The COME-ON study: development of a Drug-Related Problems classification tool

PCNE: 19/02/2016 - Hillerød

COME · ON

Collaborative approach to Optimise MEdication use for Older people in Nursing homes

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Funded by

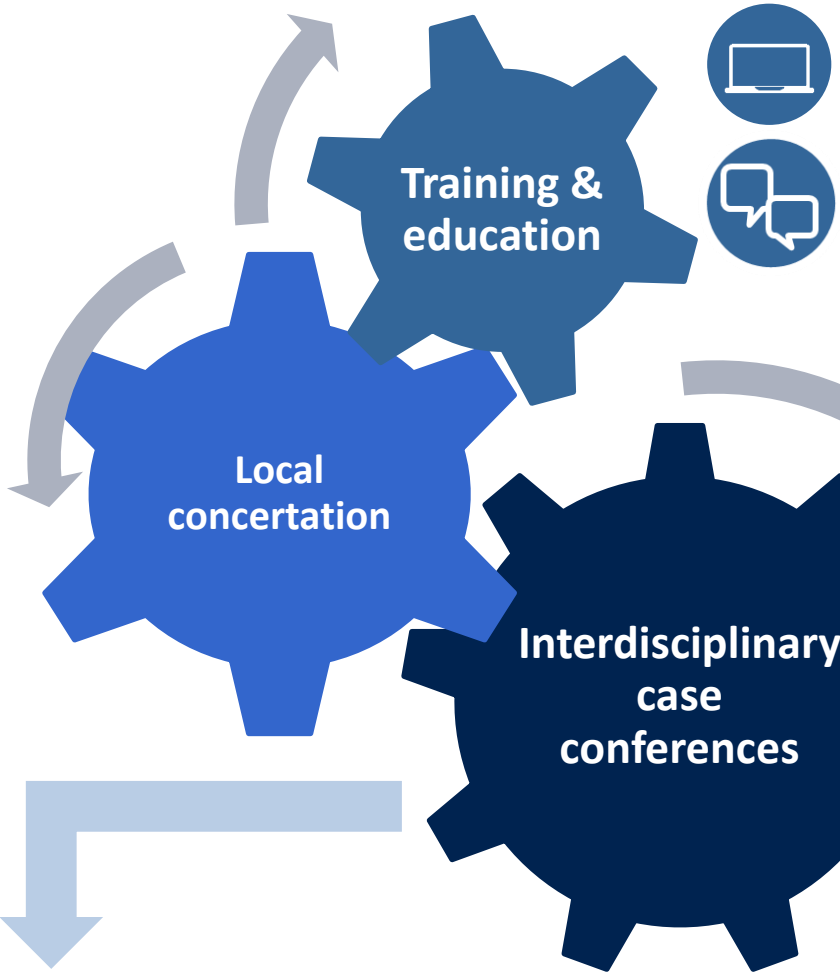
RIZIV

UCL
Université catholique de Louvain

KU LEUVEN

Background

A complex and multifacted intervention



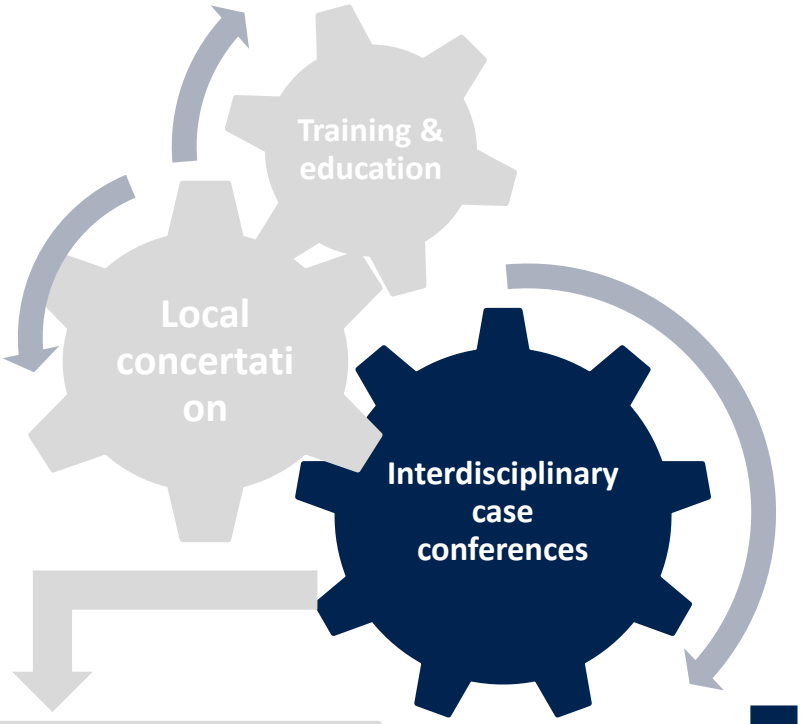
Facilitated by web application

1 interdisciplinary team

Resident-centered approach!

Background

Interdisciplinary case conferences



Facilitated by web application

1 interdisciplinary team

Resident-centered approach!

Identification of DRPs

Consensus on interventions

Purpose

Aim = development of an electronic DRP-tool

- User-friendly
- Comprehensive
- Reliable

Incorporated in web-application

Specific for:
- The NH setting
- Interdisciplinary case conferences

Design and methods

Literature

Existing classification tools

Application of drug-related problem (DRP) classification systems: a review of the literature

Benjamin J. Basger · Rebekah J. Moles · Timothy F. Chen

Development and adaptation of DRP-tool & clinical cases for the NH setting

Test phase: clinical cases

Inter-rater reliability and content validity

Final version

Findings

Type of DRP	Cause of DRP	Intervention
• Potential • Actual	• Drug selection • Drug form or route • Dose selection • Treatment duration • Drug use • Non-justified discrepancies • Monitoring • Unavoidable side efect • Other	• Discontinuation / tapering medication • (Re-)start of drug • Modification of active compound • Dosage increase • Dosage decrease • …
N=2	N=9; n=20	N=17

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Findings

(Type of) DRP

Existing tools

PCNE 6.2

- **4** primary domains
- Type problem: Potential - Manifest

GSASA

- **5** primary domains
- Type problem: Potential - Manifest

Come-On study

- **No** domains

POTENTIAL

- **No** signs or symtoms at identification
- Thanks to timely intervention: **no consequences**
- **Unsufficient information** for impact on patient's health

ACTUAL

- **Signs or symtoms** at identification
- **Impact on patient's health**

Findings

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Findings

Cause of DRP

Existing tools

PCNE 6.2

- 8 primary domains
- Patient – Logistics
- Multiple causes

GSASA

- 7 primary domains
- Patient- Logistics - Quality of prescription
- 1 choice

Basger et al., 2015

- 9 primary domains
- 58 *sub-sub* categories
- Logistics
- Multiple causes

Come-On study

- 9 primary domains
- 20 sub-domains
- Non-justified discrepancies in medication list *(transition to other setting)*
- 1 choice

Findings

Type of DRP	Cause of DRP	Intervention
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N=2	N=9; n=20	N=17

Findings

Intervention

Existing tools

PCNE 6.2

- 5 primary domains
- Depending on level (prescriber-patient-drug)
- Multiple interventions

GSASA

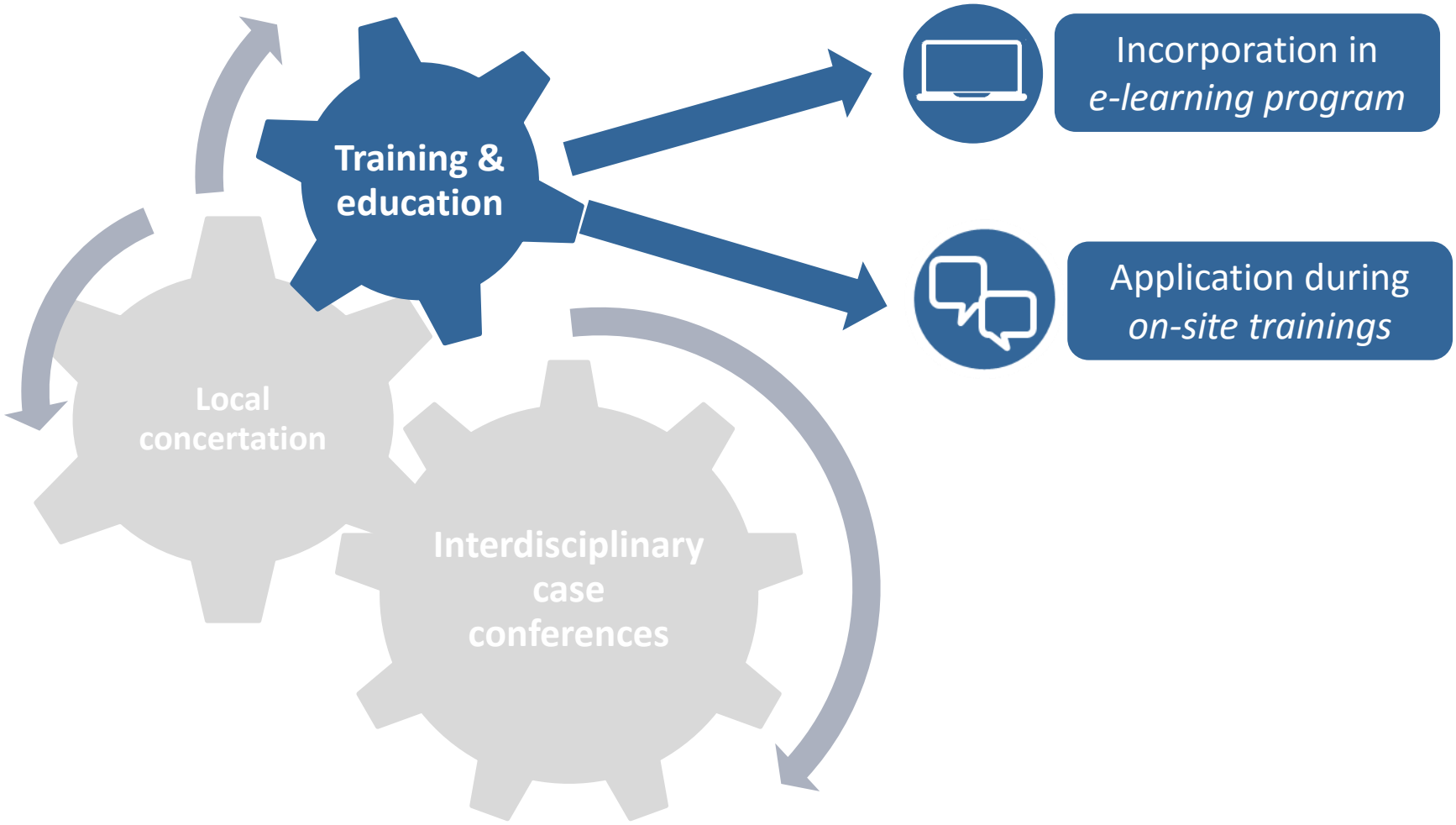
- No subdomains
- 1 intervention

Come-On study

- No subdomains
- No levels: *specific population/setting*
- Specified *(increase/decrease vs. modification)*
- DRP discussed at next case conference
- No intervention *(i.e. no consensus in team)*
- 1 main intervention

Findings

Implementation of DRP classification tool



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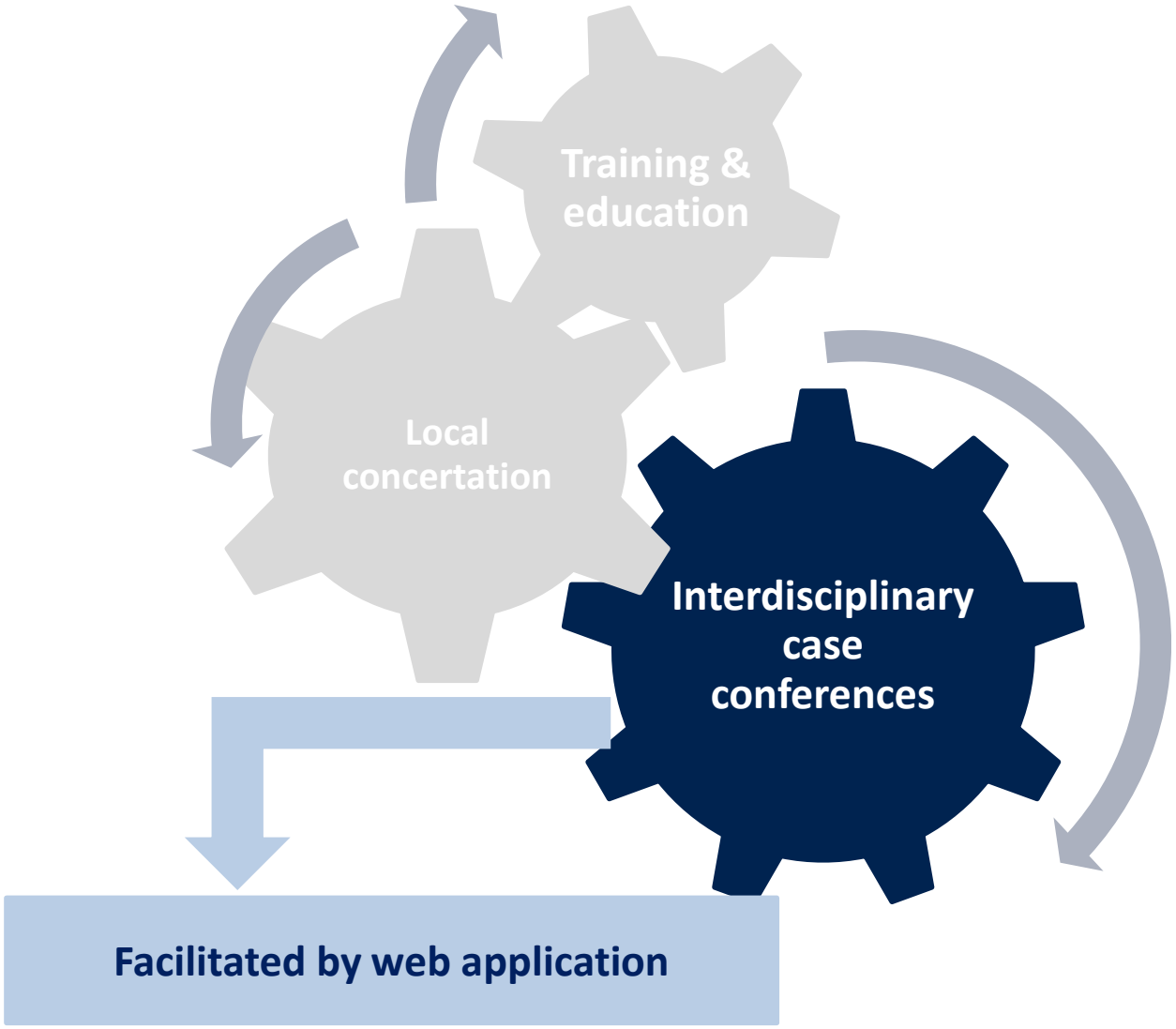
Implementation of DRP classification tool



Findings

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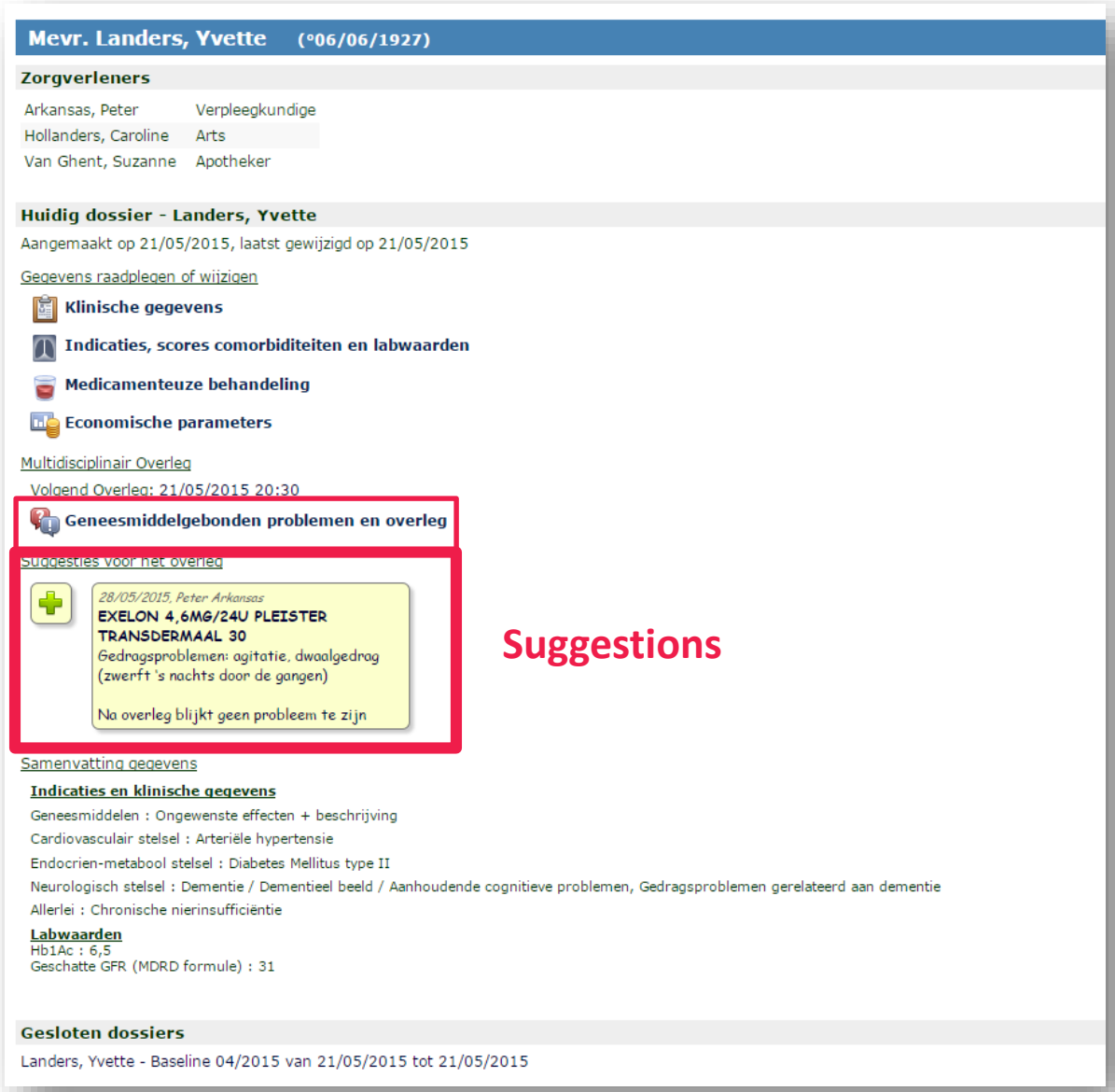

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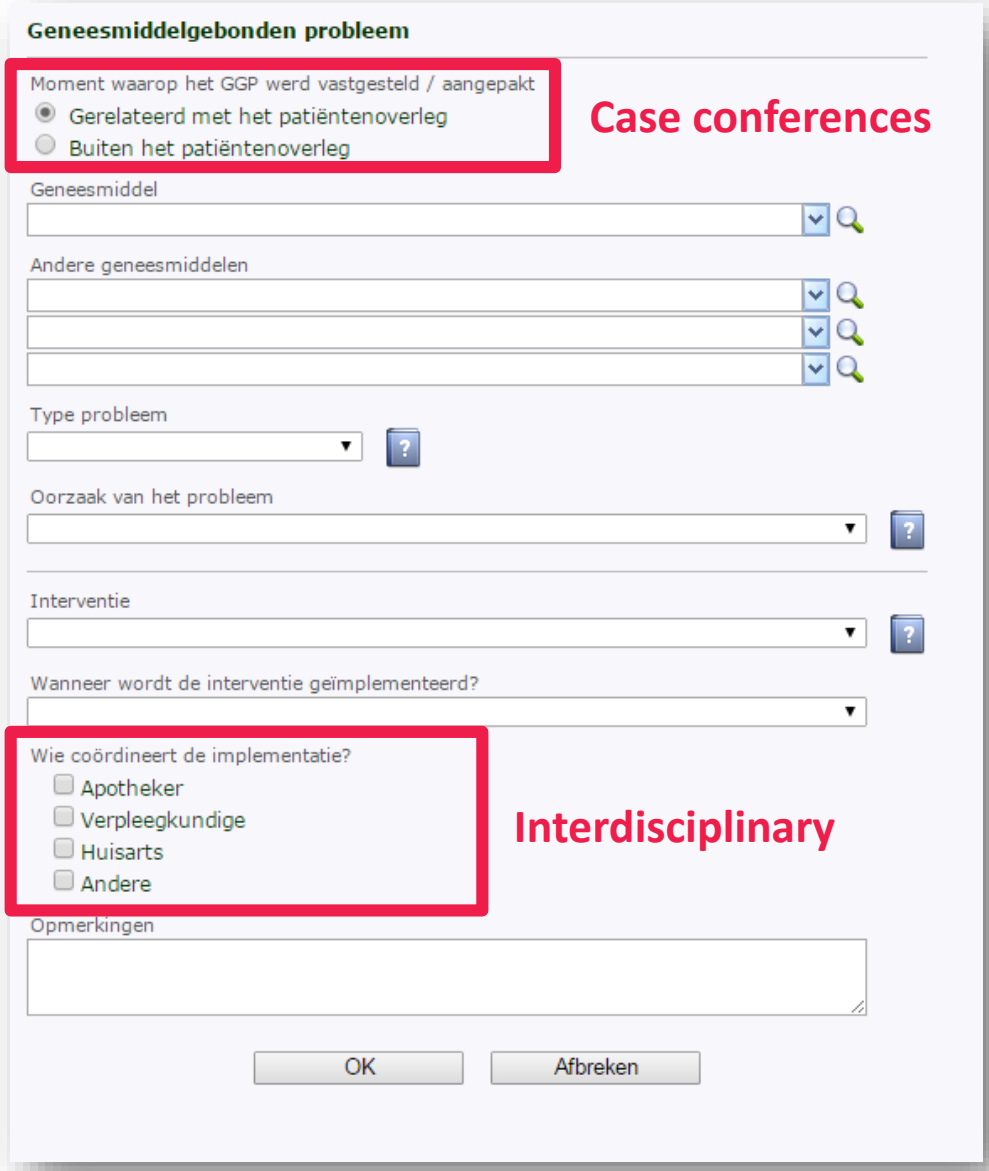

Findings

Implementation of DRP classification tool

Casus, 1 - Multidisciplinair Overleg

Terug naar overzicht

Overleg afsluiten en nieuw dossier openen

Gegevens van het overleg

Startuur: 14/05/2015 10:30
Duur: 30 min.
Soort overleg: Gepland (één keer om de vier maanden)
Catering: 0 €

Gegevens wijzigen

Aanwezige zorgverleners

Hollanders, Caroline	Arts	20 min Voorbereiding
Arkansas, Peter	Verpleegkundige	5 min Voorbereiding
Van Ghent, Suzanne	Apotheker	5 min Voorbereiding
Peeters, Josiane	Verpleegkundige	5 min Voorbereiding
Casus, 1	Apotheker	5 min Voorbereiding

Zorgverlener toevoegen

Geneesmiddelgebonden problemen

Datum	Geneesmiddel	Andere geneesmiddelen	Type probleem	Oorzaak van het probleem	Interventie

Geneesmiddelgebonden probleem toevoegen

Suggesties voor het overleg

- *12/02/2015, Suzanne Van Ghent* — DULCOLAX DRAG 50X5MG UD S — Movicol?
- *14/04/2015, Caroline Hollanders* — METFORMINE MYLAN 500 TABL 60X500MG — Dosisaanpassing?
- *15/04/2015, Peter Arkansas* — fsdfdsgdfgdfgdfg — gdfgj, g djfkg l, gjdklmdfmgdf
- *21/05/2015, Caroline Hollanders* — DULCOLAX DRAG 50X5MG UD S — Moet dit nog?
- *26/05/2015, Caroline Hollanders* — asaflow — stop ?
- *26/05/2015, Caroline Hollanders* — EXELON 4,6MG/24H EMPLATRE TRANSDERMAL 30 — stop ?

Geneesmiddelgebonden problemen van het vorige overleg

Datum	Geneesmiddel	Andere geneesmiddelen	Type probleem	Oorzaak van het probleem	Interventie	Implementatie
26/05/2015 (overleg)	DULCOLAX DRAG 50X5MG UD S		M Manifest - Actueel	A1 Ongeschikt geneesmiddel omwille van contra-indicatie, ondoeltreffend of geen 1e keuze volgens de richtlijnen	I1 Definitieve / tijdelijke stopzetting van de behandeling of afbouw (graduele vermindering met het oog op stopzetting)	

Oudere geneesmiddelgebonden problemen

Datum	Geneesmiddel	Andere geneesmiddelen	Type probleem	Oorzaak van het probleem	Interventie	Implementatie
26/05/2015	DULCOLAX DRAG 50X5MG UD S		P Potentieel	A5 Geneesmiddel waarvoor een goedkoper en even werkzaam alternatief bestaat	I3 Wijziging van het actief bestanddeel en/of de specialiteit	Niet geïmplementeerd, uitgesteld
		Dulcolax is geen eerste keuze. We proberen over te schakelen op lactulose.				
26/05/2015 (overleg)	ASAFLOW 80MG COMP GASTRO RESIST BLI 56X 80MG UD		P Potentieel	A2 Geen indicatie (geen gedocumenteerde indicatie, duplicatie/onnodige dubbelmedicatie, verandering van therapeutische doelstellingen)	I15 Het geneesmiddelgebonden probleem wordt tijdens het volgend overleg besproken	Niet geïmplementeerd, uitgesteld

Conclusions

A reliable and valid DRP classification tool

- Based on existing tools
- Adapted to nursing home setting
- Adapted to interdisciplinary case conferences

Acknowledgements

- **Prof. Veerle Foulon**
- **Prof. Anne Spinewine**
- **Pauline Anrys, PharmD**
- **Come-On consortium**
- **NIHDI**
- **Panel members**

Q & A