

Case Study Summary Germany

Summary

Germany has one of the world's most rapidly ageing populations. The impact on health care provision will be enormous. Multiple chronic morbidities are common among older citizens and multiple medications are needed to keep people's health under control. However, such polypharmacy poses serious health risks if inadequately applied. Especially in Germany, where patients have direct access to GPs and specialists in primary care and consultation rates are traditionally high, medication tends to mount up with every medical appointment. Medication checks are not an explicit part of health insurance schemes. Health policymakers have become aware of the problem and are seeking solutions.

This is where the regional training programme, ATHINA, comes in. Initiated by the Chamber of Pharmacists, ATHINA encourages and enables community pharmacists to perform medication reviews. So far, the role of pharmacists has been primarily to supply medications rather than taking an active part in patient care. The introduction of ATHINA has underlined pharmacists' discontent with their currently under-utilized medical role. Already, within 2 years of its launch, 10% of all pharmacists in Lower Saxony have participated in this voluntary programme. Performing medication reviews in practice does, however, present challenges. There is a low demand from patients who have to pay for this service; reviews are based on patient statements and cannot utilize clinical data due to the lack of inter-connectedness of ICT-systems; medication analyses are time-consuming and interfere with the regular pharmacy workflow. Moreover, doctors also lay claim to medication checks and expect appropriate remuneration. ATHINA represents a crossroads in our healthcare system. To sustain and expand it, the specific role of pharmacists as partners in professional medical care needs to be politically established. Moreover, to make savings on the time required for the medication review, the long-awaited e-health law requires implementation, so that patient data can be shared between professions rather than repeatedly collected in isolation without reconciliation.

Characteristics of the case study

Name of the programme

ATHINA is a training project involving community pharmacists who perform medication reviews for patients with polypharmacy. It is run and partly sponsored by the Chamber of Pharmacists.

Locality/region and country

ATHINA runs in four out of 16 German states. This case study takes place in Lower Saxony.

Health care system overview

Health insurance is provided by competing, not-for-profit, non-governmental sickness funds. Every German citizen must belong to a sickness fund - either a statutory fund for employees or a private fund for self-employed people and high-earners (only 10% of insured people). Insurance payments are based on a percentage of income. Prescription fees are small. Outpatient services are largely the responsibility of community doctors (general practitioners and specialists). They are represented by the Association of Statutory Health Insurances in each German state, which

negotiate doctor remunerations with the health insurance companies. The Federal Ministry of Health has an overarching responsibility to safeguard the statutory health care system. It does this through a legal framework (Social Code V) which acts as a code of practice for health care institutions, health professionals and patients. The Federal Joint Committee interprets the legal framework into working regulations. The most relevant stakeholders in health care participate in this discussion so that broad discussion and their involvement are ensured. Only licensed doctors are permitted to prescribe; and legally each doctor is responsible for their own prescriptions. Pharmacists are merely allowed to supply medications. This longstanding situation has changed as of 2012 since when pharmacists have been permitted to perform medication reviews. Moreover, they are now encouraged to perform joint pilot projects in the field of medication management. Likewise, a bill has just passed through statute on the implementation of the “e-health” card. This electronic card will be owned by every patient; it contains the insurance status and some health related data, especially the up-to-date medication plan. It facilitates the sharing of patient information between health professions with the consent of patients.

Programme aims and objectives

The aims of the ATHINA programme are two-fold:

- Patients shall benefit by being made aware of inappropriate polypharmacy and the consequences of non-adherence to prescribed medications.
- The role of pharmacists shall be expanded from merely providing medicines to influencing therapeutic actions in partnership with doctors.

Institutions included in the case study

The Chamber of Pharmacists was included on the management level. It is a self-governing body and responsible for the academic and further education of pharmacists; it safeguards professional law and pharmaceutical safety and quality. Membership is mandatory for every German pharmacist.

Three community pharmacists in three different areas of Lower Saxony were included. All three pharmacists had undergone the ATHINA training. One pharmacist was involved in the training programme as a trainer. Two patients who experienced a medication review in their pharmacies took part.

Managerial and policy highlights of the programme

Moving from importance to urgency

German pharmacists are active in health policy. As published in their Vision 2030 they aim to extend their professional role from primarily a retailer of medicines to an equal member of the health professions. They argue that the rapidly ageing German society requires adequate and safe treatment of their multiple chronic diseases. The main aim is to optimise pharmacotherapy and minimise the risks involved. At present there is a gap in ensuring safe drug treatment. Pharmacists perceive that general practitioners often do not have the time to oversee and analyse the patients' changing medications prescribed by various physicians. Pharmacists want to prepare themselves for exactly this task and consequently have started to upgrade and expand their competencies in creating the training programme ATHINA. “The professional qualification of the pharmacist is our future” is a quote from the president of the Chamber of Pharmacists.

Creating teams and strategic vision

The ATHINA training programme enjoys great popularity amongst pharmacists. Since its launch in May 2014, 500 out of 5000 pharmacists in Lower Saxony have subscribed to it. The Chamber of Pharmacists actively advertises the training programme via newsletters, personal correspondence and publicity material. The community pharmacists generally support the initiators' messages of urgency: "We have to offer more to the patient and build a service that goes beyond the mere issuing of drugs. ...We want to assume responsibility for the pharmacotherapy, because this is what we were trained to do in the first place". Doctors on the macro- and micro-level are perceived to oppose the pharmacists' endeavours. The Chamber of Pharmacists is also concerned that the responsible health politicians do not sufficiently consider the role of pharmacists for the management of polypharmacy.

Creating practice models

ATHINA is foremost a voluntary training programme enabling community pharmacists to undertake medication reviews. It consists of a 16-hour seminar plus the presentation of four medication reviews evaluated by a pharmacist tutor. On-going seminars offer further training. The medication review which is standardized with documentation IT-facilitated. Having completed the training, pharmacists receive the ATHINA certificate and are thus equipped to perform medication reviews with patients. The medication review is recommended for patients on five or more drugs.

ATHINA is subsidized by the Chamber of Pharmacists so that fees are low. The practical guidance and exercises of the seminar facilitate easy transfer into practice and personal tutors are available to answer any questions. ATHINA also offers an electronic entry form for the medication review and automatic print outs for patients and other health professionals.

The implementation of ATHINA into routine practice, however, poses some difficulties. There is a low demand from customers who have to pay for the review. Some also feel that it undermines the trust in their doctor by asking a pharmacist to check the medication. Pharmacists perform an intermediate review (PCNE-Type 2), consisting of a "brown-bag-review", which means that patients bring all their medications for a pharmacist to check. It covers checking drug interactions, side-effects, unusual dosages, adherence issues, possibly drug-food interactions and a subsequent pharmacist consultation. Clinical information from doctors is restricted by law and this limits the scope of analyses and recommendations. The reviews create time management issues within the pharmacies so that they are done outside of the working day. The ATHINA programme is not interoperable with the software being used by pharmacists, necessitating the double entry and introduction of typographical errors in patient information. This practice impinges on the practicality and consequently limits its widespread use. Finally, patients are sometimes reluctant to discuss the recommendations made by the pharmacists with their doctors who actually do the prescribing.

Building sustainability

ATHINA is at a crossroads. There is a danger that it will become a luxury add-on unless some further steps are taken. It needs to demonstrate benefits - an analysis of the first medication reviews is imminent. It also needs to improve the practicality of the medication review. The Chamber of Pharmacists, therefore, eagerly awaits the implementation of the "e-health law". It promises to solve the problem of exchanging patient data through common IT-interfaces so that time-consuming double entries will no longer be necessary. The Chamber of Pharmacists is also aware

that gaining more support from health politicians is essential. Widespread dissemination is only achievable if medication reviews by pharmacists become part of health service contracts with appropriate remuneration. This will also facilitate the necessary co-operation with doctors.

Conclusions

At present the absence of comprehensive medication reviews for patients on polypharmacy constitutes a significant gap in health care. Pharmacists want to fill this gap, as the interviews with them revealed. ATHINA is one of several pilot projects that engage pharmacists in medication reviews in Germany.

- The timing of the launch of ATHINA is politically and socially right. Health politicians are aware of medication safety issues for patients with polypharmacy and seek solutions.
- Pharmacists pursue a vision of a more clinical role. ATHINA prepares pharmacists for this clinical role.
- Community pharmacists demonstrate a good acceptance and meeting of standard competencies in the training programme.
- The practice of performing reviews is not problem-free. There is a low demand from the paying patients, the review is time-consuming and doctors are not automatically notified.
- For a nationwide roll-out, several points will have to be achieved: health care contracts for undertaking medication reviews, appropriate remuneration, electronic sharing of patient data, shorter time for pharmacist-led medication reviews, and gaining acceptance from doctors.

“And one week after [the medication review] I went to the pharmacy and he explained it all. Meanwhile he had already spoken to my GP ... because I had said that I wanted my GP to know about it. He (the pharmacist) has done all this and it has turned out very well”