

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

Pawel Lewek¹, Agnieszka Skowron², Jennifer McIntosh^{3,4}, Przemyslaw Kardas¹ and SIMPATHY Consortium.

¹The Department of Family Medicine, Medical University of Lodz, Poland; ²Department of Social Pharmacy, Jagiellonian University Medical College of Cracow;

³Hospital Clínic Barcelona, Spain; ⁴Fundació Clínic per a la Recerca Biomèdica, Barcelona, Spain

Introduction

Polypharmacy and medication adherence in the older population are significant 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 of 10 organizations representing 8 EU countries with the goal of stimulating innovation around polypharmacy and adherence, ultimately providing the tools for EU policy makers to adopt new programs addressing this issue into existing healthcare systems.

Methods

A mixed-methods case study is ongoing in Poland to characterize the polypharmacy and adherence program within the region. A desk review of the polypharmacy and adherence policies at the government, regional and institutional level has been completed. Key informant interviews were conducted with the policymakers, managers, and clinicians responsible for developing and implementing the policy to highlight the change management strategies which will be employed to implement this program. Focus groups were used to validate the research findings. Policies and practices under development of the Ministry of Health task group were included for analysis.

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

Poland



- National: legislation, policies and publications
- Regional: Lodzkie province (approx. 2.5 mln inhabitants)
- Five interviews with key individuals (4 pharmacists, 1 geriatrician)
- 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 policymakers

References

- May CR, Mair F, Finch T, MacFarlane A, Dowrick C, Treweek S, et al. Development of a theory of implementation and integration: Normalization Process Theory. *Implement Sci.* 2009 May 21;4:29.
- Kotter, John P. *Leading Change*. United States: Harvard Business Review Press, 2012.

Results

Poland has no polypharmacy and adherence program, however the program of polypharmacy care is under development by a task group initiated by the Ministry of Health. The principal aim of this task force is to develop a model and strategy on pharmaceutical care. The issues of adherence and polypharmacy management in elderly are its important parts.

Key findings

Desk review

- there is no polypharmacy management program in Poland

Key informant interviews

- there is no reliable data transfer between healthcare units
- lack of proper communication between pharmacist and physician is a limiting factor to effective polypharmacy management
- contact between physicians and pharmacist must be improved
- special procedures for physician – pharmacist contact may be necessary
- polypharmacy management may be limited to selected group of patients
- a leader in polypharmacy management must be chosen from family physician, pharmacist or geriatrician

Focus group

- there is an urgent need for polypharmacy management program in Poland
- patient education must be an integral part of polypharmacy management program
- phone consultations with pharmacists should be an option in pharmaceutical care
- classes on communication between physicians and pharmacists should be a part of study curricula
- advertising of diet supplements and over the counter drugs should be limited
- the polypharmacy management program should be aimed at elderlies in the first place
- the program of free drugs for patients 75 years-old and older may increase polypharmacy



Focus group meeting. 11.03.2016 Cracow

Conclusion

The case of Poland is a good example of country which does not have polypharmacy and adherence management system, but pharmacists, physicians and patients perceive it as a necessity in the next few years. The governmental project of polypharmacy care introduction is a first step to this process. By improving communication between physician and pharmacist and empowering the patient by education on polypharmacy this objective will be much easier to achieve.