Evaluation and implementation of an adherence management service for patients with chronic conditions in a community pharmacy setting

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**Background** Chronic patients often do not take their medication as prescribed. Community pharmacists are ideally placed to address this problem. Integrating an effective adherence intervention into the dispensing process can contribute to improving the efficiency of the health care system.

**Purpose** A trial will be undertaken in two stages: (1) Evaluation phase, aiming at evaluating the impact of an adherence service in patients with chronic conditions compared to usual care. (2) Implementation phase, aiming at testing an implementation program to integrate the adherence service into routine practice of community pharmacy.

**Method** (1) Evaluation phase. A cluster randomised controlled trial in which patients in the intervention group will receive a tailored service to identify and address non-adherence. Patients in the control group will receive the usual care. All patients will receive monthly follow-up for six months. (2) Implementation phase. A program will be developed based on the Framework for the Implementation of Services in Pharmacy. The adherence service will involve a brief complex intervention, where different models of behavioral change will be applied: Health Belief Model, Necessity and Concerns Model, Information - motivation - strategy Model, Transtheoretical Model for Change, and Motivational Interview.

**Findings** (1) Evaluation phase. Clinical (medication adherence, control of health problems), humanistic (health-related quality of life), and economic (health care costs) outcome indicators will be assessed to determine the service’s impact. (2) Implementation phase. Implementation process and outcome indicators will be assessed in order to evaluate the effectiveness of the program. A. Implementation process, in terms of (1) the implementation stage attainment and (2) the rate of change through the implementation stages. B. Implementation impact, in terms of (1) the factors identified as barriers or facilitators for practice change, (2) the strategies developed to overcome the barriers or enhance the facilitators identified and (3) the success rate of those interventions. C. Implementation outcomes, in terms of (1) reach, penetration, (3) fidelity, (4) implementation costs, (5) acceptability and (6) integration of the service. Implementation outcomes will enable empirical assessment of the success of the strategies used to implement the adherence service.

**Conclusion** This study will assess the clinical, economic and humanistic impact of a community-pharmacist led adherence service. Once the service’s impact is assessed, the feasibility of implementing the service into routine practice will be assessed through the use of implementation process, impact and outcomes indicators.