How to find the right patients for specific pharmacy services?

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PCNE Working Conference 2019
Pharmaceutical care services

Differences in medication complexity & health outcomes

Tailoring and targeting services to needs & selection of (risk) patients for specific services
Pharmaceutical care PCNE definition
Tailoring and targeting services

• When/how to tailor routine pharmacy services regarding actual medication use for specific patient groups

• How to select patient subgroups most in need of advanced, targeted services
3 subgroups – 3 different topics

**Group 1:** Patient selection for medication review
*Risk score based on electronic data*

**Group 2:** Tailoring pharmaceutical care services around non-adherence
*Signs, data, clinical judgement (“gut feeling”)*

**Group 3:** Requirements / conditions for implementation of pharmacy services
*Wants, needs, concerns*
Output of the workshop
Group 1

How to select patients for medication review by proven criteria (electronically) by a risk score in primary care
STEP 1

- Number of medicines (+OTC)
  - 5-10: 1 point
  - 11-15: 2 points
  - >15: 3 points
- AND high risk medication
  - Anticoagulants, cancer, antidiabetics associated with hypoglycemia, 3 or more antihypertensives, narrow therapeutic range (immunosuppressants, digoxin, lithium, anti-epileptics)
    - 1: 1 point
    - 2: 2 points
    - 3 or more: 3 points
STEP 2

• DART Questionnaire adapted version
  – Do you have intake problems? 1 point
  – Do you worry on medication? 1 point
  – Do you ever forget medication? 1 point
  – Are you living alone? 1 point
  – Do you like to change anything in your medication? 1 point
  – Do you experience side effects? 4 points
  – Do you think any of your drugs don’t work? 4 points
Pharmafun selection model®

Selected high risk patient → DART 0 or not responding → Level 1 med. review

Risk score 3-8 → Risk score 9-19

Level 2A med. review → Level 3 med. review

Optional choices
- Clinical judgement
- Communication of outcomes of the medication review with physician
Adjusting to hospital setting

• Changing a selection criterion
  – ≥10 medicines at admission

• Adding a selection criterion
  – Unplanned admission or readmission (based on case mix)
  – Renal function ≤30 ml/min

• DART questionnaire
  – included in the medication reconciliation
Group 2: tailoring adherence intervention

• Pre-evaluation / triggers
  Patient, disease & medication factors, clinical judgement
• Questions during patient contact
• Interventions
  Patient, medication & disease related
How to find the right patients for specific pharmacy services

Adherence counseling

A lot of people experience problems with their medication.

How are you doing with your medication?

Patient-related Medicine-related Disease-related

Factors

Individual factors of the pharmacist

Tailored interventions

Regulation and policies

Interventions

Disease-related Medicine-related Patient-related

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Opening qn:
1. A lot of people may experience problems with their meals. How are you doing with your meds? (ongoing). Do you have any concerns taking meds? (preventive)

Bonus qns:
2. How do you use your med?
3. Do you experience any difficulty/problem taking your med?
4. How do you organise your meds?
5. What do you expect from your treatment?
Patient-related interventions
- Education (leaflet, verbal, pictograms, images/videos, demonstration)
- Teach back/double-check
- Motivational interviewing
- Reminders (phone, txt, app)
- Family/carer support/education
- Manage time based on individual preference/habits
- Follow-up visit/appointment
- Set goals with pt/shared decision making

Medication review

Medication schedule
- Referral to GP
- Switch to less expensive/generic meds
- Pharmacogenetic evaluations

Med-related interventions
- Pill organisers/aids
- Switch to alternative formulation/med/device
- Combined formulations
- Manage timing

Disease-related interventions
- Education on disease
- Regular monitoring
- Feedback on progress of treatment
- Education on self-monitoring/self-management

FRI DAY 2
Interventions:
- should be tailored based on pharmacy needs/wants/problems/barriers
WS2 – HOW TO FIND THE RIGHT PATIENT FOR SPECIFIC PHARMACY SERVICES

SG3 - IMPLEMENTATION

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TAILORED IMPLEMENTATION

Tailoring to:

“Public”

Pharmacy (pharmacist, team, premises, characteristics,...)

Stakeholders (government, insurance, pt associations)

Partners (person, HCPs,...)

Service

• Medication Use Review
• Asthma Service
• Adherence intervention
• ...

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IMPLEMENTATION FRAMEWORK

CHECKLIST
1. NEEDS
2. WANTS
3. CONCERNS (BARRIERS)

TAILORED ACTION PLAN
4. SET OF FACILITATORS
5. IMPLEMENTATION
6. TIMELY FOLLOW-UP
What did we learn?

• Pharmacy population is a very heterogenous group
• Needs vs. wants
• Clinical judgement (“gut feeling”) is very important in targeting services at the right patients and tailoring your pharmaceutical care
How do we continue?

• Conducting small pilot projects, e.g.
  – Applying the risk score for medication review patients retrospectively
  – Using the implementation checklist to gain more insight in barriers pharmacists experience with implementing a new service

• Exchange experience by e-mail (or the PCNE website / wiki if possible)