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Title

How do Interprofessional Family Health Teams Manage Medications for Seniors in Ontario, Canada? A Qualitative Study

Priority 1 (Research Category)

Prescribing and pharmacotherapeutics

Presenters

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Abstract

Context: Seniors are high users of medications; they are also at risk of being prescribed inappropriate, potentially harmful medications. Taking multiple and/or inappropriate medications can lead to adverse drug events and avoidable health system costs. Interprofessional primary care teams have additional capacity to manage medications for seniors, for example, through pharmacist-supported medication reviews, and multi-professional chronic illness management programs. Objective: To describe and understand the approaches used by Ontario Family Health Teams (FHTs) in managing medications for seniors. Study Design: Qualitative semi-structured interviews. Setting: Interprofessional primary care FHTs in rural Ontario. Population studied: Administrators and clinicians working within FHTs. Results: Virtual interviews were conducted across three FHT sites during the COVID-19 pandemic (n=22). Inductive thematic analysis identified several emerging themes: key challenges, prioritization of services to meet unique patient needs, reliance on external and community-based supports, diverse team configurations (including the role of pharmacists), and modifications/adaptions necessary to care for patients during the COVID-19 pandemic. Electronic health records, team meetings, specialized programs, and patients' enhanced access to providers was credited for supporting medication management approaches. However, participants from all three FHTs also described challenges with collaboration between physicians and other care providers. Many reported providing services within silos of care, and not in active collaboration with other members of the FHT. Conclusions: All participants recognized the need for tailored approaches to medication management to meet the needs of senior patients. Pharmacists (in the FHT and in the community) were described as integral to the medication management process. Despite the intention to provide interdisciplinary team-based care, challenges in active collaboration within FHTs were observed. Results showed that FHTs, external providers, and community-based supports are co-dependent. Lessons learned from the COVID-19 pandemic highlight the potential for FHTs to transform primary care practices by innovating the delivery of care. One example of this is through the rapid adoption of virtual care, which participants' report has resulted in better access and medication management for many seniors.