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Faria, Rita [orcid.org/0000-0003-3410-1435](https://orcid.org/0000-0003-3410-1435) and Sculpher, Mark [orcid.org/0000-0003-3746-9913](https://orcid.org/0000-0003-3746-9913) (2013) *Catching the low-hanging fruit in medicines optimisation*. In: ISPOR 16th Annual European Conference, 04-06 Nov 2013.

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# Catching the low-hanging fruit in medicines optimisation

Rita Faria, Mark Sculpher, Centre for Health Economics, University of York, UK

## Medicines optimisation

### 1. Patient experience

- Shared decision-making
- Supporting patients
- Adherence to medicines

### 2. Safety

- Safe and secure use of medicines
- Avoid adverse drug events
- Avoid adverse drug reactions

### 3. Effectiveness and cost-effectiveness

- Evidence based-practice
- Decisions transparent and robust
- Decisions in accordance with the NHS Constitution
- Discontinuation of medicines no longer required or deemed not cost-effective

### 4. Integrate medicines optimisation in routine practice

## How to best to achieve medicines optimisation?

Guidelines

appropriate prescribing

correct administration

Record keeping

Monitoring

Generics

correct prescribing

reconciliation & discharge

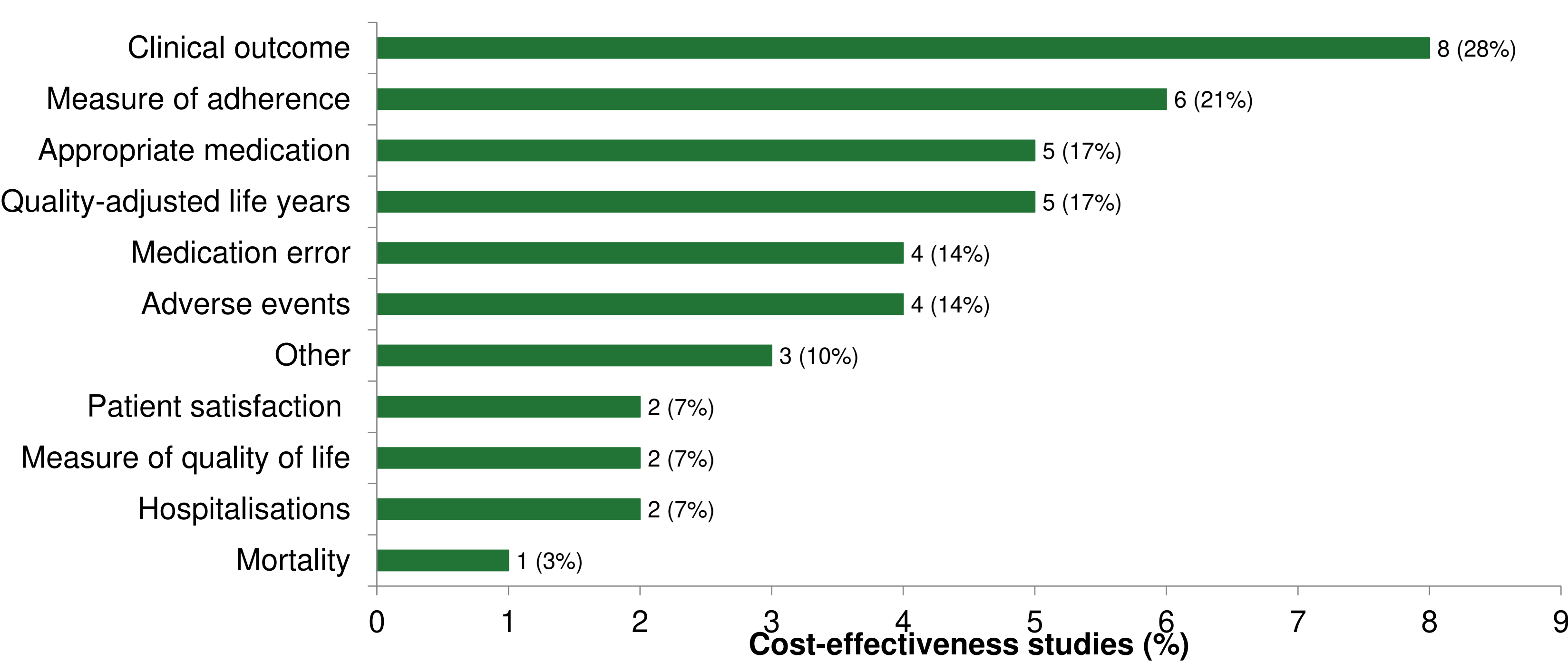
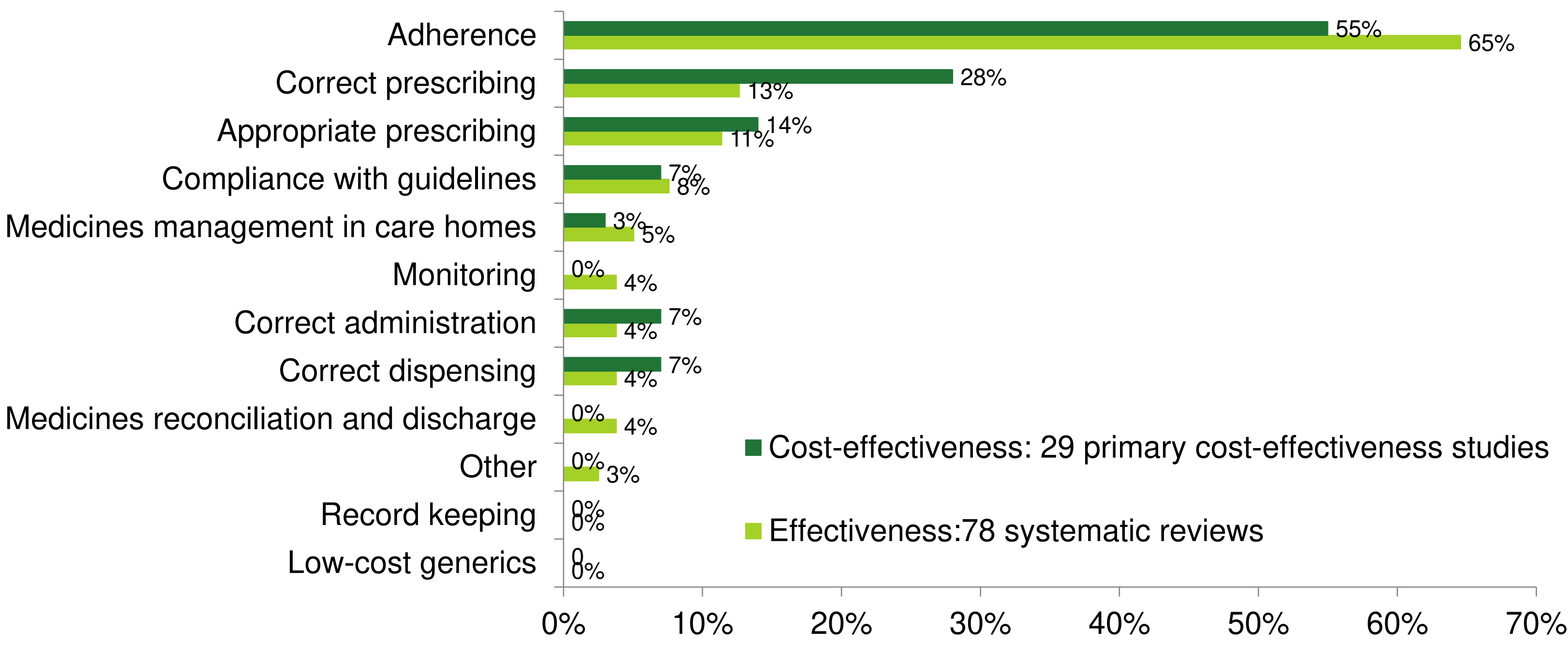
correct dispensing

adherence

Better health outcomes

Savings ~ \$500 million/year

## Evidence on effectiveness and cost-effectiveness of interventions



## Conclusions

- Research has evaluated interventions on one particular stage of the medicines pathway
- Process outcomes are often used rather than end outcomes (health outcomes, costs)
- Remains unclear:
  - Which aspect of suboptimal use of medicines is a key driver of costs and health loss
  - Which stage of the medicines pathway is more likely to benefit from intervention

## Directions for future research

- Decision analytic modelling of the full medicines pathway
  - To evaluate which aspects of suboptimal medicines use have the most impact
  - To indicate where an intervention could provide the greatest benefits
  - To estimate the how much to invest in improving the pathway