

Interprofessional guideline to support patients receiving oral anticoagulation therapy, short version

Domains for interprofessional Oral Anti-Thrombotic care	Main recommendation
Adherence to medication	In patients using oral anticoagulation medication, adherence to and persistence with therapy should be assessed and supported. Patients and their caregivers should be educated on adherence
Patient communication and engagement	Communication with and the involvement of patients and their caregivers should be considered an integral component of safe and effective interprofessional OAT-care
INR-monitoring	In patients using VKAs, the international normalized ratio (INR) should be monitored regularly to ensure the safety and effectiveness of oral anticoagulation therapy (OAT)
Transfer of care between health care settings	Accurate information about patients' OAT, including current medications, should be transferred accurately between different health care settings to ensure seamless care
Medication reconciliation and medication review	In OAT-patients, medication reconciliation and medication review should be performed on a regular basis to ensure the safe, effective, and clinically appropriate use of medication
Lifestyle, cultural-specific and clinical aspects	Lifestyle, cultural-specific, and clinical aspects should be considered in the management of OAT-patients.
Patient education	Patients and their caregivers should be provided with - and always have access to - clear, structured, understandable, and evidence-based information on OAT to ensure safe and effective medication use. This information should be tailored to patients' needs.
Shared care/self-management	Patients and their caregivers should have access to appropriate and consistent information and support, to make informed choices about the use of oral anticoagulation, the implications of choosing not to take them, and the possibility of self-managing oral anticoagulation therapy (OAT).
Telemedicine	OAT-patients should be offered telemedicine as a service, in order to support them in their medication use and to give them remote access to care.*
Individualized therapy plan	To maximize the effect and minimize the risks of OAT, an appropriate individualized therapy plan should be provided to each patient. This therapy plan should be periodically reviewed throughout the course of anticoagulation therapy.
Screening	Patients with risk factors (e.g., age > 65 years, diabetes, hypertension, or common AF symptoms) not receiving OAT should be routinely screened on AF, and (if needed) referred to a physician for diagnosis.
Pharmacovigilance	The incidence (if any), prevalence, and recurrence of OAT-related adverse events should be determined, monitored, and reported.
Pharmacogenetic Assessment	Pharmacogenetic testing may be considered in selected high-risk patients to ensure safe and effective OAT-dosing.
Medication supply	OAT-patients should have a continuous supply of oral anticoagulation medication, including appropriate dosing instructions, to ensure safe and effective therapy.
Governance	A governance framework (e.g., clinical guidelines, audits, and standard operating procedures (SOPs)) should be developed to ensure safe and effective OAT-management. This framework should reflect current guidelines, safe practices, and patient surveys.
Continuing professional development	All team members involved in OAT-care should receive an appropriate level of Continuing Professional Development (CPD), including staff training, ongoing educational development, and documented competency assessment, to ensure safe and effective OAT-care.
Pharmaceutical care workforce	The pharmaceutical team (e.g., pharmacy) should have the right skill mix, capability, attitude and capacity to develop and provide safe, high-quality, and patient-centred services to OAT-patients, to prevent adverse outcomes (e.g., AF-related stroke, haemorrhage, deep venous thromboembolism, and pulmonary embolism).
Role of specialized health care providers	Specialized health care providers (e.g., pharmacists, physicians, and nurses) should offer ongoing support to OAT-patients.

Note: the top 5 recommendations are highlighted in green

* According to the World Health Organisation (WHO), telemedicine can be defined as “the delivery of health care services - where distance is a critical factor - by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment, and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities”