



# PCNE NEWSLETTER

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## Upcoming

⇒ **1-4 February 2017**

10th PCNE Working Conference: PharmCare@Bled. *Bled, Slovenia*

⇒ **21-24 May 2017**

6th FIP Pharmaceutical Sciences World Congress. *Stockholm, Sweden.*

⇒ **15-16 June 2017.**

ESCP Workshop. Extended responsibilities for pharmacists in the treatment of acute and chronic conditions *Leiden, the Netherlands*

⇒ **10-14 September 2017**

77th FIP World Congress of Pharmacy and Pharmaceutical Sciences, 'Medicines and Beyond - The soul of pharmacy'. *Seoul, South Korea*

⇒ **9-11 October 2017**

47th ESCP Symposium. Science meets practice - towards evidence-based clinical pharmacy services. *Heidelberg, Germany*

⇒ **For an up-to-date list: see the PCNE Wiki !!**

## The chairman's editorial

We are rapidly approaching the 10th Working Conference of PCNE, which will be held in the heart of Slovenian Alps. Bled, sheltered by picturesque mountains, will host you on 1-4 February 2017. I am sure you will enjoy the company of my colleagues who will do everything to make your stay pleasant.

We will be eating, sleeping and discussing, next to a beautiful lake and with ski runs around the corner (if there is snow...). However, the content of the Conference is what will count at the end. For this purpose, the scientific committee has assured an interesting array of speakers and workshop moderators, who can hardly wait to make you think. Members will present their projects in the soapbox and we will also have the chance

of hearing a couple of membership presentations at the GA.

During the conference, we will carefully listen to the confessions of founding members, learning from the past, but more importantly building experience for the future. In January 2016, the board members (past, present and upcoming) already started a discussion on the PCNE future during a brainstorm session, called 'the Vision'. The results of this discussion are supposed to be on the table during the upcoming GA. Shall we continue as we work now, do we need newer formats, perhaps more Internet-based discussions, is the topic of pharmaceutical care still important for pharmacy and do we use the right definitions for what we mean? And what would be the fi-



nancial implications of those new ideas?

PCNE is an association, which means that the true nature depends on the active involvement of all of us. I would encourage you to take the active role, be with us during, as well as after the Conference and influence the work and policies of PCNE.

I am looking forward to seeing many of you in Bled,

**Mitja Kos, PCNE Chairman**

## PCNE-WIKI

**The PCNE wiki is slowly developing. But new moderators are still being sought.**

Active lemmas are, amongst others, [remuneration of Pharmaceutical Care \(PhC\) services, drug-related problems](#) and the [PhC definitions](#). Drug and disease specific information for [the metabolic syndrome](#) is also available, as well as [country information for Belgium and Spain](#).

But a number of moderators has also withdrawn, so we still/again seek moderators for:

### Country info:

- Denmark
- Finland
- Germany
- Norway

### Drugs, diseases and PhC

- Anticoagulation
- Diabetes
- Heart failure
- Hypertension
- Obesity

### Practice topics

- Public health and policy
- Repeat prescribing

**So, if you want to contribute your knowledge on one of the mentioned topics (or other important ones) to a living Wiki document, please inform the PCNE secretariat.**

## Managing team

- Tamara Isenegger & Kurt Hersberger, University of Basel, Switzerland

- Filipa Alves da Costa & Ines Soares, Instituto Superior de Ciências da Saúde Egas Moniz, Caparica, Portugal

- Mitja Kos, Nejc Horvath & Urška Nabergoj Makovec, Chair of Social Pharmacy, University of Ljubljana, Slovenia

**Do you know someone, we could invite to the survey from the missing countries, please let us know at [tamara.isenegger@unibas.ch](mailto:tamara.isenegger@unibas.ch)**

# THE PRACTISE STUDY



## STATUS OF THE PRACTISE PROJECT

### (PhaRmAcist-led Cognitive Services in Europe)

#### Survey release

The survey was released on November 3rd, 26 participants from different countries were invited at this date.

Four weeks later and after two reminder, we got full response from 10 different countries and 5 participants started the survey, but had not finished it yet.

These participants have to suggest two further potential

participants from their country with different backgrounds (community pharmacy/research, academia/policy maker) to complete the set. Europe has 53 different countries, 5 small countries will be excluded in this project (Andorra, Liechtenstein, Monaco, San Marino, and Vatican City). Out of the 48 European countries 39 were already contacted and we got at least one response from 23 different countries. For three countries (Malta, Germany, and Slovakia) we already have complete data from the three different backgrounds.

#### Missing countries

Nevertheless, we still have some countries without any contact, such as:

- Albania
- Armenia
- Austria
- Azerbaijan

- Belarus
- Bulgaria
- Bosnia and Herzegovina
- Cyprus
- Czech Republic
- France
- Georgia
- Greece
- Ireland
- Kazakhstan
- Latvia
- Lithuania
- Luxembourg
- Macedonia
- Moldova
- Montenegro
- Northern Ireland
- Romania
- Russia
- Scotland
- Wales

# Oral Communications in Bled

- ◇ Abstract 135 **Recognition and Addressing of Limited Pharmaceutical Literacy (RALPH): development of a screening tool for the pharmacy setting.** *Ellen S. Koster, Netherlands*
- ◇ Abstract 143 **Development of a medication discrepancy classification system to evaluate the process of medication reconciliation.** *Enas Almanasreh, Australia*
- ◇ Abstract 149 **Medication persistence with lipid-lowering treatment in Slovenia.** *Andreja Deticek, Slovenia*
- ◇ Abstract 157 **A protocol for a cost-utility study on medication reviews to elderly polypharmacy patients at the community pharmacy.** *Bjarke Abrahamsen, Denmark*
- ◇ Abstract 160 **Comparing Medication Regimen Complexity Index and polypharmacy as measures of medication use.** *Martin Henman, Ireland*
- ◇ Abstract 166 **Why do health care professionals still prescribe non-selective  $\beta_2$ -blockers in patients with asthma or COPD?** *Esther Kuipers, Netherlands*
- ◇ Abstract 182 **Criterion validation of the Living with Medicines Questionnaire Version 3 (LMQ-3).** *Barbra Katusiime, United Kingdom*

See [www.pcne.org/conference/23/10th-pcne-working-conference-2017](http://www.pcne.org/conference/23/10th-pcne-working-conference-2017) for the abstracts

## From Bismarck to Bismarck - Healthcare system in Slovenia

Mardetko N., Detiček A., Horvat N., Kos M.

With the formation of Slovenia as an independent country in 1991, the healthcare legislation transformed the healthcare system from the state organised Semaško model back to the Bismarck model. Interestingly, such a system already existed in the Slovenian territory at the time of the Austro-Hungarian Empire. The present Slovenian healthcare system enables solidarity and fairness that assures insurance for the whole 2 million population by a compulsory health insurance. Contributions, based on the individual's income, form an autonomous healthcare fund which amounted to 2.4 billion euros in 2015, representing 6.3% of the gross domestic product. The fund is managed by the Health Insurance Institute of Slovenia that is the single healthcare authority in the country with a function of healthcare decision-maker and payer.

For children, students, pregnant women and people with particular diseases (e.g. cancer, mental disabilities etc.) the healthcare services are fully covered from compulsory health insurance fund. In most of the other cases healthcare services are only partially covered. To avoid potentially high out-of-pocket co-payment, a voluntary complementary health insurance is in place. In contrast to what would one expect, 95% of the population also pays a fixed monthly premium for this complementary insurance that covers the difference to the full cost.

Medicines are also covered from both insurance funds depending on the reimbursement list. In 2015, 440 million euros of compulsory insurance funds and 270 million euros of complementary insurance funds were spent on medicines. A quarter of these expenses was used for expensive medicines that cost more than two thousand euros per patient per year (e.g. new biological medicines).

The healthcare policy assures a relatively high access to new medicines. However, several cost-containment measures were introduced in the past years including generic substitution based on the generic reference pricing system in 2003 and therapeutic refer-

ence pricing system introduced in 2013. Although it may seem that patient rights and access to medicines has decreased by a higher demand for direct out-of-pocket co-payments the system enables sustainability and access to new healthcare technologies.



Otto Von Bismarck, 1871  
(<http://www.marinamaral.com/blog-2/2016/5/22/otto-von-bismarck-1871>)

## Bright Future for Pharmacy Practice in Slovenia

Detiček A., Mardetko N., Horvat N., Kos M.

Pharmacy Practice in Slovenia is organised as a public healthcare service and currently consists of 27 hospital and 326 community pharmacies which are all members of the Slovene Chamber of Pharmacies (see Figure). Community pharmacies network is established with chains of 24 public institutions founded by local municipalities including 228 community pharmacies. Their particularity is the widespread and well-established galenic laboratory practice. There are also 96 concessionary pharmacies and 2 community pharmacies organised as a part of a hospital pharmacy. Each community pharmacy takes care of approximately 6 000 Slovenian citizens. (0.3%).

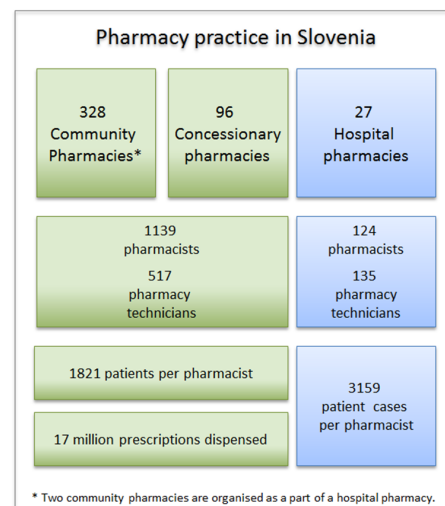
Until recently, pharmacy practice in Slovenia was defined by law to provide

sufficient medicine supply, dispensing and counselling. Similarly, for more than a decade Slovene Chamber of Pharmacies have been organising different pharmaceutical care programmes in community pharmacies in hypertension, diabetes mellitus and appropriate use of medicines without much success for official recognition by

the health care system.

In December 2016, a new Pharmacy Act was adopted which redefined pharmacy practice and established the basis for new cognitive services and a quality performance of the system in the future. The new legislation forbids vertical integration of pharmacies. It also defines that the budget surplus deriving from over-the-counter sales of medicines and other products can be invested in structural adaptations of pharmacies, pharmacy employees and development of services. The surplus of public institutions was a major issue of past debates as it was often used by the municipality for non-healthcare purposes (e.g. infrastructure). The surplus can now be used only for healthcare. The new Pharmacy Act also prohibits advertising of pharmacy practice and its providers with the purpose of promotion of specific medicine sales.

Based on the recent improvements, we look forward to building new capacities for advanced pharmaceutical care services in practice.



Overview of the pharmacy practice system in Slovenia

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**Want to contribute to the PCNE Wiki?**

**Let us know!**



## The Golden 2016: Advanced medication review finally reimbursed

Nabergoj Makovec U, Horvat N., Kos M.

In 2016 the efforts of many enthusiastic pharmacists in Slovenia have resulted in achieving reimbursement for an advanced medication review (Type 3) that was introduced at the ambulatory level. The service started as a pilot project in 2012 with the aim to increase the quality of prescribing in the most eastern region of Slovenia. As the project was successful, the Health Insurance Institute of Slovenia decided to reimburse it and gradually implement the service in all the Slovenian regions until 2018. The service supports physicians in optimizing the individual patients' therapy and it is performed by certified pharmacists, who are specialists in clinical pharmacy.

The certification system was introduced by the Slovene Chamber of Pharmacy, which in 2014 officially defined two types of medication review services. Apart from the advanced medication review (called Pharma-

cotherapy review), medicines use review (Type 2a) was introduced into the community pharmacy practice. For this purpose, standard operational procedures and educational programs to assure pharmacists' competencies were set for both services.

Medicines use review is intended to empower patients for effective and safe use of medicines with a primary focus on assuring higher adherence. At the moment around 100 pharmacists are certified to perform the service in their community pharmacies. Currently, the service is financed as out-of-pocket fee or free of charge. Establishing alternative ways of financing is an ongoing process.

Nevertheless, both services gained a place in the renewed Pharmacy Act (December 2016) and were exposed in the debates as positive solutions assuring optimal and rational use of medicines for Slovenian citizens.

## PharmCare@Bled

The program of the Bled Conference (1-4 February 2017) is ready. The following workshops will be part of the program:

1. **Methods to build capacity to deliver pharmaceutical care;**
2. **Developing indicators to measure pharmaceutical care across nations**
3. **Developing core outcomes for adherence research**
4. **Exploring the impact of e-health on pharmaceutical care**
6. **Let's do it. Developing a joint, international, PCNE project**

### Essential PCNE dates for Bled

Working group meetings

1 February 2017 (11.00h)

DRPs Working Group meeting

PCNE Soapbox (members only)

2 February 2017 (18.00h)

PCNE Social Event

3 February 2017 (19.00h)

PCNE General Assembly

4 February 2017 (12.00h)

## PCNE news

### Next General Assembly

The next PCNE General Assembly will be held on **Saturday 4th February 2017, in Bled, Slovenia.**

### Pictures Hillerød

Many pictures have been taken in Hillerød, during the working symposium. If you want to see them, go to <http://www.pcne.org/conference/15/5th-pcne-working-symposium-2016> and click on the tab 'Picture Book'.