

**EuroPharm Forum 17th Annual Meeting, Copenhagen**

**Reimbursed services  
and new activities**

**Country Report: Germany**

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# Outline

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## Family Pharmacy ...

- Concept and contracts
- Reimbursed services

## New Activities ...

- EDGAR
- VITA



# Family Pharmacy Concept



## Essentials:

- Patients choose their Family Pharmacy from a list of participating community pharmacies and sign up e.g, for one year
- Personal and medication data will be recorded and processed in the pharmacy computer only
- All drugs/medicines (Rx, Pharmacy-only, OTC/GSL)/supplements/devices etc. delivered by this pharmacy

**ABDA**

# Family Pharmacy Contracts



**1. State-wide / regional contracts:**  
with regional health insurers

**2. Country-wide contracts:**  
BARMER, among others

**3. Integrated care contract:**  
family pharmacy, GP, and BARMER

# Contract with BARMER (serving appr. 7 Mio. people)

- > 18.000 CPs
- > 38.000 GPs
- > 2.3 Mio patients



**BARMER**

**service  
apotheker**

# Offers of the Family Pharmacy (BARMER)

## **CHECK-UP SERVICE**

screening, prevention

## **HOME SERVICE**

home delivery of drugs

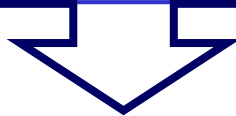
## **BONUS SERVICE**

discount for goods other than drugs

## **DRUG SERVICE**

drug-related counselling

## **PHARMACEUTICAL MANAGEMENT**





Using pharmaceutical care software and patient medication records:

- Individual counselling on DRP e.g., inhaler technique
- Continuing generation of drug profiles to check for adherence, duplicate prescribing, among others
- Regular checks for contra-indications, interactions etc.
- Quarterly medication reports for patient and doctor



## Pharmacy

- Pharmaceutical Management for asthma/COPD patients: 5 € monthly
- DRP identified and GP contacted: 8 € per quarter for up to 10 % of registered patients
- New reimbursed service (from November 2008 on)
  - Quality check of blood glucose self-measurement
  - Type-2 diabetic patients



## Improvement of Blood Glucose Self-Monitoring in Individuals with Type-2 Diabetes in Community Pharmacies<sup>1</sup>

- To survey the quality of BGSM in type-2 diabetic patients
- To determine the effect of a single intervention in community pharmacies by means of standardized procedures<sup>2</sup>

<sup>1</sup>Müller U, Hämmerlein A, Casper A, Schulz M. Community Pharmacy-Based Intervention to Improve Self-Monitoring of Blood Glucose in Type 2 Diabetic patients. *Pharmacy Practice* 2006; 4(4):195-203.

<sup>2</sup>EuroPharm Toolbox – a CD-ROM for professional management (updated version 2008)

# Study Setting and Design

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- Community pharmacies specialized in diabetes care (N = 32)
- Type-2 diabetic patients (N = 462)
- Patient interview / documentation of BGSM
- Pharmacist's intervention in case of errors
- 2 appointments in the pharmacy within 4 to 6 weeks
- **Pre( $t_1$ )-post( $t_2$ )-comparison**

# Measurement Quality



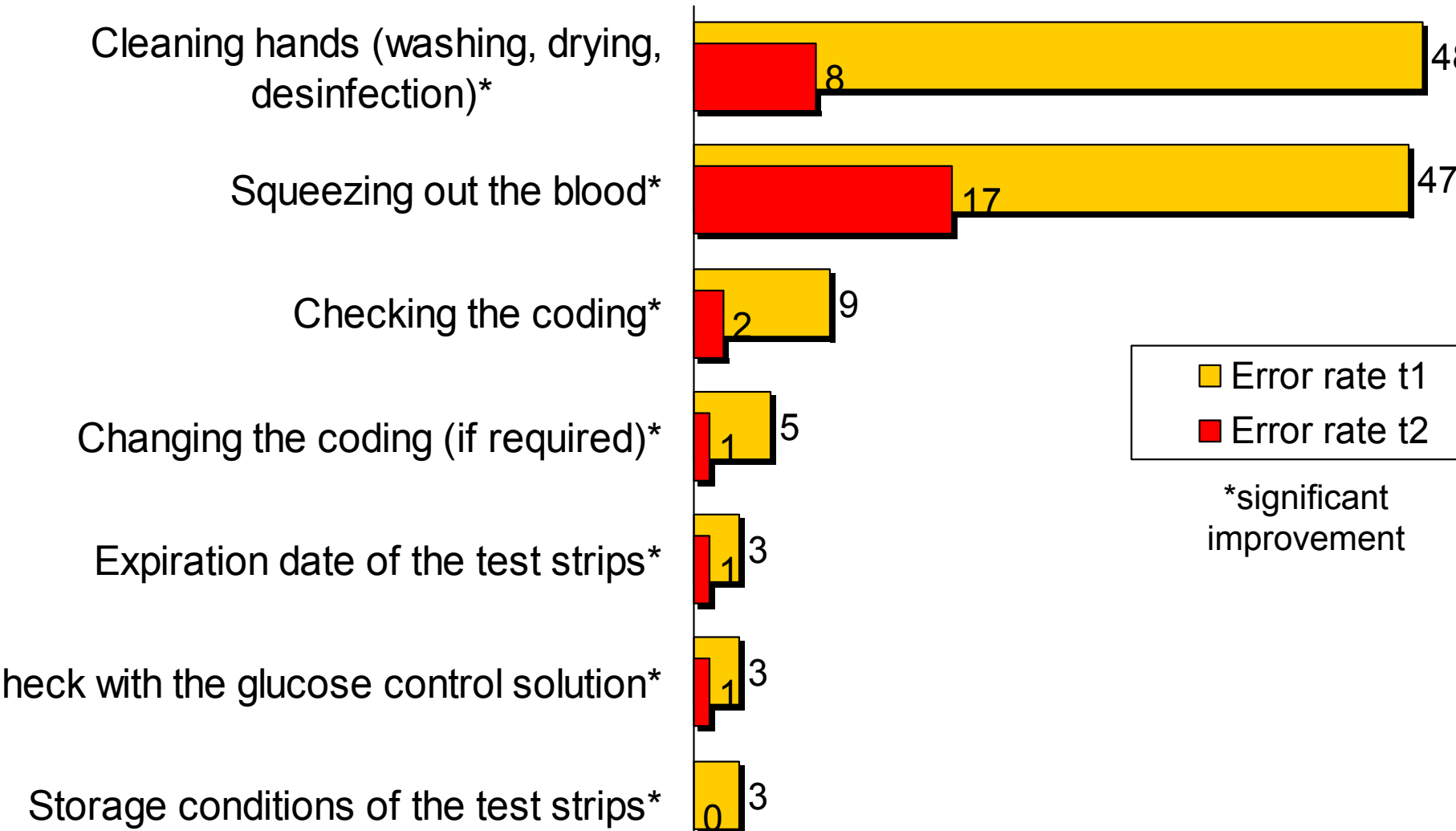
Type of Error	Patients with $\geq 1$ error				Mean*	
	t <sub>1</sub> [n]	t <sub>2</sub> [n]	t <sub>1</sub> [%]	t <sub>2</sub> [%]	t <sub>1</sub>	t <sub>2</sub>
<b>Total</b>	<b>383</b>	<b>190</b>	<b>82.9</b>	<b>41.1</b>	<b>3.1</b>	<b>0.8</b>
<b>Operation errors</b>	<b>313</b>	<b>130</b>	<b>67.8</b>	<b>28.1</b>	<b>1.4</b>	<b>0.4</b>
<b>Device independent errors</b>	<b>297</b>	<b>123</b>	<b>64.3</b>	<b>26.6</b>	<b>1.6</b>	<b>0.4</b>

For all results shown:  $p < 0.001$

\*Mean number of errors

# Most Common and Relevant Errors

➤ Error rates at  $t_1$  and  $t_2$  as percentages, N = 462



# New reimbursed service



- German Pharmacists Association / BARMER Ersatzkasse
- From November 2008 on
- Nationwide EDGAR intervention

## Quality check of blood glucose self-measurement

- Service for type-2 diabetic patients
- Qualified pharmacists/pharmacy technicians
- Duration of 20 to 30 minutes
- 22 € + VAT (1-2 times a year)



## Improvement of Inhalation Technique in Patients with Asthma or COPD in Community Pharmacies<sup>3</sup>

- To survey the quality of inhalation technique in patients with asthma or COPD
- To determine the effect of a single intervention in community pharmacies by means of standardized procedures<sup>2</sup>



<sup>3</sup>International publication of results in progress

<sup>2</sup>EuroPharm Toolbox – a CD-ROM for professional management (updated version 2008)

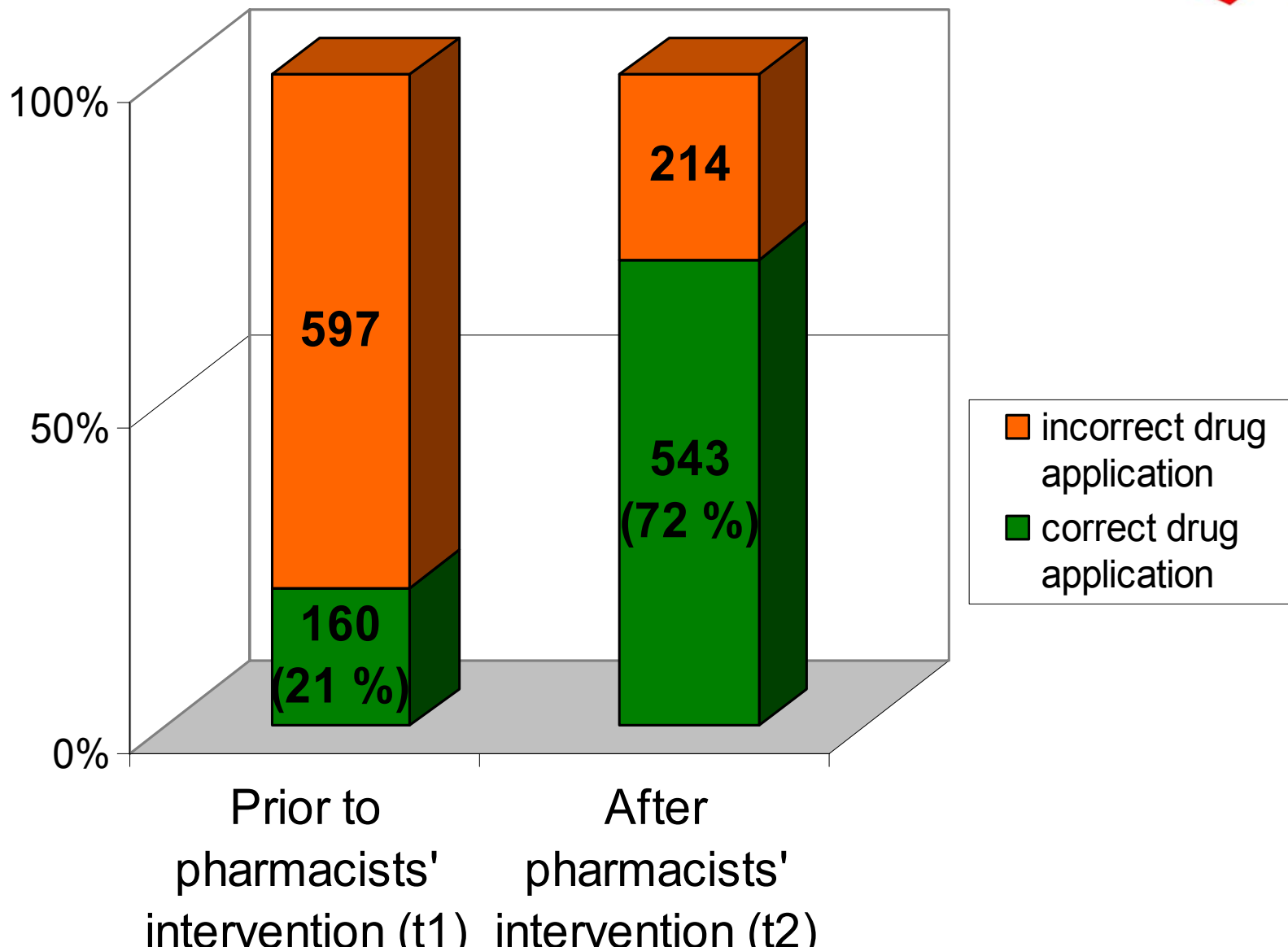
# Study Setting and Design

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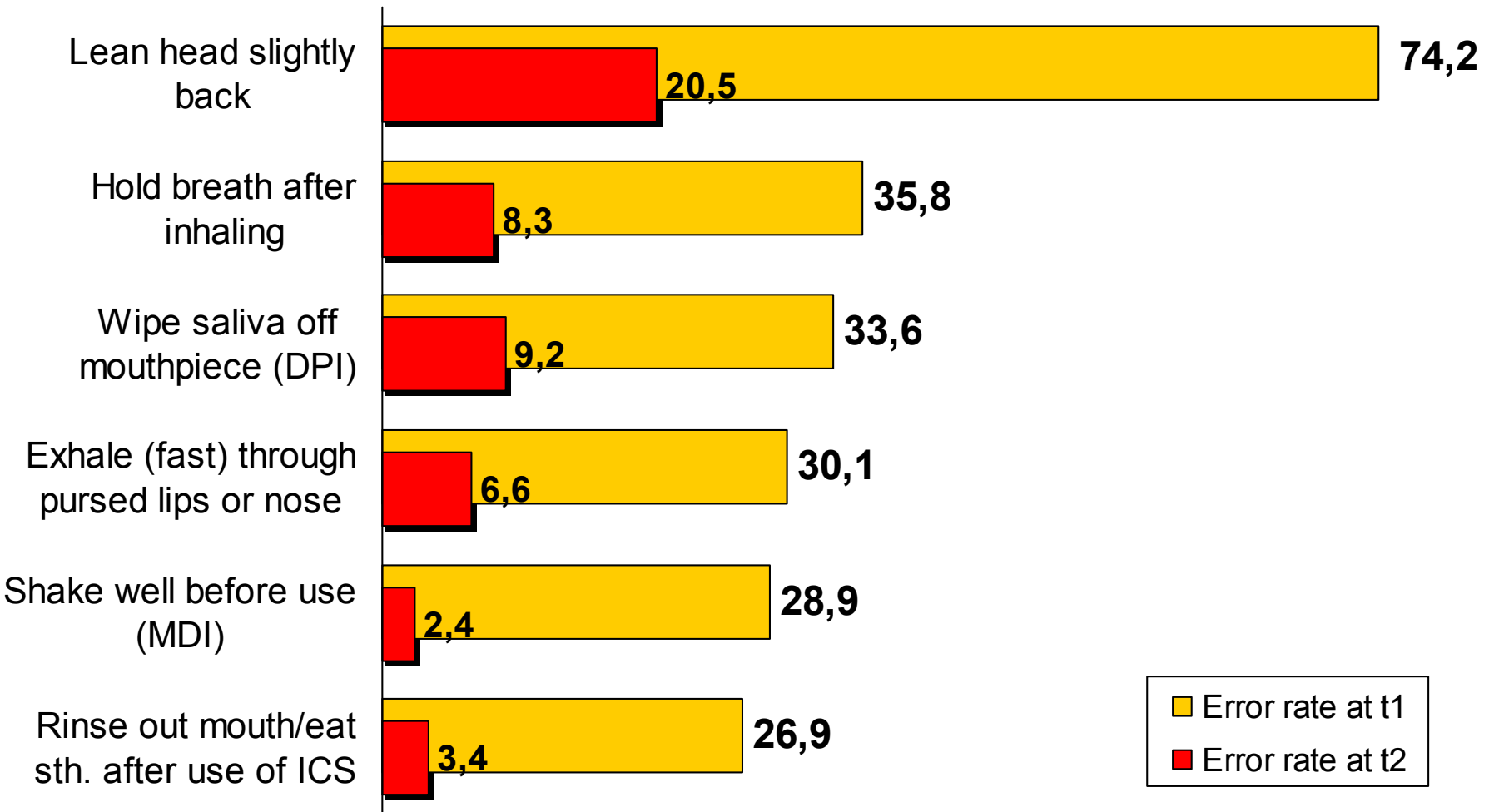
- Community pharmacies specialized in asthma/COPD care (N = 55)
- Asthma or COPD patients (N = 757)
- Patient interview / documentation of inhalation technique
- Pharmacist's intervention in case of errors
- 2 appointments in the pharmacy within 4 to 6 weeks
- **Pre( $t_1$ )-post( $t_2$ )-comparison**

# Main Result (N = 757)



# Most Common Errors as Percentages

> N varies depending on the basic population (e.g. MDI-, DPI user)



# Conclusions

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- Solely manufacturing, filling prescriptions, and dispensing medicines (including counselling) will not secure current community pharmacy.
- Family Pharmacy concept is one advanced model
- Delivery of specific pharmaceutical services (indication-related / indication-independent)
- Strategies to disseminate / implement new services
- Taking (more) responsibility is challenging the profession. This is hard and generally more complex than initially anticipated.



**Thank you for attention!**

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