EDQM indicators on Pharmaceutical Care

Dr Th(Dick)FJ Tromp

EuroPharm Forum
KNMP
Agenda

• EuroPharm Forum
• Indicators
• The Challenge
• EDQM
• The Pharmaceutical Care indicator project
• The self assessment tool
• Recommendations and concerns
• A small test
• Conclusion
FIP and Regional Pharmaceutical Forums

- EuroPharm Forum, 1992
- EMROPharm Forum, 2002
- Western Pacific Pharmaceutical Forum, 2001
- SEARPharm Forum, 2001
- African Pharmaceutical Forum, 2004
- Pharmaceutical Forum of the Americas, 2000
The Forum has a close relationship to WHO-Euro

- Memorandum of understanding
  - Focus on Non Communicable Diseases (NDC’s)
  - Participating in project on Anti-Microbial Resistance
  - Collaboration with PGEU
Vision to Practice 2020

• Practice adapted to public expectations
• Practice close to patients
• Provide up-to-date and evidence-based therapies and services
• Quality based on good pharmacy practice
• Secure a competent workforce (education, training)
• Provide integrated care in a collaborative practice
Indicators
Reasons for use

1. Quality improvement
2. Benchmarking: comparing performance with peers
3. To improve patient outcomes
4. Education of pharmacists/physicians
5. Provides evidence to third party payers
6. For management/improve efficiency
7. To help set and meet standards of care/practice
8. To lower costs of care
9. To identify fraud and errors
10. To increase professionalism amongst pharmacists
### The PharmValue Project

**J.W. van NJ**  
**M.P. Hobbs**  
**T.P.J. Troup**

Project report August 2009 (revised to Questionnaire V.1A, and B)

Quality Institute for Pharmaceutical Care, Kampus, The Netherlands

---

### Table: PharmValue Domains and Activities

<table>
<thead>
<tr>
<th>Domain</th>
<th>Activity</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Supplying medicines</td>
<td>Supplying medicines</td>
<td>Supplying of medicines always by qualified staff</td>
<td>Dispensing of medicines always by fully academically trained pharmacist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplying medical aids</td>
<td>Supplying medical aids</td>
<td>Supplying of medical aids always by qualified staff</td>
<td>Supplying of medical aids always by specially trained staff member</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dispensing safety</td>
<td>Not dispensing products</td>
<td>Dispensing products on demand and/or prescription</td>
<td>+ always dispensing the right product for the right patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>+ always dispensing the right dosage for the individual patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compounding</td>
<td>No compounding activities in the pharmacy</td>
<td>Compounding medicines in the pharmacy</td>
<td>+ validating the compounded products and process by checking products in external laboratory</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Product availability</td>
<td>Having no products available</td>
<td>Having &gt; 10% of requested products available from stock</td>
<td>Having &gt; 90% of requested products available from stock</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Product quality</td>
<td>No levels. See B Questionnaire</td>
<td>No levels. See B Questionnaire</td>
<td>No levels. See B Questionnaire</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expiry dates</td>
<td>Paying no attention to product expiry dates</td>
<td>Always ensuring that incoming products have proper expiry dates</td>
<td>+ regularly checking expiry dates of the stock</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>+ always ensuring proper expiry dates when supplying products</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Labeling</td>
<td>Not labeling prescription medicines</td>
<td>Always labeling product containers with the name of the patient and the name of the medicine</td>
<td>+ always applying labeling malignancy containers with the daily use for the individual patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>+ always labeling the medicine container with the indication and/or warnings for use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Written drug information</td>
<td>Not supplying written drug information</td>
<td>Supplying drug information leaflet (PIL) with (almost) all medicines</td>
<td>Supplying patient information leaflet (PIL) with (almost) all medicines</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Counseling</td>
<td>No counseling or verbal information provided</td>
<td>Providing information to clients only on demand</td>
<td>Always offering counseling when selling or dispensing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Training use of devices</td>
<td>No levels. See B Questionnaire</td>
<td>No levels. See B Questionnaire</td>
<td>No levels. See B Questionnaire</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drug Use Review</td>
<td>Not performing DUR (or not being able to do it)</td>
<td>Occasionally performing DUR when indicated by professional feeling</td>
<td>Always performing DUR when indicated by professional feeling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>+ always using a predefined DUR detection system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pharmacist care</td>
<td>Performing no pharmacist care activities</td>
<td>Occasionally providing disease-oriented or comprehensive pharmacist care</td>
<td>Always providing pharmacist care for patients with a (selected number of) specific diseases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Always providing pharmacist care for all diseases to all patients</td>
</tr>
</tbody>
</table>

---

PCNE Malta 2014
Dutch quality indicators for pharmacies

- Overview of 42 indicators at pharmacy and health care level to be reported in Spring
- Themes:
  - Patient records
  - Contra-indications
  - Intolerances
  - Interactions
  - Drug delivery
  - Internal error registration
  - Assisting patients
  - Patient experiences with care delivery
  - Pharmacy compounding
  - Pharmacotherapy policy
- Donabedian approach
Annual Quality Report
-Flevowijk Pharmacy

Description of structure

- Vision and goals
- Staffing
- Education
- Collaboration with health care
- Tools and technology
- Etc.
### Flevowijk Pharmacy indicators

#### Processes and outcomes
- Percentage of substitution
- Level of service
- Quality of stock
- No. of prescription-lines per day
- No. of Rx related actions per day
- No. of documented changes to Rx
- No. of actions per year
- No. of care conversations per licensed staff member

#### Processes and outcomes
- No. of care modules and activity per month
- No. of complaints and appraisals
- Personnel satisfaction survey
- Patient satisfaction survey

#### Descriptors
- Type of
  - Pharmaceutical care modules and projects
  - Pharmacy Side-effect reports
  - Manufacturer drug recalls and pharmacy actions
  - Complaints and appraisals
Outcomes: proxies
Clinical outcomes on diabetes
A new challenge

- Measuring individual practice
  - Flevowijk
  - Small cooperative
- Aggregation on group or country level
  - KNMP. NL
- Creating a European tool to assess daily practice in Pharmaceutical care
  - EDQM
Progress in Drug Related Problems, Medication Review and Pharmaceutical Care Guidelines

Pharmaceutical Care Network Europe (PCNE) Working Symposium

EDQM (Council of Europe) Pharmaceutical Care Indicators Project

Dr Silvia Ravera – EDQM
Sliema (Malta), 14-15 March 2014
The Council of Europe (1)

Founded in 1949

The oldest pan-European organisation

47 member countries, 820 million Europeans

Headquarters in Strasbourg (France)

Core values: Humans rights
Democracy
Rule of law
The Council of Europe (2)

<table>
<thead>
<tr>
<th>Council of Europe</th>
<th>≠</th>
<th>European Union (EU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>International intergovernmental organisation</td>
<td></td>
<td>Economic and political partnership</td>
</tr>
<tr>
<td>47 countries</td>
<td></td>
<td>28 countries</td>
</tr>
<tr>
<td>Initiatives often take the form of conventions, resolutions and recommendations addressed to member states</td>
<td></td>
<td>Decisions on specific matters of joint interest are made democratically at European level and are legally binding in member states</td>
</tr>
</tbody>
</table>
### The Council of Europe (3)

<table>
<thead>
<tr>
<th>Council of Europe</th>
<th>≠</th>
<th>European Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>International intergovernmental organisation</td>
<td></td>
<td>Institution of the European Union</td>
</tr>
<tr>
<td>47 countries</td>
<td></td>
<td>EU main decision-making body</td>
</tr>
<tr>
<td>Initiatives often take the form of conventions, resolutions and recommendations addressed to member states</td>
<td></td>
<td>It consists of the heads of state or government from the member states together with the President of the European Commission</td>
</tr>
</tbody>
</table>
European Directorate for the Quality of Medicines & HealthCare (EDQM)

A Council of Europe’s directorate

Based on the Convention on the Elaboration of a European Pharmacopoeia (1964)

Mission: contribute to the basic human right of access to good quality medicines and healthcare
Remember: A new challenge

- Measuring individual practice
  - Flevowijk
  - Small cooperative
- Aggregation on group or country level
  - KNMP. NL
- Creating a European tool to assess daily practice in Pharmaceutical care
  - EDQM
EDQM Pharmaceutical Care (PC) Indicators Project (1)

**Aim:** development and validation of pragmatic indicators, feasible for authorities in all countries, covering 4 key areas of pharmaceutical care process (basic set of indicators) for continuous improvement of health outcomes and quality of life of patients

**Committee in charge:** European Committee on Pharmaceuticals and Pharmaceutical Care (CD-P-PH)

**Coordination:** EDQM (CoE)
EDQM PC Indicators Project (2)

Milestones:

2009: survey based on evidence and specific studies

2009-2010: scoping exercise (PC key areas) and expert workshops (scientific rationale of model indicators)

2011-2012: PC Indicators Working Party > policy proposal

2013-2014: 1st multinational validation study coordinated by EDQM (CoE)
Indicator sets

**Area 1:** Adherence to nationally agreed clinical practice guidelines (antibiotics)

**Area 2:** Monitoring therapeutic plans and medicine safety by prescriber and pharmacist through linking information about patient’s medical conditions and therapy in anticoagulant and antibiotic therapy

**Area 3:** Structured pharmacist-patient consultations (chronic therapy; poly-pharmacy; poly-morbidities) via “My CheckList”

**Area 4:** Implementation of the pharmaceutical care philosophy and working methods in Europe
Position of EPF in the EDQM project

- Specialist/expert position
- In close collaboration with Pharmakon
- Supportive in the development of indicators
- Participating in testing a self-assessment tool
Indicator set 4

• **Area:** Implementation of the pharmaceutical care philosophy and working methods in Europe

• **Indicators (examples):**
  1. Number of written information delivered at 1st medication dispensing / Total number of patients receiving a new medication (per month)
  2. Number of patients counselled about OTC medicines / Total number of patients receiving an OTC medicine (per month)

• **Target:** Community pharmacies

• **Added value:** Standards to evaluate, monitor and improve pharmacists’ knowledge of PC and its implementation in community pharmacy settings
The self-assessment tool

• To test the feasibility in some phases
  – Project leader Zinaïda Bezvernhii, MLD
Process 2013/2014

- Adapt tool to local language
- Recruit pharmacists to participate
- Add some additional local questions
- Send out and collect (2 weeks)
- Report to project leader
Domains in self assessment tool

- Pharmacy situation in context (###’s)
- Continuous professional development (degrees)
- Medicines dispensing
- Self care services
- Point of Care testing (Health screening services)
- Evaluation of self assessment

- Patient assessment protocol
- Patient Counselling and Education
- Documentation
- Follow up after intervention
- Interprofessional collaboration
Example of structure of questions

### B. PATIENT COUNSELING AND EDUCATION

#### 4.2. When dispensing medicines, according to prescriptions, what kind of information and how often is offered in your pharmacy?

<table>
<thead>
<tr>
<th>Information provided</th>
<th>not offered</th>
<th>if patient requests</th>
<th>if considered necessary</th>
<th>every prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication name, description and/or purpose</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Route, dosage, dosage form, and administration schedule</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Precautions to be observed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>How to identify and to report adverse reactions to pharmacist/doctor</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Techniques for self-monitoring</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Proper storage</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Potential drug-to-drug, drug-to-food interactions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Prescription refill information</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Action to be taken in the event of a missed dose</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

#### 4.3. On average, how much time (%) on average is spent per patient visit on dispensing/on counseling:

<table>
<thead>
<tr>
<th>Percentage of time spent</th>
<th>10/90</th>
<th>20/80</th>
<th>30/70</th>
<th>40/60</th>
<th>50/50</th>
<th>60/40</th>
<th>70/30</th>
<th>80/20</th>
<th>90/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time spent</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
**The Dutch sheet**

<table>
<thead>
<tr>
<th>Sectie 1</th>
<th>Invul Hulp</th>
<th>Antwoord</th>
<th>Suggesties voor verbetering en overige opmerkingen</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Sprekt voor zich</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>Apotheke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>Per apotheek en niet per groep apotheken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra vraag Dick</td>
<td></td>
<td></td>
<td>Bistaat een samenwerkingsverband met andere apotheek en huisartsen?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sectie 2</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Gooit over de gehele woonplaats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>Uitgangspunt 2 recepten per patiënt, ik sta open voor betere suggesties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>Sprekt voor zich, in fluits</td>
<td>Apotheek</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Apo-assistenten</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Overige</td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td>Betrokken mideel van de &quot;ingeschreven&quot; patiënten in de apotheek. Wij weten niet, maar we gaan ervan uit. Graag ook commentaar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Indien bekend graag oppen. Waarschijnlijk &gt; 90%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sectie 3</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Door farmacotherapie in de opleiding en stage in apotheek kom ik op 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>Deel dat specialist openbaar apotheke is (ge registreerd apotheke)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td>Indien in register openbaar apotheke betekent 40 dagen in 5 jaar. Doe laatste antwoord lijkt juist te zijn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td>Sprekt voor zich</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sectie 4</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Volgens mij is de professional assessment gelijk aan medicatiebegeleiding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>Welke informatie wordt verschaf (vla, bijspeler, individuele folders, mondeling)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PCNE Malta 2014**
Personal impressions and recommendations

- Disappointment about participation
  - Translation seems to be necessary
  - Even “top” pharmacists need much motivation
- MTM services (daily NL practice) need more attention
- Interprofessional collaboration needs restructuring
- The use of therapeutic guidelines is missing
- Indicators should include systems interventions
Concerns about the (mis)use of indicators

- **EDQM**
  - from quantitative thinking to qualitative thinking
  - Product versus practice assessment
- **Pharmaceutical Care**
  - Impact on process versus impact on outcomes
Small test

- The development and use of indicators should reflect the aims of usage
- KNMP created set of indicators to measure practice for practice development
- Payers use them for reimbursement
  - Today up to 10% of gross profit
- The test
EDQM PC Indicators Project (3)

- **Next steps:**
  - Pragmatic indicators developed by national experts (academia, officials)
  - Validated indicators available to health authorities (no fees)
  - Guidance/policy-recommendations for the implementation of basic set indicators for authorities
  - On-going platform for follow-up for authorities
  - Stimulated cooperation between prescribers, pharmacists and patients
  - Increased quality awareness among healthcare professionals and patients
  - Best possible medication outcomes in patients
  - More responsible and cost-effective healthcare
Thank you for your attention!

For more information:

Council of Europe:  www.coe.int

EDQM:  www.edqm.eu

E-mail:  silvia.ravera@edmq.eu