



PRACTISE - PhaRmAcist-led CogniTive Services in Europe: Recruitment and Current Status

Imfeld-Isenegger Tamara L.¹, Branco Soares Inês², Costa Filipa A.², Nabergoj Makovec Urska³, Horvat Nejc³, Kos Mitja³, Hersberger Kurt E.¹

¹ Pharmaceutical Care Research Group, University of Basel, Switzerland

² Centre for Interdisciplinary Research Egas Moinz (CiEM, ISCEM), Campus Universitário, Quinta da Granja Monte de Caparica, Portugal

³ University of Ljubljana, Faculty of Pharmacy, Slovenia

Background and objectives

In 2015, the FIP collected data on remuneration models for community and hospital pharmacy and identified large variations highlighting the focus is largely put on products and not on cognitive services.¹ Nevertheless, the number of **pharmacist-led cognitive services** around the world has been mapped and has increased in the last years.^{2,3}

By definition, pharmacist-led cognitive services are services provided or supervised by the pharmacist, based on a standardized and structured procedure, for the purpose of promoting optimal health and drug therapy and that is not necessarily drug or product related.⁴ (adapted)

Aims:

- To map the current remuneration models of pharmacist-led cognitive services in community pharmacies across Europe
- To focus on medication review (MR) services offered in community pharmacies and update a prior survey on MR practice in Europe⁵

Results

Survey structure:

- Part A: 21 different pharmacist-led cognitive services
- Part B: focus on MR services

Recruitment:

In the period of 3.11.16- 25.01.2017 95 persons from 38 different countries were invited to the PRACTISE survey.

Response:

43 participants completed the survey from 23 countries, and 52 participants did not complete or not respond to the survey, response rate of participants of 45.3%. Five countries with all three backgrounds (Malta, Germany, Slovakia, Switzerland, Turkey), 10 with two participants and 8 countries with one participant.

Participants (Current status 25.01.2017)

- data from 3 participants
- data from 2 participants
- data from 1 participant
- no data

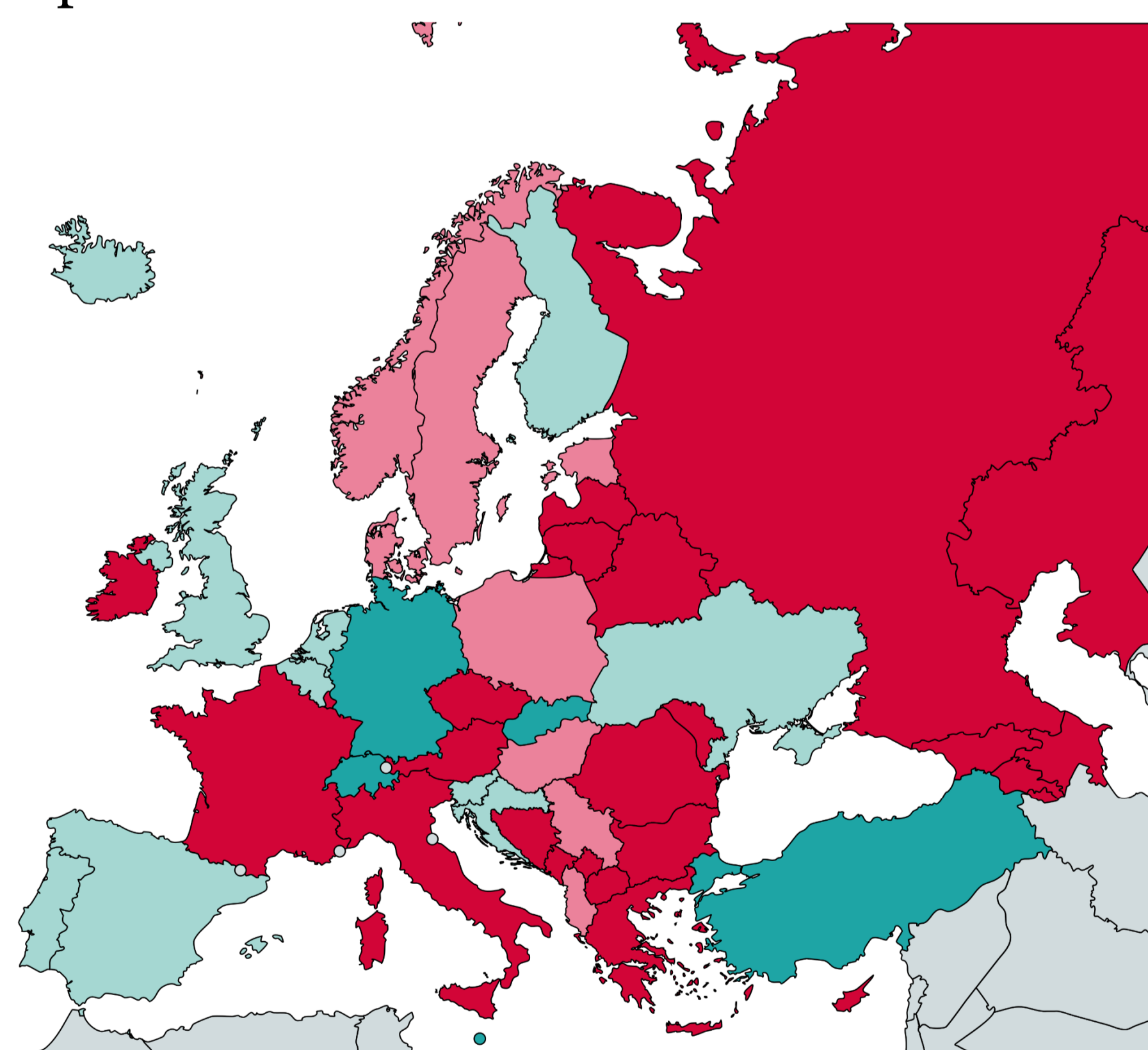


Figure 1: Current status of the PRACTISE project (25.01.2017)

References

- 1 Fédération Internationale Pharmaceutique (FIP). Sustainability of pharmacy services: Advancing global health 2015. Available from: http://www.fip.org/files/fip/Sustainability-Pharmacy-Services-Executive_summary_2.pdf accessed 26.01.2017.
- 2 Houle SK, Grindrod KA, Chatterley T, et al. Paying pharmacists for patient care: A systematic review of remunerated pharmacy clinical care services. *Can Pharm J (Ott)* 2014;147(4):209-32. doi: 10.1177/1715163514536678
- 3 Martins SF, van Mil JW, da Costa FA. The organizational framework of community pharmacies in Europe. *Int J Clin Pharm* 2015;37(5):896-905.
- 4 Nutescu EA, Klotz RS. Basic terminology in reimbursement for pharmacists' cognitive services. *American journal of health-system pharmacy* 2007;64(2):186-92.
- 5 Bulajeva A, Labberton L, Leikola S, et al. Medication review practices in European countries. *Res Social Adm Pharm* 2014;10(5):731-40. doi: 10.1016/j.sapharm.2014.02.005
- 6 Hersberger KE, Griese-Mammen N, Kos M, et al. Position Paper on the PCNE definition of Medication Review 2016 2016 [Available from: http://www.pcne.org/upload/files/149_Position_Paper_on_PCNE_Medication_Review_final.pdf Accessed: 26.01.2017.

Corresponding author

Tamara.Isenegger@unibas.ch
Pharmaceutical Care Research Group, University of Basel
Klingelbergstrasse 50, 4056 Basel, Switzerland
www.pharmacare.unibas.ch

Methods

Study design

- Cross-sectional study with an online survey
- Analysis of country specific response from up to three participants per European country, covering **different backgrounds** (practising pharmacist, researcher, policy maker)

Participant recruitment

- 53 European countries → exclusion of 5 small countries → in total 48 countries
- Approach of **one key representative** (PCNE member/ESCP member) per country covering one specific background
- Key representative suggests two further participants covering the missing backgrounds to fulfil the set of all three

Consensus process

- Cross check of answers within one country → contradiction will be solved using individual in-depth interviews for clarification aiming consensus

Countries with no response / no contact:

- Armenia
- Austria
- Azerbaijan
- Belarus
- Bosnia and Herzegovina
- Bulgaria
- Cyprus
- Czech Republic
- France
- Georgia
- Greece
- Ireland
- Kazakhstan
- Latvia
- Lithuania
- Luxemburg
- Macedonia
- Moldova
- Montenegro
- Romania
- Russia
- Scotland
- Wales
- Northern Ireland



Participate right now!!!

Preliminary data:

Background (n = 43 complete responses from 23 different countries):

- Practising pharmacist 30.2% / Researcher 41.9% / Policy maker 27.9%

Table 1: Preliminary data from part B: Types of MR (according to the PCNE definition⁶) - Response from countries with all three backgrounds (Preliminary data prior to the consensus process) (n=15 responders)

Country	Type 1 Simple MR	Type 2a Intermediate MR	Type 2b Intermediate MR	Type 3 Advanced MR
Germany	Yes (2) No (1)	Yes (3)	No (3)	Yes (2) No (1)
Malta	No (3)	No (3)	No (3)	Yes (1) No (2)
Slovakia	Yes (2) No (1)	Yes (1) No (2)	Yes (1) No (2)	Yes (2) No (1)
Switzerland	Yes (2) No (1)	Yes (3)	No (3)	No (3)
Turkey	Yes (1) No (2)	Yes (1) No (2)	No (3)	No (3)

Conclusion

The method of recruiting **one key representative** per country suggesting two further participants is a successful recruitment model to involve participants with specific backgrounds. However, the recruitment aiming three participants per European country is challenging and time consuming. Next steps: 1.) Last attempts gathering further participants in Bled 2.) Completion of the survey until March 2017 3.) Consensus process 4.) Data analysis.

