

INTERVENTIONS FOR MEDICATION ADHERENCE MANAGEMENT: SWOT ANALYSIS INVOLVING ITALIAN HEALTHCARE STAKEHOLDERS

Sara Mucherino^{1,2}, Luca Pasina³, Manuela Casula^{4,5}, Carlotta Lunghi^{6,7,8}, Emanuel Raschi⁶, Andrea Rossi^{4,5}, Marco Salluzzo⁶, Stefano Scotti^{4,5}, Valentina Orlando^{1,2}, Alessandro Nobili³, Elisabetta Poluzzi⁶, Enrica Menditto^{1,2}

sara.mucherino@unina.it

1 CIRFF-Center of Pharmacoeconomics and Drug Utilization, University of Naples Federico II, Italy, Naples, Italy.
2 Department of Pharmacy, University of Naples Federico II, Italy, Naples, Italy.
3 Health Policies Research Department, Laboratory of Clinical Pharmacology and Appropriateness of Drug Prescription, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan, Italy, Milan, Italy.
4 Epidemiology and Preventive Pharmacology Service (SEFAP), Department of Pharmacological and Biomolecular Sciences, University of Milan, Italy, Milan, Italy.
5 IRCCS MultiMedica, Milan, Italy, Milan, Italy.
6 Department of Medical and Surgical Sciences, University of Bologna, Italy, Bologna, Italy.
7 Department of Life Sciences, Health and Health Professions, Link Campus University, Rome, Italy.
8 Population Health and Optimal Health Practices Research Unit, Centre de Recherche du CHU de Québec-Université Laval, Québec City (QC), Canada, Québec City, Canada.

Introduction

Medication adherence is challenging to manage in clinical practice; it's unclear which strategies are effective in ensuring optimal adherence levels. This study aims to assess the **effectiveness of interventions to improve medication adherence** evaluating strengths, weaknesses, opportunities, and threats across the Italian setting.

Methods

As part of the Eldercare project, a **first Benchmarking Structured Survey** was administered via REDCap capturing views on medication adherence: (1) general information; (2) management; (3) monitoring; (4) interventions; (5) unmet needs & barriers. This survey recruited physicians, pharmacists, nurses, and patients through national scientific societies, professional orders, and patient associations. Based on these results, a **second survey** was prepared for **one or two key representatives from each participating organization** to the benchmarking survey.

This follow-up assessed the **perceived effectiveness of adherence-support interventions using a SWOT framework** (Strengths, Weaknesses, Opportunities, Threats) across care settings. Qualitative analysis followed the Framework Method (Gale et al., 2013) with a hybrid deductive-inductive approach:

- **deductive codes** derived from pre-specified closed questions;
- **inductive codes** generated from open-ended responses.

A **mixed-methods integration** connected quantitative and qualitative evidence. Given the limited number of open comments, highly endorsed statements from the structured survey (Likert 4–5) were incorporated as indicative thematic codes to strengthen breadth and robustness. For deductive inclusion, a $\geq 50\%$ consensus threshold was applied ($\geq 50\%$ selecting 4 and/or 5 on the Likert scale) (Diamond et al., 2014).

Stepwise synthesis for each SWOT quadrant:

1. **Extraction** of high-agreement items ($\geq 50\%$ for Likert 4/5) (deductive)
2. **Integration** of open-ended responses (inductive)
3. **Mapping** of statements to deductive and inductive codes
4. **Construction** of SWOT thematic matrices.

Results

From the **354 participants** (professional orders of doctors, nurses, and pharmacists, scientific societies, patients' associations) recruited through national scientific societies, professional orders, and patient associations who **were engaged from the benchmarking survey**, at least one key representative from each participating organization was involved in the **SWOT analysis**, hence **10 key stakeholders** were involved:

- 70% professional orders of doctors, nurses, and pharmacists
- 20% scientific societies of healthcare professionals involved in the medication adherence management
- 10% patients' associations disease-specific and generic

Figure 1.

Flow chart of the stepwise approach for SWOT analysis

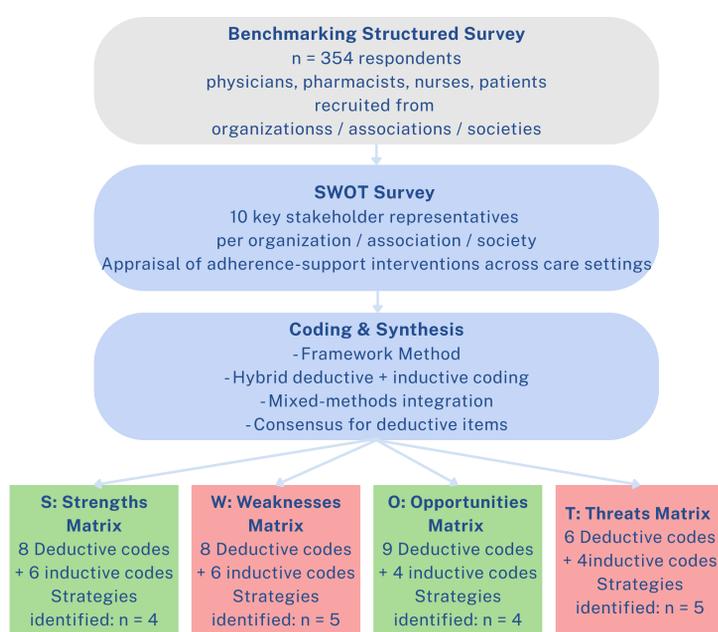
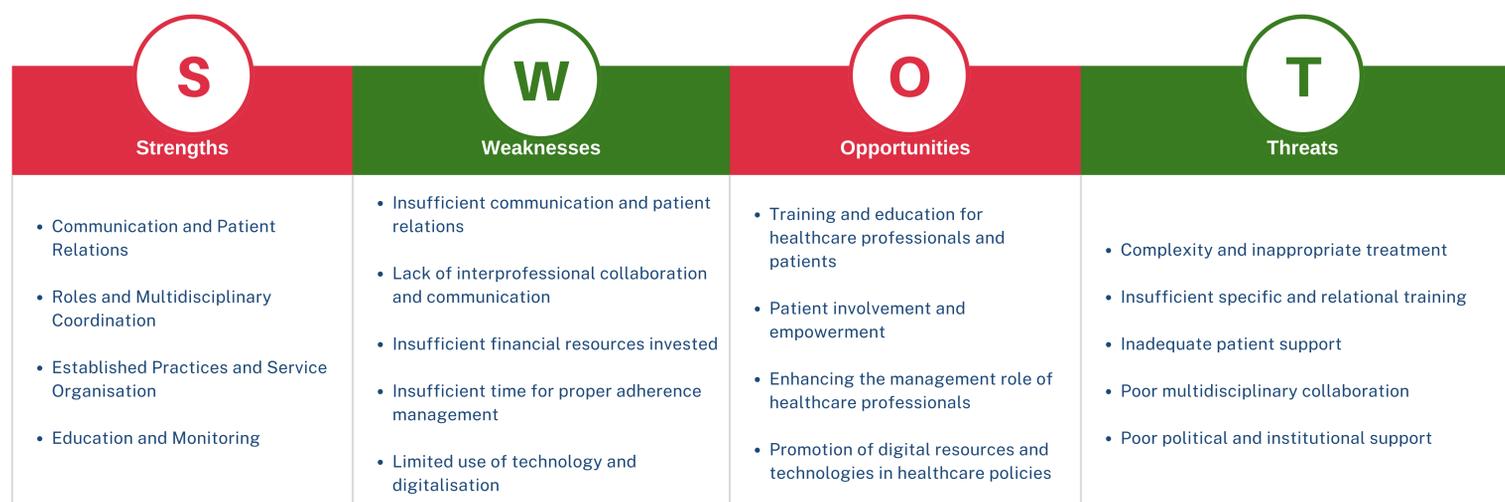


Figure 2. SWOT analysis results



Conclusions

Improving adherence management requires exploit strengths and opportunities considering weaknesses and threats within the healthcare system. Findings will serve to develop a consensus involving Italian stakeholders, creating practical recommendations for managing adherence.

