Balasopoulou, A et al 2016 The use of PESTEL as a change management tool to inform change management of polypharmacy and adherence within SIMPATHY program. *International Journal of Integrated Care*, 16(6): A52, pp. 1-8, DOI: http://doi.org/10.5334/ijic.2995

## **POSTER ABSTRACT**

## The use of PESTEL as a change management tool to inform change management of polypharmacy and adherence within SIMPATHY program

16<sup>th</sup> International Conference on Integrated Care, Barcelona 23-25 May 2016

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Introduction: Polypharmacy and medication adherence in the older population with multiple chronic conditions are significant public health issues across all the European Union (EU) countries. SIMPATHY (Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly) is a consortium of 10 organizations representing 8 EU countries aiming to provide to EU policy makers the evidence and tools, including Change Management methodologies, to support to formulate and introduce new policies.

**Methods**: The selection the Change management approach, in SIMPATHY, aimed to provide the analytical tool to identify the impact of various factors affecting polypharmacy, not only currently but also in the short and long run. The approach selected is the PESTEL analysis, it has been deployed in three steps and is expected to provide projection of the estimated impact of the factors up to 10 years. First step aimed to create a PESTEL analysis framework and to prepare guide to help the partners to conduct the analysis; a pilot testing performed in three of the partner countries for assessing the specificity, objectivity and robustness of the multidimensional content, before the finalization of the relevant Handbook. The second step focused to conduct the analysis -through interviews and workshopsamong the stakeholders, decision makers and focus groups across all eight countries. The third step refers to the interpretation of the results in order the evident drivers and barriers to change polypharmacy landscape to be identified and to be taken into consideration for future strategy development.

Process and preliminary results: The change management approach stimulated a dynamic process within SIMPATHY. The first and second step of the entire PESTEL process is about to be completed. The PESTEL frameworkhasbeen formulated incorporating economic, political, legaland cultural contextas well as alternative interventions related to the health system structure and attributes in health and social care delivery process among EU countries. Pilot analyses results mainly focused on the comprehensiveness and objectivity of the factors included in the PESTEL framework and contributed to the Handbook's improvement and finalization. Finally, the analysis conducted by each country is expected to provide interesting results about the differences, particularities and similarities among the countries, especially

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regarding the attributes of health care delivery, medication prescribing and dispensing, controlling mechanisms, the role of payers as well as doctors', pharmacists' and patients' behaviour. These will create a rich picture of the drivers and barriers for change in each country but also in all countries and potentially provide a clear understanding of the measures necessary to be taken and the policies to be implemented in the future.

Conclusion: SIMPATHY preliminary Change Management results support the formulation of a strategy of introducing changes over a 10 years' time horizon and give evidence to EU to develop a policy framework to address inappropriate polypharmacy and improve adherence, by involving decision makers, health professionals, stakeholders and by supporting the enhancement of the integration in all levels of health and social care.

**Funding**: This poster is part of the SIMPATHY project (663082) which has received funding from the European Union's Health Programme (2014-2020).

Keywords: polypharmacy; adherence; drug policy; multimorbidity; change management