Experiences of pharmacists, general practitioners, geriatricians and patients with externally evaluated clinical medication reviews

Willeboordse 1

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Background In order to facilitate implementation in the recently performed Opti-Med randomized controlled trial (RCT) in a primary care population of older patients GP patients were electronically selected and medication analyses were conducted by external expert teams using an electronic evaluation tool on the basis of the START/STOPP criteria. Within the Optimed cluster RCT on the usefulness of clinical medication reviews (CMRs) conducted by teams of external evaluators in older (>65 yr) general practice patients, a process evaluation was performed.

Purpose To gain more insight into: 1. Appreciation of and experience with this particular method of conducting a CMR, 2. Implementation of the intervention, 3. Factors contributing to successful implementation or failure, 4. Ideas to implement this method of conducting CMR in clinical practice.

Method Focus group discussion with seven evaluators (including general practitioners [GPs], geriatricians and pharmacists). Interviews with eight GPs who used the results of a CMR in discussions with their patients aimed to optimize their medication. Patients who discussed their medication with their GP following a CMR (n=276) gave their opinion on their part of the CMR intervention by completing a short questionnaire.

Findings Collaboration between the evaluators was perceived as very good. The complementary knowledge of each team was considered an advantage while evaluators felt more confident in making important decisions. When conducting CMRs in very old patients geriatricians were found to apply guideline recommendations more critically than GPs. Interviewed GPs found the intervention efficient and useful. Benefits of external recommendations following a CMR included their objectivity, quality and structure. Disadvantages: the recommendations were not always useful since they were based on incomplete data, or because they had already been tried. Despite agreement on the necessity to conduct CMRs and prioritization, there was no consensus on the optimal procedure and which group of elderly patients should be targeted. Collaboration between GPs and geriatricians was valued. Lack of time and of ICT facilities and the occasional incompleteness medical records were considered main obstacles. In approximately 90% of patients CMR recommendations to optimize medication were discussed with GPs, 72% of patients found these conversations (very) useful and 82% indicated that they could ask all questions they wished.

Conclusion All health care workers involved reported to have mostly positive experiences with the Opti-Med research project and the medication of nearly all patients who participated was reviewed according to the study plan. There was considerable support to implement the Opti-Med intervention in clinical practice.