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Survey about interface management measures regarding medication

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Background

The starting of a treatment in hospital care can influence the future long-term medication of the patient after discharge. The need to improve medicines management at the interface of hospital and primary (out-patient) care is generally acknowledged. But knowledge about good practice examples on how to bridge that gap is scant.

Objective

To learn about existing policies, mechanisms and measures of cooperation between the hospital and primary care sectors (hereafter called interface management).

Results

All countries surveyed expressed a need for better cooperation regarding medicines management at the interface of primary care and hospital sector. 17 countries reported interface management initiatives. Measures included joint reimbursement lists, hospital drug formularies being coordinated with the list of recommendations for medicines in the primary care, joint development of recommendations/guidelines; joint Drugs and Therapeutics Committees (DTC) and hospital DTCs with a representative from the social health insurance; (obligatory) transfer of information on pharmacotherapy between the sectors, including IT solutions; patient education and counseling; special funding schemes, financial incentives for cooperation projects; pharmacy liaison services, hospital discharge programs, and medication reconciliation.

Discussion

Interface management measures can be undertaken at the micro and at the macro levels. Measures can be undertaken by individual hospitals to communicate better to out-patient carers (e.g. hospital discharge programs). Such individual initiatives could be enhanced by a supportive environment at the system (macro) level. However, the pharmaceutical system in many European countries is divided into two distinct sectors with different payers. This would require interface management measures at system level which address the organisation and funding of the health care system. Examples of joint Drug and Therapeutic Committees (DTCs) and joint reimbursement lists appear to be good practice models but they need to be evaluated regarding their impact.

Conclusions

The study confirmed the urgent need for an improved dialogue between the hospital and out-patient sectors. Good practice examples from other countries may be helpful but they are rare and not fully evaluated. The implementation of the sustainable measures would require a change in the organisation and funding of the pharmaceutical system. Such changes cannot be done by hospital pharmacists alone.

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Methodology

Survey with hospital pharmacists and competent authorities:
A survey was performed with the PHIS (Pharmaceutical Pricing and Reimbursement Information) network which involved competent authorities for pricing and reimbursement as well as hospital pharmacists from 27 European countries (25 EU Member States, Norway and Turkey). PHIS network members were asked to inform in writing, preferably by drafting a report about medicines management in the in-patient sector and interface management measures in their country (data as of 2009/2010).

Coverage: We reviewed 19 published PHIS Hospital Pharma reports, two draft reports and written information provided by six further countries.

Follow-up survey: In February 2012, network members from 11 countries provided posters with updated information. Further, information from a literature review and a course about the issue was considered.

Examples of interface management measures in European countries

Joint Reimbursement lists & Drugs and Therapeutics Committees)
Sweden: "Wise List" in the Stockholm Healthcare Region: a list of essential medicines recommendations valid for the out-patient and in-patient sectors, decided by a Joint Drugs and Therapeutics Committee (DTC)
Scotland: Joint list of recommended medicines for primary and hospital care has been present for over 20 years, involvement of both primary and secondary care physicians in the DTCs and in developing joint guidance and guidelines
Cooperation structures
Austria: Participation of out-patient sickness fund representatives in hospital DTCs
England: Health economy prescribing committees (with primary and secondary care purchasers and providers) can be used as forums to resolve issues around medicines safety and usage at the interface
Patient records
Norway: A project has been initiated in 2012 to promote the use of medicines lists for the individual patients in order to ensure correct information at any level in specialist or primary health care
Funding mechanisms
France: Sickness funds reimburse 70-100% of the costs of medicines used in hospitals placed on a specific "supplementary list" and 100% of the cost of medicines dispensed by hospitals to out-patients (also a specific list)
Netherlands: Sickness funds finance specific medicines used in hospitals: they fund 100% of the costs of orphan medicines on the orphan medicines list and 80% of other high-cost medicines on a specific list
Norway: Hospitals pay for specific medicines such as TNF medicines and medicines for the treatment of multiple sclerosis that patients need after discharge from the hospital
Poland: Highly specialized services (incl. specific pharmaceutical treatments are funded out from the state budget
Slovakia: Health Insurance Institute tenders specific high-cost medicines and finances them for specific hospitals

Source: Vienna WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies

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