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## CONFERENCE ABSTRACT

### Patient-Centered Prescription Model for enhance effective prescribing and therapeutic adherence in patients with multimorbidity

17<sup>th</sup> International Conference on Integrated Care, Dublin, 08-10 May 2017

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**Introduction:** Medication non-adherence is an important issue in patients with multimorbidity due to their greater frailty and polypharmacy. Effective prescribing and multidisciplinary and patient-centered approaches are key elements to incorporate on interventions aiming to enhance medication adherence in patients with multimorbidity. The Patient-Centered Prescription (PCP) Model has shown its usefulness on improving effective prescribing in these patients. Our objective is to adapt the PCP Model to enhance both appropriateness and medication adherence in patients with multimorbidity.

**Methods:** The PCP Model was adapted through the inclusion of:

A cross-culturally adapted scale for the multidimensional assessment of medication adherence and considered appropriate in patients with multimorbidity.<sup>1</sup>

Interventions appropriate to improve medication adherence due to the strength of their supporting evidence, their usefulness in patients with multimorbidity and feasibility of their application in clinical practice. Interventions were identified by a systematic review and selected by a panel of experts based on Delphi methodology.

**Results:** The PCP Model to enhance effective prescribing and therapeutic adherence addresses the following four steps based on a shared decision-making process including patient, physician and clinical pharmacist:

1) Patient-Centered assessment: A holistic review of the patient, by means of a Comprehensive Geriatric Assessment, determines his care goal: survival, improving or maintaining function or symptomatic control. It includes a multidimensional assessment of adherence with the ARMS-e scale. This scale identifies non-adherence barriers which allow the individualization of subsequent interventions.

2) **Diagnosis-Centered assessment:** Drug therapy should fit with the main care goal previously agreed. It includes deprescribing strategies to simplify regimen complexity.

3) **Medication-Centered assessment:** Medication convenience and benefit-risk balance are assessed with the purpose of simplify dosing regimens and identify and replace in its case high risk medications.

4) **Therapeutic Plan:** An individualized therapeutic plan is agreed with the patient and/or main caregiver. It includes a motivational interviewing and counseling and the use of Mobile ICT depending on the results of the previous multidimensional adherence assessment.

**Discussion:** To date, the effectiveness of interventions to improve medication adherence in patients with multimorbidity has been modest. A new approach is required in which such interventions should not be applied in isolation, but integrated in models which pursue an enhancement in effective prescribing. In this way, the PCP Model represents a promising alternative.

**Conclusions:** An adaptation of the PCP Model that integrates interventions to improve medication adherence in patients with multimorbidity has been obtained.

**Lessons learned:** Interventions to enhance medication adherence in patients with multimorbidity should be integrated into models tailored to effective prescribing, with a multidisciplinary approach and patient-centered.

**Limitations:** The efficacy of the PCP Model in terms of adherence improvement has not yet been evaluated.

**Suggestions for future research:** To assess the impact of the PCP Model on adherence and health outcomes in patients with multimorbidity.

**References:**

1- Alfaro Lara ER, et al. Selection of tools for reconciliation, compliance and appropriateness of treatment in patients with multiple chronic conditions. Eur J Intern Med 2012;23:506-12

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**Keywords:** multimorbidity; adherence; appropriateness

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