M-1465 Development of the PCNE standards for medication reviews

Background: In 2009 the Pharmaceutical Care Network Europe (PCNE) started to discuss a definition and terminology for medication reviews (MR) performed by pharmacists in ambulatory and clinical setting. At various meetings and workshops the PCNE definition and terminology of MR was further developed.

Purpose: This work aims at summarizing the development and the agreements achieved during PCNE meetings organised by the special interest group (SIG) MR from 2009 until 2013, focusing on the definition, different types and characteristics of MR.

Methods: We conducted a review of presentations and workshop reports retrieved from the workshop moderators and from the PCNE website from initiation of the SIG MR in 2009 until 2013.

Findings: The first definition of a medication review by PCNE was prepared in a brainstorming in Vimeiro (PT) and discussed 2009 in Geneva (CH): 'A MR is an evaluation of patient's medicines with the aim of optimizing the outcome of medicine therapy by detecting, solving and preventing drug-related problems'. Three different types were distinguished. The terminology followed the available number of information resources: I) a simple MR only uses dispensing data from patient history, II) an intermediate MR additionally uses the patient's information from a patient interview, and III) an advanced MR combines dispensing data, patient's information and clinical data. In 2011, the definition was modified and the main goal of a MR was amended with the term 'managing the risk' (Manchester, UK), highlighting an active role and responsibility with respect to patient safety. In addition, the definition was expanded in such way that MR should be part of the medication therapy management. In 2013 (Berlin, DE) discussions about specific opportunities and limitations in primary or secondary care settings triggered a splitting of the intermediate MR into two subtypes: in primary care, medication history of the pharmacy and patient information is available (IIa), while in secondary care the medication history and clinical information is used (IIb). Discussions of the process of performing MR concentrated on the ability of the different types to detect drug therapy problems and patient selection. However, results from these discussions are not translated into a statement, yet.

Conclusion: The PCNE terminology takes into account, that the amount of available information sources defines the type of a MR. Specific expertise and skills are required to perform the different types of MR properly. Standardised structures and documentation forms are needed to achieve appropriate reviews and to translate the findings into an efficient care process.

Location of Primary Work: Switzerland