



EDQM indicators on Pharmaceutical Care

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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

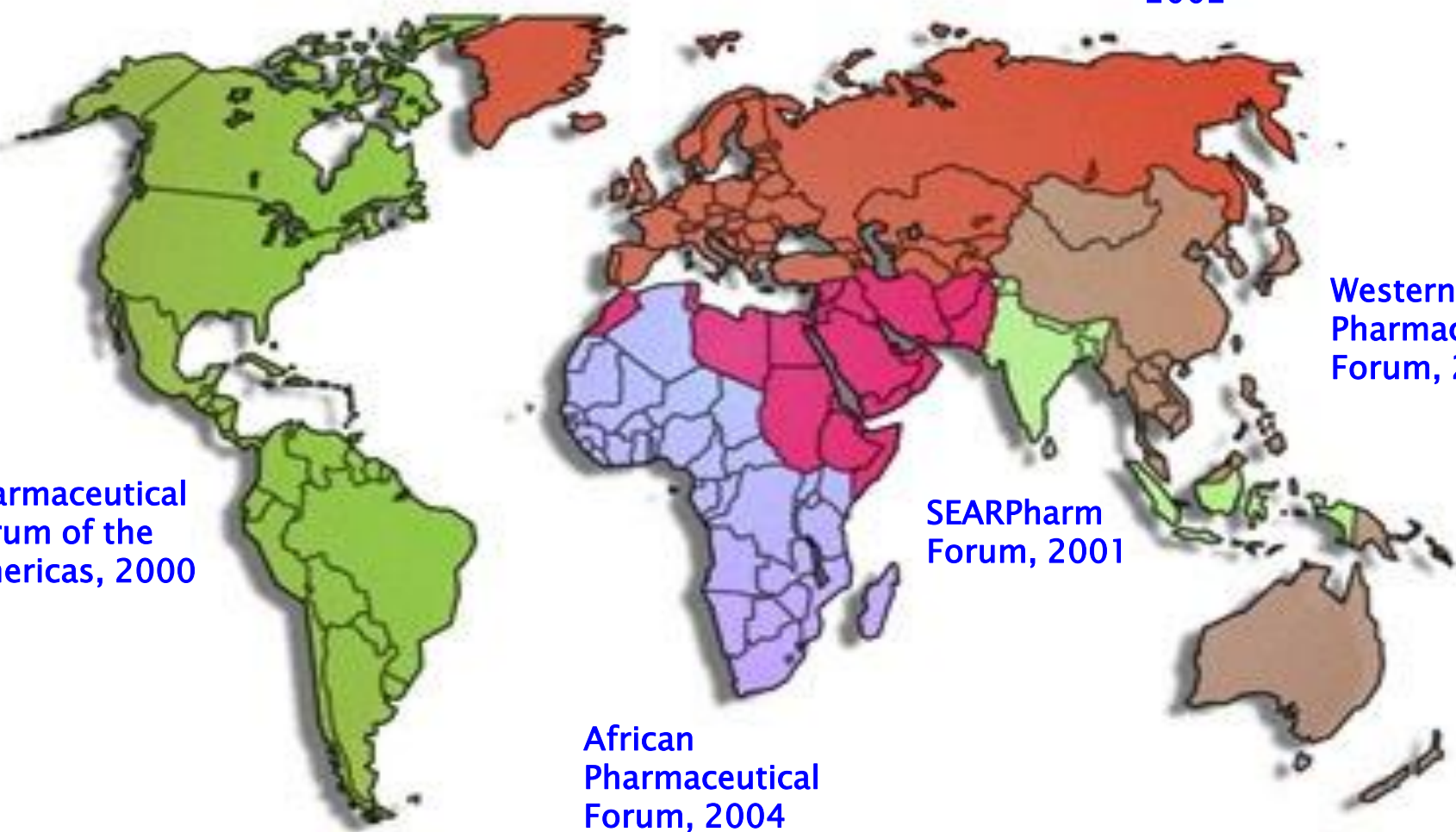
EMROPharm Forum,
2002

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.F. van Mui
M.F. Mobsch
Th.F.J. Tromp

Project report August 2000 (n=7.0 resulting in Questionnaires V 3.0A and B)

Quality Institute for Pharmaceutical Care, Kampen, The Netherlands

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



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.

Kwaliteitsjaarverslag
2012/2013
Kwaliteitsjaarplan
2013/2014



Apotheek Flevowijk

Mw. Drs. N.G. Pol-Tromp
Mw. Drs. C. de Groot
Mw. R.M.G. Schrijver, MSc
Mw. Drs. P.E. Tromp-Degenaar
Dr. Th.F.J. Tromp
namens het gehele team

Kampen, mei 2013



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

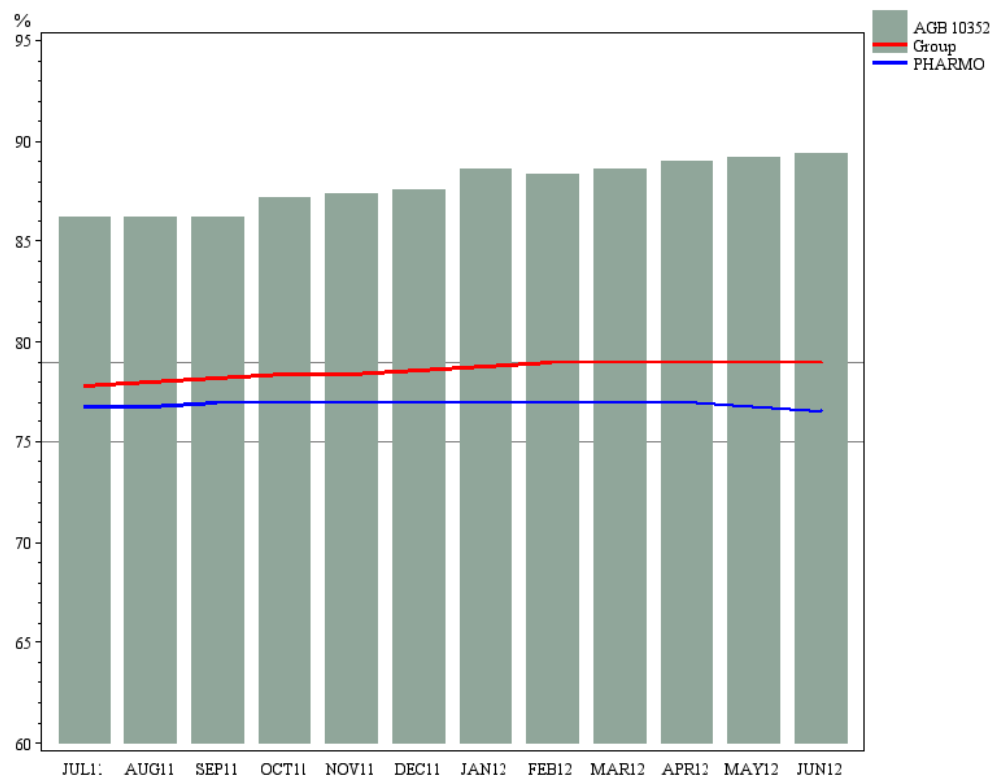
Type of

- Pharmaceutical care modules and projects
- Pharmacy Side-effect reports
- Manufacturer drug recalls and pharmacy actions
- Complaints and appraisals



Outcomes: proxies Clinical outcomes on diabetes

*Figuur 1: PHARMO BENCHMARK Z&Z Indicator 3
% diabetes patienten met een statine*





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)

Council of Europe

≠

European Union (EU)

International intergovernmental organisation

Economic and political partnership

47 countries

28 countries

Initiatives often take the form of conventions, resolutions and recommendations addressed to member states

Decisions on specific matters of joint interest are made democratically at European level and are legally binding in member states



The Council of Europe (3)

Council of Europe

≠

European Council

International intergovernmental organisation

Institution of the European Union

47 countries

EU main decision-making body

Initiatives often take the form of conventions, resolutions and recommendations addressed to member states

It consists of the heads of state or government from the member states together with the President of the European Commission

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
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- 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

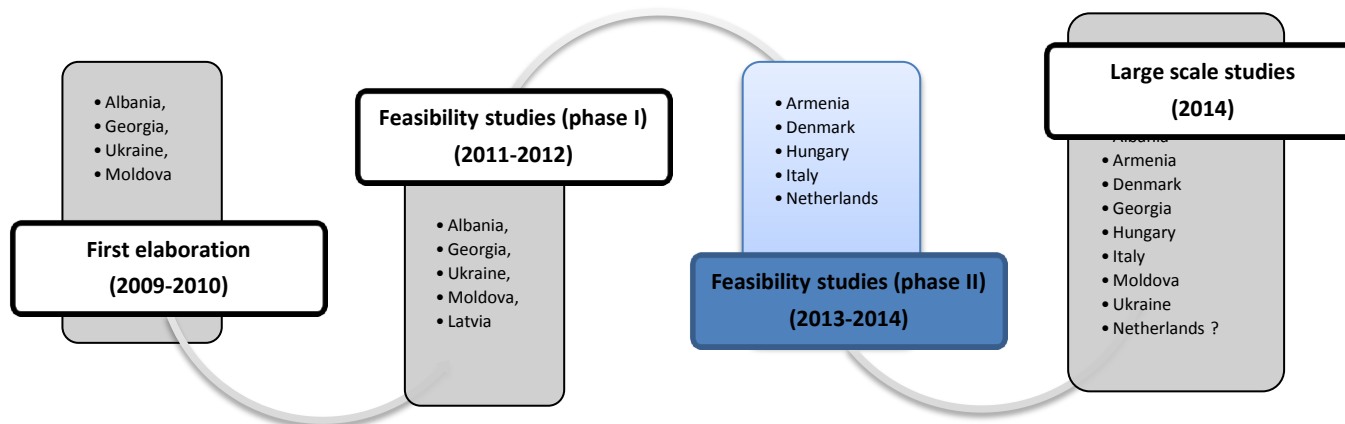
Indicator set 4

- **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

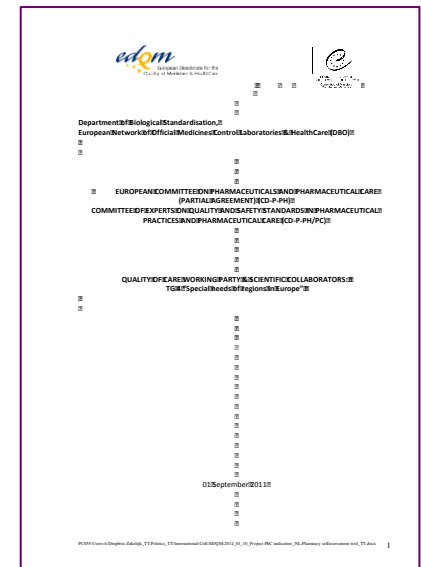
- To test the feasibility in some phases
 - Project leader Zinaïda Bezvernhi, MLD





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?

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

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

<i>tick one</i>								
10/90	20/80	30/70	40/60	50/50	60/40	70/30	80/20	90/10
10	9	8	7	6	5	4	3	2



The Dutch sheet

VRAAG	INVULHULP	ANTWOORD	SUGGESTIES/VOORVERBETERINGEN/VERIGEDPMERKINGEN
Sectie 1			
1.1	Spreekt voor zich		
1.2	Apotheker		
1.3	Per apothekeren niet per groep apotheken		
Vraag van Dick	Ingevuld door		
Sectie 2			
2.1	Gaat verder te ehele woonplaats		
2.2	Uitgangspunt accepten per patiënt, ik sta open voor betere suggesties		
2.3	Spreekt voor zich, in 't's Apothekers Apo-assistenten Overige		
2.4	Betreft heel van de ingeschreven patiënten in de apotheek. Wij meten niet, maar we gaan ervan uit. Graag ook commentaar		
2.5	Indien bekend graag opgeven. Waarschijnlijk 100%		
Extra vraag Dick	Bestaat er een samenwerkingsverband met andere apotheken en huisartsen?		
Sectie 3			
3.1	Door farmacotherapie in de opleiding en stage in apotheken kom ik op 100%		
3.2	Deel dat specialisten apothekers (geregistreerde apotheker)		
3.3	Inschrijving in register apothekers betekent dat de agenten in de staat de antwoorden juist zijn.		
3.4	Spreekt voor zich		
Evaluation	Graag invullen de eventuele opmerkingen ten aanzien van recommendations vermelden		
Sectie 4			
A			
4.1	Volgens mij is de professional assessment gelijk aan medicatiebewaking		
B			
4.2	Welke informatie wordt verschaft (etiket, bijsluiter, individuele folders, mondeling) Naam Route Waarschuwingen Bijwerkingen Zelfmanagement Bewaring Interacties en voedsel-interacties Herhalingsmogelijkheden, vraag aanvullen met gebruik systeem Wat indien nodig is vergeslagen?		
4.3	Verhouding tijdsbesteding tussen terhandstelling en patiënten zorg taken		
4.4	Ik denk hierbij aan eerste terhandstelling en tweede terhandstelling (EUB en TUB)		
4.5	Betreft bijsluiter en etiket. Kun je ook doorgeven hoe specifieke patiënten vragen meegeeft of individuele folders (GIF's)?		
4.6	Spreekt voor zich		



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

