How to implement pharmaceutical consultations and medication reconciliation in oncology

Cancer is one of the leading causes of morbidity and mortality in the world and continues to increase every year. This increase has various causes such as population ageing, among others. Cancer treatment presents, nowadays, a great complexity. On one hand, we have older patients often undergoing therapy with multiple drugs for their comorbidities; on the other hand, we have more complex chemotherapy regimens. It becomes clear that cancer patients are the perfect candidates for implementing pharmaceutical consultations and therapeutic reconciliation. Medication reconciliation is a systematic approach that should be performed at vulnerable/ critical points of transition of care. The creation of a pharmaceutical consultation at the Medical Oncology Day Unit allows the systematic evaluation of the entire therapy of the cancer patient. For this purpose, criteria were defined that allowed the oncologist to refer the patient for an evaluation consultation by the pharmacist. If clinically relevant discrepancies and/or drug interactions are detected, a management and monitoring plan is developed, analyzed, and discussed with the attending physician. The pharmacist's contribution in optimizing pharmacotherapy and the rational use of medicines highlights its role in the multidisciplinary team.

"Experiences in Pharmacist Provided Medication Management Implementation in Three Continents"

Workshop - How to implement pharmaceutical consultation and medication reconciliation?

Therapy Management (MTM)– novel pharmaceutical care service in Poland.

Are we ready to implement MTM in a healthcare system?

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Abstract of Lecture 1

Pharmaceutical care is an integral part of any healthcare system. Taking into account polypharmacy among elderly and potentially inappropriate pharmacotherapy in these patients, there is a great a need to create both substantive foundations and practical solutions in the area of pharmaceutical care in geriatrics.
Therefore, in the intervention study carried out in 2011–2016 as part of the project "Pharmaceutical care in geriatrics" (OF-Senior) financed by the National Science Centre (Grant N N405674340) we created a validated effective model of MTM as well as Set of Criteria for Potentially Inappropriate Pharmacotherapy in Geriatrics.
Results of the study confirms the usefulness of the created model of pharmaceutical care in community pharmacies. The presented model was recommended and accepted by the Polish Government - as a basis for introducing MTM pilot project for patients with polypharmacy.
MTM pilot project was established by the Ministry of Health in Poland in order to develop an implementing act to the Act on the Pharmacist Profession of 10/12/2020 - Regulation of the Minister of Health of December 2021, which are groundbreaking legislation for pharmacists in Poland. According to these acts patients with polypharmacy will be provided MTM by certified pharmacists in order to create a new guaranteed health service as an integral part of the healthcare system in Poland.

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