IMPLEMENTATION GROUP

IMPLEMENTATION RATE - FROM RECOMMENDATION FROM THE DANISH MEDICINES COUNCIL TO IMPLEMENTATION

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MVH og CDA

BACKGROUND

After the Danish Medicines Council has recommended a new medicine as a possible standard treatment, the new medicine is implemented in the individual regions.

It is extremely relevant to examine the rate at which regions implement new medicines recommended by the Danish Medicines Council. This is because the recommendation often enters into force on the day after the Danish Medicines Council made its decision, and ideally the medicine should also be available for patients at the same time.

In order to gain insight into the rate of implementation, the Interregional Forum for Coordination of Medicine (Forum) decided to draw up a description of the process in the regions for implementing recommendations from the Danish Medicines Council.

In the following, the term *implementation rate* expresses the length of time from when the Danish Medicines Council recommends a new medicine as a standard treatment to when the medicine is available for ordering in the regions, and can thus be taken into use to treat patients.

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Several factors are relevant in the assessment of the regions' implementation rate:

- If the medicine has already been taken into use for individual patients before the date of the recommendation, implementation will be faster.
- If the medicine has already been taken into use for another indication, implementation will be faster and easier.
- If the medicine is clinically equivalent with another medicine that has already been implemented in the regions, in accordance with the Danish Medicines Council's recommendation, the regions will often choose the medicine with the lowest costs. Implementation of a new medicine may be postponed if the new medicine recommended by the Danish

Medicines Council is more expensive than a corresponding medicine that is currently standard treatment.

- If the new medicine is only recommended for a small patient population, a long time may pass from the Danish Medicines Council's recommendation to when there is a candidate patient for the new medicine.

PRACTICAL IMPLEMENTATION

In Denmark, there is a national structured setup for implementation of new medicines, and this ensures rapid and efficient implementation of recommendations by the Danish Medicines Council (see figure 1). The setup allows for knowledge and experience on implementation to be shared before practical implementation in the individual regions. Forum, the Implementation Group, clinical pharmacology departments, hospital pharmacies and Amgros are at the hub of this setup, with implementation in focus.

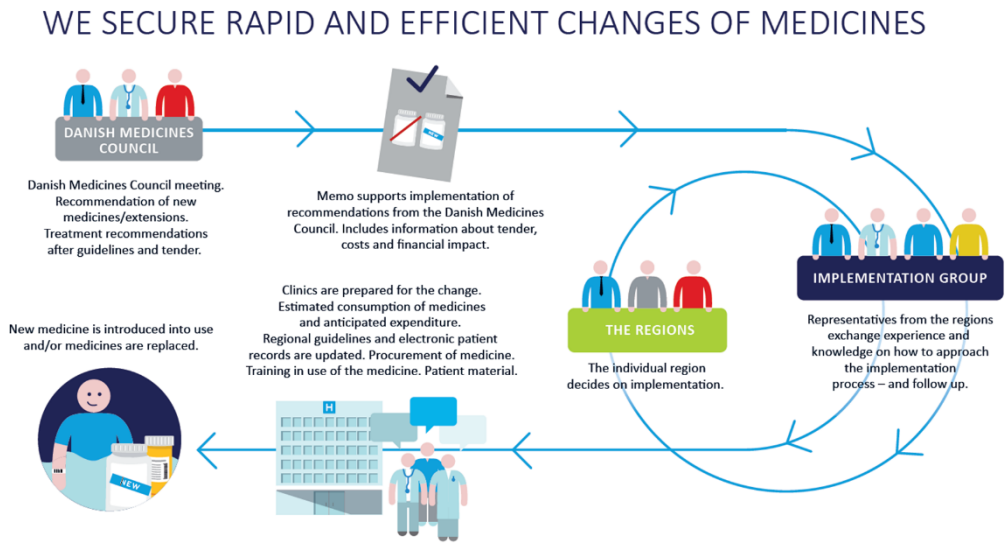

Figure 1. Structured national setup to ensure rapid and efficient changes of medicines. Read more at amgros.dk.

Practical implementation varies from region to region, but several common elements are essential for implementation of a new drug. In order to make it possible for the clinic to order the new medicine, the medicine must be set up in the hospital pharmacies' ordering system and in the individual regions' electronic medicine module.

Other factors that may affect the implementation rate:

- Is the medicine available at the supplier/wholesaler?
- If the medicine has to be prepared at the hospital pharmacy, relevant information from the supplier must be available, for example the amount of surplus medicine in vials, the stability of the medicine product and its density.

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- On the basis of technical and financial assessments, each region has to decide which medicine to choose if the Danish Medicines Council states that "the regions must choose the medicine with the lowest costs".
- When the clinic receives information about the recommendation.
- Regional processes with regard to financing the recommended medicine.
- If the new medicine replaces another medicine, existing stocks of the previous medicine will have to be used first.
- Training health care professionals, as well as adapting work procedures in the clinic.

DATA COLLECTION

In order to examine the implementation rate in the regions, via the internal Implementation Group, Forum collected data on practical implementation in the five regions. The data collection was carried out retrospectively.

The data collection and subsequent knowledge-sharing in the Implementation Group showed that **medicines recommended by the Danish Medicines Council are available for ordering by clinics on the day after a recommendation has been issued by the Danish Medicines Council**. When a new medicine is finally taken into use in the regions depends on the elements and factors mentioned above and shown in figure 2.

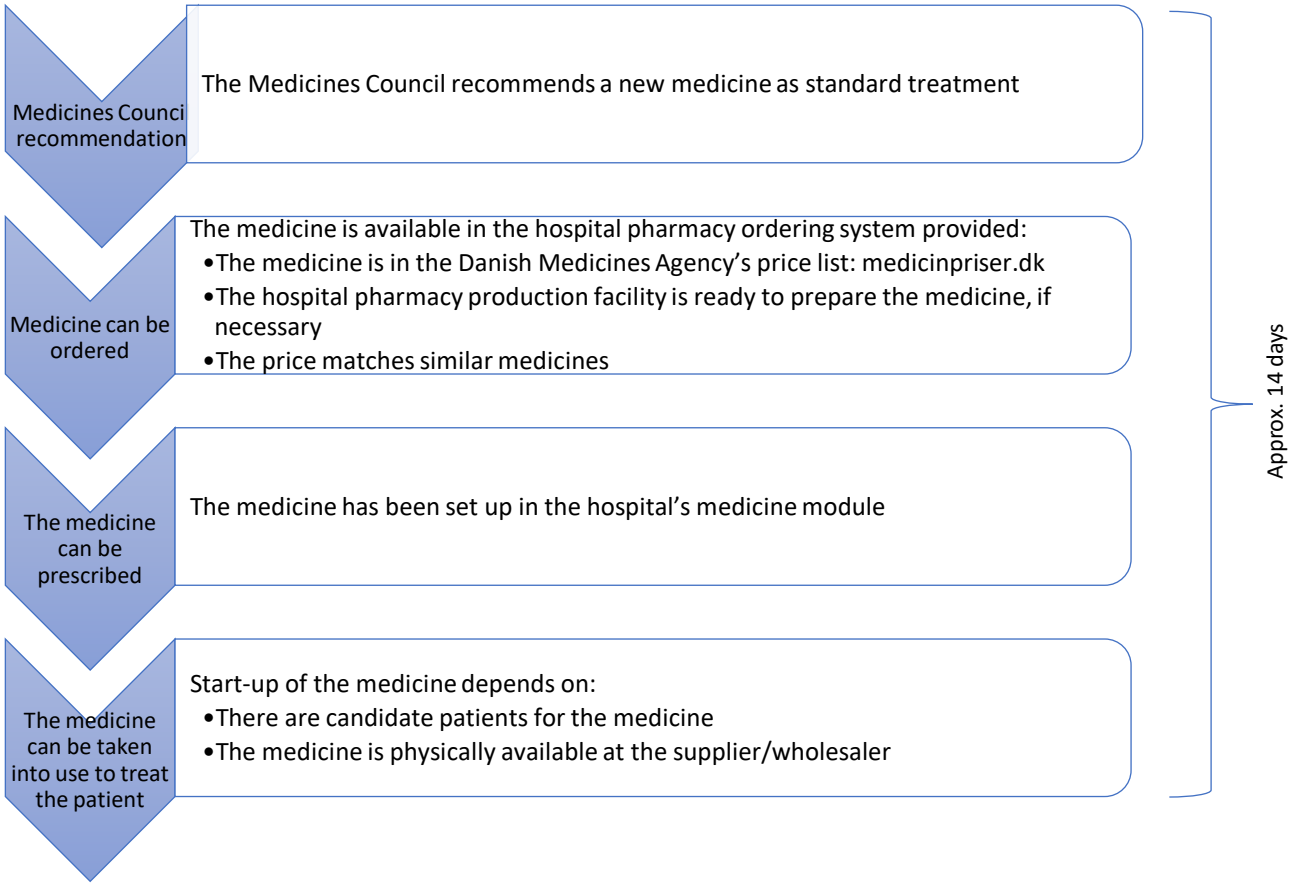

Figure 2: Timeline for new medicines that become available for patients.

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The retrospective data collection showed that it normally takes between one and 14 days from the recommendation of a new medicine by the Danish Medicines Council to when a new medicine can be ordered for patients. In other words, a new drug can be available within 14 days if a region wants to take the medicine into use, and if there are candidate patients for the new medicine.

After the retrospective data collection, a final data collection for each medicine is not deemed relevant, as many factors influence the implementation rate, and these factors make it difficult to complete a real measurement of implementation rate.

CONCLUSION

The retrospective data collection and knowledge-sharing show that medicines recommended by the Danish Medicines Council are normally available to clinics for ordering after a maximum of 14 days, and thus the medicine can be brought into use for candidate patients.

However, implementation is not always within this time period because 1) mixing instructions often have to be written for final preparation at the hospital pharmacy, or 2) there are pending internal specialist assessments in the regions with respect to financing, or 3) the clinic has to be trained in managing the medicine, or 4) there is a cheaper clinically equivalent medicine, or 5) there are no candidate patients for the treatment.

On behalf of the Implementation Group

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