

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

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Regional implementation of national legislation and guidelines on medication reviews

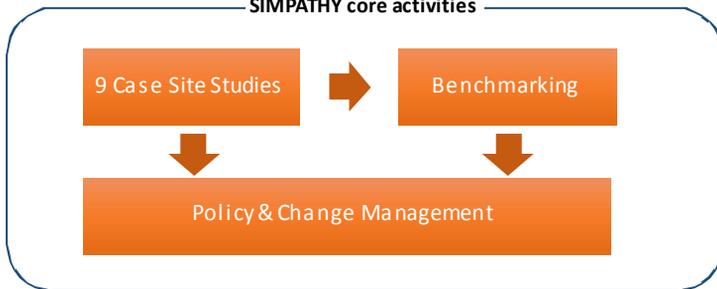
All elderly using 5 medications should regularly receive a medication reconciliation and, if necessary, a medication review

Background

Polypharmacy and medication adherence in the elderly are significant public health issues throughout the European Union (EU). SIMPATHY aims to stimulate innovation around polypharmacy and adherence, ultimately providing the tools for EU policy makers to adopt new programmes into existing healthcare systems.

As one of its core activities, case studies were performed throughout the EU evaluating local polypharmacy and adherence management programmes.

SIMPATHY core activities



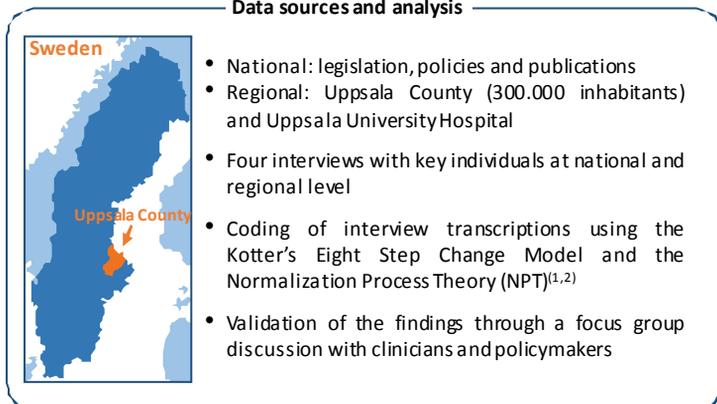
Methodology

A mixed-methods case study was performed to identify and characterize factors that influenced the development and implementation of Swedish policies on medication review activities in elderly people.

Mixed-methods: three phases



Data sources and analysis



Results

Both presence and absence of characteristics of change management were identified within all Kotter's principles and NPT domains. Taking into account the focus group validation, we report the following key findings.

Key findings

Facilitators of change

- Prescribing indicators and studies showing the *urgency for change*
- Public and political *awareness*
- Key driving individuals* within healthcare, university and governmental bodies leading to a *broad collaboration*
- Investment in *education* and the formation of *multi-disciplinary* healthcare teams
- Use of *pay-for-performance* based on monthly updates
- Shared electronic records* between hospital and primary care

Barriers of change

- Lack of a *common belief* that medication review is an essential and effective intervention
- 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
- Scepticism* among physicians *towards collaboration* with pharmacists
- Absence of a national strategy* to fully implement and evaluate medication review legislation and policies

Key advice from the interviews

- Measure the quality of medication use to raise awareness of the problem of inappropriate polypharmacy!
- Make use of change management knowledge, think big and focus on leadership!

Conclusion

This case study provides valuable insight into *how* and *why* medication review policies were developed and implemented in Sweden. These results combined with the other SIMPATHY case studies will be used to create strategy tools for policymakers, researchers, and clinicians throughout Europe as they move to integrate polypharmacy and adherence activities into existing health care systems.

References

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- Kotter, John P. *Leading Change*. United States: Harvard Business Review Press, 2012.