BELGIAN GENERAL PRACTITIONERS' LIMITED READINESS FOR PHARMACY-LED MEDICATION REVIEWS IN POLYPHARMACY MANAGEMENT

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INTRODUCTION

Inappropriate polypharmacy is a significant concern in **patients with polypharmacy** and is associated with adverse health outcomes. Implementing interventions to address this issue is a priority, particularly in primary care, where **General Practitioners** (GPs) play a central role in prescribing. One effective intervention is **medication review** (MedRev), a structured evaluation of a patient's medications aimed at optimizing medicine use and improving health outcomes.

Since April 2023, Belgian **Community Pharmacists** (CPs) have received new funding to conduct MedRev for polypharmacy patients. As this service supports primary care, the perspectives of the GPs are crucial for the implementation of this initiative.

OBJECTIVE

This study aims to explore how General Practitioners (GPs) perceive the current Medication Review (MedRev) process. It also seeks to understand their expectations for MedRev, particularly in terms of collaboration with Community Pharmacists (CPs), to ensure effective management of polypharmacy patients.

METHODOLOGY

A **mixed-method online survey** was conducted among active GPs in French and Dutch-speaking Belgium. Open-ended and closed questions were used. Two questionnaires (open and closed-links) were completed between October 2023 and March 2024. Dissemination through universities, newsletters, duty circles, social networks, and congresses. A quantitative descriptive and qualitative thematic analysis were carried out.

QUESTIONNAIRE

Open questions:

- About MedRevs:

Motivations
Difficulties
Suggestions

- Urgent reasons for CPs to contact GPs

Multiple choice questions:

- Collaboration habits
- Source of information about MedRev service
- Selection criteria for patients likely to benefit from MedRev
- Scope of CPs' role
- Type of recommendations needed
- Preferred communication channel

Questions for which the answers are described and analysed below.

MAIN RESULTS

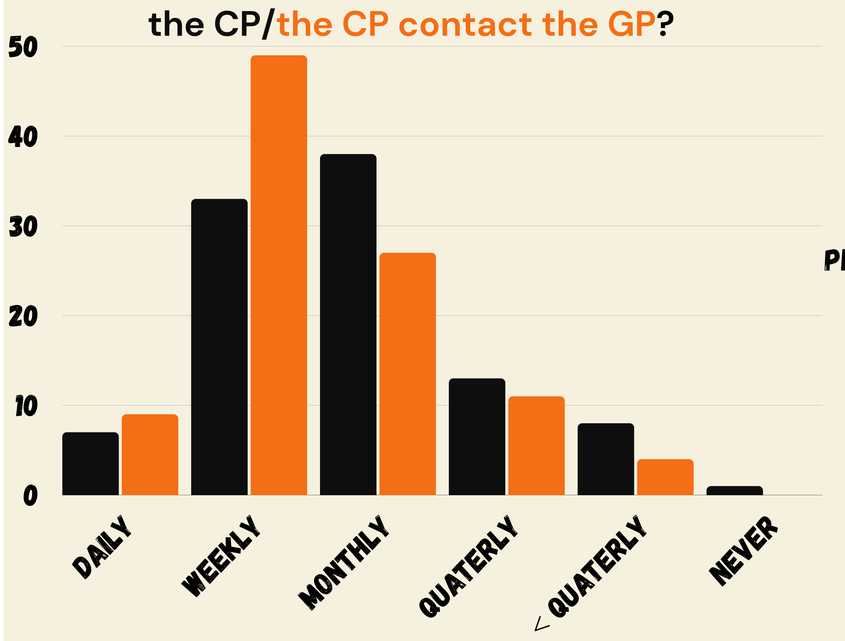
250 forms completed by GPs who met the selection criteria (32 partial questionnaires included).

Socio-demographic analysis:

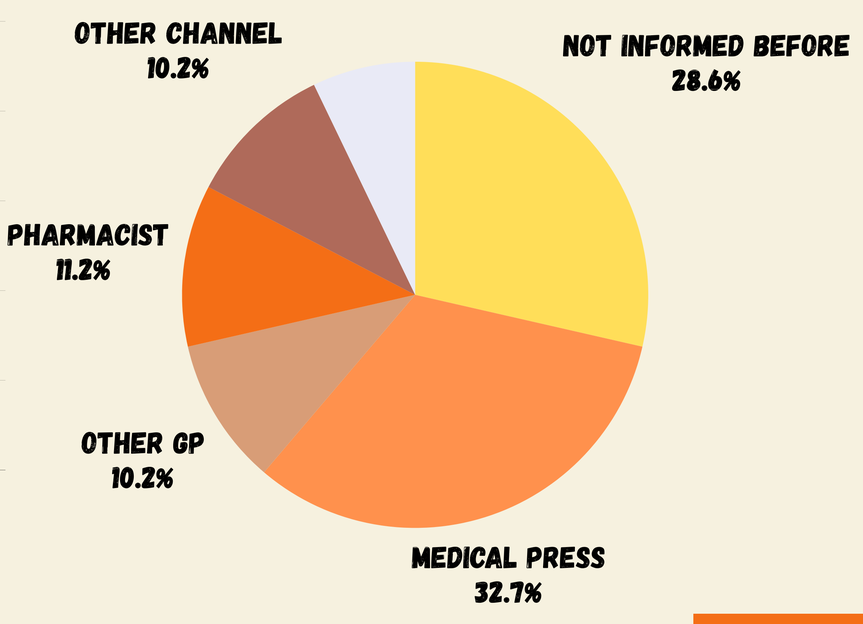
50.5% were women and 49.5% men.
Under-represention of the Flemish GPs, with only 21% of respondents.
10% of the GPs sample were in training.

Quantitative results:

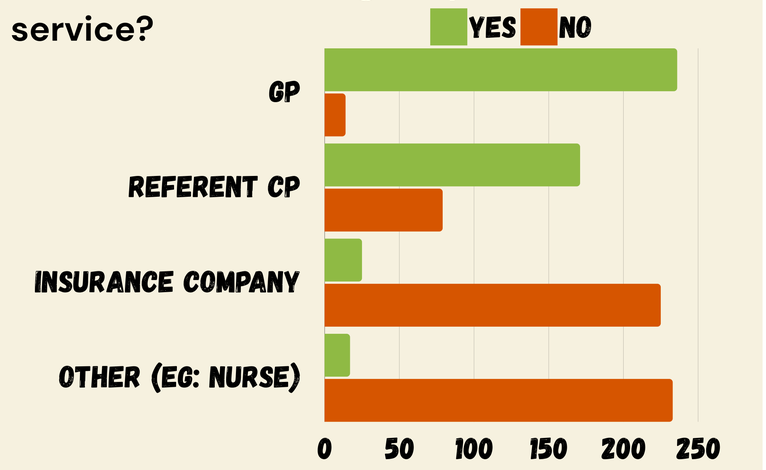
Currently, how ofthe, does the GP contact the CP/the CP contact the GP?



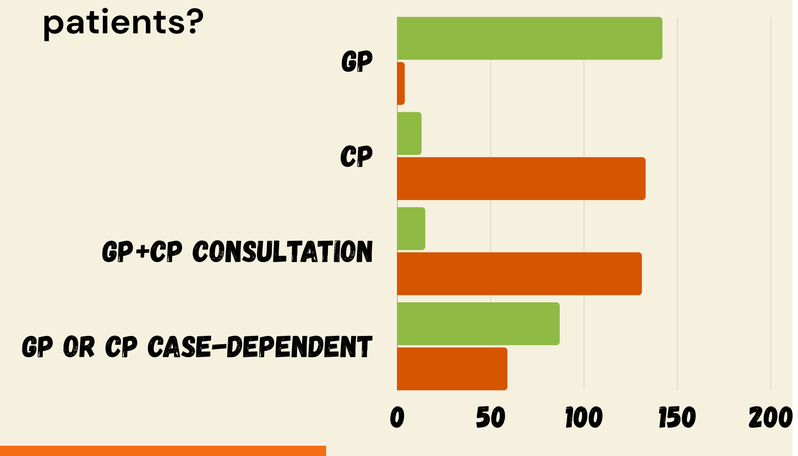
How were GPs notified of this new service?



Who could select eligible patients for this service?



After mutual agreement during the service, who could propose recommendations to patients?



Qualitative results:

The inductive thematic analysis showed that from the answers to the open questions, **three main categories** emerged. These are illustrated by the following quotes.

- Difficulties in Conducting MedRev: 9 topics, 52 codes, 433 quotes

"No proper framework for collaboration has been defined. And doctors, unlike pharmacists, are not paid."

"The doctor will decide this, not the pharmacist."

"A medication review can only be carried out correctly if the medication programme is clearly known to everyone, and if all the medicines are correctly recorded (including OTCs) and correctly adjusted. At present, this is not at all the case."

- Benefits of MedRev: 10 topics, 39 codes, 355 quotes

"I think it's very important to have a partner who repeats the same message as us, to prevent patients from continuing to take unnecessary medication."

"Check the appropriateness of treatments, because patients' situations are constantly changing, and if we are not careful, we may leave a drug on the patient's table that is no longer necessary, simply because of habit and lack of vigilance."

- Communication: 4 topics, 23 codes, 168 quotes

"I think it's best to contact the GP in advance of any medication review. And we would like to receive advice directly from the pharmacy or discuss the advice rather than going through the patient."

DISCUSSION & CONCLUSION

By exploring GPs' preferences for MedRev, we identified both the benefits and the challenges they associate with this service. Key findings include:

- Limited communication with CPs,
- Low awareness of the newly funded service in Belgium,
- Openness to involving CPs in polypharmacy management,
- Identification of the many potential benefits of MedRev,
- Significant challenges in conducting MedRevs and collaborating with CPs in this context.

Additionally, the low response rate, despite broad dissemination of the survey, suggests that GPs may not yet be fully prepared to engage with this service.

To conclude, although most of the GPs responding showed great interest in MedRevs in partnership with CPs, they were pessimistic about putting it into practice in the current context of primary care in Belgium.

Related literature
Cole, J. A., Gonçalves-Bradley, D. C., et al. (2023). Interventions to improve the appropriate use of polypharmacy for older people. The Cochrane Database of Systematic Reviews, 10(10), CD008165.
Robberechts, A., Brumer, et al (2024). Medication Review: What's in a Name and What Is It about? Pharmacy, 12(1), Article 1.
Griese-Mammen, N., Hersberger, K. E., Messerli, M., Leikola, S., Horvat, N., van Mil, J. W. F., & Kos, M. (2018). PCNE definition of medication review: Reaching agreement. International Journal of Clinical Pharmacy, 40(5), 1199–1208