

Feasibility of the medication review services in PHC in Estonia

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Outlines

- Context
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- MUR or Clinical Medication Review (CMR)
 - Potential benefits of MURs
 - Potential barriers
 - Some practice examples
 - Success Factors

Context

- Almost 50% of people prescribed a medication for chronic conditions do not take them correctly.
- 34 - 59% of elderly (over 75 year) take 5 or more drugs (Banerjee et al., 2011; Slabaugh et al., 2010)
- 24% of home care clients take 10 or more drugs (Onder et al., 2012).
- 25-75% of the elderly do not follow their treatment regimen
- the highest incidence of primary nonadherence is related to hormones (36.3%), especially with thyroid drugs (49.4%), followed by ear, nose, and throat drugs (34.2%) and cardiovascular drugs (34.7%) (Tamblyn R, et al, 2014)



MUR or CMR?

Medicines Use Review :

- Help people use their medicines more correctly
- Prescription list & patient interview
- No need for a detailed clinical information
- Mostly technical issues that can be initiated by pharmacist/patient
- MUR reports?
- Some patients need for more detailed clinical review

Clinical Medication Review:

- Enable patients to get the most effective & appropriate treatment
- Full medical history is needed + patient interview
- Mostly clinical
- Can be initiated by FDs (preferably)
- Needs well organised communication between pharmacist and family doctor

MUR

A concordance structured review that is undertaken by a pharmacist to help patients to manage their medicines more effectively

patient is asked to bring all their medication (not only the medication list)

- What the patient thinks each medicine is for and how to take it
- How compliant they are with the prescriber's instructions
- How and when they take medication
- Advice on tolerability and perceived side effects
- Practical issues e.g. obtaining/taking/using medicines
- Identification of unwanted medicines
- Reduce medicines wastage, by encouraging the patient only to order the medicines they require.

Compliance

(Understand & Negotiate)

- **Patient related factors**

- misunderstanding the treatment (or condition)
- forgetting
- beliefs
- denial and fear
- embarrassment
- lack of social support

- **Treatment related factors**

- experience of side-effects
- complex regimen ; frequent dosing; method of administration

- **Condition related factors**

- no, or mild symptoms ; severe symptoms

Around 50% of patients do not comply with some element of prescribed treatment

Potential benefits

Patients :

- better understanding of the reason of the treatment, regimen etc
- less drug related problems
- more drugs with dosage decrease, and less drugs
- some effect to drug costs
- number of falling per patient
- improved health outcomes & quality of life ? (no effect)

FDs, Primary Care team:

- reduction of hospital admissions ? (no significant effect)
- health care use? (no or little effect)
- can save FDs time ?

Huiskes et al. Effectiveness of medication review: a systematic review and meta-analysis of randomized controlled trials . BMJ Family Practice, 2016

Potential Barriers

- New service for pharmacists, FDs and patients
 - not well communicated, nor understood, nor designed, nor trained
- Quality of the recommendations if not enough clinical information?
- Confusion about level of review and purpose (from FDs side)
- Increase in FDs' workload in many cases?
- Limited effect of the written recommendations from a pharmacist to a clinician, in the absence of other forms of communication
- Not meaningful to FDs if not integrated as part of practice systems.
- Patient has to be appointed to the certain pharmacy ?

How to start?

- Opportunistic MUR? (depending on patient interest) – probably no effect on outcome
- Pharmacists –FDs agreement with patient selection (high risk patients: frequent falling, elderly on more than 4 drugs, frequent hospitalized, renal failure etc ?)
- Agreement on how to send the MUR feedback to family practice.
- Which form? How often?
- Is this part of Digital record? E-prescription Database?
- Other forms of communication?
- How it will be reimbursed?

Some typical MUR patients

- **Patient with frequent prescriptions for salbutamol.** Poor control of asthma. Not using steroid inhaler as prescribed but ad hoc
- **Patient with frequent call of ambulancy** because of very high hypertension
4 different medications prescribed, not taking correctly (thinking that too much different drugs) - possibilities for polypill
- **Patient with many prescribed drugs** + using many different over the counter medications
- **Elderly patient with frequent falls-** using hypertension lowering drugs (checking the drugs there is confusion of what to take and when- many drugs of different brand names, but the same generic name)
- etc

Typical CMR patient

82 y old female patient, who has diabetes type 2, had myocardial infarction 5 years ago. Patient has cardiac failure III (by NYHA), has urine incontinence, which appears mainly in coughing, sneezing and by strains. She has gonarthrosis, sometimes the pain interferes the everyday life, usually she gets some advice from a local pharmacy (some NSAID per os).

She is taking regularly the following drugs: ramipril 10 mg per day, furosemid 60 mg every second day), atorvastatin 20 mg every evening, metformin 850 mg three times per day, Ca+D vitamiin (1000 mg per day), apirin 100 mg per day

- Has some difficulties in remembering of taking the drugs. Has problems with dizziness, has constipation, low mood.

Key Success Factors

- To make it happen and realise the possible benefits!
- Regulations
- Clear protocols, agreements, preferred target patient groups
- Training
- Reimbursement
- Communication between pharmacists, FDs, nurses, patients