PRACTISE - PhaRmAcist-led CogniTIve Services in Europe: Preliminary Results

Inês Branco Soares[1], Tamara Imfeld-Isenegger[2], Urska Nabergoj Makovec[3], Nejc Horvat[3], Mitja Kos[3], Kurt. E. Hersberger [2], Filipa A. Costa [1]

on behalf of PCNE PRACTISE team

1. Centro de Investigação Interdisciplinar Egas Moniz (CiiEM), Caparica, Portugal
2. Pharmaceutical Care Research Group, University of Basel, Switzerland
3. University of Ljubljana, Faculty of Pharmacy, Slovenia

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Background

(1) S. F. Martins, J. W. F. van Mil, and F. A. da Costa, "The organizational framework of community pharmacies in Europe," Int. J. Clin. Pharm., vol. 37, no.5, pp. 896–905, 2015.

Service provision

However, the extent of implementation of these services is unknown.

Bowel cancer screening programmes are provided through pharmacies in Italy, Spain and Switzerland. This screening model is offered by multiple providers (including community pharmacies) and has been proven to improve the screening uptake of the population at risk.

Additional pharmacy services

Medicines Use Review — 13
Diabetes management — 15
Hypertension management — 13
Emergency Contraception — 21
Glucose measurement — 18
Pregnancy test — 11
Blood pressure measurement — 20
Smoking Cessation — 19
Vaccination — 9
Disposal of medicines waste — 23
Cholesterol measurement — 17
Night services — 24
Homecare services — 13
New medicine services — 11
Asthma management — 14
Repeat dispensing — 14
Weight measurement — 19

* Number of countries (out of 24) where service is available.
20 to 25
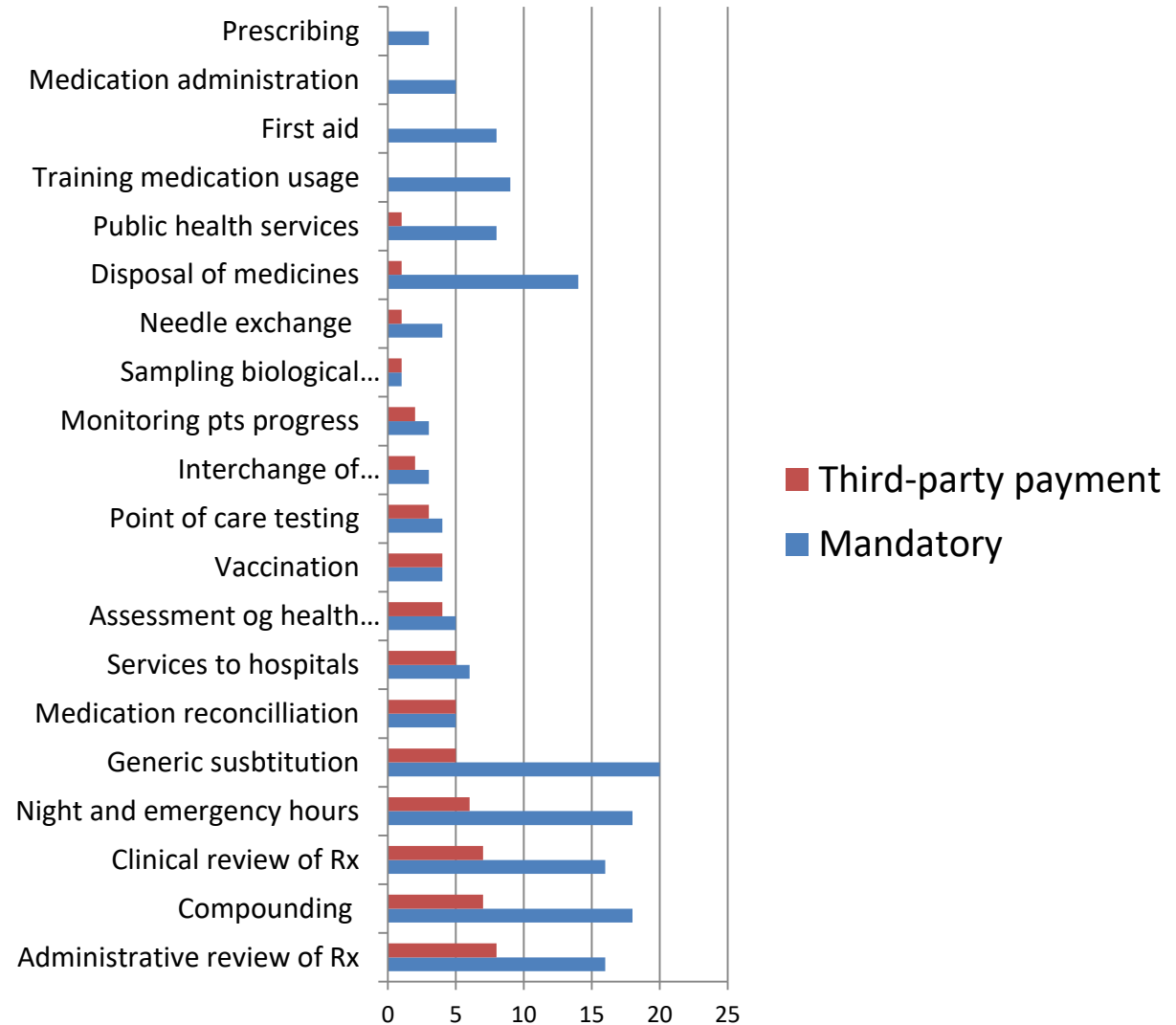15 to 19
9 to 14

Service provision

Table 4 Services available in community pharmacies in Europe

Country	Home care support	Administration of medicines e.g. injectable drugs	Administration of vaccines	Medical appointments (e.g. nutrition) consultations	Measurement of biological and biochemical parameters	Pharmaceutical care programmes	Smoking cessation programme	Needle exchange programme	Medication review	Drug waste management programme	Prescribing	Provision of written standardized information
Belgium	Yes[a]	No	No	No	No	Yes[a]	Yes[a]	Yes[a,e]	No	Yes[a,e]	No	Yes[a,e]
Bulgaria	No	No	No	Yes[a]	Yes[a]	Yes[a]	Yes[a]	–	Yes[a]	–	No	Yes[a,f]
Croatia	No	No	No	Yes[a]	–	No	Yes[a]	–	No	Yes[a]	No	No
Denmark	Yes[a]	No	No	No	Yes[f]	Yes[a,e]	Yes[a,e]	No	Yes[a]	Yes[a,e]	No	No
Spain	No	No	No	Yes[f]	Yes	Yes[a]	Yes[a]	Yes[a]	Yes[a]	Yes[a]	No	Yes[a]
Netherlands	Yes[a]	No	No	Yes[a]	Yes	Yes[a]	Yes[a]	Yes	Yes[a]	Yes	No	Yes
Hungary	No	No	No	Yes[a]	Yes	Yes[a]	Yes[a]	No	Yes[a]	Yes[a,e]	No	No
England	Yes[a]	Yes[a]	Yes[a]	Yes[a]	Yes	Yes[a]	Yes[a]	Yes	–	Yes	Yes	Yes
Ireland	No	–	Yes[a]	–	Yes[a,e]	No	–	Yes[a]	No	Yes	Yes	No
N. Ireland	No	No	Yes[a]	No	No	Yes[a]	Yes[a]	Yes[a]	Yes[a]	Yes[a]	Yes[a]	No
Iceland	No	No	Yes[d]	Yes	Yes	No	Yes	No	No	Yes	No	No
Italy	Yes[a]	No	Yes[a]	Yes[a]	Yes	Yes[a]	Yes[a]	Yes[a]	Yes[a]	Yes[a]	No	Yes[a]
Macedonia	No	Yes[a,e]	No	No	Yes[f]	No	No	No	No	No	No	No
Malta	No	No	No	Yes	Yes[a]	No	No	Yes[a]	No	No	No	No
Norway	No	No	No	Yes[a]	No	Yes[a]	Yes[a]	Yes	Yes[a]	Yes	No	Yes
Portugal	Yes[a]	Yes[a]	Yes[a,d]	Yes[f]	Yes[a]	Yes[a]	Yes[a]	Yes[a]	Yes[a]	Yes[a,e]	No	Yes[a,e]
Serbia	No	No	No	No	No	Yes	No	No	Yes	No	No	Yes
Sweden	Yes[a,b]	No	No	No	No	Yes[a,b]	Yes[a,b]	No	Yes[a,b]	Yes[a,b]	No	Yes[a,e]
Switzerland	Yes[d]	Yes[a]	No	Yes[d]	Yes[a]	Yes[a]	Yes	Yes	No	Yes[d]	No	Yes[d]

(1) S. F. Martins, J. W. F. van Mil, and F. A. da Costa, "The organizational framework of community pharmacies in Europe," Int. J. Clin. Pharm., vol. 37, no.5, pp. 896–905, 2015.

Paying for services

Some of these services may be provided for free, others paid out-of-pocket (OOP), or by a third-party. The existing remuneration models seem unclear and not public. [1,2]

Chart legend:
- Third-party payment
- Mandatory

Categories (top to bottom):
- Prescribing
- Medication administration
- First aid
- Training medication usage
- Public health services
- Disposal of medicines
- Needle exchange
- Sampling biological...
- Monitoring pts progress
- Interchange of...
- Point of care testing
- Vaccination
- Assessment og health...
- Services to hospitals
- Medication reconcilliation
- Generic susbtitution
- Night and emergency hours
- Clinical review of Rx
- Compounding
- Administrative review of Rx

X-axis: 0, 5, 10, 15, 20, 25

(1) S. K. Houle, K. A. Grindrod, T. Chatterley, and R. T. Tsuyuki, "Paying pharmacists for patient care: A systematic review of remunerated pharmacy clinical care services," Can Pharm J, vol. 147, no. 4, pp. 209–232, 2014.
(2) FIP, 2015

The importance of the methodology

GI → GO

Table 2
General information about medication review procedures specified by country

| Country	Community setting			Hospital setting	Nursing home setting
	Type I	Type II	Type III		
Bulgaria	x	x		x	
Croatia	x	x	x		
Czech Republic	x	x		x	
Denmark	x	x	x	x	x
Finland	x	x	x	x	x
France				x	
Hungary	x			x	
Iceland				x	
Latvia				x	
The Netherlands	x	x	x	x	x
Norway		x			
Portugal		x		x	
Spain			x	x	x
Sweden	x	x	x	x	x
Switzerland	x	x		x	
United Kingdom		x		x	x

Bulajeva. Medication review practices in European countries. Research in Social and Administrative Pharmacy 10 (2014) 731–740

Objectives

- To develop a roadmap of existing pharmacist-led cognitive services in Europe

- To describe the associated remuneration model

- To detail to a greater extent the Medication Review (MR) service

Methods

- Cross-sectional study

- Data collected via online survey: A: 21 existing pharmacist-led cognitive services (each defined using MeSh); B: existing types of MR (63 items).

Policy maker

Reseacher

Practitioner
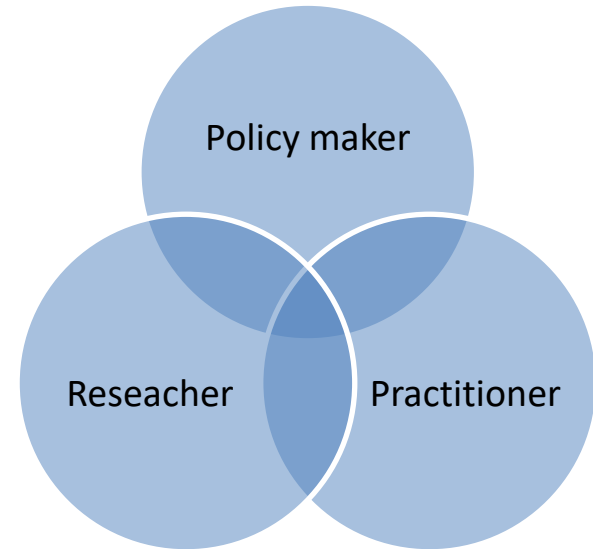
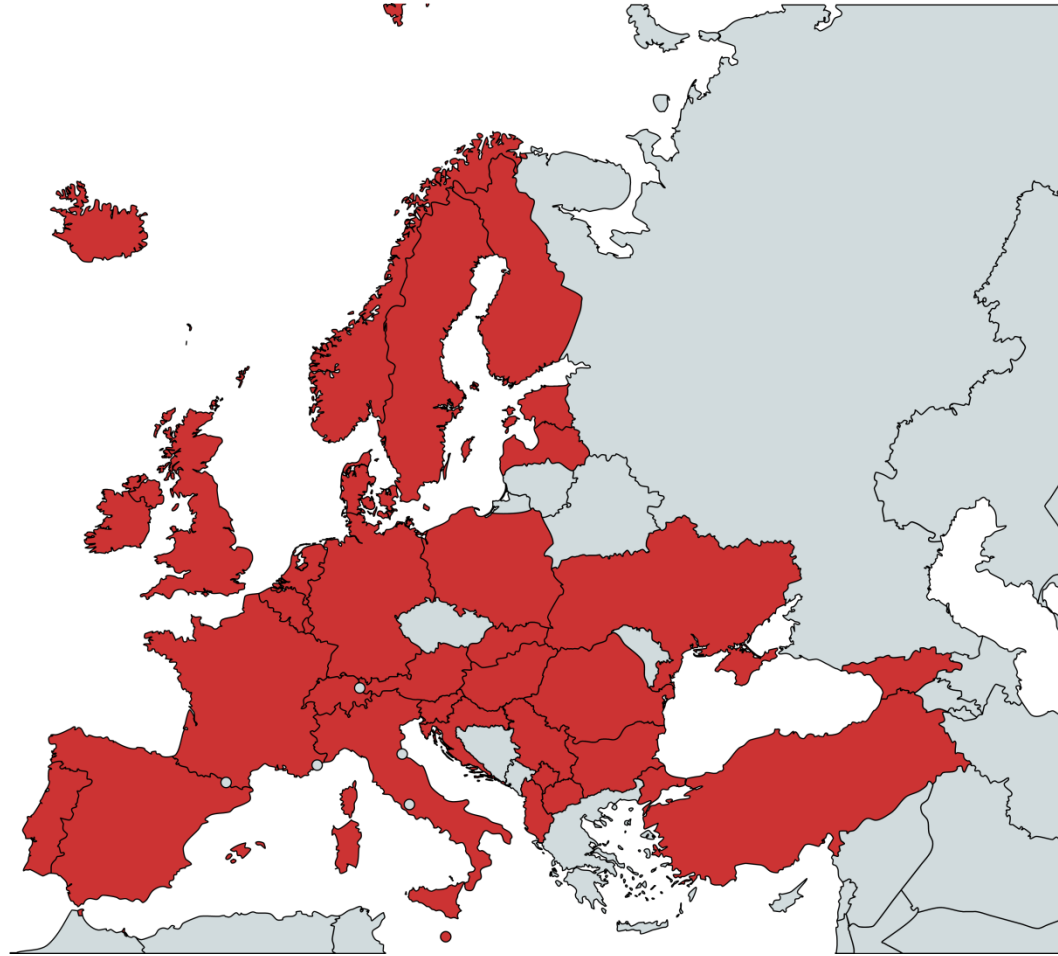| What are the services provided? | The degree of implementation? | Existing remuneration? |

- Purposive sample
- Consensus methods

Ethics approval was obtained from "Comissão de Ética Egas Moniz" on the 26/10/2016. Process Number 515
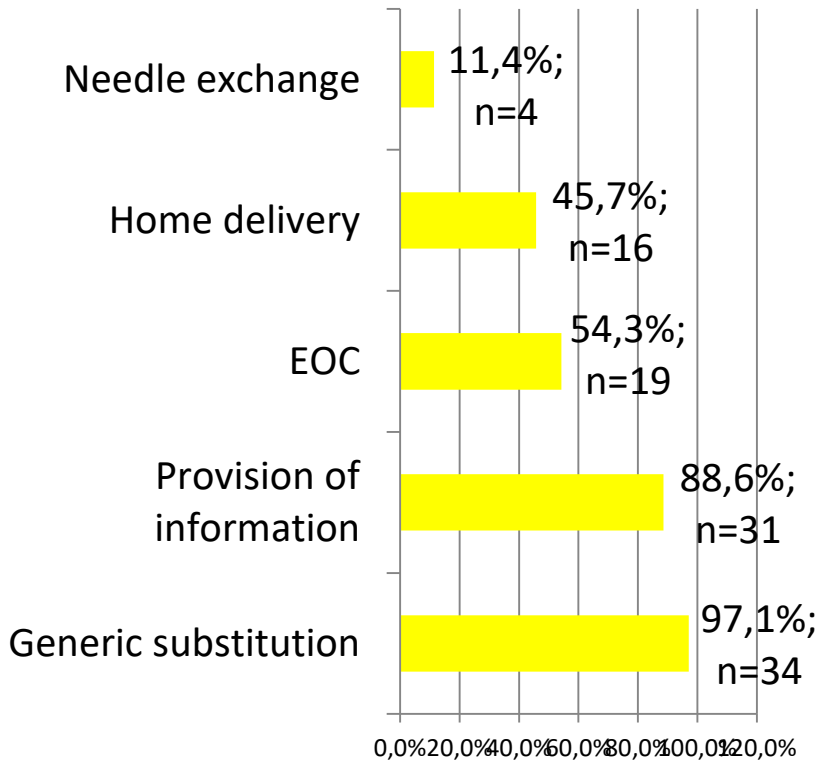
Results: sample reached

Response rate=72.9%
(35/48)
Respondents/country=2.5

Results: Availability

Core Services

Service	Value
Needle exchange	11,4%; n=4
Home delivery	45,7%; n=16
EOC	54,3%; n=19
Provision of information	88,6%; n=31
Generic substitution	97,1%; n=34

0,0% 20,0% 40,0% 60,0% 80,0% 100,0% 120,0%

Basic Services

Service	Value
Point of care testing	17,1%; n=6
Rx renewal	25,7%; n=9
Travel Medicine	31,4%; n=11
Screening	40,0%; n=14
Smoking cessation	45,7%; n=16
Adherence	45,7%; n=16
ITAS	62,9%; n=22

0,0% 10,0% 20,0% 30,0% 40,0% 50,0% 60,0% 70,0%
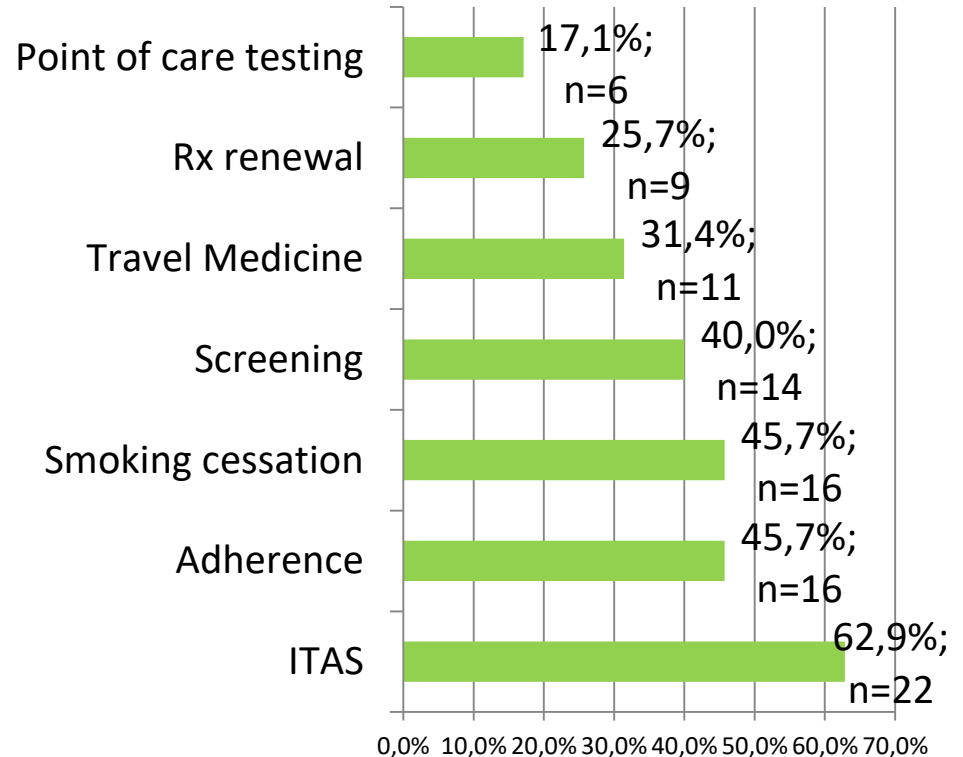
Results: Advanced services

Personalised Medicine — 0,0%; n=0
INR management — 2,9%; n=1
Administration injecta — 5,7%; n=2
Prescribing — 8,6%; n=3
Immunisation — 17,1%; n=6
Medication review — 31,4%; n=11
NMS — 34,3%; n=12
Opioid Substitution — 37,1%; n=13
Pharmaceutical care — 51,4%; n=18
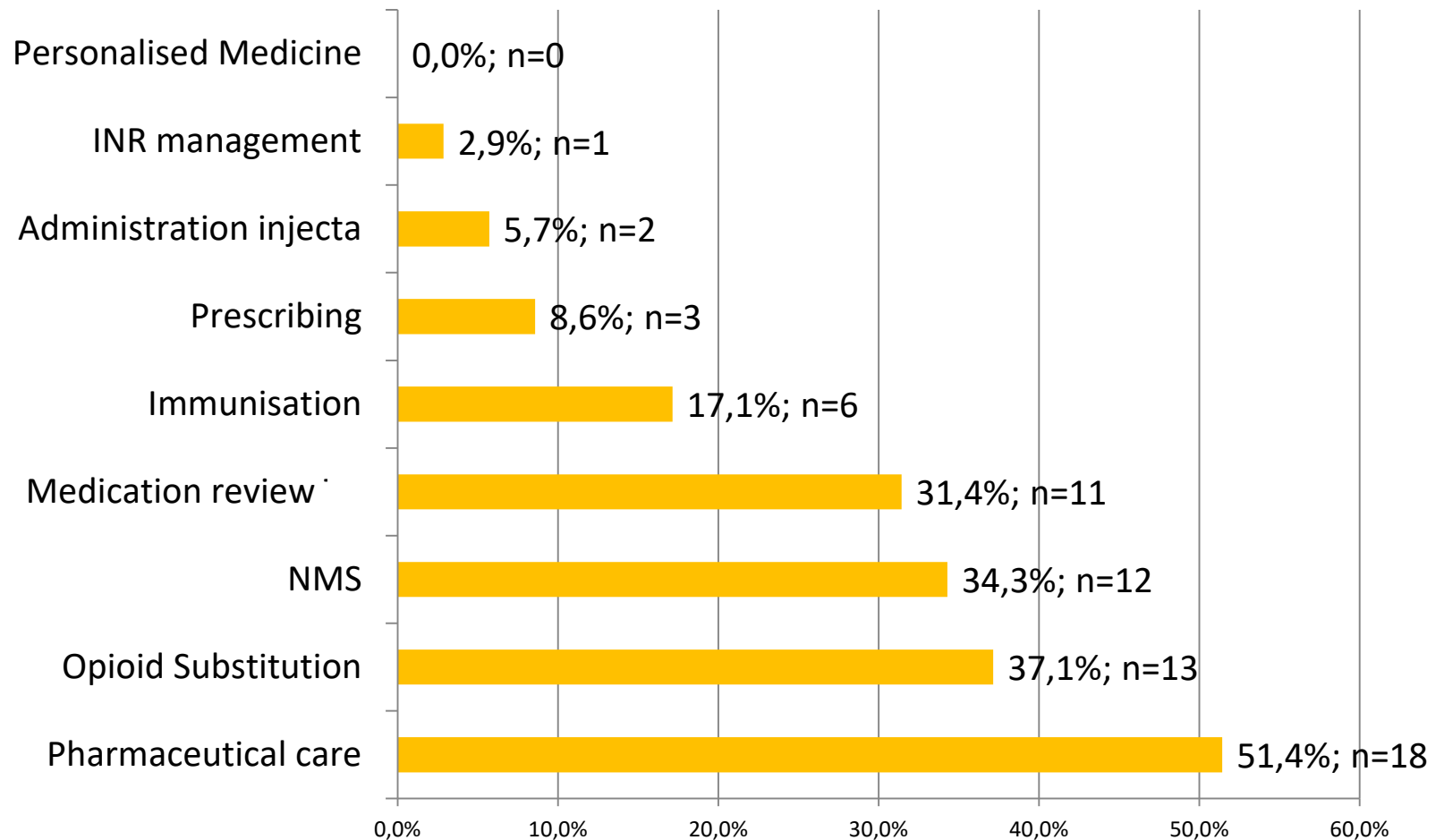
Implementation of services:
consensus finding using Portugal as an example

3 without consensus:
INR, NMS, Adherence

21 services

17 services

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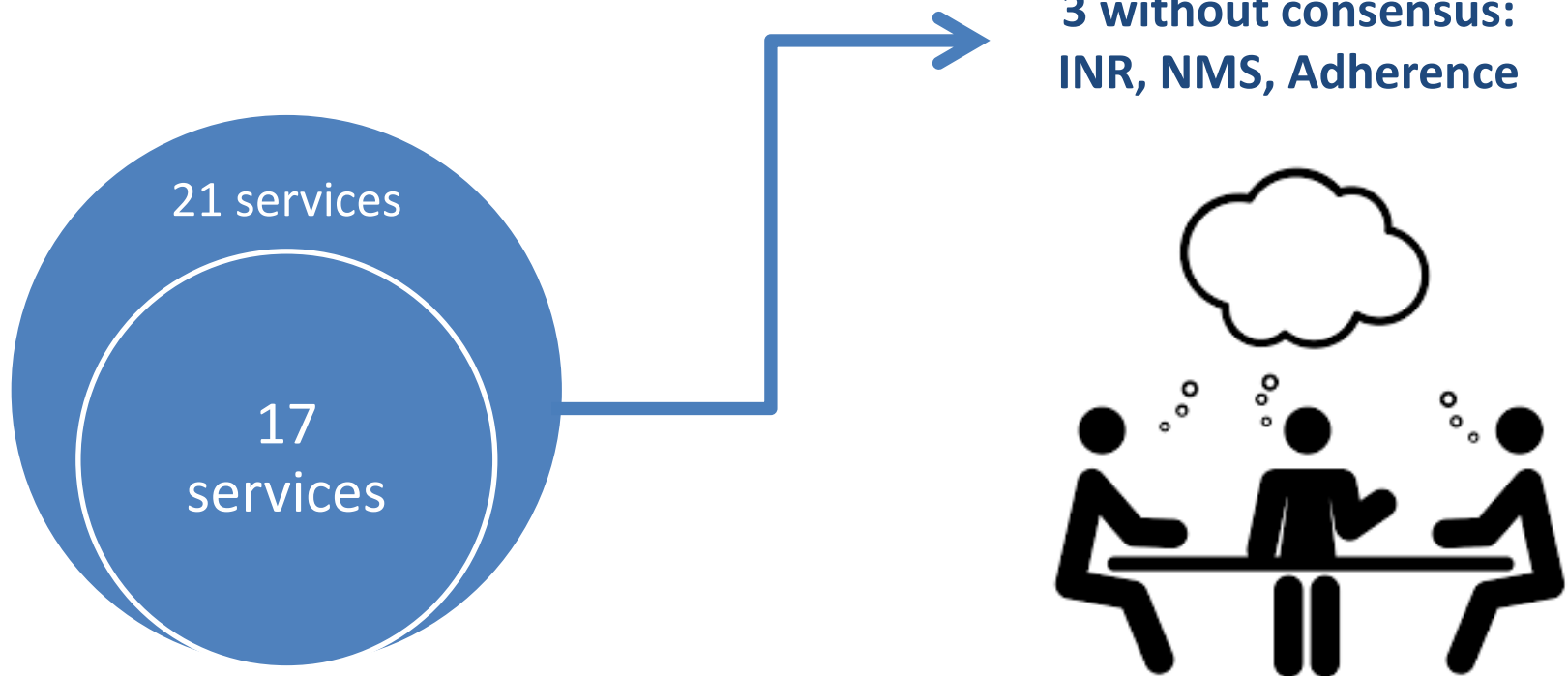
Results implementation

Category	Value
EOC	
Provision of information	
Personalised Medicine	0%
Prescribing	0%
Opioid Substitution	0%
Rx renewal	0%
NMS	1%
Travel Medicine	4%
INR management	5%
Pharmaceutical care	5%
Smoking cessation	5%
Home delivery	7,50%
Medication review T2a	10%
Adherence	10%
ITAS	20%
Needle exchange	20%
Administration injecta	30%
Generic substitution	47,35%
Screening	50%
Immunisation	78%
Point of care testing	90%

13

Discussion & Conclusion

- Gathered data needs comparison with official data to eliminate inconsistencies

- Implementation seems to vary widely.

- Definition of "implementation" is needed

- Future work will focus on seeking consensus in all countries included

- Description of the different remuneration models and exploring which are the services more frequently being paid

Thank you for your attention!