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University of Geneva



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Co-creation approach to adapting and implementing an interprofessional service targeting initiation adherence in Switzerland: *myCare Start – Implementation Science project*

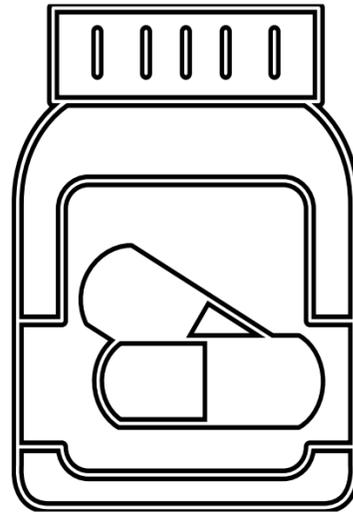
Sarah Serhal, Karima Shamuratova, Chiara Jeiziner, Juliane Mielke, Samuel Allemann, Selina Barbati, Linnéa S. Wälti, Cedric Lanier, Dagmar M. Haller, Eva Pfarrwaller, Fanny Mulder, Karen Maes, Marc Dupuis, Stephen P. Jenkinson, Alice Panchaud, Stéphane Guerrier, Joachim Marti, Giulio Cisco, Clemence Perraudin, Alexandra L. Dima, Sabina De Geest, Marie P. Schneider.



I Research Background and Objective

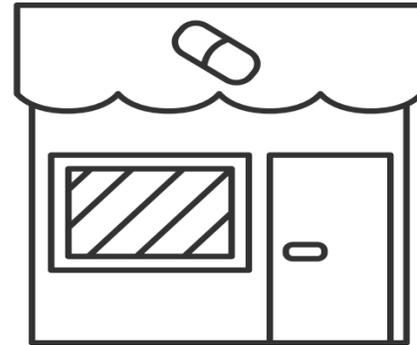
What we know...

1. 48% of persons within Switzerland have at least one chronic illness.⁽¹⁾
2. Adherence (initiation and implementation) to long term medications is **suboptimal**.^(2, 3)
3. Evidence based interventions to improve adherence **exist** – New Medicines Service (UK).⁽⁴⁾



What we don't know...

1. How to **effectively** implement known interventions into **new healthcare contexts**.^(5, 6)



1. Amador-Fernández N, et al (2023) Explor Res Clin Soc Pharm
2. Vrijens B, De Geest S et al (2012). Br J Clin Pharmacol
3. Sabaté E (2003) Adherence to long-term therapies: evidence for action. Geneva: World Health Organization; 2003.
4. Elliott RA, Boyd MJ, Salema N, et al. (2016) BMJ Quality & Safety.
5. Fraeyman, J. et al. (2017). Research and Social Administrative Pharmacy, 13(1), 98-108.
6. Matthe, E. F. et al. (2015). [Masters Thesis]. Journal de Pharmacie de Belgique, 4.

What we did...

NMS → myCare Start

The myCare Start implementation project seeks to adapt the NMS for Switzerland (myCare Start) to enhance medication adherence of patients commencing new long-term treatments.

II Methodology

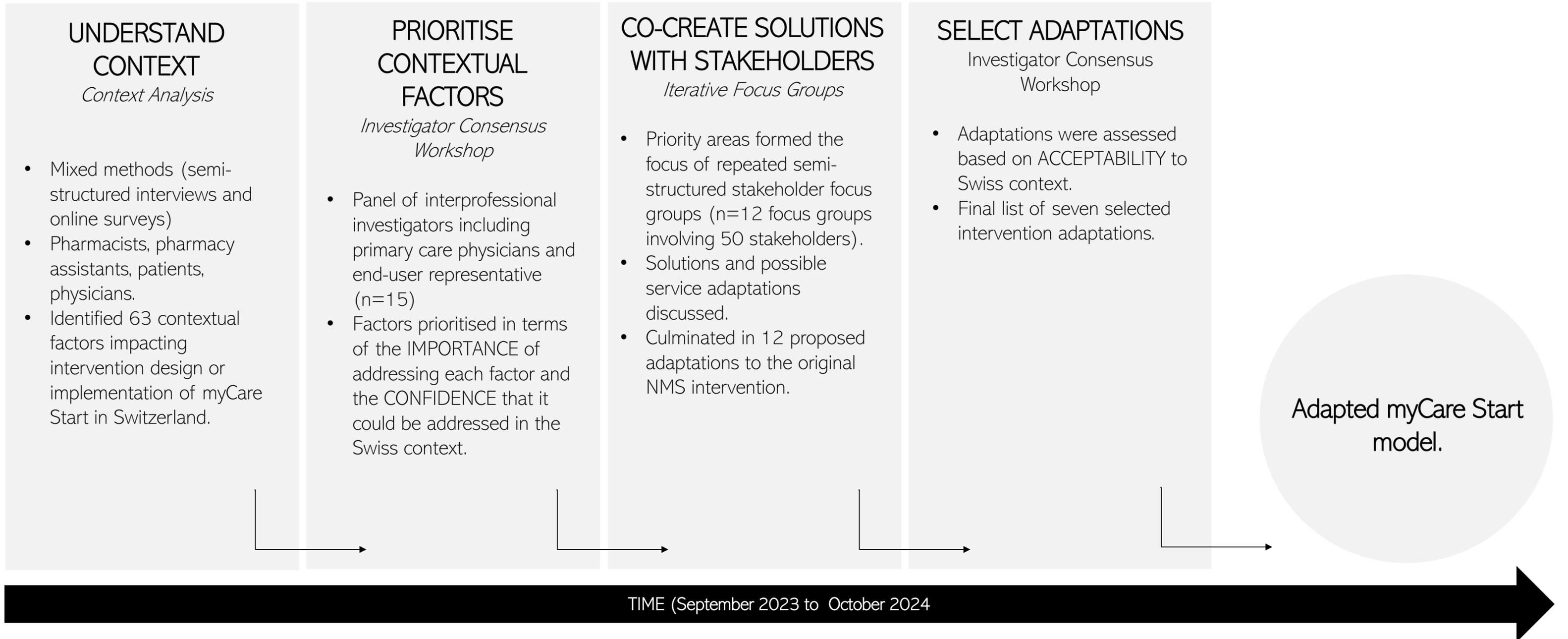


Figure 1. Methodology for stakeholder driven intervention adaptation

II Results

Adaptation 4: Elaborating the consultation guide to include evidence-based intervention options available to pharmacists to address issues presented by patients.

Adaptation 5: Re-demonstration of any new device is required at MCS Consultation One. This is an adjunct to demonstration that is carried out upon initial dispensation. This can be conducted in-person or via video conference.

Adaptation 6: More flexibility for Consultation Two. This may occur 2-4 weeks after Consultation One, in accordance with physician follow up.

Adaptation 7: Short and concise feedback form to be sent from the pharmacist to the patient's physician via email after the completion of both myCare Start consultations unless issues are disclosed at first consultation. This is compulsory for all patients.

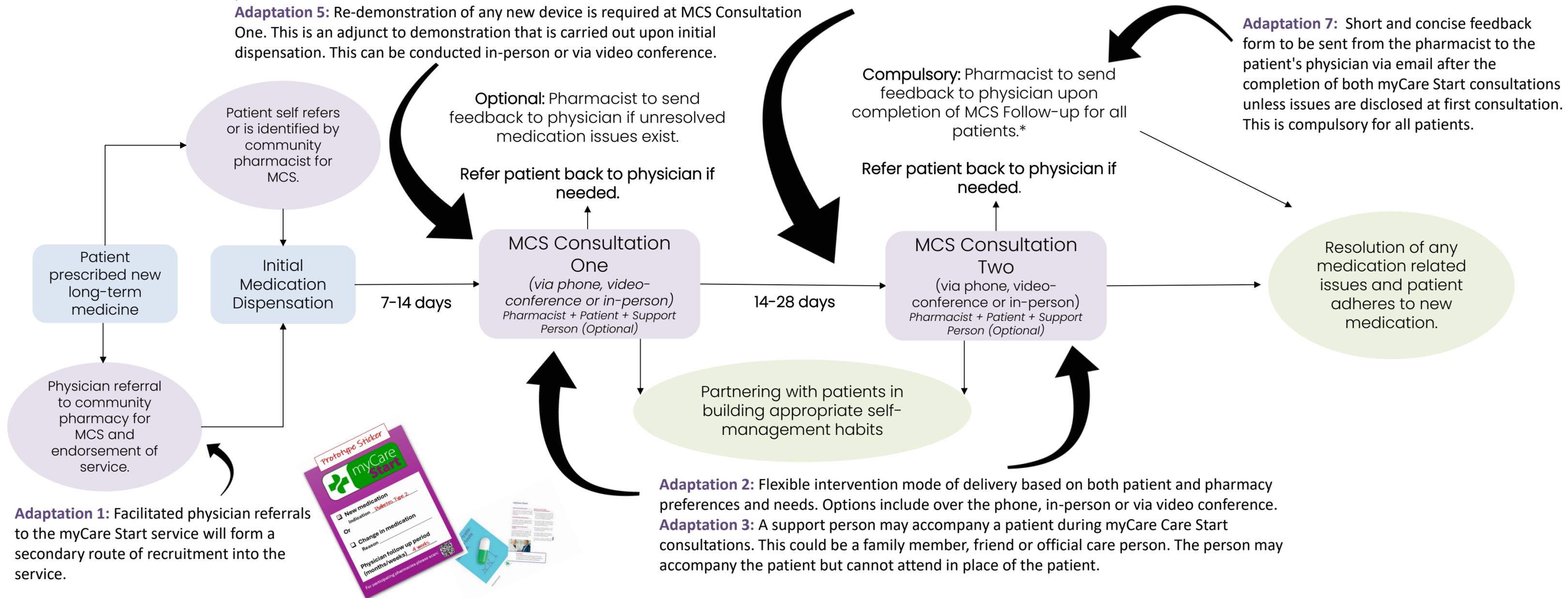


Figure 5. Adapted New Medicine Service for Switzerland (myCare Start) – Service framework. Adapted from Elliott RA, Boyd MJ, Salema N, et al. (2016) BMJ Quality & Safety. (MCS- myCare Start) *If a patient does not attend MCS Consultation Two, then a feedback form based on the MCS Consultation One should be sent to the patient's physician.

IV Conclusion

Impact and summary

Implications for myCare Start in Switzerland

- The co-creation process, successfully produced a contextually appropriate myCare Start model tailored to the needs of Swiss stakeholders.
- Adaptations are anticipated to enhance fit for the context, recipient and provider alignment, service feasibility, engagement and cultural relevance.
- Enhanced fit for context may translate to improved intervention and implementation outcomes.

Implications for pharmacy practice and interprofessional practice research

- Promotes and provides guidance for the use of community-based participatory research and stakeholder driven intervention design.

V Supplementary slides

II Results

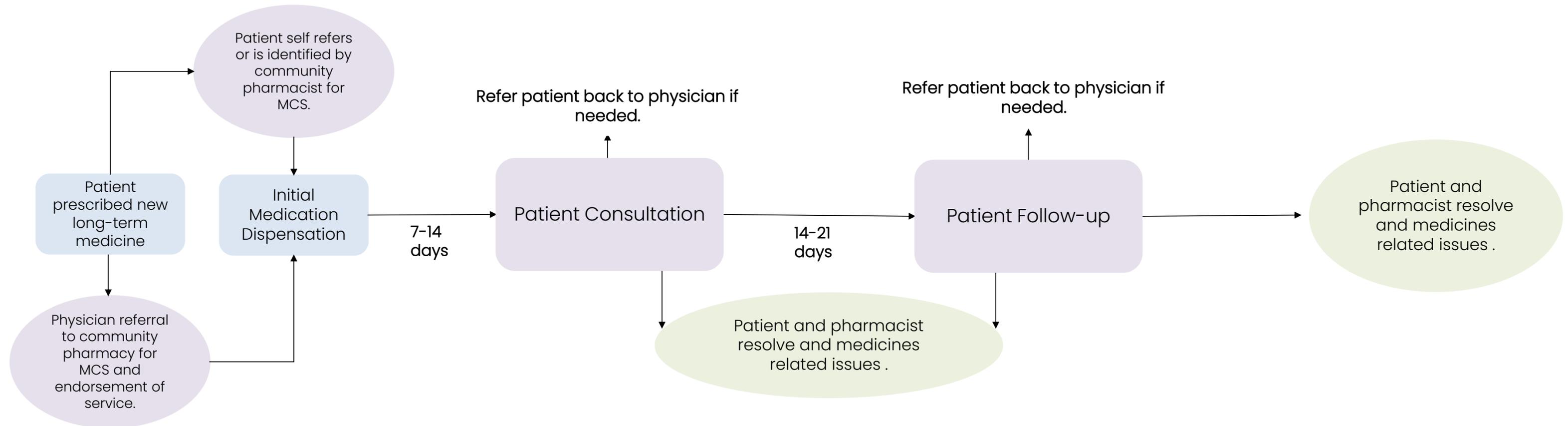


Figure 2. UK New Medicine Service framework. Adapted from Elliott RA, Boyd MJ, Salema N, et al. (2016) BMJ Quality & Safety. (MCS- myCare Start)

V Supplementary slides

Table 1. Details of Focus Groups conducted (n=8)

Date	Profession of Interest	Number of attendees	Attendee Organisations	Time of FG (min)	Mode of delivery	Region represented	Language FG was conducted
25.06.2024	Physicians	2	Maison de Santé Meinier	90	Videoconference	Suisse Romandie	English
01.07.2024	Patients	3	EUPATI-Switzerland, Patient Safety Foundation, Patient representative	90	Videoconference (written feedback provided by two patients)	Suisse Romandie, Suisse Allemande	English
03.07.2024	Physicians	9	Medical Center of Lancy	60	In-person	Suisse Romandie	French
04.07.2024	Patients	2	Patient representatives	90	In-person	Suisse Romandie	French
10.07.2024	Pharmacists	4	Galenica, CHUV/GSASA, Government (Vaud)	90	Videoconference	Suisse Romandie	French
12.07.2024	Pharmacists	3	Community pharmacy, ETH Zurich, UNIBE, pharmaSuisse	90	Videoconference	Suisse Romandie, Suisse Allemande	English/French
19.09.2024	Patients	2	Community recruited Patients	90	In-person	Suisse Allemande	German
25.09.2024	Physicians	4	Family physicians	60	Videoconference	<i>Suisse Allemande</i>	<i>German</i>

V Supplementary slides

Table 2. Topics covered in iterative focus groups

Topics Covered

Patients	<ul style="list-style-type: none">• Increasing patient uptake of the myCare Start service• Patient perceived value of interprofessional collaboration• Patient preferences for content, flexibility and number of consultations
Pharmacists/Pharmacy Assistants	<ul style="list-style-type: none">• Role of pharmacists in improving recruitment, reach, and patient uptake• Facilitating interprofessional collaboration and communication between pharmacist and physician• Patient follow-up and the myCare Start timeline (Overlapping physician and myCare Start consultations)
Physicians	<ul style="list-style-type: none">• Physician role in the myCare Start service (recruitment, collaboration and/or consultations)• Physicians support of the service• Facilitating interprofessional collaboration and communication between physician and pharmacist• Patient follow-up and the myCare Start timeline (Overlapping physician and myCare Start consultations)

V Supplementary slides

- **Adaptation 1:** Facilitated physician referrals to the myCare Start service will form a secondary route of recruitment into the service.
- **Adaptation 2:** Flexible intervention mode of delivery based on both patient and pharmacy preferences and needs. Options include over the phone, in-person or via video conference.
- **Adaptation 3:** Re-demonstration of any new device is required at MCS Consultation One. This is an adjunct to demonstration that is carried out upon initial dispensation. This can be conducted in-person or via video conference.
- **Adaptation 4:** Elaborating the consultation guide to include evidence-based intervention options available to pharmacists to address issues presented by patients.
- **Adaptation 5:** A support person may accompany a patient during myCare Care Start consultations. This could be a family member, friend or official care person. The person may accompany the patient but cannot attend in place of the patient.
- **Adaptation 6:** More flexibility for Consultation Two. This may occur 2-4 weeks after Consultation One, in accordance with physician follow up.
- **Adaptation 7:** Short and concise feedback form to be sent from the pharmacist to the patient's physician via email after the completion of both myCare Start consultations unless issues are disclosed at first consultation. This is compulsory for all patients.

V Supplementary slides

Framework for Reporting Adaptations and Modifications Expanded (FRAME)

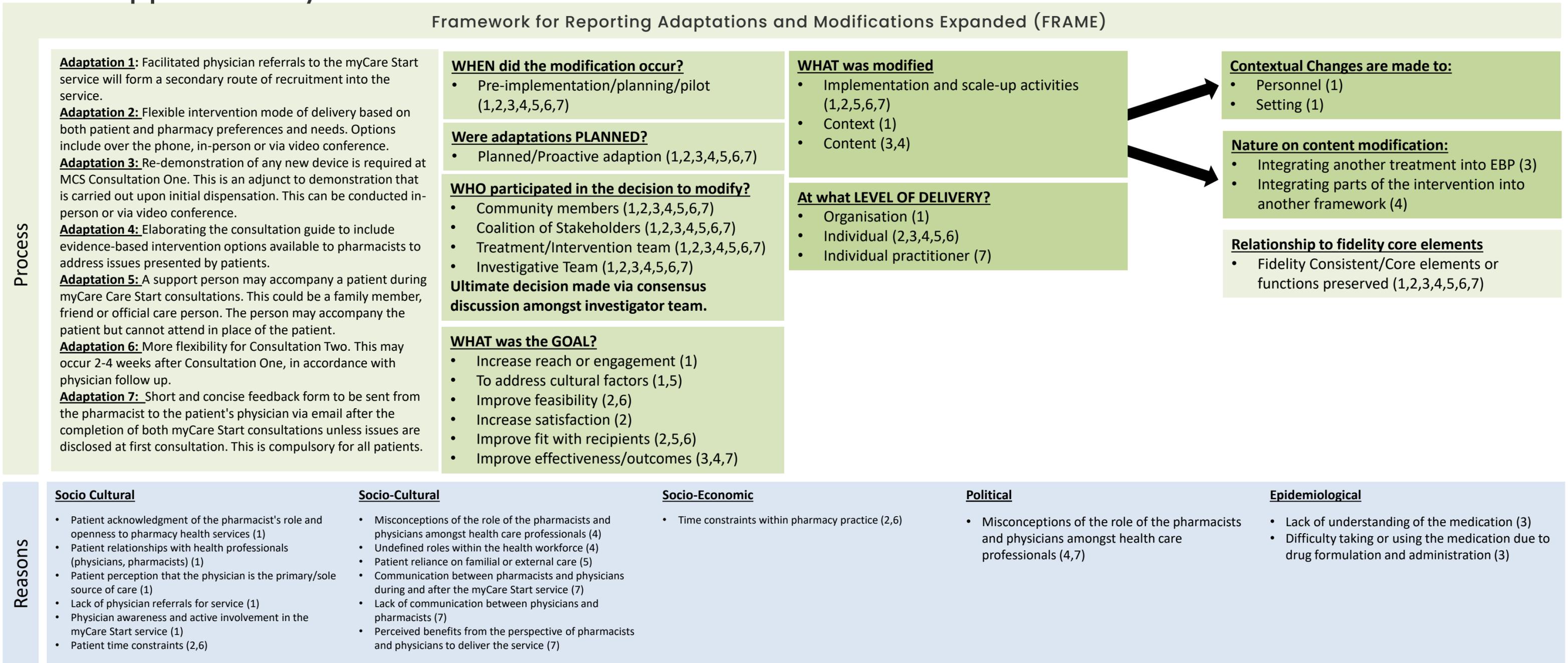


Figure 7. Adaptations made to the myCare Start service using FRAME. Wiltsey Stirman, S., et al (2019) *Implementation Science*. <https://doi.org/10.1186/s13012-019-0898-y>