<table>
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<tr>
<th>Speech:</th>
<th>Given by the Danish Minister for Health and Prevention, Mr Jakob Axel Nielsen</th>
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</thead>
<tbody>
<tr>
<td>Event:</td>
<td>Copenhagen Compliance and Concordance Conference 2008</td>
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<td>30 May 2008, 9.10-9.30, at Danish Design Center</td>
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</tbody>
</table>
Let me start by saying that it is a pleasure and a privilege for me to be here today and take part in the opening of this conference. Compliance is a topic with great implications for the national economy and of course – and even more important – for patient safety and quality of life.

The title of this conference is – as you are all aware – Copenhagen Compliance and Concordance Conference or in short: CCCC. A catchy, elegant abbreviation on one hand and on the other a collection of letters which I have been told are often found in spam mail and files infected by virus. Some IT-specialists even see these cccc-files as a warning sign.
I find this dualism very characteristic for the topic. When working with medicinal compliance simple solutions are often hard to find. Pharmaceuticals can on one hand save lives and on the other have severe side effects. Just like support methods for remembering to administer medicine correctly can work very well for one patient group but may not be efficient in other groups.

Therefore there is no doubt in my mind that in the field of administering pharmaceuticals we have plenty of challenges and room for improvement.
Every year the Danish medical officers register a vast amount of unfortunate medication in the nursing facilities all across the country. Also in Danish pharmacies you can find prescriptions, which have been cashed in too early or too late according to the current recommendations.

And as said very much to the point by Prof. Everett Koop: “Medicines don’t work in patients who don’t take them.”
Problems with low compliance form only a part of the total set of identified problems relating to the administering of drugs. But then compliance is fortunately a field in which results can be reached using fairly simple means. Results of great importance to both the safety and quality of life of the patients and to the economy.

[Undersøgelser af compliance]

But what is the scale of this issue actually? The short answer is that it is significant – both from a human and a socio-economic point of view.

A number of studies of compliance show that in the field of treatment of chronic diseases only around 50 % of the patients administer the pharmaceuticals the way they have been subscribed.
Already in 1989 this lead to the dramatic conclusion that non-compliance occurs to an extent where one must ask whether the results of a large part of medical research and guidance are even valid?

As many of you probably already know, there are – simply put – two types of non-compliance: Intentional and unintentional non-compliance.

Unintentional non-compliance occurs in situations when a patient agrees to a certain prescription and genuinely wishes to follow it. The patient just isn’t capable of doing so.
In these cases, the development of relatively simple measures and procedures can help to solve the problem, for example simplifying the prescription, using tools for reminding the patient or using dosage packages such as electronic pill boxes.

Intentional non-compliance, however, is a whole different and much more complex story. In those cases the patient deliberately doesn’t follow the prescription given by the health personnel.
Studies made by the World Health Organization show that the greater part of scientific literature on compliance focuses on the patient’s observance to the prescription with no consideration to the degree of partnership in the decision-making process and irrespective of the patient’s acceptance of the treatment – or the lack hereof.

And here lies – in my opinion – one of the greatest challenges when intended low compliance has been established: If you want to increase the intended compliance rate there is no denying that the healthcare sector – within the present regulatory framework – must give treatment on the patient’s terms.
With only few exemptions any medical treatment requires the consent of the patient. Therefore the patient has every right not to take the pharmaceuticals as prescribed. As well as all experience show that a patient who understands and accepts a prescribed treatment and the necessity hereof is far more motivated for being compliant.

[Compliance-initiative]

During recent years the Government has increased the focus on the patient in a number of ways and placed the patient in the centre of the treatment.
The patient has for example gotten easy access to health information about himself in the Personal Electronic Medicine Profile. He can now follow his medication over time and find other relevant information on the medicinal treatment.

Hereby, the patient has obtained an even better platform from which he can engage himself in the treatment and take his share of responsibility for the medication.

However, the mere access to information is of course not enough.
Therefore the Government and the other political parties in the Danish Parliament agreed to establish a new fund in the 2004 Medicinal Agreement. According to this agreement, the Ministry of Health and Prevention shall every year allocate approximately 10 mill. DKK (equivalent to app. 1.5 mill. Euros) for a period of four years, running from 2005 to 2008. The funds are reserved for studies and initiatives regarding medicinal consumption and the use of medicinal products by specific groups of patients, including studies on compliance. In short we call it the Compliance Fund.

Until now 19 projects have received financial support of a total of appr. 20 mill. DKK – or almost 3 mill. Euros – from the fund.
In order give all applicants a fair and professional assessment all applications received over the years have been evaluated by the Ministry in association with the so-called Compliance Committee. The committee is composed of representatives of the Ministry, the Danish Board of Health, Danish Medicines Agency, Danish Institute for Rational Pharmacotherapy, Danish Doctors’ Association, Danish Society for Patient Safety, and last but certainly not least, Danish Patients.

The criteria for financial support from the fund are always that the projects contain practical elements, actually ensuring that the patient gets the necessary medicine etc.
Furthermore priority is given to solution and intervention orientated projects and projects involving economic aspects, new tools or technologies. For example developing electronic pill boxes and testing them in co-operation with the patients or establishing patient schools and measuring compliance before and after the courses etc.

But apart from these priorities, the focus of the fund has varied in the past three years.

In 2006 the focus was set on:

Concordance, treatment and care across sectors, and weak or exposed patient groups.
In December 2007 the Ministry called in applications for the fund for the third and so far most recent allocation of funds. This time, the Ministry had not drawn up any particular focus points in the notice for the allocation as we did not want to rule out any potentially good and innovative projects.

Instead the notice for applications listed a number of areas in which we found special interest, for example gliding of assignments between professions, introduction of new professions to the administering of pharmaceuticals, concordance and patient empowerment or dosage dispensing.
Ultimo February this year the Ministry had received 53 applications. They have now all been evaluated by the Ministry in association with the Compliance Committee.

At this stage in the selection-process, a number of projects have been pointed out. And I know that there are probably some people present who are now crossing both fingers and toes, hoping for me to mention their particular application. But I’m afraid I must disappoint you.

The Ministry has not yet informed any applicant of the outcome of this year's applications. The outcome of the evaluation of the applications must therefore remain a well kept secret a little longer.
But I can assure you that we are at the very final part of the process and hope to inform the applicants of the results within a week or two. Instead I can reveal a few of the themes of the fortunate applications this year.

Among the themes are:

- Internet-based interactive counselling on medicine and lifestyle for type 2 diabetes patients, simplified SMS-based reminding system for elderly, polypharmacy patients,

- Developing a collaborative model between patients, physicians and pharmacists for medicinal audit, and
• Quality assurance of the medicinal process through gliding of assignments between professions.

It is the impression of the Ministry that the projects which were supported by the fund in 2005 and 2006 are generally running very well. I therefore expect that the new methods for administering pharmaceuticals when being spread out into more parts of the healthcare sector in the long run will attribute to a safer and more efficient use of the prescribed medicine.
[Øvrige initiativer]

If we zoom out a bit from the compliance perspective and take a look at medicine administration at a wider scale one of the most important requirements for good administration of medicine is that the regions and local counties have the right framework for carrying out their tasks in the best possible way.

In connection with the local government reform in 2006 the Danish regions and municipalities were given the obligation to form binding health agreements on coherent treatment and care across sectors.
Furthermore, along with the latest change of the general medical services contract the general practitioners have had access to visit patients in their own homes in order to assess and revise the medicinal treatment if necessary.

At the Danish pharmacies a series of initiatives have been developed in order to strengthen the pharmaceutical skills when securing the medicinal administration. It is about audit of medical records for specific patients in nursing facilities, quality checks of administration routines, and education of the medical staff in nursing facilities and home care.
Yet another initiative is about gradually expanding the access to and scope of the Personal, Electronic Medicine Profile. The nursing staff at the home care nursing facilities and in nursing homes has had legal access to the Medicine Profile. Therefore they will soon be able to see the full picture of prescriptions when giving old Mr Hansen his evening medicine, for example after his latest release from hospital.

[Afslutning]

All these new initiatives and compliance projects all around Denmark are very promising to the future medicinal administration in Denmark. Safe and efficient handling of medicine is fundamental to the Government’s efforts to create a world-class Danish health care sector.
I am convinced that the lessons learned from the compliance projects will contribute to reaching that aim.

I therefore hope that all of you present will seize the opportunity to embrace the many new ideas and new knowledge which are to be presented here today.

I wish you all a very good conference!