Mixed-method case studies were conducted in 9 sites, Germany, Greece, Italy, Poland, Portugal, (Spain) Catalonia, Sweden and (United Kingdom) Scotland and Northern Ireland, mapping the structures, processes, and outcomes of policies and practices at the institutional, regional, and local level.

Phase I
Desk Review
Evaluating economic, political, and cultural context;
Checklist of complex interventions.

Phase II
Key Informant
Interviews
Assessing development and implementation strategies.
Participants included: Primary care and hospital pharmacists,
hospital geriatricians, primary care and hospital managers,
health system administrators.

Phase III
Focus Groups
Validating interim report findings with focus group of primary
care pharmacists, hospital and primary care geriatricians,
hospital manager and health system administrator.

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Other case studies
GERMANY · ITALY · POLAND · PORTUGAL · (SPAIN) CATALONIA
· SWEDEN · (UNITED KINGDOM) NORTHERN IRELAND · (UNITED KINGDOM) SCOTLAND

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which has received funding from the European Union’s
Health Programme (2014-2020).
**Greek case study**

**Conclusions**

This case study provides valuable insight into:

- **Why** there are **NOT** any policies regarding polypharmacy and adherence in Greece
- **How** relevant programmes could be developed, implemented and evaluated
- Possible **barriers & facilitators** of change

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**Phase I: Desk Review**

Health spending has dropped since 2009 due to government-wide efforts focused on reducing the large budgetary deficit

- Widespread implementation of e-prescription (98% coverage)
- Disease-specific guidelines (therapeutic protocols) and local initiatives
- Inappropriate polypharmacy in various settings and geographic areas
- Lack of national, regional or local **policies, guidelines and legislation** regarding polypharmacy and adherence
- Lack of **structured, comprehensive programs** on polypharmacy management.

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**Phase II: Key Informant Interviews**

- Inappropriate polypharmacy issues are articulated and often presented to the society
- **Lack of** strategic plan for development, implementation and evaluation of relevant policies
- **Lack of** incentives and opportunities for participation in polypharmacy management and medication adherence programs for health professionals or patients
- Polypharmacy management **only associated** with direct economic indicators
- Medication safety **NOT** adequately taken into account
- Widespread implementation of e-prescription (98% coverage)
- e-prescription still remains in the “data recording” stage
- **Urgent need** to implement a polypharmacy management policy, by following both «top-down» (from the State) and «bottom-up» (from the society) approaches.

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**Phase III: Focus Groups**

**Electronic Patient Health Record**
- **Dispensing of** OTC medicines
- **Collaboration** of all stakeholders
- E-prescription **data analysis**
- Medication review policies, pharma-covigilance and reliable reporting (alert) systems
- "Case/care manager" establishment
- Patient education

**Barriers**
- **Lack of coordination** of institutions and authorities and overlap of their responsibilities
- Primary Healthcare issues
- Cultural issues
- Human workforce and infrastructure **shortages** in healthcare
- Health care policies gaps

**Essentials**

- Collaboration of all stakeholders
- E-prescription data analysis
- Medication review policies, pharma-covigilance and reliable reporting (alert) systems
- "Case/care manager" establishment
- Patient education