A NESTED QUALITATIVE STUDY OF MEDICATION REVIEWS WITHIN A MULTICENTRE CLUSTER-RANDOMISED CROSSOVER TRIAL (MEDBRIDGE)

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Introduction:
Medication Reviews Bridging Healthcare (MedBridge) is a multicentre cluster-randomised crossover trial to study the effects of hospital-initiated medication reviews, including active follow-up, on elderly patients' health-care utilisation, compared to usual care and solely hospital based reviews. Pragmatic trials of complex interventions, such as the MedBridge study, are often criticized because a lack of understanding of the context and the degree of the interventions in daily practice. The performance of process evaluations alongside such trials, using qualitative approaches, are therefore highly recommended. As a first step in such an evaluation process, we present this nested qualitative study to evaluate the implementation process and the performance of the interventions of the MedBridge Study.

Objectives:
The aim of this study was to explore the facilitators and barriers to the implementation and performance of the interventions within the MedBridge study from the healthcare professionals’ perspective.

Methods:
Semi-structured interviews were conducted with four pharmacists and eight physicians at Uppsala University Hospital. Interviews were audio-recorded, transcribed verbatim and thematically analysed using the Consolidated Framework for Implementation Research (CFIR) as coding framework. Identified subthemes were categorised as facilitators and barriers, and further analysed to find overacting main themes.

Results:
Multiple facilitators and barriers were identified within the different CFIR domains. Three main themes were found:
1) The interventions and pharmacists’ expertise are valued
2) Adjustment to daily practice is essential
3) The roles and the responsibilities of the pharmacists should be better defined

Conclusion:
The findings in this study provide valuable understanding of the interventions within the MedBridge study. There is a broad range of facilitators and barriers of the interventions in the MedBridge study, which seem to evolve around these three themes. These themes should be considered within future initiatives to ensure successful implementation of complex interventions in which collaborations between ward-based pharmacists and physicians plays a central role.