November 20th, 2025

GSASA pharmaSuisse , 2025

University of Geneva

myCare Start in Switzerland – Commitment to change

myCare Start in der Schweiz – Engagement für Veränderung

myCare Start en Suisse – s'engager pour un changement

Marie Schneider
Unité d'adhésion thérapeutique et interprofessionnalité
Institut des Sciences Pharmaceutiques de Suisse Occidentale, Université de Genève
Directrice de pharma24, Genève

Research Partners

- University of Geneva, Switzerland
- University of Basel, Switzerland
- University of Lausanne, Switzerland
- University of Bern, Switzerland
- PharmaSuisse

*This research is funded by the Swiss National Science Foundation (SNF) and Commission fédérale de la qualité.

Prof. Marie P. Schneider
Responsable du projet,
Section des Sciences Pharmaceutiques
Institut des Sciences Pharmaceutiques de Suisse Occidentale (ISPSO), Directrice du centre de recherche du pharma24

Prof. Dagmar M. Haller, MD-PhD
Directrice de l'IuMFE (Institut universitaire de Médecine de Famille et de l'Enfance),
Co-directrice du Centre de médecine de premier recours UNIGE & HUG, Médecin de famille en cabinet médical et maison de santé

Dr. Sarah Serhal
Maître-Assistante,
Section des Sciences Pharmaceutiques
Institut des Sciences Pharmaceutiques de Suisse Occidentale (ISPSO)

Dr. Cédric Lanier
Médecin collaborateur (Institut universitaire de Médecine de Famille et de l'Enfance),
FMH en médecine interne générale, Médecin de famille en cabinet de groupe

Dr. Léa Solh Dost
Collaboratrice scientifique, Section des Sciences Pharmaceutiques, Institut des Sciences Pharmaceutiques de Suisse Occidentale (ISPSO) et pharma24

Mme Natascha Krauer
Doctorante, Section des Sciences Pharmaceutiques
Institut des Sciences Pharmaceutiques de Suisse Occidentale (ISPSO)

Dr. Sarah Rondeaux
Post-doctorante
Section des Sciences Pharmaceutiques
Institut des Sciences Pharmaceutiques de Suisse Occidentale (ISPSO)

Mme Ghita Benzakour
Facilitatrice, Section des Sciences Pharmaceutiques, Institut des Sciences Pharmaceutiques de Suisse Occidentale (ISPSO) et pharma24

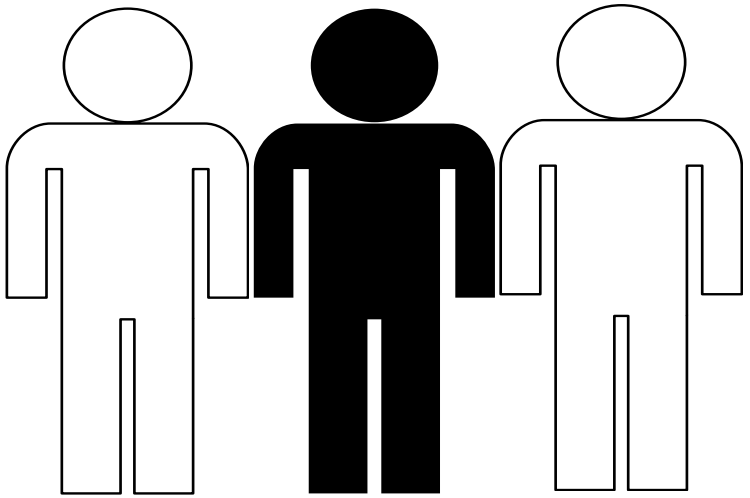
The core research team (health professionals)

Setting the Scene

1.

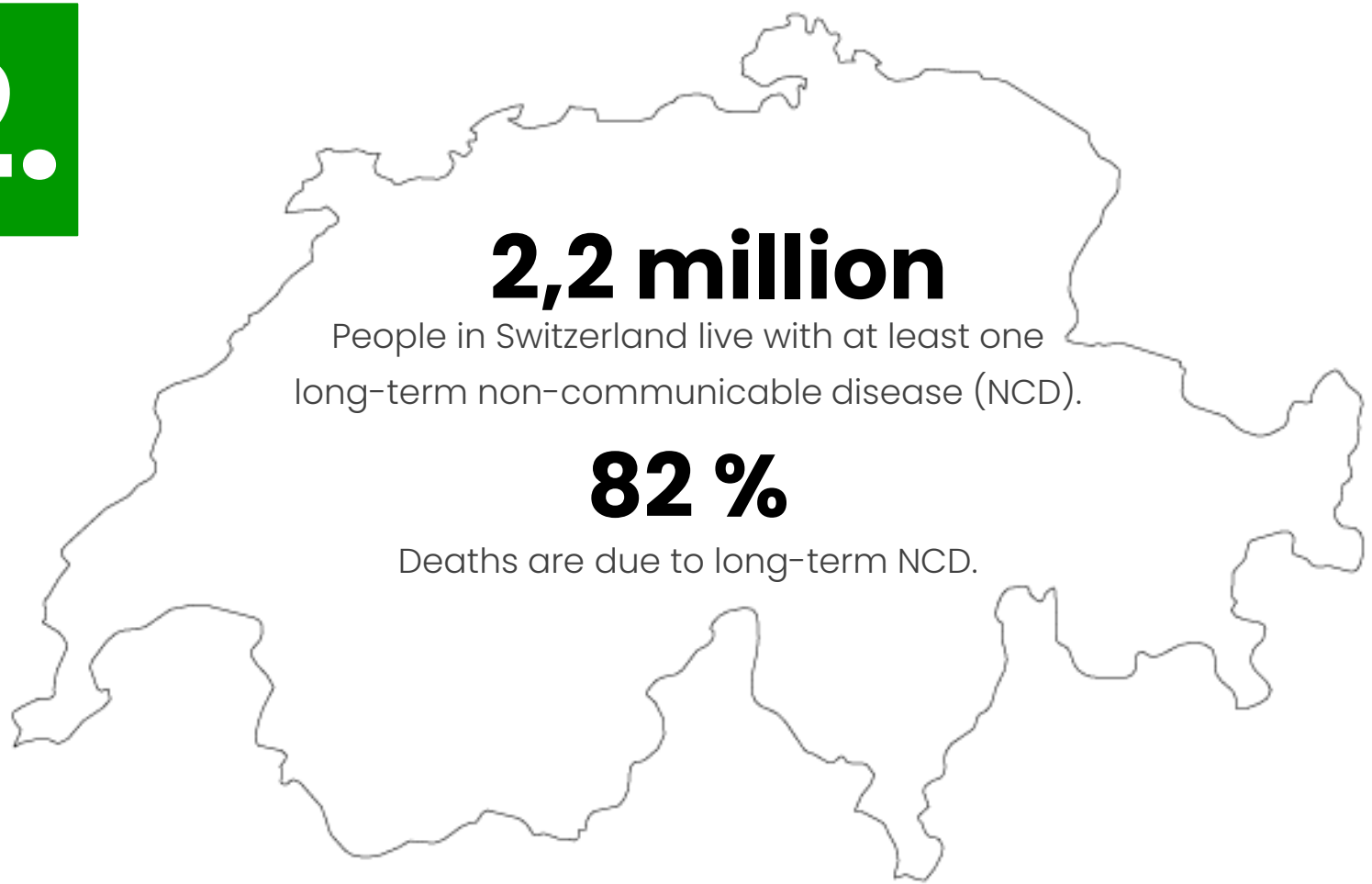
1 in 3

Adults report living with a long-standing illness. (OECD, 2021)



OECD (20221) https://www.Oecd.Org/en/topics/policy-issues/chronic-diseases.Html

2.



2,2 million

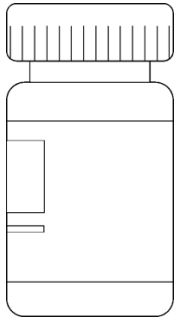
People in Switzerland live with at least one long-term non-communicable disease (NCD).

82 %

Deaths are due to long-term NCD.

https://ind.obsan.admin.ch/fr/indicator/monam/mortalite-liee-aux-mnt.

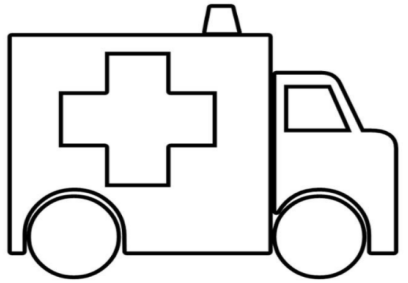
3.



When a patient is prescribed a new long-term treatment for a long-term condition.

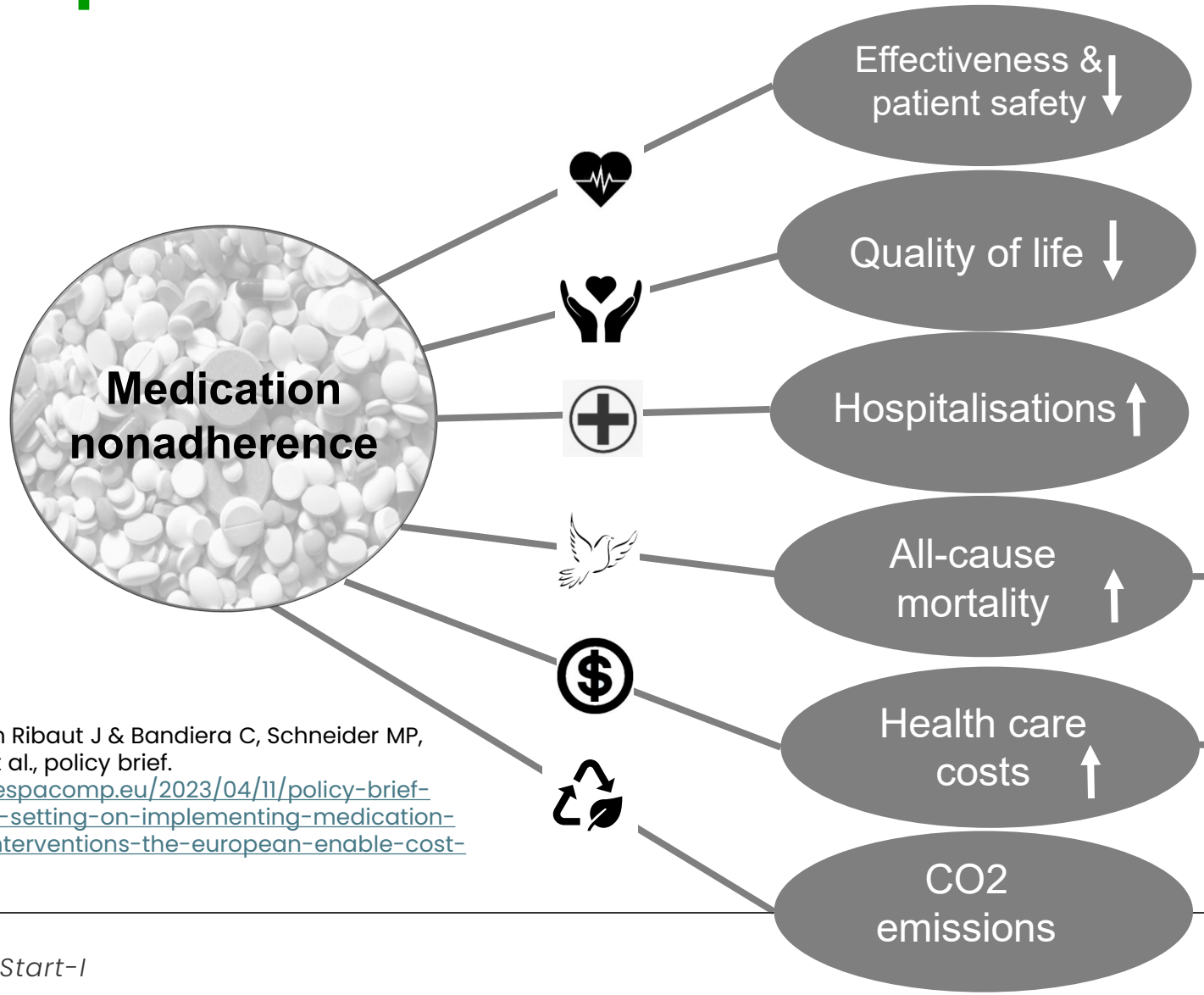
- Globally, **1 in 4** patients **do not have the medication dispensed or only once.**
- Amongst those that start taking medications **30-50 % are non-adherent.**

Poorer health outcomes
Decreased patient quality of life
Greater healthcare utilization
Financial burden on the individual and health system
Waste and environmental burden



Vrijens B, De Geest S et al (2012). Br J Clin Pharmacol.
Sabaté E (2003) Adherence to long-term therapies: evidence for action. Geneva: World Health Organization; 2003.

Consequences of medication nonadherence

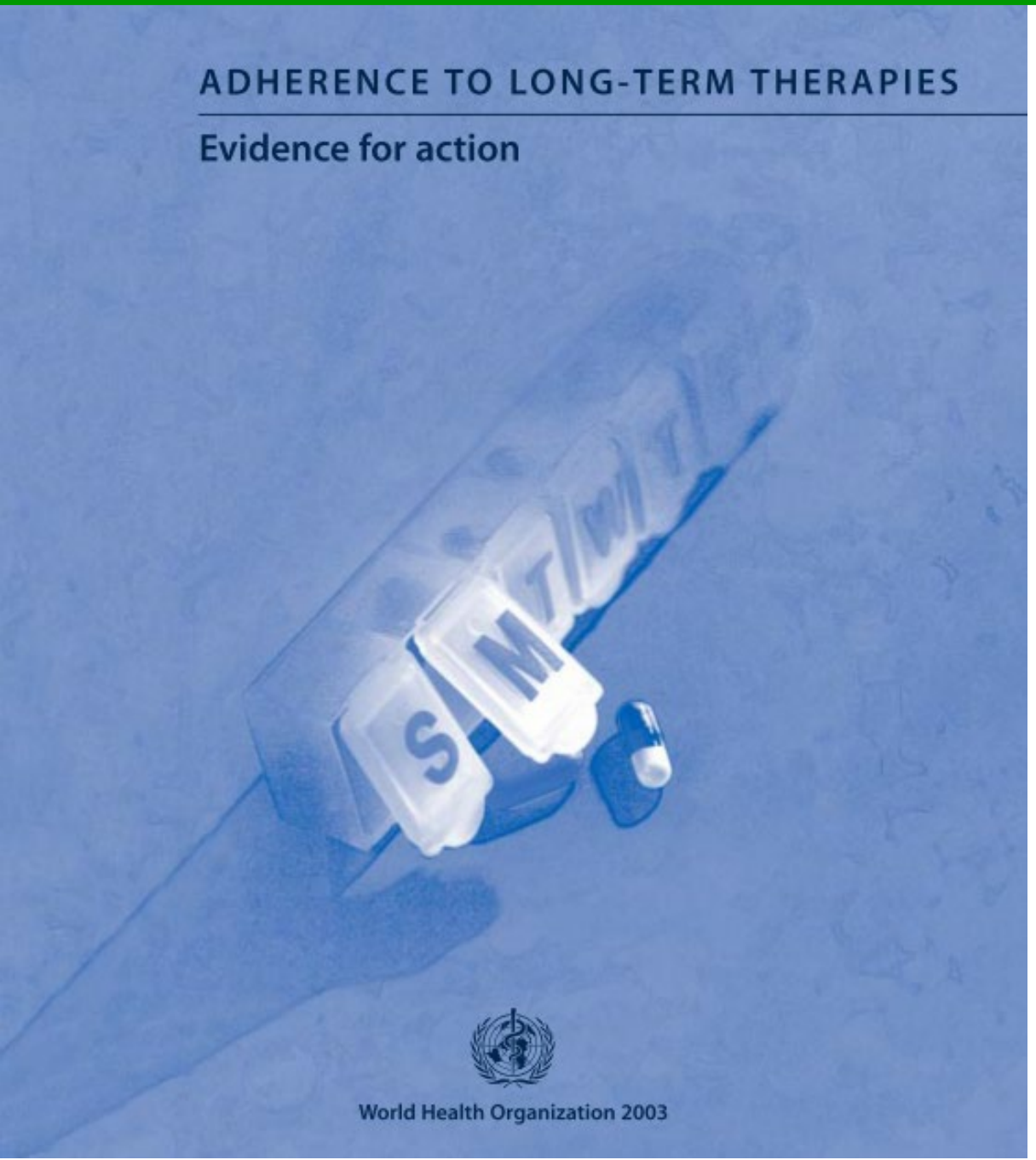


Silent epidemic

200'000 premature death in Europe per year (diabetes, hypertension, dyslipidemia)

125 billion Euros/yr in Europe
Khan et al. https://doi.org/10.1787/8178962c-en

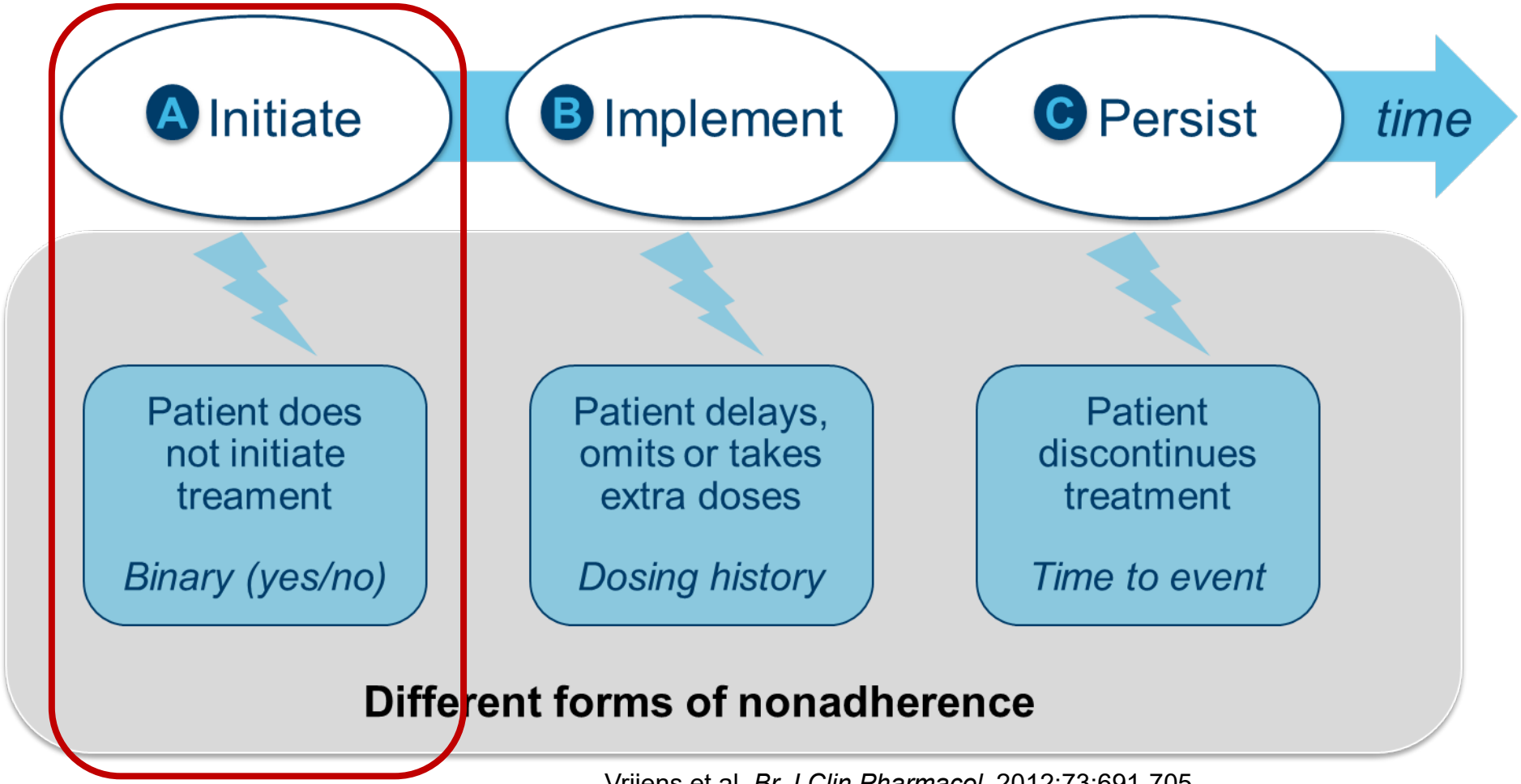
Adapted from Ribaut J & Bandiera C, Schneider MP, De Geest S, et al., policy brief. https://www.espacomp.eu/2023/04/11/policy-brief-swiss-priority-setting-on-implementing-medication-adherence-interventions-the-european-enable-cost-action/



"*Increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments*" (p.21)

What are we doing?

Medication adherence – Definition



Vrijens et al. *Br J Clin Pharmacol*. 2012;73:691-705

New Medicines Service (NMS)

- Originated in the UK
- 2x10 min interview between patient & pharmacists during the first 5 weeks of treatment
  - Effectiveness in 10-week trial 10% effect size
  - Long term overall reduced costs to health system

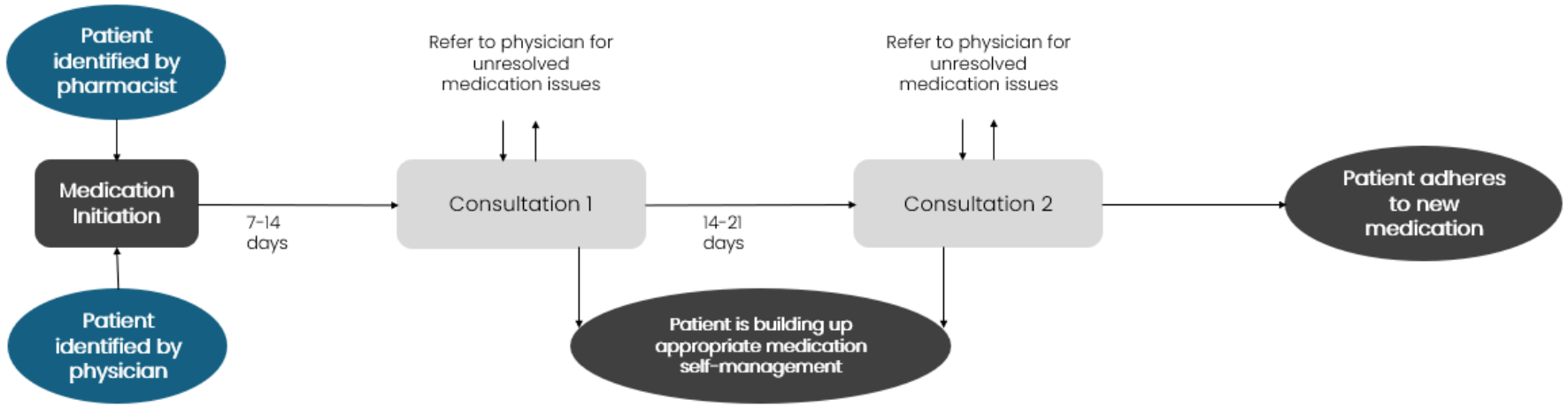
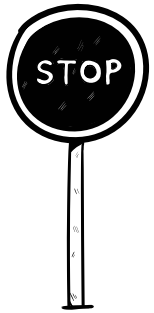


Figure 1. Service framework for UKs New Medicine Service (NMS)

Elliott RA, Boyd MJ, Salema N, et al. (2016) BMJ Quality & Safety.

Implementation challenges experienced highlight the need for adaptation for new contexts.



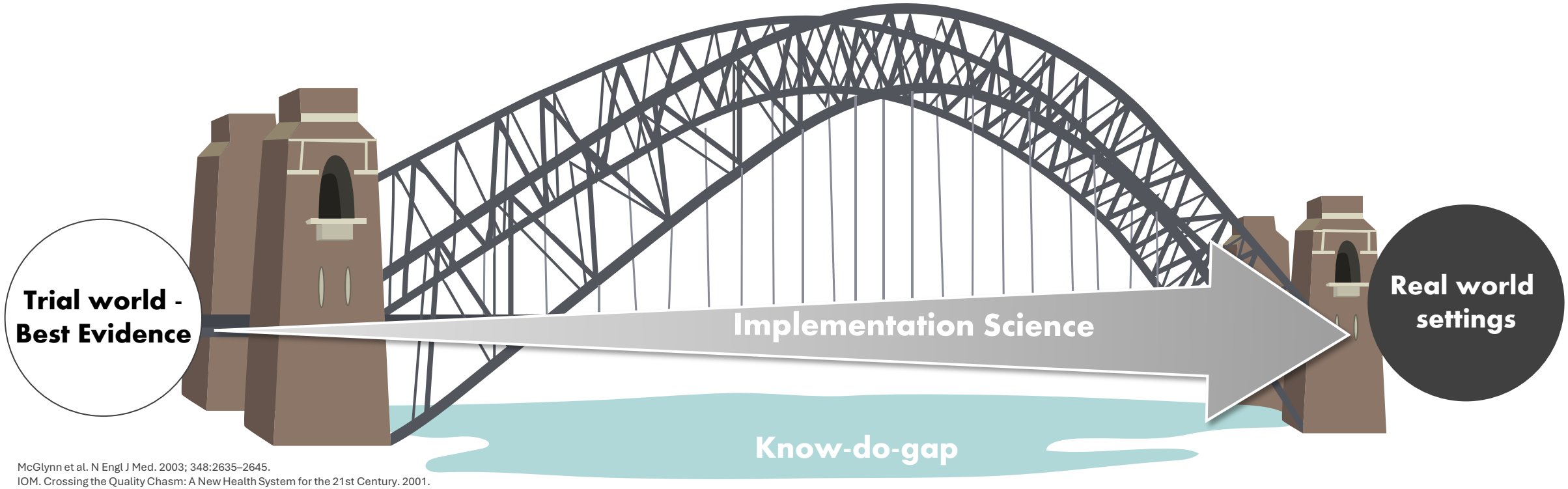
- Poorly developed pharmacist-physician relationships
- Patients not yet prepared for change of pharmacist's professional role
- Low patient uptake and reach
- Patient loss to follow up
- Lack of support strategies
- Poorly defined intervention

Figure 2. International expiation of the New Medicine Service (NMS)

Serhal S. et al. Publication in progress

Implementation science

Bridging the know-do gap between trial and real-world settings to **implement** and **sustain** evidence-based practices.



McGlynn et al. N Engl J Med. 2003; 348:2635–2645.
IOM. Crossing the Quality Chasm: A New Health System for the 21st Century. 2001.
Levine et al. JAMA Intern Med. 2016 ;176:1778–1790.

University of Basel
Faculty of Medicine
Department of Public Health
Pflegewissenschaft
Nursing Science
UNIVERSITÉ DE GENÈVE
FACULTÉ DES SCIENCES
ISPSO
INSTITUT DES SCIENCES PHARMACEUTIQUES DE SUISSE OCCIDENTALE
myCare Start

Implementation science…

Curran *Implementation Science Communications* (2020) 1:27
https://doi.org/10.1186/s43058-020-00001-z

Implementation Science Communications

DEBATE Open Access

Implementation science made too simple: a teaching tool

Geoffrey M. Curran[1,2]

Abstract

Background: The field of implementation science is growing and becoming more complex. When teaching new learners, providing a clear definition of implementation science and a description of "its place" among related fields can be difficult. The author developed a teaching tool using very simple language to help learners grasp key concepts in implementation science.

The teaching tool: The tool consists of a slide (visual aid) which provides simple and jargon-free definitions of implementation science, implementation strategies, and implementation outcomes, as well as a description of how implementation science relates to "effectiveness" research focusing on clinical/preventive interventions.

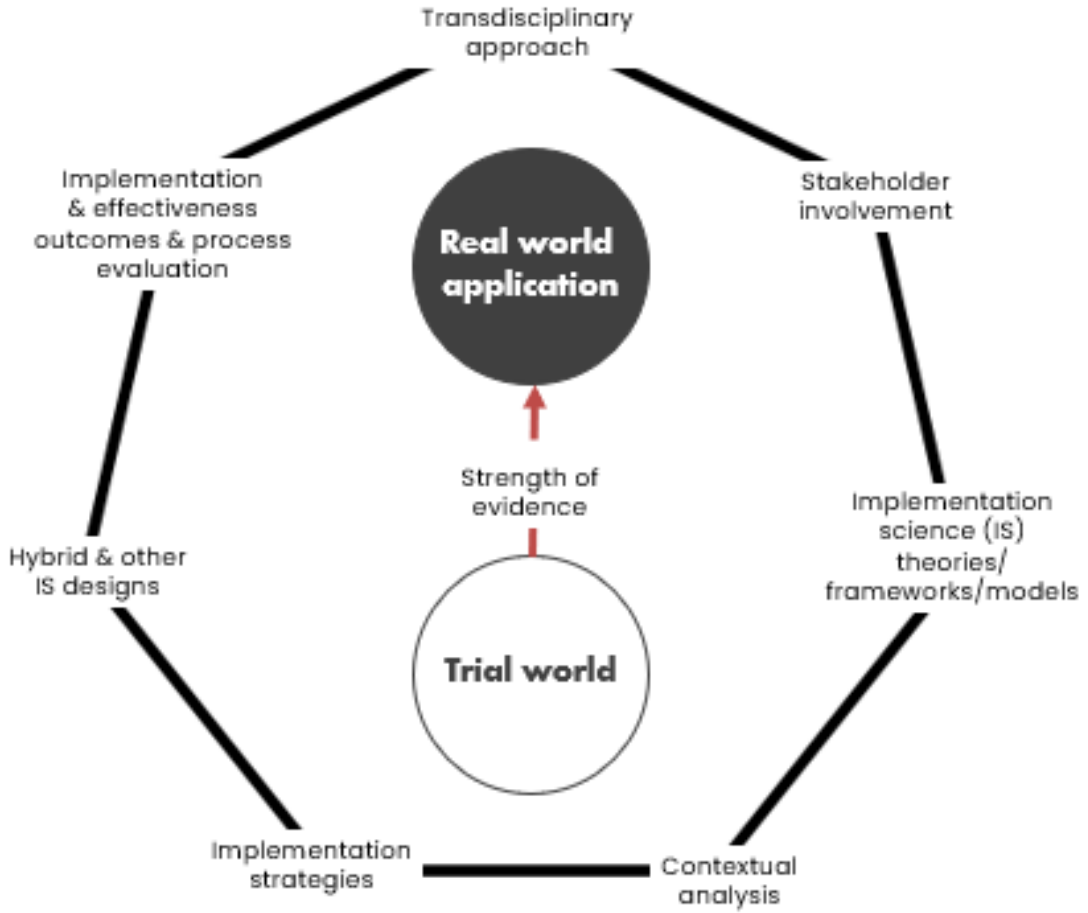
Conclusion: The tool could be useful to new students in the field, as well as other scholars or stakeholders in need of a brief and plain language introduction to key concepts in implementation science.

Keywords: Implementation science, Implementation strategies, Implementation outcomes, Education

When defining implementation science, some very non-scientific language can be helpful…

- The intervention/practice/innovation is **THE THING**
- *Effectiveness* research looks at whether **THE THING** works
- *Implementation* research looks at how best to help people/places **DO THE THING**
- Implementation strategies are the stuff we do to try to help people/places **DO THE THING**
- Main implementation outcomes are **HOW MUCH** and **HOW WELL** they **DO THE THING**

Seven essential elements for implementation success- The Basel Heptagon of Implementation Science



De Geest et al. Swiss Medical Weekly 2020

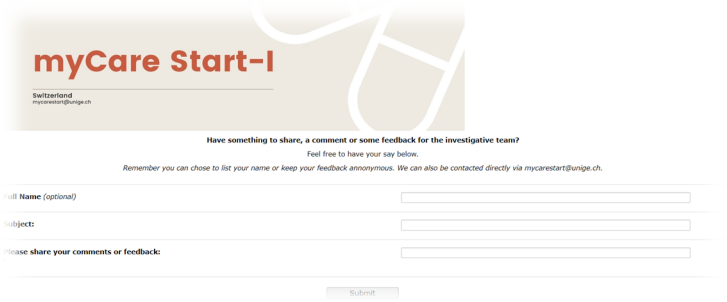
Objective of the myCare Start-Implementation Project

NMS → myCare Start

To adapt, implement and evaluate the NMS for Switzerland (myCare Start) to enhance medication adherence of patients commencing new long-term treatments.

1. **Build a community of stakeholders**

Stakeholder engagement strategies



Online anonymous feedback form

date	Start time	End time
23.10.2024	15:40	16:40

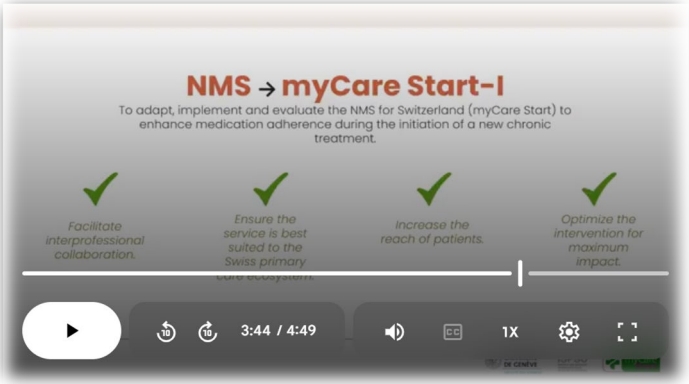
myCare Start-I co-creation

- Before reading this document, we recommend that you watch the introductory video sent to you by e-mail entitled *"Introduction to the myCare Start-Implementation"* to familiarise yourself with the reasons for and background to the project.
- Over the past three months, the myCare Start implementation project team has conducted joint development workshops and focus groups with patients, doctors and pharmacists to better understand how we can better adapt the myCare Start intervention to the Swiss context and develop implementation solutions that facilitate the delivery of the service in practice.
- Below we present the questions that were discussed in the focus groups and invite you to contribute your thoughts and questions.
- Your feedback as a stakeholder and expert in your field is very important to us.
- Don't forget to record the start and end times.

Written feedback forms

Newsletters (EN, DE, FR)

Stakeholder meetings (in-person, videoconference)



Short webinar videos (EN, DE, FR)

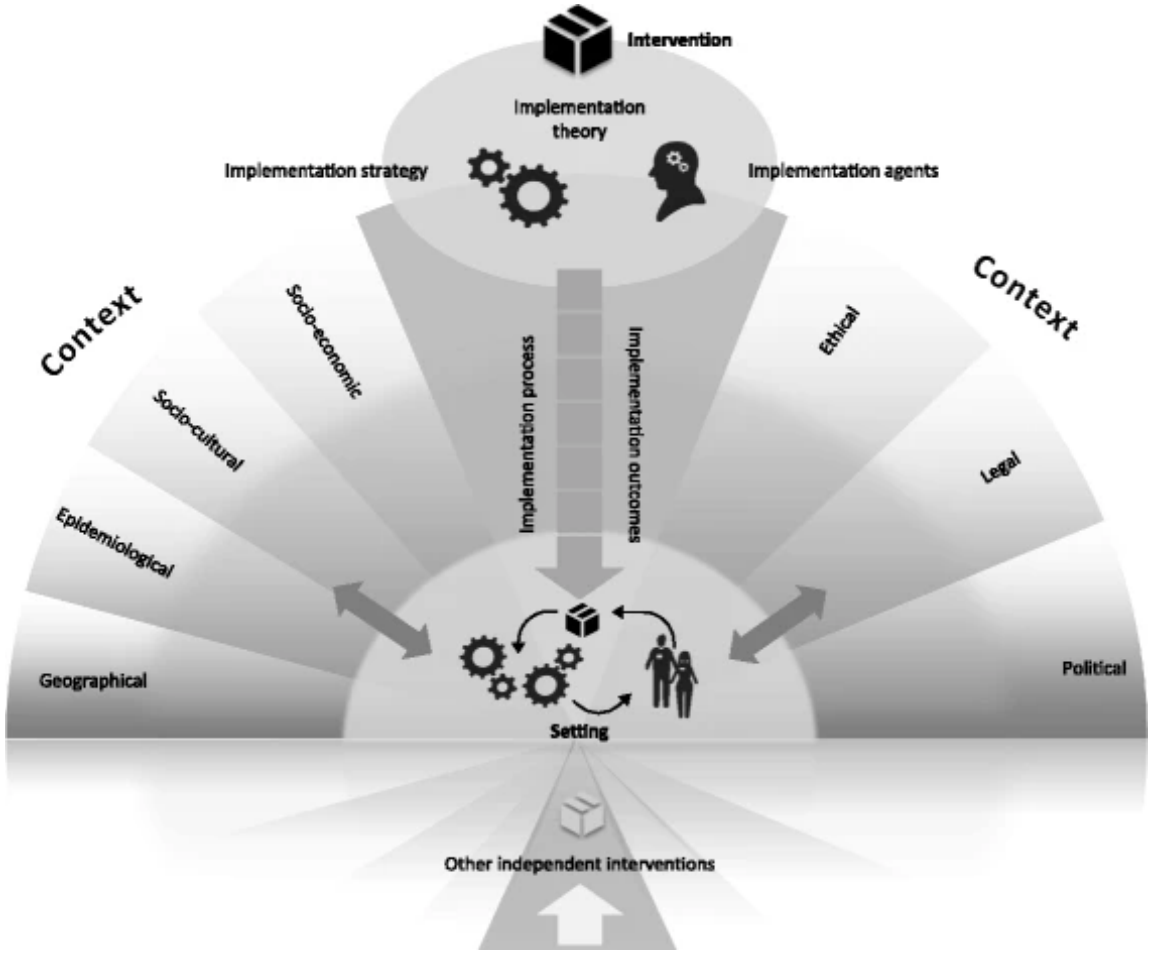
Objective of the myCare Start-Implementation Project

NMS → myCare Start

To adapt, implement and evaluate the NMS for Switzerland (myCare Start) to enhance medication adherence of patients commencing new long-term treatments.

1. Build a community of stakeholders	2. Better understood the context via a context analysis
✓	✓

Sixty-three distinct factors were identified as affecting the intervention design and implementation of the myCare Start Service in Switzerland.



Context and Implementation of Complex Interventions (CICI) framework (Pfadenhauer et al. 2017)

Serhal S. et al. Publication in progress

Meso level issues require attention in Switzerland: Interprofessional collaboration

*"So, clearly, I think that the doctor decides on the treatment. The pharmacist makes sure that the treatment is given correctly and taken correctly. So, these are two measures that are completely decisive in the success of a therapy. In this respect, I think that the two roles are truly **complementary**." (EE49, **pharmacist**)*

*"If the pharmacist supports the patient well and doesn't contradict what I've prescribed, then yes, I think it's a good thing…I might tell a patient: 'Go there, they'll explain everything clearly, and you'll feel reassured. If you have any doubts, they'll help you understand how to take your medication.' **That kind of support really reassures patients**." (AI81, **physician**).*

*"I have to say, I'm rather **sceptical**. (…) I mean, pharmacies already provide counselling whenever they dispense medication. (…) Pharmacies want to take on more responsibilities. (…) That's been a bit of a source of **tension** lately…"* (ML42, physician,)

Meso level issues require attention in Switzerland:
Patient perception of IPC

“I don't have a problem with that. No, on the contrary, I think it's good that they're both aware of what's going on. They ***complement*** *each other, depending on what we need.” (YH16, Patient)*

*“****I don't really see the point*** *if [the pharmacist] can communicate, yes, because if I need a medication or anything, he can call. But otherwise, I don't really see much point.” (PS35, Patient)*

Serhal S. et al. Publication in progress

Objective of the myCare Start-Implementation Project

NMS → myCare Start

To adapt, implement and evaluate the NMS for Switzerland (myCare Start) to enhance medication adherence of patients commencing new long-term treatments.

1. Build a community of stakeholders	2. Better understood the context via a context analysis	3. Optimise the intervention model using co-creation
✓	✓	✓

Objective of the myCare Start-Implementation Project

NMS → myCare Start

To adapt, implement and evaluate the NMS for Switzerland (myCare Start) to enhance medication adherence of patients commencing new long-term treatments.

1. Build a community of stakeholders	2. Better understood the context via a context analysis	3. Optimise the intervention model using co-creation	4. Planning the Implementation of myCare Start and Implementation Strategy Selection via Implementation Mapping
✓	✓	✓	

What's Next...

What's Next?

1. Build a community of stakeholders
2. Better understood the context via a context analysis
3. Optimise the intervention model using co-creation
4. Planning the Implementation of myCare Start and Implementation Strategy Selection via Implementation Mapping
5. Evaluate myCare Start via a Type II Hybrid implementation and effectiveness trial. Launched November 2025.

5. Methodology – Phase B

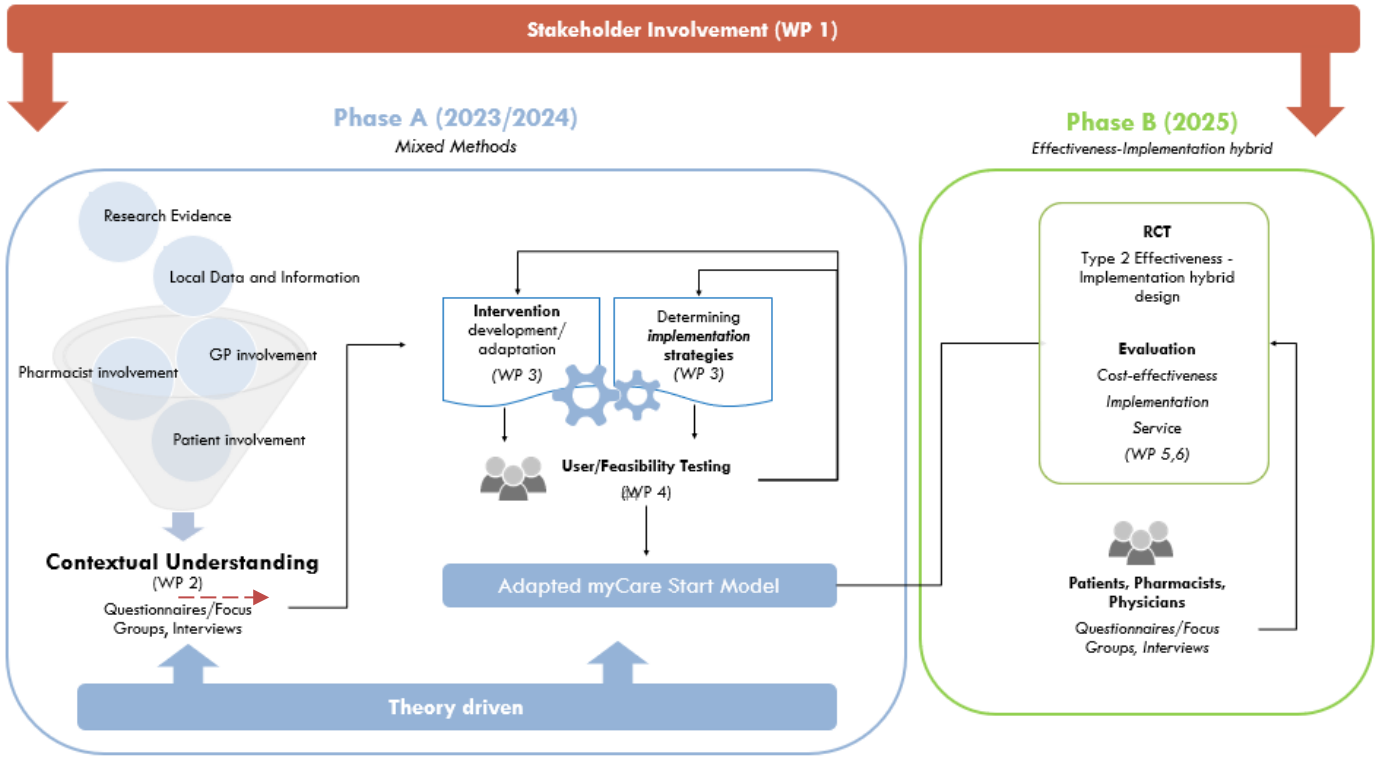


Figure 1. myCare Start – I: Implementation Plan

Phase B – WP 5,6: To implement and evaluate *(efficacy, implementation and cost-effectiveness)* a contextually adapted Swiss myCare Start intervention.

Study Design:
- Type II hybrid effectiveness-implementation trial
- Stepped-Wedge Design

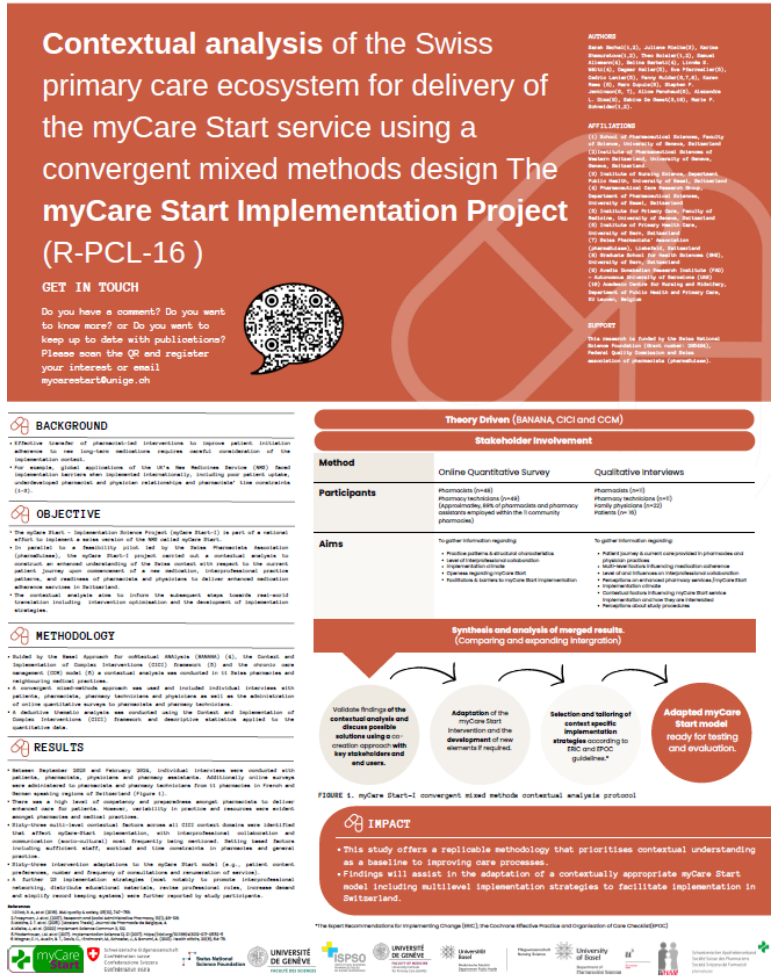
Setting:
- 36 Community Pharmacy and Physician Clusters – French and German-Speaking Regions of Switzerland.

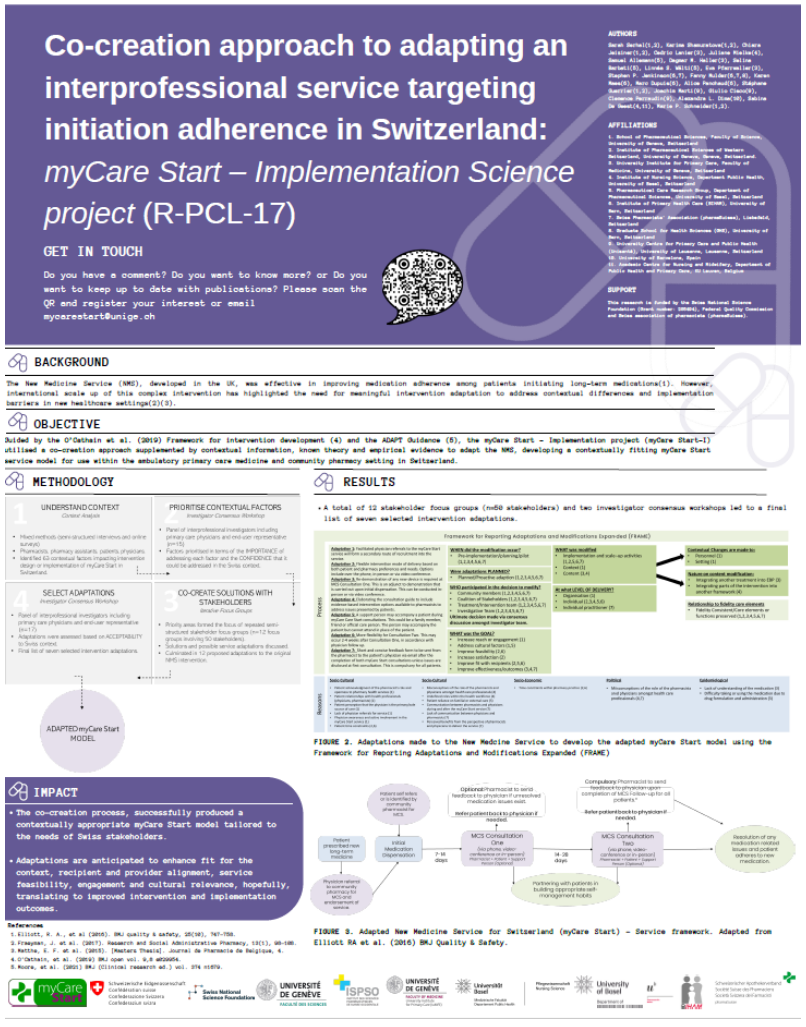
Start Date:
- November 2025.

Outcomes:
- Clinical Effectiveness (Medication adherence)
- Cost-Effectiveness (Short and Long-term)
- Implementation

Impact and Summary

- Adaptability across diverse pharmacy and primary care contexts whilst maintaining fidelity to the evidence-based components.
- Enhanced fit for context
- Replicable methodology through integration of implementation science, theory and stakeholder driven, community-based participatory research.





R-PCL-16 R-PCL-17 R-QUA-46

November 20th, 2025

GSASA-pharmaSuisse, 2025

University of Geneva

Have a comment? Want to know more? or want to keep up to date with publications?

Please scan the QR code and register your interest or email **mycarestart@unige.ch**

Thank you

Universität Zürich[UZH]

Institute for Implementation Science in Health Care

IMPACT
SWISS IMPLEMENTATION SCIENCE NETWORK

- **4th Swiss Implementation Science Conference**

True IMPACT – providing innovation for patients and the public

12–13 February 2026 at University of Zurich

Abstract submission is open (until 1st. Sept)

Night owl registration is open

Keynote speakers:

Prof. Roman Kislov, Professor of Health Policy and Management, Manchester Metropolitan University
Prof. Catherine Decouttere, Director at Access-To-Medicines Research Centre, Director at KU Leuven One Health Institute
Dr. David Chambers, Deputy Director for Implementation Science, NCI US