

POSTER ABSTRACT

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

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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 Northern Ireland to characterise the polypharmacy and adherence programme within the region. A desk review of the polypharmacy and adherence policies at the government, regional and institutional level has been completed. The policies and practices of the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland and two National Health Service (NHS) Trusts were included for analysis. Key informant interviews will be conducted with policymakers, managers, and clinicians responsible for developing and implementing this system to highlight the change management strategies employed to implement this programme. Focus groups will then be used to validate the research findings. Final analysis will be completed in April 2016.

Preliminary results: Based on the desk review, Northern Ireland has an advanced polypharmacy and adherence programme targeted at patients with multiple chronic conditions and older adults at risk for adverse drug events. In 2013, NI was recognised as a Reference Site and was awarded 3-stars for its medicines management systems which have a particular focus on older people.

Key to this award was the contribution towards management of long term conditions, via the development of the integrated medicines management service and the development of enabling technological solutions.

Success in this work depends upon collaboration between key pharmacy stakeholders within Northern Ireland, other staff & departments within Health & Social Care, and those based at the Universities. In addition, a number of key commercial partnerships have been developed.

Full results including key informant interview and focus groups will be presented.

Conclusion and future work: Results from key informants will further elucidate how the programme was developed and implemented, providing insight into strategies other health care systems may employ to implement a similar programme. These results combined with the other SIMPATHY case studies will provide valuable tools for policymakers, researchers, and clinicians throughout Europe as they move to integrate polypharmacy and adherence programmes into existing health care systems.

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Keywords: polypharmacy; adherence; policy; change management
