Good Practices in Social Security

Good practice in operation since: 2012

Implementing a specialized information service on medicine quality for the health professionals of CCSS Costa Rica

A case of the Social Insurance Fund of Costa Rica

Social Insurance Fund of Costa Rica
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Summary

This good practice consists in implementing an information service specialized in medicines quality within the Social Insurance Fund of Costa Rica’s (Caja Costarricense de Seguro Social – CCSS) Laboratory for Medicines Standards and Quality (Laboratorio de Normas y Calidad de Medicamentos – LNCM) for the benefit of health professionals working in the institution’s services network. The service offers impartial and timely technical and scientific information as an optimum strategy for providing individuals with the specific information they need. It works with databases and specialized sources of information concerning medicines, as well as competent professionals who manage enquiries in line with identified needs. This has significant benefits in terms of providing trustworthy and context-appropriate information that can be used in decision-making, improving patient pharmacotherapy, and encouraging the safe, rational and more efficient use of medicines.

The issue or challenge

What was the issue or challenge addressed by your good practice? Please provide a short description.

In line with its mission to monitor the quality of the medicines the institution procures, the LNCM maintains a large database of technical information about all the medicines consumed by the Costa Rican population. The database includes everything from books and a wide range of other bibliographical sources specialized in medicines quality, to manufacturer information specific to each pharmaceutical product (qualitative and quantitative formula, product monograph, design, methods of analysis, fact sheets for the medicine and its ingredients, analysis certificates, stability studies, quality record, supplier and manufacturer address and contact details, quality representative, etc.). Meanwhile, the laboratory’s staff have demonstrated a high level of competence in medicines quality judging by their level of professional experience, acquired technical abilities and the degree of specialization required for the job.

With these circumstances in mind, the LNCM recognized the need to provide technical advice as part of its mission to field enquiries from health professionals regarding technical properties and very specialized information on medicines quality. The following challenge was set:

To provide timely and impartial technical and scientific information on medicines quality to meet CCSS health professionals’ specific needs, thereby contributing to the pharmacotherapy of the institution’s patients.

Consequently, the laboratory receives and manages questions from health professionals on a daily basis concerning technical aspects of medicines quality with the aim of improving patient pharmacotherapy. The content of the questions varies widely and includes, for example, aspects of medicines quality such as:

- Chemical composition to assess allergies and intolerances (gluten, lactose, preservatives, flavourings, colouring, etc.).
- Incompatible combinations.
- Stability once reconstituted or opened.
- Stability if the cold chain is broken.
- Protocols and procedures for good storage practice.
• Technical enquiries or requests for research on pharmaceutical and/or treatment errors.
• Clarifications of labelling or product monographs.
• Bioavailability or bioequivalence.
• Quality record.

Addressing the challenge

What were the main objectives of the plan or strategy to resolve the issue or challenge? List and briefly describe the main elements of the plan or strategy, focusing especially on their innovative feature(s) and expected or intended effects.

Overall objective:

To provide an outstanding service offering technical advice in response to specialist enquiries on medicines quality using qualified staff, technical and scientific expertise, a consistent customer service approach and the appropriate technological infrastructure.

Specific objectives:

• To review the LNCM technical advice service annually for the purposes of continuous improvement.
• To execute the LNCM staff training plan for the technical medicines quality enquiries programme, ensuring that it is continually updated.
• To carry out a gap analysis of the specific activities the LNCM conducts in line with the paradigm laid out by the Pan-American Health Organization – PAHO (Organización Panamericana de la Salud – OPS) for medicines information centres.

The service implemented is unique: it has the benefit of being a first both nationally and in Latin America. There are medicines information centres that specialize in different areas such as medicines safety, toxicology, pharmaceutical care, etc., but none of them offers an information service specializing in medicines quality as described above. The centre therefore helps to encourage the safe, rational and efficient use of medicines, collaborating closely with and benefiting from the link with medicines safety and all the institution’s medicines information centres.

 Targets to be achieved

What were the quantitative and/or qualitative targets or key performance indicators that were set for the plan or strategy? Please describe briefly.

• To obtain an average annual score higher than 80 (out of 100) in customer satisfaction surveys in 2016 and 2017.
• To comply fully with the LNCM staff training plan for the technical enquiries programme, ensuring that it was continually updated in 2016 and 2017.
• To meet the minimum PAHO requirements for centres offering medicines information services in 2017.
Evaluating the results

Has there been an evaluation of the good practice? Please provide data on the impact and outcomes of the good practice by comparing targets vs actual performance, before-and-after indicators, and/or other types of statistics or measurements.

Customer satisfaction with the service continues to increase across all assessment criteria compared with the scores from 2016, with an average satisfaction score of 94 ± three per cent compared with the 92 ± three per cent obtained in the previous year. The target above has therefore been fully achieved, which shows that the measures taken have been effective and that continuous improvement is taking place.

In 2015, 2016 and 2017 (to date), the staff training plan for the technical enquiries programme has been complied with fully.

The 2017 gap analysis on LNCM’s specific activities under the PAHO policy paradigm for medicines information centres concluded that this centre meets the criteria laid out in the 2010 guide on the development and functioning of medicines information centres presented by the working group on medicines information centres of the 14th Meeting of the Drug Utilization Research Group Latin America (DURG-LA).

The information service specialized in medicines quality has convincingly, efficiently and effectively achieved the purpose for which it was created for more than five years.

The number of enquiries and information requests dealt with increased from 810 in 2015 to 858 in 2016, which reveals the increasing need to respond to such requests with impartial, timely and appropriate information.

Lessons learned

Based on the organization’s experience, name up to three factors which you consider as indispensable to replicate this good practice. Name up to three risks that arose/could arise in implementing this good practice. Please explain these factors and/or risks briefly.

Indispensable factors:

- To have access to primary, secondary and tertiary sources of information on medicines quality, as well as the appropriate infrastructure and competent staff.
- To deal with and fulfil individual requests for information about medicines as quickly as possible, free of charge and with broad coverage, in order to meet customers’ needs.
- To provide reliable information about findings and recommendations identified by monitoring the scientific literature and institutional programmes on medicines quality.

Risks:

- Staff may not have the skills to critically analyse the available evidence and its applicability.
- High-quality, impartial and unbiased sources of information may not be available.
- There may be a lack of support from superiors in terms of resource allocation (staff, infrastructure, budget, etc.), which would have an adverse impact on service capacity and quality.