Guidelines on Medication Review: Introduction

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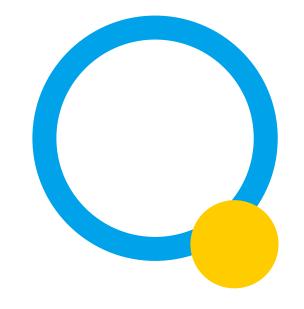
Outline of today's programme

Introduce the Guidelines on Medication Review

★ Healthcare Professionals and Medicines



- Implementation of medication reviews in daily practice Examples from Portugal - Dr Filipa Alves da Costa and Ema Paulino
- * Patient Centred Medication Review The 7 Steps Process Prof Mike Scott
- ★ Question and Answer session
- ★ Concluding remarks









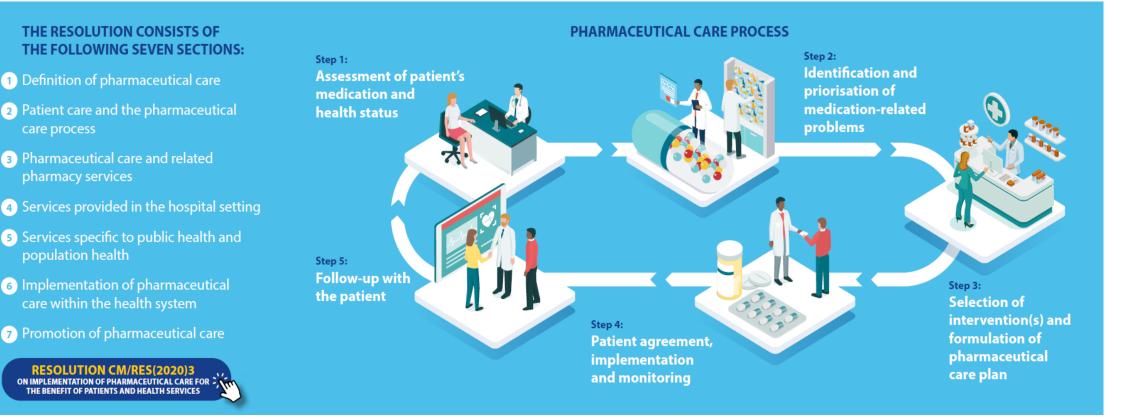


EDQM Resolution on Pharmaceutical Care

COUNCIL OF EUROPE RESOLUTION CM/RES(2020)3 ON IMPLEMENTATION OF PHARMACEUTICAL CARE FOR THE BENEFIT OF PATIENTS AND HEALTH SERVICES







 Medication Review (MR) is an essential part of Pharmaceutical Care – steps 1 – 3.



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Guideline Content

- ★ Medication Review and Medicine use
- *****Medication Review
- **★**Medication Review Process
- ★ Data collection, protection and storage
- ★ Education and storage
- ★ Health Service Context
- **★**Examples of MR Programmes



EDOM

2024

Committee of Experts on Quality and Safety Standards in Pharmaceutical Practices and Pharmaceutical Care (CD-P-PH/PC)







Trinity College Dublin Glaiste na Trionóide, Balle Átha Cliath The University of Dublin

Guideline summary

Availability



FREE PUBLICATIONS FROM EDQM

European Directorate (Direction européenne for the Quality) de la qualité of Mactiones du médicament & HealthCare | & soins de santé 1 - ITEM - ADMIN

Guidelines on Medication Review



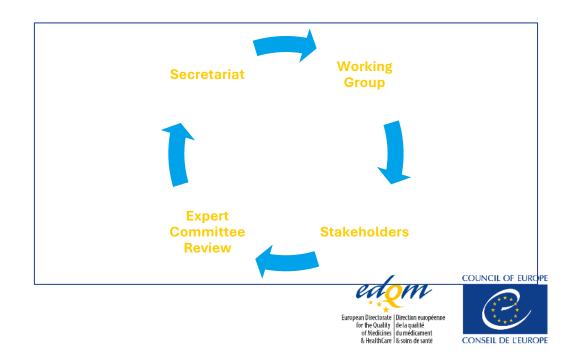
Medication review is a structured and systematic evaluation of a patient's medicines with the aim of optimising their use and improving health outcomes. It involves the identification of actual or potential medicine-related problems and results in recommendations to optimise medicine use. Medication review is performed in parts of Europe but is an under-used health service intervention and needs to be performed in a consistent and systematic manner to realise the benefits. The potential value of medication review to patients and to health services does not seem to be appreciated, and while some countries have national guidance, there is no standardised guidance at the European level available across the Council of Europe member states at present. These guidelines aim to: a) establish a common understanding of what medication review is and how it contributes to improving the use of medicines; b) set out the process of conducting a medication review; c) illustrate the necessity for the collection and sharing of data; d) provide guidance concerning education and training; e) provide insights on how to support the development of this service and to facilitate the implementation into practice at the European level; h) provide information on existing medication review programmes. The guidelines are intended for competent national authorities and policy makers, pharmacits and health care professionals conducting medication review, and for health service organisations establishing medication review programmes.

Guidelines on Medication Review

https://www.edqm.eu/en/pharmaceuticalpractices-and-pharmaceutical-care

Working Process

- **★** Working Group discussion and drafting
- **★** Stakeholder engagement and review of draft
- ★ Expert Committee Review





MR Guideline's Intentions and intended audiences

To support...

- ★ National Competent Authorities and policy makers in establishing and adapting MR as an intervention in their healthcare systems;
- ★ Countries and Health Services where the application and performance of MR are considered suboptimal;
- ★ Pharmacists and Healthcare Professionals involved with medicines to ensure that MR is carried out in a consistent and systematic manner;
- ★ Health Authorities to drive medicine optimisation, to improve patient safety and patient health outcomes, and to support efficient medicine management.







Medication Review Guideline Aims

★Establish a common understanding of what MR is

* how it contributes to improving the use of medicines

\star Set out the process of conducting a MR

* the identification and prioritisation of patients who would benefit ★ the recommended frequency of MRs

+Provide

- ★ Guidance concerning education and training
- * Insights on how to support the development of this service and to facilitate the implementation into practice at the European level
- ★ Information on existing MR programmes
- * Guidance concerning the collection of data as well as its storage and protection









Several MR types for different purposes and settings

MR Type	Purpose	Need	Potential problem	Data required	Complexity
1	Screening	Not urgent	Understanding, managing medicines, reassurance	Patient's medication record	Simple
2a	Patient centred	Moderate	Adherence, experiences, concerns	Patient, medication history	Intermediate
2b	Detailed History review	Moderate	Detailed screen for problems	Medication history, laboratory and clinical test results	Intermediate
3	Wholistic	Potentially urgent	Potentially serious problems, non-adherence – therapeutic failure, adverse effects	Patient, medication record, Medical records	Advanced, Complex





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Medication Review Guideline

Medication Review Process

- Structured, standardised procedure to ensure consistency in the provision of quality patient care
- ★ Identification of patients who may benefit, collection of all the relevant information, medication reconciliation, evaluation to determine and prioritise the problems requiring intervention
- Recommendations formulated into a pharmaceutical care plan prepared with the patient
- Relevant information shared with the patient and communicated to other healthcare professionals
- Implementation and follow-up and the patient's MR records updated











Data collection, protection and storage

Data that is inaccessible undermines the continuity of patient care

- ★ A complete picture of the patient's medicine history, related clinical information and healthcare professionals who are providing care is essential to the effectiveness of MR.
 - * Contribution of all healthcare professionals caring for the patient
 - ★ Patient's experiences and concerns
 - ★ Not only prescription medicines
- It is recommended that the pharmacist should be able to access, collate, comment on and share information that is pertinent in the patient's records.
 - ★ Effective teams are inclusive and in touch
 - ★ Poor records lead to poor quality care
- ★ Data storage options facilitate healthcare across settings
- Data protection varies between CoE Countries but must attain highest possible standards for healthcare









Education and training

- ***** Structures, systematic and consistent MR
- **★** Two foci of training
 - ★ Clinical knowledge and skills
 - ★ MR and the health service information system
- ★ Clinical knowledge and skills
 - ★ Aligned to the purpose of the MR Service
 - ★ Patient Consultation skills
- **★** MR process and records must be integrated into health service information system
 - * Prescribers and pharmacists may need to update their knowledge prior to conducting simple MRs, but should receive comprehensive training to conduct advanced MRs.
 - ★ Other healthcare professionals need education and training to conduct all of the different types of MR.
- Education and training must be Quality Assured
 - * Once a suitable structured and recognised MR education programme has been established, this should be followed
 - by periodic continuing professional development to maintain competency.















Health Professionals and Medicines

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20/05/2025

Responsibilities and Outcomes

- **+** Provide care to individual patients
- Improve Population Health through supporting public health measures and health promotion
- Support colleagues to ensure the continuity of healthcare and the safe, effective and efficient operation of health services

"Medication is the most common intervention in health care and plays a vital role in maintaining our health and wellbeing. Evidence suggests that inappropriate use of medicines results in sub-optimal medication outcomes and significant health damage for patients, and it decreases the efficiency and effectiveness of health care systems."

Dr Denis Gjika, Chair of the CD-P-PH/PC, of EDQM.







Medicines are shared tools and a shared responsibility

- Medicines, prescription and non-prescription are used in every healthcare setting and throughout Society
- Prescribers and pharmacists work independently to care for patients taking medicines
- Most medicines are given to patients to use, but information about their effects is often not collected and is infrequently collated
- ★ This way of using medicines is not fit-for-purpose
- ★ It is deteriorating with rising demand for medicines, increasing complexity of therapeutic regimens and additional routes for medicines supply







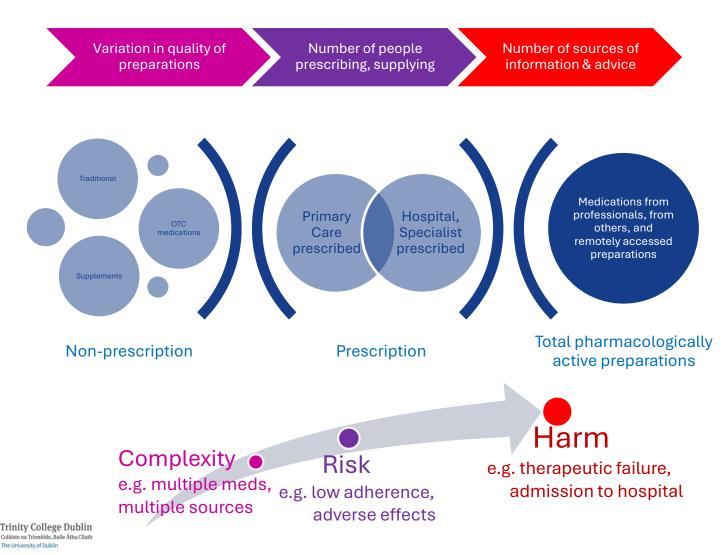






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Complexity of medication use contributes to risk and harm



Medication use must be improved

- Estimates of medication errors in Europe (based on data from Spain, Germany and the US) suggest there could be between 60,000 and 131,000 medication error-related deaths per year
- Around 1 in 10 admissions to hospital in OECD countries may be the result of medication-related harm
- 1 in 5 hospital patients experience medication-related harm according to the OECD
- Polypharmacy, High Risk Medicines,
 Discharge, High Risk situations e.g.
 Transitions of care, Vulnerable groups



Medicines du médicament

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How an MR Service improves the quality of patient care

- MR is a key opportunity for professionals to listen to the patient's concerns and empower them to take an active role in the using their medicines to manage their condition(s) which leads to...
- **★** Medication Review can be conducted in all healthcare service settings
 - Type of MR used can be tailored to the patient's circumstances and clinical need
- Detection of, and addressing, problems with medicines not often identified through routine prescription review
- ★ Use of more appropriate medicines
- Deprescribing of inappropriate medicines
- Simplification of medicine regimen and reduction in burden of medicine taking









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MR creates teams around the goal of medicines optimisation



Patients, Prescribers and Pharmacists are the key members

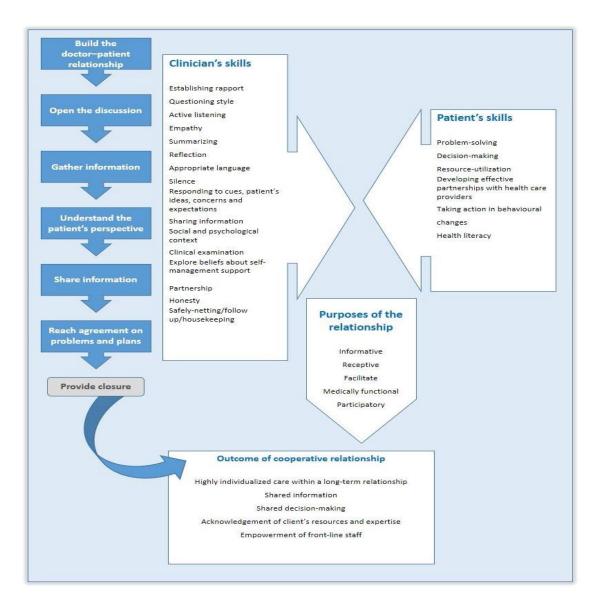
- MR brings together the relevant people and their information in order to optimise the use of medications
- MR promotes and consolidate co-operation and collaboration among healthcare professionals
 - ★ Shared goals of improving patient care and experience
 - ★ Shared interest in facilitating medication problem solving in future
- MR establishes regular communication and shared records which help prevent future problems







MR is an example of Co-Production Clinical Care



- Patients are not 'owned'
- Professional as facilitator
- Help patient meet their needs
- Professionals support each other
- Primus inter pares





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Medication Review – key points

★ Health Service context

- An important tool and should be used to its full extent to improve patient care and patient safety.
- ✓ Should be available as a health service-wide programme.
- Must be integrated into the care pathway for the patient population.
- ✓ The health service together with the stakeholders should provide the vision, leadership and resources to ensure that MR is developed and implemented effectively and efficiently.
- ★ Implementation must be planned
 - \checkmark Identify area of need and tailoring the MR to address it
 - \checkmark Elicit the facilitators and barriers and plan for them
 - ✓ Implementation team and continued support









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MEDICATION REVIEW



Guidelines of

Medication Review increases Benefits and reduces Risks

- **Improved patient** • experience
- **Reduced morbidity &** • mortality
- Value for money •



Patient – Prescriber – Pharmacist **Co-ordination and shared records**

Appropriate use + Deprescribing = **Clinical improvement**

Adherence = Improved Health Status

Poor co-ordination Information not shared

Inappropriate use = Clinical deterioration

No medication provided or, Nonadherence = Disease progression

Inappropriate selection = Adverse effects, clinical deterioration & disease progression

- Increased hospitalisation
- **Increased mortality**
- **Higher Healthcare** expenditure



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Expanding the roles of pharmacies and pharmacists in clinical care can improve access to medicines and other care services.

- Pharmacists act as the custodians, providers, experts and advocates for medicines in Society
- In some countries, pharmacists have taken on new roles renewing prescriptions and helping patients access medication.
- Pharmacists are increasingly included as members of inter-disciplinary care teams in primary and hospital care, with roles including oversight of medication dispensing process and review of prescriptions for high-risk patients at admission.
- Quality use of medicines depends upon co-operation and collaboration between healthcare professionals
- ★ MR represents a key way in which this can be done



To improve medication safety, countries can:

OECD Health Working Papers No.147. The Economics of Medication Safety Improving medication safety through collective, real-time learning. K de Bienassis, L Esmail, R Lopert, N Klazinga



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) EDQM 2



Thank you

Next, Examples of MR in Europe





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More information



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