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Evaluation „Polymedikations-Check“

Experiences of Pharmacists and Patients Six Months After the
Launch of this New Service in Switzerland

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PERSONS IN SUPPORT

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Abstract

Background

In September 2010 in Switzerland a new service for a medicine use review, called "Polymedikations-Check PMC", was launched. The PMC is performed by the pharmacist ad hoc or after a made appointment with the patient in the pharmacy. Goal of a PMC is to increase the compliance. The PMC is made for patients with four or more prescribed medicines and he can be repeated after six months.

Objectives

A scientifically monitoring of the new service "Polymedikations-Check" (PMC) in Switzerland with the focus on the evaluation of the provided tools and analysis of the feedback from pharmacists and patients.

Methods

A questionnaire-based survey and a focus group-discussion for getting feedbacks of the pharmacists. For the patient's feedbacks a telephone follow-up interview made by students two weeks after a PMC. Collecting PMC-protocols of the first quarter of 2011.

Results

From 280 pharmacies 143 sent back a questionnaire, which corresponds to a quote of 51.5%. 24.5% (n=35) of these were PMC-sceptics and the rest were PMC-providers (47.2%, n=51) or want to provide the PMC but didn't offer one yet (52.8%, n=57). The main-barriers for offering a PMC were tight time (76.6%, n=105) and tight human resources (71.5%, n=98). A further barrier is the recruitment of the very first patient. For the sceptics the patients were not ready for this service (71.5%, n=25). It is also not really clear for the pharmacists, what a PMC really is including. For 65.4% (n=90) of the asked pharmacists it includes a controlling off DDI, for 63.5% (n=87) it includes a control of the plausibility of the prescription and for 92.9% (n=130) it includes an analysis of patient's compliance. For the acceptance of the PMC by the patients is speaking, that 80.7% (n=42) would recommending this service to others. The data of the protocols are showing, that the average of the duration is with 35 minutes (range seven minutes to 1:45) in the thought range of 25-35 minutes. The analysis is showing further that not all boxes for crossing are need.

Conclusion

The patient is apparently ready for this service. For solving the problem of the recruitment of the patients for this service there could help specific training like role-plays and the developing of three-four standardized sentences for speaking to the patient. For getting more clearness, what is including a PMC and what not, there is important to use a clear and simple language/wording for patients and pharmacists. The PMC could be an important tool for increasing the patient's safety by taking their medicines and reduce costs. But there are further studies need for attending and evaluating the services also with the including of the prescribers.