Mixed-method case studies were conducted in 9 sites, Germany, Greece, Italy, Poland, Portugal, (Spain) Catalonia, Sweden and (United Kingdom) Scotland and Northern Ireland, mapping the structures, processes, and outcomes of policies and practices at the institutional, regional, and local level.

Phase I **Desk Review**	Evaluating economic, political, and cultural context; Checklist of complex interventions.
Phase II **Key Informant Interviews**	Assessing development and implementation strategies. Participants included: Primary care and hospital pharmacists, hospital geriatricians, primary care and hospital managers, health system administrators.
Phase III **Focus Groups**	Validating interim report findings with focus group of primary care pharmacists, hospital and primary care geriatricians, hospital manager and health system administrator.

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Other case studies

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SIMPATHY Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly

Polypharmacy Programmes
Catalan Case study

On the road to better polypharmacy management

Innovative ideas in development

Co-funded by the Health Programme of the European Union

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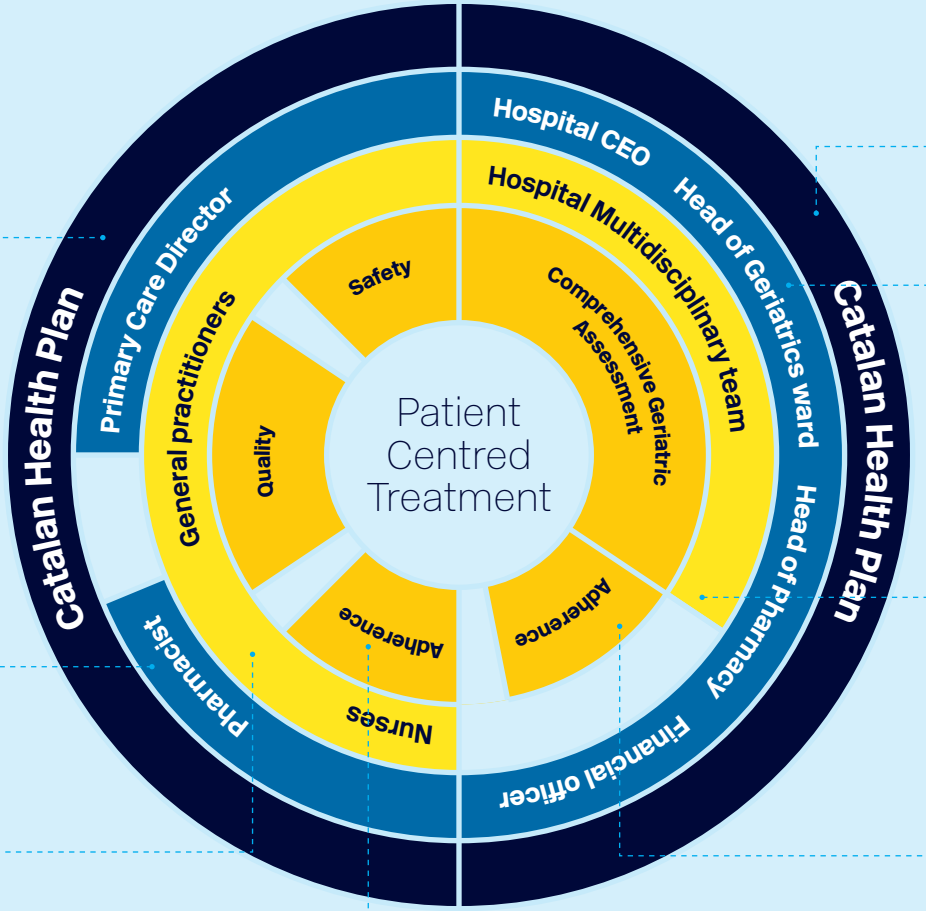
The **Government sponsored model** was lead by the Department of Health and targeted at primary care physicians. It utilised a vertical approach to implementation with the primary focus on patient safety, individual physician prescribing, and had a goal of implementation throughout the entire healthcare system.

The **Institutional network sponsored model** (Hospital, long-term care, nursing home) was lead by geriatrician health professionals and supported by department heads and hospital administrators. It employed a horizontal implementation strategy with a global patient-centred focus, including polypharmacy management. It was driven by a small multidisciplinary team with the goal of creating a scalable programme. Key facilitators included a "culture of geriatrics" supporting the use of multidisciplinary teams and an institutional culture of innovation.



The Catalan Health Plan provided a strategic vision with a strong patient centred focus and targeted priorities specific to the rationale use of medicines.

The contract between the government payer and the primary care centres established explicit objectives that direct managers, with pharmacists providing training and technical support.

The objectives of the contract were transferred to primary care physicians. There was no specific contractual role for nurses.

Theoretically the objectives mirrored the comprehensive patient-centred vision outlined in the Health Plan although, in practical terms, polypharmacy focused on a narrower subset of quality and safety indicators, and to a lesser extent on adherence.

The Catalan Health Plan provided an underlying strategic vision with less specific recommendations about medicines management in hospitals.

The contract between the government payer and the hospital did not establish explicit objectives regarding polypharmacy, allowing for the development of a strong local vision of medicines management.

The vision and strategy were understood and adopted by a group of professionals integrated as a multidisciplinary team.

Polypharmacy was integrated as a specific component of a broader patient-centred service model with a focus on global health outcomes. Adherence remained a less developed component.

These two examples illustrate how the challenge of polypharmacy can be addressed in different healthcare settings utilising different resources. Both programmes face challenges in effectively changing current practices to facilitate the full implementation and subsequent scale up.