

# Literature Review: Patients? and doctors? experiences with Medication Reviews in Community Pharmacies ? an application of the Consolidated Framework for Implementation Research (CFIR)

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**Background** Medication reviews (MRs) aim at optimising medicines use and improving health outcomes. Despite encouraging literature reports their implementation differs between countries. Identifying patients? and doctors? experiences with and attitudes towards MRs can inform further implementation of MRs in community pharmacies.

**Purpose** To critically appraise, synthesise and present the evidence on patients? and doctors? experiences with and attitudes towards MRs in community pharmacies using the Consolidated Framework for Implementation Research (CFIR). To identify experiences with MRs and to determine barriers and facilitators for the implementation of MRs in community pharmacies.

**Method** This literature review is part of a larger systematic review of four databases (MEDLINE, Scopus, CINAHL, IPA), which was conducted with key search terms related to [implementation, pharmacy, medication review, facilitator, barrier]. Included were primary research items published in English, Spanish or German from 2004 onward.

Participants (reported here): patients, doctors; Setting: community pharmacy; Intervention: MR according to PCNE definition; Outcomes: experiences, views, beliefs, attitudes. All steps of screening, data extraction, mapping against the CFIR and quality assessment were carried out independently by two team members. Synthesis of findings was performed and presented according to the CFIR constructs.

**Findings** Out of 909 identified records 6 studies from 4 countries are included here. Apart from remuneration and policy issues valuable insights from the outer setting concerned the nature and degree of the collaboration between pharmacists and doctors, which was considered crucial for successful implementation by doctors and patients. Doctors predicted higher acceptance of MRs if they could select the patients or if patient eligibility criteria were agreed beforehand. The relative advantage of MRs compared to usual care was acknowledged by both stakeholder groups. However, doctors criticised overly complex documentation and patients preferred more flexible MR-delivery schemes. Patients who had experienced MRs were highly satisfied with the service and thought it was helpful. Yet, not knowing what to expect, some patient groups, especially deprived patients, were difficult to engage. Patients recommended national publicity campaigns to increase awareness for MRs in the general public.

**Conclusion** The CFIR provided a clear structure for experiences, barriers and facilitators to MR-implementation. Despite most patients? and some doctors? appreciation of MRs and perceived patient benefit, issues persist with engaging patients and doctors positively. Further research is needed to explore the reasons therefore and to develop strategies to overcome barriers.