



The pill's last mile - How German pharmacists can contribute to strengthening medication adherence

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BACKGROUND

By 2020, non-communicable diseases (NCD) are expected to contribute to more than 65% of the global burden of disease. While in many cases pharmacotherapy can help manage NCD effectively, treatment with multiple medications (polypharmacy) can lead to poor therapy adherence.

On average, patients over 65 are being prescribed more than five drugs per day (1). Among other factors, this leads to 50-60% of patients being non-adherent to prescribed pharmacotherapy and more than 30% of medication-related hospital admissions (2). This problem is striking in Germany, as more than half of the population above 65 suffers from at least one chronic disease (3) and by 2030, more than a third of the German population will be older than 60.

Simultaneously, the number of general practitioners (GP) is forecasted to decrease by approximately 10,000 GPs resulting in an expected shortage of resources to support patients' adherence to prescribed medications during the consultation efforts (4).

Consequently, the question arises whether other health care providers such as pharmacists could fill this gap by providing medication adherence support to polymedicated patients suffering from chronic diseases, thus increasing the chances of success of therapies prescribed by GPs.

OBJECTIVES

To assess the ability and disposition of German community pharmacists to provide adherence counselling, to collaborate interprofessionally with GPs and to have a broader role in patient care.

METHOD

Among a group of 15 German community pharmacists, a survey was conducted from June to October 2017.

At baseline, participants were asked to complete a questionnaire about their counselling competency on adherence, on communication with patients, on communication with physicians, and to provide an overall self-assessment.

Subsequently, participating pharmacists were trained to provide adherence counselling and asked to provide adherence support to at least five patients with atrial fibrillation plus two further chronic diseases requiring a minimum of three different medications.

After three months, participants were asked to complete the same questionnaire administered at baseline and to comment on their experiences.

They were also asked to record the time required for patient counselling and communication with physicians.

RESULTS

11 pharmacists completed both questionnaires. These included experiences out of 113 consultations with 47% of the patients articulating the willingness to be involved in adherence counselling.

The average consultation time was 37 minutes per patient.

In 18% of the cases (n=20), a consultation with the prescribing physician was required.

Pharmacists showed a self-reported improvement in all counselling categories (counselling competency on adherence: +1,07 points \pm 17.83% improvement; communication with patients +0.36 points \pm 6 % improvement; communication with physicians +0.49 points \pm 8 % improvement; overall rating +1.14 points \pm 19 % improvement).

The most frequent causes for patients' non-adherence observed by pharmacists were incomplete information about the prescribed medication and lack of motivation to take them.

The pharmacists enjoyed the consultations which were well received by both patients and physicians.

CONCLUSION

This research assessed the self-perception of German pharmacists on their ability and competence to provide counselling on medication adherence. International experiences have shown that pharmacists can improve patients' treatment in primary care settings, however, before this research, it was not yet known whether German pharmacists would feel qualified enough and willing to assume this new and broader role in patient care. Furthermore, it was not yet known whether physicians and patients would accept this new role for pharmacists. This research demonstrates the ability and willingness of pharmacists to improve medication adherence and the disposition of both professions - pharmacists and physicians - to work together to enable better patient care in Germany.

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IMPLICATION FOR PRACTICE

Adherence counselling by pharmacists empowers patients, strengthens the pharmacist's role as a health care provider, relieves the physician's tight time budget and fosters interprofessional collaboration. However, adherence consultations require adequate time, making additional remuneration for this service a precondition for general adoption of a pharmacy-centred adherence support service. Future research should investigate how to optimise interprofessional communication and pharmacist consultations to make adherence counselling financially viable to improve clinical outcome of polymedicated patients with chronic conditions in the long-term.



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