

# **INTERVENTIONS TO IMPROVE ADHERENCE**

**SABA WORKING GROUP, ROME 24<sup>Th</sup> Of October 2014**

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**On behalf of SABA, Scientific Advisory Board on Adherence**

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	<b>Definition</b>	<b>Target population</b>	<b>Health Professional involved</b>	<b>How</b>	<b>Time</b>
<b><i>Intervention 1</i></b>	Comprehensive assessment (including adherence behavior)	All older adults applying to the program	GP+Health care assistant	InterRai + MARS	Entry (minimum 1/year)
<b><i>Intervention 2</i></b>	Optimize treatment (reduce polypharmacy)	All older adults applying to the program	GP+Health care assistant	Software + clinical judgment	Entry and as needed (minimum 2/year)
<b><i>Intervention 3</i></b>	Use of adherence aids	Those with cognitive impairment; disability; social isolation; polypharmacy; unintended non-adherence; those who wish to have it;	Pharmacist, ICT company, Pharma company	Pillboxes, reminders, blistering by the pharmacy	continuously
<b><i>Intervention 4</i></b>	Patient (and caregiver if needed) education to improve patient empowerment	Patients and caregivers or all older adults applying to the program and willing to receive the intervention	GP+Health care assistant, Pharmacist, healthcare system, Patients associations	Health Beliefs Model (HBM), training, multilevel interventions	continuously
<b><i>Intervention 5</i></b>	Physician and other Healthcare professional education	Physician and other Healthcare professional	Educational professional and professional associations	Cascade model; circle meetings (both focused on improved medication knowledge and communication skill)	continuously
<b><i>Intervention 6</i></b>	Adherence assessment	All older adults applying to the program	GP+Healthcare assistant; pharmacist	Objective (drug refill; drug count; clinical assays) and subjective (MARS/communication) evaluation	continuously
<b><i>Intervention 7</i></b>	Facilitating access to medicine by service integration	All older adults applying to the program	GP and pharmacists	ICT, medication delivery, GP-Pharmacist bidirectional consultation	continuously

# Intervention 1

**Definition**

**Comprehensive assessment  
(including adherence behavior)**

**Target population**

**All older adults applying to the  
program**

**Health Professional involved**

**GP+ Health care assistant**

**How**

**InterRai + MARS**

**Time**

**Entry and minimum 1/year**



# Intervention 2

**Definition**

**Optimize treatment  
(reduce polypharmacy)**

**Target population**

**All older adults applying to the  
program**

**Health Professional involved**

**GP+ Health care assistant**

**How**

**Software + clinical judgment**

**Time**

**Entry and as needed  
(minimum 2/year)**



# Intervention 3

**Definition**

**Adherence aids**

**Target population**

**Cognitive impairment, disability, social isolation, polypharmacy, unintended non-adherence and those who wish it**

**Health Professional involved**

**Pharmacists, ICT company,  
Pharma company**

**How**

**Pillboxes, reminders, blistering**

**Time**

**Continuously**



# Intervention 4

**Definition**

**Patient (and caregiver) education to improve empowerment**

**Target population**

**All those willing to receive the intervention**

**Health Professional involved**

**GP + Health care assistant, pharmacist, healthcare system, patients associations**

**How**

**Health Beliefs Model, training, multilevel interventions**

**Time**

**Continuously**



# Intervention 5

**Definition**

**Physician and other health care professionals education**

**Target population**

**Physician and other health care professionals education**

**Health Professional involved**

**Educational professionals and associations**

**How**

**Cascade model, circle meetings (to improve medication knowledge and communication skills)**

**Time**

**Continuously**





## OPEN Project

### Optimizing prescription in Elderly patients in Nursing home

#### T<sub>0</sub> (September 30, 2013):

- Random selection of therapy files among patients of adhering physicians
- Revision of the therapy files by the study investigators with a computerized system to support the prescription
- Starting of an educational program on the appropriateness of prescription and IT tools for the adhering physicians

#### T<sub>1</sub> (March 31, 2014):

- New selection of at least 20 physician/therapy files (N=340)
- Same revision as performed under T<sub>0</sub> by the same operator

#### T<sub>2</sub> (May 31, 2014):

- Further recruitment of therapy files (n=231)
- Investigation through the computerized system supporting the prescription



## OPEN Project

### Optimizing prescription in Elderly patients in Nursing home

	T0	T2
	average (per pt)	average (per pt)
<b>Number of drugs</b>	7.0	5.7
<b>Number of total interactions</b>	4.6	3.0
<b>Number of severe interactions</b>	1.1	0.5
<b>Number of moderate interactions</b>	3.1	2.3
<b>Inappropriate Drugs acc. Beers</b>	3.1	2.3



# Intervention 6

**Definition**

**Adherence assessment**

**Target population**

**All older adults applying to the program**

**Health Professional involved**

**GP + Health care assistant,  
pharmacist**

**How**

**Objective: drug refill, drug count,  
clinical assays  
Subjective: MARS, communication**

**Time**

**Continuously**



**European Innovation Partnership on Active and Healthy Aging**  
**Action A 1 – Adherence to treatment**  
**Collaborative Working Group**

**To produce/identify a set of indicators to be used for assessing polypharmacy and adherence in the older population (independently of the clinical setting)**



## Interventional Tools to Improve Adherence and Prescription to Medical Plans Call for Papers

Manuscript Due	Friday, 22 May 2015
First Round of Reviews	Friday, 14 August 2015
Publication Date	Friday, 9 October 2015

Authors can submit their manuscripts via the Manuscript Tracking System at <http://mts.hindawi.com/submit/journals/bmri/public.health/itia/>.

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# Intervention 7

**Definition**

**Facilitating access to medicine by  
service integration**

**Target population**

**All older adults applying to the  
program**

**Health Professional involved**

**GP and pharmacists**

**How**

**ICT, medication delivery, GP-  
pharmacist bidirectional  
consultation**

**Time**

**Continuously**



