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.

To learn more about Project SIMPATHY and polypharmacy and adherence in the elderly across Europe contact:

Alpana Mair, Deputy Chief Pharmaceutical Officer for Scotland alpana.mair@scotland.gsi.gov.uk

Ulrika Gillespie, ulrika.gillespie@akademiska.se +46(0)18-611 16 71

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

To learn more about Project SIMPATHY in Sweden, please contact:

Ulrika Gillespie

Thomas Kempen

Astrid Forsström


This leaflet is part of the SIMPATHY project (663082), which has received funding from the European Union’s Health Programme (2014-2020).
Key facilitators of change

1. Create Sense of Urgency
   - Prescribing indicators
   - Publications

2. Build Guiding Coalition
   Collaboration between key individuals and institutions

3. Form Strategic Vision & Initiatives
   National vision for high quality drug use in the elderly

4. Communicating Change Vision
   In- and external promotion by Uppsala County Council

5. Enable Action by Removing Barriers
   - Education
   - Clinical pharmacists in healthcare teams

6. Generate Short Term Wins
   - Monthly updates
   - Pay for performance

7. Sustain Acceleration
   Shared electronic medical record system

8. Institute Change
   Ongoing funding from annual budgets

Conclusion

This case study provides valuable insight into how and why medication review policies were implemented in Sweden.

Combination with the other case studies will form the basis for a strategic plan for the management of polypharmacy in Europe.

Key barriers of change

- Lack of a common belief that medication review is an essential and effective intervention
- Scepticism among physicians towards collaboration with pharmacists
- Absence of a national strategy to fully implement and evaluate medication review legislation and policies
- Lack of knowledge and consensus on how and by whom exactly these reviews should be performed
- Lack of large scale integration of specially trained clinicians within healthcare teams

Data sources

National level:
Legislation, policies & publications

Regional level:
- Uppsala County (300,000 inhabitants)
- Uppsala University Hospital

Four key informant interviews with representatives from: