MAPPING EUROPEAN POLYPHARMACY AND ADHERENCE

Jennifer McIntosh¹; Albert Alonso¹; Carles Codina²; Alpana Mair³; and SIMPATHY Consortium.
¹Fundació Privada Clinic per a la Recerca Biomèdica, Barcelona, Spain; ²Hospital Clínic de Barcelona, Barcelona, Spain;
³Scottish Government Health Department, Edinburgh, Scotland

50% of the people taking 4 or more medicines don’t take them as prescribed.
SIMPATHY aims at providing evidence and tools necessary to develop new programmes addressing this challenge.

Background
SIMPATHY core activities

- Case Site Studies
- Benchmarking
- Policy & Change Management

To achieve its mission SIMPATHY is realising three core work lines:
- Conducting case studies to understand current approaches to polypharmacy management in the EU;
- Benchmarking of EU Strategies to manage polypharmacy and adherence;
- Developing change management tools to support innovation in polypharmacy and adherence.

Methodology
Mixed-method case studies in 9 sites (Germany, Greece, Italy, Northern Ireland, Poland, Portugal, Scotland, Spain, and Sweden) evaluating local polypharmacy and adherence management programmes are ongoing.

Development of case study methodology

- Published evaluations of polypharmacy programmes
- Reports and clinical guidelines
- Expert opinion

Case study handbook

- Evaluating economic, political, and cultural context
- Checklist of complex interventions
- Assessing development and implementation strategies
- Based on normalization process theory and Kotter’s principles of managing change
- Focus groups with patients, policy makers, and practitioners to validate final report findings

Preliminary Results

Figure 1. Polypharmacy and adherence programmes in SIMPATHY case studies

Details of Selected Programmes

Scotland and Spain (Catalonia region) have mature polypharmacy and adherence programmes. Common elements contributing to their success emerged in the desk review (Table 1).

Table 1. Common elements of mature programmes

<table>
<thead>
<tr>
<th>Urgency</th>
<th>Articulation of the problem and its impact on patients, healthcare system, and society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>Clearly defined goals to address problem</td>
</tr>
<tr>
<td>Plan</td>
<td>Strategic plan endorsed by all levels of government guiding implementation</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Advanced health information technology systems able to quantify the problem and monitor success</td>
</tr>
<tr>
<td>Champions</td>
<td>Supporters in key positions including government policy makers, regional directors, and clinicians</td>
</tr>
</tbody>
</table>

In countries with no programmes, the equivalent components were not identified in the desk review. Importantly, a common element of countries with no programme is the absence of a robust health information system to capture population level data to both quantify the problem and monitor progress.

Conclusion

Polypharmacy and adherence programmes targeting older adults vary widely throughout the EU, and not all countries have chosen to adopt these. Within existing programmes there is a diversity of management models ranging from community based to central government supported. A range of tools and strategies will be necessary to address this challenge in all EU countries.