

## December 2012

The two organisations representing community and hospital pharmacists in Europe, PGEU and EAHP, issue the following joint statement of collaboration on the advancement of pharmacy practice.

The statement is intended to reinforce the organisations' cooperation in promoting an enhanced role for pharmacists in direct patient care including:

- Supporting and extending the role of pharmacists in optimising patient use of medication; and,
- Supporting active participation of pharmacy practitioners in multi-professional healthcare teams.

## STATEMENT

# The role of the pharmacist in optimising patient use of medication

As experts in medicines, pharmacists, in both the community and hospital sectors, are central to helping patients better manage their medicines and therefore make a unique contribution to improved patient outcomes. The core of pharmacy practice is effective management of patient care and ensuring that optimal therapeutic outcomes are achieved when medicines are prescribed and dispensed.

For example, pharmacists are uniquely placed to assist patients with any issues connected to multiple medications they may be taking (polypharmacy). This can include helping to manage the risk of medication errors due to the complexity of treatment or investigating any potential medicine interaction problems. Clinical interventions by pharmacists can also make notable impacts on improving adherence to prescribed treatments.<sup>[1]</sup>

The pharmacist can then give evidence-based and experienced advice on potential improvements to a patient's treatment plan in light of these discussions. Additionally, one of the major challenges we face in Europe is ensuring proper reconciliation of medication regimes between the primary and secondary setting, an area where both hospital and

community pharmacists have an essential contribution to make.

Consequently, any policies across Europe designed to improve patient outcomes with medicines should recognise the pharmacist's clinical role and exploit the full potential of pharmacist-led interventions.

## **POLICY NEEDS**

- Greater recognition of medicines adherence and polypharmacy as health system challenges that require a strategic response;
- Consequent commitments from national and regional Governments to support and extend the pharmacist's role in optimising patient use of medication as a health policy priority;
- The inclusion within health strategies and action plans of pharmacist-led programmes to optimise patient use of medication; and,
- Support for the development of the pharmacy workforce in their efforts to maintain and upgrade their professional competence through the provision of appropriate education and professional development opportunities.

## **Multi-professional care**

Multi-professional care requires bringing together professionals from different disciplines and in different practice settings to ensure appropriate transfer of information and utilisation of professional skills in order to gain the best outcomes for a patient or group of patients. The pharmacist's particular contribution in this regard is often knowledge, experience and assistance to the patient pathway in respect of optimising use of medication. In the ideal multi-professional care scenario, relevant communication and key data should follow a patient through the patient pathway, and health professionals should work together in a way that maximises the competence and contribution of each professional involved.

The barriers often presented to closer cooperation between settings and disciplines in the health sector are:

- insufficient commitment to the goal of multi-professional care from health service management and national/regional policy makers which often leaves patient needs unmet;
- lack of existing interventions that support and promote professional trust and collaboration between different professionals involved in patient care;
- difficulties in the transfer and collection of relevant information (e.g. access to patient medical records); and,
- lack of practice precedent or individual professional experience of multi-professional team working which creates unnecessary tension between professionals .

## **POLICY NEEDS**

- A better understanding by policy makers of the benefits of multi-professional care;

- Commitment from national and regional governments to achieving multi-professional care;
- Awareness by policy makers of the desirability of interoperable systems between health sectors and professional groups (e.g. eHealth solutions such as read and write access to the patient record by all professionals involved in care);
- Integration of the multi-professional team concept within health professional education curriculums;
- Better understanding of the potential of continuity of pharmaceutical care, with the active participation of the pharmacist during the patient's transition between acute care settings and home to deliver better care and system efficiency.

## JOINT COMMITMENT

EAHP and PGEU commit to coordinated advocacy to develop the pharmacist's role in optimising patient use of medication.

EAHP and PGEU commit to working together to improve the understanding of European policy makers about the benefits of multi-professional care, and the role of community and hospital pharmacists within that.

In so doing, EAHP and PGEU will work closely with partner organisations in the pharmacy and health sector.

## ENDS

## REFERENCES

### ***Optimising patient use of medication***

Blenkinsopp A. Extended adherence support by community pharmacists for patients with hypertension: a randomised controlled trial. *Int J Pharm Pract.* 2000;8:165–175. doi: 10.1111/j.2042-7174.2000.tb01002.x

Machado M, Bajcar J, Guzzo GC, Einarson TR. Sensitivity of patient outcomes to pharmacist interventions. Part II: systematic review and meta-analysis in hypertension management. *Ann Pharmacother.* 2007;41(11):1770–1781. doi: 10.1345/aph.1K31

McLean W. An adherence study of prescription refill data, with and without a periodic patient education program. *Can Pharm J* 2007;140:104-106.

Salter C. Compliance and concordance during domiciliary medication review involving pharmacists and older people. *Sociol Health Illn.* 2010;32:21-36.

Schnipper JL, Kirwin JL, Cotugno MC, et al. Role of pharmacist counseling in preventing adverse drug events after hospitalization. *Arch Intern Med.* 2006;166:565-571

Schumock GT, Butler MG, Meek PD, et al. Evidence of the economic benefit of clinical pharmacy services: 1996-2000. *Pharmacotherapy.*2003;23(1):113-132.

Kwan I, Fernandes OA; Nagge JJ et al. Pharmacist medication assessment in a surgical preadmission clinic. *Arch Intern Med* 2007; 167: 1034-40.

### **Multi-professional working**

Carter BL, Rogers M, Daly J, Zheng S, James PA. The potency of team-based care interventions for hypertension: a meta-analysis. *Arch Intern Med*. 2009;169(19):1748–1755. doi: 10.1001/archinternmed.2009.316

Chisholm-Burns MA, Kim Lee J, Spivey CA, Slack M, Herrier RN, Hall-Lipsy E, Graff Zivin J, Abraham I, Palmer J, Martin JR, Kramer SS, Wunz T. US pharmacists' effect as team members on patient care: systematic review and meta-analyses. *Medical Care*. 2010;48(10):923-933.

Kane SL, Weber RJ, Dasta JF. The impact of critical care pharmacists on enhancing patient outcomes. *Intensive Care Med*. 2003; 29:691–8.

Krupicka MI, Bratton SL, Sonnenthal K, et al. Impact of a pediatric clinical pharmacist in the pediatric intensive care unit. *Crit Care Med*. 2002; 30:919–21.

Kucukarslan SN, Peters M, Mlynarek M, Nafziger DA. Pharmacists on rounding teams reduce preventable adverse drug events in hospital general medicine units. *Arch Intern Med*. 2003;163:2014-2018.

Patel R, Butler K, Dea Garrett. The impact of a pharmacist's participation on hospitalists' rounds. *Hosp Pharm*. 2010; 45:129–34.

Pon D. Service plans and clinical interventions targeted by the oncology pharmacist. *Pharm PractManag Q*. 1996; 16:18–30.

Rothschild JM, Churchill W, Erickson A, et al. Medication errors recovered by emergency department pharmacists. *Ann Emerg Med*. 2010

Stemer G, Lemmens-Gruber R. Clinical pharmacy services and solid organ transplantation: a literature review. *Pharm World Sci*. 2010; 32:7–18.

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[1] See studies cited at end of statement

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