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Title

Medication Management by Family Physicians and Interdisciplinary Health Providers in Ontario Family Health Teams

Priority 1 (Research Category)

Prescribing and pharmacotherapeutics

Presenters

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Abstract

Context: Polypharmacy and inappropriate medications can lead to adverse drug events and avoidable health systems costs. Family physicians may find it challenging to manage multiple medications for seniors, especially in fragmented systems with multiple prescribers. Interprofessional primary care teams have capacity for improved medication management. However, we know little about how these teams work together to manage medications. Objective: To describe and understand how family physicians and interdisciplinary health providers (IHPs) work together when managing medications for seniors. Study Design and Analysis: Qualitative semi-structured interviews and thematic analysis. Setting: Interprofessional primary care Family Health Teams (FHTs) in Ontario. Population Studied: Administrators, family physicians, and IHPs (nurses, pharmacists, etc.). Results: Interviews (n=38) were conducted across six FHTs in Ontario. The way physicians and IHPs worked together to manage medications for seniors varied in and across FHTs. We identified three themes in the data related to approach to medication management: 1) no engagement with IHPs (i.e., physicians did not refer their patients to the team's IHPs), 2) some engagement (i.e., physicians referred patients to IHPs and IHP-led programs for medication management but rarely engaged in ongoing communication), and 3) shared care (i.e., physicians shared decision-making about care with IHPs, there was ongoing communication between physicians and IHPs). Some IHPs were frustrated with tailoring their approach to care and communication based on the preferences of each physician. These differences were perceived to be a result of hierarchy, work style and use of the electronic medical record, and physician expectations. Trust also appeared to be a factor in that the more physicians interacted with IHPs, the more comfortable and trusting they were giving them an active role in patient care. Regardless of the approach to medication management, participants agreed that physicians had the final say in patient care. Conclusions: Despite the FHT model's emphasis on teamwork, participants did not report a lot of shared care in medication management. While in many cases there was a lack of ongoing communication between IHPs and family physicians, there are opportunities to improve teamwork and strengthen collaboration.