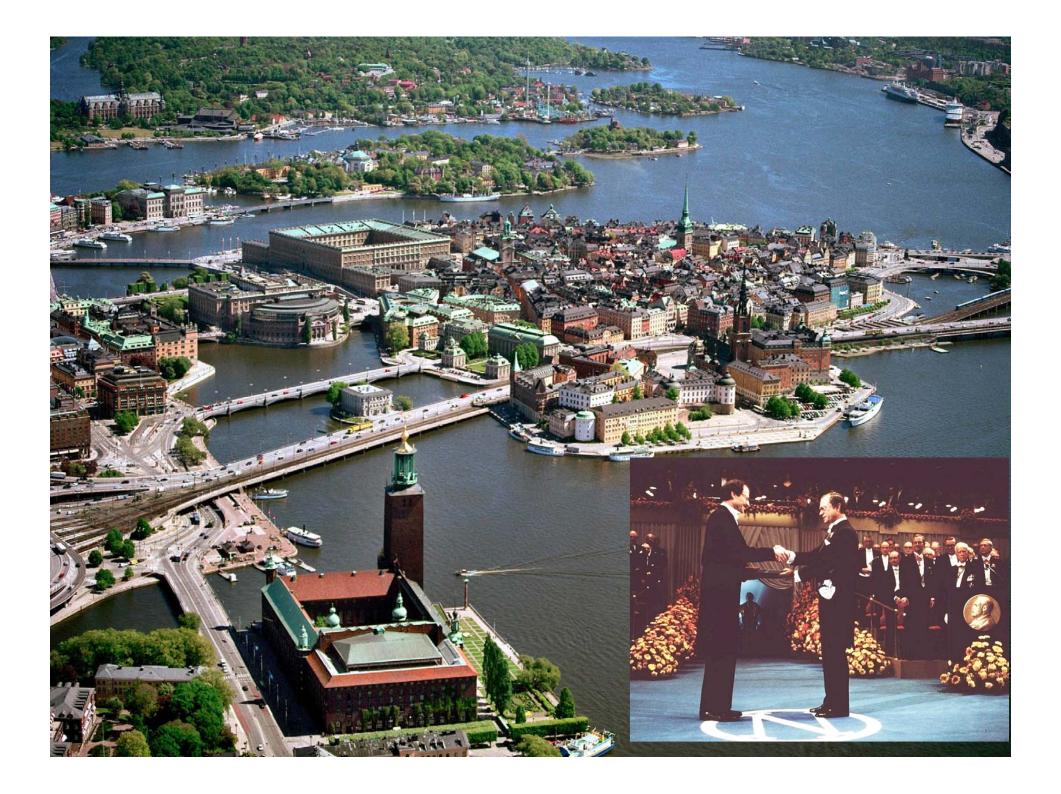
Swedish model for active Karolin Company Compa

MURIA meeting Gabarone July 25 to 27, 2016

Lars L Gustafsson
Professor, senior consultant
Division of Clinical Pharmacology
Karolinska Institutet
Karolinska University Hospital
Stockholm, Sweden



Disposition



Presentations: Sweden, KI and myself



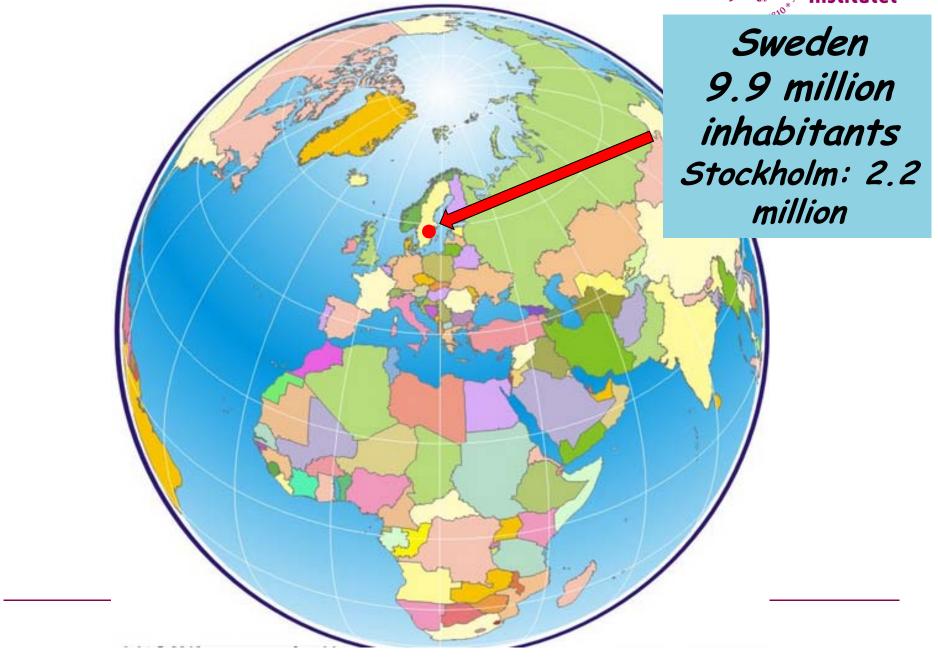
Needs for Rational Use of Medicines

 Roles of Drug and Therapeutics Committee and Drug Formulary

Stockholm Model for Wise Use of Medicines

Conclusions

A northern European country Karolinska Institutet



Sweden and Stockholm Karolinska Institutet

- A safe country
- The vast majority of the population speak English
- Temperate climate with four distinct seasons

- Green space and water
- Good public transport
- Stockholm is the largest university city in the Nordic countries
- Home of 80 000 students,
 5 000 are international
- Business and innovation growing companies, can become billion dollar enterprises

Public Health Care in Sweden

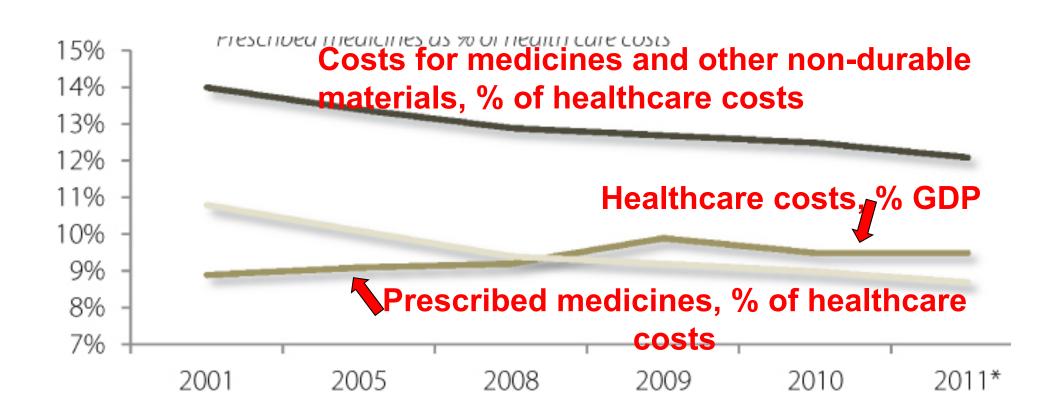
- Sweden's 23 healthcare regions are responsible for political control of healthcare, 200 municipalities are providing long term care and the government is responsible for laws, regulations and education of healthcare staff
- Healthcare regions have own taxation rights, minimal costs for patients. Increasingly private provision of healthcare, primary care mostly, by companies financed by healthcare regions
- Numerous national registries allow good follow-up of outcome. UNIQUE PERSONAL IDENTITY NUMBER
- Since long computerised healthcare, partly communication of medical record data between systems, scattered computerised system.

9.9million

2.2 million

Costs for health care and medicines in Sweden

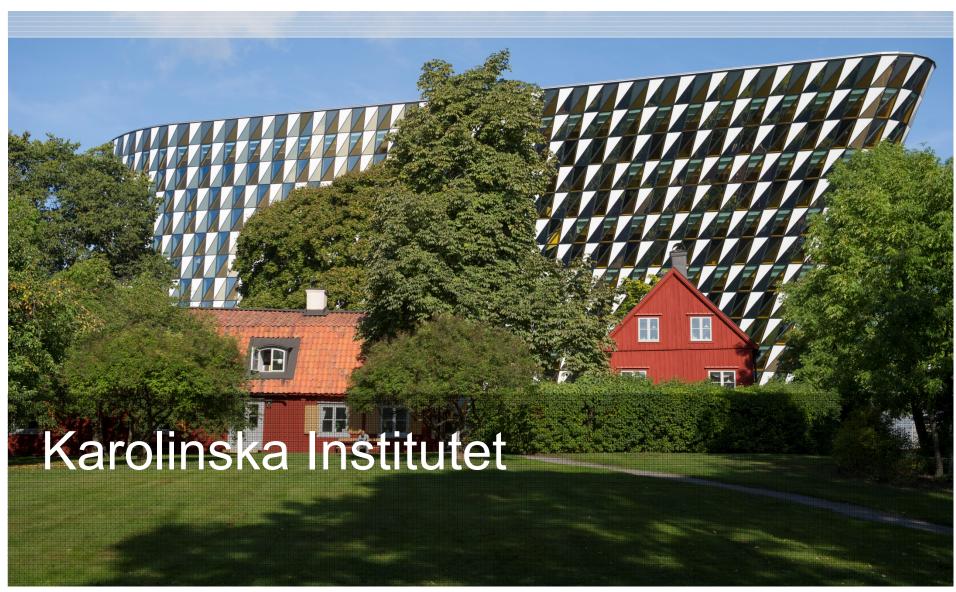




Great need of integrated care Karolinska Institutet

Poor support by ICT-systems, consistent drug recommendations across health-care helpful! Regional hospital Treatment Discharge General hospital Errors Treatment Patient progress Errors on Discharge medicine list Outcome **General Practitioner** Failure to transfer information Long-term Treatment Changes in Medication errors medication and home Treatment failure Errors on medicine list care Medication errors Failure to transfer Situation in Oslo, information Changes in The figure illustrates how errors can occur when the medication Norway! Treatment failure level of care changes from Regional Hospital, to Medication errors General hospital and then





Karolinska Institutet ranking



















Academic Ranking of World Universities, ARWU 2015	Overall World rank	Overall Europe rank	Clinical Medicine & Pharmacy World rank	Clinical Medicine & Pharmacy Europe rank	Agriculture and Life Sciences World rank	Agriculture and Life Sciences Europe rank		
KI position	48	12	12	3	31	6		
Times Higher Education World University Rankings 2015/2016	Overall World rank	Overall Europe rank	Clinical, Preclinical & Health World rank	Clinical, Preclinical & Health Europe rank				
KI position	28	9	13	7				
QS World University Rankings 2015/2016	Overall World rank ¹	Overall Europe rank ¹	Life Sciences & Medicine World rank ²	Life Sciences & Medicine Europe rank ²	Medicine World rank ³	Medicine Europe rank ³	Pharmacy & Pharmacology World rank ³	Pharmacy & Pharmacology Europe rank ³
KI position	N.A.	N.A.	9	3	9	3	6	4
	Whole Universities Subjects or Fields							

Doctoral students 2015



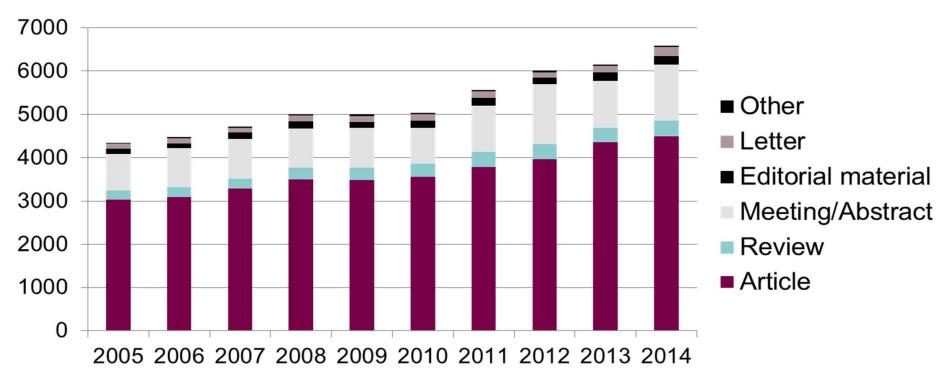
- 2,069 active
- 359 doctoral degrees/year
- 395 new admissions
 - →60% are women
 - →37% were admitted with foreign qualifying education



Publications 2005-2014

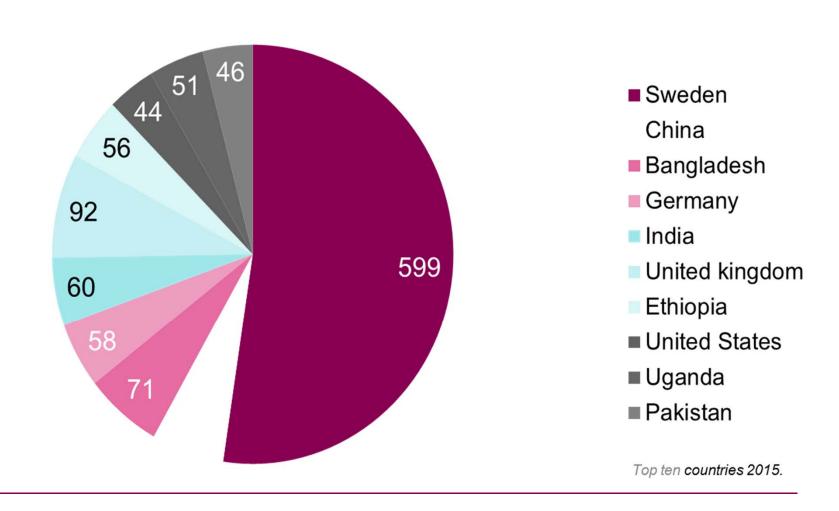


Number



Applicants to Global Master's program by country 2015





CV Lars L Gustafsson

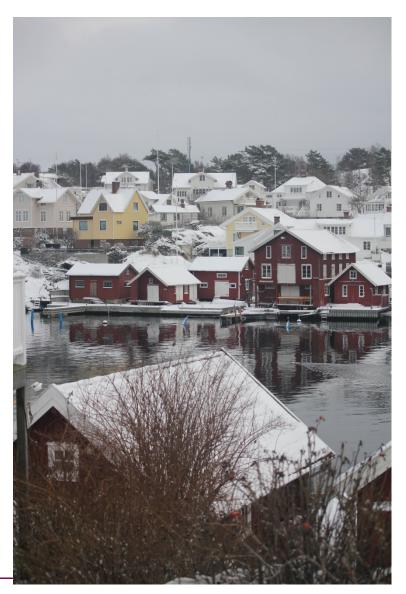


MD PhD

Specialist in clinical pharmacology and anesthesia/intensive care

Professor at Karolinska Institutet and Karolinska University Hospital

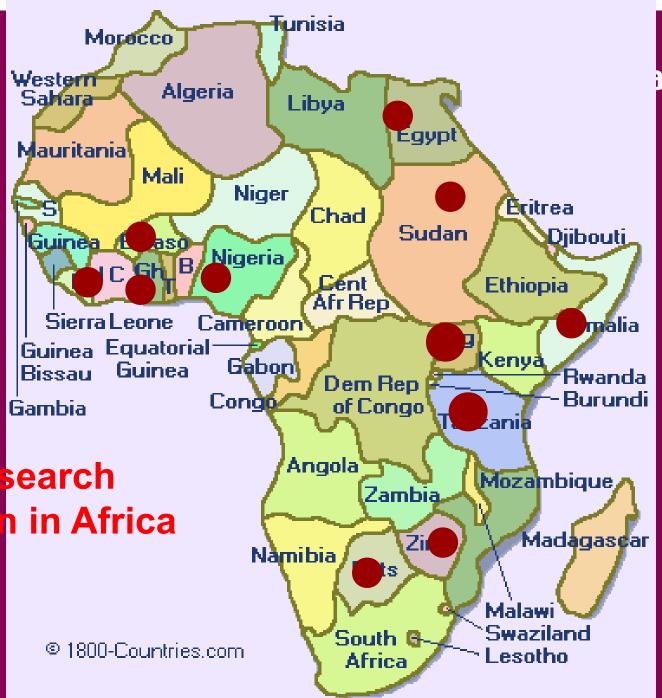
Research, education and clinical services since years in pharmacogenetics, drug development, Rational Use of Medicines, tropical clinical pharmacology, decision support in Sweden and globally





1981-

Years of research cooperation in Africa



Disposition



- Presentations: Sweden, KI and myself
- Needs for Rational Use of Medicines



- Roles of Drug and Therapeutics Committee and Drug Formulary
- Stockholm Model for Wise Use of Medicines
- Conclusions





We can only afford drugs that have effects

Definition: Rational Use of Medicines



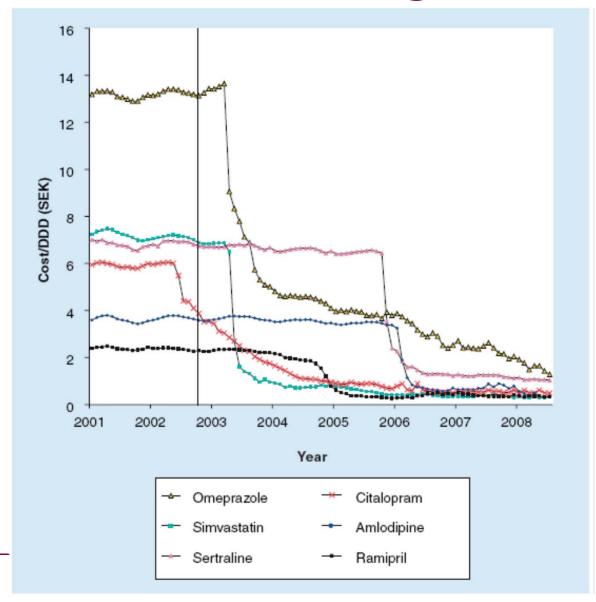
"Patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time and at the lowest cost to them and their community".

World Health Organization (WHO)

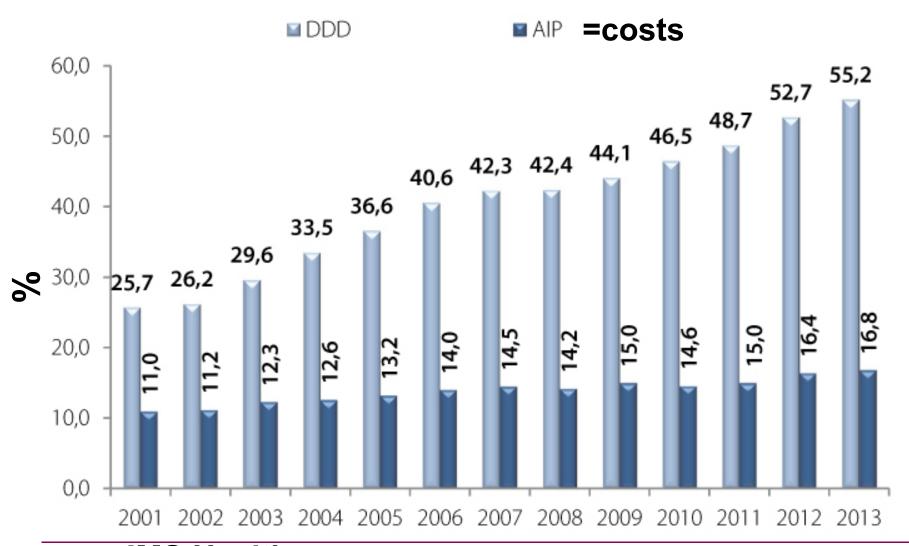
Arguments for Rational Use of Karolinska Institutet Medicines

- Irrational use of medicines worldwide problem:
 selection, dosage, follow-up and drug resistance risks
- WHO: > 50% of all medicines are prescribed, dispensed or sold inappropriately
- Generic medicines can be used more widely
- New medicines need to be used cost-effectively
- Wastage of scarce resources and health hazards

Cost/DDD for five tope-selling Karolinska Institutet medicines in Sweden: savings



Generic share of total costs in Karolinska Sweden: more for "money" Institutet



Need for guideline and knowledge at point-of-care





Make things simple



Disposition



- Presentations: Sweden, KI and myself
- Needs for Rational Use of Medicines
- Roles of Drug and Therapeutics Committee and
 Drug Formulary
- Stockholm Model for Wise Use of Medicines
- Conclusions

Drug and Therapeutic Committee Rarolinska and Essential Medicine Concepts I: key ideas from WHO

- From 1970:s
- DTC: medical professionals in various fields foster a knowledge and understanding of how to achieve Rational Use of Medicines: clinicians, nurses, pharmacists, clinical pharmacologists

Drug and Therapeutic Committee Rarolinska and Essential Medicine Concepts II: key ideas from WHO

• Essential Medicines: a limited list of medicines covering most needs with proven efficacy, safety and being cost-effective

 A List of Essential Medicines help to select and follow-up drug prescribing: professionals and patients learn efficacy, safety and needs for individualization for these medicines

Disposition



- Presentations: Sweden, KI and myself
- Needs for Rational Use of Medicines
- Roles of Drug and Therapeutics Committee and Drug Formulary
- Stockholm Model for Wise Use of Medicines



Conclusions



"If a man take no thought about what is distant, he will find sorrow near at hand"



Konfucius (555 - 479 Bc)

Aim: Rational Use of Medicines (RUM)



"Patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time and at the lowest cost to them and their community".

World Health Organization (WHO)

Multifaceted approach to Karolinska Institutet achieve RUM!

Research into practice I

From best evidence to best practice: effective implementation of change in patients' care

Richard Grol, Jeremy Grimshaw

Major difficulties arise when introducing evidence and clinical guidelines into routine daily practice. Data show that many patients do not receive appropriate care, or receive unnecessary or harmful care. Many approaches claim to offer solutions to this problem; which ones are as yet the most effective and efficient is unclear. We aim to provide an overview of present knowledge about initiatives to changing medical practice. Substantial evidence suggests that to change behaviour is possible, but this change generally requires comprehensive approaches at different levels (doctor, team practice, hospital, wider environment), tailored to specific settings and target groups. Plans for change should be based on characteristics of the evidence or guideline itself and barriers and facilitators to change. In general, evidence shows that none of the approaches for transferring evidence to practice is superior to all changes in all situations.

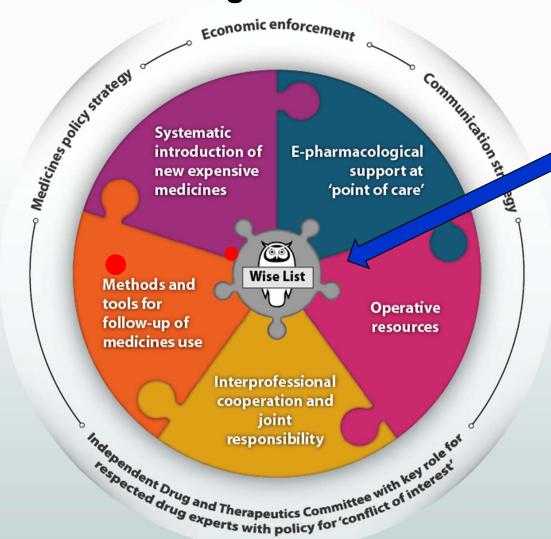
Lancet 2003

Stockholm model for Wise Use Karolinska of Medicines

KLOKA LISTAN

2016

Multifaceted according to Grol et al 2003



Conceptt



Basic & Clinical Pharmacology & Toxicology, 108, 224-233

The 'Wise List' – A Comprehensive Concept to Select, Communicate and Achieve Adherence to Recommendations of Essential Drugs in Ambulatory Care in Stockholm

Lars L. Gustafsson^{1,2}, Björn Wettermark^{1,3}, Brian Godman¹, Eva Andersén-Karlsson^{3,4}, Ulf Bergman^{1,2}, Jan Hasselström⁵, Lars-Olof Hensjö⁶, Paul Hjemdahl^{2,7}, Ingrid Jägre³, Margaretha Julander³, Bo Ringertz⁸, Daniel Schmidt⁹, Susan Sjöberg³, Folke Sjöqvist¹, Carl-Olav Stiller^{2,7}, Elisabeth Törnqvist³, Rolf Tryselius³, Sigurd Vitols^{2,7} and Christer von Bahr¹⁰, for the Regional Drug Expert Consortium*

*The Regional Drug Expert Consortium also includes Peter Aspelin, Jonas Bergh, Peter Ekman, Carl-Gustaf Elinder, Johan Franck, Urban Hellgren, Angelica L. Hirschberg, Seher Korkmaz, Michael Lagerkranser, Gerd Lärfars, Lena Lundeberg, Rickard Malmström, Åke Örtqvist, Marie-Louise Ovesjö, Georgios Panagiotidis, Jan Persson, Peter M. Persson, Michael Runold, Gunilla Sundelin, Leif Tallstedt, Matti Viitanen, Mia von Euler, Katarina Wide.

"Wise List" for healthcare staff Karolinska Institutet

and the public unchaged over years





















Key concepts of formulary Karolinska Unstitutet Wise List

- Evidence based, limited in number (about 200 for basic, 100 additionally for specialized care)
- Support use of cost-effective generics
- Needs to be trusted and used
- Limitied in size, easy to use at "point of care", different formats
- Strengtheen "therapeutic traditions" across institutions
- Promote learning

Promote quality of performance



(adapted from Muir Grey:2001)

Wise List issued by a regional a Drug Rarolinska and Drugerapeutics committee Institutet





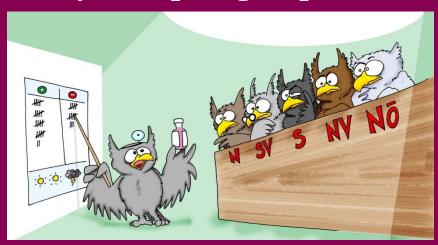






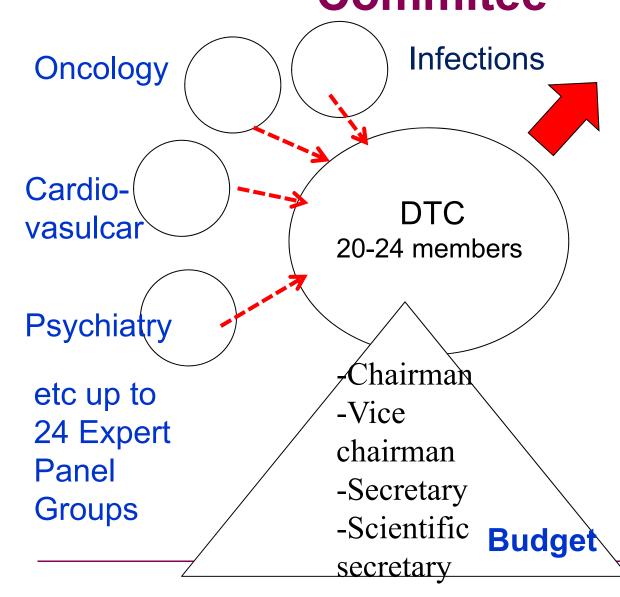
Recommendations by 24 expert groups





Drug and Therapeutics
Commitee





- -Representing major pharmacotherapuetic areas
- -Different regions
- -Different hospitals
- -Different primary care centres
- -Trusted clinicians
- -Drug experts in clinical pharmacology, pharmacy
- -Nurses

Decision makers

Definition of shared professional responsibilities

- Evaluative, educational and an advisory body for drug recommendations promoting Rational Use of Medicines assisting healthcare staff and administrators
- Active members: respected pharmacotherapeutic and nursing experts across disciplines, clinical pharmacologists and pharmacists and administrators
- Fosters joint medical responsibilities to achieve high quality drug therapy applying critical drug evaluation principles, works in a transparent manner and consider conflicts of interest

An instruction a key for a DTC





Hillso- och siukvärdsförvaltningen

Totomotoming Entendrism für Stockholens lites Microsolehskommitte

Percental architect esta quic fotostesame 2011-12-00 2013-12-01

Instruktion für Stockholms läns läkemedelskommitté

[6-]
Problectus bins bidemedelniemmitté (SLE) utgir frechlolm bins bendrings kommitté enligt lages.

[1996:1237] en bilemedelniemmittes Libersetelniemmitte är ett rådgjonnde experterges i
hismadelniniges med havedepplang att verks för soch hamps en miser, rate sed och hostnaterfektur

bilemedelniniges med havedepplang att verks för soch hamps en miser, rate sed och hostnaterfektur

bilemedelniniges med havedepplang att verks för soch hamps en miser, rate sed och hostnaterfektur

bilemedelninigen infantas och är polityrerens i Bilemedelninigen in en förodhelme Bilen kantation.

[52] Stockholms Eins läikemedelnismanitti och dem expertrikt für silka terapiomribben styör tillnammans mod presidiritarisken och Etrokolma Stoturisake Sikt experterpas till. Einber selt pickelniste Stotutanapas. Eiki och retornamentarense svisenske biskenskelt film ochtranapargene stonen i SLL skal von inospraute. Vid oenighet imme siktenniporganisationen i SLL har fakensedelnismanitein belämnigsförsträder i liderandelnistiger.

5). Ordförenden och ordnorje kelemiter i Stockhelme him klasmodelskommitté utses er Hillro- och stalschelmistrition. Ordförende och bekamiter utsen på ten krand untjägdet till tielängsing. Stockholme lina likken delekterna filt berlatar om eventrella utsensenare.

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in. Modificing bus bloomedeldsman Wedshi

- Uterbota relongmendationer för tillförfrilig och rational) lidem adelungvinstning Klein Lidem namt prilates och reformmendationer för infrasiokiten, och uppföljning er sen likemedel.
- In it en nek kommenten it edag till konkitagets pokey och strategi i klemerdelsfråger skom.
 liktene delsmåren et och his omedels uppfrågang, sikke bikene dels kontrernag.
 liktene delsmår norti. Menne delstorer intager införere bikene delstanister och liktene delstanister och blimiska priteninger.

Mäho- och sjukvändsförveltningen	Instruktion for Stockholms Day likemedelskommitte				
	Ferretition littles schoolvelteningden 2011-12-00	DE HOUSE			

- stody, quivirdens lednings med lompetens, ouverlidskumminde och veteningligt krinn ade i läkspadelettiger och suligt fil. Lebekov medverla i nettenelle samarbeten i som läksvad doorseldet.
- Burnlers streeting av uppföljung och braketrarbete krug inhenedet, mithave legarhickiger. Freder freihrerse, verkar aberichete, beställningspanistonen och andra bestettietine med konskap för att andysen och hasters frigeställninger kring lährenedabanvi stator; och setimitsbirtet.
- Methods till et likemeddetriger integerse i stoming och applitining er lendstingets verknagdet, aktinive pour verknage i dem virden.
- Verta für att i Romodelampekter belyser inom virdprogram och bekandlingsrättinjer framtagas inom lendstappt och inom retrenats områden som inte handerer inom virderereren arsom ett tu fram strekilde behandlingsrättlinjer för kilempråd.
- Francja utvocking och navnahang av vedtyg, militarve farmatologska process-och bedetsettid, som stödier lick och säter lätemedelssavändning.
- Tillsemmans med l'incluisions Medicinole Réd sob dess specialité sold fordispande bevolus attractionque mons respective expertomréde, qui trandes, belandings strateges, parteur teleschemagnelines, some tribibles debes s'avenge och unternationelle.
- Verita fin hommunikation was hundred.
- Mathedia timplementaring or Shebbolms lies landrings likewatelestrategi.
- Possif livelestendikstorer for red his medeless studener.
- Verks für sperfelining er liftem edelsbehandling vie kvelitetungister.
- Verks für hög less litet i forskning och utveckling lering läkemodel.
- Nedvela till at tydliggen abenatva behandingartill blemelet, som ter fortnårsle lemelerator.
- Semmerke med bestiede mendighater, universitet och högskelor semt med övrige.
- 966tja irrdelningen Upphandling inom Stockholms läns inndating vid upphandling av Blemedel för reivisition solist Laptieser sonft om effectlir upskandling.

116.

Stockholms into this undebloomsetti med dess expertifd lyder under forviltungslages. (FL splittung) där landering av järdnan regleret. En gemessen järepolidy för heln fillemensklabensamliverpolisettonen är extepn. Denne tillingses också för de tjänstensia, som är engagnede i BLEs select och skall av BLE vid bekomstenderens och applistense.

The tasks, roles and mandates of members



- Recommend essential medicines on annual (?) basis: organize continuous medical education and participate in academic detailing
- The drug and therapeutics committee members RECOMMEND essential medicines

 The expert panels in various pharmacotherapeutic areas suggest medicines to be included in Wise List-evidence based recommendations

A policy for handling conflict Karolinski Institutet of interests

- Foster transparency and avoid that unintended influences affect recommendations and educational activities
- The policy should be known, discussed and followed-up including annual declarations of conflict of interests by all involved
- Without trust and transparency none will adhere to recommendations

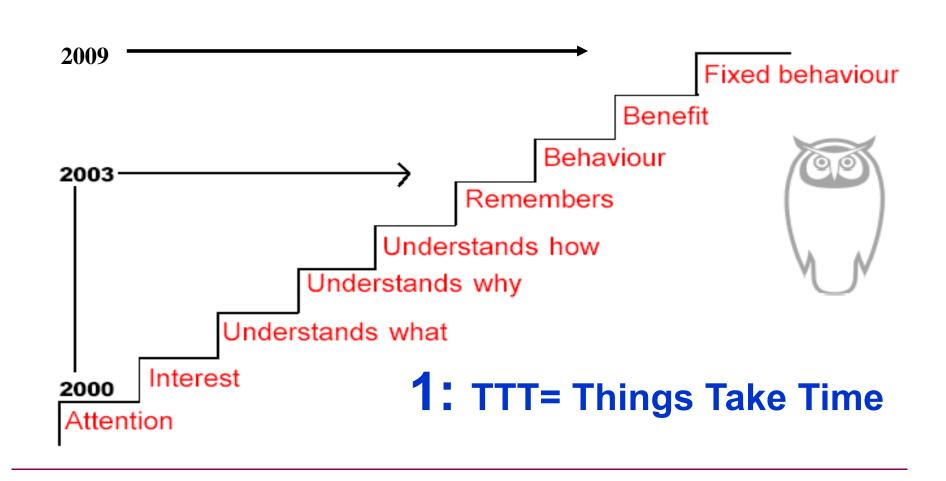
A DTC that makes a difference Karolinska a learning organization

- System thinking
- Shared visions
- Team work
- Personial excellence
- Ideas



"where people continuously extend their capacity to create and produce wanted results combined with new and expanding patterns are born and where shared dreams are free and where people day for day learn to learn together"

Change in behaviour and improved performance take time (McGuire)



Instuctions for Wise List recommendations



Anvisningar till Stockholms läns läkemedelskommittés expertråd för upprättande av

Kloka Listan 2014 – rekommenderade läkemedel i SLL

Stockholms läns läkemedelskommittés expertråd har hög klinisk och vetenskaplig kompetens inom sina respektive områden och består av erfarna specialistläkare verksamma inom öppen och sluten vård, klinisk farmakologi, samt apotekare i Stockholms läns landsting.

Expertråden ska inom sina respektive områden föreslå rekommendationer för Kloka Listan grundade på vetenskaplig dokumentation avseende effekt och säkerhet, farmacevtisk ändamålsenlighet, kostnadseffektivitet och miljöaspekter. Rekommendationerna beslutas av Stockholms läns läkemedelskommitté och omprövas årligen eller vid behov.

Innehåll

1.	Tidsplan för expertråden	2
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Instructions in Stockholm for Drug Expert Panels on how to produce Wise List 2014

Selection criterias



- 1. Medical suitability
 - -solid study end points from pivotal studies
 - -patient value
 - -usually one first line choice (mostly older well established generic drugs)
- 2. Safety
- 3. Pharmaceutical suitability
- 4. Cost-effectiveness
- 5. Environmental and gender aspects if valid

In heart failure 2016: 11 of 12 Karolinska recommendations generic

Hjärta och kärl

Icke symtomgivande hjärtsvikt; NYHA I

ACE-HÄMMARE

enalapril	⇔	Enalapril, Renitec
		måldos 20–40 mg/dygn
ramipril	⇔	Ramipril, Triatec
		måldos 10 mg/dygn

Måldosen har visats minska sjuklighet och bör eftersträvas om patienten tolererar denna.

Vid ACE-hämmarintolerans

ANGIOTENSINRECEPTORBLOCKERARE (ARB)

, in the second			
kandesartan*	⇔	Candesartan, Amias, Candesarstad, Candexetil, Kandrozid måldos 32 mg/dygn	
losartan	⇔	Losartan, Losarstad	
		måldos 150 mg/dygn	

^{*} Begränsad subvention; www.tlv.se

Måldosen har visats minska sjuklighet och bör eftersträvas om patienten tolererar denna.

Symtomgivande hjärtsvikt; NYHA II-IV

Läkemedel enligt ovan i kombination med

BETABLOCKERARE

bisoprolol	33	Bisoprolol, Bisocard, Bisomyl, Bisostad, Emconcor CHF måldos 10 maldvan
metoprololsuccinat	⇔	Metoprolol, Metomylan, Seloken ZOC måldos 200 mg/dygn

Måldosen har visats minska sjuklighet och bör eftersträvas om patienten tolererar denna.

••• forts. Hjärtsvikt med nedsatt systolisk vänsterkammarfunktion

Symtomgivande hjärtsvikt (NYHA II-IV) och måttlig till uttalad nedsättning av vänsterkammarfunktionen (EF ≤35%)

Läkemedel enligt ovan i kombination med

ALDOSTERONANTAGONISTER (Mineralkortikoidreceptorantagonister)

I första hand

spironolakton	⇔	Spironolakton, Aldactone
		25(-50) mg/dygn

Läggs till efter fullgod basbehandling. Beakta risk för hyperkalemi.

I andra hand – vid endokrina biverkningar

eplerenon	⇔ Eplerenon, Inspra	
	50 mg/dygn	

Beakta risk för hyperkalemi.

Specialiserad vård

Övervägs vid hjärtfrekvens ≥75 slag/minut i vila hos patienter med sinusrytm som förblir i NYHA II-IV med EF ≤35 % trots fullgod läkemedelsbehandling enligt ovan (särskilt betablockerare i maximal tolererad dos).

ivabradin	Procoralan*
* Begränsad subvention;	www.tlv.se

Symtomatisk hjärtsviktsbehandling

DIURETIKA

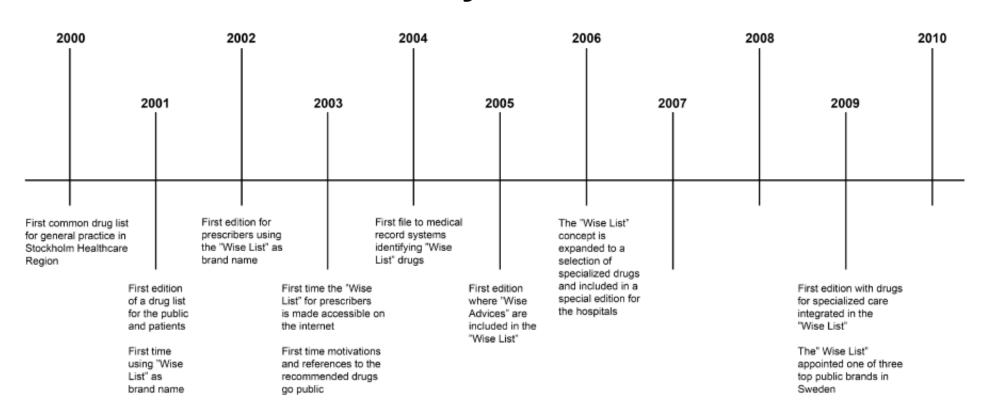
bendroflume- tiazid**	*	Bendroflumetiazid, Salures
furosemid	⇔	Furosemid, Furix, Impugan
furosemid		Lasix Retard
hydroklortiazid**	⇔	Hydroklortiazid, Esidrex

^{**} Tiazider har sämre effekt vid nedsatt njurfunktion. Ska inte användas vid eGFR <30 ml/min.

Longterm efforts



10 to 15 years of efforts





Evidence-based *also* when it comes to Communication

- Define goals with the Communication that is comprehensible during planning and fundraising for communication activities
- Define Target Groups. Who needs to be influenced or change?
- Define a Key Message and modify it for differen target groups according to their knowledge and attitudes
- Define and manage communication channels
- Think Marketing, i.e. Position yourself in the communication arena.
 What is your USP? What's the offer? And What's in it for Me?
 Simplify...Communication is more than words and printed materials
- Involve the right people in the process of communication
- Evaluate your efforts and activities and give feedback to your organisation and to the target groups

Multiple target groups to be reached



Janusinfo.se

Janusinfo is a non-commercial website providing drug information to support healthcare professionals in their everyday work.



Educational meetings

Evidens

A Drug Bulletin that is editorially and financially independent. The quality of the information published is guaranteed by the editorial board.



Contents in brief

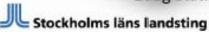
- News
- Therapeutic guidelines
- Kloka Listan (Wise List)
- Evaluation of new drugs
- Drugs and birth defects
- Drugs and breastfeeding
- Interactions
- Summaries from seminars
- Drug statistics





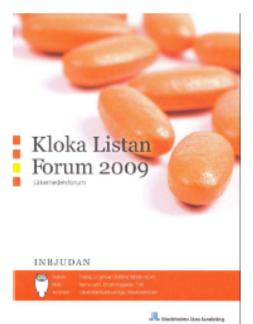
A web-based support tool integrated in electronic health records and connected to high quality data sources as well as drug identification

leading to relevant alerts and warnings



Involve the righte people









Kloka Listan Forum 2012



Läkemedelsforum

Brait science Kafnon, octioande down, oversken Solvejulham

0.6 Saning-registretng-kafe

Seption Assert, profesior emerica, Id once (Icaseheen, Institutiones formedon, Carolinika Institute)

10.10 BLOCK 2

Metabola syndromet

Mestoh sydrom - urvekling av fisiens

Merandro Hümcor, dosen, oversian, Central for

Market Collection by professor

atmannedicty retains especiales forenéaktnologiés och nesticis

Strongler on bemiers femor

G.S. VSkorma

Drud nilmen Kafeur, uniforanie

G.S. Almellafrigation magras rycowy,

G.O. Hallt Ekenedekan/Indring - Fanoka consonigar apara revisionare, doors, leg apondure, Sockholes besitedning

68:00 Nyheneri Kiska Listan 2012

Mare Louis Design medical secretary landers before the control of performate Unio Linear and

Carl-Clay Idlier, document chertakan, Ulimb, terrephologi, Kendinska erdorande experatides for analgetika och muntatologiska

BLOCK 3



m.o. BLOCK 1 Ansitzde metover

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OLG: Falls, Lathers Britishman Denompration as elektrophila kuralisastianass 11.31 GÁSTFÖRELÁSNING

Rur für man pasiersen att bil inhandling or sin dubline



11.00 bands





Disposition

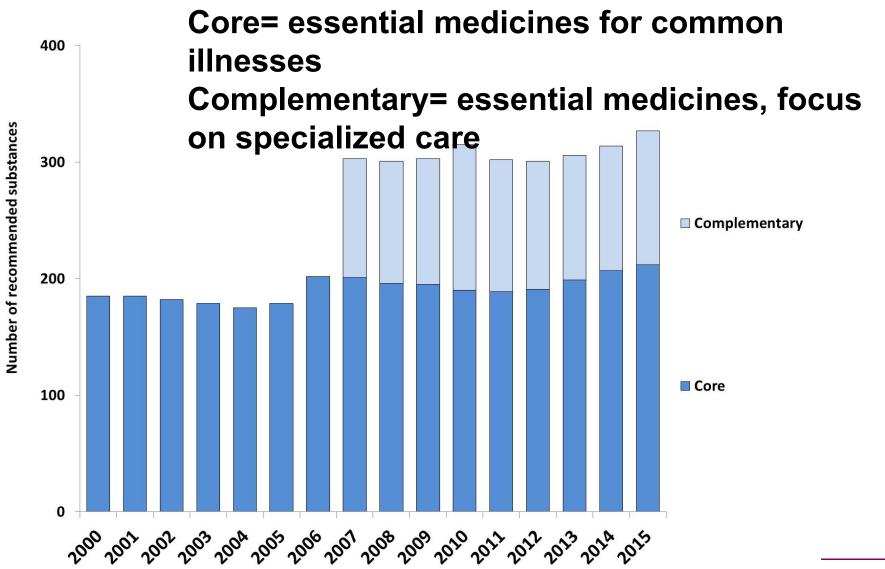


- Presentations: Sweden, KI and myself
- Needs for Rational Use of Medicines
- Roles of Drug and Therapeutics Committee and Drug Formulary
- Stockholm Model for Wise Use of Medicines
- Conclusions

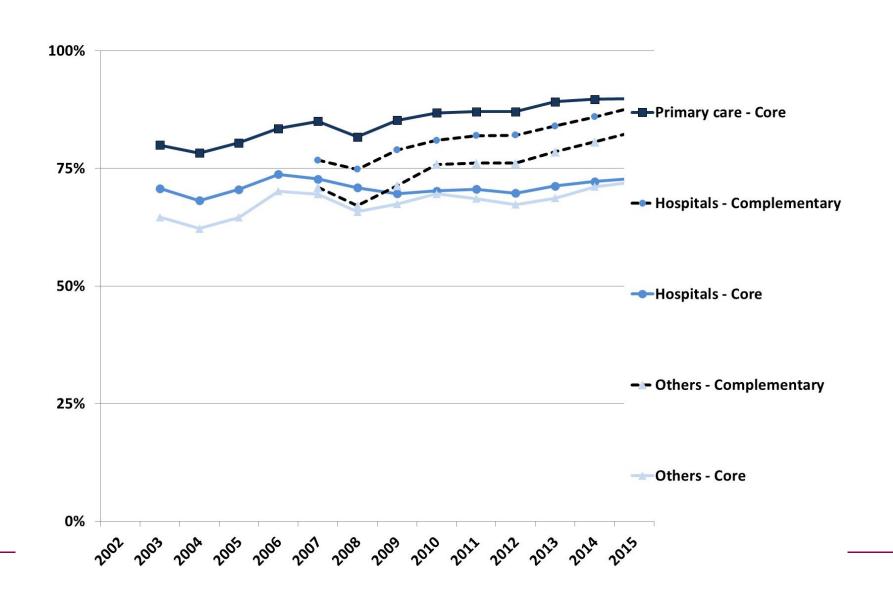


Conclusions I: unchanged number of recommendations



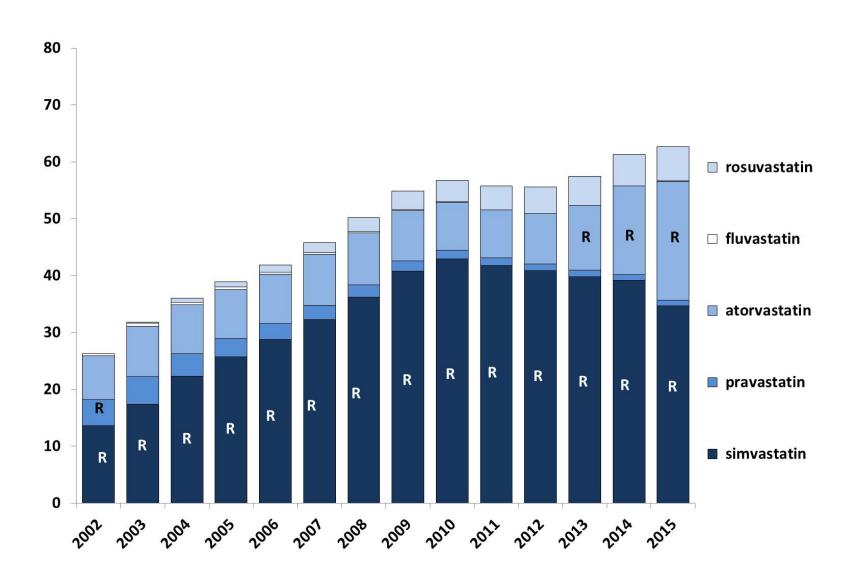


Conclusions II: high adherence Karolinska to recommendations



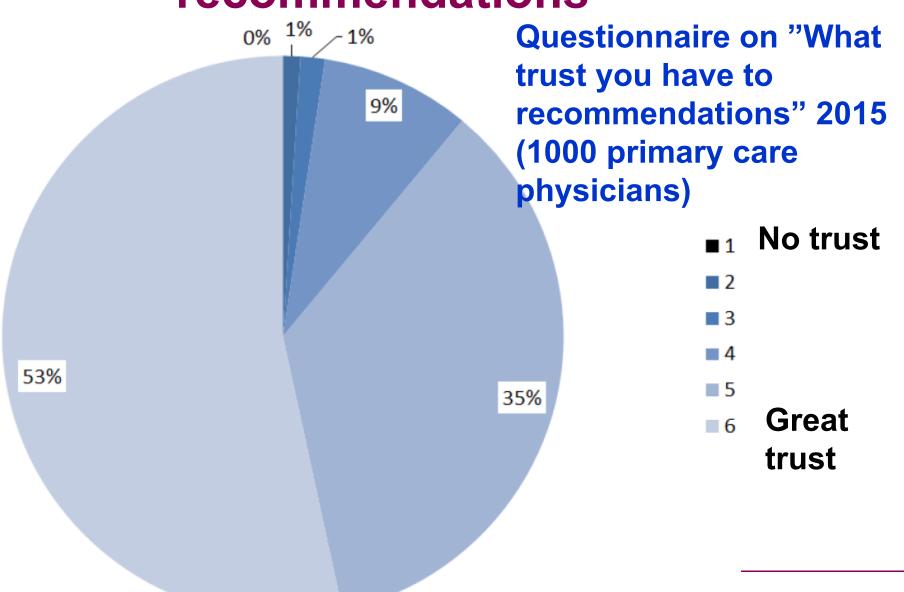
Conclusions III: Cost-effective use Karolinska in serveral "competitive" areas

DDD/TID



Conclusions IV: trust to recommendations





Wise List from 2015 as model in Karolinska Institutet **Enalish**



		2.2				» Janus	sinfos nyhetsbrev	> Kontakt	→ In English	> Länkar
Janusinfo STOCKHOLMS LÄNS LANDSTING						Våra andra webbplatser ▼			Sök	
	*	Nyheter	Beslutsstöd	Behandling	Rutiner	Fortbildning	Om oss			

Du är här: In English / The Wise List 2015 in English

Interface Management of Pharmacotherapy

The Wise List 2015 in English

The Wise List 2015 in English



B Skriv ut sidan För frågor och tips till oss: janusredaktionen@sll.se

The Wise List for recommended essential medicines for common diseases in patients in Stockholm County Council has gained international interest. The Stockholm Drug and Therapeutics Committee has been asked to publish the Wise List in English for the benefit of interested colleagues and institutions.

The Wise List concept was designed and introduced in 2001. The aim is to improve the quality of medicine prescribing and use in Stockholm metropolitan region.

The English edition will hopefully inspire colleagues and other Drug and Therapeutics Committees (DTC) to develop their own formulary to be used as an indispensable part of daily clinical work. It is important that each DTC make their own selections and recommendations based on an agreed guideline for evaluating efficacy, safety and medical suitability of medicines, considering the importance of a policy to handle conflict of interest

The English version of Wise List 2015 is available freely and openly for your use at www.janusinfo.se. To see the layout of the Swedish version, use the link below.

The Wise List 2015 - English edition

www.janusinfo.se/l n-English/The-Wise-List-2015-in-English/

The Wise List 2015 - Swedish edition flipping book

Many involved



Basic & Clinical Pharmacology & Toxicology, 108, 224-233

The 'Wise List' – A Comprehensive Concept to Select, Communicate and Achieve Adherence to Recommendations of Essential Drugs in Ambulatory Care in Stockholm

Lars L. Gustafsson^{1,2}, Björn Wettermark^{1,3}, Brian Godman¹, Eva Andersén-Karlsson^{3,4}, Ulf Bergman^{1,2}, Jan Hasselström⁵, Lars-Olof Hensjö⁶, Paul Hjemdahl^{2,7}, Ingrid Jägre³, Margaretha Julander³, Bo Ringertz⁸, Daniel Schmidt⁹, Susan Sjöberg³, Folke Sjöqvist¹, Carl-Olav Stiller^{2,7}, Elisabeth Törnqvist³, Rolf Tryselius³, Sigurd Vitols^{2,7} and Christer von Bahr¹⁰, for the Regional Drug Expert Consortium*

*The Regional Drug Expert Consortium also includes Peter Aspelin, Jonas Bergh, Peter Ekman, Carl-Gustaf Elinder, Johan Franck, Urban Hellgren, Angelica L. Hirschberg, Seher Korkmaz, Michael Lagerkranser, Gerd Lärfars, Lena Lundeberg, Rickard Malmström, Åke Örtqvist, Marie-Louise Ovesjö, Georgios Panagiotidis, Jan Persson, Peter M. Persson, Michael Runold, Gunilla Sundelin, Leif Tallstedt, Matti Viitanen, Mia von Euler, Katarina Wide.