

“Don’t forget to take your medicine!”

Improving the use of medicine by elderly patients in the region of Madrid

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Organisation: Servicio Madrileño de Salud, Consejería de Sanidad

Country: Spain

Level of government: Regional/State government

Sector: Health

Type:

Launched in: 2006

Overall development time: 4 year(s)

Link to the innovation's website

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Description

The Health Agency of Madrid region designed and delivered a prevention programme in 2006 that was specifically targeted at elderly patients. Its objective was to reduce health risks and adverse impacts that can result from misuse of multiple medicines.

The programme is based on personalised medication schemes which are co-designed by health professionals and patients. It offers regular reviews involving primary care centres and pharmacies in the Madrid region.

Currently more than 100,000 patients are taking part in the programme, which has produced very positive results for them and also achieved savings for the public sector.

Why the innovation was developed

- In Spain, a high percentage of elderly people aged over 75 experience chronic diseases and multiple health problems.
 - Patients are often faced with complex therapies and taking multiple medications, so that forget some them or get confused on what should be taken and when.
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Objectives

Improve effectiveness, Improve efficiency

- The overall aim of the programme is to improve the health and wellbeing of residents over 75 years of age who live in the Madrid region and have to take more than 6 different medicines on a permanent basis. In particular, this implies the following objectives:
 - To identify and solve problems arising from use of multiple medications;
 - To influence patients to take their prescribed medication according to the right schedule; and
 - To get patients to pursue the full therapies related to their use of multiple prescriptions.
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Main beneficiaries

Elderly people

- Elderly patients
- The Health Agency of Madrid region

Results

Effectiveness

- During more than six years of running this programme the personal outcomes of many patients have been improved significantly, as highlighted by the following reports from the pharmacists participating in the programme.
- In the first four years after the start of the programme, more than 100,000 patients benefitted from the programme, with more than 1000 pharmacies participating (35% of all pharmacies in the region of Madrid).
- The programme has brought very positive results for the improvement of health of the patients. By the end of the second year of the programme, the proportion of patients aged over 74 who were at a high risk of adverse effects from their medication (medication which fulfills the so-called Beers criteria) fell from 16.3% in 2006 to 14.4% in 2008.
- As far as the overall impact of the programme is concerned, a survey conducted with the 127,206 patients engaged in the programme in June 2011 (with an average response rate of 64%) indicated that 91.6% of the respondents knew how they were supposed to take their prescribed medications, 92.4% knew the prescribed dosage, 95.37% exhibited good compliance.

Development

Design

The Health Agency of Madrid region designed and delivered a prevention programme in 2006 that was specifically targeted at elderly patients. Its objective was to reduce health risks and adverse impacts that can result from misuse of multiple medicines.

Implementation

Tools used:

- The initial assessment is followed by an in-depth assessment by medical staff in order to assure that the medications taken by the patients conform with those prescribed in their medical history.
- This identifies both gaps, where medicines prescribed are not being taken, and also use of medication which was not prescribed; identifies the degree to which medications are taken according to the prescription; improve patient's knowledge about the purpose of various medications; and identifies problems such as lack of regular taking of medications, duplication, and suspected adverse reactions to medication; and agree to a set of personalised tools and triggers with the patient which help the patient to achieve a successful outcome (e.g. user-friendly and memorable labels on medicines, and personalised mechanisms for dispensing the daily medications, sometimes in an apparatus which is recyclable, sometimes single use only).
- This approach entails a number of tests to enable medical staff to get to know the patients and understand their capacities and attitudes. Then a medication plan is co-designed with each patient taking part in the programme.

Resources used:

- Costs for the time invested by professionals to co-produce personalised medication schemes for patients;
 - Costs for the training of professionals; costs for the awareness campaign and drafting of support material for the programme.
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Diffusion

- As a result, other regions such as Extremadura and the Canary Islands are now seeking to implement similar prevention programmes. The programme has won a special distinction in the category 'good practices' from the VI Quality Excellence Award for Public Services in Spain.
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Challenges and solutions

- The first challenge was to reach out to the patients who were eligible for the programme and to persuade them to get involved. This was achieved through a combination of active, passive and targeted outreach initiatives.
- In the first place, medical staff working in health centres approached patients who were visiting the health care centre or who had home visits. Pharmacists also made patients aware of the programme when they picked up medication from the pharmacy. At the same time, a public campaign was launched by putting up posters about the programme in facilities frequented by the elderly. In addition, the Health Agency of Madrid Region identified every patient who was eligible for the programme and requested their GPs to tell them about the new programme.
- At the start of the programme patients have an appointment with a nurse to make an assessment of all the medications they are taking. This includes prescribed medications but also those medications available without prescriptions and 'alternative' medicines.

Lessons Learned

Lessons Learned

- The delivery of this specific health programme requires close partnership working between different health professionals, including GPs, pharmacists, nurses and health visitors.
- The personalisation of medication schemes is one of the pillars of this programme. Each medicine has to be reviewed with regard to its effectiveness, safety and cost-effectiveness, in order that the most suitable medicines are chosen for each patient. In the case of elderly patients, issues of safety are of particular importance when using multiple medicines. Particular attention has had to be paid to avoiding the use of medications considered to be unsuitable for elderly patients.
- The co-design of personalised medication schemes between health professionals and patients requires that health professionals are trained 'to put themselves into the shoes of patients' and to take into account the personal context and wider social network of patients.

