PRACTISE - Pharmacist-led CogniTive Service in Europe (Part B) ? Mapping of Medication Review Services across Europe


Background The number of pharmacist-led cognitive services has increased in the last few years, medication review (MR) being one of these services. In 2016, the Pharmaceutical Care Network Europe (PCNE) released the definition and typology of MR.

Purpose Part B of the PRACTISE survey aims to upgrade a prior publication on medication review and map the different types and the remuneration of MR services provided across Europe.

Method A cross-sectional study design using an online-survey tool was designed, covering two topics: Part A about 21 different pharmacist-led cognitive services and Part B about MR services (types 1, 2a, 2b and 3 according to the definition PCNE). The participants were identified through the PCNE, the ESCP, FIP, PGEU member list and further contacts from the project team. The link for the online survey was sent to 141 persons from 44 different European countries or regions, either with a background in community pharmacy, research/academia or as policy maker between November 2016 and March 2017. For data validation, the responses of all participants were analysed and discrepancies within a country were passed to the participants for a further validation, in case of two and three responders. If only one person participated, an independent validator was selected.

Findings Full response was received from 34 (77%) different countries and regions across Europe (15 countries/regions with 3 participants, 12 with 2 participants and 7 with 1 participant). Data were validated by at least one persons in 31 countries/regions. Only the data from France, Georgia, and Serbia could not be validated. Type 1 MR service is provided in 15 (44%) countries/regions, whereby two countries/regions remunerate this service (13%). Type 2a MR is provided in 14 (41%) and remunerated in four countries/regions (29%). The least-widespread MR service is type 2b provided in five (15%) countries/regions, followed by type 3 in six (18 %) countries/regions. The performance of the type 2b and 3 MR services is remunerated in one and three countries/regions (20% and 50%), respectively .

Conclusion Type 1 and/or type 2a MR services are available in 18 of the 34 (53%) countries/region, type 2a being less common but more frequently remunerated. while type 2b and type 3 are rare. Despite low implementation of type 3, the proportion of countries remunerating it is quite high. Concurrently, the development of structured MR services is in progress in further countries/regions.