Optimisation of medication management at transitions of care, Dr. Fabienne Böni, 20.09.2016

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Kongress & Kursaal Bern

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Optimisation of medication management at transitions of care – the MOSAIC model

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University of Basel

Agenda

- Seamless care (team)
- Problems at transitions of care
- MOSAIC model
- PCRG projects in seamless care with links to eHealth
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Seamless Care

What is seamless care for us?

– Optimised medication management at transitions of care
– Optimised efficiency, quality, and safety at transitions of care

Through

– Improved collaboration
– Improved communication
– Improved supply chains
Identification of problems at transitions of care

Unplanned rehospitalisation
60% are preventable by appropriate interventions [3]

Discharge prescriptions
27% with DRPs [2]

During hospitalisation [1]
• 50% new drugs
• 60% changes in prescription

Hospital admission

Hospital discharge

Post-Hosp [1]
• Handling difficulties
• ADRs
• pDDI
• Gaps in drug supply

Hosp. due to DRP
• Up to 15% [4]
• 12% in elderly [5]

MOSAIC

Medicines management Optimisation by Structured Assessment in Integrated Care

a new framework optimising the cost/effectiveness-ratio of clinical pharmacist’s interventions and leads to a continuum of care in the swiss health care system
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Intensive Pharmaceutical Care (Medication review, discharge management)

Discharge management (patient talk, PMChosp individual medication plan, discharge report)

Prescription validation

PharmDISC

CLEO evaluation

GSASA classification

Standard Pharmaceutical Care

Standard Care

DART

PMC (spec) / HMR Intensive Pharmaceutical Care

DART Officen

MOSAIC
Drug Associated Risk Tool
Self administered questionnaire

AIMS
- Identification of patients in need for intensified clinical pharmacy services
- Reasonable allocation of clinical pharmacy services
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Universität Basel

MOSAIC

- Intensive Pharmaceutical Care (Medication review, discharge management)
- Standard Care
- Discharge management (patient talk, PMChosp individual medication plan, discharge report)
- Prescription validation
- PharmDISC
- CLEO evaluation
- GSASA classification
- DART

- Prescription validation
- Standard Pharmaceutical Care
- PMC (spec) / HMR
- Offizin

DART
AIMS

- To improve patient safety
- To reduce discrepancy in medication management by promote transfer of information with a common 'language' (seamless care)
## PharmDisc Status

**Karen Maes**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Part 1: Development of PharmDISC</th>
<th>Part 2: Validation of PharmDISC</th>
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<tbody>
<tr>
<td>Development</td>
<td>Piloting</td>
<td>Evaluation</td>
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<tr>
<td>Methods</td>
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<td>1. Exploratory trial: analysis of medication review protocols (adaptation of GSASA system to PharmDISC)</td>
<td>1. Interrater reliability study</td>
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<td>2. Appropriateness, interpretability and validity study</td>
<td>2. Appropriateness, interpretability and validity study</td>
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<td>3. Face and content validity</td>
<td>3. Acceptability and feasibility study</td>
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<td>Version</td>
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<td>Version 1.0</td>
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**Outlook:**
- Catalogue with the most frequent interventions
MOSAIC

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Intensive Pharmaceutical Care

Standard Pharmaceutical Care

DART

Standard Care

H admission

DART offer

H discharge
Which are the problems community pharmacies face with discharge patients? Lea Brühwiler

Mixed methods

A Focus group
6 community pharmacists from 4 cantons
2hrs recorded group discussion

B Swiss online survey
3 languages, all pharmaSuisse member pharmacies (n=1348)
Results focus group.

Information
- fehlt
- spät
- inkomplett

Viele unnötige «technische» Abklärungen
Mühsam! Aufwändig!
Erreichbarkeit des Arztes schlecht
Rolle der Offizin gemäss WHO\(^1\):
«manage medication therapy»
«monitor progress and outcomes»

Therapieänderungen
«wir haben eine grosse Arbeit mit Nachvollziehen, was geändert hat im Spital und was gleich geblieben ist.»
(P1)

57% bzw. 74% können Rolle nicht zufriedenstellend erfüllen

Results survey. Lea Brühwiler

- Response rate: 14.4%
- Age: 49.7±10.8
- Female: 50.5%
- Employed pharmacists: 50%

Transfer
- Short!
- Structured!
- Most important!
- On the prescription
- Electronic

### Aims of an optimisation (n=194)

<table>
<thead>
<tr>
<th>Aims of an optimisation</th>
<th>(%)</th>
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<tbody>
<tr>
<td>Better counselling and pharmaceutical care</td>
<td>39.7</td>
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<tr>
<td>Increased medication safety</td>
<td>32.5</td>
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<tr>
<td>Better continuity for supply</td>
<td>24.7</td>
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<td>Other (e.g. expenditures)</td>
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<th>Essential</th>
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<td>Sometimes available</td>
<td>Complete medication list</td>
<td>Therapy on admission</td>
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<td>Therapy duration</td>
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<td>(almost) never available</td>
<td>Off-label use is marked</td>
<td>Reasons for therapy changes</td>
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<td>Therapy goals</td>
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<td>Therapy indication</td>
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<th>B: Health-related information</th>
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<td>Allergies</td>
<td>Reason for hospital admission</td>
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<td>Major and minor diagnoses</td>
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<td>Description of wounds and care</td>
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<td>Laboratory values</td>
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<th>C: Organisation-related information</th>
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<tbody>
<tr>
<td>Sometimes available</td>
<td>Contact information of carer</td>
<td>Hospital’s compounding formulations</td>
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<tr>
<td>(almost) never available</td>
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<tr>
<td></td>
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<td>Contact of hospital pharmacy</td>
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<td>Hospital’s formulary and guidelines</td>
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<td></td>
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<td>Hospital pharmacy’s documents</td>
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<td></td>
<td></td>
<td>Information about how to order special medicines</td>
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<table>
<thead>
<tr>
<th>D: Care-related information</th>
<th>Essential</th>
<th>desired</th>
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</thead>
<tbody>
<tr>
<td>(almost) never available</td>
<td>-</td>
<td>The next health care provider appointment</td>
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AIMS

- Increase quality of discharge prescriptions
- Reduce quantity of (technical) pharmaceutical interventions with discharge prescriptions in community pharmacies
- Reduce time to process discharge prescriptions at the community pharmacy
- Increase community pharmacists’ satisfaction with processing discharge prescription
- Evaluate feasibility of pharmaceutical prescription checking
Links to ehealth
Vielen Dank für Ihre Aufmerksamkeit!