

# Organization's barriers and needs to successfully implement an effective pharmacy-led adherence-enhancing program at the initiation of therapy.

Rik Ensing, Danielle van der Duin, Ellen Koster.

**Background** Up to 28% of the patients stop taking a cardiovascular drug intended for long-term use after a single administration. Adherence support at the initiation of therapy is therefore crucial. However, the implementation of effective patient adherence counseling programs in everyday pharmacy practice remains difficult.

**Purpose** A previously proven effective adherence-enhancing intervention (TelCIP: TELEphone Counselling Intervention by Pharmacist) will be implemented in the high-risk setting where community-dwelling patients migrate from secondary to primary care. This preparatory study aims to clarify the barriers and needs of the intended organization to improve the feasibility for successful implementation.

**Method** The intervention will focus on proactive adherence counseling for patients as soon as they enter primary care and needs to be both effective and feasible in everyday pharmacy practice. Therefore, Zorggroep Almere (a multidisciplinary primary healthcare organization) formed a living lab for an in-depth implementation study. In this preparation phase, the working group identified strengths, weaknesses, opportunities, and threats (SWOT-analysis) of the living lab to map the barriers and needs for implementation. The working group includes all levels within the pharmacy section, namely: a post-doc pharmacist-researcher (project leader with experience on implementation studies), a member of the pharmacy management team of Zorggroep Almere, an outpatient pharmacist, a community pharmacist and a pharmacy consultant.

**Findings** Main strengths of the living lab that facilitate implementation of the intervention are: (1) the intervention fits in with the existing pharmacy routine and patient journey, (2) all involved healthcare providers are employed by the same organization and (3) the pharmacy staff is willing to learn, innovate and change. Important weaknesses that could hamper implementation are: (1) the unsustainable financial situation of the organization, (2) pharmacists need to deploy a pharmaceutical care activity that is not reimbursed by health insurers and (3) lack of a digital protocol for patient transfer and communication between care settings. The working group identified the (1) possibility of serving as an example to other Dutch regions in providing integrated pharmaceutical care and (2) contributing to patients' health as opportunities. Finally, the sustained pressure on pharmacy fees and revenues by health insurance companies and policy makers and the lack of qualified pharmacy staff were identified as threats.

**Conclusion** The performed SWOT analysis provides important baseline information and valuable insight on key components of the organization. Identifying these factors in an early stage creates awareness that enhances the feasibility for successful implementation of the proposed intervention within the living lab.