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ABSTRACTS OF ORAL PRESENTATIONS

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PRECISION ADHERENCE MANAGEMENT ACROSS THE RESEARCH-TO-PRACTICE CONTINUUM



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Thursday November 19

ORAL SESSION 1: MEDICATION ADHERENCE INTERVENTIONS

Development of a pharmacist-led pharmacotherapeutic care program for patients with chronic heart failure using Intervention Mapping: supporting optimal medication use, including medication adherence.

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Abstract

Aim

Guideline-directed medical therapy (GDMT) is the cornerstone of treatment for patients with chronic heart failure (CHF). However, optimal medication use remains difficult because of multiple barriers, including drug-related problems (DRPs) and medication adherence challenges. This study aimed to develop a pharmacist-led pharmacotherapeutic care program supporting optimal medication use, including medication adherence, in patients with CHF.

Methods

Development was guided by the first four steps of Intervention Mapping. A needs assessment was conducted through co-creation sessions with CHF patients and healthcare providers (HCPs), supplemented by literature. Barriers and needs related to medication use, including medication adherence during the implementation phase, were translated into change objectives. Intervention components were developed and refined through iterative discussion within the COHESION consortium.

Results

Identified barriers included unmet medication support needs, fragmented communication between HCPs, and medication adherence challenges. These were translated into change objectives to improve patient support, multidisciplinary collaboration, and optimal medication use. The resulting care program positions the pharmacist as a coordinator of medication-related care and includes tailored patient education, proactive follow-up, medication reviews, management of DRPs, and multidisciplinary communication. By addressing adherence barriers during the

implementation phase, the program is expected to support optimal medication use and adherence.

Discussion

The developed program illustrates how structured medication adherence support can be integrated within a broader strategy to optimize medication use.

Conclusion

A pharmacist-led pharmacotherapeutic care program was developed to support optimal medication use in patients with CHF. Feasibility, acceptability, and potential impact on medication adherence will be evaluated in a pilot study.

Community pharmacist intervention to enhance adherence in patients initiating cardiovascular medication: the PHARM-ADHERE randomized controlled trial

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Abstract

Background

Poor adherence to cardiovascular (CV) medication is common and significantly contributes to morbidity and mortality. Many patients discontinue key medications within the first year after initiation.

Objective

We aimed to investigate whether additional community pharmacist guidance for patients initiating CV medication will improve adherence.

Methods

A 12-week RCT was conducted enrolling adults filling their first prescription for first-line treatments of hypertension, hyperlipidaemia or type2 diabetes. Patients were randomized 1:1 to usual care or a predefined pharmacist intervention, including protocolled first prescription counselling and follow-up consultation. Primary outcome was self-reported adherence: discontinuation and implementation (using PROMIS Medication Adherence Scale, PMAS). Secondary outcomes were: refill adherence calculated from dispensing data (using Proportion of Days Covered, PDC) and patient's medication knowledge.

Results

In total, 883 patients were enrolled. At 6 weeks, the discontinuation rate was lower in the intervention group (10.3%) compared to the control group (16.5%)($p<0.05$). At 12 weeks, rates were 16.9% versus 22.3%, although this difference was not statistically

different (p>0.05). Subgroup analysis showed the strongest intervention effect among antihypertensive initiators, with a 50% and 41% reduction in discontinuation odds at 6 and 12 weeks respectively. Among patients who continued their medication, implementation adherence –PMAS and PDC– did not differ between both study groups, but medication knowledge scores were significantly higher in intervention group at 6 and 12 weeks.

Conclusion

The intervention reduced early medication discontinuation, particularly among antihypertensive initiators, suggesting improved early adherence. However, no differences were observed in self-reported or refill adherence among those who continued treatment.

A multi-component Pharmacist Intervention with Dose Optimisation of Phosphate-binding medication (PIDO-P) reduces pill burden and improves persistence of phosphate-binding medication use in patients on haemodialysis

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Abstract

Introduction

Its high pill burden and medication regimen complexity hamper correct use of phosphate-binding medication (PBM). We hypothesised that reducing PBM pill burden and adherence barriers would improve correct and persistent PBM use and reduce phosphate concentrations (PC).

Methods

We performed a prospective, pre-post, single-centre intervention study in 75 patients on haemodialysis with hyperphosphataemia and a high PBM pill burden. The PIDO-P intervention consisted of 3 pharmacist-patient consultations within 3 months (3M). During these consultations, the pharmacist reduced PBM pill burden and addressed adherence barriers using the Quick Barrier Scan. Total follow-up was 12 months. Primary outcome was PC at 3M compared to baseline (BL); secondary outcomes were PC, PBM pill burden, and the five-item Medication Adherence Report Scale (MARS-5) during total follow-up.

Results

Mean PC was 1.99±0.34 mmol/L at BL versus 2.03±0.37 mmol/L at 3M (p=0.268), and decreased to 1.85±0.69 mmol/L at 12M (p=0.025 vs BL). PBM pill burden decreased from 8.8±3.1 at BL to 5.8±2.7 at 3M (p<0.001), and increased again to 8.4±3.8 at 12M (p=0.261 vs BL). Median MARS-5 scores were 24, IQR 22-25 at BL and 24, IQR 24-25 at 3M (p=0.007). MARS-5 scores remained high during total follow-up (median 25, IQR 23-25 after 12M, p=0.048 versus BL).

Discussion and conclusion

During the consultation period, PC remained stable, and PBM pill burden decreased by

34%. During total follow-up, self-reported adherence remained high, while PC decreased, suggesting that the PIDO-P intervention may improve correct and persistent PBM use.

No effect on coronary patients unplanned hospital contacts by a person-centred pharmaceutical care intervention – is 10% increase in adherence rate good enough? - Reflections from the 36 months follow-up of Motivational Interviewing and Medication Review in Coronary Heart Disease (MIMeRiC) randomized controlled trial

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Abstract

Aim

The MIMeRiC trial tested a pharmacist-led intervention for supporting coronary patients with secondary prevention medicines and was found to increase implementation and persistence but had no effect on hospital contacts at 15 months follow-up. The intervention included a broad range of patients and individualized the support based on patients' needs, this prevented 10% of intervention patients from discontinuing drug or decreasing their adherence. In this analysis we aimed to examine the possible long-term effects on unplanned hospital contacts.

Methods

Data on cardiovascular related hospital contacts and deaths were retrieved for all patients completing the trial (152 intervention,155 control). Time to first event from discharge to 36 months after the last participant was enrolled were analysed using survival analysis and comparative statistics.

Results

At 36 months the Kaplan-Meier survival probability estimates were approximately 0.80 for the intervention group and 0.76 for the control group (log-rank test, p=0.365).

Discussion and Conclusions

We found no evidence that the increased adherence observed at 15 months affected long-term unplanned hospital contacts. As the trial was not powered for this outcome, this was not unexpected. Given the profound evidence of adherence problems in secondary prevention, and the large benefits of adhering to lipid-lowering treatment, it might not be best use of resources to design trials to prove that adherence interventions also decrease morbidity. Instead, research should focus on effectiveness and implementability of adherence interventions in the long term along with how the intervention interacts with the context, using a trustworthy measure, in a diverse population.

Evaluating Conversational AI for Medication Adherence Monitoring Using Patient Simulation

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Abstract

Introduction

In addition to more time-intensive interviews, patient-reported longitudinal medication-adherence monitoring relies on repeated self-report questionnaires, whose respondent burden is likely to erode the engagement required for sustained monitoring. Conversational AI may reduce this burden.

Aim

To evaluate whether conversational AI can preserve the clinical validity of standardized adherence questionnaires while improving interaction efficiency and engagement, and to disentangle the contributions of the underlying large language model (LLM), the conversational architecture, and personalization.

Method

A simulation-based study using sixteen synthetic patient profiles constructed from an oncology adherence dataset, representing four medication-belief personas. Four experimental conditions were compared: a rule-based questionnaire baseline, an unpersonalized LLM agent, a profile-blind conversational agent, and a profile-inferred conversational agent.

Results

The conversational agents matched the questionnaire's clinical data quality (15-STARS) while eliminating simulated dropout (0% versus 25%), but failed to reduce dialogue length. The improvement in engagement was already present in the unpersonalized LLM agent. The conversational architecture further improved clinical data quality (d = +0.47). Profile inference provided no measurable benefit over the profile-blind conversational agent while increasing interaction length and reducing simulated patient patience.

Conclusion

A profile-blind conversational agent offers the best balance between clinical data quality and engagement when respondent dropout is a concern. More broadly, comparing a questionnaire with a single conversational AI system cannot distinguish the contributions of the underlying LLM, the conversational architecture, and personalization. Evaluating these components separately shows that the observed improvements are attributable to the conversational architecture and the underlying LLM rather than to personalization.

ORAL SESSION 2: HEALTHCARE PROVIDER, PATIENT AND CAREGIVER PERSPECTIVES

Drug – related problems in chronic heart failure management: a qualitative study of healthcare professionals' perspectives on types, perceived causes, and potential interventions

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Abstract

Aim

Although drug therapy improves quality of life in patients with chronic heart failure (CHF), they remain vulnerable to drug-related problems (DRPs). DRPs, including drug non-adherence, may reduce treatment efficacy and adversely affect health outcomes. Therefore, the objective of this study was to provide an overview of DRPs perceived by healthcare professionals (HCPs) in patients with CHF across primary and secondary care, to explore their underlying causes, and to identify potential interventions to mitigate these DRPs in CHF management.

Methods

A qualitative interview study was conducted with cardiologists, heart failure nurse practitioners, clinical pharmacists, community pharmacists, and general practitioners involved in CHF care. Semi-structured interviews were conducted to explore DRPs, their underlying causes, and potential interventions until data saturation was reached. Data were analysed using thematic analysis.

Results

Fifteen HCPs participated. Reported DRPs included prescribing errors (e.g. underprescribing), transitional care errors (e.g. medication reconciliation issues), drug utilization errors (e.g. drug non-adherence), and treatment safety issues (e.g. adverse drug reactions). Underlying causes included complex medication regimens, limited patient self-management, variation in HCP knowledge, and treatment-related beliefs of patients. Potential interventions included personalized treatment, patient-centred support, patient empowerment, education for patients and HCPs, improved interprofessional communication, and standardized treatment protocols.

Conclusion

Medication management in CHF patients requires improvement, as HCPs across care settings report multiple DRPs driven by various underlying factors, highlighting the necessity for multidisciplinary interventions capable of addressing these causes across care levels. Implementation of such interventions may optimize medication management and improve clinical outcomes for patients in CHF care.

Medication Adherence Counselling in Community Pharmacy: Patient-Perceived Communication Gaps from the CAT-Pharm-community multicenter study

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Abstract

Background

According to the ABC Taxonomy, medication adherence requires support across initiation, implementation and persistence. Community pharmacists can provide this support, but patient-perceived quality of adherence counselling is rarely measured. We developed and evaluated the CAT-Pharm-community tool as an EMERGE-informed patient-reported measure of pharmacist communication relevant to adherence management.

Methods

A multicentre cross-sectional study was conducted in 25 Italian community pharmacies across 12 regions. Patients completed one of two 16-item CAT-Pharm-community versions: Adherence-to-Therapy (AtT) or Minor-Disease-Management (MDM). Each item included TEST ratings of perceived pharmacist performance (1–5 Likert scale) and QUEST ratings of perceived importance. Psychometric properties, ordinal confirmatory factor analysis, mixed-effects models with pharmacy-level random intercepts, and importance-performance gap analysis were performed.

Results

Overall, 364 patients completed AtT and 367 MDM. Internal consistency was high (Cronbach's $\alpha \geq 0.917$). A bifactor model showed the best fit, with a dominant general communication factor (ECV: 0.755 AtT; 0.829 MDM; omega total≈0.95), supporting use of an overall score while preserving relational and therapy/counselling domains. In AtT, relational behaviours scored highest, including respect (83.0% "excellent") and comfortable greeting (79.9%). By contrast, adherence-relevant counselling showed large importance-performance gaps: side-effect management (50.3% excellent vs 91.8% important/very important), interactions (53.3% vs 90.4%), encouraging questions (44.8% vs 78.8%) and follow-up planning (44.8% vs 80.5%). Knowing the pharmacist increased satisfaction with therapy explanation and side-effect counselling.

Conclusion

CAT-Pharm identified actionable gaps in pharmacist communication for adherence management. Precision adherence support in community pharmacy should prioritise structured counselling on side effects, interactions, patient questions and follow-up.

Parental beliefs shape responses to vaccination messages: Implications for childhood flu vaccine initiation

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Abstract

Aim: Invitation letters and reminders are used in the UK childhood influenza programme to support uptake. We examined parents' perceptions of common message components and their immediate impact on willingness to initiate vaccination.
Methods: We recruited n=102 vaccine hesitant parents living in England for a cross-sectional online survey using an Ipsos market research panel. Ethical approval was obtained from UCL School of Pharmacy REC. Baseline parental beliefs about influenza, the flu vaccine (necessity beliefs and concerns) and trust in pharmaceuticals were measured. The Necessity-Concerns Differential (NCD) was used to provide a measure of how participants judged the need for the vaccine relative to their concerns. We tested 12 message components commonly used for the UK programme. Willingness to vaccinate was used as a proxy for vaccination initiation decision-making.
Results: At baseline, intention to vaccinate was positively correlated with necessity for vaccination ($r=0.91$; $p<0.001$), NCD ($r=0.69$, $p< 0.001$) and trust in pharmaceuticals ($r= 0.43$; $p<0.001$). Messages resulted in a positive shift in willingness to vaccinate in 26.5-43.1% of participants. The most persuasive message was a gain-framed description of the administration of the nasal spray as a simple and painless experience. Messages were most effective in parents with an overall positive mindset about the vaccine.
Discussion: Pre-existing beliefs about the flu vaccine determined how parents immediately responded to public health messages designed to support vaccination uptake.
Conclusion: Our findings suggest that tailored messaging that takes into account these background beliefs may be needed to support informed decision making in these parents.

Patient Priorities for Medication Adherence Intervention Components in Coexisting Diabetes and Hypertension: Findings from a Co-Design Study

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Abstract

Aim

To use a co-design approach to identify intervention components that can help improve medication adherence in people with coexisting diabetes and hypertension. Few interventions have been developed for people with coexisting chronic conditions, and most of these are designed with limited input from end-users. Co-design offers a participatory approach that actively involves end-users in developing user-centered interventions.

Methods

A co-design study was conducted with people on medication for coexisting diabetes and hypertension residing in Australia. Participants identified barriers and facilitators

to medication adherence and generated a list of intervention components. Components were ranked using mean scores to determine participant preferences and prioritise those expected to improve adherence. Thematic analysis of workshop discussions was conducted using Braun and Clarke's approach to complement the ranking exercise.

Results

Twelve participants were involved in the co-design process. The highest-ranked components focused on streamlining the medication-taking process. Participants preferred components that simplified the management of coexisting conditions, such as synchronised medication refills and prescription renewals, and a combined pill for both conditions. While most preferred components were health-care system centred, participants also prioritised patient-centred components, such as integrated education packages for both conditions, and routine and habit support.

Discussion and Conclusion

Interventions designed for single conditions may be less effective in multimorbidity, emphasising the need for interventions that target coexisting conditions. Medication adherence is multidimensional and requires support across all levels of care. Improving medication adherence in coexisting diabetes and hypertension requires coordinated strategies that minimise treatment burden while supporting long-term adherence.

Informal caregivers and medication adherence: activities, challenges, and support needs from a community pharmacy perspective. A cross-sectional study in the Netherlands and Flanders

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Abstract

Aim

Informal caregivers play a pivotal role in medication adherence among older adults with chronic conditions. However, caregivers' adherence-related activities, challenges, and support needs remain poorly understood. This study explored them from a community pharmacy perspective in the Netherlands and Flanders (Belgium).

Methods

Cross-sectional survey, using a digital questionnaire among adult caregivers (≥18 years) of medication users, conducted in 2024-2025. Sampling was conducted via the Dutch AMP panel and through personal networks using snowball sampling. Closed and open-

ended questions covered caregiving context, adherence-related activities, perceived challenges, and support needs. Quantitative data were analysed descriptively, and open-ended responses thematically, with subgroup analyses (e.g. by country, age). Ethical approval was obtained in both the Netherlands and Belgium.

Results

803 caregivers participated (391 Netherlands, 412 Flanders); median age 61 (IQR 51–73); 62% female. The most frequent activities were picking up medication at the pharmacy (78%), listening to medication-related concerns (78%), monitoring medication stock (70%), and verifying correct intake (68%). Administering medication and providing medication-related information were mentioned as challenging. Although most felt capable, only 14% reported a general need for professional support. Interest in specific services was higher: 34% preferred regular medication reviews, and 43% preferred a single point of contact within the pharmacy.

Discussion/conclusion

These preliminary findings suggest that informal caregivers are deeply involved in medication adherence support and feel largely autonomous, while still welcoming targeted, opt-in pharmacy support. Informal caregivers combine high autonomy with clear interest in structured support; complete findings will be presented at the conference.

ORAL SESSION 3: METHODOLOGY

Real-World Adherence to Oral Tyrosine Kinase Inhibitors in Chronic Myeloid Leukaemia: Treatment Interruptions, Switching and Restart Patterns

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Abstract

Background

Chronic myeloid leukaemia (CML) is a rare oncological condition managed with long-term oral BCR::ABL1 tyrosine kinase inhibitors (TKIs), for which sustained medication adherence is essential to maintain disease control. We assessed real-world adherence-related trajectories to TKIs using the ESPACOMP-endorsed ABC Taxonomy and EMERGE reporting principles.

Methods

We conducted a retrospective population-based drug-utilization study using administrative therapeutic-plan and dispensing data from Campania Region, Italy, covering approximately 5.9 million inhabitants, from 2017 to June 2023 (PharmaRare Project - code:E63C25000210002). Incident patients initiating imatinib, dasatinib, nilotinib, bosutinib or ponatinib were followed for up to six years. Adherence phases

were operationalised as initiation (first recorded TKI therapeutic plan/dispensing), implementation (continuity of prescription coverage and treatment gaps), and discontinuation/persistence (gap-based treatment interruption and subsequent restart).

Results

The incident cohort included 609 patients with CML. Administrative data captured initiation and long-term adherence-related trajectories, showing that 29.2% switched TKI, 25.3% experienced at least one treatment interruption, and 90.3% of interrupters restarted therapy after a mean interval of 112 days. Interruption risk was higher in males (HR 1.44) and in patients initiating dasatinib (HR 1.49), and lower with nilotinib initiation (HR 0.61). These findings suggest that interruptions in CML are frequent but often temporary, probably reflecting heterogeneous clinical situations including toxicity management, treatment adaptation, planned treatment-free remission attempts or unintentional non-adherence.

Conclusion

This study quantifies, at population scale, how adherence to oral TKIs evolves in a rare oncological disease. Integration of molecular response data is needed to distinguish clinically appropriate interruptions from suboptimal adherence.

Individual and composites measures of adjuvant endocrine therapy adherence: An analysis of their associations with quality of life in women with breast cancer.

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Abstract

Background

This study examined and compared the association between individual measures of adjuvant endocrine therapy (AET) discontinuation and implementation and composite measures and quality of life (QoL) in women with stage I-III breast cancer.

Methods

Secondary analysis of a national cross-sectional cohort of 372 women with stage I-III breast cancer prescribed AET in Ireland. QoL was measured using FACT-ES. Discontinuation was measured using pharmacy refill (≥90-day gap), self-report, and a composite measure. Sub-optimal implementation was measured using pharmacy refill (CMA7), self-report and five composite measures; i) Implementation Binary Composite (IBC); (ii) Implementation Weighted Composite (IWC); (iii) Implementation Sequential Logic Composite (ISLC); (iv) Implementation Latent Class Analysis Composite (ILCAC) and; (v) Implementation Latent Profile Analysis (ILPA). Multivariable linear regression examined associations between adherence measures and QoL, adjusting for sociodemographic and treatment covariates. Model performance was evaluated using adjusted R^2, AIC, and BIC.

Results
Median overall QoL was 122.2 (IQR 105-139). Individual discontinuation and implementation pharmacy refill and self-report measures and the composite discontinuation measure were not significantly associated with QoL after adjustment for covariates. Four of five composite sub-optimal implementation measures were significantly associated with lower QoL; (IBC β =-5.85, 95%CI -11.55, -0,15; IWC β =-8.27, 95% CI -15.47, -1.07; ILCAC β =-11.00, 95% CI -19.20, -2.80; ILPA β = -22.73, 95% CI -32.88, -12.5). The ILCAC and IWC composite measures had the best model fit.
Conclusion
Differences in associations between AET adherence and QoL by measurement method highlight the importance of multidimensional adherence measures in intervention studies.

Trial run-ins to screen for adherence: Evidence from medication event monitoring system data

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Abstract
Aim
Trial run-in phases are used to select adherent participants to clinical trials, but their value in predicting adherence is unclear. Using MEMS® electronic monitoring data, this study assessed whether adherence during emulated run-in phases predicts discontinuation.
Methods
Anonymised MEMS® electronic monitoring data from six clinical trials were obtained from the MEMS® Adherence Knowledge Center. Two and 4-week run-in phases were emulated as fixed-length windows from trial inclusion, with the remainder of follow-up representing the main trial period. Adherence metrics were computed for both periods and receiver operating characteristic curves constructed to assess predictive performance of run-in adherence for discontinuation. Better-than-chance prediction required the 95% CI lower bound of the area under the curve (AUC) to exceed 0.5 in any trial.
Results
Data from 1,035 participants across six trials were analysed (duration 90–672 days; 1-3 times daily regimens; percentage discontinuation 27%–75%). While no metric performed better than chance across all trials, the standard deviation of inter-dose gaps, proportion of days with correct dose, and proportion of doses taken each

performed better than chance in 4/6 trials (cross-trial AUC range 0.60–0.76, 0.63–0.77, and 0.62–0.78, respectively).Two and 4-week run-ins performed similarly throughout.

Discussion and conclusion

Adherence during emulated trial run-in phases showed modest value for predicting future discontinuation. These findings may inform run-in phase design, with possible regulatory implications. Future work should examine more trials and the influence of dosing regimens on these associations.

Machine Learning Prediction of Future Non-Adherence Using Alternative Approaches to Measuring Medication Adherence in COPD

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Abstract

Aim

Medication adherence is frequently quantified using the proportion of days covered (PDC); however, longitudinal PDC data can be summarised using different approaches, including continuous, binary, categorical, and trajectory-based representations. The aim of this study was to compare these alternative approaches for machine learning prediction of future non-adherence in patients with chronic obstructive pulmonary disease (COPD).

Methods

A retrospective cohort study was conducted using nationwide claims data from the Hungarian National Health Insurance Fund. Medication adherence during the first 12 months was summarised using four alternative approaches: continuous mean PDC, binary PDC (≥80%), five PDC categories defined in 20% increments, and unsupervised K-means trajectory clusters derived from monthly PDC values. Separate XGBoost models using identical demographic and clinical predictors were developed to predict future non-adherence (mean PDC <50%) during the subsequent 12 months.

Results

The study included 7,076 patients. Mean 12-month PDC was 56.8%. Using the conventional 80% threshold, 31.9% of patients were classified as adherent. Unsupervised K-means clustering identified four distinct adherence trajectories, with the high-adherence trajectory comprising 36.2% of patients. Among models using a single adherence approach, predictive performance ranged from AUC=0.827 to 0.901. Combining continuous PDC with trajectory clusters further improved discrimination (AUC=0.903). SHAP analyses identified trajectory clusters as one of the most influential predictors.

Discussion and Conclusion

The way medication adherence is operationalised has a meaningful impact on machine learning prediction. Trajectory-based approaches preserve longitudinal adherence patterns that provide predictive information beyond average PDC and may reflect distinct adherence behavioural phenotypes.

A sequential claims-based framework for comparing the relative importance of initiation, persistence and implementation in medication adherence: a proof-of-concept study on statins

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Abstract

Aim

To propose and evaluate a sequential framework that classifies patients into mutually exclusive adherence states and quantifies the relative clinical importance of initiation, persistence, and implementation using claims data.

Methods

Adherence to chronic medication was conceptualized as a staged process aligned with the ABC taxonomy. Initiation was defined as dispensed first prescription followed with confirmatory second dispensing. Among initiators, persistence was assessed at a 1-year landmark using allowable coverage gaps (90 days). Implementation was evaluated only among persistent patients using proportion of days covered (PDC) threshold, with PDC < 0.8 indicating poor implementation. This approach yields four mutually exclusive adherence states: failed initiation, non-persistence, poor implementation, and optimal adherence. Association between adherence state at 1 year and subsequent major cardiovascular events (MACE) was evaluated, adjusted for age, sex, comorbidities, ambulatory visits and initial statin intensity.

Results

Among 185,526 patients with new statin prescription (2020–2025), 163,865 reached 1 year landmark MACE-free. Adherence states were: failed initiation (44%), non-persistence (20%), poor implementation (12%), optimal adherence (24%). Over a mean follow-up of 2.3 years (SD 1.4), hazard ratios for MACE compared to optimally adherent patients were 1.09 (CI 1.04–1.15) in failed initiation, 1.16 (CI 1.09–1.23) in non-persistence and 0.97 (CI = 0.91–1.04) in poor implementation.

Discussion and conclusion

This sequential framework improves comparability of ABC domains by classification into mutually exclusive states. In statin example, failed initiation and non-persistence contributed more to risk of MACE than poor implementation, suggesting greater potential impact of interventions targeting those adherence phases.

Friday November 20

ORAL SESSION 4: DETERMINANTS OF MEDICATION ADHERENCE

Adherence to inhaled corticosteroids in 28,820 children: a nationwide cohort study highlighting gaps in adolescents and the role of prescribers

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Abstract

Aim

To quantify adherence to inhaled corticosteroids (ICS) in children and adolescents and to identify factors associated with adherence.

Methods

This nationwide retrospective cohort study used data from the National Institute for Health and Disability Insurance covering the period from January 2020 to December 2023. Patients aged 6–15 years who received at least three dispensings of paediatric-approved ICS were included.

Adherence was assessed using the Continuous Multiple-Interval Measure of Medication Availability (CMA), based on total daily ICS dose, reflecting the implementation phase according to the ABC taxonomy. Factors associated with adherence (CMA ≥ 0.8) were assessed using multivariate logistic regression models.

Results

A total of 28,820 patients were included. Overall adherence was low (21%).

Adherence was significantly associated with age, number of dispensings during follow-up and type of prescribing physician.

Children aged 6–10 years were more likely to be adherent than adolescents aged 11–15 years (OR = 2.17; 95% CI [2.02–2.32]; $p < 0.001$).

Higher adherence was observed among patients managed exclusively by paediatricians (OR = 2.92; 95% CI [2.68–3.18]; $p < 0.001$) and those managed by a combination of paediatricians, pulmonologists, and general practitioners (OR = 2.30; 95% CI [1.53–3.44]; $p < 0.001$), compared with those managed by general practitioners only.

Conclusion

Adherence to ICS in children and adolescents remains suboptimal, particularly among adolescents. Care pathways involving paediatricians and pulmonologists are associated with better adherence, highlighting the importance of specialised care and continuity of follow-up. Targeted interventions focusing on adolescents and care coordination may help improve adherence.

Estimating real-world persistence to cardiometabolic medication in people with type 2 diabetes to inform an early HTA: A CarePath study

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Abstract

Aim

For people with chronic conditions, taking medications consistently can be challenging. CarePath is a European initiative aiming to improve health outcomes in people with cardiometabolic conditions by integrating E-health and non-E-health interventions to support pharmacotherapy persistence in three medication classes (glucagon-like peptide-1 agonists (GLP-1As), sodium-glucose cotransporter 2 inhibitors (SGLT2is) and lipid-lowering drugs (LLDs)). Understanding the current medication persistence of people with type 2 diabetes (T2D) in routine practice serves as the basis for early HTA assessment.

Methods

The DIAMANT cohort is being used as the primary source of real world Dutch healthcare data. Inclusion was limited to the years 2015-2024, requiring at least five calendar years of follow-up for each patient. The medication persistence cut off in this study is 274 days (9 months) after last prescription received. Room for improvement is based on respective RCT medication persistence rates.

Results

214,219 T2D patients (46% female, a mean age of 65 and median follow-up time of 6.1 years (IQR = 5.5-8.6)) were included. 85%, 11.65% and 77.39% used GLP-1As, SLGT2is and LLDs, respectively. One year persistence of all drug classes was over 65% (GLP-1As = 67%, SGLT2is = 68% and LLDs = 65%). 5 year persistence was 54%, 62% and 51% for GLP-1As, SGLT2is and LLDs, respectively.

Discussion and Conclusion

5 year persistence of medications of interest being above 50% is high, although not unexpected. These high rates could be explained by the strength of the Dutch T2DM care programme (Integrated care/GP practice assistant for T2D (“Ketenzorg”/“POH DM”))

MedACT: Medication Adherence in lung Cancer Treatment

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Abstract

Background

About 20% of patients with non-small cell lung cancer (NSCLC) harbor a targetable cancer driver mutation that can be treated with an oral anticancer agent (OACA). Although oral administration is preferred, insufficient adherence may cause treatment failure. Early discontinuation within six months is common but may be reduced by monitoring adherence.

Aim

To investigate OACA adherence in patients with NSCLC over a period of six months and explore barriers to adherence. *Methods*. Medication adherence was assessed through a short weekly questionnaire (15-STARS), and pill counts. Reasons for non-adherence, patient beliefs and attitudes regarding medication use, and satisfaction with the monitoring process were assessed by the BMQ, the 15-STARS questionnaire, and a self-composed evaluation questionnaire, respectively. Semi-structured interviews were conducted to explore patients' experiences with medication adherence and views on conversational AI.

Results

27 patients were included in the analysis. The mean self-reported and pill count adherence were 98.9% and 102.7%, respectively. Overadherence (>105%) was observed in six participants, underadherence (<95%) in one. Presumed non-adherence, identified by the 15-STARS questionnaire, was observed in 37.0% of participants. Barriers included forgetfulness, delayed refill requests, difficulties preparing medication, and difficulties understanding the medication leaflet. The mean necessity-concerns differential score was 9.7 (on a scale from -20 to 20). Most participants were classified as accepting (63.0%) or having mixed-feelings (33.3%). Overall, patients expressed negative views on AI-based adherence monitoring.

Conclusion

Self-reported adherence to OACA was high. Objective adherence measures showed that overadherence was more common than underadherence. Patients were negative towards AI-based monitoring.

Piloting the "Making Medicines Work For You" screener to identify medication adherence barriers in children with chronic liver disease

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Abstract

Aim

Medication non-adherence affects approximately 40% of children with chronic liver disease (CLD) and is associated with poorer clinical outcomes. However, few validated tools are available to identify children at risk of non-adherence. The "Making Medicines Work for You" (MMWFY) screener, identifies barriers to medication adherence and guides patient–healthcare professional discussions. Our objective was to evaluate the acceptability and feasibility of the screener in children with CLD and

their carer's, identify prevalence and type of barrier and explore association with non-adherence.

Methods
Patients and their carers attending a paediatric liver centre completed the screener and acceptability and feasibility questionnaire. Descriptive analysis was used to determine prevalence and type of adherence barrier. Associations were determined between screener response and adherence measures (Visual Analog Scale (VAS)).
Results
Of the 61 responses, 37 female (60%) mean age 7 years (range 6 months - 16 years), 42 (69%) respondents reported at least one barrier of non-adherence (median 1, range 1 - 6). Most frequently reported barriers were forgetting (14/61) and worries about medicines (12/61). There was no significant association with a reported barrier and adherence ($p = 0.059$). Reported acceptability of the screener was high (78.7%). In free text participants suggested feasibility could be improved by providing a digital format and simplifying language.
Discussion and Conclusion
The MMWFY screener was well-received and identified medication adherence barriers in children with CLD, suggesting the potential value of the MMWFY tool to support adherence discussions in practice and provides a foundation to develop tailored adherence interventions.

Social determinants of health and estimated adherence to medications for alcohol use disorder: A descriptive analysis of Veterans Health Administration data

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Abstract
Aim
Medications for alcohol use disorder (MAUD), like naltrexone, acamprosate, and disulfiram, are effective yet underutilized, and adherence varies. We described associations between social determinants of health (SDoH) and access indicators and estimated adherence to MAUD, focusing on the implementation phase of the ABC taxonomy, among Veterans with alcohol use disorder (AUD).
Methods
In this cross-sectional analysis of the United States' Veterans Health Administration administrative and pharmacy data, we studied Veterans with AUD prescribed oral or injectable MAUD. Adherence was operationalized as the proportion of days covered (PDC) from first fill through one year, reflecting medication supply rather than confirmed use; Veterans were classified as low (PDC<50%) or high (PDC≥80%) adherence. We descriptively compared SDoH and access indicators (sex, race, ethnicity, marital status, rurality, means test status, priority group, service connection) between

adherence groups by MAUD type. The study was approved by the Durham VA Medical Center's Institutional Review Board.

Results

Among 8,696 Veterans (oral naltrexone n=6,321; injectable n=511; acamprosate n=1,120; disulfiram n=744), high estimated adherence ranged from 41.3% (acamprosate) to 60.1% (injectable naltrexone). For oral naltrexone, low-adherence Veterans included higher proportions of women (16.2% vs 12.2%), Black Veterans (22.2% vs 16.3%), and Hispanic/Latino Veterans (11.1% vs 9.3%); acamprosate showed similar patterns (Black 21.7% vs 9.7%). Priority Group 1 (most severe service-connected disability) was overrepresented among low adherers (oral 35.7% vs 31.3%).

Discussion and Conclusions

Lower estimated MAUD adherence among female, Black, and Hispanic/Latino Veterans highlights potential disparities and supports investigating SDoH drivers of AUD care.

ORAL SESSION 5: IMPLEMENTATION OF MEDICATION ADHERENCE INTERVENTIONS

Developing and implementing comprehensible prescription label instructions in Dutch community pharmacy

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Abstract

Aim

Correct use of medication depends on patients' understanding of why, when and how to take them. Ambiguous, jargon-based prescription label instructions impede patients' understanding of when and how to take their medication, increasing the risk of non-adherence and suboptimal outcomes, particularly among people with limited health literacy. This study aimed to develop, implement and evaluate comprehensible, plain-language prescription label instructions in Dutch community pharmacies.

Methods

In six community pharmacies, dosing and auxiliary instructions were redesigned using a systematic literature review and linguistic analysis. A multidisciplinary panel of pharmacists, linguists and implementation experts optimised instructions by avoiding jargon, specifying intake moments and replacing vague wording with concrete alternatives. Pharmacy teams received training and implementation materials to combine plain-language labels with teach-back during first-dispense consultations. Implementation was evaluated using process indicators, comprehension testing, and

interviews with patients and professional, guided by the Consolidated Framework for Implementation Research.

Results

Optimised auxiliary instructions were implemented nationally. Dosing instructions were implemented and followed one year in routine practice: they were used for 88% of dispensed medicines and improved patient understanding compared to original label instructions. Pharmacists reported that implementation was most successful when labels were combined with teach-back and supported by dedicated staff and tools.

Discussion and Conclusion

Comprehensible prescription label instructions have been developed and implemented in community pharmacy. By improving patients' understanding of why, when and how to take medicines, this intervention supports medication adherence, particularly among those with limited health literacy, and offers a scalable model for safer, patient-centred pharmacy practice.

Facilitation as a key strategy for the implementation of pharmacy-based health services – Preliminary findings from an ongoing evaluation of myCare Start in Switzerland

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Abstract

Aim

Implementing new services requires workflow adjustments and on-site support, making facilitation essential. Based on England's *New Medicine Service*, *myCare Start* is being trialled in Switzerland's community pharmacies to improve medication adherence during long-term medication initiation. This work presents preliminary findings from facilitation visits, where facilitators use an implementation strategy selection tool developed via implementation mapping to link on-site barriers with contextually tailored implementation strategies in real-time.

Methods
Facilitation visits are conducted with site champions every 6-8 weeks to discuss pharmacy resources and preparation, patient recruitment, service delivery and data collection. Facilitators identify site-specific implementation barriers and co-create solutions with pharmacy staff using the implementation strategy selection tool on REDCap.
Results
Since November 2025, 18 barriers were identified across 92 facilitation visits to the 34 implementation sites. The main barriers concerned 'patient recruitment' and 'pharmacy resources' including time constraints within pharmacy and staff competency and training. Enablers included using stickers as reminders for recruitment and full-team training.
The most utilised implementation strategies were ‘increase demand’, which aimed to improve pharmacist–patient communication to better communicate the benefits of the service and encourage patient participation, and ‘assess readiness and identify barriers and facilitators’, which involved reviewing pharmacy organisation and workflow to support project implementation.
Discussion and Conclusion
Preliminary findings show that successful implementation relies on pharmacy teams being operationally prepared and confident in introducing the study and service to patients. This suggests that structural and cognitive support is required to ensure integration of myCare Start into practice.

Evaluating the Make-It Consortium's implementation support for medication adherence interventions in Dutch primary care: a qualitative interview study

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Abstract
Aim
Successful implementation of medication adherence interventions requires tailored support. Within the Dutch Make-It Consortium, eight living labs implementing medication adherence interventions received structured guidance. We evaluated how project leaders experienced this support and which barriers and facilitators shaped implementation and the perceived value of that guidance.
Methods
A qualitative study was conducted among project leaders from eight Dutch living labs. Semi-structured interviews explored experiences with implementation support from the Make-It Consortium and were analysed thematically by two independent researchers. The interview guide and transcript coding were informed by the Kirkpatrick Model and Consolidated Framework for Implementation Research (CFIR),

using Kirkpatrick to evaluate support experiences and CFIR to identify implementation barriers and facilitators. Ethical approval was obtained from the Institutional Review Board of the Department of Pharmaceutical Sciences, Utrecht University; participants provided informed consent.

Results

Project leaders identified regular contact and the exchange of lessons learned between labs as central to successful implementation. They valued tailored guidance, easy access to implementation experts, and practical support during difficult phases, which facilitated sustainable change in routine practice (*Kirkpatrick: behaviour/results*). Implementation experiences and support needs varied according to each living lab's organisational context, team motivation, staff training, and stakeholder engagement (*CFIR: inner setting domain, characteristics of individuals, process*).

Discussion and Conclusion

This study offers insight into the implementation support needs of living labs implementing medication adherence interventions in primary care. Such programmes benefit from ongoing tailored support and structured peer exchange, with support matched to each lab's context and implementation stage.

Identifying contextual factors from the healthcare providers' perspective for successful implementation of an intervention to improve medication self-management in young patients with chronic diseases

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Abstract

Background & aim

Adolescents and young adults (AYAs) with a chronic disease face numerous challenges in managing their condition and medication use. The co-created 'FUTURE intervention' comprises a screening tool and toolbox of evidence-based tools developed to equip health care providers (HCPs) and AYAs with tailored medication self-management support. Our study aimed to identify the contextual factors, including barriers and facilitators, from the HCPs' perspective relevant for implementation of the 'FUTURE intervention.'

Methods

Contextual factors were assessed through interviews (online and in-person) and online questionnaires among physicians, nurses and pharmacists (the interventionists) from four Dutch medical centres participating in the FUTURE study. The interviews and questionnaire were structured according to relevant constructs of the updated

Consolidated Framework for Implementation Research (CFIR). Contextual factors were categorised and analyzed according to CFIR.

Results

Eight nurses, five physicians and four pharmacists participated. Potential barriers included unfamiliarity with the intervention and concerns about complexity of the intervention. HCPs also mentioned relative priority, compatibility, and available resources to integrate the intervention into daily busy practice as barriers. HCPs were uncertain about their capability to conduct adherence-focused consultations and to motivate AYAs to use the tools. HCPs indicated that availability of ICT-support, a learning-oriented culture and intrinsic motivation among HCPs to strengthen AYAs' medication-self management skills, may help address these barriers.

Discussion & conclusion

This contextual analysis served as input for tailored strategies to implement the FUTURE intervention in each medical centre. These implementation strategies will be evaluated in a hybrid type 2 implementation-effectiveness study.

IMACT-DOAC: Implementation of adherence improving interventions in community pharmacies for patients with atrial fibrillation using Direct Oral Anticoagulant: An evaluation using the RE-AIM framework

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Abstract

Aim

To evaluate the implementation of the KIJKsluiter (Watch your Medicine) and Telephone Medication Initiation Counseling (TMIC), delivered within 12 weeks of DOAC initiation, and the Amsterdam Living lab (AMS-Living lab) intervention (tailored adherence counseling) for DOAC users with potential non-adherence in community pharmacies in the Amstelland region.

Methods

In a mixed-methods study, semi-structured interviews were conducted with pharmacy staff involved in implementation. Quantitative data were collected regarding patient selection, intervention delivery, reasons for non-delivery and time investment. Patient satisfaction was assessed using Patient-Reported Experience Measure (PREM) questionnaires.

Results

Reach: 84 (57.1%) patients received TMIC. Data were available for 61 patients regarding the KIJKsluiter, of whom 25 (41%) received an informational video. 52 of 172 patients (30.2%) received the AMS-Living lab intervention. *Effectiveness:* PREM results indicated high patient satisfaction with TMIC and the AMS-Living lab intervention, with median scores of 8 and 7 respectively. *Adoption:* Seven of 20 pharmacies (35%) implemented all three interventions. *Implementation*: The TMIC and AMS-Living lab intervention both lasted a median of 5 minutes. Views on cost acceptability varied

among pharmacists. Most pharmacies used alternative informational videos instead of the KIJKsluiter. *Maintenance*: Most pharmacists perceived possibilities for long-term implementation, although staff shortages and time constraints were considered barriers. Adequate reimbursement is essential for sustainable implementation.

Discussion

The barriers to long-term implementation align with previous studies on implementing new interventions in community pharmacies.

Conclusion

The interventions were implemented in seven community pharmacies, with most pharmacists seeing possibilities for long-term implementation. Several barriers to sustainable implementation were identified.

ORAL SESSION 6: BUILDING NETWORKS TO PROMOTE MEDICATION ADHERENCE

How Can Medication Adherence Support Environmental Awareness and Help Prevent Pharmaceutical Water Pollution? The PREWAPHARM Interreg Project Approach

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Abstract

Aim

Wastewater treatment plants cannot completely remove pharmaceutical residues, posing a growing threat to water systems. This presentation introduces the Interreg North-West Europe PREWAPHARM project (2024–2028), which explores how pharmaceuticals entering water systems can be reduced by combining clinical strategies with water-technology solutions. The framework shows how raising environmental awareness and optimising medication adherence can complement technological solutions and policies to minimise the overall pharmaceutical load.

Methods

PREWAPHARM is an 18-partner initiative operating across six countries and connecting the healthcare, pharmacy, policy and water sectors. Its interdisciplinary approach comprises three pillars: 1) developing transnational policy recommendations and regional action plans; 2) developing and testing innovative pharmaceutical and water-technology solutions, including greener prescribing and medication adherence management; and 3) supporting implementation through public awareness and professional training.

Results

The project has developed a prioritisation methodology based on ecotoxicological risk, prepared a list of priority pharmaceuticals and mapped current practices across healthcare and water sectors in the participating regions. Initial policy dialogues have

been organised. Field activities involving community pharmacists and water-technology trials in hospitals are underway to assess the feasibility and transferability of the proposed interventions.

Discussion and Conclusion

PREWAPHARM illustrates how a chain-wide sustainability approach can connect behavioural, pharmaceutical, technological and policy measures. Medication adherence management can support appropriate medication use, reduce avoidable waste and raise environmental awareness. It can thereby facilitate the practical implementation of environmental policies within healthcare and pharmacy practice. The project provides a transnational basis for integrated strategies to reduce pharmaceutical pollution in European waters.

Medication adherence management in primary care: a global ESPACOMP and WONCA initiative to develop a practical handbook for daily clinical practice

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Abstract

Aim

Medication non-adherence remains a major challenge in primary health care (PHC). Despite increasing evidence on effective adherence-enhancing interventions, PHC professionals often lack practical tools for adherence management. Therefore, ESPACOMP and the World Organization of Family Doctors (WONCA), aim to develop a concise, practice-oriented handbook providing actionable guidance for medication adherence management in PHC.

Methods

The handbook is being developed using a multi-phase, international co-creation process. After the formal announcement during World Adherence Day 2026, an interdisciplinary steering committee comprising PHP clinicians, medication adherence researchers, and patient representatives was established. Initial needs assessment and iterative consultations informed the handbook structure. Development phases include expert consultation during WONCA Europe 2026 congress and via an online survey (available at https://www.surveymonkey.com/r/9Q59ZNM), drafting of chapters, targeted stakeholder review, and final consensus approval.

Results

Preliminary findings demonstrate strong agreement regarding PHC needs. Proposed sections include shared decision-making, practical approaches to identifying medication non-adherence, assessment of adherence barriers, evidence-based interventions supporting all phases of the medication-taking journey (i.e. initiation, implementation, and persistence), interprofessional collaboration, and feasible monitoring strategies. Expected outputs include an open-access online handbook containing flowcharts, case studies, practical tools, and examples of good practice from different healthcare systems.

Discussion

Integrating medication adherence management into routine PHC requires pragmatic, scalable, and context-sensitive resources. International co-creation is expected to enhance relevance, acceptability, and transferability across healthcare settings.

Conclusion

The ESPACOMP/WONCA handbook aims to facilitate systematic medication adherence management in PHC and support the implementation of evidence-based adherence practices worldwide.

Professional network to promote medication adherence best practices and technologies: The ENABLE Consortium Project.

Francisca Leiva Fernández[1], Katarina Smilkov[2], Mihaela-Simona Naidin[3], Emma Arnio[4], Tanja Mueller[5], Adina Turcu-Stiolica[3], Amanj Kurdi[5], Amy Chan[6], Gaye Hafez[7], Victoria Cardenas[8], João Gregório[9], Alexandra Dima[10]

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Abstract

Aim

To establish and maintain the ENABLE Consortium to address current challenges on the three phases (initiation, persistence, discontinuation) of medication adherence (MA) in real world settings.

Methods

Call for expressions of interest issued to members of the ENABLE COST Action (2020-2024). Framework agreement signed by 22 organisations/16 countries establishing the "ENABLE Adherence Network and Innovation Hub". Agreement on a five-part strategic plan for three years. Each part is carried out by a Working Group (WG): raising awareness (WG1); training (WG2); research (WG3); Medication Adherence Technology (MATech) repository management (WG4); policy engagement (WG5). Regular meetings (six/year/WG), alongside full consortium meetings annually.

Results

Expected results per WG: WG1: increased medication adherence visibility (Medication Adherence Day in November, policy brief dissemination into member languages, local engagement with health departments, patient associations, and professional journals); WG2: identification of educational needs, target different career stages/disciplines, collaboration on the development of the MA curriculum with other stakeholders; WG3: Cross-countries collaboration using shared methodologies (comparative insights; joint publications) around relevant topics (mental health, diabetes, oncology, age-specific adherence challenges); WG4: improving the existing MATech database, ensuring entries reflect current developments, user needs (patient accessibility, tailored information to different user groups), addressing previously identified gaps with patient representatives; WG5: reimbursement pathways development, stakeholder events, policy briefs to foster implementation and scale-up of cross-countries solutions, through pilot implementations to inform policy recommendations.

Discussion and Conclusion

Coordinated work within motivated professional networks, combined with previous collaboration, will drive forward the search for solutions to improve MA.