SIMPATHY

Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly

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Polypharmacy and Adherence: Key Components of Integrated Care; The Case of Germany

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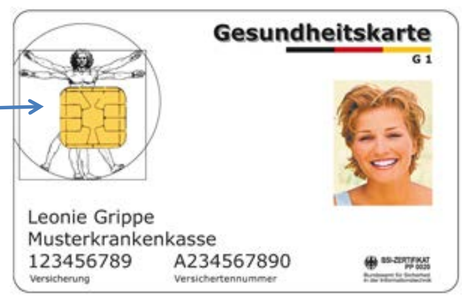
Background

Polypharmacy and political awareness

Population and claims data show that about a third to half of the elderly (65+y) take five and more different drugs.

Health politicians just introduced the "E-Health-Law". Technical and data security problems impede an implementation.

The planned digitalised medication chart will stay with the patient, enabling an electronic transfer between health professionals.



The system and key challenges

- Free access to all primary care doctors with high consultation rates: patients aged 70y contact doctors on av. 32 times (Barmer GEK, 2010).
- Doctors are the only prescribers in Germany. Medication tends to add up with every visit and every doctor.
- Traditional role perceptions:
  Doctors prescribe, pharmacists merely issue medicines.
- Doctors have a reduced sense of responsibility for medication prescribed by others and no legal requirement to perform medication reviews. Pharmacists have no legal commission.

Methods

Desk review of published policy documents and guidelines

7 key informant interviews

Focus group, 3 participants

Concerning health policy decisions & medication management (legal framework, policy objectives) & ATHINA programme.

Interviewees: patients and pharmacists (management and institutional level).

Transcription of interviews; qualitative content analysis using a concept-driven coding framework (NPT, Kotter).

Pharmacists on management and institutional level clarify and validate findings.

Results (facts)

ATHINA Arzneimittel-Therapiesicherheit in Apotheken

The voluntary training programme enables pharmacists to undertake medication reviews.

The standard intermediary review entails checks for double prescribing, side effects, interactions and PIM; documentation forms and information material are provided.

Pharmacists undergo 16 hours of training, perform 4 medication reviews under supervision, and are offered ongoing webinars on pharmacotherapy.

Athina is for pharmacists and does not require co-operation of doctors. Since its launch in 2014, 500/5000 pharmacists participated in the state of Lower Saxony (LS) .

Results (change management)

On the managment level

The Chamber of Pharmacists in LS is the initiator.

They propagate that pharmacists can beneficially contribute to the patients' medication safety and adherence.

They want to extend their role in the health market from a pharmacist as a salesperson to a healing profession.

They are negotiating contracts with health insurance funds to receive reimbursement for medication reviews.

Manager (144-147) "The professional qualification of the pharmacist is our future! … the healing role is paramount."

On the institutional level

Pharmacists are keen to perform medication reviews. They find this work meaningful.

The programme offers pharmacists a safe environment to practice medication reviews.

The workload of the medication review is too high – about two hours per customer.

Pharmacists cannot make use of doctors' diagnoses for their review.

Customers pay for the review. Therefore there is a low demand. Less needy customers want a review.

Pharm1 (437-439) "If the patient does not know, which diseases he has, you can hardly say much, you venture onto thin ice (doing the medication review)".

Pharm2 (246-251) "I find it difficult to present the financial advantage that a review would have. The customers like to have everything free of charge."

Conclusion

Pharmacists need to have their new role fastened in health care legislation.
The medication review needs better IT support so that pharmacists save time and increase the number of reviews.
Pharmacists and doctors need to co-operate (also by sharing digital medical records) for a truly beneficial medication review.

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