

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6430

### **Title**

*Intensity of medication review activities in private and public clinics*

### **Priority 1 (Research Category)**

Prescribing and pharmacotherapeutics

### **Presenters**

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### **Abstract**

Context: Medication review is an essential part of most office visits.

Objective: We aimed to compare medication review activities between private and public clinics.

Study Design: Survey of medication review activities after primary care visits.

Setting: One private primary care clinic and two clinics of a safety net hospital system that serves inner-city populations with significant socio-economic challenges.

Population: Primary care visits by patients 55 years or older, taking 5 or more chronic medications, speaking English or Spanish during April through December 2023.

Instrument: A published medication review form completed by prescribing clinicians to identify medication related safety issues and regimen changes.

Outcome Measures: Regimen changes and medication related safety issues.

Results: Medication review forms were collected for 103 and 302 visits in private and public clinics, respectively. The patients in the public clinics were younger (71[64;76] vs 61[56; 67] years old), more likely to be Black/African American (50.0 vs 35.4%) and less likely Hispanic (20.7 vs 41.1%) background. The patients had similar levels of education (less than high school 30.2 vs 28.2%), numbers of prescription medications (6[5;9] vs 6 [5;8]), and prevalent conditions requiring medications, including hypertension (81.5 vs 88.3%), high cholesterol (65.9 vs 64.1%), and pain (55.6 vs 48.5%). The patients in the public clinic were less likely to have insurance for medications (77.4 vs 96.1%). Medication changes occurred much more frequently in public clinics (odds ratio 11.1[6.3-25.0]), including new (25.5 vs 6.8%), extending (17.5 vs 1.9%), and discontinuing prescriptions (16.9 vs 1.9%). Medication related safety issues were much more likely identified in visits at public clinics (odds ratio 12.5[5.6-33.3], including

those with regimens (35.1 vs 2.1%), self-management (21.3 vs 3.9%), communication (13.0 vs 4.9%), and discrepancies (19.9 vs 2.9%).

Conclusions: The amount of medication review activities was much higher in visits at public clinics compared with those at a private clinic. Public clinics were 10 times more likely to have medication changes and to encounter medication safety issues during visits for 55+ year old patients with 5 or more prescription medications. Time-motion studies and fee-for-service payment in primary care should consider the profound impact of practice settings influenced by insurance coverage and social determinants.

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