Evaluation of the implementation of an interprofessional type 2 diabetes adherence program in Swiss primary care setting

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Background An interprofessional medication adherence program (SISCare®) was selected by the Swiss government to promote the pharmacist’s role in primary care. It is adapted from a successful standardized and evidence-based practice model. The program includes motivational interviews, electronic drug monitoring and feedback reports to the patient and the physician. During the interviews, a web-based platform allows to record the patient’s data and to guide the pharmacist. SISCare® is currently in implementation since April 2016 in primary care setting for type 2 diabetes patients (DT2).

Purpose To assess the implementation (process, impact and outcomes) of the program SISCare-DT2 in primary care setting applied to chronic patients taking at least one oral antidiabetic drug.

Method Semi-structured interviews and focus groups with pharmacists were conducted and analysed using the Framework for the Implementation of Services In Pharmacy (FISpH). We reported a set of implementation measures at 32 weeks: i) implementation process (number of pharmacies moving through the stages: exploration, preparation, testing, operation, sustainability), ii) implementation impact (evaluation of influencing factors, implementation strategies), iii) implementation outcomes (e.g. reach, fidelity).

Findings Thirty volunteer pharmacies were trained for the program and accepted to participate in the study (phase: exploration). Among them, at 32 weeks, 25/30 (83%) have implemented at least one implementation strategy (phase: preparation) and 15/30 (50%) have included at least one patient (phase: testing). We observed a common step-by-step implementation process in the pharmacies: 1) internal organisation (workforce coaching, identification of eligible patients), 2) preparation of the interprofessional collaboration (local networking with physicians); 3) relationship-building with the patients (e.g. targeted use of the leaflet). The main facilitators were the previous use of the web-based platform and the involvement in other interprofessional programs. The lack of perception of a return on investment, as well as of the added value of the service may be barriers for the pharmacists. Sixty-six patients were included (mean inclusion per pharmacy: 4.4 [min1-max 20]. The targeted number of patients per pharmacy is ten. Analysis of the fidelity (e.g. the degree to which the service is performed as it was originally designed) is currently ongoing.

Conclusion The implementation of the program SISCare-DT2 in primary care setting is in progress. Focus groups have just been conducted to better understand influencing factors notably during the sensitive stages of the implementation. This formative evaluation allows to continually adapt support tools and to tailor implementation strategies according to the pharmacies contexts.