

Mrs. Mirjam E.A.P. Kokenberg, Quality Institute for Pharmaceutical Care, Kampen, The Netherlands

Best Practice Polypharmacy: the road from a single project to a nationwide best practice.

Type of Abstract: Practice implementation

Aim of Project : The development of a nationwide implementation of polypharmacy intervention which consists of optimising pharmacotherapy of an individual multi-drug-user, by medication review by physician and pharmacist together.

Method: - In 1999, 2000 and 2001 QIPC studied the organisation, feasibility the medication changes and the financial outcomes of polypharmacy intervention in three pharmacies.

- In 2004 a major healthcare insurance company showed interest in the polypharmacy intervention and financed an implementation study in 14 pharmacies and 31 physicians, performed by QIPC.

- In 2005 the Dutch Ministry of Health nominated the QIPC polypharmacy intervention (together with the DGV* polypharmacy intervention) as 'Best Practice'. QIPC and DGV developed a joint Best Practice Polypharmacy structure. A nationwide web based data system was developed for registration of the interventions on patient level.

- In 2006 the Dutch Ministry of Health partially subsidised the nationwide implementation of this joint Best Practice Polypharmacy project by QIPC and DGV. This Best Practice consists of:

- Selection of patients
- Medication review by pharmacist and physician separately
- Joint consultations between pharmacist and physician
- Evaluation on patient level
- Monitoring and evaluation of the interventions
- Continuity of the interventions
- The pharmacists and physicians are coached by DGV and QIPC for 9 months.

- In 2007 the implementation will continue.

Result(s): - The published studies in 1999, 2000 and 2001 showed that the polypharmacy interventions are feasible and worthwhile. DRP's were found and solved, the costs of medication decreased.

- The study of 2004 (839 patients) shows that in 36% of the reviewed patients a medication change is necessary; stopping medication happens most often (44%), followed by change in doses (23%), change of medication (20%) and starting new medication (13%). 35% of the patients says to feel better after the intervention, 97% of the patients thinks a periodically performed medication review very important, 36% of the pharmacists and physicians thinks their professional working relation improved.

- In 2006 43 groups of pharmacists and physicians are now implementing the 'Best Practice Polypharmacy', and preliminary data (315 patients) show that in about 50% of the patients a medication change is necessary.

- In 2007 QIPC and DGV aim at coaching 30 groups intensively and 200 groups less intensively.

Conclusion: (1) Because of the cooperation between physician and pharmacist outcomes are achieved which neither of them could achieve individually. (2) Ready and easy to use materials, ICT and coaching are necessary to get pharmacists and physicians starting. (3) Practice is creative: the intervention still develops while optimal health care is provided.

* DGV stands for the Dutch Institute for safe use of medicines