

Quality prescribing in general practice

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Professional collaboration: Netherlands, Great Britain, Republic of Srpska, Bosnia and Herzegovina

Question/problem: To implement continuous improvement of prescribing in general practice with a model closely linking the work of general practitioners and a clinical pharmacist aiming to improve the safety and efficiency of treatment with medicines. Emphasis is on polypharmacy (multiple medications) which is increasing across countries and, although appropriate especially in patients with multiple comorbidities, it can cause serious problems to patients and is a major challenge for the health care systems. Problems include adverse drug reactions and harmful drug interactions with reduced quality of life, increased overall morbidity, mortality and increased costs to health care systems.

Description of the project: A model was introduced in two regions in Slovenia. Beginning in November 2012 in the regional unit Murska Sobota (1st part of the project), subsequently expanding to the largest Community Health Centre Ljubljana in regional unit Ljubljana in April 2014, the project will be finished by the end of 2015 (2nd part of the project). A Clinical pharmacist is added to the general practitioner's team having a weekly afternoon session in the Community Health Centre to review patients' medications. Every second month, physicians and clinical pharmacists meet to share expertise and experiences with the focus according to the professional program approved by the Medical Chamber of Slovenia.

Results: Currently there are sixteen quality prescribing groups in the project. 112 group meetings were held and 2301 patient therapies were reviewed between November 2012 and December 2014. 741 X-interactions and 4639 D-interactions were found.

Lessons: Local organization is convenient and well accepted by all participants including patients. Availability of clinical documentation enables more accurate pharmacotherapy reviews, which in turn help physicians to improve pharmacotherapy. Regular meetings which focus on specific drugs were rated in the survey among participants as necessary. Further implementation is expected.