

POLYPHARMACY AND ADHERENCE: KEY COMPONENTS OF INTEGRATED CARE – THE CASE OF NORTHERN IRELAND

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Consultant Pharmacist-led Pharmaceutical Care of Older People Case Management project

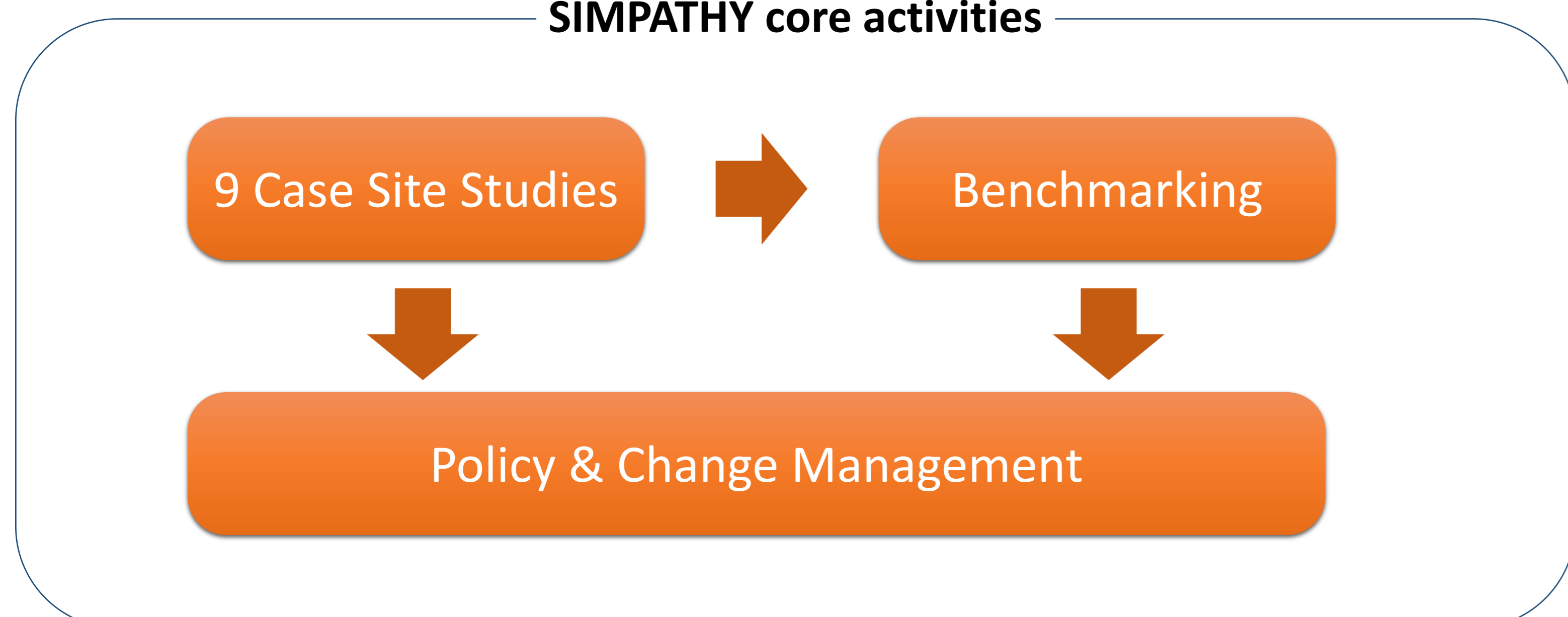
Testing and scaling up a Regional Model for Medicines Optimisation in Older People

Background

Polypharmacy and medication adherence in the older people are significant public health issues throughout the European Union (EU). SIMPATHY aims to stimulate innovation around polypharmacy and adherence, ultimately providing the tools for EU policy makers to adopt new programmes into existing healthcare systems.

As one of its core activities, case studies were performed throughout the EU evaluating local polypharmacy and adherence management programmes.

SIMPATHY core activities



Methodology

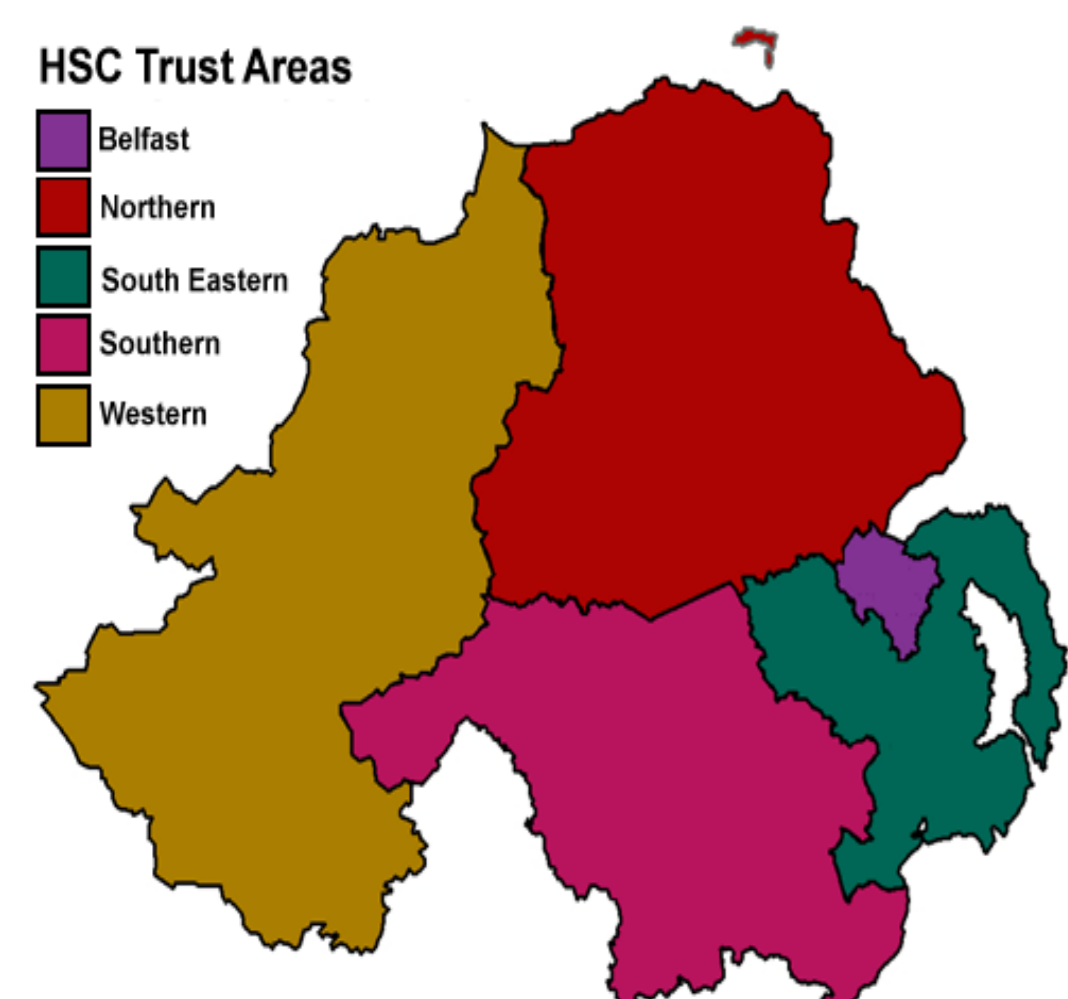
A mixed-methods case study was performed to identify and characterize factors that influenced the development and implementation of Northern Irish policies on polypharmacy and adherence in elderly people.

Mixed-methods: three phases

- Phase I Desk review of published policy documents and guidelines
- Phase II Key informant interviews
- Phase III Focus group validation

Data sources and analysis

Northern Ireland (NI) Health & Social Care Trusts (HSCT)



- Desk review: legislation, policies and publications at the government, regional & institutional level
- Four interviews with key informants at regional & HSCT level
- Coding of interview transcriptions using the Kotter's Eight Step Change Model and the Normalization Process Theory (NPT)^(1,2)
- Validation of the findings through a focus group discussion with clinicians and policymakers

Results

From a strategic viewpoint, Northern Ireland has developed a regional model for medicines optimisation support by quality standards, best practices, outcome measures and innovation focus for all members of the HSC. The Medicines Optimisation Quality Framework³ (MOQF) supports better health and well being for all people in NI through improvements in the appropriate, safe and effective use of medicines, which specifically details the problems faced by older people.

In 2013, NI was recognised as a Reference Site and awarded 3-stars for its medicines management systems which have a particular focus on older people.

Key findings

Facilitators of change

- Increasingly aging population and resultant pressure on medical resources driving the *urgency* for change
- Engagement of all stakeholders from the outset following a *collective vision*
- Highly structured organisation with a transparent monitoring process

Barriers to change

- Lack of a fully implemented electronic health record system across healthcare interfaces
- Lack of universal General Practitioner (GP) engagement
- Incentive scheme in community pharmacy which rewards pharmacists for what is dispensed

Key advice from interviews and focus groups

Rising to the challenge of an-ever increasing aging population taking multiple medicines for long-term chronic conditions, it is realised that a structured change model or process theory can be utilised to assist in achieving sustainable change.

Conclusion

Optimising the health benefits from medicines is an important enabler of active and healthy aging in Northern Ireland.

Participation in SIMPATHY will inform the tools used for the management of polypharmacy for older people in the medicines optimisation model and also the change process applied for implementation.

References

- 1) May CR, Mair F, Finch T, MacFarlane A, Dowrick C, Treweek S, et al. Development of a theory of implementation and integration: Normalization Process Theory. *Implement Sci.* 2009 May 21;4:29.
- 2) Kotter, John P. *Leading Change*. United States: Harvard Business Review Press, 2012.
- 3) <https://www.dhsspsni.gov.uk/sites/default/files/consultations/dhssps/medicines-optimisation-quality-framework.pdf>