

Feasibility and preliminary assessment of an interdisciplinary medication management service in Germany (ARMIN)

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Background Since July 2016, an interdisciplinary medication management (MM) service conducted by physicians (GPs) and pharmacists is offered within the project ARMIN. The overall aim is to improve both the effectiveness and safety of pharmacotherapy. To exchange information on patient's medication and drug-related problems a standardized medication plan (MP) is generated in the local software systems of both health care professionals (HCP) and exchanged via a central server.

Purpose The concept was piloted to evaluate this service including processes as well as the electronic exchange of the MP.

Method Twelve teams consisting of each one GP practice and one community pharmacy were involved with the aim to recruit approx. 10 patients each. The HCP were asked to fill in a questionnaire on (1) motivation to participate in the project, (2) estimated benefit of the service, (3) use of the software to generate the MP, and (4) completeness and understandability of the MP. Additionally, pharmacists and physicians were invited to participate in a workshop to discuss the new MM process as well as the interprofessional collaboration.

Findings Ten questionnaires filled by GPs and 8 by pharmacies were available for evaluation (response rates: 83.3% and 66.7%, respectively). During the workshop 11 teams were represented. Both HCP mentioned less adverse drug events as the main motivation to participate in the project. Additionally, GPs referred to the remuneration and saving of time and pharmacists indicated the introduction of a new pharmaceutical service and the option to contribute to medication safety in general as important reasons. Overall, the HCP appreciated that the MM process itself as well as that the distinct responsibilities were clearly defined. The initial brown bag analysis by the pharmacist was feasible and appreciated by the physicians since they could gain additional information. Approx. 75% of the HCP considered the generated MP to be complete and approx. 80% estimated that patients understood their MP. The interdisciplinary collaboration was valued by both HCP. In this early stage of implementation, technical problems with the server and local software were the main topics in the communication.

Conclusion Preliminary results from this pilot evaluation suggest that the process and shared but distinct responsibilities are appreciated by both groups. Technical problems have been identified as a challenge. Nevertheless, implementation in the local software is regarded as a precondition to offer the service in daily routine. Therefore, optimization of the software is needed in order to facilitate implementation of the service.