

POSTER ABSTRACT

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

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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 Greece to identify policies on the management of polypharmacy and adherence issues in the elderly. A desk review of the polypharmacy and adherence policies at the government, regional and institutional level has been completed. Legislation, regulations, guidance and other policy documents from the National Organization for Healthcare Services Provision, the Direction of Pharmaceutical Policy of the Greek Ministry of Health, the 1st Regional Healthcare Authority (RHA) of Attica (about 5 million inhabitants), the public body which is responsible for electronic prescription at a national level and the National Organization of Medicines were analyzed. Key informant interviews will be conducted with policymakers and health professionals responsible for developing and implementing strategies. Focus groups consisting of policymakers, clinicians and patients will then be used to validate the research findings.

Progress report: The desk review highlighted several surveys illustrating the extent of inappropriate polypharmacy in various settings and geographic areas of Greece, but did not recognize any type of national, regional or local policies, guidelines and legislation regarding polypharmacy and adherence. Currently, most prescribers use disease-specific guidelines (therapeutic protocols), and local initiatives lead by community pharmacists and/or other healthcare professionals address some aspects of, but do not constitute structured, comprehensive programs on polypharmacy management.

Health spending in Greece has dropped in each of the years since 2009, driven by a sharp reduction in public spending as part of government-wide efforts to reduce the large budgetary deficit. Implementation of e-prescription at a national level contributed to the rationalization and modernization of medicine prescription and decreased pharmaceutical costs in the country, but did not directly address the issue of polypharmacy and medication adherence.

Conclusion and future work: Results from key informant interviews and focus groups are expected to elucidate the possible constraints and barriers to conceptualization and implementation of polypharmacy programs in Greece. 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 integrate polypharmacy and adherence activities into existing health care systems.

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Keywords: polypharmacy; adherence; policy; change management
