



Comprehensive Medication Review: What and Why?

Jamie Wilkinson

MPH, MSc, MPharm, Dip HE, FRSPH, MRPharmS, PFPH

Director of Professional Affairs, PGEU

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Overview of Presentation





01

Introduction

Pharmaceutical Group of European Union

Members: Professional Bodies & Pharmacists' Associations



	Austria		Netherlands
	Belgium		Poland
	Bulgaria		Portugal
	Croatia		Romania
	Cyprus		Slovakia
	Czech Rep		Slovenia
	Denmark		Spain
	Estonia		Sweden
	Finland		United Kingdom
	France		FYR Macedonia
	Germany		Norway
	Greece		Serbia
	Hungary		Switzerland
	Ireland		Turkey
	Italy		
	Luxembourg		
	Malta		



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Pharmaceutical Group of European Union
Groupement Pharmaceutique de l'Union Européenne

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02

Community Pharmacy & Primary Care: At a Glance



1959



2017

400.000
Community
Pharmacists

160.000
Pharmacies

46 million
citizens visit a
pharmacy every day



At the heart of communities



Through extended opening hours and night services community pharmacies are accessible

24/7



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Over
9,5 billion



prescription-only medicine packs are dispensed in Europe each year



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98%

of the population can reach their nearest pharmacy in less than 30 minutes



At the heart of European communities

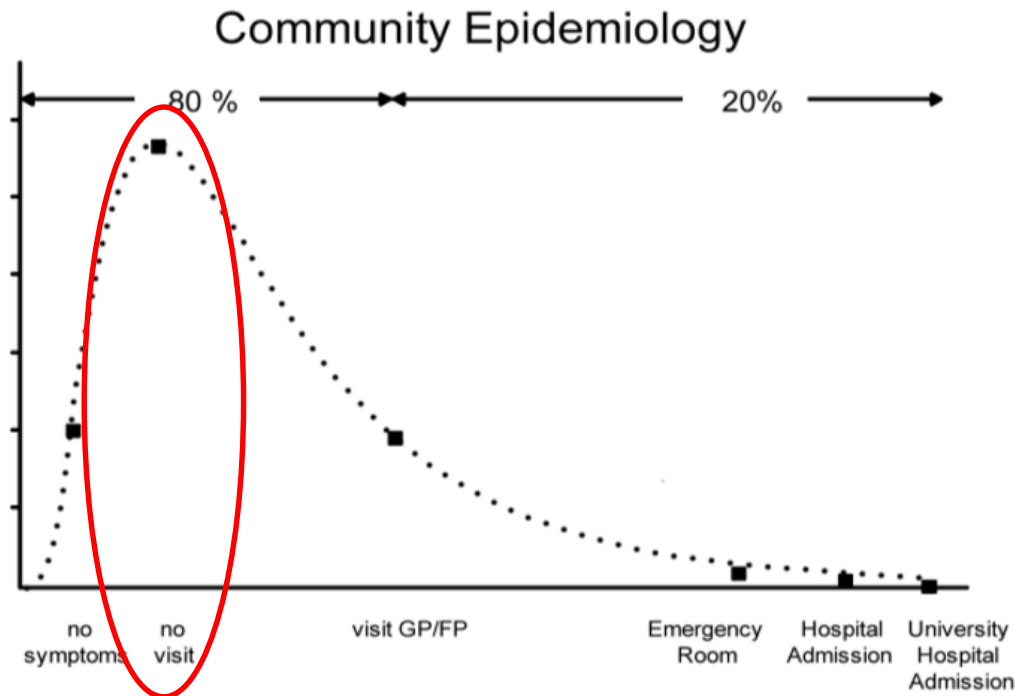
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Average length of stay in community care

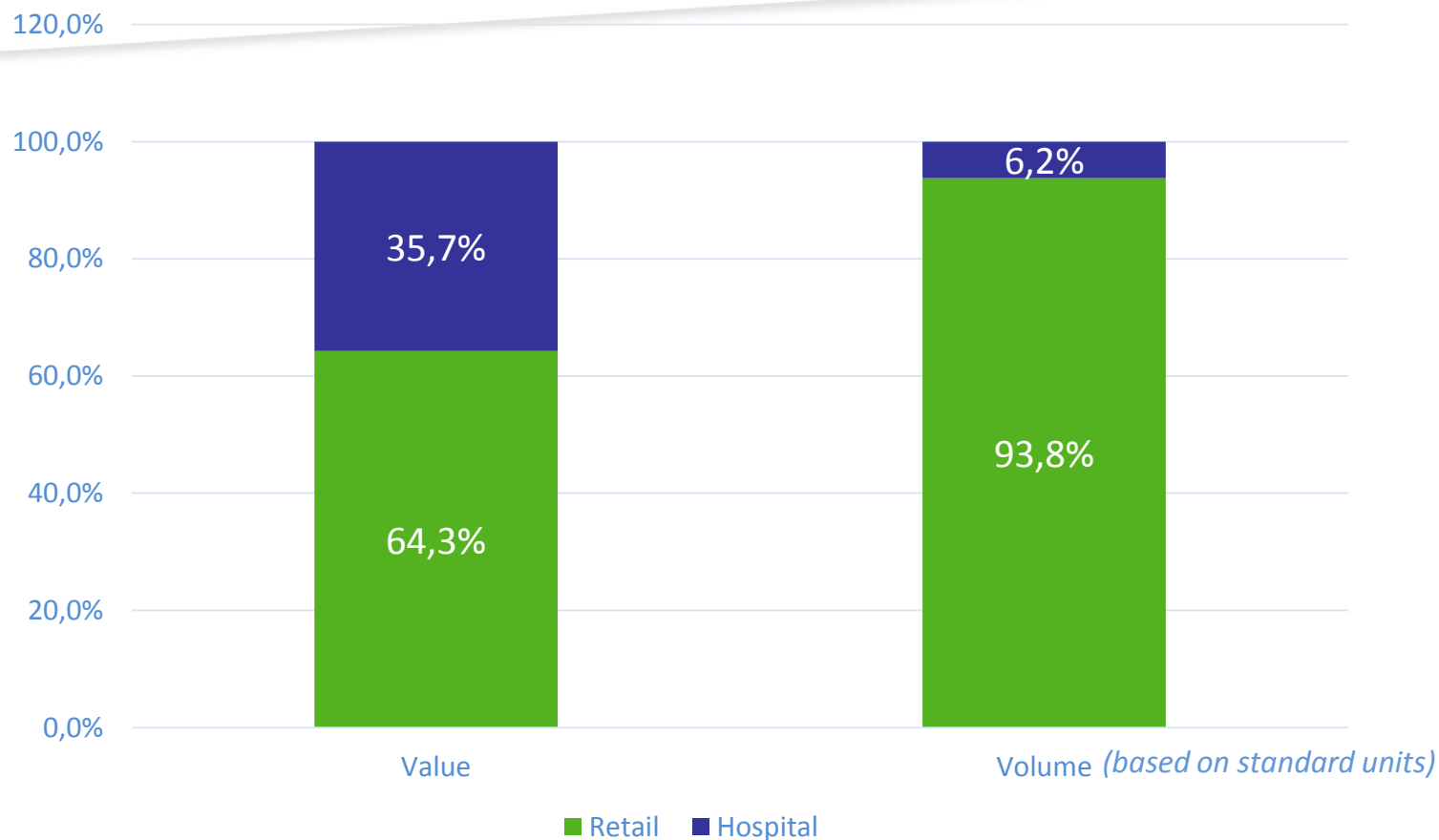
Figure 1 Community Epidemiology of health, illness, dis-ease and disease (top) and average length of residing in the community, hospital and nursing home



*If you want health, have a HEALTH system: Changing the Agendum by Joachim Sturmberg
European Journal for Person Centered Healthcare 2015 Vol 3 Issue 2 pp 175-181*

Distribution of medicines in Europe

Channel distribution 2015

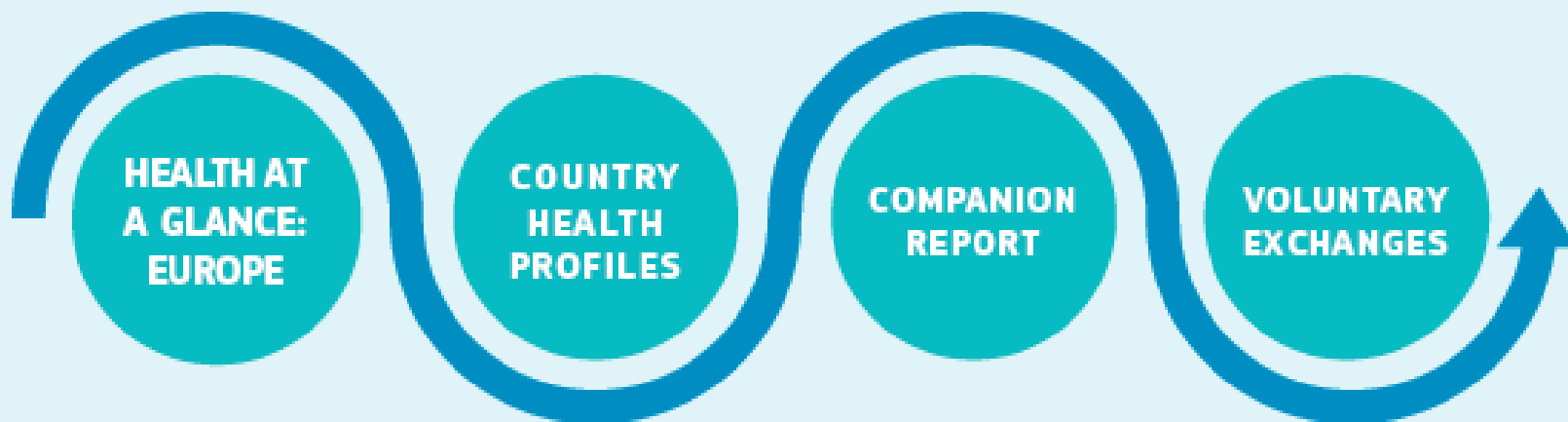


IMS data based on the country selection: Austria, Belgium, Bulgaria, Croatia, Czech, Finland, France, Germany, Hungary, Ireland, Italy, Lithuania, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden, Switzerland, UK.

Joint EC-OECD-WHO “State of Health in EU” Initiative



The full synthesis of key findings can be found in the *State of Health in the EU Companion Report*, published in November 2017

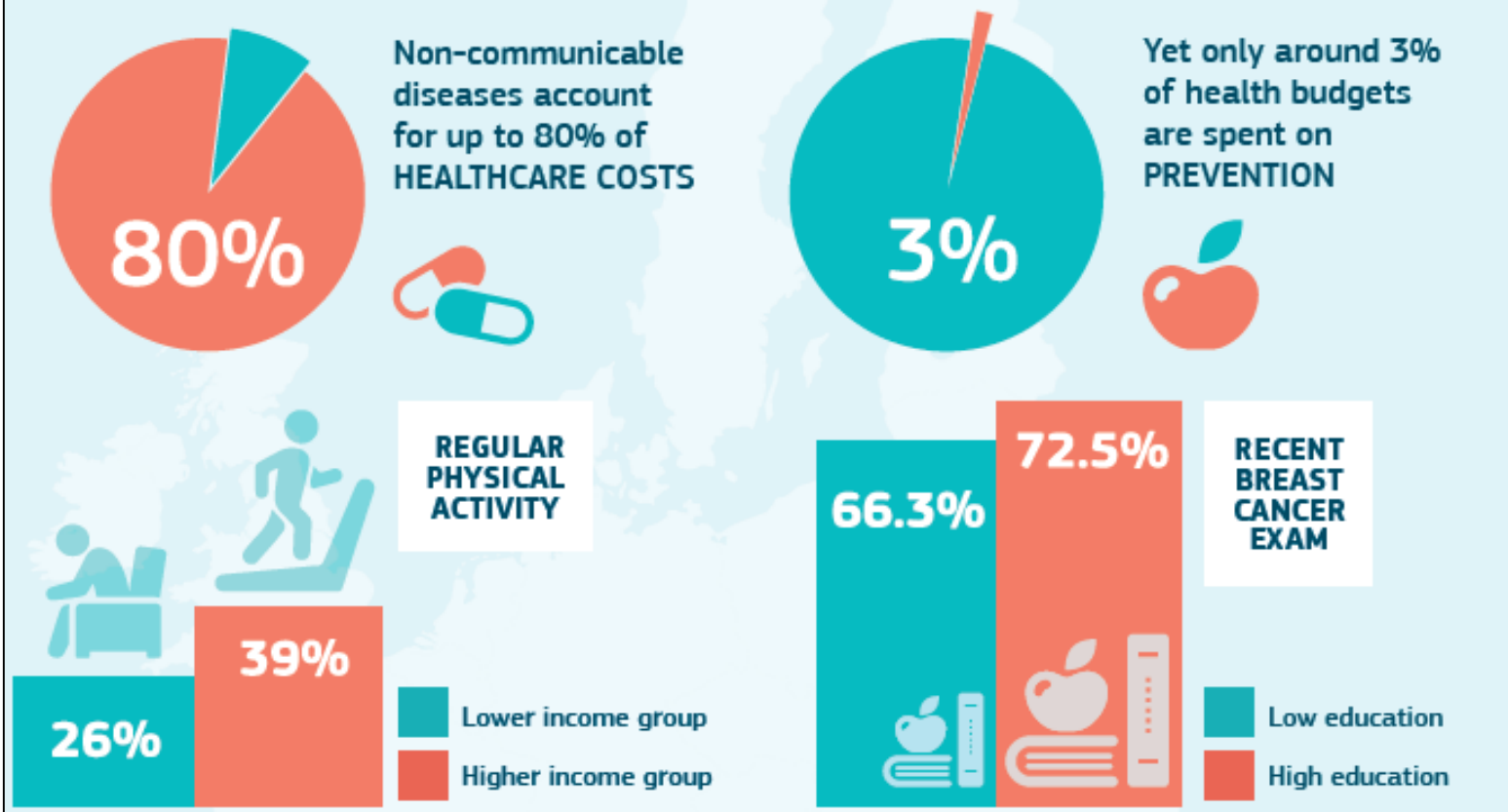


28 Country Reports



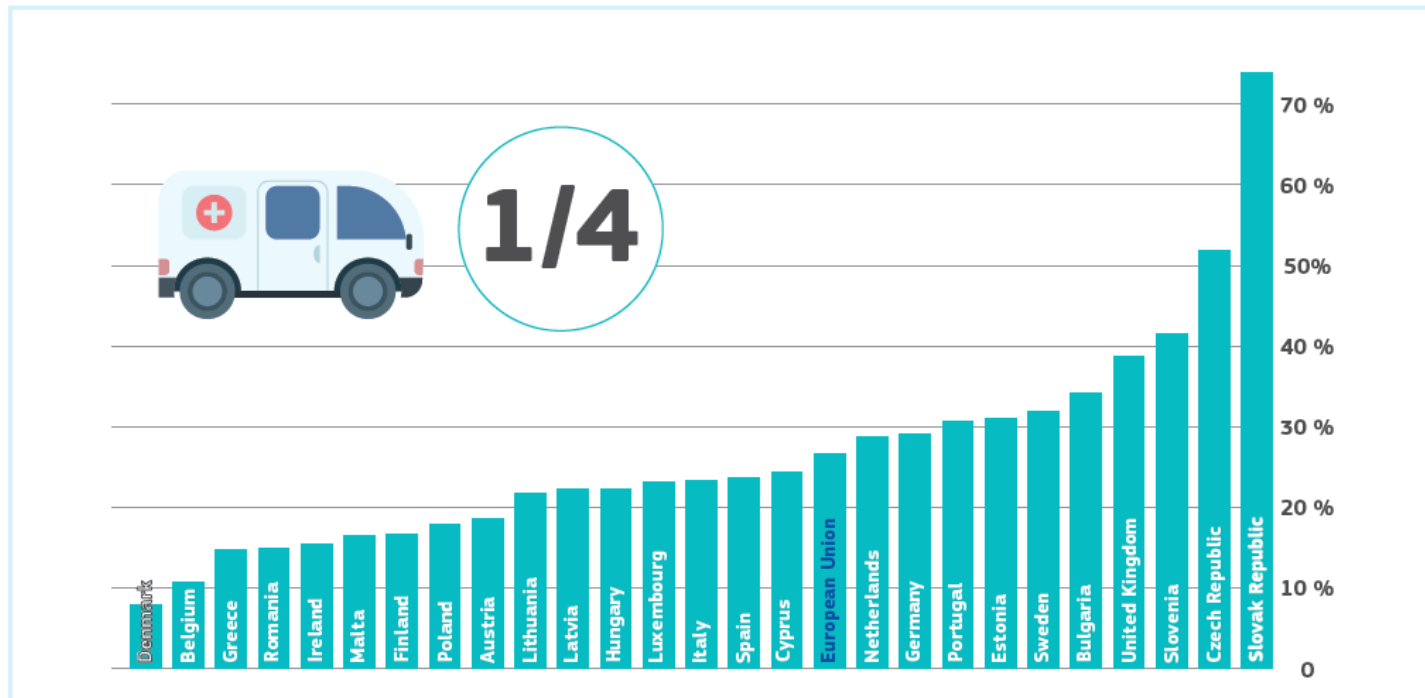
Focus: Prevention and Primary Care

HEALTH PROMOTION AND DISEASE PREVENTION PAVE THE WAY FOR A MORE EFFECTIVE AND EFFICIENT HEALTH SYSTEM



Access to Care

Figure 2.2. More than one in four patients across the EU visit an emergency department because of inadequate primary care



Source: Health at a Glance: Europe 2016. Note: Indicator shows the proportion of patients who visited an emergency department because the primary care physician was not available. EU figure concerns the 26 Member States with data available. UK figure concerns England only. Data were collected within the QUALICOPC study (Quality and Costs of Primary Care in Europe) between 2011 and 2013.

Responding to Change

Pharmacy practice has transformed from focusing only on medicines and disease to patient care and quality

Large portion of total health care spending is on pharmaceuticals and chronic diseases, imperative to improve healthcare quality and personal outcomes

Pharmacy services aim to achieve the ‘triple aim’:

1. Better quality of care
2. Better health outcome
3. Lower costs



It all makes sense...



More trips here can mean

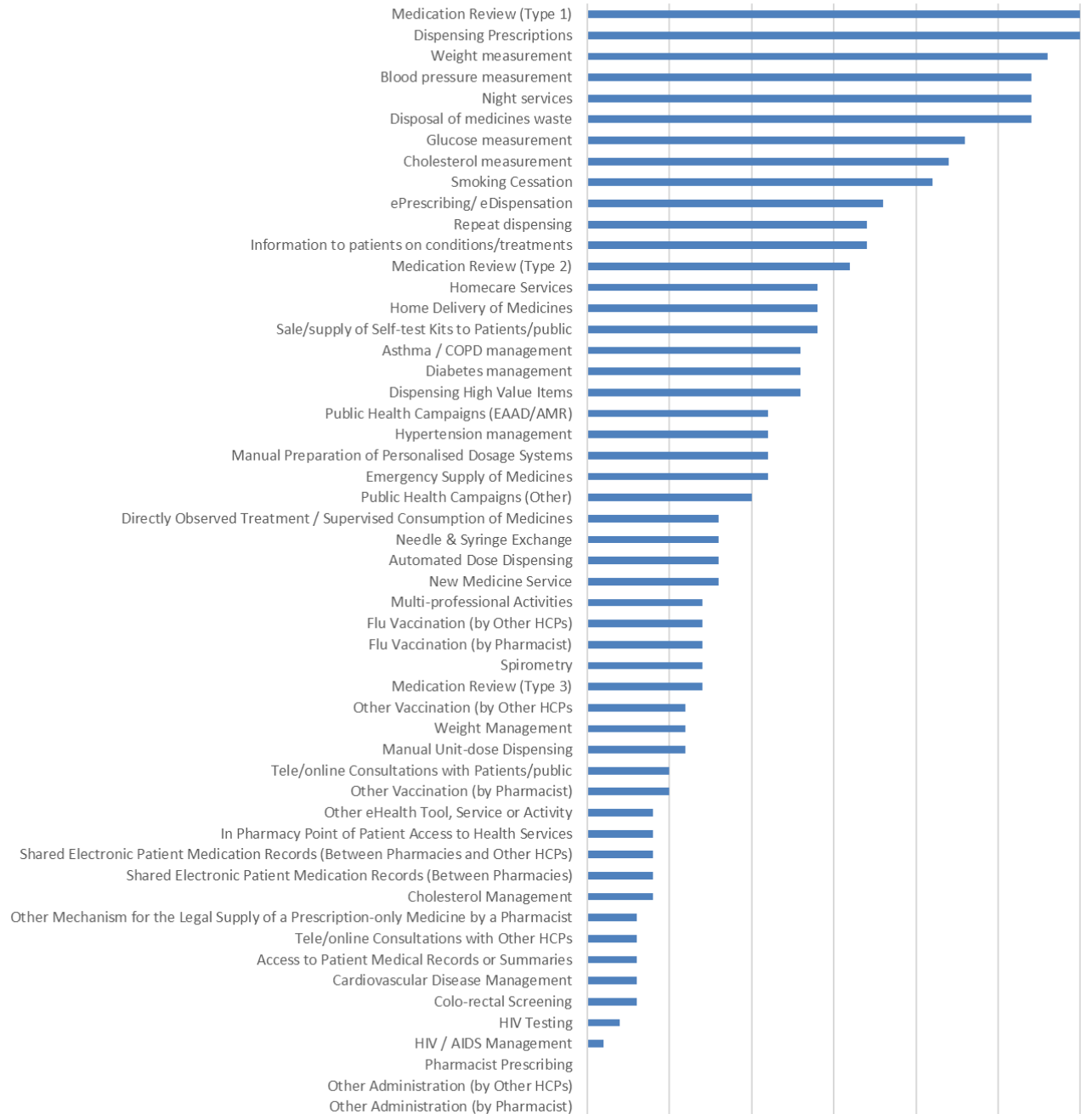
...fewer visits here



03

Trends in Pharmacy Services

All Services and Activities





Essential Services

- Dispensing prescriptions
- Repeat dispensing
- Waste medicines disposal
- Night / on call services
- Diet & healthy lifestyle advice
- Signposting & referral

Advanced Services

- Medication reviews
- New medicines services
- Therapeutic patient education
- Needle exchange service
- Vaccinations
- Prescribing

Various Services

- Emergency contraception
- Smoking cessation
- Pregnancy testing
- Homecare services

Chronic Disease Management

- Diabetes management
- Asthma management
- Hypertension management

Measurement Services

- Blood pressure measurement
- Cholesterol measurement
- Glucose measurement
- Weight measurement

**+60 Services /
Activities in
Europe**





04

Medication Review

Non-adherence

“It is estimated to cause 200,000 premature deaths every year in Europe at a cost to healthcare systems of 125 billion euros¹”

¹Medi-Voice project

“The WHO estimates that 50% of chronically ill patients do not properly adhere to their prescribed treatments²”

²WHO, 2003 - Adherence to Long-Term Therapies. Evidence for action.

Medication Review

Characterisation		Information available		
Type	Level	Medication history	Patient interview	Clinical data
Type 1	Simple	+	-	-
Type 2(a)	Intermediate	+	+	-
Type 2(b)		+	-	+
Type 3	Advanced	+	+	+

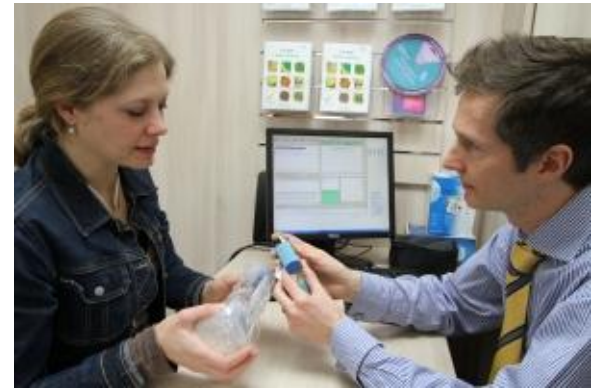
http://www.pcne.org/upload/files/3_PCNE_Definition_Position_Paper_final.pdf
http://www.pcne.org/upload/files/149_Position_Paper_on_PCNE_Medication_Review_final.pdf

Medication Review (Type II)

**Available in a
pharmacy in 16
European countries.**

Aims to:

- Improve patients' understanding of their medicines
- Highlight problematic side effects and propose solutions where appropriate
- Improve adherence and
- Reduce medicines wastage



Medication Review (Type II)



Structured adherence-centred review by a pharmacist with a polymedicated patient

The pharmacist reviews the patient's **use** of medication, ensuring they understand how the medicines should be used and why they have been prescribed, identifying any problems and then, where necessary, providing feedback to the prescriber

It is intended particularly for those receiving medicines for long-term conditions

National target groups / medications (high risk) are often agreed in order to guide the selection of patients to whom the service is offered



New Medicine Service



- The service provides support for people with long-term conditions newly prescribed a medicine
- It aims to improve medicines adherence and patient outcomes (patients most likely to discontinue treatment in first month or two)
- National target groups (high risk) are normally agreed in order to guide the selection of patients to whom the service is offered

**Available in a pharmacy
in 8 European countries.**



New Medicine Service



Aims

Understand more about the new medicine

Resolve any problems with new medicine

Ask questions about the medicine and discuss any concerns

Improve adherence and effectiveness of the new medicine

Empower patients

Improve patient health, leading to fewer GP and hospital visits



Do they work?

PharmacoEconomics
DOI 10.1007/s40273-017-0554-9



ORIGINAL RESEARCH ARTICLE

Cost Effectiveness of Support for People Starting a New Medication for a Long-Term Condition Through Community Pharmacies: An Economic Evaluation of the New Medicine Service (NMS) Compared with Normal Practice

Rachel A. Elliott¹ • Lukasz Tanajewski² • Georgios Gkountouras² • Anthony J. Avery³ • Nick Barber⁴ • Rajnikant Mehta⁵ • Matthew J. Boyd² • Asam Latif⁶ • Antony Chuter⁷ • Justin Waring⁸

PharmacoEconomics (2015) 33:599–610
DOI 10.1007/s40273-015-0270-2



ORIGINAL RESEARCH ARTICLE

Cost-Utility Analysis of a Medication Review with Follow-Up Service for Older Adults with Polypharmacy in Community Pharmacies in Spain: The conSIGUE Program

Francisco Jódar-Sánchez^{1,2} • Amaia Malet-Larrea³ • José J. Martín⁴ • Leticia García-Mochón⁵ • M. Puerto López del Amo⁴ • Fernando Martínez-Martínez⁶ • Miguel A. Gastelurrutia-Garralda⁶ • Victoria García-Cárdenas⁷ • Daniel Sabater-Hernández^{6,7} • Loreto Sáez-Benito⁸ • Shalom I. Benrimoj⁷

Eur Respir J 2008; 31: 790–799
DOI: 10.1183/09031936.00112007
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Effectiveness of pharmacist intervention for asthma control improvement

E. Mehuys*, L. Van Bortel*, L. De Bolle*, I. Van Tongelen*, L. Annemans*, J.P. Remon* and G. Brusselle*

At the heart of European communities

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Manfrin et al. BMC Health Services Research (2017) 17:300
DOI 10.1186/s12913-017-2245-9

BMC Health Services Research

RESEARCH ARTICLE

Open Access



A cluster randomised control trial to evaluate the effectiveness and cost-effectiveness of the Italian medicines use review (I-MUR) for asthma patients

Andrea Manfrin^{1*}, Michela Tinelli², Trudy Thomas¹ and Janet Kraska¹

Eur J Health Econ
DOI 10.1007/s10198-016-0853-7



ORIGINAL PAPER

Cost analysis and cost-benefit analysis of a medication review with follow-up service in aged polypharmacy patients

Amaia Malet-Larrea¹ • Estíbaliz Goyenechea² • Miguel A. Gastelurrutia³ • Begoña Calvo¹ • Victoria García-Cárdenas⁴ • Juan M. Cabases⁵ • Aránzazu Noain³ • Fernando Martínez-Martínez³ • Daniel Sabater-Hernández^{3,4} • Shalom I. Benrimoj⁴



What are the Barriers and Facilitators?

Lack of funding and recognition

- Audit, evaluation and data collection (to prove value and effects)

Resistance from pharmacists

- Training and feedback (communication, implementation in practice)

Resistance from other actors

- Stakeholder engagement, joint remuneration(?) (to build trust, avoid turf-wars and competition for funding)

Just to name a few.....

What is next for community pharmacy?

Accessibility is major
asset, needs to be
preserved with logistic
'efficiency'

Case for pharmacist's
contribution to health
systems never been
stronger

Evidence: pharmacists'
interventions improve
patient outcomes,
save money

What is next for community pharmacy?

Services are unlikely to be sustainable on large scale without funder support

New services are important, but dispensing function is crucial to our place in communities

Quality, professionalism and added value are at the heart of what we do

Reflections on recent developments...



ForbesCommunityVoice™ Connecting expert communities to the Forbes audience. [What is this?](#)

NOV 28, 2017 @ 09:30 AM 831

The Little Black Book of Billionaire Secrets

Why Community Pharmacies Are Not Susceptible To An Amazon Takeover



Forbes Technology Council

Elite CIOs, CTOs & execs offer firsthand insights on tech & business. [FULL BIO](#) ✓

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POST WRITTEN BY

Yesi Orihuela

Passionate about saving healthcare and lives through the power of design. CTO at [PrescribeWellness](#).



Yesi Orihuela, Forbes Councils

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Reflections on recent developments...

Community Pharmacies Have Deep Relationships With Patients -- And Amazon Never Will

Community pharmacies have what a drone can never deliver: face-to-face care.

Human interaction pays meaningful and irreplaceable dividends in improving a patient's spirits and therefore their health.

Whether that interaction comes in something as simple as a hug or handshake, there is no denying that injecting human touch into the health equation just makes patients feel better. Think of it as chicken soup for the soul ... over the counter.



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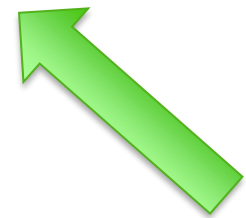
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Vision



*“...future where **services offered at European community pharmacies**, at the heart of the communities by highly qualified and independent healthcare professionals – community pharmacists - **further support individual patients, public health and the healthcare system.**”*

/European Community Pharmacy Blueprint 2012/

<http://pgeu.eu/en/policy/19-the-european-community-pharmacy-blueprint.html>









THANK YOU! Aitäh!



Pharmaceutical Group of the European Union (PGEU)

-  Rue du Luxembourg 19, 1000 Brussels, Belgium
-  +32 (0)2 238 08 18
-  pharmacy@pgeu.eu
-  www.pgeu.eu