In Progress: **Improving initiation adherence** by **reimagining collaborative care** for patients commencing long-term medications in Switzerland via **myCare Start**.

AUTHORS

Sarah Serhal(1)*, Juliane Mielke(2)*,Eva Pfarrwaller(3), Dagmar Haller(3), ,Johanna Sommer(3), Stéphane Guerrier(1), Samuel Allemann(4), Clemence Perraudin(5), Joachim Marti(5), Karen Maes(6), Fanny Mulder(6), Marc Dupuis(6), Alice Panchaud(6), Stephen P. Jenkinson(6,7), Alexandra L. Dima(8), Sabina De Geest(2,9)**,Marie Schneider(1)**

*,** - shared

AFFILIATIONS

(1) School of Pharmaceutical Sciences, Faculty of Science, University of Geneva, Switzerland. (2) Institute of Nursing Science, Department Public Health, University of Basel, University of Basel, Switzerland.(3) Institute for Primary Care, Faculty of Medicine, University of Geneva.(4) Pharmaceutical Care Research Group, Department of Pharmaceutical Sciences, University of Basel, Switzerland. (5) Centre for Primary Care and Public Health (Unisanté), University of Lausanne, Switzerland. (6) Institute of Primary Health Care, University of Bern, Switzerland. (7) pharmaSuisse, Switzerland. (8) University of Barcelona, Spain.(9) Academic Center for Nursing and Midwifery, Department of Public Health and Primary Care, KU Leuven, Belgium

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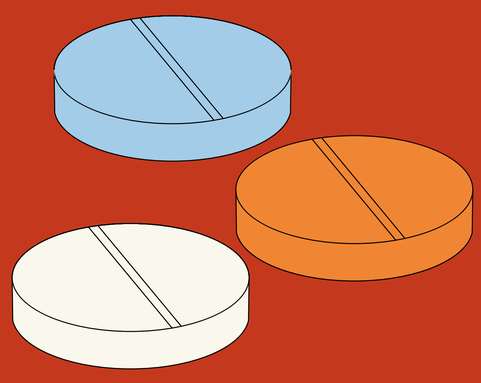

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Improving pharmacy care for chronically ill patients prescribed new long-term medications in Switzerland (Protocol)

BACKGROUND

Suboptimal adherence to newly prescribed therapy, reduces treatment effectiveness, compromises patient safety, and contributes to increasing financial burden on chronically ill patients and health systems (1,2).

The UK's New Medicines Service (NMS) has shown promise in improving patient adherence and delivering cost savings to the health system (3).

However, very little is known about the mechanism of action of interventions used by pharmacists, and, implementation barriers within the UK and in other international settings where the service has been applied, have compromised real world impact and in some cases the ability of the service to be successfully integrated into routine care (3,4,5,6).

Most notable barrier include poor patient uptake and underdeveloped partnerships between pharmacists and physicians (3,4,5,6).

OBJECTIVE

Based on the NMS, this research will use an implementation science approach to **develop, implement** and **trial** a contextually adapted adherence optimisation service called myCare Start for use in Switzerlands primary care network (pharmacists and physicians).

METHODOLOGY

This project includes two phases (Figure 1). Stakeholders within the Swiss primary care ecosystem will be closely involved throughout both phases.

Phase A:

- A foundational contextual analysis will be conducted using the Basel Approach for coNtextual ANAlysis (BANANA)(7) guided by the CICI framework (8).
- Core and adaptable elements of the known intervention will be defined following evaluation of current best evidence.
- Intervention mechanisms of action will be mapped in accordance to the Behaviour Change Wheel (9).
- Implementation strategies will be identified and defined using the ERIC taxonomy (10) and Proctor's (2013) reporting guidelines (11).
- User feasibility testing conducted to ensure appropriateness of intervention components and implementation strategies in adapted model.

Phase B:

- myCare Start will be trialed using a Type II Effectiveness-Implementation hybrid design.
- Evaluated based on effectiveness outcomes (medication adherence), implementation outcomes (reach, fidelity, acceptability, adoption, implementation cost), and cost-effectiveness.

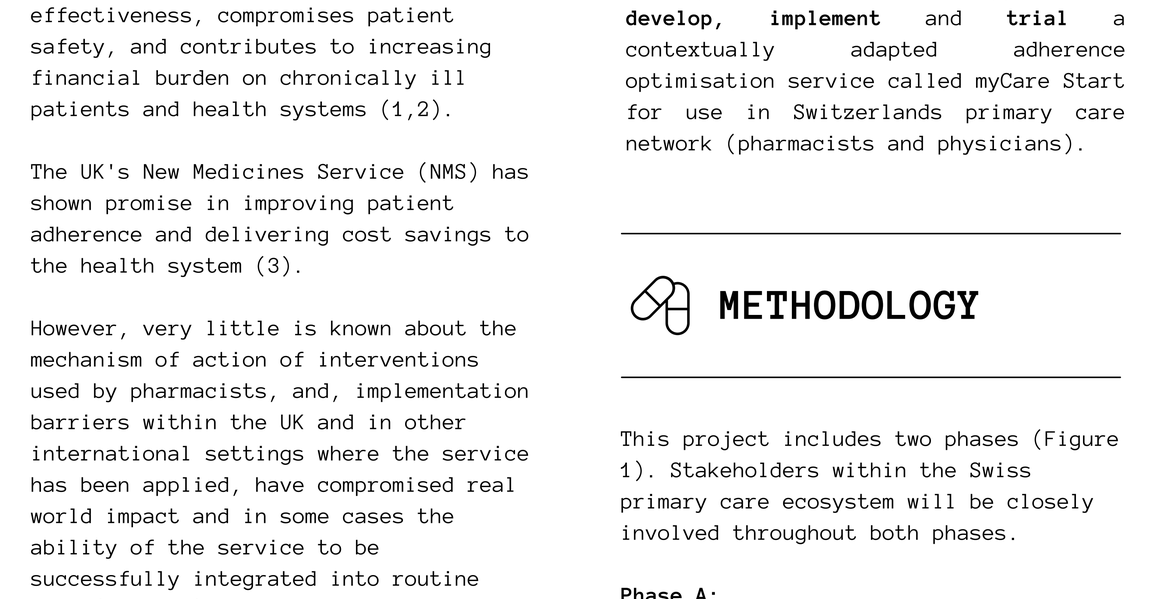

FIGURE 1.
myCare Start bi-phasic implementation pathway.

SO WHAT?

This research will help **integrate implementation science within pharmacy practice research** within primary care in Switzerland.

Ensure myCare Start is **better suited** to local community pharmacists and physicians and their practice, **reaches more patients**, has **maximum effect** on patient adherence and facilitates **interprofessional collaboration** in Switzerland.

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