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# Patients' and doctors' experiences with medication reviews: a literature review using the CFIR.

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# Patients' and doctors' experiences with Medication Reviews - A Literature Review using the CFIR

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## INTRODUCTION

Medication reviews (MRs) aim at optimising medicines use and improving health outcomes. Despite encouraging literature reports their implementation differs between countries. Ultimately, only interventions will succeed that are accepted by all involved stakeholders. Identifying stakeholders' experiences with and attitudes towards MRs can inform further implementation of MRs in community pharmacies.

## AIM

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) [1].

## 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 [2]

**Outcomes:** experiences, views, beliefs, attitudes. Data extraction, mapping against the CFIR and quality assessment were carried out by two independent researchers. Synthesis of findings was presented according to the

**Protocol** registered with PROSPERO:



## RESULTS

- Out of 909 identified records 6 studies from 4 countries (Germany, Spain, UK, New Zealand) were included here [3-8]
- Several influences presented both as barrier or facilitator depending on their presence or absence

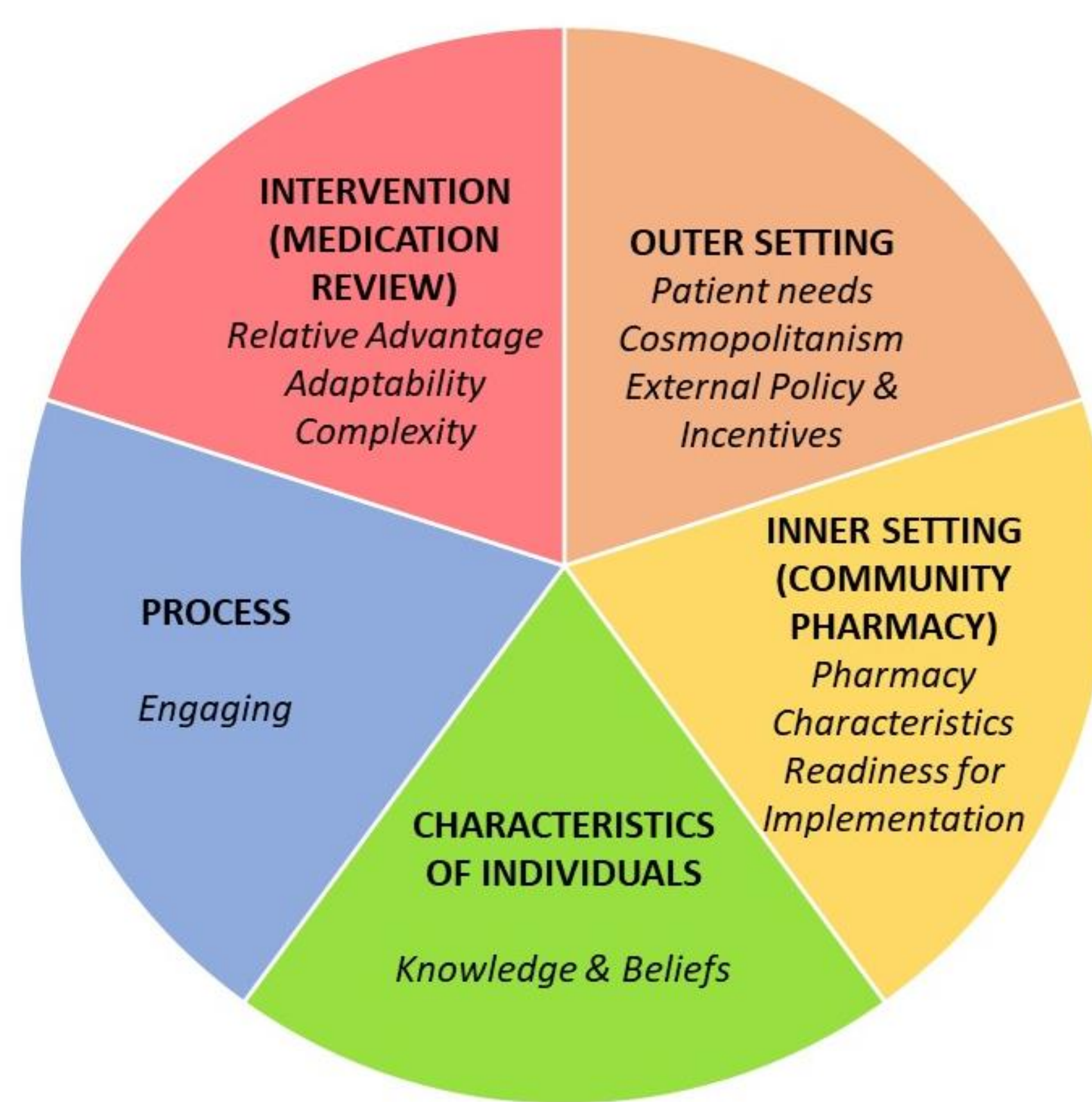


Figure 1 An adapted illustration of the Consolidated Framework for Implementation Research (CFIR) [1] showing the five domains with the constructs relevant to this research.

"Pages of information and having to hunt for unhelpful advice ..." [4]

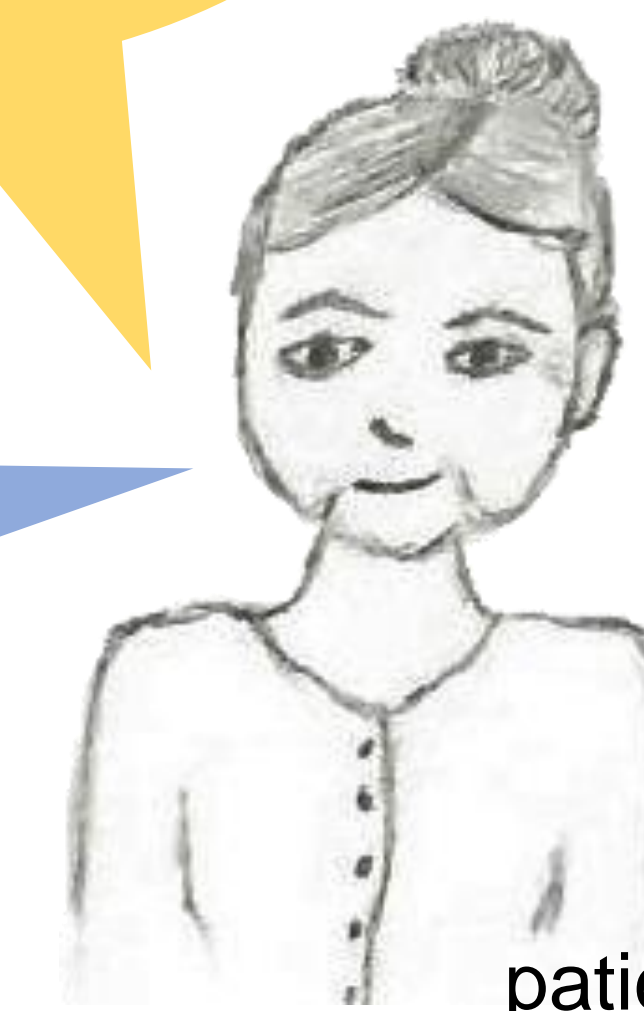
"I know how useful it was in the hospital [...] and it should be useful in the community too [...]" [5]

"[The owner] is the key factor. If this fails, nothing will help. If the boss says, no I am not investing... he is the driving force." [7]



"I am not telling my GP these things, I am telling my pharmacist." [7]

"I don't know why I said yes. I think she threw me a bit so I just said yes automatically and had no idea what was coming." [8]



### Doctors...

- said acceptance of MRs would be higher if they selected the patients (**CFIR-construct: adaptability**)
- viewed complex documentation as a barrier (**adaptability**)
- held mixed views about MRs and were sometimes reluctant to get engaged (**engaging stakeholders**)
- nature and degree of collaboration between pharmacists and doctors was crucial to success (**cosmopolitanism**)

### Patients...

- preferred flexible MRs tailored to their needs (**adaptability**)
- thought that leadership engagement (of owners) was key (**readiness for implementation**)
- were highly satisfied with the service and thought it was helpful (**patient needs**)
- recommended national publicity to raise awareness of MRs (**external policy**)
- some patient groups, especially deprived patients, were difficult to engage (**engaging stakeholders**)

**Patients and doctors** acknowledged the **relative advantage** of MRs compared to usual care

## CONCLUSIONS

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. Further research is needed to explore the reasons for this and to develop strategies to overcome barriers.

## REFERENCES

- [1] Damschroder et al. Implement Sci. 2009; [2] Pharmaceutical Care Network Europe. 2016; [3] Rose et al. Res Soc Adm Pharm. 2018; [4] Wilcock, Harding Pharm J. 2007; [5] Bryant et al. J Prim Health Care. 2010; [6] Garcia-Cardenas et al. Res Soc Adm Pharm. 2017; [7] Castrillón et al. Pharm Care España. 2010; [8] Latif et al. Res Soc Adm Pharm. 2013

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Drawings are a courtesy by Ida Marleen Michel

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