

eHealth
week

11 - 13 MAY 2015
RIGA, LATVIA

ORGANISED BY



meHEALTH
Any Health Empowered by ME



IMPROVING PRESCRIPTIONS AND TACKLING POOR ADHERENCE TO MEDICAL PLANS: THE ACTION GROUP A1

Alessandro Monaco, Italian Medicines Agency - AIFA

Follow us  @eHealthWeekEU #eHW15



Why we are working on adherence...

Only of patients typically
50% take their medications
as prescribed

nearly premature deaths per
200.000 year among Europeans are
related to non-adherence

...in a ageing population

- **Multimorbidity**, the co-occurrence of multiple diseases, affects more than half of the elderly population
- **Polypharmacy** is common in older people: 40% of people aged 65 and over consume between five and nine medicines per day

Consequences of non-adherence



Patient health



- Potential harm from sub-optimal management of clinical condition
- Worsening of functional abilities



Health Services
Use/Spending



- Cost of medicines dispensed but not used
- Higher medical spending
- Higher inpatient hospital days
- Higher Emergency Dpt visits



Social Engagement/
Productivity



- Reduced social activity and more days away from work derived from poorly managed long-term conditions



EIP on AHA partners experiences and good practices

- Publication of a **collection of 60 good practices** that presents promising solutions to overcome existing barriers to adherence
- **Collaborative dynamics** through the set-up of collaborative working groups, leading to concrete outputs, e.g.:
 - Guidelines for medication review/reconciliation; Polypharmacy Guidance
 - Publication of 2 scientific articles on "Appropriate criteria in medication adherence assessment in the elderly" and "Intervention tools to improve adherence"
 - Multi-disciplinary decision making process to design and assess eHealth and ICT interventions addressing adherence
 - Collection of experiences in different European Countries on pharmaceutical care services for patient empowerment in following care plans



Concrete results from EIP on AHA partners

- In 2014, adherence programmes and pilots in different disease areas have been implemented in **18 regions and 6 Member States** (SIP* target: 30)
 - 8 additional regions and 1 additional Member State will implement programmes or pilots by 2016
 - Several adherence programmes in some regions (e.g. Catalonia, Madrid)
- **Identification of interventions and relevant issues** on Prescription and adherence:
 - Medication review to assess appropriateness of prescription
 - Better use of pharmacists/ pharmacies services
 - Patients' empowerment
 - Integrated care approach
 - More research needed



Adherence projects implementation from EIP partners (1/2)

Collaborative work : Working Group on adherence to medical plans

WHAT

Pharmacological treatment of complex patients represents a challenge for the prescribing physician; the risk of iatrogenic illnesses is high and may exceed the potential benefit expected. Indicators to monitor adherence and innovative tools to improve it are required

HOW

Through the review of literature and analysis of clinical databases:

- assess the association between specific adherence indicators and clinical outcomes in older adults
- assessment of the usefulness of different interventions aimed at improving adherence on clinical outcomes
- A set of indicators are being identified to be used for assessing adherence in the older population (independently of the clinical setting)
- Available tools useful to improve adherence in intervention studies are being identified

RESULTS



Adherence projects implementation from EIP partners (2/2)

Collaborative work: Working Group on User Empowerment

WHAT


1. Identification of the most important needs and factors:
 - a. empowering +65 citizens, in different diseases and situations, to be ACTIVATED
 - b. establishing PRODUCTIVE INTERACTIONS with a PROACTIVE and PREPARED CARE TEAM
2. Creation of a Technological Framework, built upon the above needs, to assist healthcare professionals in designing, evaluating and implementing solutions for empowering +65 citizens

HOW

- Use of the Analytic Hierarchy Process to elicit needs for 3 Scenarios: 1) Healthy Subjects, 2) Chronic Patients and 3) Patients with Dependency.
- The elicited needs are then processed to extract technologies and solutions supporting their realization

RESULTS

- 2 Hierarchies of Needs have been created for the 1.a and 1.b goals*
- A Technological mapping has been made around the 2 hierarchies**
- 3 group of experts (20+20+20) has been recruited to rank the needs for the 3 Scenarios (results under analysis)

Follow us  @eHealthWeekEU #eHW15



Adherence in Health Policy

- Prescription and Adherence is becoming a **priority included in the political agenda**
 - e.g. Adherence implementation plan in Italy with clinical/economic impact
- In the European Commission, **adherence** has been highlighted as a **priority present in EU funding schemes**
 - IMI2 (2014-2020)
 - 3rd Health Programme (Work plan 2014)
 - EIT Health

Take-home messages



Poor adherence to treatment of chronic diseases is a worldwide problem of striking magnitude



The consequences of poor adherence to long-term therapies are poor health outcomes and increased health care costs



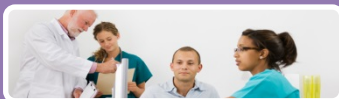
Adherence is an important modifier of health system effectiveness



Patients need to be supported and empowered, not blamed; health professionals need to be established in proactive and prepared teams



Family, community and patients' organizations: a key factor for success in improving adherence



A multidisciplinary approach towards adherence is needed



11 - 13 MAY 2015
RIGA, LATVIA

ORGANISED BY



THANK YOU

Alessandro Monaco
Project Chief Executive
a.monaco@aifa.gov.it

Follow us  @eHealthWeekEU #eHW15