
CONFERENCE ABSTRACT

Design of the Initial Medication Adherence (IMA) complex intervention in Primary Care: "NonInitiators - Modelling study"

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Introduction

Medication adherence and health results are highly improved by the use of collaborative care including primary and secondary care and community pharmacist. Treatment non-initiation is a prevalent behaviour that increases the expenditure of the health systems. Non-initiation not only delays the access to treatment, but it can also cause inadequate care in the follow-up.

Among other factors, the patients' decision to initiate a prescription medication is influenced by their interaction with the healthcare providers and by the coordination of the levels of care. Discordant discourses between primary and secondary care physicians or with the pharmacists can lead to non-initiation.

Methods

The project seeks to design a multidisciplinary intervention to manage a potentially harmful behaviour using a patient-centred approach and involving stakeholders. The design of the intervention was based on the Theoretical Model on Medication Non-initiation.

A review of the literature was conducted to identify the evidence and theory relevant to the behaviour. A first version of the IMA intervention, which focuses on new treatments for cardiovascular disease and diabetes, was designed.

In order to increase the acceptability and transferability of the intervention, discussion groups were conducted with general practitioners, community pharmacists, nurse practitioners, social workers and other medical doctors (cardiologists, endocrines and internists). After describing the motivations for non-initiation and the rationale for the IMA intervention, the participants were asked to make suggestions for optimisation and to describe the limitations of the intervention and the anticipated barriers for its implementation.

Results

The results of the discussion groups were used to optimize the design of IMA intervention. The intervention provides healthcare professionals with the knowledge, skills and tools to help the patient make an informed decision. A brief and flexible intervention is proposed to facilitate the scalability and transferability of the intervention. The intervention has several components that try to harmonize and standardize the interventions of primary care professionals including the training of healthcare professionals and technical support tools such as leaflets, warnings in the e-prescription system and web resources.

Conclusion/Discussion

Developing a multidisciplinary intervention would enhance synergies between these services, strengthen cohesion among health professionals and improve the integration of health care levels of the national health system. The IMA intervention has the potential to improve medication initiation. It will improve the excellence of the system, improving its efficiency by promoting a rational use of resources and the effectiveness of treatments.

Limitations

In the focus groups, there could be distortion of the information due to the judgment of the rest of the participants.

Suggestions For Future Research

The final design of IMA intervention is being piloted. A trial will be performed to assess the effectiveness and cost-effectiveness of the IMA intervention. If proven effective and efficient, the implementation of the intervention in Primary Care will be pursued.