Pilot study on implementing clinical medication review in daily GP and pharmacy practice using pharmacotherapeutic audit meetings

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Background Since 2012 the Dutch multidisciplinary guideline ‘Polypharmacy in older patients?’ recommends that clinical medication reviews (CMRs) are performed on a regular basis. However, in 2014 it appeared that the number of CMRs actually performed was still very limited. The most important impediments for CMR implementation are a lack of arrangements between pharmacists and general practitioners (GPs) and limited time and resources.

Purpose To enhance CMR implementation in daily practice by using pharmacotherapeutic audit meetings (PTAMs) and increase the number of proposed interventions actually implemented by reducing the CMR time investment and improving the cooperation between pharmacists and GPs. The development and use of a roadmap to implement the approach in PTAM-groups and disseminate the method among colleagues.

Method Using a well-established collaboration structure a pilot was conducted in one PTAM group in Amstelveen (3 pharmacies/8 GP practices). The roadmap was implemented in three successive PTAM sessions. Pharmacists and GPs were partnered and instructed to plan regular meetings to jointly perform the pharmacotherapeutical analyses (PA) and draft treatment plans. Quantitative measurements: number of intervention proposals actually implemented and number of (potential) DRPs before and after the introduction of the collaborative approach (pretest-posttest). Qualitative measurements: adoption of the method and implementation of the roadmap was investigated using semi-structured interviews.

Findings The approach was quantitatively assessed in 1 pharmacy with 3 GPs. Outcomes: percentage of interventions implemented between October 2013-October 2014 ([P1]; n=52): 59.9%; between October 2014-March 2015 ([P2]; n=18): 94.8%. Percentage of interventions implemented as proposed P1: 29.3%; percentage P2: 60.3%. The percentage of interventions implemented differently remained similar (P1: 30.6%; P2: 34.5%). Three (potential) DRPs (median) were identified per patient in both P1 and P2. Five pharmacists and 2 GPs were interviewed. They considered the roadmap and accompanying materials useful and were very positive about both the collaborative approach and the use of complementary knowledge in making the PAs. Points of improvements were the limited follow-up and monitoring of the process. Pharmacy technicians hardly contributed to the CMR process. This could be attributed to the time needed to specifically train technicians.

Conclusion The use of the collaborative approach resulted in a higher percentage of implemented interventions while pharmacists and GPs were pleased with the roadmap. However, the roadmap needs to be adapted to give more attention to monitoring the CMR process and implementing follow-up actions. The impact of the approach on time investment needs to be evaluated as well as the use of pharmacy technicians.