

Provider-identified barriers and facilitators to successful deprescribing and clinical pharmacist integration into primary care

LaValley S, Wahler RG, Brady L, Monte SV, Jacobs, D, Verni C, Clark CM, Baumgartner A, Taylor JS, Singh R.

Department of Pharmacy Practice
School of Pharmacy and Pharmaceutical Sciences
Jacobs School of Medicine and Biomedical Sciences
Primary Care Research Institute



Background

In the primary care setting, potentially inappropriate medications (PIMs) may harm older adults, yet literature shows that PIMs are used at very high rates. Clinical pharmacists embedded in the primary care setting can play a crucial role in working with providers to identify and implement deprescribing (De-Rx) plans. However, practice models designed to integrate clinical pharmacists into primary care practices may encounter barriers to successful implementation related to 1) provider knowledge of and attitudes towards deprescribing PIMs, 2) practice workflow issues, and 3) differences in preferences for efficient communication with pharmacists.

Objective

1. Examine provider's experiences with deprescribing medications in adults over the age of 65, with or without the assistance of a clinical pharmacist.
2. Identify providers' perceptions and attitudes towards the integration of pharmacists into primary care workflows.

Methods

Design: Semi-structured interviews

Settings: 6 Primary Care Settings

Participants: 10 (*Recruitment ongoing*)

Data analysis: Data were coded using an open coding approach. Thematic analysis was then used to identify themes in interview data related to the study's research questions.

Preliminary Results

Male	5 (50%)
Female	5 (50%)
Physician	8 (80%)
Nurse Practitioner	1 (10%)
Physician Assistant	1 (10%)
Average years in practice	12.9 (3-41)
Average age	41.6 (29-69)

Finding 1. Provider experiences with deprescribing medications.

Barriers/Challenges to De-Rx

- Patient normalization/routinization of multiple medications
- Patient reluctance
- Need for multiple visits to educate patient and implement med changes
- Clinical guidelines for chronic conditions = multiple medications
- PCP reluctant to change medications prescribed by a specialist
- PCP lack of knowledge in areas of cardiac and psychiatric meds
- De-Rx not the highest clinical priority

Facilitators to De-Rx

- Provider access to clinical pharmacist
- Family/caregiver allies
- Having a substitute med 'at the ready'
- Long-term, trusting relationship with patient
- Involve patient in De-Rx process by having them track their changes

Finding 2. Provider attitudes towards pharmacist integration into primary care were mixed.

Favorable attitudes towards clinical pharmacist integration into the primary care setting were often related to a provider's previous experience working with a pharmacist in another clinical setting or during medical training.

Providers also indicated they lacked the specialized training of pharmacists and could benefit from their consults and patient education efforts.

Unfavorable attitudes towards clinical pharmacist integration into the primary care setting were related to: 1) uncertainty about sustained funding to support such a position, 2) concerns that clinic workflows would be adversely affected, and 3) perceptions that since providers have been working without the assistance of a pharmacist for so long, such a model of pharmacist integration was unnecessary.

Several providers expressed a preference for electronic communication with pharmacists citing that a patient's electronic record is the ideal site to share information about patient medication changes or recommendations.

Providers indicated that an **efficient integration of pharmacists could involve reviewing patient medications and records remotely** prior to an office visit in order to 'flag' important medication considerations.

Discussion

Providers in the primary care setting recognize the importance of deprescribing certain medication in adults over the age of 65. They identify a variety of barriers as well as facilitators to deprescribing, including factors related to both patient and provider characteristics. While several of the providers in this study felt favorably towards the idea of clinical pharmacist integration into the primary care setting to assist with medication reconciliation, and patient education and to provide expertise on dosing, others expressed concerns about seamlessly integrating a pharmacist into the primary care setting. Only 3 out of 10 providers explicitly described the role pharmacists could or had played in actively deprescribing certain medications for their patients, indicating that providers may not identify clinical pharmacists as a resource for mitigating deprescribing barriers.

Conclusion

Primary care practices with the capacity may benefit from the services of a pharmacist for a host of activities, including, but not limited to, deprescribing potentially inappropriate medications to patients over age 65. However, patient, provider, and clinical site characteristics may present barriers to the implementation of such activities.