

Postprint version :
Journal website : <https://www.tandfonline.com/doi/abs/10.1080/10410236.2018.1551301?journalCode=hhth20>
Pubmed link : <https://www.ncbi.nlm.nih.gov/pubmed/?term=30526088>
DOI : 10.1080/10410236.2018.1551301

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Communication about Drug-Related Problems (DRPs) during Patients' Visits to Dutch Physicians and Pharmacies

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ABSTRACT

The objective of this study is to assess the frequency and type of drug-related problems (DRPs) (1) raised and discussed (2) raised but not discussed or (3) not raised during patients' visits to healthcare practitioners (HCPs). In this cross-sectional study in Dutch outpatient clinics, GP practices and pharmacies, verbal cues from patients and HCPs indicating DRPs were inventoried by an observer during visits. It was also observed whether raised DRPs were discussed between patient and HCP. Post-encounter interviews (HCPs) were conducted and post-encounter questionnaires (patient) were distributed to identify DRPs not raised. In total, 431 patients were observed during a single visit. In 42.2% of these visits, 311 DRPs were raised (weighted mean (*SD*) 0.7 (\pm 1.1) DRP/patient). Of these 311 DRPs, 82.0% were discussed between HCP and patient. HCPs did not raise existing DRPs in 3.9% of the 431 visits; in 6.3% of the 176 questionnaires the patient reported an existing DRP that had not been raised. In conclusion, almost one in six of the DRPs raised during visits are not discussed between HCP and patient. Furthermore, existing DRPs are not even raised in 4–6% of the visits. HCPs and patients should be aware that, although patients often have DRPs, these are not always discussed or not even raised during patients' visits.

Tables and Figures

Table 1. Number of observed patients and returned questionnaires per type of HCP.

	Total number of patients included, <i>n</i>	Number of returned patient questionnaires <i>n</i> (%)
Medical specialist	154	79 (51.3%)
Surgical ^a	75	39 (52.0%)
Non-surgical ^b	79	40 (50.6%)
General practitioner	79	29 (36.7%)
Pharmacy	198	68 (34.3%)
Community	98	39 (39.8%)
Outpatient	100	29 (29%)
Total	431	176 (40.8%)

^a35% orthopaedic surgeon, 65% other surgeon. ^b 54% internist, 46% rheumatologist.

Table 2. Number of DRPs raised and number of DRPs raised and discussed with the patient during patients' visits to the HCP.

	Number of patients, <i>n</i>	Number of patients' visits with at least one DRP during visit, <i>n</i> (%)	Number of DRPs during visits, <i>n</i>	Mean number of DRPs per observed patient, <i>M</i> (<i>SD</i>)	Mean Number of DRPs per observed patient with DRPs raised, <i>M</i> (<i>SD</i>)	Number of visits with DRPs raised and discussed between HCPs and patients, <i>n</i> (%)	Number of DRPs discussed between HCPs and patients, <i>n</i> (%)
Medical specialist	154	72 (46.8%)	139	0.9 (1.3)	1.9 (1.3)	59 (81.9%)	105 (75.5%)
Surgical	75	16 (21.3%)	22	0.3 (0.7)	1.4 (0.8)	12 (75.0%)	16 (72.7%)
Non-surgical	79	56 (70.9%)	117	1.5 (1.5)	2.1 (1.4)	47 (83.9%)	89 (76.1%)
General practitioner	79	24 (30.4%)	42	0.5 (0.9)	1.8 (0.8)	23 (95.8%)	37 (88.1%)
Pharmacy	198	86 (43.4%)	130	0.7 (1.0)	1.5 (1.0)	79 (91.9%)	113 (86.9%)
Community	98	38 (38.8%)	61	0.6 (0.9)	1.6 (0.9)	35 (92.1%)	54 (88.5%)
Outpatient	100	48 (48.0%)	69	0.7 (1.1)	1.4 (1.2)	44 (91.7%)	59 (85.5%)
Total	431	182 (42.2%)	311	0.7 (1.1)^a	1.7 (1.5)^a	161 (88.5%)	255 (82.0%)

^aWeighted mean ($\pm SD$).

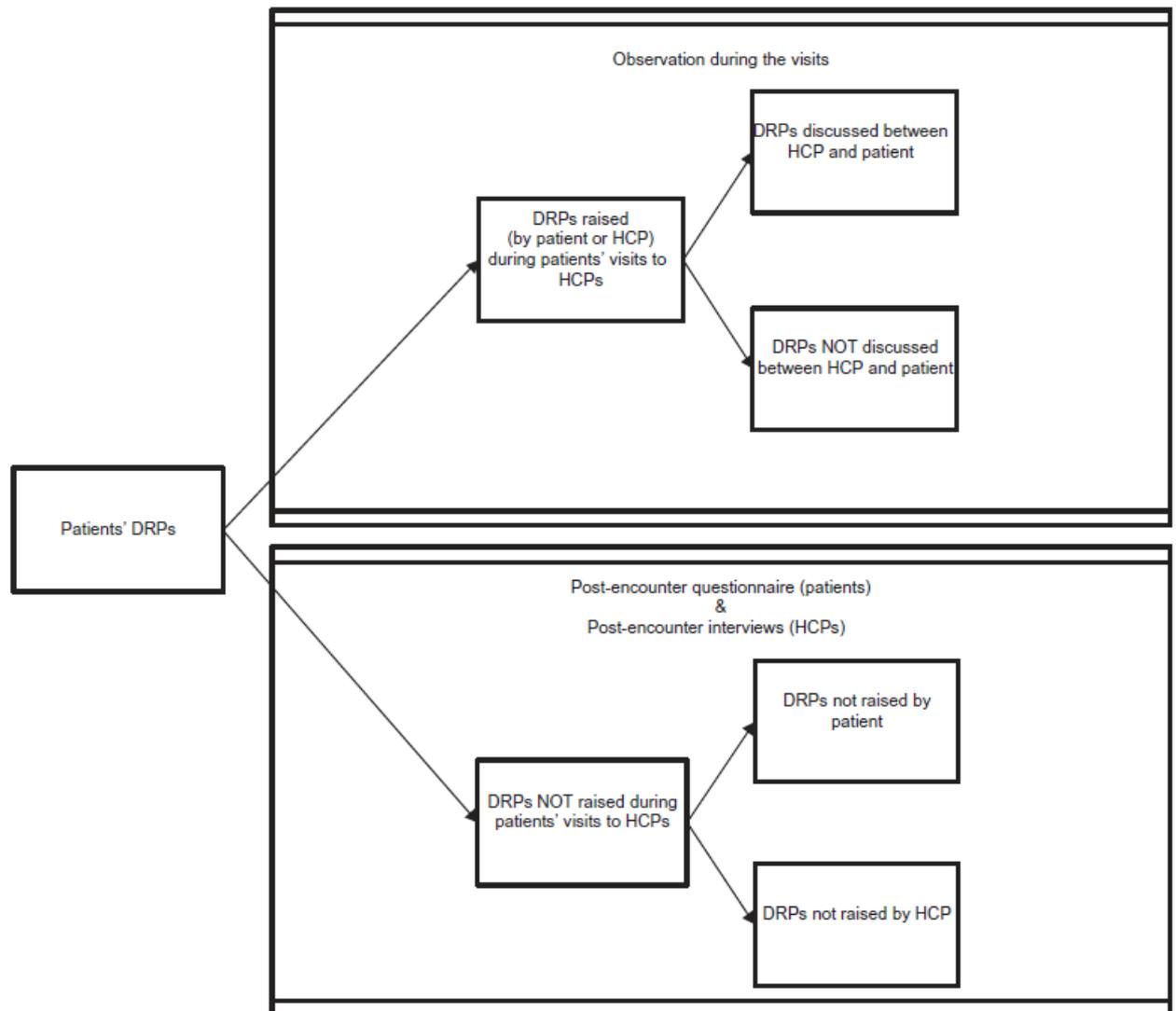


Figure 1. Schematic representation of data collection and outcome measures. DRP = drug-related problem; HCP = healthcare practitioner.

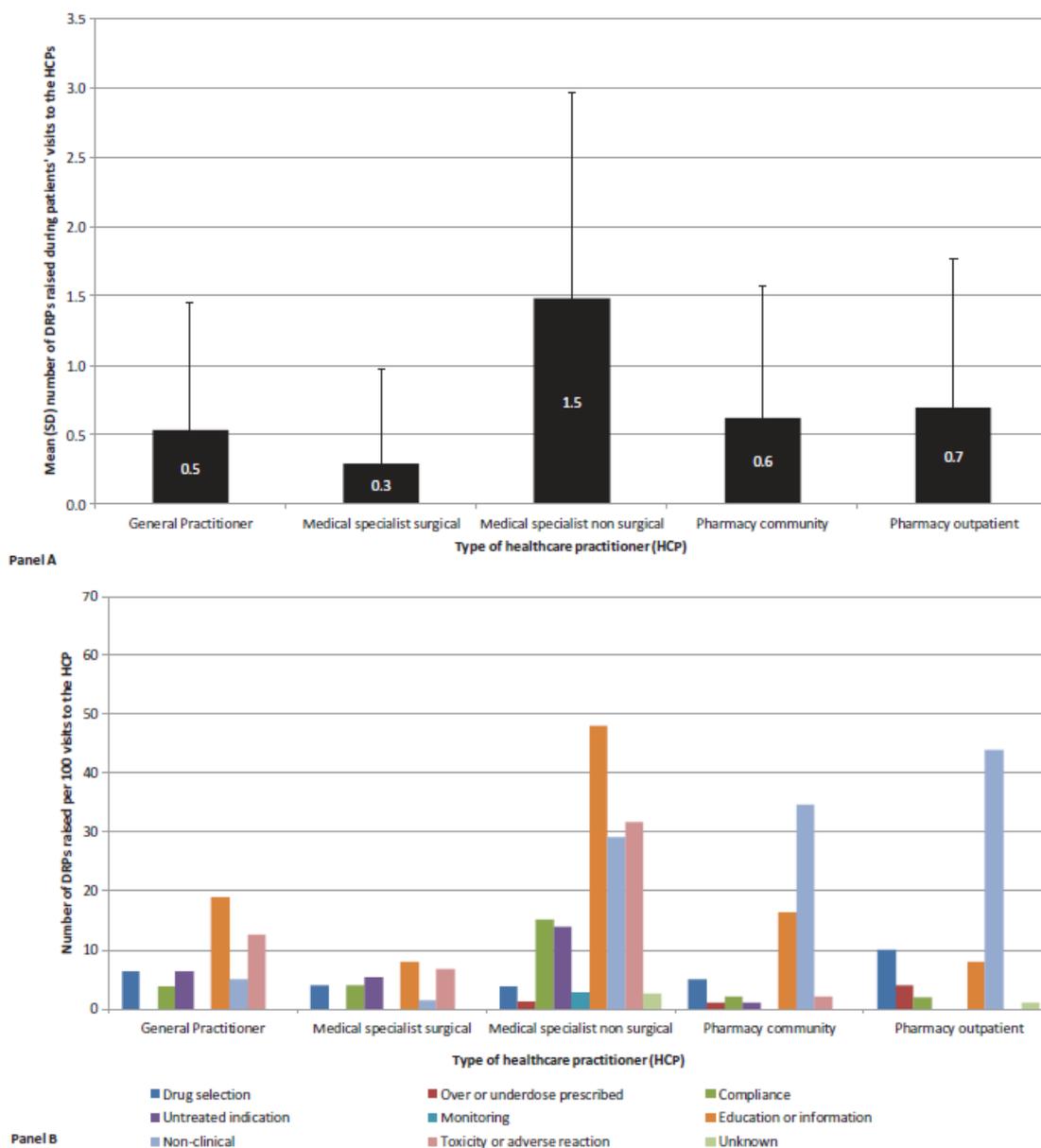


Figure 2. Distribution of DRPs raised during patients' visits to HCPs. Panel A depicts the mean (SD) number of DRPs raised per type of HCP. Panel B depicts the number DRPs raised in 100 visits per type of HCP and per type of HCP.

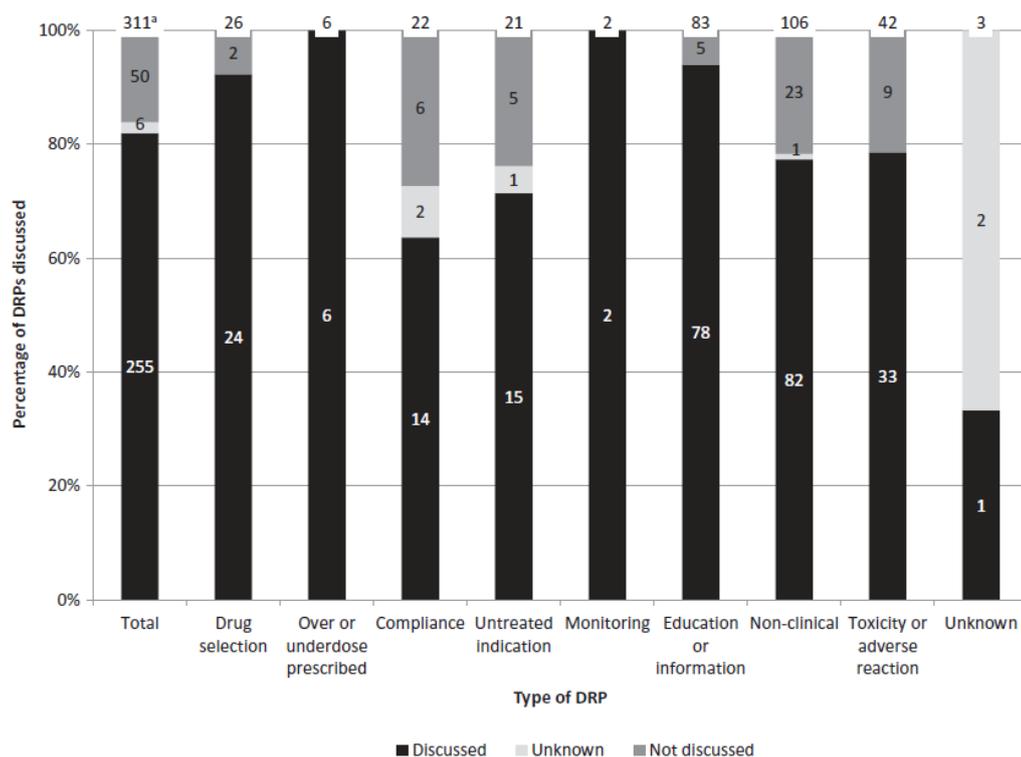


Figure 3. Proportion of DRPs discussed with the patient per type of DRP. ^aTotal number of DRPs per type of DRP are represented on top of the bars.

Observation

Date: .. - .. -

GP / medical specialist/pharmacy staff member:

Drug-related problems raised during the consult

Problem/unclarity (use a new row for every issue)	Action taken by physician (discussed with patient (if yes, what has been discussed); further examination, etc.)	Contact with third parties? (with whom?; in what manner (email/telephone etc) and what has been discussed?)	Follow-up/resolution	Why this follow up? (only if problem is not resolved)	Would you have preferred to discuss this with someone? If so, with whom?

Other drug-related problems (not raised during the consult)

Discussion with healthcare practitioner after the consult: which drug-related problems have not been raised during the consult?

Problem not raised /unclear not raised (use a new row for every issue)	Why not raised? (no responsibility of the consulting physician, not enough time, not enough knowledge, etc.)	Action planned to be taken by physician and follow- up/solution	Why this follow-up?