Germany: New model interdisciplinary contract to manage medicines

A contract that pays pharmacists and doctors to work together on medicines management has been signed by the respective professional associations and a large health insurer (AOK PLUS). Patients choose one doctor and one pharmacy to provide their continuous care. Both professionals receive the same remuneration for the service. This is the first contract to be based on the concept of an interdisciplinary approach originally co-developed by the ABDA-Federal Union of Germany Association of Pharmacists and the Federal Association of Statutory Health Insurance Physicians (KBV). This innovative form of collaborative practice with the acronym *ARMIN (ARzneiMittelINitiative Sachsen-Thüringen)* will be conducted in two Federal States, Saxony and Thuringia, for an initial period of five years, commencing in April 2014.

Overall, the initiative aims to improve both the effectiveness and safety of pharmacotherapy especially in elderly patients with polypharmacy. The program consists of three components: (1) preferred generic prescribing (instead of brand name products), (2) preferred prescribing of first-line drugs based on evidence-based guidelines (medication catalogue), and (3) an initial medication review followed by long-term monitoring of and care for patients by pharmacists and physicians. The first two components will be implemented in the third quarter of 2014 followed by medication management from January 2015 onwards. Each of the program components are described in further detail here:

(1) The **prescription of an active ingredient** instead of a medicine by name aims at increasing transparency for the patient, among others. The pharmacist is currently obliged to dispense products deviating from the prescription and according to closed rebate contracts negotiated between health insurance funds and pharmaceutical companies. A unique dataset was developed including approx. 180 suitable active ingredients that could be clearly defined e. g., in terms of the active substance, dose strength, and formulation. Furthermore, it was specified how the prescriber has to write the prescription based on a newly introduced code. When entered into the software of any German pharmacy, this code leads to a list of brand name or generic products eligible to dispense. If needed, the physician can prescribe a specific brand or generic product by name and excluding generic substitution.

(2) The **medication catalogue** is included in the physicians' software. At the time of writing, this guideline covered eight common indications: chronic heart failure, coronary heart disease, hypertension, atrial fibrillation, osteoporosis, dyslipidemia, Alzheimer disease, and depression. Based on current evidence-based guidelines and standards, the selection process for the appropriate medication is facilitated. Approx. 250 drug substances were categorized in three groups for the indications being "standard" (first-line), "reserve", and "subordinate".

(3) The core component of the concept, however, is **medication management**. Patients insured by AOK PLUS who take a minimum of five chronic medications as well as patients with medication non-adherence in the past are currently eligible (approx.

300,000 patients fulfill these criteria in the two Federal States). This service can be initiated by the pharmacist, the physician or the health insurance company. After signing an informed consent, patients choose one physician and one pharmacy to care for them continuously.

As a first step, a comprehensive medication review will be performed in the pharmacy starting with a compilation of all drugs currently taken including non-prescription (OTC) drugs, exploring claims data, pharmacy records and products brought to the pharmacy by the patient (*brown bag*). Then, a check on drug-related problems is performed by the pharmacist and a preliminary medication plan is generated. This preliminary medication plan and the results of the risk check are transferred to a server via a safe internet connection. The physician has access to this server and adds further information to the medication plan if necessary, checks the complete medication and finalizes the plan. The patient then receives a comprehensive medication plan with all drugs currently used and the information necessary for a safe use. This approach shall improve knowledge and medication persistence/adherence of the patient as well as safety. Furthermore, it shall improve medication reconciliation when visiting a specialist or on admission to a hospital or a long-term care facility.

Effectiveness and safety of pharmacotherapy will be monitored continuously and the medication plan will be updated by both the physician and pharmacist, if needed.

Apart from incentives for physicians and pharmacists offered for components (1) and (2), both health-care professionals will receive the same remuneration for providing the medicines management service. This includes the initial medication review as well as the continuous follow-up.

As incentive for pharmacists and physicians to join the contract at an early stage, an initial funding is offered being highest during the first three months after the official start in April 2014 and declining to zero after nine months. This funding is paid especially as a contribution to the costs of implementing the infrastructure in community pharmacies and doctors' offices.

A regular monitoring of the implementation of the contract as well as an external evaluation will be performed.

Contact:

Uta Müller, PhD, MPH or Martin Schulz, PhD, FFIP

arzneimittel@abda.aponet.de

www.arzneimittelinitiative.de