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 CMR, 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\(^1\)
Health Related Quality of Life\(^3\)

Drug & dose choices
Side-effects
Interactions
Drug costs

1. Cipolle ym. 2004
2. Westerlund ym. 2001
- 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\textsuperscript{1,2}
  - Health Related Quality of Life\textsuperscript{3} (pain, mood…)
  - Living habits: nutrition, smoking…

Ref.
1. Cipolle et al. 2004
2. Westerlund et al. 2001
Rational pharmacotherapy

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

=> report with findings and clinical recommendations
Matters to be considered

COMORBIDITIES
- Response to therapy (effectiveness)
- Contraindications
- Untreated conditions
- Inappropriate medications
- Side effects
- Drug doses
- Kidney function

POLYPHARMACY
- Validity of indications, duration of treatment
- Drug-drug interactions, duplication
- Sedative, anticholinergic and serotonergic load
- Dosing times, intervals and drug forms
- Ability to use as instructed
- Medication-related concerns

AGING AND SAFETY

AGING AND SAFETY

ADHERENCE

Drug costs

Care guidelines and recommendations

- 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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