

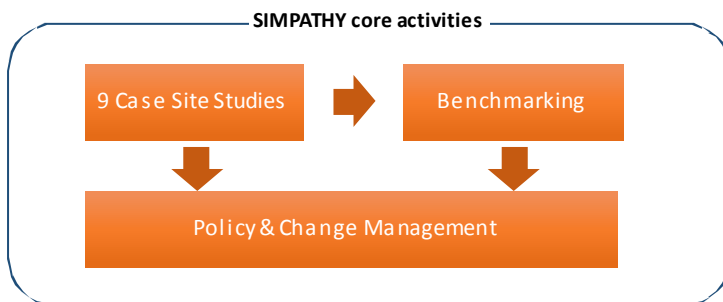
POLYPHARMACY AND ADHERENCE: KEY COMPONENTS OF INTEGRATED CARE – THE CASE OF ITALY

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Multidisciplinary teams including GPs, specialists, pharmacists, nurses, pharmacologists should be arranged in a capillary way to optimize therapeutic strategies in all patients taking 4 or more drugs

Background

Polypharmacy and medication non-adherence in the older population are growing public health issues throughout the European Union (EU), and are critical issues in integrated care. SIMPATHY (Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly) is a consortium representing 9 EU countries with the goal of stimulating innovation around polypharmacy and adherence. Here we report the results of the Italy case study that was performed in the metropolitan area of Naples, the county town of the Regione Campania.



Methodology

A mixed-methods case study was performed to identify and characterize the Italian policies on the management of polypharmacy in the elderly.

Mixed-methods: three phases

- Phase I Desk review of published policy documents and guidelines
- Phase II Key informant interviews
- Phase III Focus group validation

Data sources and analysis

- National: registration, policies and publications
- Regional: Regione Campania- Large Metropolitan Area of Naples (about 3.000.000 inhabitants) and Federico II University Hospital
- 14 interviews with key individuals at national and regional level
- Coding of interview transcriptions using the Kotter's Eight Step Change Model and the Normalization Process Theory (NPT)^(1,2)
- Validation of the findings through a focus group discussion with clinicians and policy makers

References

- 1) May CR, et al. Implement Sci. 2009 May 21;4:29.
- 2) Kotter JP. LeadingChange. United States: Harvard Business Review Press, 2012

Results

Main findings of the desk review

- No official policy statement or regulatory guideline on polypharmacy has been released up to date by Italian Health authorities
- There is evidence of a growing awareness of the problem as documented by the release of observational studies on the issue by government study groups and by scientific societies

Major problems as emerging form key informant interviews

- Heterogeneity in health policies among different Italian regions
- Pilot studies do not translate in regulatory actions of the National Health System
- Fragmentation of drug prescription among different specialists and between specialists and general practitioners (GPs)
- Lack of interaction among the different specialists taking care of the polypharmacy patient
- Lack of dedicated e-health infrastructures to support interaction among the different specialists taking care of the polypharmacy patient
- Medical education at the University level does not pay enough attention to polypharmacy
- Lack of patient-centred guidelines
- Lack of community pharmacists in the Italian Health System
- The very high workload for physicians detracts time from assessing polypharmacy issues

Intervention strategies as suggested by key informant interviews

- Multidisciplinary teams including GPs, specialists, pharmacists, nurses, pharmacologists should be arranged in a capillary way to optimize therapeutic strategies in polypharmacy patients
- E-health platforms should be implemented to support the work of the polipharmacy multidisciplinary team
- Dedicated educational interventions should be implemented to improve polipharmacy awareness at multiple levels: GPs, specialists, nurses and even medical students

The next step: focus group validation

- Based on the directions emerging from the key information reviews a focus group made by GPs, specialists, pharmacists, nurses, pharmacologists has been arranged at the University Hospital Federico II
- This group that was designated as FRIENDD (Farmaci Rivisti Insieme Empowerment nelle Diverse Discipline) and is now starting its therapeutic review and medication reconciliation activity with polypharmacy patients of the Federico II University Hospital