



March 2019

Communique

Introduction

The World Pharmacy Council held its annual members' meeting in Queensland, Australia, on March 9th 2019. Council President George Tambassis welcomed participants from all member countries, extending a special welcome to the most recent new members from Portugal, Denmark and Spain. Participants and guests enjoyed a private reception hosted by the President in the evening of 8 March.

The meeting was held during the Australian Pharmacy Professional (APP) conference and members were able to learn about the best innovative professional practice in Australia, and participate in discussions, highlighting practice issues in their own country, enjoying exceptional hospitality from the Pharmacy Guild of Australia and APP.

The meeting began by considering a paper presented by the Portugal member organisation, ANF, on the strategic direction of the Council, with a framework to ensure clarity and focus on objectives. The framework was welcomed and agreed. The initial strategy for the Council from 2018-21 will continue for 2019, and the next meeting will review and adopt a strategy for 2020 onwards.

Adherence

The principal business of the meeting was to review and analyse research into the role of community pharmacies in supporting adherence to medication regimes, and to develop an expert and informed policy for the Council. This recognises that in all countries problems with adherence are substantial and widespread, and despite recognition of the problem for 40 years, according to the WHO, little progress has been made in tackling the issue.

In its report in 2003 the WHO stated that:

'Increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments'.

The meeting agreed that the opportunity to use the skills and relationships found in community pharmacies must be examined to ensure all countries with developed health economies can improve adherence levels.

A presentation by Graeme Blanchard of the Pharmacy Guild of New Zealand summarised WHO and OECD reports on adherence from 2000 onwards, and noted the lack of concrete

progress, despite general acceptance of non-adherence levels, around 40-50%, in developed health economies. In 2003 WHO concluded that 'investing in medication adherence improves health outcomes and health system efficiency'.

The Chief Economist provided a report on research into adherence, noting the variation and inadequacy of standards used to gauge adherence, and the economic impact of non-adherence and related interventions, in most research. The Council will work to ensure that an outcomes-based standard is adopted, and will engage with ICHOM (International Conference on Outcomes Measurement) to develop the best standard. It will ensure that it identifies and acknowledges flaws in some existing research, while also identifying and highlighting the findings of robust studies.

Studies of a range of adherence support services were presented by member organisations. These included DAA (dose administration aid) packaging, supporting patients newly prescribed medication, medicines synchronisation, general and tailored support for patients with long term conditions.

The results of a study into DAA packaging is expected in the summer. Research findings to date have not established improved adherence, although the service is popular with patients as a convenience aid.

Research in the UK undertaken by two universities and commissioned by the government, into a new medicines services, showing a positive impact on adherence, has been replicated in studies in Ireland and New Zealand.

Reconciliation of medicines for patients on multiple therapies in the USA produced substantial gains in adherence and has been adopted by some payers. This has also been followed in Ireland.

An interesting study in Spain into improving adherence in patients with hypertension, asthma and COPD identified patients as intentionally and non-intentionally adherent, with differing intervention pathways. The brief but complex intervention showed positive results.

Conclusions

The Council will focus on specific policy areas, ensuring that it uses data and robust research to inform its policies and publications.

The Council will promote adoption of pharmacy based services where there is specific evidence of benefit; available evidence shows that the most effective services are those for patients with specific conditions, including cardiovascular and respiratory disease, depression and diabetes type 2. Medicines reconciliation and new medicine services deliver positive benefits. In the debate, the OECD finding was noted, that the available evidence shows that neither single point interventions, nor digital support, has any positive impact on adherence (without additional associated interventions) and that is consistent with research examined by the Council.

The Council will develop a submission to the OECD in response to its 2018 Working Paper 105 on adherence.

The Council's board will continue to meet regularly with the next face to face members meeting in Johannesburg, South Africa, in August 2019.