



Best Practice Polypharmacy



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Polypharmacy in 10 minutes

The development of a polypharmacy intervention which consists of optimising pharmacotherapy of an individual multi-drug-user and the ongoing implementation of this intervention nationwide at this moment.



Why polypharmacy?



- People > 65 years often have multi-morbidity and often are multi- drug-users
- Many health care workers involved
- Starting new medication appears to be easier than stopping/changing
- Who has overview and responsibility over the entire treatment?



Intervention

- Medication review
- Combining professional expertise of physician and pharmacist
- Proposal for changes in medication
- At least agreement of patients
- Medication according to Standards for Dutch general practitioners and therapeutic handbooks



When?

1999
2000
2001

3 pilot projects in 3 pharmacies

2002
2003

Lobbying

2004

Insurance company is interested

2005

Best Practice Polypharmacy

2006
2007

Nationwide implementation





3 pilot projects in 3 pharmacies (1999-2001)

- We studied the organisation, feasibility and financial outcomes
- We used experiences from each pharmacy in the next one
- Results:
 - DRP's were found and solved
 - Quality of life did not decrease
 - Savings in costs for medication
 - Cooperation increased



Insurance company (2004)

- After two years of lobbying a major insurance company showed interest in this approach
 - Implementation study with 15 pharmacists and 31 physicians to find the appropriate way
 - Insurance company paid € 50 per hour to physicians and pharmacists
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Results

- 839 patients
- 304 patients (36 %) needed an intervention (1,7 / patient)
- 504 interventions
 - Stopping: 44 %
 - Starting: 13 %
 - Replacing: 20 %
 - Dosage: 23 %
- 97% of the patients thinks a periodically performed medication review very important
- 36% of the pharmacists and physicians think their professional working relation has increased.
- Savings (medication): € 45 per year per analysed patient
- Patient selection: 6 or more drugs, all ages
- Face to face consultation




Best Practice Polypharmacy (2005)

- Dutch Ministry of Health was looking for initiatives from health care workers to improve patient's care which can be used nationwide
- The QIPC polypharmacy intervention is appointed, together with the DGV¹ polypharmacy intervention, as Best Practice Polypharmacy

¹ DGV: Dutch Institute for safe use of medicines




Nationwide implementation (2006, 2007)

- Dutch Ministry of Health is offering a grant for the nationwide implementation
 - QIPC and DGV are training and coaching the physicians and pharmacists
 - Physicians and pharmacists are implementing medication review in daily practice
 - Some insurance companies are paying physician and pharmacist per analysed patient
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Results

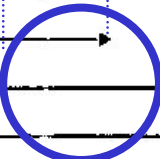
2006:

- 43 groups of pharmacists and physicians
 - Approximately 325 physicians and 100 pharmacists
 - Target number of patients: 6500-9750
 - Preliminary results:
 - 707 patients
 - 47% of patients need intervention (1,3 / patient)
 - 437 interventions
 - Stopping: 32 % (2004: 44%)
 - Starting: 17 % (2004: 13%)
 - Replacing: 18 % (2004: 20%)
 - Dosage: 34 % (2004: 23%)
- 

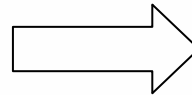
Practical tools

Pharmacom Z Zuidlaarder Apotheek		Medicatie profiel						
Zuidlaren		Sep 97	Okt	Nov	Dec	Jan 98	Feb	Mrt
Geneesmiddel								
NITROSTAT TABL 0,4MG				IG → Z1T				
NORVASC TABL 5MG			· 1.1T ▶		· ——— 1.1T ———▶	· ——— 1.1T ———▶	· ——— 1.1T ———▶	· 1.1T
CORENITEC TABL 20/12,5MG		· M-1T ▶	· M-1T ▶	· M-1T ▶	· ——— M-1T ———▶	· ——— M-1T ———▶	· ——— M-1T ———▶	· M-1T
CELESTODERM CREME 1MG/G								
BETAMETHASON CREME 1MG/G				■ ———▶				
BETAMETHASON LOTION 1MG/G								
PREMARIN DRAG 0,625MG					■ ———▶	· ——— 1.1T ———▶	· ——— 1.1T ———▶	· 1.1T

overlap



Data



Home

Rapportage

Interventie

Patiënt

Afmelden

Patient

Nieuwe interventie

Arts

Verzekeraar

Soort wijziging

Datum overleg





notities:

Situatie vóór interventie

ATC code  kosten per dag Omschrijving medicijn (optioneel)

Situatie ná interventie

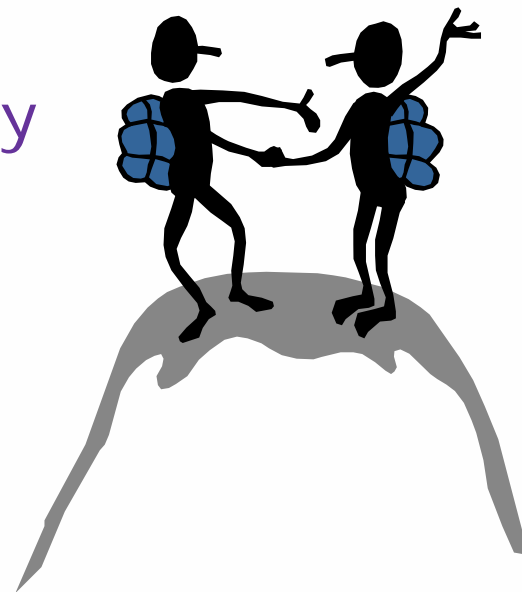
ATC code  kosten per dag Omschrijving medicijn (optioneel)

Datum overleg	Bestaande interventies					voor interventie			na interventie		status	
	Arts	Verz	ATC	kn / dag	Wijz	ATC	kn / dag					
13-09-2006	testarts	achmea	C07C	1,00	Staken	Z	0,00	00 - bekeken	<input type="text"/>			
12-09-2006	testarts	achmea	H04A	1,00	Lagere dosering	H04A	0,50	01 - doorgevoerd	<input type="text"/>			



Success

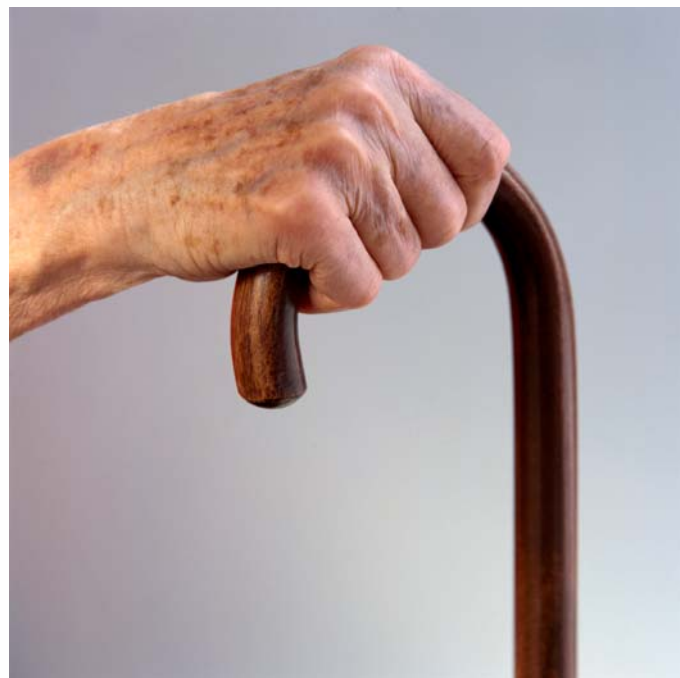

- Intervention on pharmacotherapy
- Intervention should fit every day practice
- Support by practical and easy to use protocols, ICT, education, coaching
- Appropriate data open many doors
- Payment per patient
- Creativity!





Don't forget it is all about the patient...

Cooperation between physicians and pharmacists achieves outcomes which neither of them could achieve individually.





Top 15

A02B	ulcus-pepticummiddelen en gastro-oesofageale reflux	56
C03A	"low-ceiling" diuretica, thiaziden	26
N05C	hypnotica en sedativa	23
N05B	anxiolytica	17
C07A	beta-blokkers	16
C10A	antilipaemica, enkelvoudig	16
C01A	hartglycosiden	14
N07C	vertigomiddelen	13
B01A	antithrombotica	13
M01A	niet-steroïde anti-inflammatoire en antireum midd.	12
R03A	sympathicomimetica, tracheale	12
C03C	"high-ceiling" diuretica"	11
C09C	angiotensine-ii-antagonisten	10
C01D	vasodilatantia bij hartziekten	9
B03A	ijzerpreparaten	8