# Comprehensive medication review involving collaboration between pharmacists and physicians - PRACTICE IN FINLAND

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# Development of CMR-process

- Examples from USA (MTM), Australia (HMR, RMMR)
- Development integrated into 1.5 year training of pharmacy practitioners to qualify in conducting CMRs
- Two courses (each with 20-25 participants) annually since the pilot training in 2005
- => local CMR procedures, further development

# CMR procedure

GP identifies a patient needing CVR, background information to the pharmacist

Patient interview (structured form)

Review
Written report with findings and recommendations

Case conference Actions Follow-up Problem-based

- side-effect
- adherence
- polypharmacy

Medications
Drug Related Problems<sup>1,2</sup>
Health Related Quality
of Life<sup>3</sup>

Drug & dose choices Side-effects Interactions Drug costs

- 1. Cipolle ym. 2004
- 2. Westerlund ym. 2001
- 3. Brooks 1996



- CMR suggested by physician, nurse, relative, other caretaker, pharmacist
- Initiation of CMR process by the physician
- Problem-based, local patient inclusion criteria:
  - e.g. suspected side-effect, polypharmacy, ineffective treatment, poor adherence
- Assignment and background information for the pharmacist, e.g. condition, diagnoses, medications, test results



- Preferably at the patient's home
- Discussions with nurses, caretakers
- Structured form
  - Medications (OTC), natural products etc. + counselling
  - Drug Related Problems<sup>1,2</sup>
  - Health Related Quality of Life<sup>3</sup> (pain, mood...)
  - Living habits: nutrition, smoking...
    - 1. Cipolle et al. 2004
    - 2. Westerlund et al. 2001
    - 3. Brooks 1996



## Rational pharmacotherapy

- Safe
- Effective and evidence-based
- Appropriate and practical
- Economical

 - => report with findings and clinical recommendations

## Matters to be considered



Careguidelines and recommendations

Response to the rapy (effectiveness)

Contraindications

**Untreated conditions** 

Inaggrapriate medications<sup>4,5</sup>

**Side-effects** 

**Drugdbæs** 

**Kidney function** 

**AGNGANDSAFETY** 

#### POLYFI-MRIVACY

Validity of indications, duration of treatment

Drug-drug interactions, duplication

Sectative, anticholinargic and serotonargic load

Dosingtimes, intervals and dugforms

**Abilitytouse** as instructed

Medication-related concerns

**Drugoosts** 

ACHERENCE



- Preferably face-to-face
- Pharmacist + physician (+ nurse or other caretaker)
- The physician is always responsible for all medical decisions
- Follow-up: optional depending on the local CMR procedure

# CMR today

- Over 100 accredited pharmacists
- No governmental reimbursement system
- Contracts with local authorities
- Development:
  - experiences of CMR training participants
  - web-based services, electronic tools
- Research
  - ♦ HRQoL, DRPs, costs

## PCNE DRP CLASSIFICATION

 All DRPs, their causes, interventions and outcomes classified by using PCNE Classification for DRPs version 5.01 (slightly modified version)

=> intention to start gather a national data on DRPs among all comprehensive medication reviews conducted in Finland The Finnish Ministry of Social Affairs and Health has placed regular medication reviews and multiprofessional collaboration as a key solution to promote rational pharmacotherapy and prevent medication-related problems among the elderly

# THANK YOU!

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