Symposium 1 - EIE2023

#46- The Medication Adherence Knowledge and Expertise and Implementation Taskforce (MAKE-IT): Guiding, monitoring and evaluating the implementation of previously tested medication adherence promoting interventions in real-world primary care settings.

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Introduction to your symposium

Medication nonadherence is a large problem world-wide. Although research yielded numerous interventions that have shown to promote medication adherence, these interventions are sparsely implemented in practice. The Medication Adherence Knowledge and Expertise and Implementation Taskforce (MAKE-IT) was founded to guide, monitor and evaluate the implementation of previously tested medication adherence promoting interventions in eight real-world primary care settings (living labs).

In this symposium the design of the MAKE-IT project is presented first. Then the results from a context analysis of the first four living labs are presented. The symposium concludes with the implementation strategies used by these four living labs.

Symposium abstract Nr. 1

Background: Numerous interventions have been developed to promote medication adherence. However, there is still a long way to go when it comes to their application outside research settings. The overarching aim of our study is to guide, monitor and evaluate the implementation of proven effective medication adherence promoting interventions in real-world settings (living labs) thereby learning about the conditions that hamper or facilitate the implementation

Method/results: Eight local living labs are established. Each living lab implements an existing evidence-based medication adherence intervention in their local setting. The living labs are selected in two rounds of four labs each. The first round started in 2020, the second in 2022. They are guided by the Medication Adherence Knowledge and Expertise and Implementation Taskforce (MAKE-IT), which monitors and evaluates the implementation process in the living labs. The Consolidated Framework for Implementation Research (CFIR) is used for context analyses, the RE-AIM model for outcome evaluation and the Expert Recommendations for Implementing Change study (ERIC) for evaluating the implementation strategies used. Additionally, per living lab a set of patient outcomes is measured. Based on stakeholder analyses, outcomes will be disseminated adapted to the position and interest of the respective stakeholder. A sustainable Adherence Program will ultimately be developed.

Discussion points include what conditions facilitate and hamper the implementation of medication adherence interventions and what lessons can be learned from this project in order to develop a

sustainable adherence program and to stimulate wider implementation of medication adherence interventions.

Symposium abstract Nr. 2

Background: An important step in understanding implementation success of interventions is assessing context. However, context is often not reported or only moderately described. Our study aimed to describe context-specific characteristics prior to the implementation of medication adherence promoting interventions in the first round living labs.

Method: We conducted sixteen individual interviews and four focus groups with project leaders and involved healthcare providers. Interview topics were derived from the 'inner setting' and 'outer setting' domains of the Consolidated Framework for Implementation Research (CFIR). Transcripts were analyzed with deductive thematic analysis using these two domains of the CFIR.

Results: In total, 39 healthcare providers (community pharmacists, pharmacy technicians, general physicians, a home care employee) participated. All living labs were pharmacy-driven and shared the following characteristics: a high regard for innovation by staff members; a positive implementation climate; high levels of leadership engagement; and a high compatibility between living labs and the chosen interventions. All shared concerns about external policy, especially lack of reimbursement for sustainability and upscaling. A few notable differences in the contexts were the size of the living labs, the (in)formal way of communication and the level of cosmopolitanism.

Discussion: Our study provides detailed examples of a positive implementation setting, as the first round living labs are considered early adopters. These examples will be used to inform dissemination in less-experienced settings, such as the second round living labs. These context-specific characteristics will be linked to project outcomes to assess the influence of different contextual determinants on implementation

Symposium abstract Nr. 3

Background: The ERIC-study distinguished 73 implementation strategies that can support implementation of interventions in health care. Our study aimed to explore in the first four living labs, which were considered early adopters, which and how many of these strategies they used when.

Method: In a one-day interactive workshop with two representatives per living lab the MAKE-IT consortium presented the 73 strategies. Representatives were asked to note which strategies they used in their living lab in which phase of the project and how.

Results: Overall, 41 strategies were used by at least one living lab. The living labs used 20, 21, 22 and 31 strategies respectively. Eight strategies were used by all four living labs. These strategies (from ERIC-clusters) were: Assess for readiness and identify barriers and facilitators; Audit and provide feedback (Use evaluative and iterative strategies); Centralize technical assistance (Provide interactive assistance); Inform local opinion leaders; Build a coalition; Use an implementation advisor (Develop stakeholder interrelationships); Develop educational materials; Work with educational institutions (Train and educate stakeholders). The use of implementation strategies changed over the course of the project: from creating support among participants and involving different advisors in the preparatory stage to supporting health care professionals in the implementation phase and evaluating processes in the execution stage.

Discussion points are the challenges we met at the intersection of science and practice, e.g. with introducing the ERIC-strategies to the living lab representatives, classifying implementation activities to the ERIC-strategies and translating the findings into support for health care professionals.

Key highlights of your symposium

By connecting scientific knowledge from scientists with the knowledge and experiences of healthcare practitioners, MAKE-IT facilitates the cross-pollination between both worlds.

Lessons learned from and tools developed in the MAKE-IT living labs are bundled and used to stimulate and support wider implementation of medication adherence interventions.

Implications for research and practice

By studying the implementation in four early adopter living labs, we learned lessons which are now also applied in less-experienced living labs. By combining all the lessons learnt in these living labs, MAKE-IT develops knowledge and tools to facilitate wide-scale implementation of evidence-based medication adherence promoting interventions.

Overall discussion

- For which other topics besides medication adherence could the Make-It method be applied?
- How could the MAKE-IT method also be used in these contexts?