



OBJECTIVE

- To create a comprehensive framework for the development and implementation of digital medication adherence technologies (DMATech), focusing on critical stages where engagement of medication users (MUs) adds significant value

METHODS

- Task 1. Development of a comprehensive framework outlining the key stages of developing and implementing DMATechs
 - Targeted literature review
 - Iterative process by a group of 7 adherence/DMATech experts
- Task 2. Mapping MU engagement opportunities in developing and implementing DMATechs
 - One-day, in-person workshop with patient representatives, and adherence experts in Budapest, Hungary, on November 29, 2023
 - Selecting framework phases could benefit from MUs engagement
 - Suggesting potential types and modes of MUs engagement
 - Rating the importance of each step in the framework using a Likert scale ranging from 1 for 'Not at all important' to 5 for 'Very important'
 - Nominal group technique was used to facilitate discussion and reach consensus
 - Data analysis
 - A step with an average ranking score of ≥ 4.0 was considered a high-importance step.
 - The interquartile range (IQR) was employed to assess consensus strength on these ratings, with an $IQR > 1$ indicating a lack of consensus
 - Differences between the ratings of the patient representatives and experts were tested with the Mann-Whitney U test

RESULTS

- The DMATech framework included three phases: 'Innovation', 'Research and Development', and 'Launch and Implementation', each encompassing multiple steps (**Figure 1**)
- The attendees included five patient representatives and nine adherence experts from various regions (Europe, North America, and Middle East)
- Identified crucial phases for MU input: context analysis, ideation, proof of concept, prototype creation, DMATech's iteration, critical evaluation, healthcare implementation, real-world assessment, and improvement (**Figure 2**)
- There was a divergence of consensus regarding the importance of MUs engagement in regulatory, financial, and marketing aspects (**Figure 2**)
- The ratings given by patient representatives and adherence experts showed no statistical differences for any of the framework's steps
- Participants concluded that it is not feasible to propose general recommendations for types and modes for MU engagement; instead, their assessments must be conducted on a case-by-case basis

Figure 1. DMATech blueprint: from idea to implementation in healthcare

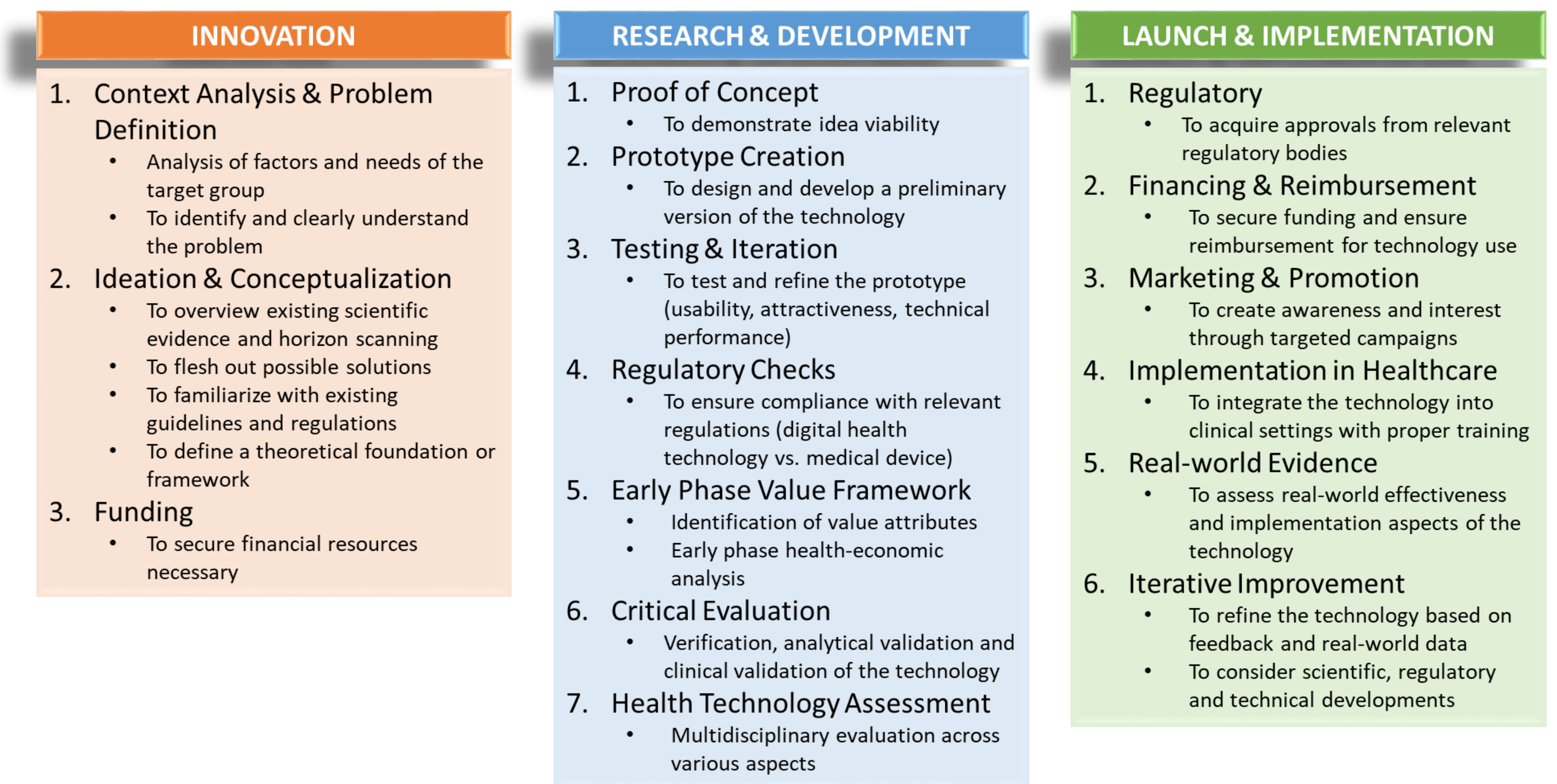
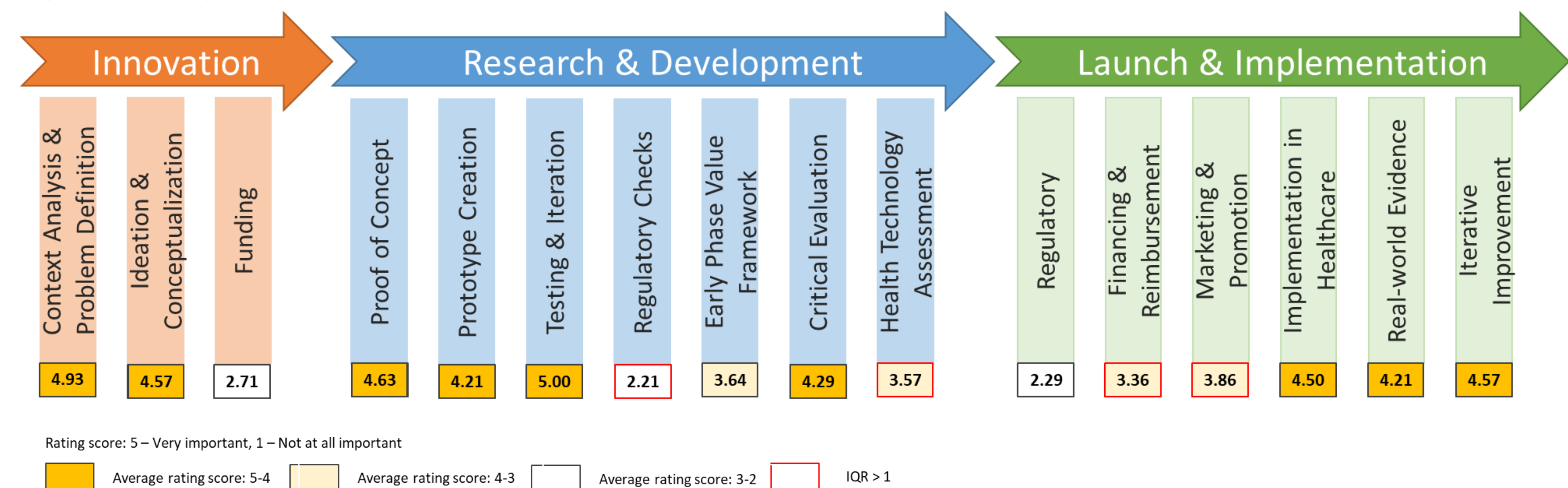


Figure 2. Ratings of development and implementation steps of DMATech



CONCLUSIONS

- The observed divergence in consensus regarding the importance of MUs engagement in regulatory, financial and marketing steps highlights the need for targeted educational programs to address potential knowledge gaps
- Future research could explore innovative methods for engaging MUs, tailoring input mechanisms to specific user needs

FUNDING

- This research is based upon work from COST Action CA19132 “ENABLE,” funded by COST (European Cooperation in Science and Technology)
- The funder had no role in the study design, data collection, analysis and interpretation, or preparation of the manuscript