

# MEDICATION ADHERENCE MANAGEMENT SERVICE IN COMMUNITY PHARMACY: FROM RESEARCH TO ROUTINE PRACTICE

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## INTRODUCTION

Medication non-adherence is a prevalent problem with negative clinical outcomes. Brief complex interventions by community pharmacists have been proven to increase adherence. It is important to incorporate these interventions into usual practice. AdherenciaMED is a research program with a number of phases, led by the General Pharmaceutical Council of Spain, the University of Granada and the University of Technology Sydney and has been funded by Cinfa Laboratories.

## AIM

To describe the research stages for the design, evaluation and implementation of a medication adherence service in community pharmacy.

## METHODS

We used a step wise approach based on the Medical Research Council Framework for the development and evaluation of brief complex interventions<sup>1</sup>. The following stages were followed (figure 1):

- Development of the service
- Feasibility assessment and piloting
- Service's impact evaluation
- Development and evaluation of an implementation program

## RESULTS

**Service development:** This stage involved the identification of the evidence available on adherence interventions and the modelling of the process and outcomes of the service. The service involved the integration and application of different models for behavioral change: Health Belief Model, Necessity and Concerns Model, Information - motivation - strategy Model, Transtheoretical Model for Change, and Motivational Interview (figure 2).

**Feasibility assessment and piloting:** comprising a pilot study with the assessment of the service's feasibility, acceptability and recruitment/retention rate.

**Service's impact evaluation phase:** This involved a six-month cluster randomised controlled trial for the assessment of the service's clinical, economic and humanistic impact (figure 3).

**Development and evaluation of an implementation program:** This encompassed the development and evaluation of an implementation program using implementation process, impact and outcome indicators (figure 4). The Framework for the Implementation of Services in Pharmacy (FISpH)<sup>2</sup> (figure 5) was used to evaluate the implementation process of the Service. Practice change facilitators and on-line data collection forms (hosted in Nodofarma) were used (figure 6).

## CONCLUSIONS

The current program offers guidance on how to approach the design, testing, evaluation and implementation of professional services in community pharmacy using a systematic and evidence-based approach. It will also generate evidence which may support the contribution of community pharmacist and pharmacy in medication adherence.

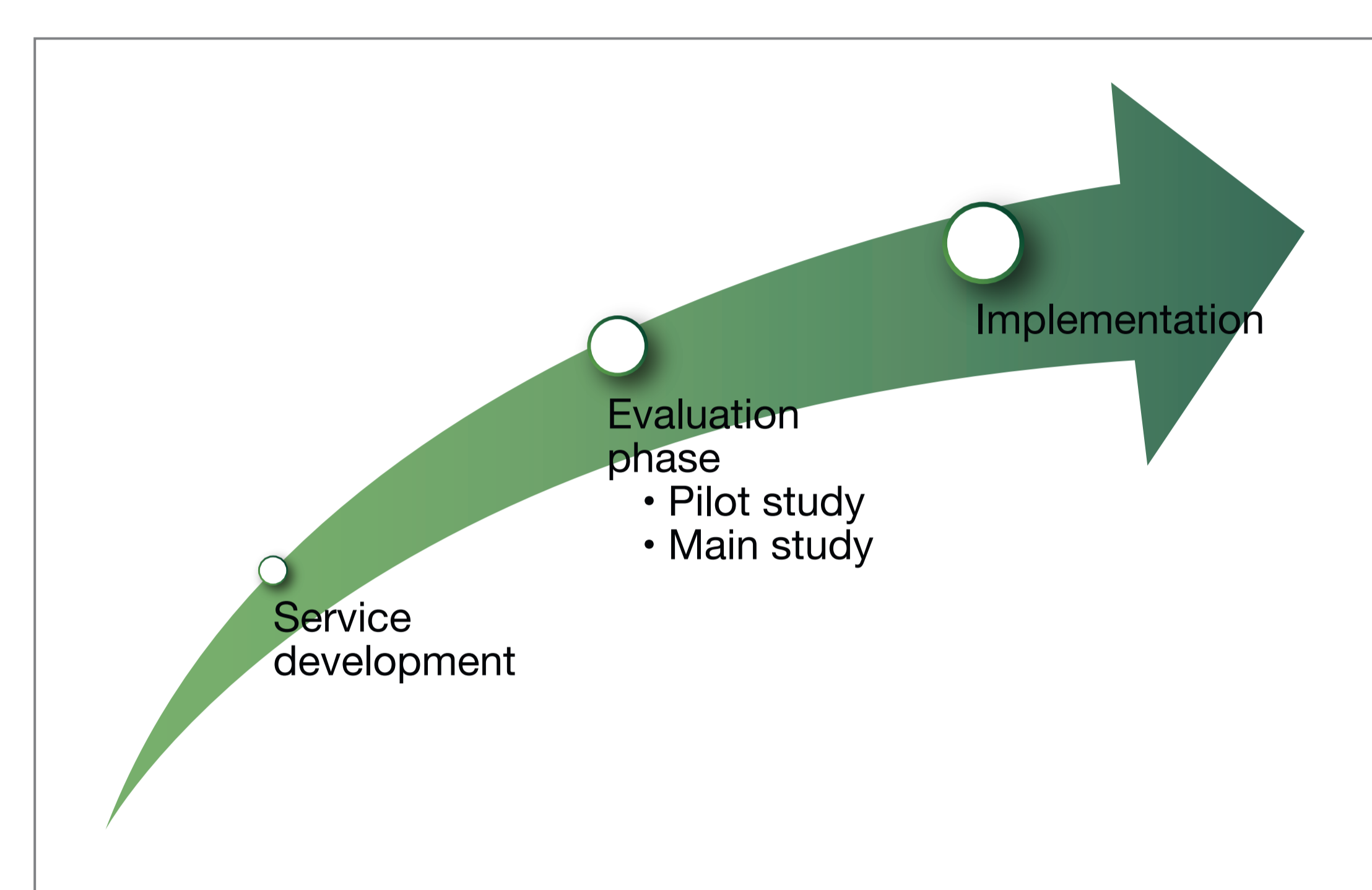


FIGURE 1: Research stages

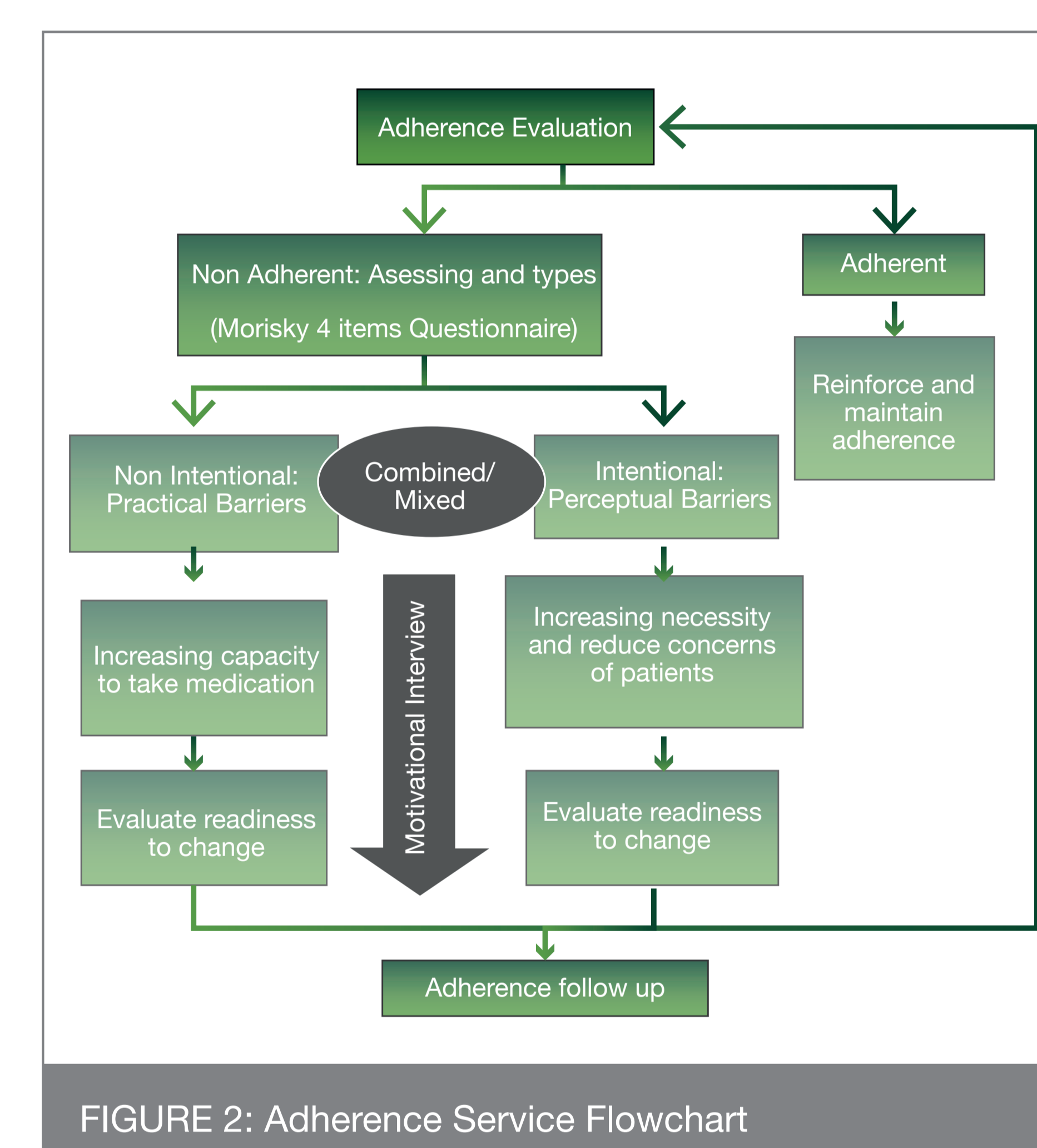


FIGURE 2: Adherence Service Flowchart

Clinical	Economic	Humanistic
<ul style="list-style-type: none"> <li>• Medication adherence</li> <li>• Control of health problems</li> </ul>	<ul style="list-style-type: none"> <li>• Health care costs</li> <li>• Cost-utility of the service</li> </ul>	<ul style="list-style-type: none"> <li>• Health related quality of life</li> </ul>

FIGURE 3: Clinical, economic and humanistic impact

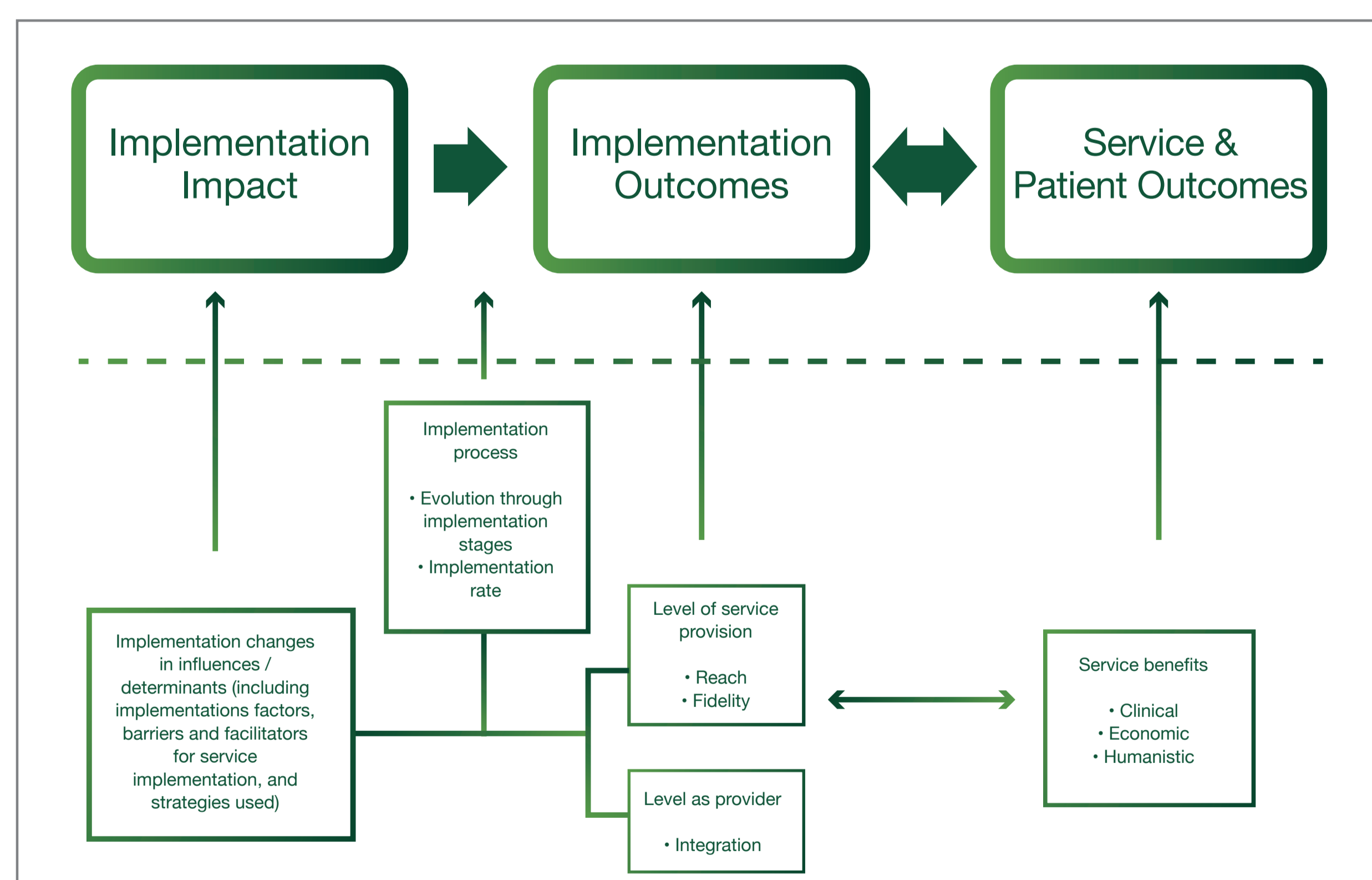


FIGURE 4: Adherence Management Service evaluation and implementation model

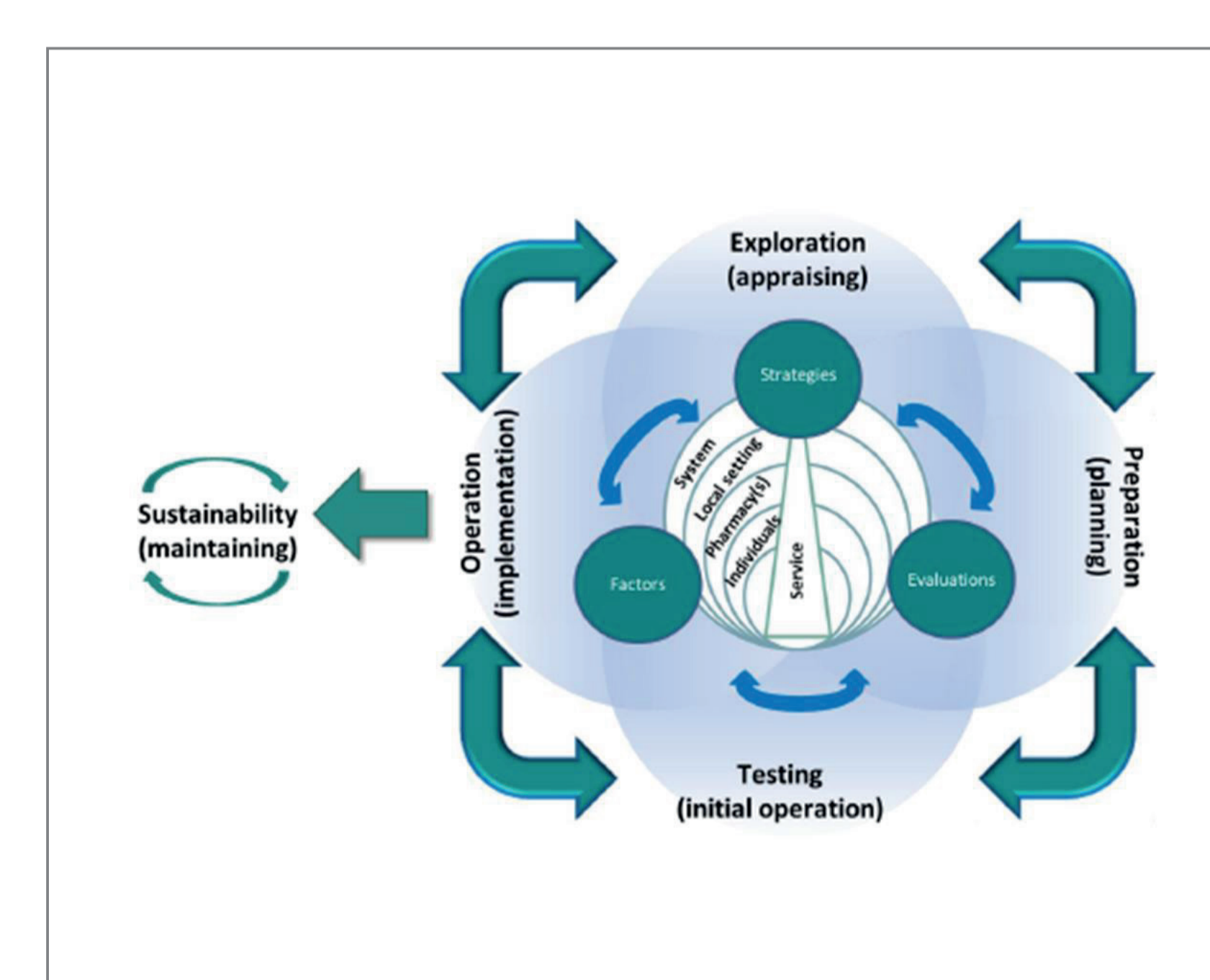


FIGURE 5: Framework for the Implementation of Services in Pharmacy (FISpH)

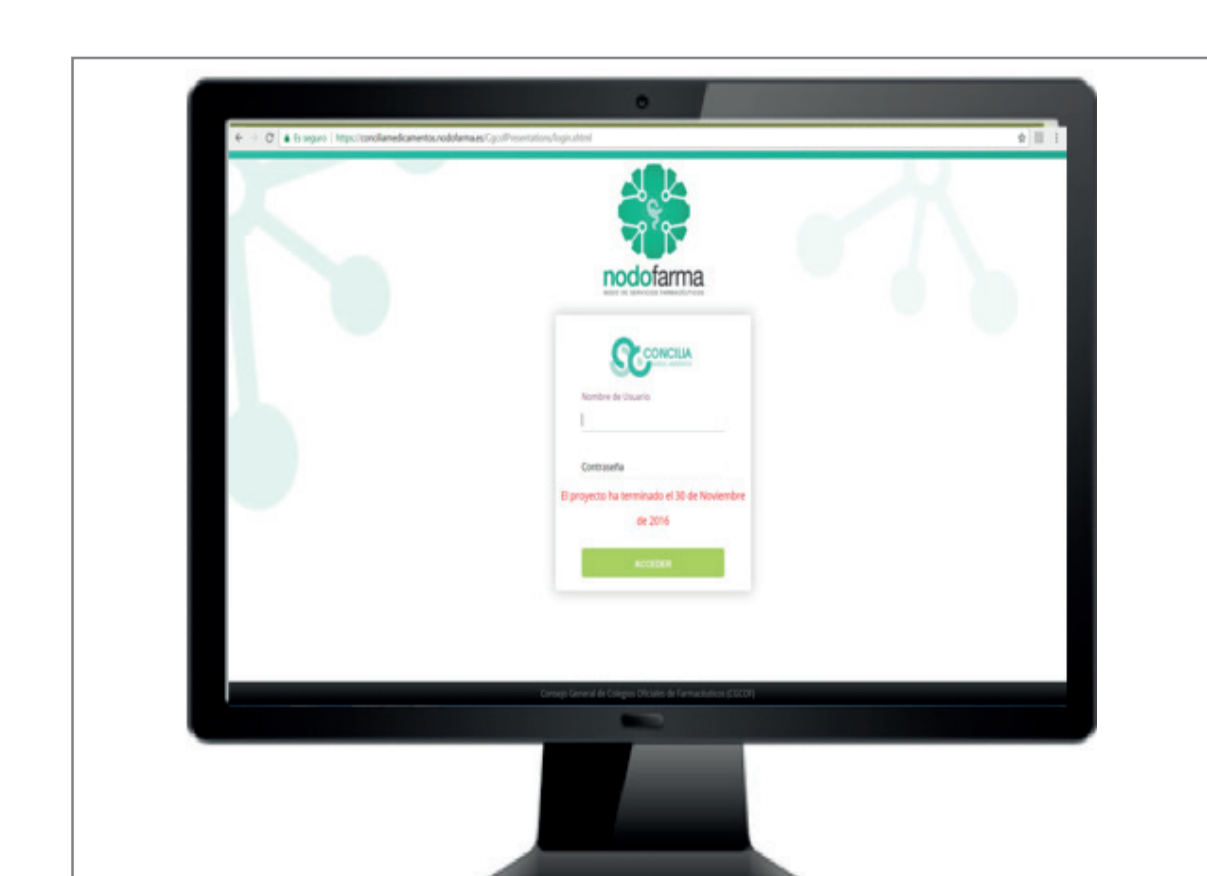


FIGURE 6: Electronic recording data platform

1. Anderson R. New MRC guidance on evaluating complex interventions. *BMJ*. 2008;337:a1937

2. Moullin JC, Sabater-Hernandez D, Benrimoj SI. Model for the evaluation of implementation programs and professional pharmacy services. *Res Social Adm Pharm*. 2016;12(3):515-22.