

POSTER ABSTRACT

Medication review and polypharmacy management in the hospital setting. The cases of Greece and Catalonia

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Introduction: Medication review and polypharmacy management, especially in the elderly, are key components of integrated care. Although polypharmacy management is often associated with the primary care setting, hospital clinicians, who are often members of multidisciplinary therapeutic teams, have an opportunity to improve the management of polypharmacy, which has the potential to improve health outcomes in both hospital and primary care.

Methods: Mixed-methods (desk reviews, key informant interviews and focus groups) case studies were carried out in Greece and Catalonia, in the framework of the SIMPATHY (Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly) project, in order to describe policies and procedures on the management of polypharmacy and adherence in the elderly and describe implementation strategies. Kotter's Eight Step Process for transforming change and normalization process theory (NPT) were applied both in data collection tools and in the analysis.

Progress report: At both sites there was awareness regarding the need for management of polypharmacy in the elderly, although in Greece awareness had not translated to a sense of urgency, a critical early step in Kotter's process. Barriers to implementation in Greece included extreme financial pressure, lack of organizational culture supporting multidisciplinary teams and shared decision making, and lack of guidance from central health authorities. However, despite the lack of national guidelines, hospital pharmacists in state (public) hospitals currently review medication for inpatients and out-patients, and interventions regarding inappropriate polypharmacy and reconciliation of care have been piloted. In Catalonia, implementation of an Institutional network sponsored model has been implemented and it is being evaluated. Polypharmacy was integrated as a specific component of a broader patient-centered service model, driven by a small multidisciplinary team, with a focus on global health outcomes. Facilitators, to implementation included an organizational culture of innovation and

shared decision making, advanced training requirements of all hospital pharmacists, and regional health policies focusing on improved care for patients with complex chronic disease.

Conclusion and future work: Although Greece is a country with no programme of polypharmacy management identified, there are some policies and clinical activities in place that could support future programmes. National guidance will ultimately be needed to mobilize health professionals and ensure consistency of care. The Catalan experience demonstrates that polypharmacy management can occur in the hospital setting. Future challenges include scaling the current model into other units within the hospital and into primary care. Given the pharmacist training and current medicines management activities in Greece, the hospital may be an appropriate entry point for polypharmacy management activities in that country, later scaling up to the community. As other health systems look to address polypharmacy, hospital should be considered a potential starting point for initiating a programme.

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