



## Three Key Challenges

- Polypharmacy
- Exposure to Adverse Drug Reactions (ADRs)
- Poor adherence

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# Pharmacy Interventions: Three Examples

- MURs in the UK;
- The Medicines Management Project in the Germany;
- The Dutch collaboration model.

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#### Does it work?

- Literature is mixed on outcomes so far good evidence of improved adherence, less clear evidence on e.g. hospitalisation;
- Lack of standardised approach hampers interpretation and further development;
- Full cost benefit analysis needs to take into account systematic impact;
- There is a clear signal that healthcare team collaboration may be a determining factor in success or otherwise.

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## The Challenges

- The vast majority of pharmacist remuneration in Europe is volume related;
- Interventions need to be scalable and not limited to core innovators;
- Opportunity costs of expanding service provision are significant (particularly for independents?)
- Even if scalable, no guarantee that rationalisation cost savings will not be 'appropriated'.
- Physician resistance needs to be overcome.

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## **A Commercial Prescription**

- There needs to be a shift toward fee for service remuneration models for pharmacists; (this is now happening) and an integrated approach to funding adopted;
- There needs to be an incentive structure for collaborating health professionals;
- There needs to be a systematic approach to harnessing rationalisation gains;
- There needs to be a strong reorientation of professional training toward collaboration and specific interventions.

