



PCNE NEWSLETTER

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Upcoming

- ⇒ **19-22 July 2016**
International Social Pharmacy Workshop, Aberdeen, Scotland.
 - ⇒ **28 August - 1 September 2016**
76th FIP World Congress of Pharmacy and Pharmaceutical Sciences. Buenos Aires, Argentina. Rising to the challenge: reducing the global burden of disease
 - ⇒ **5-7 October 2016** 45th ESCP Symposium, in cooperation with NSF. Oslo, Norway. Clinical Pharmacy tackling inequalities and access to health care.
 - ⇒ 1-3 February 2017
10th PCNE Working Conference: PharmCare@Bled. Bled, Slovenia
- ⇒ For an up-to-date list: see the PCNE Wiki !!

The chairmans' editorial

This is not the busiest period of the year for PCNE. After the conferences and symposia, our members, and also the board, need some time to recover, and also fulfil the academic tasks. Nevertheless, we have been active and negotiated the best conditions for the 2017 Working Conference in Bled, and are preparing the program. The tenth **Working Conference of PCNE in Bled (1-3 February 2017)** is also a fine chance to put the spotlights on the founding members. Watch the program of the upcoming Working Conference to see what we have in store. And the scientific program is

still under development; we have already defined the six topics for the working groups, and are now identifying the speakers and workshop facilitators.

As a result of the last BPCS study and the creation of the PCNE definition for Medication Review, a couple of our members want to investigate how much review there is actually done in Europe and beyond, and how this is being remunerated. This is called the *Practice Study* (see below). The last important and exciting development is that the new PCNE DRP-Classification V7 has now been prepared for validation, and will also be



officially published. We need the cooperation of all our members to validate the new classification as quickly as possible, and a validation pack has been prepared. Please contact the secretary if you would like to contribute to this process.

Mitja Kos

PRACTISE

The PRACTISE project (PhaRmAcist-led CogniTIve Services in Europe) – a survey on remuneration of pharmacist-led cognitive services with a focus on medication review – was initiated at the PCNE Symposium in Hillerød in February 2016, because researchers from the Campus Universitário Egas Moniz (Portugal) and the University of Basel identified the same topic of interest. In 2015, FIP collected data of remuneration models for pharmacy, and identified large variations between the models, high-

lighting these are largely focused on products and not on cognitive services. Medication review is of particular interest for PCNE and its members and we wondered to which extend it is currently embedded in the professional services of pharmacy across Europe. Some already available data of Bulajeva et al. need updating.

The Working Group on Medication Review of PCNE agreed on launching the PRACTISE project with 2 goals:
a) Presenting the current

status of remuneration models for all pharmacist-led cognitive services in primary care across Europe, including a detailed description for medication review; and b) mapping pharmacist-led medication review services offered in primary care across Europe and gathering comprehensive information on the service.

By the end of July 2016 a pilot study will start. In September 2016 the Europe-wide survey will be launched. It is possible that you will be invited to participate!!

The PCNE working group Medication Review currently consists of:

- Kurt E. Hersberger (Chair, Switzerland)
- Nina Griese-Mammen (Germany)
- Mitja Kos (Slovenia)
- Nejc Horvat (Slovenia)
- Markus Messerli (Switzerland)
- J.W. Foppe van Mil (The Netherlands)

POSITION PAPER ON THE DEFINITION FOR MEDICATION REVIEW

A follow-up

In the aftermath of the discussions on the definition of Medication Review, a position paper has been formulated, and an article will be compiled for publication. The full text of the position paper can be found below, and on the PCNE website.

Medication review is a structured evaluation of a patient's medicines with the aim of optimising medicines use and improving health outcomes. This entails detecting drug related problems and recommending interventions.

(2015), the definition and terminology were further refined. This work resulted in a typology, a list of the drug-related problems (DRPs) that can be detected with each type of medication review and a grid of

on a PCNE standpoint on medication review and to prepare a definition to be presented to the General Assembly. Finally, during the General Assembly of PCNE on 20th February 2016, the definition was approved.

Comments and further explanations retrieved

The position paper

Medication review is a much-discussed topic among practitioners and researchers in pharmaceutical care. Therefore, in 2009 The Pharmaceutical Network Europe (PCNE) started to develop a definition and description of the various types of pharmacist-led medication review during workshops and meetings of the PCNE working group in Geneva (2009), Manchester (2011), Dublin (2011), Leuven (2012), Berlin (2013), Malta (2014) and Mechelen

associated activities, but an agreed definition was still missing.

Previously, PCNE has established definitions of both DRPs and pharmaceutical care. In order to reach a consensus on a PCNE definition of medication review, the board of PCNE initiated a systematic approach. First, members of PCNE completed a survey with the aim of systematically gathering viewpoints on the definition of medication review. Second, a workshop was held during the 5th PCNE Working Symposium in Hillerød 2016 to achieve consensus

from the consensus process

To ensure a better understanding of the scope and to document the considerations behind the final definition, details are provided as to the decisions taken. Both the consensus process with the survey and the discussion of the process of achieving the definition will also be described in a separate scientific paper.

Scope of the definition

The overall goal of standardisation of terminology around medication review

<i>Characterisation</i>		<i>Information available:</i>		
<i>Type</i>	<i>Level</i>	Medication history	Patient interview	Clinical Data
Type 1	Simple	+		
Type 2a	Intermediate	+	+	
Type 2b		+		+
Type 3	Advanced	+	+	+



Table: The PCNE typology for Medication Review

is to support the development of cognitive services, to exchange research results within and between countries and settings and ultimately to facilitate implementation into practice. According to the PCNE typology, the definition is valid for all settings. A strong coherence with the other PCNE definitions is essential, notably with the pre-existing definitions of DRPs and of pharmaceutical care. Thus, the focus is mainly, but not exclusively, on the pharmacist's contribution. It is also desirable to submit the definition for integration into bibliographic indices, such as the MESH terms of the National Library of Medicine.

Medication review is a structured evaluation...

In contrast to counselling or the validation of a prescription, a medication review is a structured activity or a method in patient care. "Medication review" is not equal to "medication review service". The latter is a cognitive service that is based on the "activity of medication review" and includes also other activities. Thus, Medication review as a cognitive service requires a comprehensive specification which can differ from country to country.

The term "structured" refers to the need for a standardised approach, which should assure quality. This approach can be different for different settings and professionals.

...of a patient's medicines

Because medicines are involved, the term "patient" is favoured over "individual". "Medicines" used in the plural reflects the comprehensive set of both the prescribed medicines (including devices) and products purchased over the counter or obtained otherwise. Ideally, a medication review is based on the "best possible" medication history.

...with the aim of optimising medicines use

"Medicines use" is defined according to the wording used for the PCNE definition of pharmaceutical care, which refers to the WHO definition of "responsible use" of medicines. "Optimising" covers effectiveness, quality of life, efficiency and safety. "Optimising medicines use" was preferred to "optimising pharmacotherapy" because the latter focuses too much on appropriate prescribing and its outcomes. Besides patient use, the term medicines use includes prescribing by healthcare professional and also administration by a caregiver.

...and improving health outcomes.

"Health outcomes" refers to clinical, economic and humanistic outcomes and covers effectiveness, patient safety and quality of life. The wording is identical to the wording used in the PCNE definition of pharmaceutical care.

...This entails detecting drug related problems (DRPs)

"Detecting" is considered to be synonymous with identifying. "Drug" related problems was chosen instead of medication related problems to be consistent with the PCNE definition of DRPs. A DRP can be potential or actual. The detection and prevention of a potential DRP is as important as the detection and solution of actual ones. "Identifying the risks" was therefore excluded from the definition because this is already implied within the process of detecting DRPs. Similarly, "managing risks" is considered the outside of scope, because it goes beyond medicines use and improved outcomes are not only achieved through managing risks. However, the prioritisation of DRPs is an important task within a medication review. "Solving" is excluded from the definition because positive outcomes can only be achieved through the implementation of interventions, which is also outside of the scope of a medication review.

...and recommending interventions.

"Recommending" is chosen over "suggesting" to reflect more engagement and responsibility. "Recommending" is used instead of "performing" because the latter referred to interventions, which were outside the process of review. Although a "follow-up" and "monitoring process" is often essential in order to achieve outcomes after

medication review, follow-up is also not included in the definition because it is an independent step of the pharmaceutical care process. Therefore, only "recommending interventions" is part of the medication review definition.

Conclusion

This position paper describes the most important decisions that were made during an intense consensus process. This enabled agreement on a standardised definition of medication review which is an essential method of pharmaceutical care.

The PCNE working group medication review

References

- <http://www.pcne.org/upload/wc2013/Workshops/WS%201%20PCNE%20Types%20and%20Problems.pdf>
- <http://www.pcne.org/upload/wc2013/Workshops/WS%201%20PCNE%20Types%20and%20Activities.pdf>
- <http://www.pcne.org/working-groups/2/drug-related-problems>
- Allemann S, van Mil JWF, Botermann L, Berger K, Griese N, Hersberger K. Pharmaceutical Care: the PCNE definition 2013. *Int J Clin Pharm* 2014;1-12
- Kos M, Horvat N, Hersberger KE, Messerli M, van Mil JWF Report of 16-02-2016: <http://www.pcne.org/conference/15/5th-pcne-working-symposium-2016>
- <http://www.pcne.org/working-groups/1/medication-review>
- van Mil JWF, Westerlund T, Brown L, et al. Medical care and drug-related problems: Do doctors and pharmacists speak the same language? *Int J Clin Pharm* 2016;1-4 doi: 10.1007/s11096-

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Want to contribute to the PCNE Wiki?

Let us know!



ADHERENCE INITIATIVES, NOT ONLY IN EUROPE

Several organisations in the world are active in adherence research and the implementations of solutions that may improve patients' adherence to medicines. In Europe we have Espacomp, an initiative of John Urquhart (†2016) that started already in 1996, together with the universities of Utrecht and Maastricht. Important developments in that group can now especially be found in the Netherlands, Belgium and Switzerland. Their next scientific meeting is 17th of November 2016 in Lisbon, Portugal. See www.espacomp.eu.

But there have also been important developments in the USA. In 2011, medication adherence leaders organized a 2-day think tank in which key experts, including consumer advocacy groups, community health providers, non-profit groups, the academic community, decision-making government officials, and industry representatives, met to consider the state of medication nonadherence. The group called themselves the "Medication Adherence Alliance" (or "Alliance"). In 2015, the alliance met again to see how the challenges of medication adherence had evolved. According to their findings, new solutions had emerged in the USA to improve medication adherence including 1) policy-based interventions (eg, incentive reform), 2) emerging technologies, and 3) patient-level interventions. The primary outcome of the second Alliance meeting was the development of three work groups. Each work group is focused on an area that the Alliance asserts is critical to improving medication adherence and is currently understudied: 1) a "living" laboratory, 2) medication adherence measurement workgroup, and 3) electronic health record workgroup. These work groups are composed of multidisciplinary teams united for a finite period of time and a specific goal. More information about this think tank, their objectives and findings can be found in a paper in *Patient Preference and Adherence 2016:10*; 1189-1195.

PharmCare@Bled

The Bled Conference (1-3 February 2017) is slowly getting its shape. The following workshops will be part of the program:

- 1 **Methods to build capacity to deliver pharmaceutical care;**
- 2 **Developing indicators to measure pharmaceutical care across nations**
- 3 **Developing core outcomes for adherence research**
- 4 **Exploring the impact of e-health on pharmaceutical care**
- 5 **Discussing and advancing individual research projects**

6 **Let's do it. Developing a joint, international, PCNE project**

Essential dates

Opening of the abstract submission:

1 October 2016

Closing of abstract submission:

1 December 2016

Opening of registration:

1 November 2016

Early bird deadline:

15 December 2016

PCNE news

Next General Assembly

The next PCNE General Assembly will be held on 4th February 2017, in Bled, Slovenia.

Pictures Hillerød

Many pictures have been taken in Hillerød, during the working symposium. If you want to see them, go to <http://www.pcne.org/conference/15/5th-pcne-working-symposium-2016> and click on the tab 'Picture Book'.