

The Skåne model

Medication Reconciliation and Review



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EIP AHA, Action group A1: Prescription and Adherence to medical plans



Medication safety

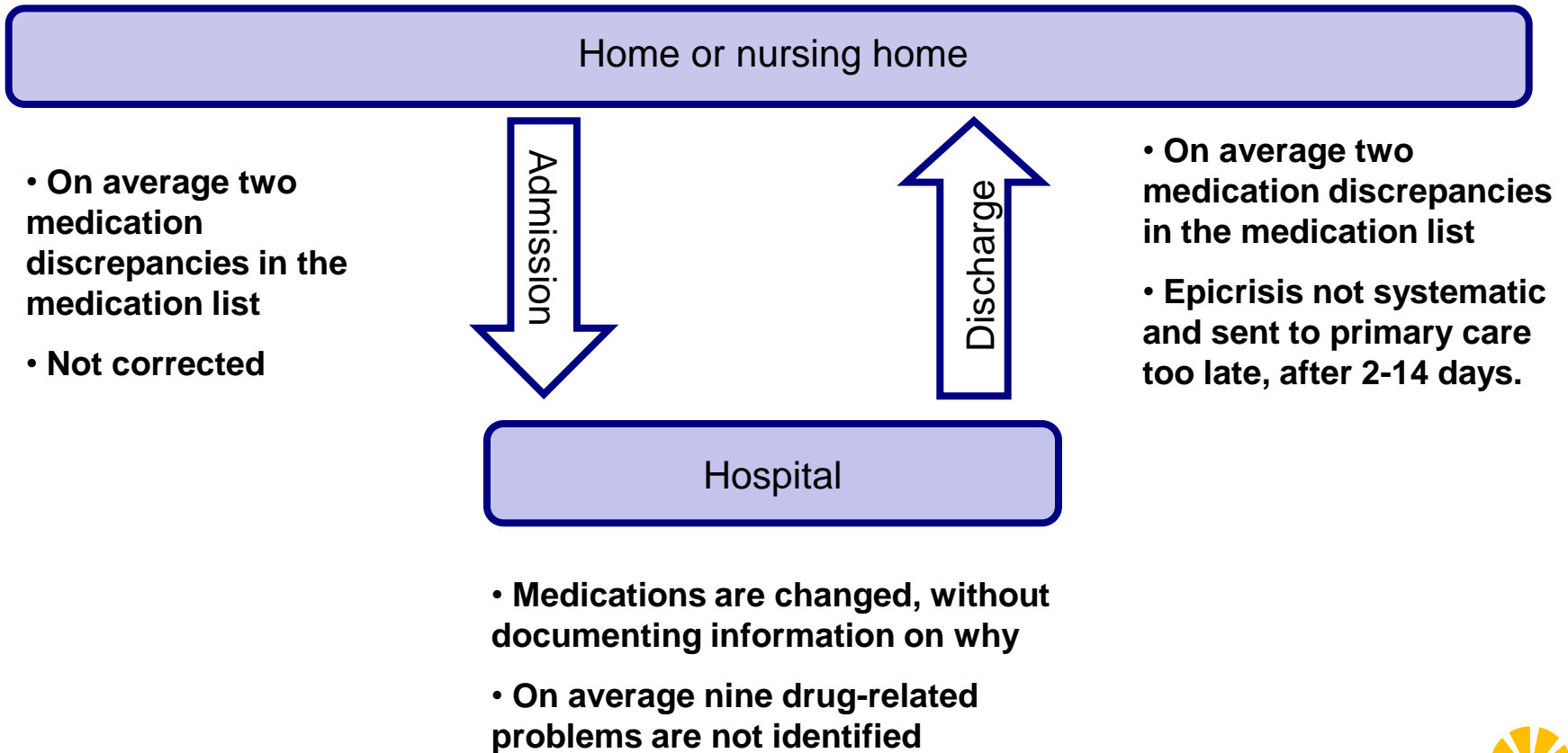
Elderly patients

- Uses increasingly more medications
- Uses potentially inappropriate medications
- Up to 30 % of the hospital admissions are caused by adverse drug events

Medication safety

The medication process

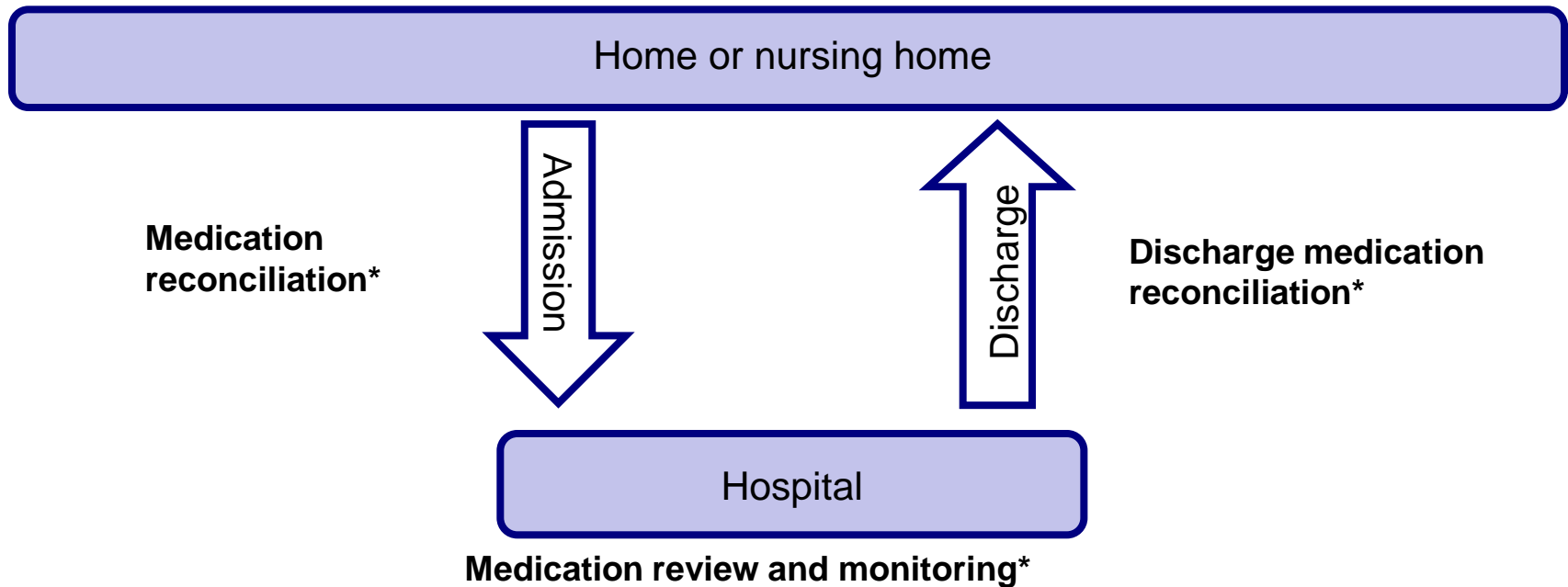
On average 2.5 drug-related problems per patient



Medication safety

A systematic approach for individualising and optimising drug treatment

Medication reconciliation, review and monitoring*



Clinical pharmacists, geriatricians or clinical pharmacologists

- work in multiprofessional teams in close collaboration with other professions
- coordinate the work in order to identify, solve and prevent drug-related problems

Medication safety

Effects of the L IMM-model

Identifies and corrects on average 1.4 drug-related problems per patient

Home or nursing home

Identifies and corrects on average two medication discrepancies

Admission

Discharge

Halve the number of medication discrepancies
Review further halve the number of discrepancies

Hospital

Identifies and corrects on average two drug-related problems

Reduces the use of inappropriate medications

Halve the risk of drug-related readmission to hospital within 3 months

The Skåne model

Medication Reconciliation and Review

- Basal – performed by the physician
 - Majority of the patients
 - “Simple” reviews

- Multiprofessional
 - Patients with multiple diseases
 - “Advanced” reviews

The Skåne model



The Skåne model

Implementation and scaling-up

- Evidence based model
- Political decision
- Criterion-referenced payment



Thank you for listening!