Integrating digital medication adherence technologies into person-centered interprofessional care

The ENABLE repository

Alexandra L. Dima, PhD, Principal Researcher, Avedis Donabedian Research Institute (FAD); Universitat Autònoma de Barcelona (UAB); PRISMA, Institut de Recerca Sant Joan de Déu (IRSJD);









European Society of Clinical Pharmacy





The ENABLE repository of medication adherence technologies



About the repository

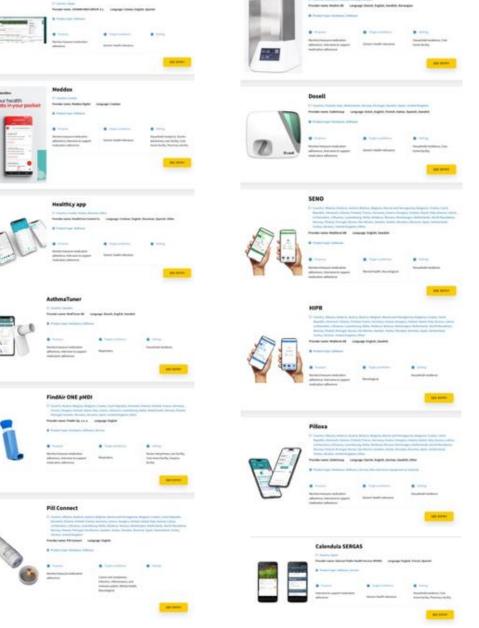
In recent years, many solutions have been developed to support users take medication as recommended to achieve the expected therapeutic benefit. We call these solutions **Medication Adherence Technologies** – in short: **MATech**. These may be for example electronic devices that record medication intake, dose dispensers that instruct on time or mode of administration, mobile applications that provide information about a health condition or medication or reminders, etc.

The ENABLE repository aims to raise awareness on the diversity of technologies available and the evidence base relevant for decision making, and showcase technologies available in different European countries. Through this repository, the ENABLE network intends to promote collaborations for the continued development and adoption of technologies in routine care, and connect potential users with technologies that may match their needs and preferences.



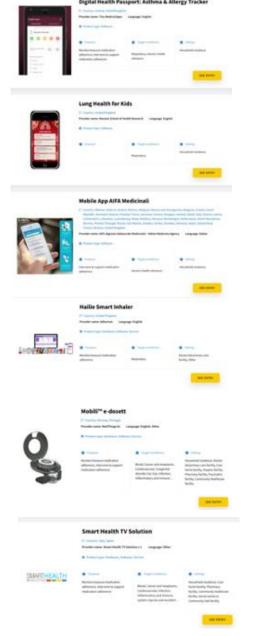






Medimi*Smart

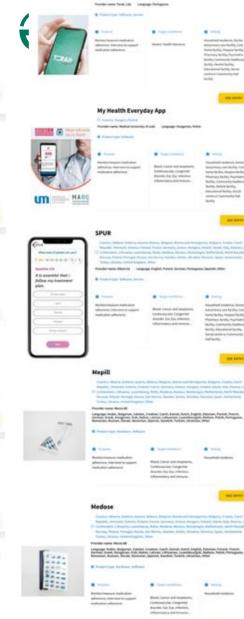








Comprehensive medication management services



TERAH







This article/publication is based upon work from COST Action ENABLE, supported by COST (European Cooperation in Science and Technology)



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××××× DONABEDIAN

××××× INSTITUTO UNIVERSITARIO-UAB











The ENABLE COST Action (2020-2024)



Current practices & unmet needs

- Survey of ≈3000 HCP in 37 European countries on practices, barriers and facilitators
- Medication adherence in HCP training curricula

Adherence technologies

• The ENABLE adherence technologies repository & taxonomy

Implementation & sustainability

• Survey of 39 countries on reimbursement of adherence technologies

Communication

- 200+ member network, 40 countries meetings, training schools, short-term mobilities
- National/regional expert centers/networks
- Patient engagement guidelines for adherence technology development











Do we have common ground on what is relevant to know about technologies?

JOURNAL OF MEDICAL INTERNET RESEARCH

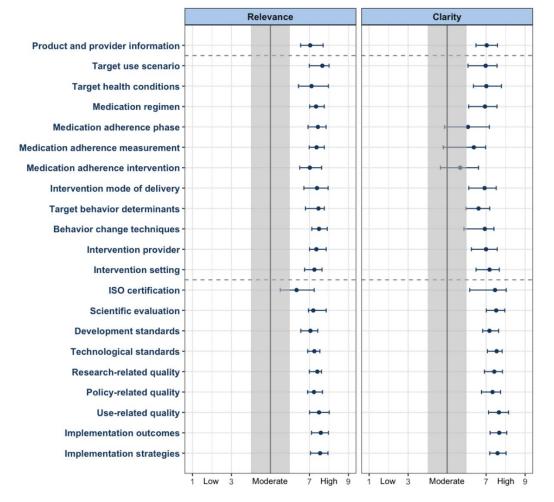
Dima et al

Original Paper

Stakeholder Consensus on an Interdisciplinary Terminology to Enable the Development and Uptake of Medication Adherence Technologies Across Health Systems: Web-Based Real-Time Delphi Study

Alexandra Lelia Dima^{1,2,3}, PhD; Urska Nabergoj Makovec⁴, PhD; Janette Ribaut^{5,6}, PhD; Frederik Haupenthal⁷, MD; Pilar Barnestein-Fonseca⁸, PhD; Catherine Goetzinger⁹, PhD; Sean Grant¹⁰, PhD; Cristina Jácome¹¹, PhD; Dins Smits¹², PhD; Ivana Tadic¹³, PhD; Job van Boven¹⁴, PhD; Ioanna Tsiligianni¹⁵, PhD; Maria Teresa Herdeiro^{16*}, PhD; Fátima Roque^{17*}, PhD; European Network to Advance Best Practices and Technology on Medication Adherence (ENABLE)^{18,19*}

Figure 1. Median ratings with interpercentile range for relevance and clarity per attribute cluster (N=83). ISO: International Organization for Standardization.











What technologies are available?

What behaviour change features they include?

Patient Preference and Adherence

Dovepress



ORIGINAL RESEARCH

A Cross-Sectional Study Identifying Medication Adherence Technologies (MATech) in Sweden Using Behavior Change Techniques

Marie Ekenberg, Fanny Landin, Björn Wettermark







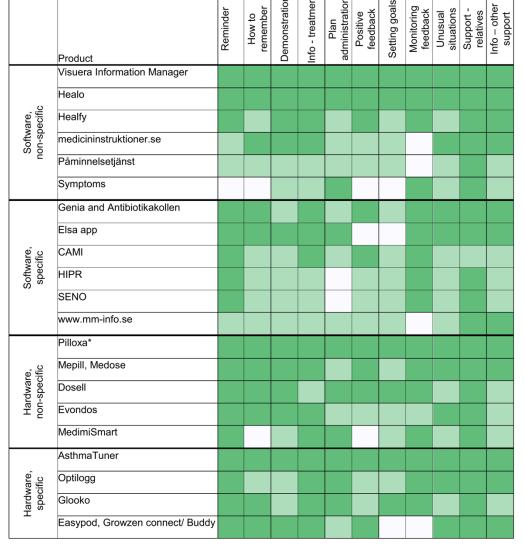


Figure 2 Behavior change techniques included in the MATech; dark green = features included, light green = features not included, white =not reported/ unknown. Specific; specific for a disease or medication. Complete questions and BCTs can be found in Table S1. *Could also be used without the hardware, software only.



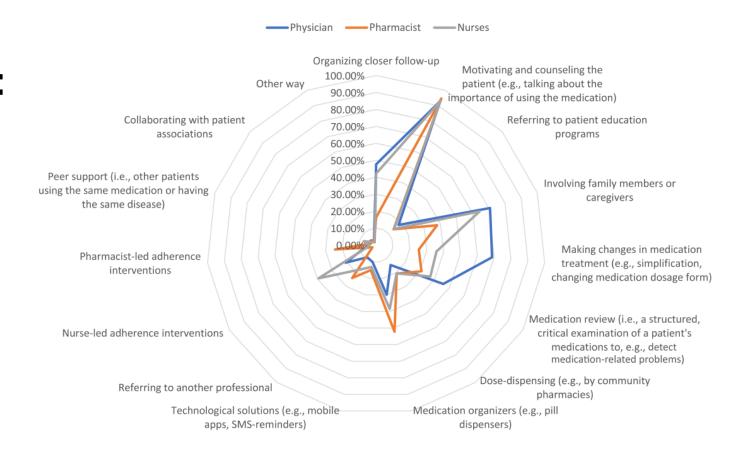
How do healthcare professionals support adherence?



ORIGINAL ARTICLE 🙃 Open Access 💿 😧 😑 💲

Pan-European survey on medication adherence management by healthcare professionals

Maria Kamusheva 🔀, Emma Aarnio, Miriam Qvarnström, Gaye Hafez, Sara Mucherino, Ines Potočnjak, Indre Trečiokiene, Jovan Mihajlović, Marie Ekenberg, Job F. M. van Boven, Francisca Leiva-Fernandez, European Network to Advance Best Practices and Technology on Medication AdherencE (ENABLE)











What barriers and unmet needs do HCPs face?



Barriers and Unmet Educational Needs Regarding
Implementation of Medication Adherence Management
Across Europe: Insights from COST Action ENABLE



Gaye Hafez, PhD¹, Emma Aarnio, PhD², Sara Mucherino, Pharm D, PhD³, Maria Kamusheva, PhD⁴, Miriam Qvarnström, PhD⁵, Ines Potočnjak, MD, PhD⁶, Indre Trečiokiene, PhD⁷, Jovan Mihajlović, PhD^{8,9}, Marie Ekenberg, PhD⁵, Job F. M. van Boven, Pharm D, PhD¹⁰, and Francisca Leiva-Fernández, MD¹¹European Network to Advance Best Practices Technology on Medication AdherencE (ENABLE)

Training needs	Count (%)	Count (% within European Region)		
	Europe	Western Europe	Central Europe	Eastern Europe
How to monitor and evaluate medication adherence	1032 (35.9)	307 (29.3)	537 (39.7)	188 (39.6)
How to get patients to take an active role in their medication adherence management	889 (30.9)	367 (35.0)	401 (29.7)	121 (25.5)
Healthcare professionals' roles and responsibilities in medication adherence management	873 (30.4)	266 (25.4)	484 (35.8)	123 (25.9)
How to talk with patients about medication adherence	747 (26.0)	244 (23.3)	376 (27.8)	127 (26.7)

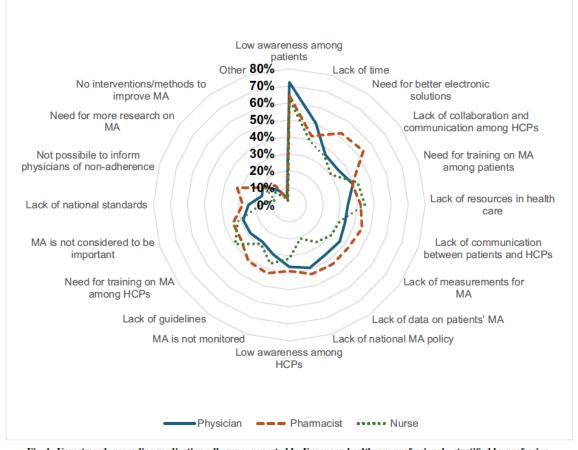


Fig. 1 Unmet needs regarding medication adherence reported by European healthcare professionals, stratified by profession.



Healthcare providers

What adherence interventions are reimbursed in Europe?



Reimbursed Medication Adherence Enhancing Interventions in European Countries: Results of the EUREcA Study

Tamás Ágh^{1,2}*[†], Maja Ortner Hadžiabdić^{3†}, Kristina Garuoliene^{4†}, Anne Gerd Granas^{5,6†}, Emma Aarnio^{7†}, Enrica Menditto^{8†}, João Gregório^{8†}, Pilar Barnestein-Fonseca^{10†}, Vildan Mevsim^{1††} and Przemysław Kardas^{12†} European Network to Advance Best Practices and Technology on Medication Adherence (ENABLE)

Type of Intervention	Country	Year of Introduction	Level of Intervention	Target Population	Who Pays the Reimbursement?	Who Gets the Reimbursement?
Multi-dose drug	Belgium	2012	National	Elderly patients	Public insurance /Public	Pharmacy
Finland Norwa United	Denmark	2001	National	Elderly patients	healthcare system /Government	
	Finland	2006	National	Reimbursed only for patients ≥75 years of age and using ≥6 drugs suitable for drug dispensing		
	Norway	Early 2010s	National	Elderly patients		
	United	2014	National	Elderly patients, or those		
	Kingdom			otherwise struggling to cope with their medication		
	Hungary	2019	National	40-65 years old patients with chronic disorders	Public insurance /Public healthcare system /Government	Primary care (GP)
	Slovenia	2016	National	Patients with drug related problems; identified and referred by a GP		Primary care (clinical pharmacist)
	Spain	2012	Regional	Patients with chronic diseases and polypharmacy		Primary care, Hospital and Pharmacy
	United Kingdom	Years ago	National	Patients on long-term medication		Pharmacy and Hospital
Smart device	Finland	2019	National	Patients on rheumatoid arthritis medication	Pharma company	IT company
	Netherlands	2020	National	Patients with asthma/COPD	Public insurance /Public healthcare system /Government and Pharma company	Pharmacy
Mobile	Denmark	No information	National	Patients with mental disorder	No information	No information

Newly transplanted patients

Patient organization







application Patient

education

National

2016

Hungary

TABLE 2 | Characteristics of identified reimbursed medication adherence enhancing interventions



Would national/regional expert centers/networks help promote adherence?





Perspection

Half a Century of Fragmented Research on Deviations from Advised Therapies: Is This a Good Time to Call for Multidisciplinary Medication Adherence Research Centres of Excellence?

Przemysław Kardas ^{1,*}, Tamás Ágh ^{2,3}⁰, Alexandra Dima ⁴⁰, Catherine Goetzinger ^{5,6}, Ines Potočnjak ⁷⁰, Björn Wettermark ^{8,9} and Job F. M. van Boven ¹⁰⁰

Stage 1: Vision and validation

- Assess readiness of the context (e.g institutions, professionals,...)
- Evaluate resources (human, technical & financial)
- Develop business model
- Gather stakeholders and leader within the domain

Stage 3: Completion and start of operation

- Reception of formal authorization
- Plan and execute a launch
- Evaluate progress along the line

Center of Excellence



Creation of a

Stage 2: Design and development

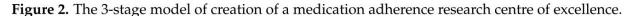
- Components of organization design
- Area of future activity
- Staff
- Venue
- Visibility
- Finance













How to develop and implement person-centered technologies for medication adherence?

INNOVATION

- Context Analysis & Problem
 Definition
 - Analysis of factors and needs of the target group
 - To identify and clearly understand the problem
- 2. Ideation & Conceptualization
 - To overview existing scientific evidence and horizon scanning
 - · To flesh out possible solutions
 - To familiarize with existing guidelines and regulations
 - To define a theoretical foundation or framework
- 3. Funding
 - To secure financial resources necessary

RESEARCH & DEVELOPMENT

- 1. Proof of Concept
 - · To demonstrate idea viability
- 2. Prototype Creation
 - To design and develop a preliminary version of the technology
- 3. Testing & Iteration
 - To test and refine the prototype (usability, attractiveness, technical performance)
- 4. Regulatory Checks
 - To ensure compliance with relevant regulations (digital health technology vs. medical device)
- 5. Early Phase Value Framework
 - · Identification of value attributes
 - Early phase health-economic analysis
- 6. Critical Evaluation
 - Verification, analytical validation and clinical validation of the technology
- 7. Health Technology Assessment
 - Multidisciplinary evaluation across various aspects

LAUNCH & IMPLEMENTATION

- 1. Regulatory
 - To acquire approvals from relevant regulatory bodies
- 2. Financing & Reimbursement
 - To secure funding and ensure reimbursement for technology use
- 3. Marketing & Promotion
 - To create awareness and interest through targeted campaigns
- 4. Implementation in Healthcare
 - To integrate the technology into clinical settings with proper training
- 5. Real-world Evidence
 - To assess real-world effectiveness and implementation aspects of the technology
- 6. Iterative Improvement
 - To refine the technology based on feedback and real-world data
 - To consider scientific, regulatory and technical developments





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Engagement of medication users in the development and implementation of digital medication adherence technologies: a multi-stakeholder study

Dalma Hosszú^{a,b}, Alexandra L. Dima^{c,d,e}, Francisca Leiva Fernández^r, Marie Paule Schneider^{a,b}, Liset van Dijk^{i,l}, Krisztina Tóth^{a,b}, Mark Duman^l, Wendy Davis^m, Cristian Andriciuc^a, Rebecca Egan^a, Bernard Vrijens^{a,a}, Przemyslaw Kardas^a, Noemi Bitterman^a, Iva Mucalo^a, Cristina Mihaela Ghiciuc^a and Tamás Ágh^{a,v}



medical

pharm.

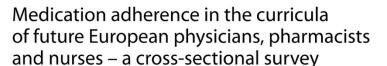
nursing

Are HCPs trained in medication adherence?

Gottlieb et al. BMC Medical Education (2025) 25:339 https://doi.org/10.1186/s12909-025-06909-1 **BMC Medical Education**

RESEARCH

Open Access





(n=82)(n=56)(n=58)The definition of adherence to medication 59 (72.8) 29 (52.0) 35 (60.3) The five categories of adherence determinants 55 (69.9) 28 (50.0) 24 (41.4) Patient-reported adherence assessment 61 (75.3) 41 (73.3) 29 (50.0) Manual pill count and electronic detection of package entry 48 (59.3) 25 (44.6) 20 (34.5) Electronic prescription and/or refill/dispensing data 57 (70.4) 25 (44.6) 16 (27.6) 37 (66.1) 29 (50.0) Medication Management 61 (75.3) Interprofessional collaboration and communication 47 (58.0) 21 (37.5) 24 (41.4) 54 (66.7) 31 (55.4) 35 (60.3) Patient provider communication 56 (69.1) 35 (62.5) 40 (69.0) Patient education 47 (58.0) 22 (39.3) 24 (41.4) Patient engagement 28 (34.6) Behaviour change techniques 12 (21.4) 12 (20.7) 20 (35.7) 14 (24.1) Digital tools for adherence support 41 (50.6) 32 (57.1) 27 (46.5) Economic impact 55 (67.1) Clinical impact 72 (87.8) 47 (83.9) 44 (75.9) Social impact 39 (48.2) 22 (39.3) 18 (31.0)

Teaching content reported (selected topics; count (%))









World Adherence Forum, Brussels, August 2024

→ Policy recommendations

CORRESPONDENCE · Volume 48, 101164, January 2025 · Open Access

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Leveraging digital medication adherence technologies to enhance sustainability of European health systems: ENABLE's key recommendations

Job F.M. van Boven ^a Mexandra L. Dima b,c,d · Björn Wettermark · Ines Potočnjak f,g · Tamás Ágh for the ENABLE collaborators i



THE LANCET Regional Health



Acknowledge

- Around 50% of medication is not taken as prescribed
- Medication non-adherence is associated with an estimated 200,000 deaths and a financial burden of €125 billion annually in Europe
- Enhancing medication adherence improves clinical outcomes, while reducing the financial and environmental burden on health systems

Inform

- Adoption of digital technologies can effectively support medication adherence and improve patients' health outcomes
- Innovative digital technologies foster communication and collaboration among healthcare professionals and patients, and should be made more accessible

Incentivise

- Increased investment and incentives to accelerate sustainable, cost-effective implementation of digital adherence technologies in health systems are necessary
- Digital adherence technology should be an integral part of clinical trials to support efficient drug development

Steer & support

- Data-driven European strategies to improve medication adherence are essential
- Reimbursement of effective digital adherence technology is critical to unlock their full potential of making health systems more efficient





The future of ENABLE

Cooperation Framework Agreement for the ENABLE COST Action Assets Management:

ENABLE Adherence Network & Innovation Hub

- cooperation between 22 organisations
- global reach
- 5 initial directions (working groups):
 - Raising awareness
 - Training
 - Research
 - Repository
 - Policy
- Leads: A.Dima (FAD); B. Wettermark (UU)
- 1st Steering Group meeting: 14 Oct 2026







































Vilnius

University















The future of ENABLE

- 3-year strategic plan with activities in the 5 WGs
- Yearly open call for membership (oganisational, +individual)
- Collaborations with other organisations active in medication adherence
- more information soon: mailing list & website updates
- → Join us to keep informed!









