

Understanding the context for implementing collaborative care for patients commencing long-term medications in Switzerland – The myCare Start-I project

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Abstract

Aim: Effective transfer of interventions to improve initiation adherence to long term treatments requires careful consideration of the implementation context. For example, global applications of the UK's New Medicines Service (NMS) faced implementation barriers including poor patient uptake, underdeveloped pharmacist and physician relationships and pharmacist time constraints. The myCare Start implementation science project (myCare Start-I) will reimagine the NMS for use in Switzerland's community pharmacy-physician network using a context informed approach. **Methods:** Guided by the Basel Approach for coNtextual ANALysis (BANANA) and the Context and Implementation of Complex Interventions (CICI) framework, the contextual analysis will be conducted in 10 Swiss pharmacies. A convergent mixed-methods approach including individual interviews, surveys, focus groups and group model building will be utilised to understand current patient journey, practice patterns and structural characteristics within pharmacies and general practice, the multi-level factors influencing medication adherence to long term treatment and myCare Start implementation and existing levels of inter-professional collaboration. Patients with long term diseases, pharmacy technicians, pharmacists, family physicians and primary care stakeholders will be involved. Based on these findings an adapted and optimised myCare Start intervention and contextually fitting implementation strategies will be created. **Results:** Preliminary results will be presented at the conference, while final results will be available in 2024. **Conclusion:** myCare Start-I will provide a much-needed, contextually appropriate, model for improving primary care for patients prescribed new long-term medications in Switzerland.

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Improvement of medication adherence of asthma patients in North Macedonia

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Abstract

Aim: Asthma, as a chronic respiratory disease, is usually treated with inhalation therapy. Asthma patients' adherence to prescribed therapy depends on the type of medication and inhalation technique and is crucial to controlling the disease and improving quality of life.

The aim of this research is to identify questionnaires available for use in North Macedonia and evaluate the need of updating asthma guidelines to improve medication adherence.

Methods: Literature research was performed through PubMed search (keywords: asthma patients, medication adherence, guidelines) and BiblioPRO International for analysis of questionnaires for measuring adherence in asthma patients (English and Macedonian language). General principles of Gina main report were compared

with the guideline for long-term treatment of asthma in North Macedonia. Data on medication adherence, inhalation technique, and personalized care framework were extracted.

Results: Our research in PubMed and the comparison of guidelines determined that the guideline in North Macedonia provides only basic information for long-term asthma treatment. This guideline does not present any recommendations or guidelines for monitoring patient adherence. Through the process of analyzing the questionnaires, our research has shown that there are no questionnaires in Macedonian language.

Discussion and conclusion: The conducted research has indeed confirmed that it is extremely important to update the guideline in North Macedonia. By introducing questionnaires adapted for the country, with performing both translation and cultural adaptation, a better asthma control and increase of the awareness of medication adherence among patients with asthma can be achieved.

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Changes in medical adherence among patients with hypertension. Is it an achievable objective?

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Abstract

Aim: We aim to investigate the impact of complex status evaluation and motivational interviews on medical adherence among patients with hypertension.

Methods: A self-reported questionnaire survey has been conducted among 58 patients with hypertension. The survey, conducted by physician and clinical psychologist, reveals information considering cardiovascular risk, stress status, sleep habits, depression level and baseline medical adherence attitude (measured by validated scales of health care literature). An intervention based on personalized motivational interviews, evaluation of current medical therapy and dosing was carried out. Changes in medical adherence attitude was documented after the intervention.

Results: 36 patients (62%) had higher systolic blood pressure values measured (>140/90 mmHg). After modification of medical therapy or dosing, addressing side-effects of calcium channel blockers and ACE inhibitors, and adequate patient education, higher systolic blood pressure values were measured only in 4 patients (6.89%). The average improvement in medical adherence attitude, based on validated scales measurements, was around 30% compared to baseline measurements. This was shown to be statistically significant ($p < 0.001$).

Discussion and Conclusion: Our results show that co-creation of person-oriented relationship between patients and care providers based on motivation and value delivery could improve patients' medical adherence attitude among patients with hypertension. Considering the mediator role of hypertension in development of cardiovascular diseases, improvement of medical adherence attitude could be a key element in planning of comprehensive preventive programs.