



PHARMACEUTICAL CARE NETWORK EUROPE

Position Paper on the PCNE definition of Medication Review 2016

Medication review is a much-discussed topic among practitioners and researchers in pharmaceutical care. Therefore, in 2009 The Pharmaceutical Network Europe (PCNE) started to develop a definition and description of the various types of pharmacist-led medication review during workshops and meetings of the PCNE working group in Geneva (2009), Manchester (2011), Dublin (2011), Leuven (2012), Berlin (2013), Malta (2014) and Mechelen (2015), the definition and terminology were further refined. This work resulted in a typology (Table 1), a list of the drug-related problems (DRPs) that can be detected with each type of medication review¹ and a grid of associated activities², but an agreed definition was still missing.

Previously, PCNE has established definitions of both DRPs³ and pharmaceutical care⁴. In order to reach a consensus on a PCNE definition of medication review, the board of PCNE initiated a systematic approach. First, members of PCNE completed a survey with the aim of systematically gathering viewpoints on the definition of medication review (see report⁵). Second, a workshop was held during the 5th PCNE Working Symposium in Hillerod 2016 to achieve consensus on a PCNE standpoint on medication review and to prepare a definition to be presented to the General Assembly. Finally, during the General Assembly of PCNE on 20th February 2016, the following definition was approved:

Medication review is a structured evaluation of a patient’s medicines with the aim of optimising medicines use and improving health outcomes. This entails detecting drug related problems and recommending interventions.

Characterisation		Information available:		
Type	Level	Medication history	Patient interview	Clinical Data
Type 1	Simple	+		
Type 2a	Intermediate	+	+	
Type 2b		+		+
Type 3	Advanced	+	+	+

Table 1:
PCNE Typology of Medication Reviews⁶

Comments and further explanations retrieved from the consensus process

To ensure a better understanding of the scope and to document the considerations behind the final definition, details are provided as to the decisions taken. Both the consensus process with the survey and the discussion of the process of achieving the definition will also be described in a separate scientific paper.

Scope of the definition

The overall goal of standardisation of terminology around medication review is to support the development of cognitive services, to exchange research results within and between countries and settings and ultimately to facilitate implementation into practice. According to the PCNE typology, the definition is valid for all settings. A strong coherence with the other PCNE definitions is essential, notably with the pre-existing definitions of DRPs and of pharmaceutical care. Thus, the focus is mainly, but not exclusively, on the pharmacist’s contribution. It is also desirable to submit the definition for integration into bibliographic indices, such as the MESH terms of the National Library of Medicine.

Medication review is a structured evaluation...

In contrast to counselling or the validation of a prescription, a medication review is a structured activity or a method in patient care. "Medication review" is not equal to "medication review service". The latter is a cognitive service that is based on the "activity of medication review" and includes also other activities. Thus, medication review as a cognitive service requires a comprehensive specification which can differ from country to country.

The term "structured" refers to the need for a standardised approach, which should assure quality. This approach can be different for different settings and professionals.

...of a patient's medicines

Because medicines are involved, the term "patient" is favoured over "individual". "Medicines" used in the plural reflects the comprehensive set of both the prescribed medicines (including devices) and products purchased over the counter or obtained otherwise. Ideally, a medication review is based on the "best possible" medication history.

...with the aim of optimising medicines use

"Medicines use" is defined according to the wording used for the PCNE definition of pharmaceutical care, which refers to the WHO definition of "responsible use" of medicines. "Optimising" covers effectiveness, quality of life, efficiency and safety. "Optimising medicines use" was preferred to "optimising pharmacotherapy" because the latter focuses too much on appropriate prescribing and its outcomes. Besides patient use, the term medicines use includes prescribing by healthcare professional and also administration by a caregiver.

...and improving health outcomes.

"Health outcomes" refers to clinical, economic and humanistic outcomes and covers effectiveness, patient safety and quality of life. The wording is identical to the wording used in the PCNE definition of pharmaceutical care.

...This entails detecting drug related problems (DRPs)

"Detecting" is considered to be synonymous with identifying. "Drug" related problems was chosen instead of medication related problems to be consistent with the PCNE definition of DRPs. A DRP can be potential or actual⁷. The detection and prevention of a potential DRP is as important as the detection and solution of actual ones. "Identifying the risks" was therefore excluded from the definition because this is already implied within the process of detecting DRPs. Similarly, "managing risks" is considered the outside of scope, because it goes beyond medicines use and improved outcomes are not only achieved through managing risks. However, the prioritisation of DRPs is an important task within a medication review "Solving" is excluded from the definition because positive outcomes can only be achieved through the implementation of interventions, which is also outside of the scope of a medication review.

...and recommending interventions.

"Recommending" is chosen over "suggesting" to reflect more engagement and responsibility. "Recommending" is used instead of "performing" because the latter referred to interventions, which were outside the process of review. Although a "follow-up" and "monitoring process" is often essential in order to achieve outcomes after medication review, follow-up is also not included in the definition because it is an independent step of the pharmaceutical care process. Therefore, only "recommending interventions" is part of the medication review definition

Conclusion

This position paper describes the most important decisions that were made during an intense consensus process. This enabled agreement on a standardised definition of medication review which is an essential method of pharmaceutical care.

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References

¹ <http://www.pcne.org/upload/wc2013/Workshops/WS%201%20PCNE%20Types%20and%20Problems.pdf>

² <http://www.pcne.org/upload/wc2013/Workshops/WS%201%20PCNE%20Types%20and%20Activities.pdf>

³ <http://www.pcne.org/working-groups/2/drug-related-problems>

⁴ Allemann S, van Mil JWF, Botermann L, Berger K, Griese N, Hersberger K. Pharmaceutical Care: the PCNE definition 2013. *Int J Clin Pharm* 2014:1-12

⁵ Kos M, Horvat N, Hersberger KE, Messerli M, van Mil JWF Report of 16-02-2016:
<http://www.pcne.org/conference/15/5th-pcne-working-symposium-2016>

⁶ <http://www.pcne.org/working-groups/1/medication-review>

⁷ van Mil JWF, Westerlund T, Brown L, et al. Medical care and drug-related problems: Do doctors and pharmacists speak the same language? *Int J Clin Pharm* 2016:1-4 doi: 10.1007/s11096-016-0249-x