March 2023
WORKING GROUP MEETING AGENDA: Adherence

Meeting details	
Location	Lisboa Marriott Hotel (Berlin B-room) + MS Teams
Meeting date	16rd March
Meeting time	13:00 WET
Chair(s)	Sinthia Bosnic-Anticevich
Attendees	Therese Lapperre Joan S Soriano Nicolas Roche Dermot Ryan Rinat Ribalov (TEVA) Trung Tran (AZ) Ioana Agache (EAACI) Xavier Jaumar (Novartis) Alan Igapuan (FPACC) Valeria Perugini
Objectives	
1	Update on current projects

Items	
Update on current projects	Sinthia provided an update on the Scoping project, which includes the preparation of two manuscripts. **1-Scoping reviews Phase I: Adherence in chronic respiratory conditions: closing the gap between real-world practice and digital solutions: a narrative review of what is known and what we still need to work out.** Phase 1 aims to identify the (i) main components of successful adherence by defining those that can be met with novel technologies and (ii) gaps that still need to be filled if we are to solve the long-standing issue of adherence in chronic respiratory disease management. The review is on medications only used by adults with asthma and-or COPD. It excludes protocols, abstracts, case studies, and perceptions of digital technology unless specific to adherence monitoring and management, and also studies unspecific to asthma or COPD but combined with other respiratory chronic diseases. The WG members discussed the study plan and commented on the idea of including paediatrics in the study to assess the current tools used by adults and their likely adaptation from children. Also, they proposed to investigate the current and emerging digital technologies and how these are related to adherence by ultimately providing opportunities for such technologies to be successful and-or promoting strategies that can be implemented for developing new

technologies using real-world evidence to either conceptualise more personalised medicine or generalise the concept of adherence for all subjects with COPD and-or asthma.

2- SCOPING PROJECT - Phase II: Assessing Adherence Strategies in Respiratory Guidelines while Making Recommendations for Further Guideline Development.

The objectives of Phase 2, defined after reviewing a few research papers published last year, are on current methods used to measure and monitor adherence and common barriers to adherence for respiratory diseases and its advocacy in guidelines. Achieving good adherence is a complex process that involves the implementation and persistence of a treatment plan, which can be compromised by a lack of communication among healthcare sectors (e.g., GP is often unknown if a pharmacist has prescribed a medication to a subject with COPD and-or asthma). In addition, inhaled medications tend to be expensive for patients that often are forced to choose where to allocate their financial resources each month among other medical and daily living needs.

The WG members also commented that despite recommendations provided by guidelines, the process of administering inhaled medications/therapies and ensuring proper usage by patients is mainly inconsistent and unclear. This raises a technical challenge for patients, discussed and agreed upon by all WG members, and highlights the importance of good communication surrounding medication plans, especially with 1/2 care teams.

Before the WG meeting ended, the members of the adherence working group were asked to list the questions that they would like to see answered in terms of adherence. The premise, of this discussion was based on the key areas that are being covered in the adherence reviews. Below the collective questions raised are listed, under 2 themes: technology related, user related (patient related and HCP related).

Technology related:

1. What are the challenges we face with adherence in asthma and COPD? What are the gaps? Which of these gaps could be addressed by digital technology?
2. For which of these gaps do we have some digital technology available or in development?
3. Do we have data on the real-life yield of this technology?
4. What are the challenges in the real-life use of this technology (barriers)?
5. How do we ensure that apps are patient friendly?
6. What is the evidence that a significant increase in adherence can result in improvement of outcomes?
7. How to integrate digital solutions in our hospital, pharmacy, GP systems -> which data are really needed?
8. What is the cost-effectiveness of apps?
9. Need validation of adherence thresholds?

	10. Need personalised pathways for patients which can come from the availability of app data? *User related*: 1. How can we address these challenges? (platforms/motivation/reinforcement/other technology/care pathways/case managers…) 2. How do we engage the patient in use of and adherence to an app? 3. What do we need to tailor the expectations of patients and HCPs created by an app to reality? 4. How do the doctor patient pharmacist fit together – how do we ensure that all HCPs are involved? 5. How can the doctor interact with any data from apps? live data or summary or alerts? 6. What is the impact of age or gender on app use? 7. What should the doctor do to improve adherence? · Doctor behaviour · Pharmacist behaviour · Patient behaviour 8. How can patient interaction with their digital technology be rewarded? 9. What is the best way to deal with alerts? 10. How can pharmacy data be used in interactions with the patient? 11. What is the HCP role in patient adherence and apps? 12. What are the HCPs perceptions of adherence and apps? 13. Why is it that when I first start treating patients and they have improvement, they come back a year later with poor control again? Why do they stop taking medications? 14. Does a daily reminder to take their medication actually make a patient feel worse because it reminds them of their disease? 15. How can we empower patients to be adherent – feeling more in charge of how they manage their disease is something many like. 16. From the doctor perspective, what would the doctor need to do to increase patient adherence, identify barriers? How does the quality of the app play into this? *Other questions:* 17. What treatable Traits exist to improve adherence? 18. Should a personalised adherence approach in asthma and OCPD be similar. 19. What level of adherence should we be aiming for? 20. What are the different factors that drive adherence? 21. Are their difference in adherence pre covid and post covid? 22. Why do patients not use their inhaler and not have correct technique? Do they not get instructions? Is the follow up too infrequent? ACTION: Finalising the two manuscripts.