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Why a cost-utility study?

Medication reviews

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showing an increase in hospital admissions. Robust health economic studies of medication reviews remain rare. However a review of cost-effectiveness analyses of medication reviews found no studies in which the cost of the intervention was greater than the benefit.

Cost-Utility Analysis of a Medication Review with Follow-Up Service for Older Adults with Polypharmacy in Community Pharmacies in Spain: The conSIGUE Program

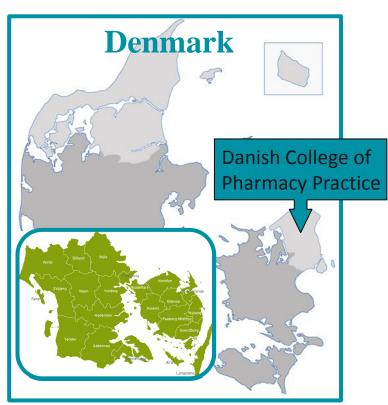
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Conclusion The MRF service is an effective intervention for optimizing prescribed medication and improving quality of life in older adults with polypharmacy in community pharmacies. The results from the cost-utility analysis suggest that the MRF service is cost effective.

Study design





Study setting



tient inclusion criteria

55 years or older

Jsing 5 or more prescribed nedications

Community dwelling elderly lot receiving any council ssisted medication care at lome

Intervention

- Medication review
- Protocol from the Association of Danish Pharmacies was applied by certified pharmacists
- Type 2A (PCNE)
- Delivered by community pharmacy in private consultation area
- Identified Drug Related Problems (DRP) will be referred to the general practitioner

"Intermediate"

Type 2a) Medication history + patient interview

- MUR, Polymedication-Check
- "Brown Bag"-Method

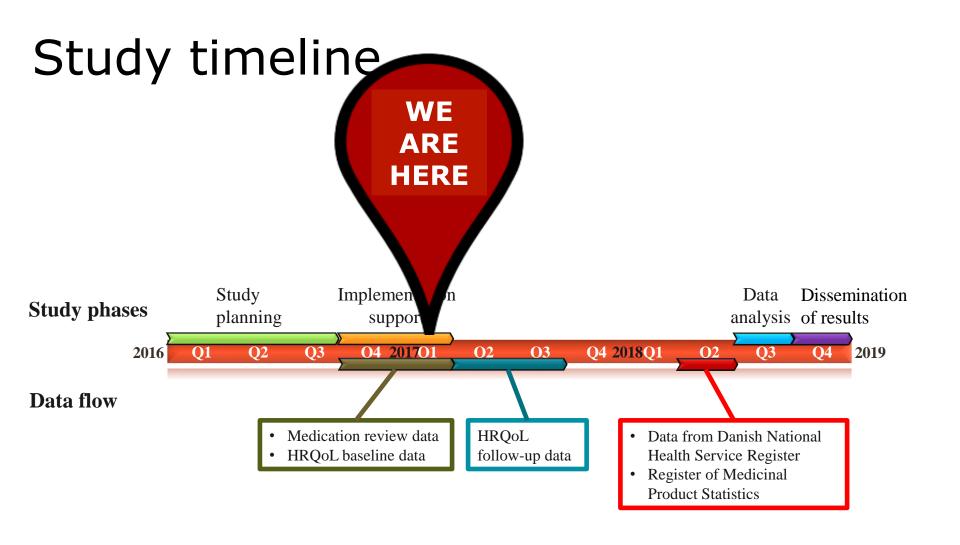
Medi- cation history	Patient	Clinical data	Information source
+	+		

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Outcome measures	Data source
Costs related to visits to general practitioner	Danish National Health Service Register
Costs related to visits to accident & emergency departments	Danish National Health Service Register
Costs related to hospital admissions*	Danish National Health Service Register
Time spent on medication review	Pharmacy
Health Related Quality of Life (EQ-5d)	Pharmacy
Number, type and cost of medicine used	Register of Medicinal Product Statistics

Additional points of study:

- Implementation
- Process outcomes
- Patient satisfaction



Preliminary descriptive data (n=572)

Gender	Number	Age (average years)	Medicines (average no)	Medical conditions (average no)
Women	276	76,0	-	-
Men	296	75,1	-	-
Total/average	572	75,5	9,0	3,4

Future implications

Results from this cost-utility study will generate some of the evidence needed to make a valid assessment by policymakers for the support of government-funded medication reviews of elderly patients at community pharmacies

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