

First ACTO symposium

Improving medication adherence: tailored solutions for success

24 November 2016 – University of Namur

The pharmaceutical dossier and good medication usage

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APB and Belgian pharmacies



- **APB = Association of Pharmacists Belgium**
- **National federation of independent community pharmacies**
- **Representing >90% of independent pharmacies and >80% of all community pharmacies in Belgium**
- **Role: *support, develop and promote the community pharmacist 's added value to the benefit of the patient's health***
- **Staff : 115 @ Brussels**

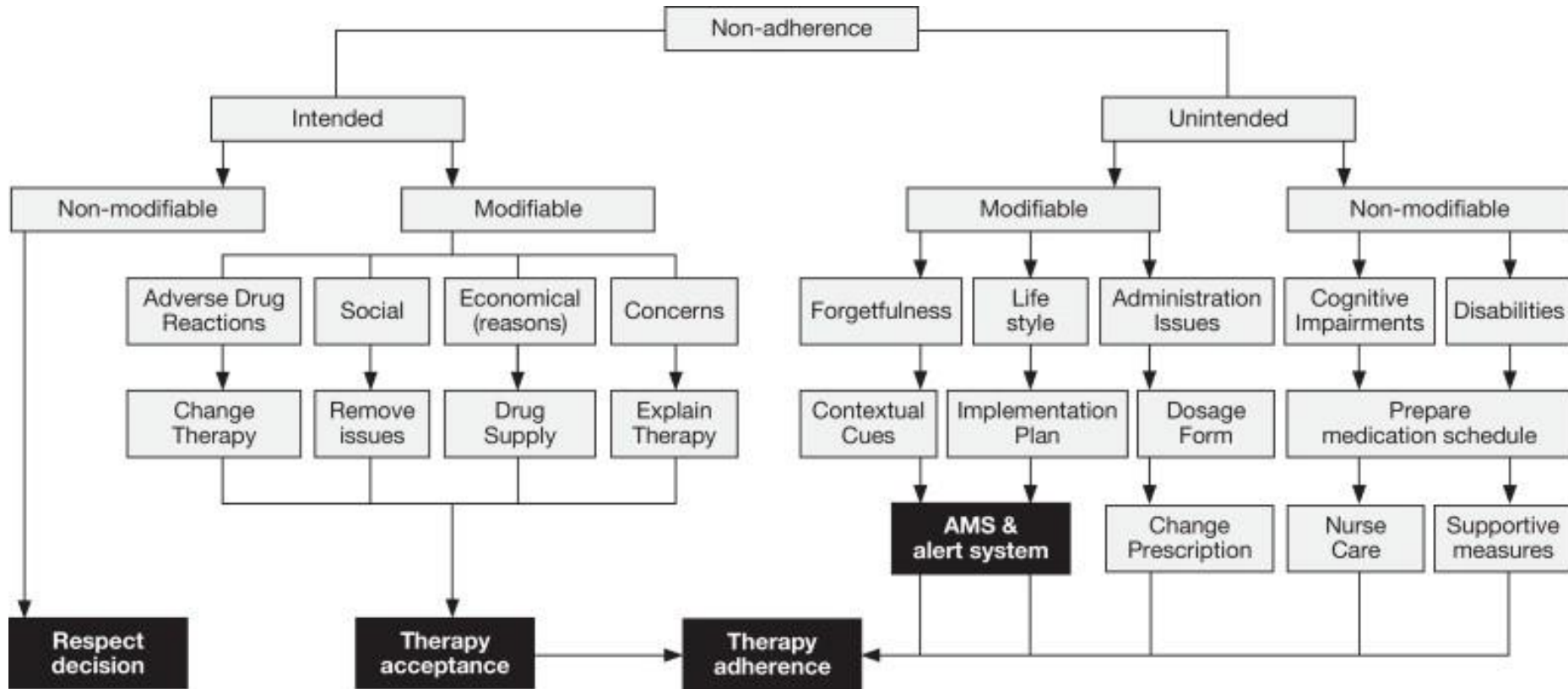
Pharmaceutical Care

the classic approach

- Analysing prescription – doing all necessary checks (interactions, contra-indications, dosage, etc.)
- Dispensing (or not)
- Giving information to the patient how, when, how much, how long to take medicines
- Giving advice on responsible use of medicines, on the illness, etc.
- Listening to patient experiences, doing follow-up, farmacovigilance, etc.

Still we see people not reaching therapeutic or personal goals, dropping out of therapy, not taking medicines as they should, not going back to their physician, not returning to the pharmacy...

Where did it go wrong? What can we do?



No Single Solution Fits All !

What do we expect ?



- Prescribers wish that prescriptions are filled
- Pharmacists wish that dispensed medication is taken as instructed
- Authorities wish that every euro is well spent
- ...

But what do we want as patients ?

Maybe not necessarily curing a disease or a symptom.
But decrease the risk of functional deficit, loss of quality of life, aesthetic damage, sexual or reproductive disturbances, loss of ability to play sports, etc.
Or even avoiding fear of financial consequences ...
Not being confronted with own situation...
Just living a happy life...

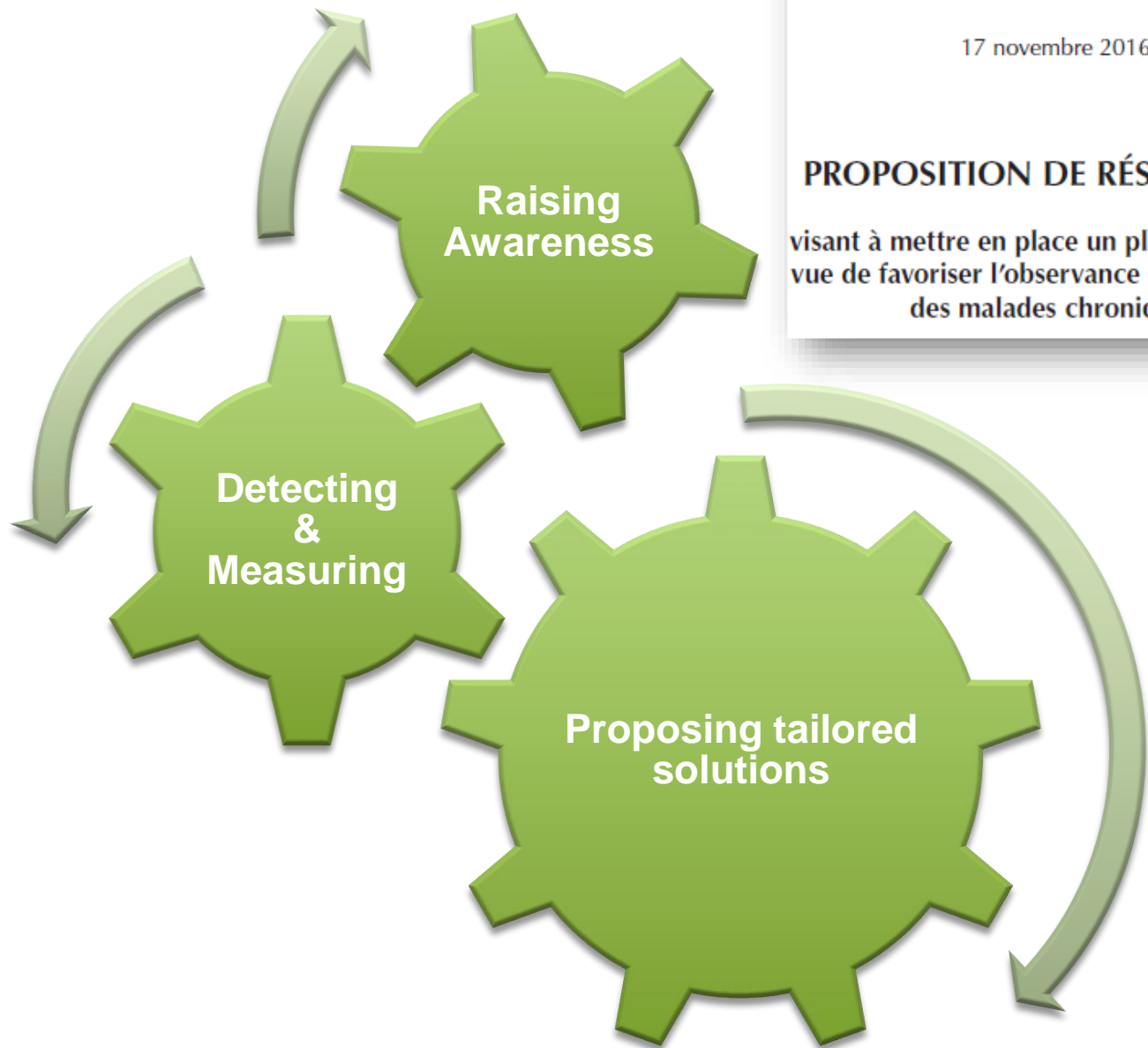
How can pharmacists contribute?

CHAMBRE DES REPRÉSENTANTS
DE BELGIQUE

17 novembre 2016

PROPOSITION DE RÉOLUTION

visant à mettre en place un plan d'action en
vue de favoriser l'observance thérapeutique
des malades chroniques



Raising Awareness



- Pharmacy profession as initiator of Communication campaigns
- 2016



Ne pas suivre son traitement comporte des risques,
des solutions adaptées existent.

Parlez-en à votre pharmacien !

Nationwide pharmacy network



>4200 Windows
>2200 Screens
500.000 people / day



Outdoor media



Media - Magazines



LIBELLE



FEMMES D'AUJOURD'HUI



ZOOM GEZONDHEID-SANTÉ



PLUS MAGAZINE



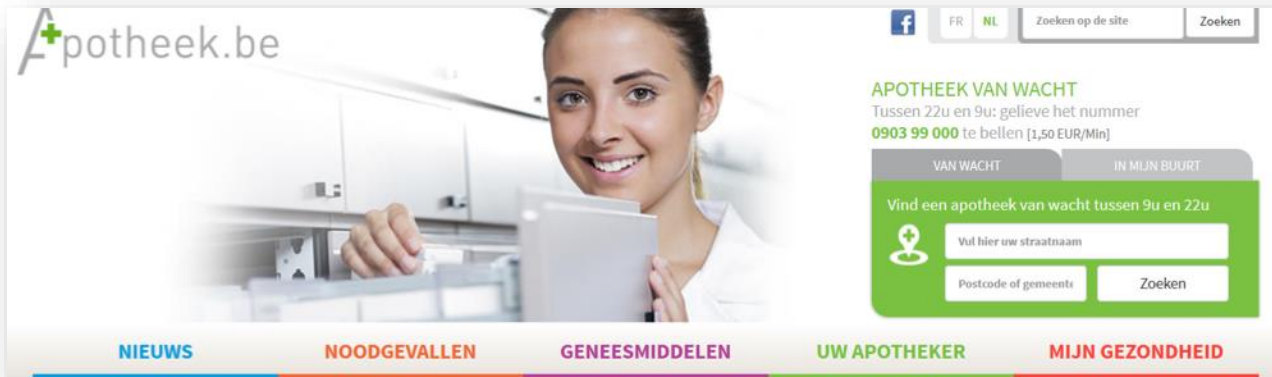
PLUS MAGAZINE



Earned - Owned Media



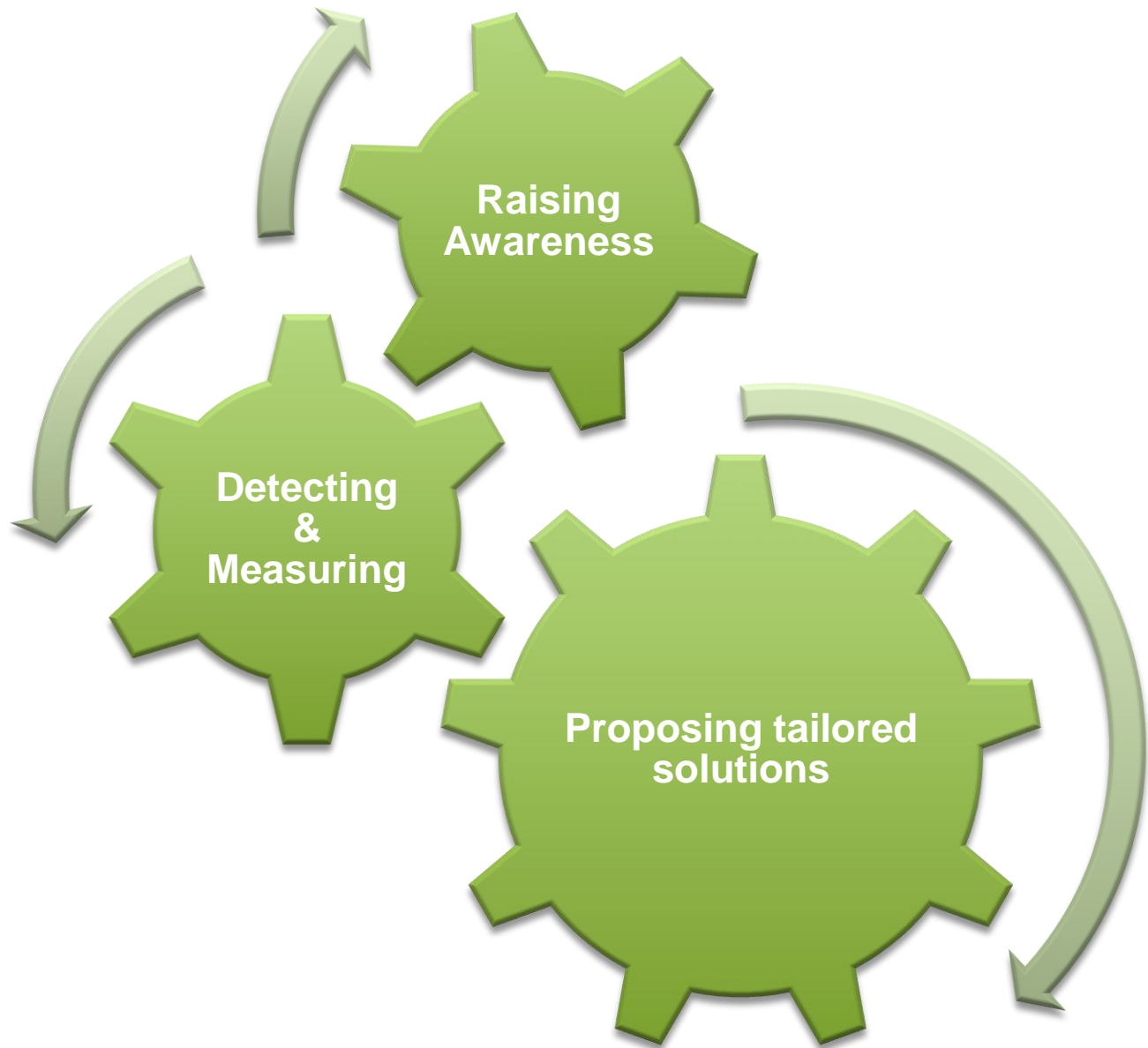
>2 million visitors on yearly basis



+ www.apb.be & myAPB



How can pharmacists contribute?



Detecting & Measuring



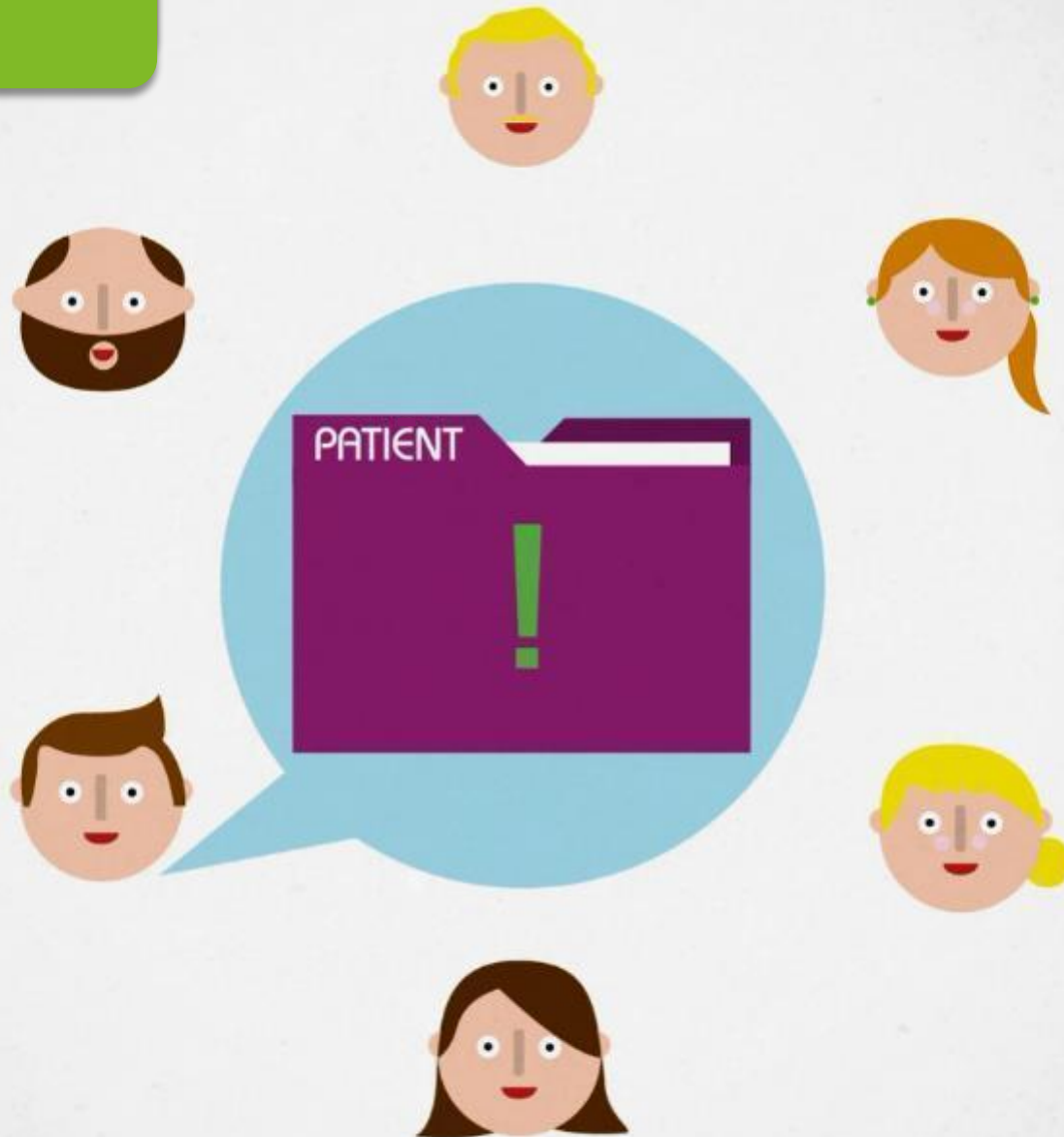
- Community pharmacy : Mayor entrance gate to healthcare
- 86% of Belgians go to their local community pharmacy = « FAMILY PHARMACIST », « HUISAPOTHEKER », « PHARMACIEN DE FAMILLE »
- Accessibility +++
- Patient expectations
- *Cave : private conversation sometimes difficult*

Detecting & Measuring

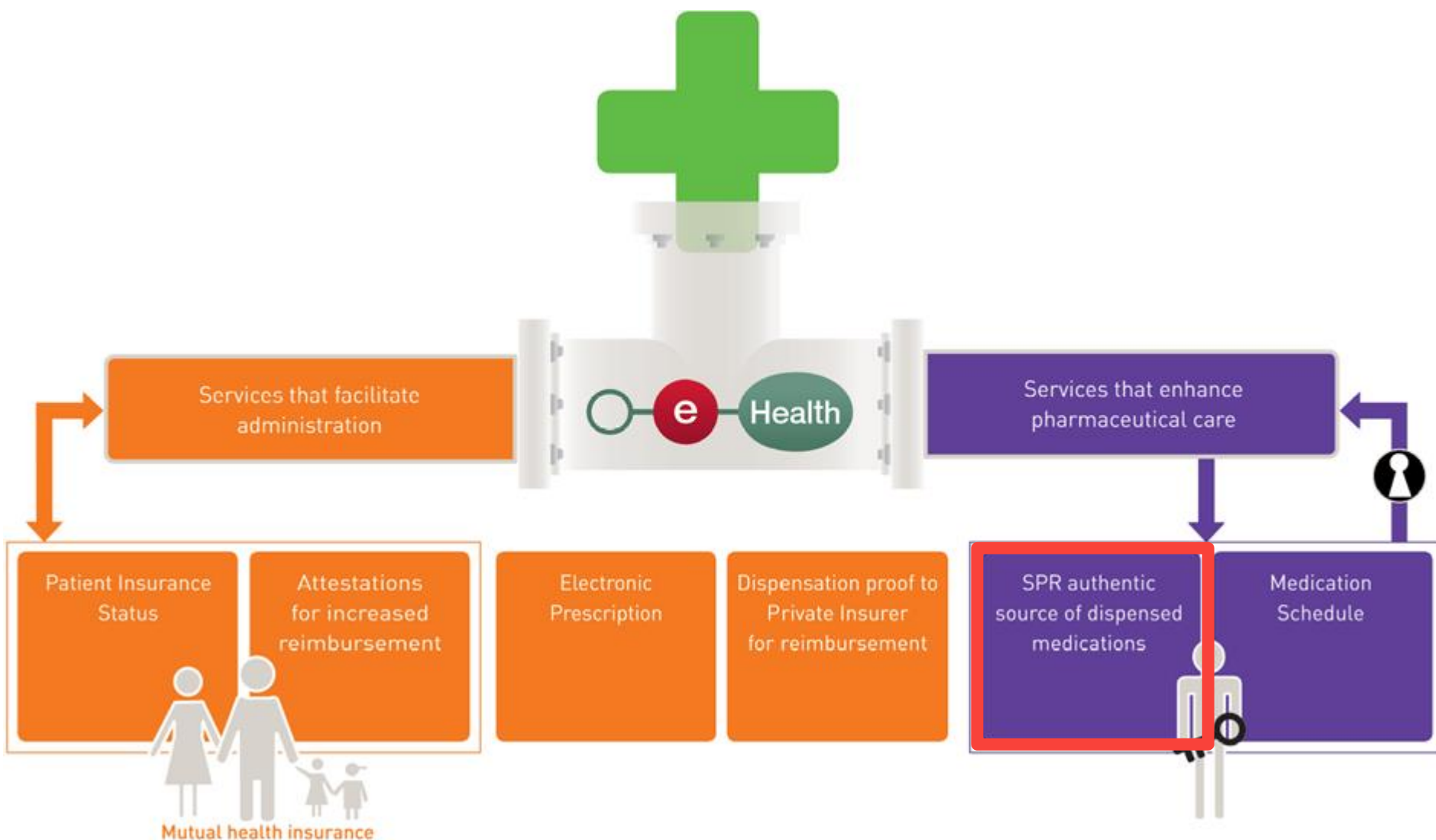


- Technology can give useful metrics
 - Initiation
 - Implementation
 - Persistence
- Refill data from :
 - « Local Pharmaceutical Record »
 - « Shared Pharmaceutical Record »

SPR



eHealth environment: Pharmacists



Local PR

Patient-ID

Prescribed medicines

Non-Prescribed medicines

Other products

Contact information

Allergies

...



Shared PR

Patient-ID

Product-ID

Delivery date

Amount dispensed

Posology

Interactions

Persistence

Abuse

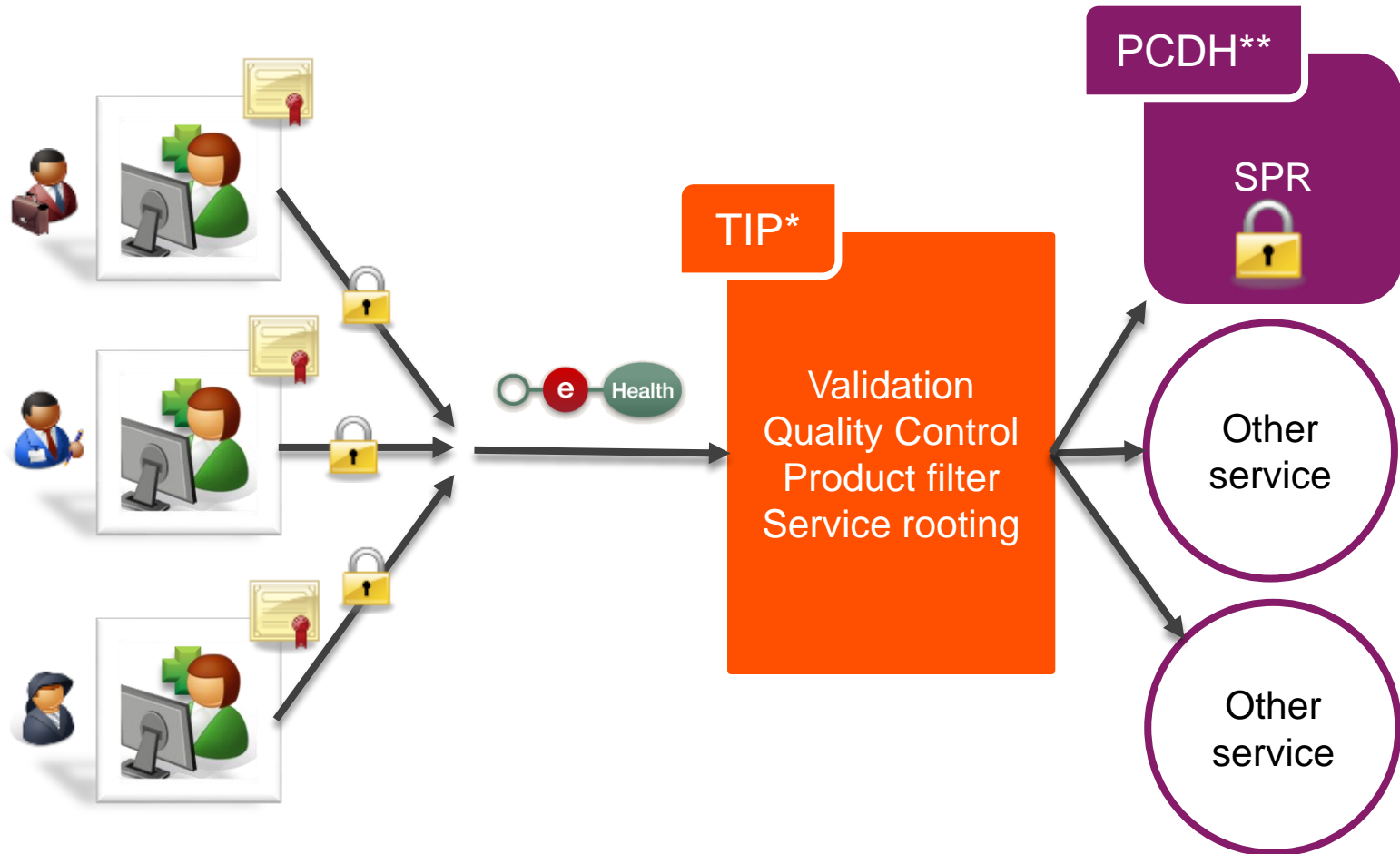
Side effects




Double medication

Contraindications



SPR: Registration

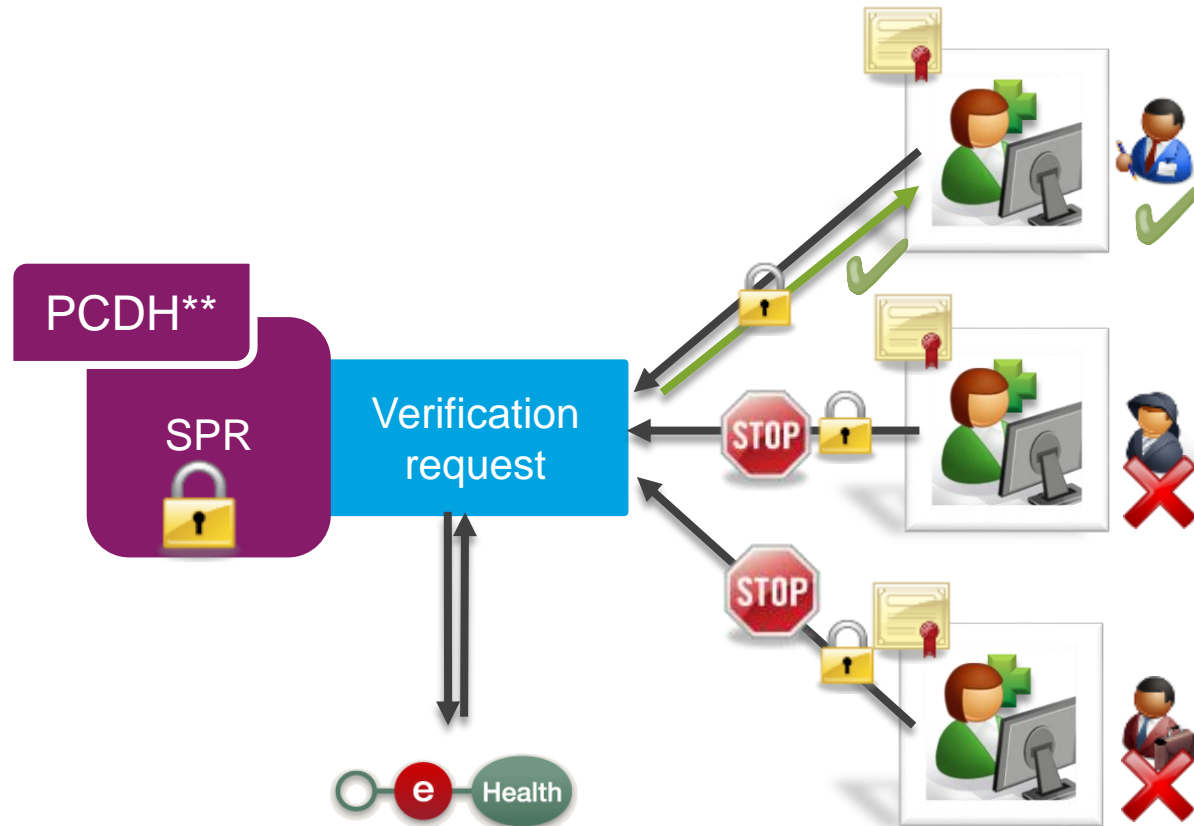





Authentication (SSO) 
Key Management 
Consent Management 

* TIP = Trusted Intermediate for Pharmacists

** PCDH = Pharmaceutical Care Data Hub

SPR: Consultation



Authentication (SSO) 
Key Management 
Consent Management 

** PCDH = Pharmaceutical Care Data Hub

17/02/2014



@Helpdesk



GFD ANTHEUNIS MARC LUC

GFD VAN CRAEYVELDT FRÉDÉR

ANTHEUNIS MARC LUC

be D

410/460 526

VZI Aktief



Gener.

Delphi

Verpakkingen: 0

Totaal Patient: 0,00

Farma Care

Historiek

Filter

Vrs	Typ	#	Stat.	Omschrijving	Begin	Laats	
	GFD	1		ASPIRINE 100 MG COMP 30	02/14	02/14	
	GFD	1		ASPIRINE 100 MG COMP 30	02/14	02/14	
	GFD	1		NUROFEN 30 TABL 200 MG	02/14	02/14	
	GFD	1		NUROFEN 30 TABL 200 MG	02/14	02/14	
OTC	P	19		ASPIRINE 100 MG COMP 30	03/10	02/14	
	P	57	✓✓	CLAMOXYL CAPS 16 X 500 MG	12/10	02/14	
	GFD	1		NOVABRITINE CAPS 16 X 500MG	02/14	02/14	
	GFD	1		CLAMOXYL CAPS 16 X 500 MG	02/14	02/14	
	GFD	1		NUROFEN 30 TABL 200 MG	02/14	02/14	
Mag	P	4		DAFALGAN FORTE DROOG 1G TABL 50	02/14	02/14	
	GFD	1		NUROFEN 30 TABL 200 MG	01/14	01/14	
	GFD	1		CLAMOXYL CAPS 16 X 500 MG	01/14	01/14	
	GFD	1		CLAMOXYL CAPS 16 X 500 MG	01/14	01/14	
Div	P	3		ALTERNA POST-OP LEDIGB. N/STER 10-70MM 6 12800	01/14	01/14	
	P	4		ALTERNA FREE G/Z TRANSP MAXI 20-75MM 30 46326	01/14	01/14	
	P	3		COMBIPLAST SUPERFLEX PL BG 35/57MM 5 FF3557	01/14	01/14	
	GFD	1		CLAMOXYL CAPS 16 X 500 MG	01/14	01/14	
Vitalink	P	16	✓✓	RILATINE COMP 20 X 10 MG	01/13	01/14	



Details

Farmaceutische zorg

Filter

TT Aantal: 0 Rekening 1 Te Betalen: 0,00

Verlaat aflevering(en)

Patient selectie

Verander Patient

Product selectie

Arts selectie

Terug betaald

VRS

Wis Lijn

Wis Aflevering

Divers

Verander Aantal

Hand Vrk

Detail aflevering

Magistraal

Zoek aflevering

Subtotaal

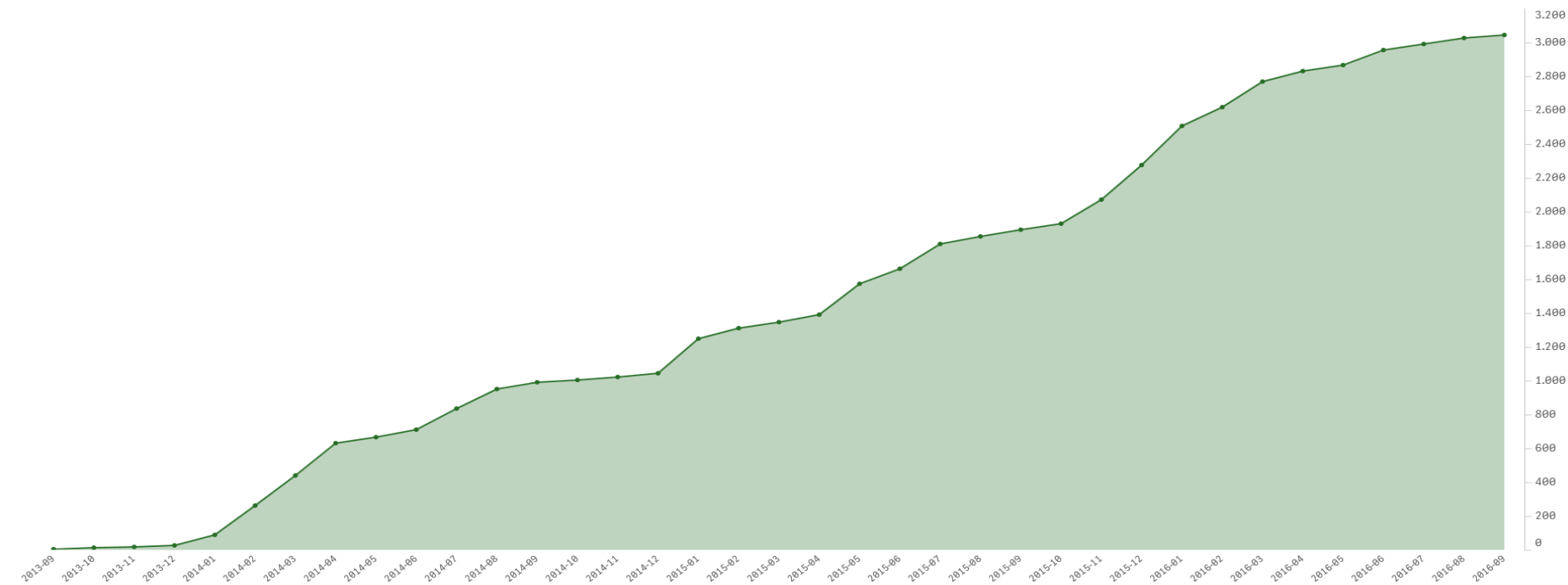
Totaal

Rollout



- **Start: 2013**
- **% Pharmacies subscribed to the service: 77%**
- **% Pharmacies that register: 62%**

Number of distinct pharmacies using GFD-DPP
12/09/2016



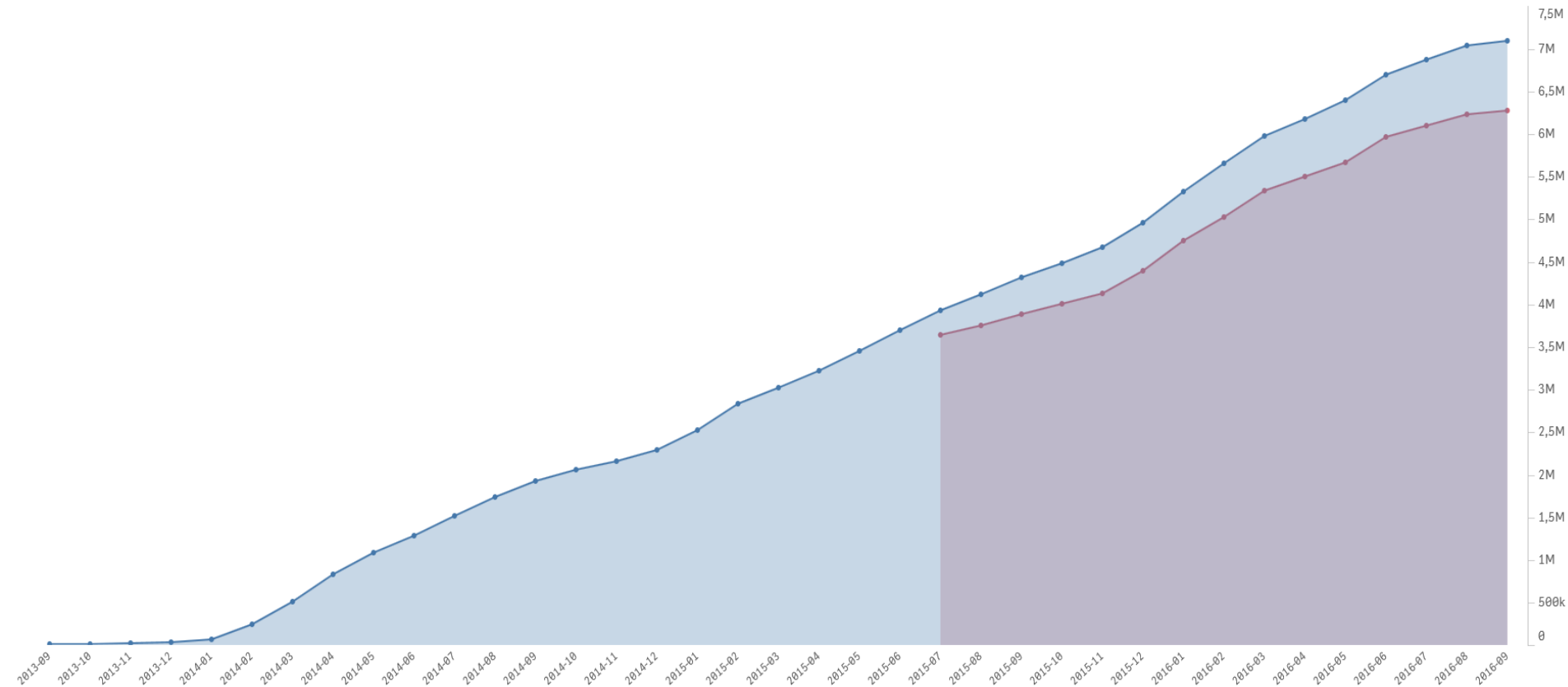
- **Data last year: 6.266.360 patients**

Evolution number of patient records

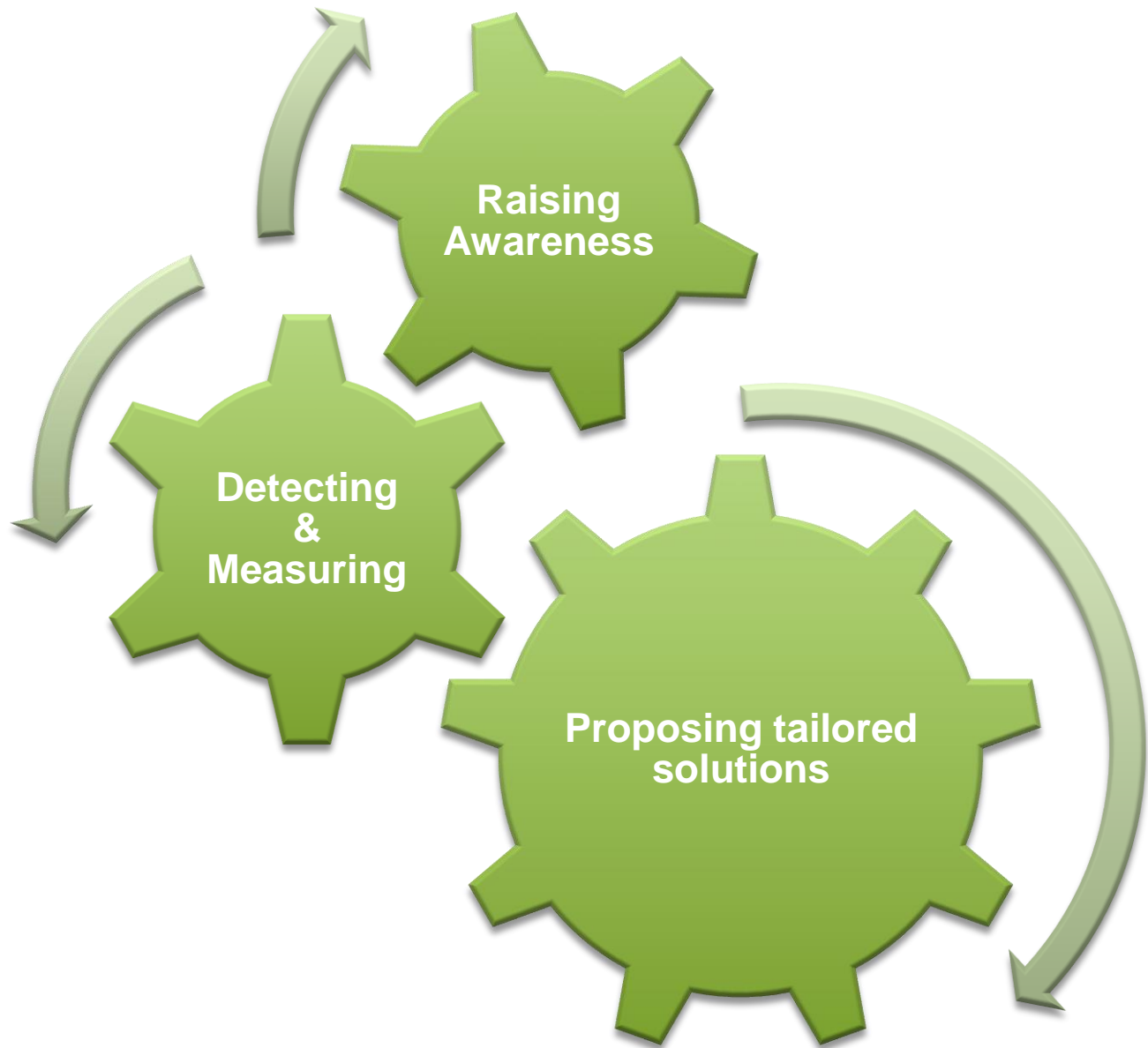
12/09/2016

◆ All Time

◆ Patient records available for consultation (regardless of consent)



How can pharmacists contribute?



Proposing tailored solutions



- *No one size fits all!*
- Not every product needs 100% adherence
- Solutions always seem to combine technology and counselling
- Some examples

Medication schedule



Patient: [REDACTED]

Laatst gewijzigd door:

Afdruk door: [REDACTED]

INSZ: [REDACTED]

Tijdstip: 06/02/2015 16:33

Tijdstip opvraging: 06/02/2015 16:35

Chronische medicatie	Frequentie	Begin	Einde	Inname/ Eenheid	Ontbijt				Middagmaal			Avondmaal			Opmerkingen
					's morgens	Voor	Tijd is	Na	Voor	Tijd is	Na	Voor	Tijd is	Na	
CARDIOASPIRINE MAAGSAPRESIST. TABL 84 X 100MG	Dagelijks	06/02/2015		Tablet			1						1		Instructie: Heel doorslikken
FLUNITRAZEPAM EG COMP 10X1MG	Dagelijks	06/02/2015		Tablet										1	Indicatie: slaapmiddel Instructie: Vlak voor het slapen innemen
SIMVASTATIN SANDOZ COMP 100 X 40 MG	Dagelijks	06/02/2015		Tablet			1								Indicatie: cholesterolremmer

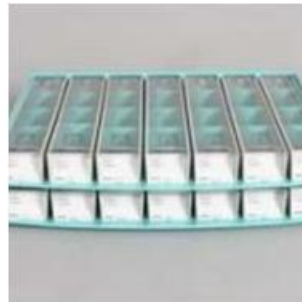
Tijdelijke Medicatie	Frequentie	Begin	Einde	Inname/ Eenheid	Ontbijt				Middagmaal			Avondmaal			Opmerkingen
					's morgens	Voor	Tijd is	Na	Voor	Tijd is	Na	Voor	Tijd is	Na	
PREDNISOLONE 5MG KELA COMP 30		06/02/2015	10/02/2015		Eerste dag 5, tweede dag 4, derde dag 3, vierde dag 2, vijfde dag 1 daarna stoppen.										

Indien Nodig	Frequentie	Begin	Einde	Inname/ Eenheid	Ontbijt				Middagmaal			Avondmaal			Opmerkingen
					's morgens	Voor	Tijd is	Na	Voor	Tijd is	Na	Voor	Tijd is	Na	
PARACETAMOL TEVA 500 MG TABL. 30	Dagelijks	06/02/2015		Tablet	1x 's Namiddags, 1x 's Avonds, 1x 's Morgens, 1x 's Nachts										Instructie: Bij pijn maximaal 4x daags

Manual Individual Medication Preparation (PMI/IMV)



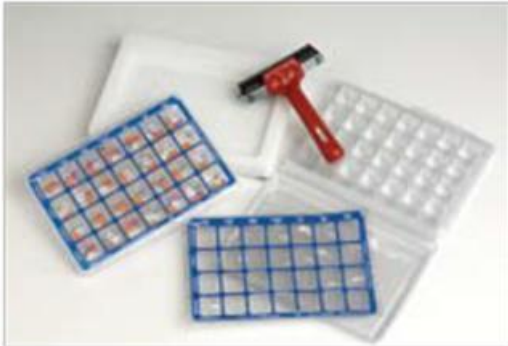
■ plateaux



Manual Individual Medication Preparation (PMI/IMV)



■ blisters



Automated Individual Medication Preparation (PMI/IMV)



Apps

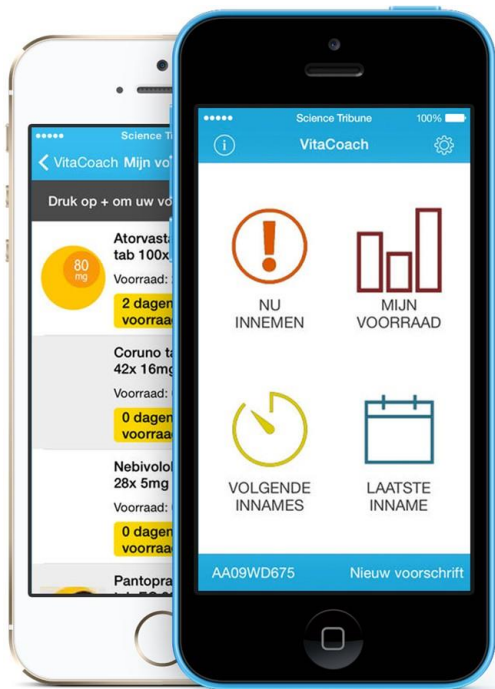


Mainly

Health literacy

Intake reminder alerts

Stock keeping (time to renew prescription)



Counselling



- **October 1st, 2013** A first remunerated counselling service
- Conversations on appointment between a pharmacist and a patient starting a new chronic treatment.
- Initiated by the pharmacist, or prescribed by a doctor, or requested by the patient.
- Written consent of the patient.
- Performed by a pharmacist in an adapted environment.
- Remunerated by a fixed fee.
- 1st category : Inhaled Corticosteroids for Asthma

Medicines Counselling

- 2 counselling interviews in the same pharmacy
- The first “informative” interview preferably as soon as possible after a first dispense (in the last 12 months)
- A “follow-up” interview preferably within 3 to 6 weeks after the first session
- Estimated duration of each interview: 15 to 20 minutes
- Fixed fee of € 20,28 per interview
- Free for the patient

Medicines Counselling

- **Inclusion criteria**

- Corticosteroid alone, or a corticosteroid in combination with a LABA (long acting Beta 2 agonist)
- Dry Powder Inhaler or Metered Dose Inhaler
- Asthma
- First dispense in last 12 months [*OR POORLY CONTROLLED ASTMA*]

- **Interventions are highly structured (protocol)**

- Preparation (patient record, documentation, equipment)
- Introduction (e-ID, consent, Asthma Control Test)
- Education/Counselling (on asthma, on treatment, on ICS, on inhalation technique, on adherence, on symptoms, on side-effects, etc.)
- Conclusion (written documentation, session summary)
- Billing

Available tools

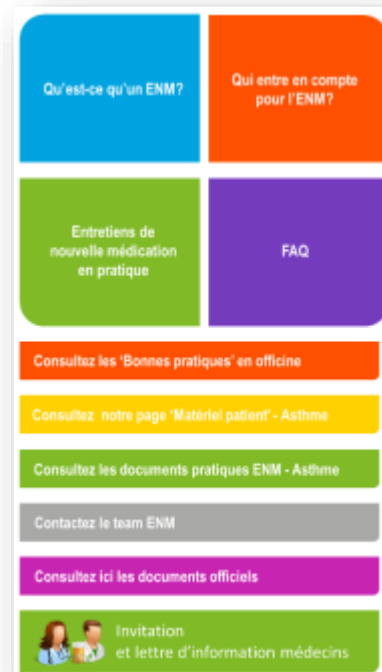
• Patient information

- Poster
- Brochure
- Press coverage



• Pharmacist tools

- Webtool
- Regional meetings
- Workshops, role playing, coach
- Brochures, inhaler instructions, videos, guidelines, ...

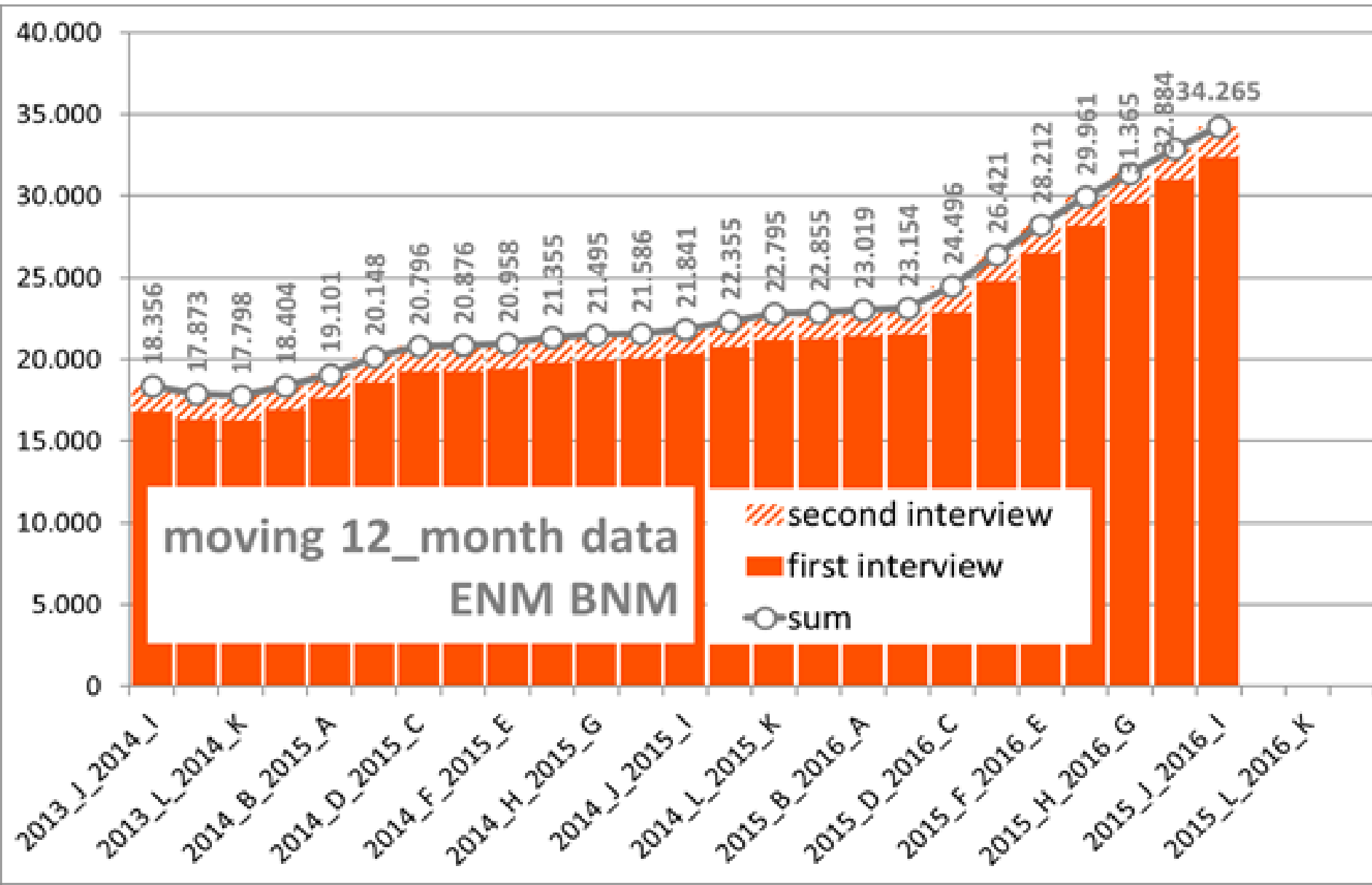


• GP communication

- Information letter & brochure
- Invitation and PowerPoint presentation
- Regional GP-pharmacist meetings



Some quantitative results



Other therapeutic domains under study



Anticoagulothérapie (AVK – DOAC)

Gliptines

...

Osteoporosis & Polymedication

- Patients that we frequently see in community pharmacy
- “risk analysis”, followed by intervention
- Set-up of 2 pilot projects with about 75 pharmacies to study feasibility and outcome
- Typical “pharmacy adherence metrics”: Persistence, based on refill data



Entretiens d'accompagnement de Bon Usage des Médicaments



PROJET PILOTE
OSTÉOPOROSE



PROJET PILOTE
POLYMÉDICATION

- Favoriser le bon usage des médicaments
- Améliorer l'observance thérapeutique

Bon Usage des Médicaments Ostéoporose

Ostéoporose

Maladie chronique asymptomatique

Problème d'observance

Modalités de prise contraignantes

Sous-traitement calcium/Vitamine D



Concept

Entretien avec le patient – Focus

- Bon usage
- Calcium/Vitamine D
- Observance thérapeutique

Adherence leads to a lower fracture risk:

- For each decrease of the MPR by 1%, the risk of hip Fx increased by 0.4% (OR: 0.996; CI95%:0.994–0.998; $p<0.001$). (source: Rabenda et al. Osteoporos Int. 2007)
- The relative risk reduction for hip Fx was 60% (HR: 0.404; CI95%:0.357–0.457; $p<0.0001$) for persistent compared to non-persistent patients. (source: Rabenda et al. Osteoporos Int. 2007)
- Approximately 50 % of the potential clinical benefits of oral bisphosphonates are lost due to nonadherence, and the costs per QALY from these medications are doubled when assuming nonadherence. (source: Hiligsmann et al. Value Health. 2012)

Projet pilote



PROJET PILOTE
OSTÉOPOROSE

Objectifs → Evaluation :

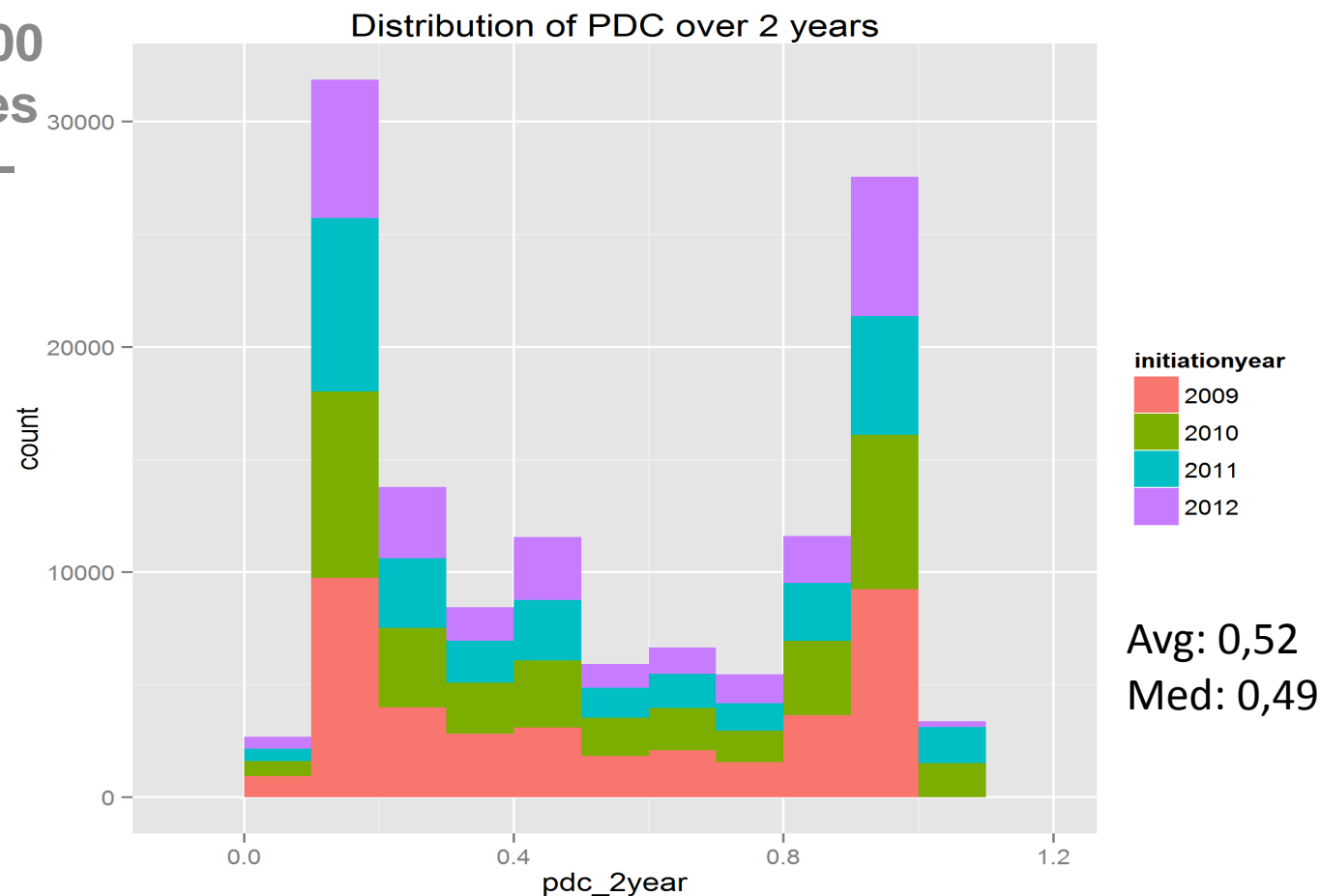
- Faisabilité de l'intervention
- Impact de l'intervention
- Satisfaction du patient



Etude

Documentation des entretiens
(webtool)
Questionnaire pharmacien
Calcul observance thérapeutique
Questionnaire patient

Query conducted
on refill data of 3500
Belgian pharmacies
(data period 2013-
2014)





PROJET PILOTE
OSTÉOPOROSE

Projet pilote

Etude

Documentation des entretiens
(webtool)

Questionnaire pharmacien

Calcul observance thérapeutique

Questionnaire patient



Participation : 80 pharmacies

1619 entretiens documentés

61 questionnaires complétés

68 listes de données de délivrance

643 questionnaires complétés



Entretiens d'accompagnement de Bon Usage des Médicaments



PROJET PILOTE
OSTÉOPOROSE



PROJET PILOTE
POLYMÉDICATION

- Favoriser le bon usage des médicaments
- Améliorer l'observance thérapeutique



PROJET PILOTE
POLYMÉDICATION

Adverse drug events (ADE)

Problématique

- 6 à 17 % des admissions en urgence chez les patients âgés sont liées aux médicaments
 - 12.5% des admissions = dues à un ADE
 - 42.000 admissions/an – 200 mio €
- => 8 patients dans chaque pharmacie/an



- Outils de bonnes pratiques
- optimisation de la prescription chez les patients âgés



PROJET PILOTE
POLYMÉDICATION

- “... with the patient’s consent, improve the patient’s knowledge and use of drugs by in particular:*
- a. establishing the patient’s actual use, understanding and experience of taking drugs;*
 - b. identifying, discussing and assisting in the resolution of poor or ineffective use of drugs by the patient; and*
 - c. identifying side effects and drug interactions that may affect the patient’s compliance with instructions given to them by a health care professional for the taking of drugs;”*

Conclusion

- Patient adherence to medication therapy is a major concern in healthcare today. As medication experts, community pharmacists have a key role to play in this regard.

While they are ready to launch initiatives in order to meet the challenge, they believe in a concerted approach.

Pharmacists want to build new strategies that foster adherence and ensure optimal medication therapy outcomes, in collaboration with colleagues in other healthcare professions and patient organizations.

The future lies in efficient, collaborative, patient-centered models of care.