

PCNE Working Symposium on Medication Review 2009

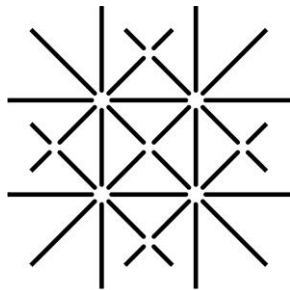
Polymedication Check - a new reimbursed service for Swiss community pharmacies



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UNI
BASEL

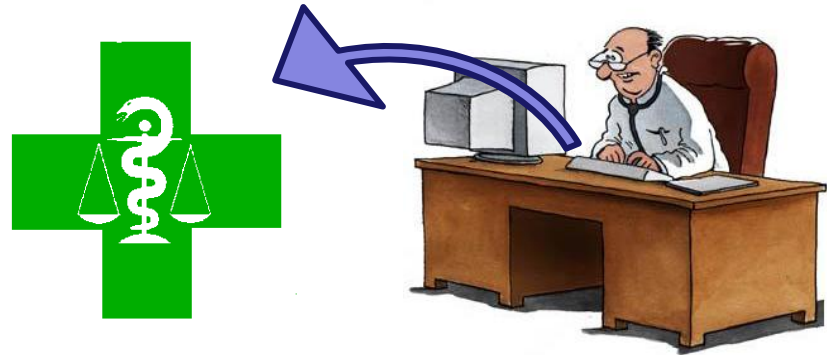


Prescriptions in Swiss community pharmacies

In general:

- 20.9% newly prescribed items
- 74.6% repeat prescriptions
- 4.5% provision in advance

Gregorini F. Master thesis Pharm Sci, Basel 2007



Contact to prescribing physician

Substitution)

modification

addition of specifications

N= 1'797 prescribed items

■ Antibiotics ■ Symptomatic Medication

%

Prescribed medications and pharmacy interventions for acute respiratory tract infections in Swiss primary care (ARTIME- study)

Hersberger K et al. J Clin Pharm Ther, 2009;34:387-395

"Intention to treat" vs. "as treated" in daily life



Frequent interventions / modifications



Prescribed \neq dispensed \neq used

Prescription validation in Switzerland

„Delivery-Check“

Each prescription: sFr. 3.25

- Medication history
- Check accumulation / SM
- Check interactions

„Drug-Check“:

Each dispensed item: sFr. 4.30

- Prescription check
- Ev. possibility of repeated dispense
- Dosage / Limitations
- Interactions
- Risk factors / contraindications
- Ev. contact with prescribe
- Check for misuse
- Patient counselling
- Choice of optimised package size
- Need for immediate provision
- Modifications

2 Perspectives

- **Pharmaceutical Care**
- **Technical control** with respect to direct charging the assurance

Special Cases:

Single repetition
Repetition over time

Provision in
advance

Provision without
prescription

Polymedication Check (45 tax points = ca. €30.-)

Limitations:

- Only for patients on ≥ 4 prescribed drugs over ≥ 3 months
- Only if patient agrees, but independently from prescriber

Elements of new service

- Instruction of the patient on use of ALL drugs he uses
- Together with the patient a written protocol has to be filled which documents for each drug
 - dosing regimen and important recommendations
 - check for motivation, experiences and difficulties of the patient
 - counselling on potential side effects and drug interactions
 - discussion of compliance goals and documentation of agreed objectives
- This protocol has to be signed by the patient who receives a copy
- If patient agrees the pharmacy can dispense the drugs in a Dosette or weekly blister pack for a maximum period of 3 months (continued service needs to be prescribed)
- Repetition of Polymedication check at the earliest after 6 months = max. 2x / year
- This service has to be performed exclusively by a pharmacist

Framework for Swiss community pharmacy services

Prescription validation

- Medication history
- Check for cumulation incl. self-medication
- **Need for PM-Check**

- Prescription control
- Ev. possibility of repeated dispense
- Dosage / limitations
- Interactions
- Risk factors / contraindications
- Ev. contact with prescriber
- Check for misuse
- Patient counselling
- Choice of optimised package size
- Need for immediate provision
- Modifications

Polymedication Check

- Instruction of the patient on use of ALL drugs he uses
- Together with the patient a written protocol has to be filled which documents for each drug
- dosing regimen and important recommendations
- Check for motivation, experiences and difficulties
- Counselling on potential side effects and drug interactions
- Discussion of compliance goals and documentation of agreed objectives

Screening
Risk factors

Lifestyle
counselling
(TLC)

Care after
discharge

Clinical
Review
(inkl.
Monitoring)

Special Case:

Single repetition
Repetition over time

Provision in
advance

Provision without
prescription

Development of the service – Approach (1)

- Explicit mandate from Swiss association of pharmacists
- Time frame of 3 months

- **WS-1 with experts**
 - Design of the frame for new service within existing validation of prescriptions
 - Screening and discussion of Lit. and pre-existing experiences
 - Differentiation to other models of medication review

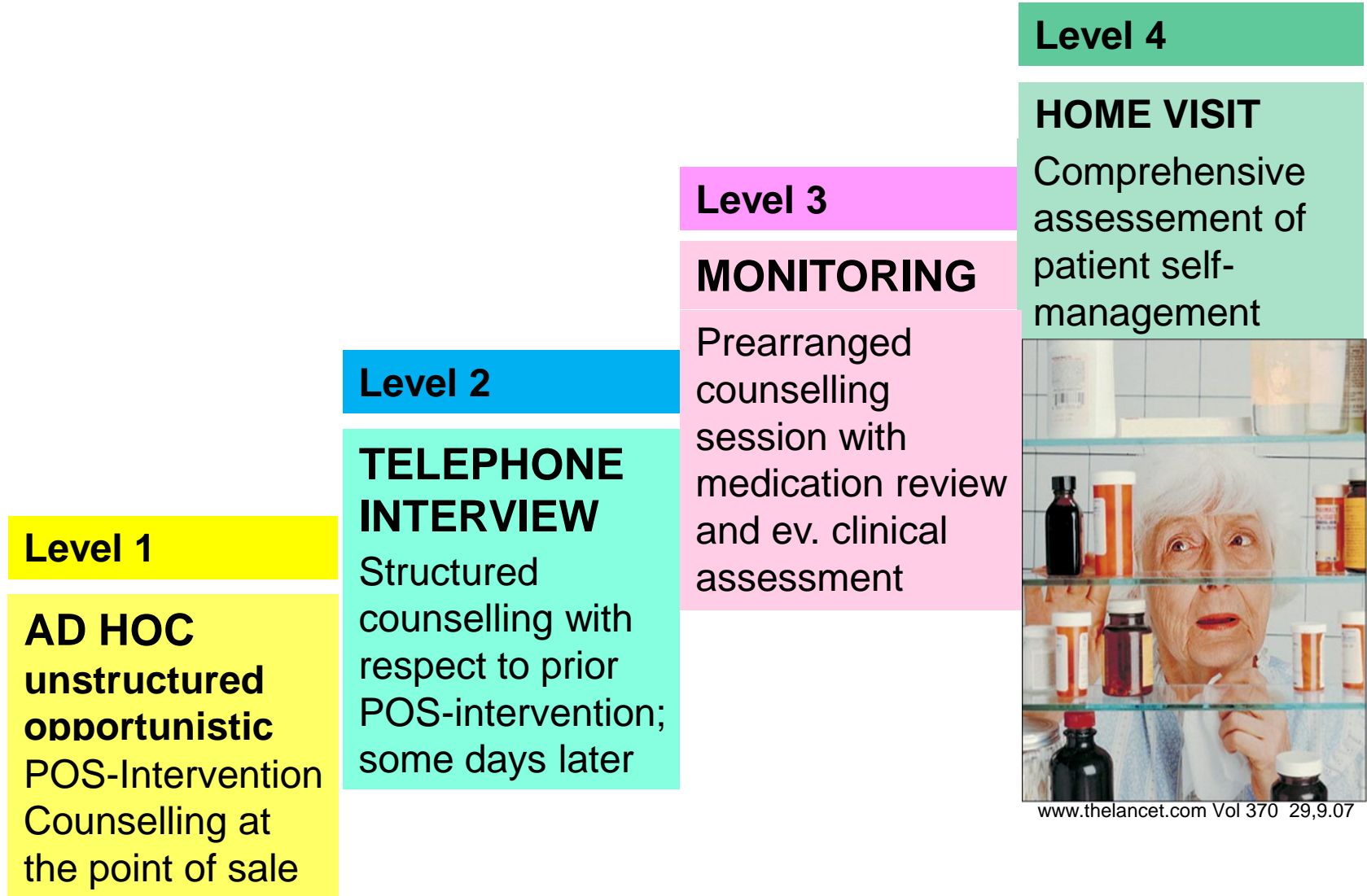
- **WS-2 with experts**

- Pilot over 2 weeks

- **WS-3 with pilot pharmacists & experts**

- **Consultation by mail on final version**

Levels of Pharmaceutical Care



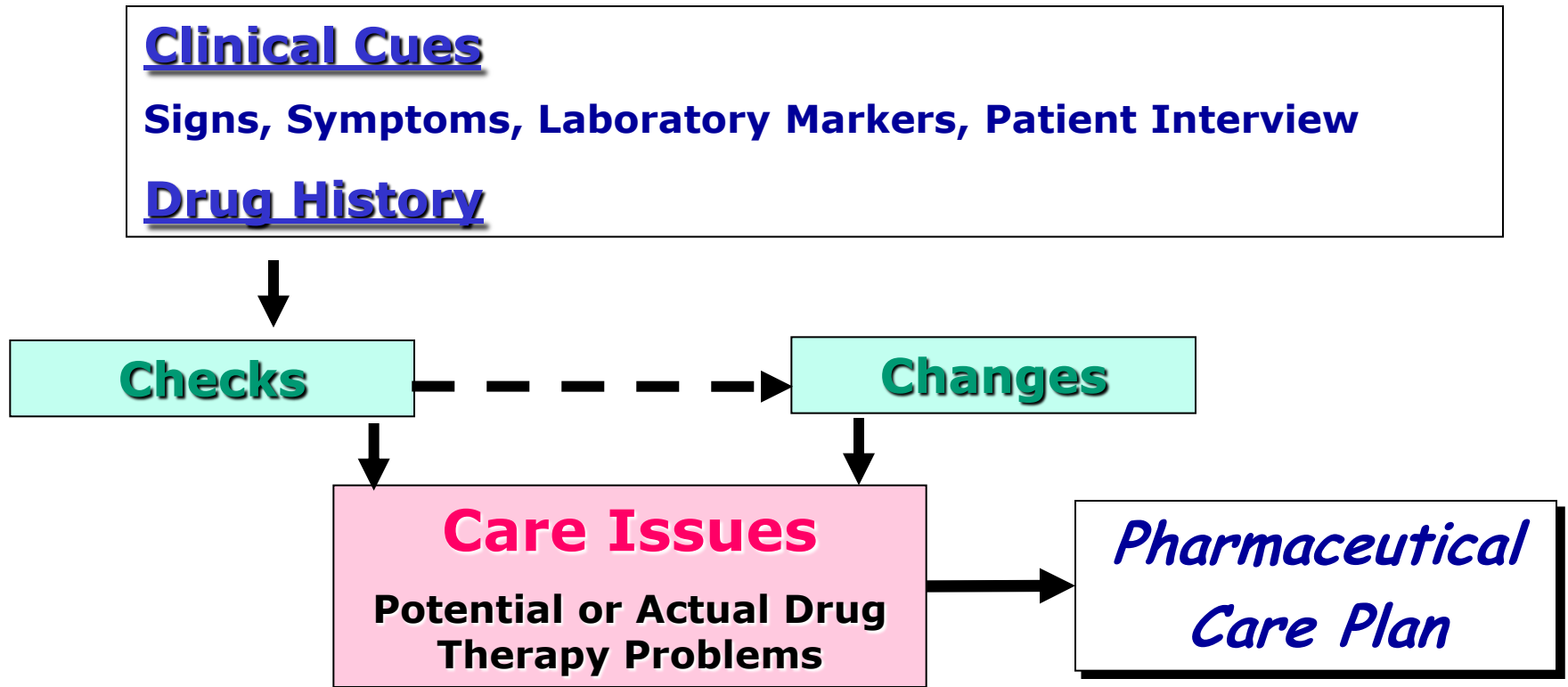
Pharmaceutical Care Issues

(adapted from S. Hudson, University of Strathclyde, Glasgow, UK)

Systematic evaluation & monitoring of drug therapy:

The pharmacist's approach includes handling patient data and drug data.

PC process = „n=1“ clinical trial



Three Levels of Medication Review

NHS: A Guide to Medication Review, 2008:

http://www.npci.org.uk/medicines_management/review/medireview/library/mr_library_agtmr08.php (accessed 23-09-09)

1. Technical Review
2. Concordance and compliance review (medicines use review, MUR)
3. Clinical Review

Clinical Review:

A structured, critical examination of a patient's medicines with the objective of reaching an agreement with the patient about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste.

Key Elements of Clinical Review

- List of ALL medicines being taken
- Appropriateness
- Understanding
- Side effects
- Interactions
- Monitoring/Tests
- Practicalities
- Concordance

Framework for Pharmaceutical Care

In patient contacts the community pharmacy team screens for pharmaceutical care issues arising from 4 situations

- a. requests in self-medication (incl. presentation of symptoms)
- b. dispense of prescribed drugs (first or repeat)
- c. clinical patient assessment (e.g. BP measurement)
- d. transition between institutions

Pharmaceutical care can be delivered in 4 different settings framing 4 levels of care

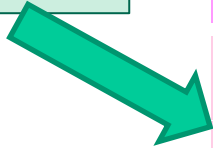
1. Ad hoc in the pharmacy
2. By phone
3. Scheduled in the pharmacy
4. At patient's home

At each level of pharmaceutical care different types of medication review can be performed (according to patient's needs) and including drugs from self-medication

- I. Technical prescription (drug therapy) review
- II. Medication use review focusing on compliance and concordance
- III. Clinical medication review (integrating medical history and clinical assessment)

Levels of Pharmaceutical Care

PM-Check \approx MUR



Level 1
AD HOC
unstructured
opportunistic
POS-Intervention
Counselling at
the point of sale

Level 2
**TELEPHONE
INTERVIEW**
Structured
counselling with
respect to prior
POS-intervention;
some days later

Level 3
MONITORING
Prearranged
counselling
session with
medication
review and ev.
clinical
assessment

Level 4

HOME VISIT
Comprehensive
assessment of
patient self-
management



www.thelancet.com Vol 370 29,9.07

Development of the service – Approach (2)

➤ WS-2 with experts

- Decision on core elements of documentation form
- Design documentation form

➤ Pilot over 2 weeks

- Approach of n=17 pharmacists, selected by experts
- Tel. instruction on how to perform PM-Check with n=12
➔ **For free for the patient (=pilot)**
- Evaluation of 16 protocols from 11 pharmacists with their comments on specific questions

Name	Vorname	Pat.-Nr.
Str.	Ort	Tel.

Der Patient/die Patientin nimmt zurzeit täglich 4 oder mehr Medikamente auf ärztliche Verordnung und über längere Zeit (mind. 3 Monate) ein

Der Patient/die Patientin ist einverstanden, dass der Apotheker/die Apothekerin einen Polymedikations-Check macht

Geburtsdatum ____ / ____ / ____ Geschlecht männlich weiblich

1. Check Zeit Beginn: ____ . ____ Uhr

Aktuelle Medikamente (auf ärztliche Verordnung) (dieser Check basiert auf Informationen vom Patienten und/oder aus der Dokumentation der Apotheke) <input type="checkbox"/> Fortsetzung auf Blatt 2	Abklärung Bedarf für Beratung zur Anwendung dieses Medikamentes		Vergessen Sie manchmal dieses Medikament zu nehmen?	Kommentare & weitere Angaben (bei Bedarf Fortsetzung auf Rückseite)
	Wissen, wie	Wissen, weshalb		
1 Name/ Stärke / Galenische Form neu ? <input type="checkbox"/>	Beratung ? <input type="checkbox"/>	Beratung ? <input type="checkbox"/>	Ja <input type="checkbox"/> Nein <input type="checkbox"/>	

- **Age:** 52 years (range: 28 – 86); MD 6
- **Time:** 23 Min (range: 13 – 40); MD 2
- **Number of drugs** 6.7 (range 5 – 9)
- **How?** 97% of drugs „yes“
- **Why?** 87% „yes“
- **Sometimes forget** 21% „yes“ (in 11 of 16 patients)
- **Handling problem** 1.25% „yes“
- **Recomend. Dosette** 5 (30%) / 2 patients accepted
- **Recomend. Advanced MR** 4 (25%) / all accepted

**Results
Pilot (n=16)**

Development of the service – Approach (3)

➤ WS-2 with experts

- Decision on core elements of documentation form
- Design documentation form

➤ Pilot over 2 weeks

- Approach of n=17 pharmacists, selected by experts
- Tel. Instruction on how to perform PM-Check with n=12
➔ For free for the patient (=pilot)
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➤ WS-3 with pilot pharmacists & experts

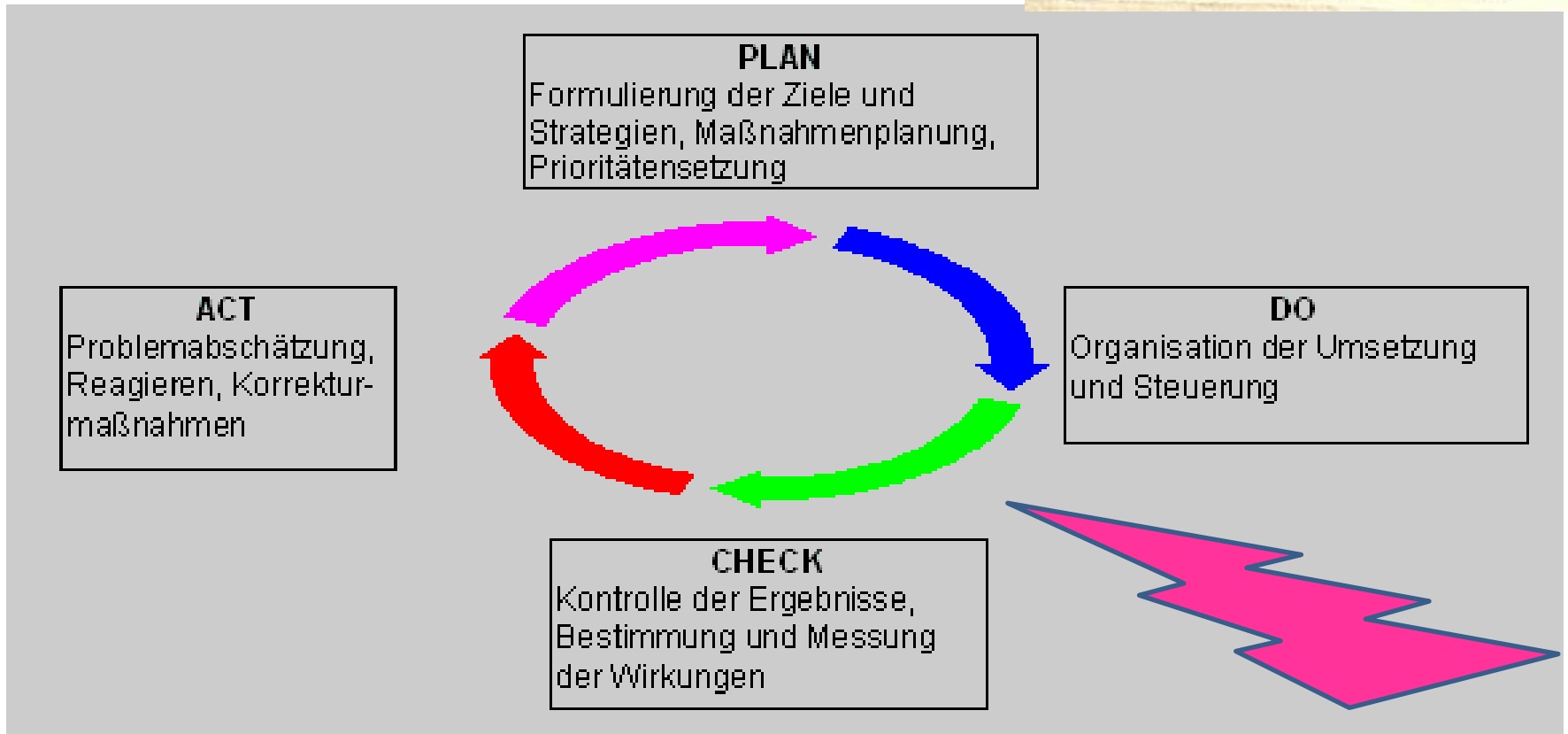
- Discussion of results and experiences from pilot
- Re-design documentation form (→ 3 key questions)

➤ **Consultation by mail on final version**

W.E. Deming (1900-1993)



PDCA - Principle (Plan, Do, Check, Act)



Concept Polymedication Check

All drugs (Focus on RX, but self-medication if considered important)

Check

A. Clarification of need for counselling on drug use

(Unclarity within treatment plan, duplication, problems with drug „handling“)

1. Patient knows how (Wissen, wie)

2. Patient knows why (Wissen, weshalb)

B. „ Compliance question“ ?

3. Do you ever forget to take this medicine?

C. Need for Dosette/weekly blister pack?

D. Need for intensified compliance counselling / support?

E. Need for advanced medication review ? (clinical review)

Act & Plan

I. Instruction / Motivation to perform treatment plan

K. Follow-up (e.g. next PM-Check)

L. Ev. filling a Dosette

M. Ev. clarification treatment plan with prescriber

Check is based on „open“ questions addressing current drug treatment.

➤ Check should deliver clear answers to items A-E

➤ Check should end up in defined actions (I & K), and optionally L & M

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2	Name/ Stärke / Galenische Form neu ? <input type="checkbox"/>	Beratung ? <input type="checkbox"/>	Beratung ? <input type="checkbox"/>	Ja <input type="checkbox"/> Nein <input type="checkbox"/> Beratung ? <input type="checkbox"/>	
3	Name/ Stärke / Galenische Form neu ? <input type="checkbox"/>	Beratung ? <input type="checkbox"/>	Beratung ? <input type="checkbox"/>	Ja <input type="checkbox"/> Nein <input type="checkbox"/> Beratung ? <input type="checkbox"/>	
4	Name/ Stärke / Galenische Form neu ? <input type="checkbox"/>			Ja <input type="checkbox"/> Nein <input type="checkbox"/>	

Selbstmedikation Ja Nein Auflistung mit Dosierung

Kommentare / Fortsetzung auf Rückseite

2. Beratung

Beratung zur Handhabung

3. Empfehlungen

Patient/in ist
einverstanden

Kommentare:

Wochen-Dosiersystem durch den Apotheker Ja Nein

Bedarf intensivierte Compliance-Unterstützung Ja Nein

Bedarf Wiederholung Check in Monaten Ja Nein

Weiterleitung an Arzt/andere Fachperson Ja Nein

NAME

Tel

Bedarf vertiefte Analyse (z.B. Wechselwirkungen, Nebenwirkungen, Duplikationen)

Datum: ____ / ____ / 2009 Zeit Ende: ____ . ____ Uhr

Stempel Apotheke / Unterschrift Apotheker/in:



PM-Check

- **Mainly focused on drug use and compliance problems**
- **Selection of only 1 question on compliance**
(Out of the original Morisky questions from 1986):
 1. **Do you ever forget to take your medicine? (yes/no)**
 2. **Are you careless at times about taking your medicine? (yes/no)**
 3. **When you feel better, do you sometimes stop taking your medicine? (yes/no)**
 4. **Sometimes if you feel worse when you take the medicine do you stop taking it? (yes/no)**

1. Technical Review
2. **Concordance and compliance review (medicines use review, MUR)**
3. Clinical Review

A bright future ahead ???



? **Introduction by march 2010**

✓ **Feasibility**

? **Implementation into practice /Teaching**

? **Outcomes**