



Polypharmacy and Adherence: Key Components of Integrated Care. The case of Greece.

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Introduction

Polypharmacy and medication adherence in the elderly are significant public health issues throughout the European Union (EU) and are critical issues in integrated care. SIMPATHY 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.

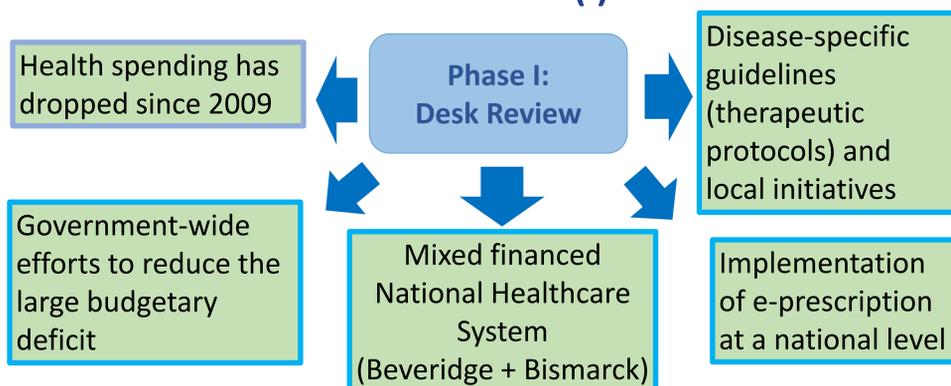
Methods/Work Plan

A case study has been carried out in Greece, to identify policies on the management of polypharmacy and adherence issues in the elderly.

- A **Desk Review** of existing polypharmacy and adherence policies at governmental, regional and institutional level has been completed. Legislation, regulations, guidance and other policy documents from several institutions were analyzed.
- **Key Informant Interviews** were conducted with policymakers and health professionals involved in developing and implementing strategies.
- A **Focus Group** consisting of policymakers and clinicians was conducted, in order to validate the research findings.

Change management principles (Kotter's 8-step change model) and Normalization Process Theory (NPT) are used in the analysis.

Results (I)



Inappropriate polypharmacy in various settings and geographic areas

National, regional or local policies, guidelines and legislation regarding polypharmacy and adherence

Structured, comprehensive programs on polypharmacy management.

Results (II and III)

The issue of inappropriate polypharmacy has been articulated and often presented

**Phase II:
Key Informant
Interviews**

There is no strategic plan for development, implementation and evaluation of relevant policies

Incentives and opportunities for participation in polypharmacy management and medication adherence programs are not offered either to health professionals or to patients

Polypharmacy management is associated with only direct economic indicators and the parameter of medication safety is not adequately taken into account

The implementation of e-prescription (about 98%) in our clinical practice is potentially a valuable tool in providing integrated and coordinated health care (Integrated Care) but it still remains in the "data recording" stage

A polypharmacy management policy is urgent to be implemented in the country with proper mobilization, by following both «top down» (from the State) and «bottom up» (from the society) approaches.

ESSENTIALS

**Phase III:
Focus Groups**

BARRIERS

- **Electronic Patient Health Record** development and implementation
- **Collaboration of all stakeholders** on procedures regarding medication management
- **E-prescription** data analysis
- **Medication surveillance, pharmacovigilance and reliable reporting (alert) systems** developed and implemented
- The **"case/care manager"** identity clarification and appointment for each citizen/patient that receives health care services
- **Patient education** activities and programmes

- **OTC medication** dispensed, not in pharmacies
- **Lack of coordination** of institutions and authorities and **overlap** of their responsibilities
- **Lack of established and functional primary health care** services
- **Cultural barriers** (e.g. disobedience and mistrust in rules and regulations)
- **Human healthcare workforce and healthcare infrastructure** shortage and deficiencies
- **Gaps in health care policies** development, implementation and especially evaluation

Discussion and Conclusion

The results from this study combined with the other SIMPATHY case studies will provide valuable tools for policymakers, researchers, and clinicians throughout Europe, as they move to introduce and integrate polypharmacy and adherence activities into existing health care systems.