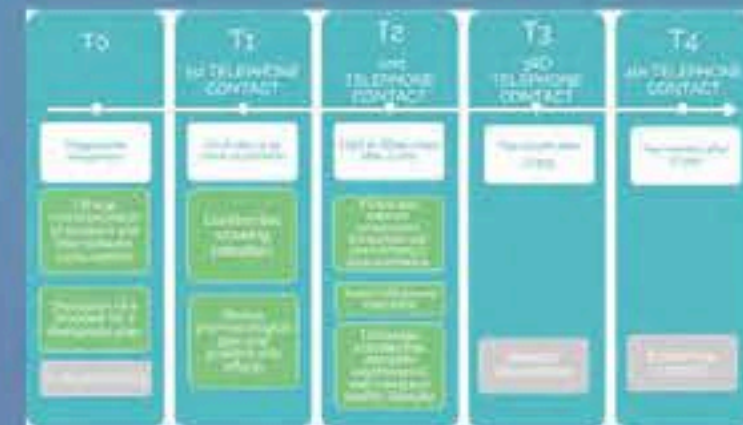


Figure 2. Programme interventions Chronogram

References

1. WHO global report: mortality attributable to tobacco. Geneva: World Health Organization; 2012. Accessed on 01/09/2021 at: https://www.who.int/tobacco/publications/surveillance/mortality_attr_tobacco/en/
2. Directorate General of Health. Report of the National Programme for Smoking Prevention and Control, 2020. Accessed on 01/09/2021 at <https://www.dgs.pt/portal-da-estatistica-da-saude/directoria-de-orientacao-e-avaliacao-de-informacao/per-saude-1219790-pag>
3. Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization 2019. Seattle, WA: IHME, University of Washington; Jan. 2020. Accessed on 01/09/2021 at: <https://vizhub.healthdata.org/gbd-compare/>
4. Saba, M., et al. "Meta-analysis of the effectiveness of smoking cessation interventions in community pharmacy." *Journal of clinical pharmacy and therapeutics* 39.3 (2014): 240-247.

Acknowledgments

We acknowledge PharmD Patricia Soares for her leadership and contribution to the study design and implementation. To all health professionals who participate in the Ezfy movement, in order to make Health easier.

Results

Since July 2020 and as of August 2021, a total of 189 patients were enrolled in the programme, in 61 participating pharmacies.

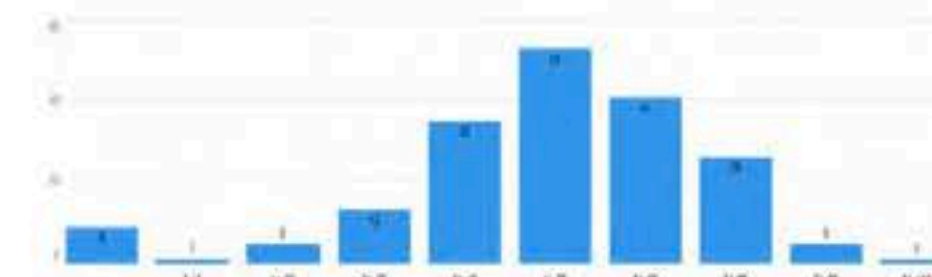
Data for gender was obtained for 182 patients, of which 100 (52,9%) were male (Graph 1). The majority of patients (n=54; 28,6%) were between 41-50 years old (Graph 2).



Graph 1. Sex Distribution

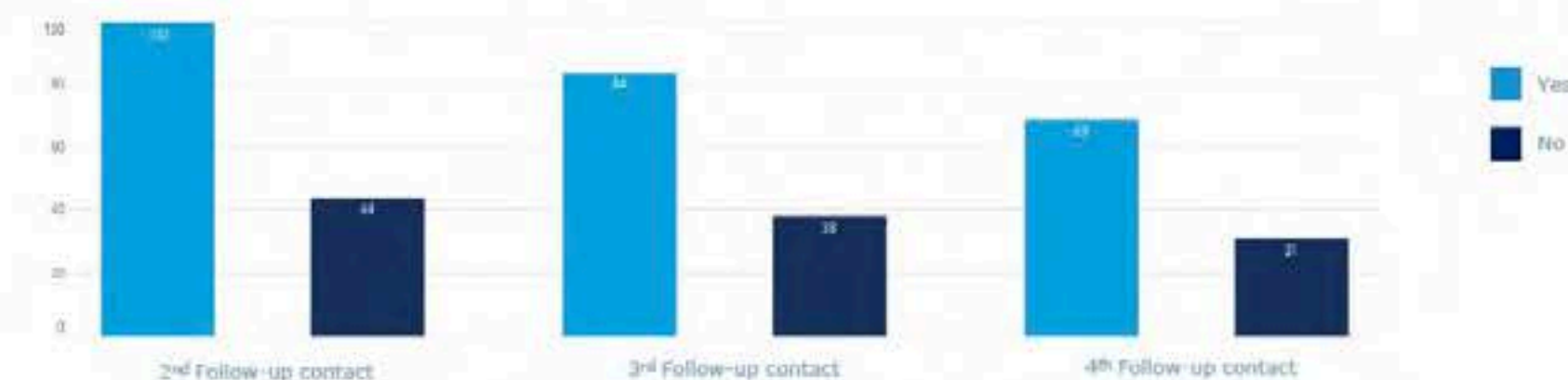
For a total of 150 patients where information about D-day was obtained, 142 (94,0%) quit smoking on the agreed day, and 9 patients (6,0%) re-scheduled D-day.

As of August 2021, of the total number of patients enrolled, 56 (29,6%) dropped-out of the programme, 15 (7,9%) have had their first follow-up contact, 23 (12,2%) their second follow-up contact, and 95 (50,3%) have completed the programme.



Graph 2. Age Distribution

Smoking cessation quit rates were 69,4% at the 2nd follow-up contact (8 to 15 days after D-day) and 68,9% at the 3rd contact (one month after D-day). For those who have completed the programme, at 2 months, 69 participants (69,0%) had sustained smoking abstinence (Graph 3).



Graph 3. Smoking cessation distribution at each follow-up contact

Conclusion

Despite the observed attrition rate, the provision of a smoking cessation service by community pharmacists is feasible, and is effective in supporting people trying to stop smoking.

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