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 · GREECE · POLAND · PORTUGAL · (SPAIN) CATALONIA · SWEDEN · (UNITED KINGDOM) NORTHERN IRELAND · (UNITED KINGDOM) SCOTLAND

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Phase I: 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 topic by government study groups and by scientific societies.

Phase II: 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)

Italy case study

Conclusions

This case study provides valuable insights into:

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

Phase III: Focus Groups

- Multidisciplinary teams including GPs, specialists, pharmacists, nurses, pharmacologists are arranged in a capillary way to optimize therapeutic strategies in polypharmacy patients
- Dedicated educational interventions are implemented to improve polypharmacy awareness at multiple levels: GPs, specialists, nurses, pharmacists and medical students
- e-Health platforms are set up, tested and implemented to support the work of the polypharmacy multidisciplinary team

- 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 polyfarmacy

- Lack of patient-centred guidelines
- Excessive clinicians workload to allow the assessment and management of polypharmacy issues at the community level
- Lack of involvement of community pharmacists in the management of polytherapy at the community level

Essentials

- Barriers