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**CONFERENCE ABSTRACT****Polypharmacy and Integrated Care: Identifying synergies in implementation**17<sup>th</sup> International Conference on Integrated Care, Dublin, 08-10 May 2017Jennifer McIntosh<sup>1</sup>, Albert Alonso<sup>1</sup>, Carles Codina<sup>2</sup>, Katie MacLure<sup>3</sup>, Alpana Mair<sup>4</sup>,  
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**Introduction:** Integrated care has the potential to assist health systems in achieving the triple aims of improving the experiences of individual patients, the health of the population, whilst at the same time increasing efficiencies. Integrated care can impact significantly those with complex needs such as older, multimorbid patients, in whom inappropriate polypharmacy has emerged as a key issue. Unfortunately, the pharmacists' role within integrated care medicines optimisation is often not explicitly addressed; meaning potential opportunities to achieve the triple aims are being missed. As part of project SIMPATHY (Stimulating Innovative Management of Polypharmacy and Adherence in the Elderly), case studies were conducted in a sample of European Union countries with the aim of identifying components of, and implementation strategies, adopted in polypharmacy management targeting integrated care for the elderly.

**Objectives:** To identify commonalities between integrated care frameworks and polypharmacy case studies to facilitate implementation of polypharmacy management and medicines optimisation into integrated care networks.

**Methods:** Case studies in nine sites in eight countries (Germany (Lower Saxony), Greece, Italy (Campania), Poland, Portugal, Spain (Catalonia), United Kingdom (Northern Ireland and Scotland), and Sweden) have been completed. A narrative literature review identifying commonly used frameworks and taxonomies in integrated care implementation is ongoing. Common elements will be identified within these frameworks and mapped to findings from the case studies.

**Preliminary results:** Core components of polypharmacy initiatives identified in the case studies included: the need to implement multidisciplinary teams; to establish responsibilities of team members; to target specific groups of complex patients; and move beyond the focus on single disease state guidelines. Other key themes related to: change management and implementation strategies, including the importance of developing local solutions; the need to align polypharmacy management with other healthcare priorities and initiatives; the

important role of healthcare provider education; the need to align personnel and remuneration with polypharmacy management goals; the need for strategic planning from policy makers and managers together with clinical leadership; and the important role of both information technology and communication systems initiatives within a supportive culture. The role of legislation and high level policies supporting polypharmacy management were also noted. Comparing these results to the initial findings of the literature reviews reveals that there is strong concordance between the case study findings and elements of conceptual frameworks for integrated care. Many elements of systems, organisational, professional, and clinical integration were aligned as well as normative and functional integration. There was also significant agreement with proposed taxonomies of integrated care, although discrepancies, most notably in the areas of professional and functional integration, were identified.

**Discussion and Future Research:** Based on the initial level of concordance, we anticipate the results of this work will inform the development of common approaches to implementing medicines management into integrated care initiatives for multimorbid, older people. Beyond polypharmacy, we also see that the approach developed here will be applicable to the introduction of other specific health services targeting particular populations.

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